

Claimant's social security number		Spouse's social security number		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"/>
Claimant's legal last name	Claimant's legal first name	M.I.		
Spouse's legal last name	Spouse's legal first name	M.I.		
Current home address (number and street)			Apt. no.	
City or post office		State	Zip code	
Special conditions <input type="checkbox"/>				(See page 10 of the Schedule H instructions.)

- 1 a** What was your age as of December 31, 2021? (If you were under 18, you do not qualify for homestead credit for 2021.) **1a** Fill in age
- b** What was your spouse's age as of December 31, 2021? **1b** Fill in age
- c** If you and your spouse were under age 62 as of December 31, 2021, were you or your spouse disabled? (See instructions) **1c** Yes No
- d** If you and your spouse were not disabled, did you or your spouse have positive earned income (see Schedule H instructions) in 2021? (If "No", you do not qualify - see instructions) **1d** Yes No
- 2** Were you a legal resident of Wisconsin from 1-1-21 through 12-31-21? (If "No," you do not qualify.) **2** Yes No
- 3** Were you claimed or will you be claimed as a dependent on someone else's 2021 federal income tax return? (If "Yes" and you were under age 62 on December 31, 2021, you do not qualify.) **3** Yes No

Household Income Print numbers like this → 0 1 2 3 4 5 6 7 8 9 Not like this → 0147 **NO COMMAS; NO CENTS**

ATTACH rent certificate or property tax bill

- 4** Wisconsin income from line 5 of Form 1 (see instructions) **4** _____
- 5** If **not filing** a 2021 Wisconsin return, fill in Wisconsin **taxable** income below.
 - a** Wages _____ + Interest _____ + Dividends _____ = ... **5a** _____
 - b** Other taxable income (list type and amount) _____ **5b** _____
 - c** Medical and long-term care insurance subtraction. Enter as a negative number **5c** _____
- 6 Nontaxable income not included on line 4, 5a, or 5b above.**
 - a** Unemployment compensation **6a** _____
 - b** Social security, federal **and** state SSI, SSI-E, SSD, and CTS payments (see instructions) **6b** _____
 - c** Railroad retirement benefits **6c** _____
 - d** Pensions, annuities, and other retirement plan distributions **6d** _____
 - e** Contributions to deferred compensation plans (see box 12 of wage statements) **6e** _____
 - f** Contributions to IRA and SIMPLE plans **6f** _____
 - g** Interest on United States bonds and notes and state and municipal bonds **6g** _____
 - h** Child support, maintenance payments, and other support money (court ordered) **6h** _____
 - i** Wisconsin Works (W2) payments, county relief, kinship care, and other cash public assistance **6i** _____
- 7 a** Add lines 4 through 6i (if less than the total of lines 8, 9a, and 9c, see instructions) **7a** _____
- b** Fill in number of qualifying dependents (do not count yourself or your spouse) x \$500 = **7b** _____
- c** Household income. Subtract line 7b from line 7a (if \$24,680 or more, no credit is allowed) **7c** _____



Taxes and/or Rent Before completing this section, see instructions for taxes and/or rent (STEP 4). **NO COMMAS; NO CENTS**

- 8** Homeowners – Net **2021** property taxes on your homestead. Attach your 2021 tax bill **8** _____
- 9** Renters—**Rent** from line 8a of your rent certificate(s) or line 7 of your Shared Living Expenses Schedule.
 - Heat included (8b of rent certificate is “Yes”) **9a** ▶ _____ x .20 (20%) = **9b** _____
 - Heat not included (8b of rent certificate is “No”) **9c** ▶ _____ x .25 (25%) = **9d** _____
- 10** Add lines 8, 9b, and 9d (or enter amount from line 6 of Taxes/Rent Reduction Schedule) **10** _____

Credit Computation **NO COMMAS; NO CENTS**

- 11** Fill in the **smaller** of the amount on line 10 or \$1,460 **11** _____
- 12** Using the amount on line 7c, fill in the appropriate amount from **Table A** (page 25) **12** _____
- 13** Subtract line 12 from line 11 (if line 12 is more than line 11, fill in 0; no credit is allowable) **13** _____
- 14** Homestead credit—Using the amount on line 13, fill in the credit from **Table B** (page 26) **14** _____

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

Sign here ▶	Claimant’s signature	Date	Daytime phone number	Wisconsin Identity Protection PIN (7 characters)
			()	_____
Sign here ▶	Spouse’s signature	Date	Daytime phone number	Wisconsin Identity Protection PIN (7 characters)
			()	_____

Mail to:
Wisconsin Department of Revenue
PO Box 34
Madison WI 53786-0001

For Department Use Only

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