

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

See page 5 before assembling return

Your legal last name A	Legal first name A	M.I.	Your social security number 490 54 9999
If a joint return, spouse's legal last name A	Spouse's legal first name B	M.I.	Spouse's social security number
Home address (number and street). If you have a PO Box, see page 12.		Apt. no.	Tax district 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 ▶ _____ County of ▶ _____ School district number See page 45 _____
City or post office	State	Zip code	
Filing status Check below <input type="checkbox"/> Single <input checked="" 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).			Special conditions <input type="checkbox"/> <input type="checkbox"/> Form 804 filed with return (see page 10)
Legal last name Legal first name		M.I.	
If married, fill in spouse's SSN above and full name here			

NO COMMAS; NO CENTS

1 Federal adjusted gross income from Form 1040, line 11	1	185894	.00
2 Adjustments to federal adjusted gross income from <i>Schedule I</i> , line 3 (see page 13)	2		.00
3 Add lines 1 and 2. This is your federal adjusted gross income for Wisconsin purposes	3	185894	.00
Form W-2 wages included in line 3		30000	.00
4 Total additions to income from Schedule AD, line 33. Include Schedule AD (see page 14)	4		.00
5 Add lines 3 and 4	5	185894	.00
6 Total subtractions from income from Schedule SB, line 50. Include Schedule SB (see page 14) Enter as a positive number	6	37511	.00
7 Subtract line 6 from line 5. This is your Wisconsin income	7	148383	.00
8 Standard deduction. See table on page 35, OR ▼ If someone else can claim you (or your spouse) as a dependent, see page 15 and check here <input type="checkbox"/>	8	1368	.00
9 Subtract line 8 from line 7. If line 8 is larger than line 7, fill in 0	9	147015	.00
10 Exemptions (Caution: See page 15)			
a Fill in exemptions allowed <u>2</u> x \$700 .. 10a		1400	.00
b Check if 65 or older <input checked="" type="checkbox"/> You + <input checked="" type="checkbox"/> Spouse = <u>2</u> x \$250 .. 10b		500	.00
c Add lines 10a and 10b	10c		1900 .00

PAPER CLIP payment here



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11	Subtract line 10c from line 9. If line 10c is larger than line 9, fill in 0. This is taxable income . . .	11	<u>145115 .00</u>
12	Tax (see table on page 38)	12	<u>6909 .00</u>
13	Itemized deduction credit. Complete Schedule 1 on page 4	13	<u>.00</u>
14	Additional child and dependent care tax credit. Include Schedule WI-2441	14	<u>.00</u>
15	Blind worker transportation services credit		
	Qualifying expenses <input type="checkbox"/> _____ .00 x 50% =	15	<u>.00</u>
16	School property tax credit		
a	Rent paid in 2025 - heat included _____ .00	} Find credit from table page 19	16a <u>.00</u>
	Rent paid in 2025 - heat not included _____ .00		
b	Property taxes paid on home in 2025 _____ .00	} Find credit from table page 20	16b <u>.00</u>
17	Working families tax credit (see page 20)	17	<u>.00</u>
18	Married couple credit. Complete Schedule 2 on page 4	18	<u>300.00</u>
19	Nonrefundable credits from line 34 of Schedule CR	19	<u>.00</u>
20	Net income tax paid to another state. Include Schedule OS . . . <input type="checkbox"/>	20	<u>.00</u>
21	Add lines 13 through 20	21	<u>300 .00</u>
22	Subtract line 21 from line 12. If line 21 is larger than line 12, fill in 0. This is your net tax . . .	22	<u>6609 .00</u>
23	Sales and use tax due on internet, mail order, or other out-of-state purchases (see page 23)	23	<u>.00</u>
	If you certify that no sales or use tax is due, check here <input type="checkbox"/>		
24	Donations. Complete Part I of Schedule 3 on page 5	24	<u>.00</u>
25	Penalties on IRAs, retirement plans, MSAs, etc. (see page 24) . . . _____ .00 x .33 =	25	<u>.00</u>
26	Other penalties (see page 25)	26	<u>.00</u>
27	Add lines 22 through 26	27	<u>6609 .00</u>
28	Wisconsin tax withheld. Include withholding statements	28	<u>.00</u>
29	2025 estimated tax payments and amount applied from 2024 return . . .	29	<u>.00</u>
30	Earned income credit. Number of qualifying children <input type="checkbox"/> _____		
	Federal credit (see instructions) _____ .00 x _____ % =	30	<u>.00</u>
31	Farmland preservation credit. a Schedule FC, line 17	31a	<u>.00</u>
	b Schedule FC -A, line 13	31b	<u>.00</u>
32	Repayment credit (see page 27)	32	<u>.00</u>
33	Homestead credit. Include Schedule H or H-EZ	33	<u>.00</u>
34	Eligible veterans and surviving spouses property tax credit	34	<u>.00</u>



Name(s) shown on Form 1 A AND B A		Your social security number 490 54 9999	
NO COMMAS; NO CENTS			
35	Refundable credits from Schedule CR, line 40. Include Schedule CR	35	.00
36	AMENDED RETURN ONLY-Amounts previously paid (see page 31)	36	.00
37	Add lines 28 through 36	37	.00
38	AMENDED RETURN ONLY - Amounts previously refunded (see page 31)	38	.00
39	Subtract line 38 from line 37	39	.00
40	If line 39 is larger than line 27, subtract line 27 from line 39. This is the AMOUNT YOU OVERPAID	40	.00
41	Amount of line 40 you want REFUNDED TO YOU	41	.00
42	Amount of line 40 you want APPLIED TO YOUR 2026 ESTIMATED TAX	42	.00
43	If line 39 is smaller than line 27, subtract line 39 from line 27. This is the AMOUNT YOU UNDERPAID	43	6609 .00
44	Underpayment interest. Fill in exception code - See Sch. U	44	.00
45	Add lines 43 and 44. This is the AMOUNT YOU OWE . Paper clip payment to front of return	45	6609 .00
46	Interest (see page 33)	46	.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



Schedule 1 - Itemized Deduction Credit (see page 16)

1	Medical and dental expenses from federal Schedule A (Form 1040). See instructions for exceptions	1	<u>.00</u>
2	Interest paid from federal Schedule A (Form 1040). Do not include interest paid to purchase a second home located outside Wisconsin or a residence which is a boat. Also, do not include interest paid to purchase or hold U.S. government securities and interest from a tax-option (S) corporation if claimed as a subtraction	2	<u>.00</u>
3	Gifts to charity from federal Schedule A (Form 1040). See instructions for exceptions	3	<u>.00</u>
4	Casualty losses from federal Schedule A (Form 1040)	4	<u>.00</u>
5	Add lines 1 through 4	5	<u>.00</u>
6	Fill in your standard deduction from line 8 on page 1 of Form 1	6	<u>.00</u>
7	Subtract line 6 from line 5. If line 6 is more than line 5, fill in 0	7	<u>.00</u>
8	Rate of credit is .05 (5%)	8	<u>x .05</u>
9	Multiply line 7 by line 8. Fill in here and on line 13 on page 2 of Form 1	9	<u>.00</u>

▶ **You must submit this page with Form 1 if you claim either of these credits** ◀

Schedule 2 - Married Couple Credit When Both Spouses Are Employed (see page 20)

When completing this schedule, be sure to fill in your income in column (A) and your spouse's income in column (B)

	(A) YOURSELF	(B) SPOUSE	
1	Taxable wages, salaries, tips, and other employee compensation. Do NOT include deferred compensation, interest, dividends, pensions, unemployment compensation, or other unearned income 1	<u>20000.00</u>	<u>10000.00</u>
2	Net profit or (loss) from self-employment from federal Schedules C, C-EZ, and F (Form 1040), Schedule K-1 (Form 1065), and any other taxable self-employment or earned income 2	<u>.00</u>	<u>.00</u>
3	Combine lines 1 and 2. This is earned income 3	<u>20000.00</u>	<u>10000.00</u>
4	Add the amounts from federal Schedule 1 (Form 1040), lines 12, 16, 20, 24e, 24f, and 24g, and any Wisconsin disability income exclusion. Fill in the total of these adjustments that apply to you or your spouse's income 4	<u>.00</u>	<u>.00</u>
5	Subtract line 4 from line 3. This is qualified earned income. If less than zero, fill in 0 5	<u>20000.00</u>	<u>10000.00</u>
6	Compare the amounts in columns (A) and (B) of line 5. Fill in the smaller amount here. If more than \$16,000, fill in \$16,000 6	<u>10000.00</u>	
7	Rate of credit is .03 (3%) 7	<u>x .03</u>	
8	Multiply line 6 by line 7. Fill in here and on line 18 on page 2 of Form 1 8	<u>300.00</u>	<u>Do not fill in more than \$480.</u>

