

For the year Jan. 1-Dec. 31, 2025, or other tax year

Check here if an amended return  beginning \_\_\_\_\_, 2025 ending \_\_\_\_\_, 20\_\_\_\_.

DO NOT STAPLE

Your legal last name <b>A</b>	Legal first name <b>A</b>	M.I.	Your social security number <b>490 54 9999</b>
If a joint return, spouse's legal last name	Spouse's legal first name	M.I.	Spouse's social security number

See page 5 before assembling return

Home address (number and street). If you have a PO Box, see page 12.	Apt. no.	<b>Tax district</b> Check below then fill in either the name of the city, village, or town and the county in which you lived at the end of 2025.  <input type="checkbox"/> City <input type="checkbox"/> Village <input type="checkbox"/> Town City, village, or town ▶ _____ <b>County of</b> ▶ _____ <b>School district number</b> See page 45 _____
City or post office	State	Zip code
<b>Filing status</b> Check below <input checked="" type="checkbox"/> Single <input type="checkbox"/> Married filing joint return <input type="checkbox"/> Married filing separate return. Fill in spouse's SSN above and full name here <input type="checkbox"/> Head of household, NOT married (see page 13). <input type="checkbox"/> Head of household, married (see page 13). If married, fill in spouse's SSN above and full name here		<b>Special conditions</b> <input type="checkbox"/> _____ <input type="checkbox"/> Form 804 filed with return (see page 10)
Legal last name	Legal first name	M.I.

PAPER CLIP payment here

		<b>NO COMMAS; NO CENTS</b>
1	Federal adjusted gross income from Form 1040, line 11	1 <u>128259 .00</u>
2	Adjustments to federal adjusted gross income from <i>Schedule I</i> , line 3 (see page 13)	2 <u>.00</u>
3	Add lines 1 and 2. This is your federal adjusted gross income for Wisconsin purposes	3 <u>128259 .00</u>
	Form W-2 wages included in line 3	.00
4	Total additions to income from Schedule AD, line 33. <b>Include Schedule AD</b> (see page 14)	4 <u>.00</u>
5	Add lines 3 and 4	5 <u>128259 .00</u>
6	Total subtractions from income from Schedule SB, line 50. <b>Include Schedule SB</b> (see page 14) Enter as a positive number	6 <u>1134 .00</u>
7	Subtract line 6 from line 5. This is your Wisconsin income	7 <u>127125 .00</u>
8	Standard deduction. See table on page 35, <b>OR</b> ▼ If someone else can claim you (or your spouse) as a dependent, see page 15 and check here <input type="checkbox"/>	8 <u>636 .00</u>
9	Subtract line 8 from line 7. If line 8 is larger than line 7, fill in 0	9 <u>126489 .00</u>
10	<b>Exemptions (Caution: See page 15)</b>	
a	Fill in exemptions allowed <u>1</u> x \$700 .. <b>10a</b> <u>700.00</u>	
b	Check if 65 or older <input checked="" type="checkbox"/> You + <input type="checkbox"/> Spouse = <u>1</u> x \$250 .. <b>10b</b> <u>250.00</u>	
c	Add lines 10a and 10b	<b>10c</b> <u>950 .00</u>



**NO COMMAS; NO CENTS**

<b>11</b>	Subtract line 10c from line 9. If line 10c is larger than line 9, fill in 0. This is taxable income . . .	<b>11</b>	<u>125539 .00</u>
<b>12</b>	Tax (see table on page 38) . . . . .	<b>12</b>	<u>6067 .00</u>
<b>13</b>	Itemized deduction credit. Complete Schedule 1 on page 4 . . . . .	<b>13</b>	<u>.00</u>
<b>14</b>	Additional child and dependent care tax credit. Include Schedule WI-2441 . . . . .	<b>14</b>	<u>.00</u>
<b>15</b>	Blind worker transportation services credit		
	Qualifying expenses . . . . . <input type="checkbox"/> _____ .00 x 50% =	<b>15</b>	<u>.00</u>
<b>16</b>	School property tax credit		
<b>a</b>	Rent paid in 2025 - heat included _____ .00	} Find credit from table page 19	<b>16a</b> <u>.00</u>
	Rent paid in 2025 - heat not included _____ .00		
<b>b</b>	Property taxes paid on home in 2025 _____ .00	} Find credit from table page 20	<b>16b</b> <u>.00</u>
<b>17</b>	Working families tax credit (see page 20) . . . . .	<b>17</b>	<u>.00</u>
<b>18</b>	Married couple credit. Complete Schedule 2 on page 4 . . . . .	<b>18</b>	<u>.00</u>
<b>19</b>	Nonrefundable credits from line 34 of Schedule CR . . . . .	<b>19</b>	<u>.00</u>
<b>20</b>	Net income tax paid to another state. Include Schedule OS . . . <input type="checkbox"/>	<b>20</b>	<u>.00</u>
<b>21</b>	Add lines 13 through 20 . . . . .	<b>21</b>	<u>.00</u>
<b>22</b>	Subtract line 21 from line 12. If line 21 is larger than line 12, fill in 0. This is your net tax . . .	<b>22</b>	<u>6067 .00</u>
<b>23</b>	Sales and use tax due on internet, mail order, or other out-of-state purchases (see page 23)	<b>23</b>	<u>.00</u>
	If you certify that no sales or use tax is due, check here . . . . . <input type="checkbox"/>		
<b>24</b>	Donations. Complete Part I of Schedule 3 on page 5 . . . . .	<b>24</b>	<u>.00</u>
<b>25</b>	Penalties on IRAs, retirement plans, MSAs, etc. (see page 24) . . . . .	<b>25</b>	<u>.00</u>
<b>26</b>	Other penalties (see page 25) . . . . .	<b>26</b>	<u>.00</u>
<b>27</b>	Add lines 22 through 26 . . . . .	<b>27</b>	<u>6067 .00</u>
<b>28</b>	Wisconsin tax withheld. Include withholding statements . . . . .	<b>28</b>	<u>.00</u>
<b>29</b>	2025 estimated tax payments and amount applied from 2024 return . . . . .	<b>29</b>	<u>.00</u>
<b>30</b>	Earned income credit. Number of qualifying children <input type="checkbox"/> _____		
	Federal credit (see instructions) _____ .00 x _____ % = . . . . .	<b>30</b>	<u>.00</u>
<b>31</b>	Farmland preservation credit. <b>a</b> Schedule FC, line 17 . . . . .	<b>31a</b>	<u>.00</u>
	<b>b</b> Schedule FC -A, line 13 . . . . .	<b>31b</b>	<u>.00</u>
<b>32</b>	Repayment credit (see page 27) . . . . .	<b>32</b>	<u>.00</u>
<b>33</b>	Homestead credit. Include Schedule H or H-EZ . . . . .	<b>33</b>	<u>.00</u>
<b>34</b>	Eligible veterans and surviving spouses property tax credit . . . . .	<b>34</b>	<u>.00</u>



Name(s) shown on Form 1		Your social security number	
<b>A A</b>		<b>490 54 9999</b>	
<b>NO COMMAS; NO CENTS</b>			
<b>35</b>	Refundable credits from Schedule CR, line 40. Include Schedule CR	<b>35</b>	.00
<b>36</b>	AMENDED RETURN ONLY-Amounts previously paid (see page 31)	<b>36</b>	.00
<b>37</b>	Add lines 28 through 36	<b>37</b>	.00
<b>38</b>	AMENDED RETURN ONLY - Amounts previously refunded (see page 31)	<b>38</b>	.00
<b>39</b>	Subtract line 38 from line 37	<b>39</b>	.00
<b>40</b>	If line 39 is larger than line 27, subtract line 27 from line 39. This is the <b>AMOUNT YOU OVERPAID</b>	<b>40</b>	.00
<b>41</b>	Amount of line 40 you want <b>REFUNDED TO YOU</b>	<b>41</b>	.00
<b>42</b>	Amount of line 40 you want <b>APPLIED TO YOUR 2026 ESTIMATED TAX</b>	<b>42</b>	.00
<b>43</b>	If line 39 is smaller than line 27, subtract line 39 from line 27. This is the <b>AMOUNT YOU UNDERPAID</b>	<b>43</b>	<b>6067 .00</b>
<b>44</b>	Underpayment interest. Fill in exception code - See Sch. U	<b>44</b>	.00
<b>45</b>	Add lines 43 and 44. This is the <b>AMOUNT YOU OWE</b> . Paper clip payment to front of return	<b>45</b>	<b>6067 .00</b>
<b>46</b>	Interest (see page 33)	<b>46</b>	.00

**Third Party Designee** Do you want to allow another person to discuss this return with the department (see page 34)?  Yes Complete the following.  No

Designee's name ▶ \_\_\_\_\_ Phone no. ▶ ( ) \_\_\_\_\_

Personal identification number (PIN) ▶ 

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**Paper clip copies of your federal income tax return and schedules to this return. Assemble your return (pages 1-5) and withholding statements in the order listed on page 5 of the instructions.**

**Sign here**

Under penalties of law, I declare that this return and all attachments are true, correct, and complete to the best of my knowledge and belief.

Your signature	Date	Daytime Phone	Wisconsin Identity Protection PIN (7 characters)
_____	_____	( ) _____	_____
Spouse's signature (if filing jointly, BOTH must sign)	Date	Daytime Phone	Wisconsin Identity Protection PIN (7 characters)
_____	_____	( ) _____	_____

**Caution:** Only enter a Wisconsin Identity Protection PIN if you received one from the department (see page 34).

Mail your return to: Wisconsin Department of Revenue  
 If payment enclosed . . . . . PO Box 268, Madison WI 53790-0001  
 If refund or no payment enclosed . . . . . PO Box 59, Madison WI 53785-0001  
 If homestead credit claimed . . . . . PO Box 34, Madison WI 53786-0001

**Do Not Submit Photocopies**

