

For the year Jan. 1-Dec. 31, 2021, or other tax year

Check here if an amended return beginning _____, 2021 ending _____, 20____.

Note

DO NOT STAPLE

See page 5 before assembling return

Your legal last name	Legal first name	M.I.	Your social security number
If a joint return, spouse's legal last name	Spouse's legal first name	M.I.	Spouse's social security number
Home address (number and street). If you have a PO Box, see page 11.		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 2021. <input type="checkbox"/> City <input type="checkbox"/> Village <input type="checkbox"/> Town City, village, or town <input type="checkbox"/> _____ County of <input type="checkbox"/> _____ School district number See page 43 <input type="checkbox"/> _____
City or post office		State Zip code	
Filing status Check <input checked="" type="checkbox"/> below <input 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"/>			Special conditions <input type="checkbox"/> _____ <input type="checkbox"/> Form 804 filed with return (see page 9)
<input type="checkbox"/> Head of household, NOT married (see page 12). <input type="checkbox"/> Head of household, married (see page 12).		Legal last name _____ Legal first name _____ M.I. _____ If married, fill in spouse's SSN above and full name here <input type="checkbox"/>	

Use BLACK Ink ● **Print numbers like this** → 0 1 2 3 4 5 6 7 8 9 **Not like this** → Ø 1 4 7 ● **NO COMMAS; NO CENTS**

1 Federal adjusted gross income (see page 12)	1	_____	.00
Form W-2 wages included in line 1	▶	_____	.00
2 Total additions to income from Schedule AD, line 33. Enclose Schedule AD (see page 13)	2	_____	.00
3 Add lines 1 and 2	3	_____	.00
4 Total subtractions from income from Schedule SB, line 51. Enclose Schedule SB (see page 13) Enter as a positive number	4	_____	.00
5 Subtract line 4 from line 3. This is your Wisconsin income	5	_____	.00
6 Standard deduction. See table on page 34, OR ▼	6	_____	.00
If someone else can claim you (or your spouse) as a dependent, see page 14 and check here <input type="checkbox"/>			
7 Subtract line 6 from line 5. If line 6 is larger than line 5, fill in 0	7	_____	.00
8 Exemptions (Caution: See page 14)			
a Fill in exemptions allowed x \$700 ... 8a _____		_____	.00
b Check if 65 or older <input type="checkbox"/> You + <input type="checkbox"/> Spouse = _____ x \$250 ... 8b _____		_____	.00
c Add lines 8a and 8b	8c	_____	.00
9 Subtract line 8c from line 7. If line 8c is larger than line 7, fill in 0. This is taxable income	9	_____	.00
10 Tax (see table on page 36)	10	_____	.00

PAPER CLIP payment here



NO COMMAS; NO CENTS

11	Itemized deduction credit. Enclose Schedule 1, page 4	11	_____	.00
12	School property tax credit			
	a Rent paid in 2021 – heat included _____		.00	} Find credit from table page 17. . . 12a
	Rent paid in 2021 – heat not included _____		.00	
	b Property taxes paid on home in 2021 _____		.00	} Find credit from table page 19 . . . 12b
13	Working families tax credit (see page 19)	13	_____	.00
14	Married couple credit. Enclose Schedule 2, page 4	14	_____	.00
15	Nonrefundable credits from line 34 of Schedule CR	15	_____	.00
16	Net income tax paid to another state. Enclose Schedule OS . . . []	16	_____	.00
17	Add lines 11 through 16	17	_____	.00
18	Subtract line 17 from line 10. If line 17 is larger than line 10, fill in 0. This is your net tax.	18	_____	.00
19	Sales and use tax due on internet, mail order, or other out-of-state purchases (see page 22)	19	_____	.00
	If you certify that no sales or use tax is due, check here		▶ []	
20	Donations (decreases refund or increases amount owed)			
	a Endangered resources _____		.00	} e Military family relief
	b Cancer research00	
	c Veterans trust fund00	g Red Cross WI Disaster Relief _____
	d Multiple sclerosis00	h Special Olympics Wisconsin _____
	Total (add lines a through h) . . . ▶	20i	_____	.00
21	Penalties on IRAs, retirement plans, MSAs, etc. (see page 23)00 x .33 =	21 _____
22	Other penalties (see page 24)	22	_____	.00
23	Add lines 18, 19, 20i, 21 and 22	23	_____	.00
24	Wisconsin tax withheld. Enclose withholding statements	24	_____	.00
25	2021 estimated tax payments and amount applied from 2020 return	25	_____	.00
26	Earned income credit. Number of qualifying children . . ▶ _____			
	Federal credit00 x _____ % =	26 _____
27	Farmland preservation credit. a Schedule FC, line 17	27a	_____	.00
	b Schedule FC-A, line 13	27b	_____	.00
28	Repayment credit (see page 26)	28	_____	.00

NOTE: You must use your 2021 earned income (see page 25).



Name(s) shown on Form 1		Your social security number	
NO COMMAS; NO CENTS			
29	Homestead credit. Enclose Schedule H or H-EZ	29	_____ .00
30	Eligible veterans and surviving spouses property tax credit . .	30	_____ .00
31	Refundable credits from Schedule CR, line 40. Enclose Schedule CR	31	_____ .00
32	AMENDED RETURN ONLY—Amounts previously paid (see page 29)	32	_____ .00
33	Add lines 24 through 32	33	_____ .00
34	AMENDED RETURN ONLY—Amounts previously refunded (see page 30)	34	_____ .00
35	Subtract line 34 from line 33	35	_____ .00
36	If line 35 is larger than line 23, subtract line 23 from line 35. This is the AMOUNT YOU OVERPAID	36	_____ .00
37	Amount of line 36 you want REFUNDED TO YOU	37	_____ .00
38	Amount of line 36 you want APPLIED TO YOUR 2022 ESTIMATED TAX	38	_____ .00
39a	If line 35 is smaller than line 23, subtract line 35 from line 23. This is the AMOUNT YOU OWE . Paper clip payment to front of return	39a	_____ .00
39b	Interest (see page 30)	39b	_____ .00
40	Underpayment interest. Fill in exception code—See Sch. U _____ Also include on line 39a (see page 31)	40	_____ .00

Third Party Designee Do you want to allow another person to discuss this return with the department (see page 32)? **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 1-4) and withholding statements in the order listed on page 5.

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)
		()	_____

I-010ai

Mail your return to: Wisconsin Department of Revenue
 If tax duePO Box 268, Madison WI 53790-0001
 If refund or no tax due.....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 15)

1 Medical and dental expenses from federal Schedule A (Form 1040). See instructions for exceptions.	1	.00
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	.00
3 Gifts to charity from federal Schedule A (Form 1040). See instructions for exceptions	3	.00
4 Casualty losses from federal Schedule A (Form 1040)	4	.00
5 Add lines 1 through 4	5	.00
6 Fill in your standard deduction from line 6 on page 1 of Form 1	6	.00
7 Subtract line 6 from line 5. If line 6 is more than line 5, fill in 0.	7	.00
8 Rate of credit is .05 (5%)	8	x .05
9 Multiply line 7 by line 8. Fill in here and on line 11 on page 2 of Form 1	9	.00

▶ **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	.00	.00
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	.00	.00
3 Combine lines 1 and 2. This is earned income. 3	.00	.00
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	.00	.00
5 Subtract line 4 from line 3. This is qualified earned income. If less than zero, fill in 0 5	.00	.00
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		.00
7 Rate of credit is .03 (3%). 7		x .03
8 Multiply line 6 by line 7. Fill in here and on line 14 on page 2 of Form 1 8		.00

Do not fill in more than \$480.

