

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.	<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 2021.  <input type="checkbox"/> City <input type="checkbox"/> Village <input type="checkbox"/> Town  City, village, or town <input type="checkbox"/> _____  <b>County of</b> <input type="checkbox"/> _____  <b>School district number</b> See page 43 <input type="checkbox"/> _____
City or post office	State	Zip code	
<b>Filing status</b> 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"/>			<b>Special conditions</b> <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, <b>OR</b> ▼ .....	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 ( <b>Caution: See page 14</b> )			
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**

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

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



Name(s) shown on Form 1	Your social security number
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<b>29</b>	Homestead credit. Enclose Schedule H or H-EZ . . . . .	<b>29</b>	.00
<b>30</b>	Eligible veterans and surviving spouses property tax credit . .	<b>30</b>	.00
<b>31</b>	Refundable credits from Schedule CR, line 40. Enclose Schedule CR	<b>31</b>	.00
<b>32</b>	AMENDED RETURN ONLY—Amounts previously paid (see page 29)	<b>32</b>	.00
<b>33</b>	Add lines 24 through 32 . . . . .	<b>33</b>	.00
<b>34</b>	AMENDED RETURN ONLY—Amounts previously refunded (see page 30)	<b>34</b>	.00
<b>35</b>	Subtract line 34 from line 33 . . . . .	<b>35</b>	.00
<b>36</b>	If line 35 is larger than line 23, subtract line 23 from line 35. This is the <b>AMOUNT YOU OVERPAID</b> . . . . .	<b>36</b>	.00
<b>37</b>	Amount of line 36 you want <b>REFUNDED TO YOU</b> . . . . .	<b>37</b>	.00
<b>38</b>	Amount of line 36 you want <b>APPLIED TO YOUR 2022 ESTIMATED TAX</b> . . . . .	<b>38</b>	.00
<b>39a</b>	If line 35 is smaller than line 23, subtract line 35 from line 23. This is the <b>AMOUNT YOU OWE</b> . Paper clip payment to front of return . . . . .	<b>39a</b>	.00
<b>39b</b>	Interest (see page 30) . . . . .	<b>39b</b>	.00
<b>40</b>	Underpayment interest. Fill in exception code-See Sch. U _____ Also include on line 39a (see page 31)	<b>40</b>	.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 due* .....PO 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**



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**Schedule 1 – Itemized Deduction Credit (see page 15)**

<b>1</b> Medical and dental expenses from federal Schedule A (Form 1040). See instructions for exceptions. . . . .	<b>1</b>	<u>.00</u>
<b>2</b> 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 . . . . .	<b>2</b>	<u>.00</u>
<b>3</b> Gifts to charity from federal Schedule A (Form 1040). See instructions for exceptions . . . . .	<b>3</b>	<u>.00</u>
<b>4</b> Casualty losses from federal Schedule A (Form 1040) . . . . .	<b>4</b>	<u>.00</u>
<b>5</b> Add lines 1 through 4 . . . . .	<b>5</b>	<u>.00</u>
<b>6</b> Fill in your standard deduction from line 6 on page 1 of Form 1. . . . .	<b>6</b>	<u>.00</u>
<b>7</b> Subtract line 6 from line 5. If line 6 is more than line 5, fill in 0. . . . .	<b>7</b>	<u>.00</u>
<b>8</b> Rate of credit is .05 (5%) . . . . .	<b>8</b>	<u><b>x .05</b></u>
<b>9</b> Multiply line 7 by line 8. Fill in here and on line 11 on page 2 of Form 1 . . . . .	<b>9</b>	<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
<b>1</b> Taxable wages, salaries, tips, and other employee compensation. Do NOT include deferred compensation, interest, dividends, pensions, unemployment compensation, or other unearned income <b>1</b>	<u>.00</u>	<u>.00</u>
<b>2</b> 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 . . . . . <b>2</b>	<u>.00</u>	<u>.00</u>
<b>3</b> Combine lines 1 and 2. This is earned income. . . . . <b>3</b>	<u>.00</u>	<u>.00</u>
<b>4</b> Add the amounts from federal <b>Schedule 1</b> (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 . . . . . <b>4</b>	<u>.00</u>	<u>.00</u>
<b>5</b> Subtract line 4 from line 3. This is qualified earned income. If less than zero, fill in 0 . . . . . <b>5</b>	<u>.00</u>	<u>.00</u>
<b>6</b> 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. . . . . <b>6</b>		<u>.00</u>
<b>7</b> Rate of credit is .03 (3%). . . . . <b>7</b>		<u><b>x .03</b></u>
<b>8</b> Multiply line 6 by line 7. Fill in here and on line 14 on page 2 of Form 1 . . . . . <b>8</b>		<u>.00</u>

Do not fill in more than \$480.

