

Name A AND B A	Social Security Number 490 54 9999
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See the instructions for additional information on the subtractions listed below. Enter all amounts as positive numbers.

Subtractions from Income		
<u>1</u>	Taxable refund of state income tax (from line 1 of federal Schedule 1)	1 <u>.00</u>
<u>2</u>	United States government interest	2 <u>.00</u>
<u>3</u>	Unemployment compensation	3 <u>.00</u>
<u>4</u>	Social security adjustment	4 <u>85326.00</u>
<u>5</u>	Capital gain/loss subtraction	5 <u>.00</u>
<u>6</u>	Medical care insurance	6 <u>.00</u>
<u>7</u>	Long-term care insurance	7 <u>.00</u>
<u>8</u>	Tuition and fee expenses	8 <u>.00</u>
<u>9</u>	Private school tuition (Schedule PS)	9 <u>.00</u>
<u>10</u>	Contributions to an Edvest or Tomorrow's Scholar college savings account (Schedule CS)	10 <u>.00</u>
<u>11</u>	Distributions of certain earnings from Wisconsin state-sponsored college tuition programs	11 <u>.00</u>
<u>12</u>	Military and uniformed services retirement benefits	12 <u>.00</u>
<u>13</u>	Local and state retirement benefits	13 <u>.00</u>
<u>14</u>	Federal retirement benefits	14 <u>.00</u>
<u>15</u>	Railroad retirement benefits, railroad unemployment insurance, and sickness benefits	15 <u>.00</u>
<u>16</u>	Retirement income subtraction (credits restricted)	16 <u>48000.00</u>
<u>17</u>	\$5,000 retirement income subtraction (income restricted)	17 <u>.00</u>
<u>18</u>	Active duty pay for U.S. Armed Forces (including Reserve and National Guard)	18 <u>.00</u>
<u>19</u>	Combat zone related death	19 <u>.00</u>
<u>20</u>	Adoption expenses	20 <u>.00</u>
<u>21</u>	Contributions to ABLE accounts	21 <u>.00</u>
<u>22</u>	Disability income exclusion (Schedule 2440W)	22 <u>.00</u>
<u>23</u>	Wisconsin net operating loss deduction	23 <u>.00</u>
<u>24</u>	Farm loss carryover	24 <u>.00</u>
<u>25</u>	Certain income received by a Native American	25 <u>.00</u>
<u>26</u>	Sale of business assets or assets used in farming to a related person	26 <u>.00</u>
<u>27</u>	Recoveries of federal itemized deductions	27 <u>.00</u>
<u>28</u>	Repayment of income previously taxed	28 <u>.00</u>
<u>29</u>	Add lines 1 through 28. Enter here and on line 30, page 2	29 <u>133326.00</u>



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30	Enter amount from line 29 on page 1	30 <u>133326.00</u>
31	Human organ donation	31 <u>.00</u>
32	Expenses paid to related entities	32 <u>.00</u>
33	Income from a related entity	33 <u>.00</u>
34	Legislator's per diem	34 <u>.00</u>
35	Sales of certain insurance policies	35 <u>.00</u>
36	Physician or psychiatrist grant	36 <u>.00</u>
37	Olympic, Paralympic, and Special Olympic medals and United States Olympic Committee and Special Olympic Board of Directors prize money	37 <u>.00</u>
38	AmeriCorps education awards	38 <u>.00</u>
39	Differences in federal and Wisconsin basis of assets	39 <u>.00</u>
40	Reserved for future use	40 <u>.00</u>
41	Differences in federal and Wisconsin reporting of marital property (community) income	41 <u>.00</u>
42	Charitable contributions from tax-option (S) corporations (list and provide amount)	
a	Name _____	
	FEIN _____ Amount 42a _____	<u>.00</u>
b	Name _____	
	FEIN _____ Amount 42b _____	<u>.00</u>
c	Name _____	
	FEIN _____ Amount 42c _____	<u>.00</u>
d	Add lines 42a through 42c	42d <u>.00</u>
43	Tax-option (S) corporation adjustments. Do not include adjustments listed on line 46 (list and provide amount)	
a	Name _____	
	FEIN _____ Amount 43a _____	<u>.00</u>
b	Name _____	
	FEIN _____ Amount 43b _____	<u>.00</u>
c	Name _____	
	FEIN _____ Amount 43c _____	<u>.00</u>
d	Add lines 43a through 43c	43d <u>.00</u>
44	Add lines 30 through 41, 42d and 43d. Enter here and on line 45, page 3	44 <u>133326.00</u>



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45 Enter amount from line 44 on page 2 **45** 133326 .00

46 Tax-option (S) corporation entity level tax election adjustments (list and provide amount)

a Name _____
 FEIN _____ Amount **46a** _____ .00

b Name _____
 FEIN _____ Amount **46b** _____ .00

c Name _____
 FEIN _____ Amount **46c** _____ .00

d Add lines 46a through 46c **46d** _____ .00

47 Partnership, limited liability company, trust, or estate adjustments. Do not include adjustments listed on line 48 (list and provide amount)

a Name _____
 FEIN _____ Amount **47a** _____ .00

b Name _____
 FEIN _____ Amount **47b** _____ .00

c Name _____
 FEIN _____ Amount **47c** _____ .00

d Add lines 47a through 47c **47d** _____ .00

48 Partnership entity level tax election adjustments (list and provide amount)

a Name _____
 FEIN _____ Amount **48a** _____ .00

b Name _____
 FEIN _____ Amount **48b** _____ .00

c Name _____
 FEIN _____ Amount **48c** _____ .00

d Add lines 48a through 48c **48d** _____ .00

49 Other subtractions from income (list and provide amount)

a Name _____ Amount **49a** _____ .00

b Name _____ Amount **49b** _____ .00

c Name _____ Amount **49c** _____ .00

d Add lines 49a through 49c **49d** _____ .00

50 Add lines 45, 46d, 47d, 48d, and 49d. This is your total subtraction from income. Enter on Form 1, line 6 **50** 133326 .00

