

Name <b>A AND B A</b>	Social Security Number <b>490 54 9999</b>
--------------------------	--

See the instructions for additional information on the subtractions listed below. Enter all amounts as positive numbers.

<b>Subtractions from Income</b>	
<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>38957.00</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>.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>38957.00</u>



Name		Social Security Number
<b>A AND B A</b>		<b>490 54 9999</b>
<b>30</b>	Enter amount from line 29 on page 1	<b>30</b> <u>38957.00</u>
<b>31</b>	Human organ donation	<b>31</b> <u>.00</u>
<b>32</b>	Expenses paid to related entities	<b>32</b> <u>.00</u>
<b>33</b>	Income from a related entity	<b>33</b> <u>.00</u>
<b>34</b>	Legislator's per diem	<b>34</b> <u>.00</u>
<b>35</b>	Sales of certain insurance policies	<b>35</b> <u>.00</u>
<b>36</b>	Physician or psychiatrist grant	<b>36</b> <u>.00</u>
<b>37</b>	Olympic, Paralympic, and Special Olympic medals and United States Olympic Committee and Special Olympic Board of Directors prize money	<b>37</b> <u>.00</u>
<b>38</b>	AmeriCorps education awards	<b>38</b> <u>.00</u>
<b>39</b>	Differences in federal and Wisconsin basis of assets	<b>39</b> <u>.00</u>
<b>40</b>	Reserved for future use	<b>40</b> <u>.00</u>
<b>41</b>	Differences in federal and Wisconsin reporting of marital property (community) income	<b>41</b> <u>.00</u>
<b>42</b>	Charitable contributions from tax-option (S) corporations (list and provide amount)	
<b>a</b>	Name _____	
	FEIN _____ Amount <b>42a</b> _____	<u>.00</u>
<b>b</b>	Name _____	
	FEIN _____ Amount <b>42b</b> _____	<u>.00</u>
<b>c</b>	Name _____	
	FEIN _____ Amount <b>42c</b> _____	<u>.00</u>
<b>d</b>	Add lines 42a through 42c	<b>42d</b> <u>.00</u>
<b>43</b>	Tax-option (S) corporation adjustments. Do not include adjustments listed on line 46 (list and provide amount)	
<b>a</b>	Name _____	
	FEIN _____ Amount <b>43a</b> _____	<u>.00</u>
<b>b</b>	Name _____	
	FEIN _____ Amount <b>43b</b> _____	<u>.00</u>
<b>c</b>	Name _____	
	FEIN _____ Amount <b>43c</b> _____	<u>.00</u>
<b>d</b>	Add lines 43a through 43c	<b>43d</b> <u>.00</u>
<b>44</b>	Add lines 30 through 41, 42d and 43d. Enter here and on line 45, page 3	<b>44</b> <u>38957.00</u>



Name <b>A AND B A</b>	Social Security Number <b>490 54 9999</b>
--------------------------	--

**45** Enter amount from line 44 on page 2 . . . . . **45** 38957 .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** 38957 .00

