Nonresident & part-year resident

ror the year Jan. 1-Dec. 31		•	
beginning	, 2021	ending	, 20

.00

.00

Wisconsin income tax	beginning		, 2021 ending
Check here if this is an amended retu	rn ▶ Complete form u	ısing E	BLACK INK
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

If a joint return, spouse's legal last name	Spouse's legal	legal first name			M.I.	Spouse's social security number				
Home address (number and street). If you have	a PO Box, see	see page 12 Apt. no.				Tax district Check below then fill in either the name of the Wiscons				
City or post office	Sta	State Zip code				 city, village, or town, and the county in which you lived at the end of 2021 or before leaving Wisconsin (nonresidents leave blank). 				
Foreign Country	For	Foreign province/state/county			ty	City Village Town City, village,				
Filing status	For	Foreign postal code				or town				
Single						County of ▶				
Married filing joint return (even if only one had income)	Legal last nam	name				School district number See page 59				
Married filing separate return. Fill in spouse's SSN above and full name here	Legal first nam	name M.I.			M.I.	Special conditions				
Head of household, NOT married	d (see page 1	3)			1	Form 804 filed with return (see page 10)				

ē	Filing status	l oreign postal code	or town
statements he	Single		County of ▶
	Married filing joint return (even if only one had income)	Legal last name	School district number See page 59
	Married filing separate return. Fill in spouse's SSN above and full name here	Legal first name M.I.	Special conditions
ER CLIP withholding	Head of household, NOT marrie	Form 804 filed with return (see page 10)	
	Head of household, married (see		
	Resident status Check the status that You Spouse		
PAPER	Full-year resident of Wiscor		
ď	Nonresident of Wisconsin; s	eviation)	

		Nonresident of Wisconsin; state of res	siden	ce	(2-le	tter stat	e abb	reviation)	
ш	Part-year resident of Wisconsin from			mm dd yyyy to mm dd yyyy			уууу	Note: Complete resid	lence questionnaire, page 61.	
	Pr	int numbers like this \rightarrow 0 1 23	4 5	667	789	NO C	OMM		Endoral column	P. Wissensin column

Income Not like this $\rightarrow \emptyset147$ NO CENTS A. Federal column B. Wisconsin column .00 .00 .00 .00 .00 .00 Taxable refunds, credits, or offsets of state and local income taxes .00 Not taxable .00 .00 .00 .00 6 .00 .00 7 .00 .00 8 .00 .00 9 .00 .00 10 Rental real estate, royalties, partnerships, S corporations, trusts, etc. 11 .00 .00 .00 .00 13 .00 .00 .00 Not taxable .00 .00 Other income (see page 25). Enclose Schedule M if line 15b has an amount 15

2021	Form 1NPR	Name		SSN	Page 2 of	f 4
Adj	ustments to	Income	Α	. Federal column	B. Wisconsin colum	าท
17	Educator ex	penses (see page 26)	17	.00).	00
18	Certain busi	ness expenses of reservists, performing artists, and		20		
		vernment officials (see page 26)				00
<u>19</u>		gs account deduction (see page 26)				00
<u>20</u>		enses for members of the Armed Forces (see page 26) :				00
<u>21</u>	•	art of self-employment tax (see page 27)				00
<u>22</u>	Self-employe	ed SEP, SIMPLE, and qualified plans (see page 27)	22			00
<u>23</u>		ed health insurance deduction (see page 28)				00
<u>24</u>	Penalty on e	arly withdrawal of savings (see page 29)	24			00
<u>25</u>	Alimony paid	d (see page 29)	25	.00).	00
<u>26</u>	IRA deduction	on (see page 29)	26).	00
<u>27</u>	Student loan	interest deduction (see page 30)	27	.00	.(00
<u>28</u>	Other adjustm	ents (see page 30). Enclose Schedule M if line 28b has an amount	28	.00).	00
<u>29</u>	Total adjustr	nents to income. Add lines 17 through 28	29	.00).	00
Adj	usted Gross	Income				
<u>30</u>	Wisconsin in	ncome. Subtract line 29, column B from line 16, column B . :	30).	00
<u>31</u>	Federal inco	me. Subtract line 29, column A from line 16, column A	31	.00		
<u>32</u>		0 by line 31. Carry the decimal to four places. If amount	00			
	on line 30 is	more than amount on line 31, fill in 1.0000. (See page 31) .	32			
Tax	Computation	on .				_
	-	r ger of Wisconsin income from line 30, column B or federal i	ncom	e from line 31		
<u> </u>		ut, if Wisconsin income from line 30 is zero or less, fill in 0 ((00
<u>34a</u>	If you (or you and see the	ur spouse) can be claimed as a dependent on anyone else's "Exception" in the instructions for line 34c on page 31	returr	n, check here	а	
		page 31 to determine if you must check line 34b)				
340	Find the star	ndard deduction for amount on line 31 using table on page 5	0	34	c .(00
		34c from line 33. If line 34c is more than line 33, fill in 0 (ze				00
36	Exemptions	(Caution: see page 32)	,			
	_	mptions allowed				
	b Check if 6	65 or older You + Spouse = x \$250 3	6b	.00		
	_	36a and 36b				00
<u>37</u>		36c from line 35. If line 36c is more than line 35, fill in 0 (ze				00
<u>38</u>		le on page 52)			(00
<u>39</u>	Itemized ded	duction credit. Complete Schedule 1 (page 4, Form 1NPR) 3	9	.00		
<u>40</u>		erty tax credits (part-year and full-year residents only)				
	<u>a</u> Rent paid in	n 2021–heat included	0a	.00		
	Rent paid ir	1 2021-heat not included00 /				
	b Property tax	kes paid on home in 2021 $.00$ table page 36 $$ 4	0b	.00	_	
<u>41</u>		on lines 39, 40a, and 40b				<u>00</u>
<u>42</u>		41 from line 38. If line 41 is more than line 38, fill in 0 (zero)				00
43		om line 32				_
<u>44</u>	Multiply line	42 by ratio on line 43		44		00



2021 Form 1NPR Page **3 of 4**

Nam	e(s) shown on Form 1NPR	Your	social secu	urity number
45	Fill in amount from line 44		45	.00
<u>46</u>	Working families tax credit. (Full-year Wisconsin residents only) 46	.00		
<u>47</u>	Married couple credit. Complete Schedule 2 (page 4, Form 1NPR) 47	.00		
<u>48</u>	Nonrefundable credits from Schedule CR, line 34. Enclose Schedule CR 48	.00		
<u>49</u>	Net income tax paid to another state. Enclose Schedule OS 49	.00		
<u>50</u>	Add lines 46 through 49		50	.00
<u>51</u>	Subtract line 50 from line 45. If line 50 is more than line 45, fill in 0 (zero). This is your	net tax .	51	.00.
<u>52</u>	Sales and use tax due on internet, mail order, or other out-of-state purchases (see page 15 you certify that no sales or use tax is due, check here			.00
<u>53</u>	Donations (decreases refund or increases amount owed)			
	a Endangered resources e Military family relief			
	b Cancer research	.00		
	c Veterans trust fund g Red Cross WI Disaster Relief	.00		
	d Multiple sclerosis			
	Total (add lines a through	•		.00.
	Penalties on IRAs, other retirement plans, MSAs, etc. (see page 40)	_		.00
_	Other penalties (see page 41)			.00
<u>56</u>	Add lines 51 through 55		56	.00
<u>58</u>	Wisconsin income tax withheld. Enclose readable withholding statements . 57 2021 Wisconsin estimated tax paid and amount applied from 2020 return . 58 Earned income credit. (Full-year Wisconsin residents only) Number of qualifying children Federal credit	.00	your 2	E: You must use 2021 earned ne (see page 42).
60	Farmland preservation credit. a. Schedule FC, line 17 60a			
_	b. Schedule FC-A, line 13 60b			
61	Repayment credit	.00		
62				
63	Eligible veterans and surviving spouses property tax credit 63			
64	Refundable credits from Schedule CR, line 40			
65	AMENDED RETURN ONLY – amount previously paid (see page 46) 65			
	Add lines 57 through 65			
	AMENDED RETURN ONLY – amount previously refunded (see page 47) . 67			
	Subtract line 67 from line 66		68	.00
Rof	und or Amount You Owe			
	If line 68 is more than line 56, subtract line 56 from line 68. This is the AMOUNT OVER	PAID	69	.00
	Amount of line 69 you want REFUNDED TO YOU			
l .	Amount of line 69 to be APPLIED TO YOUR 2022 ESTIMATED TAX 71			



2021	Form 1NP	R	Paper clip a c tax return ar	copy of your federa ad schedules to thi	al income s return.		SSN			Page 4 of 4
72	a If line 6	88 is less t	nan line 56, sub	tract line 68 from line	e 56	This is the	AMOUN	IT YOU OWE 72a	l	.00
72	b Interes	t (see pag	e 47)			72	!b	.00		
73	– Underp	payment in	terest. Fill in ex	ception code – see	Sch. U →	, 73	3			
	Also in	clude on li	ne 72a (see pag	je 48).						
Th		you want to	allow another pers	on to discuss this return	with the dep	artment (se	e page 49		lete the follo	wing. No
	rty	Designee's	;		Phone	,		Personal identification number (PIN)		
De	signee	name >			no. ▶ ()		number (PIN)		
IInd	ler nenaltie	es of law 1 o	leclare that this re	turn and all attachmen	ats are true	correct an	d comple	ete to the hest of m	v knowleda	and helief
	You	ır signature		tarri arra arr attaorimion		Date	a compre	Wisconsin Identity		
Sig he										
ne		use's signat	ure (if filing jointly, B	OTH must sign)		Date		Wisconsin Identity	Protection P	IN (7 characters)
Sig	jn 📗	ouse's signat	ire (ir iiiirig joiritiy, E	OTTT must sign)	'	Date		Wisconsin identity	riolectionr	iiv (7 Cilalacters)
he	re 💆									
Mail	vour rotu	rn to: \Mino	anain Danartman	t of Boyonua						
viaii	(if tax is o		onsin Departmen	(if refund or no tax	due)					
	PO Bo	x 268		PO Box 59	,					
	Madiso	on WI 5379)-0001	Madison WI 537	'85-0001					
Sc	hedule	1 – Wi	sconsin Ite	mized Deducti	on Cred	it (see lir	ne 39 in	structions)		
				federal Schedule A (`		,		
<u>-</u>	exceptio	ns		Scriedule A (). See IIIS 			1	.00
2				e A (Form 1040). See						
3				ule A (Form 1040). S						
4				dule A (Form 1040)						
5	Add line	s 1 throug	า 4						5	.00
6	Wiscons	sin standar	d deduction fror	m Form 1NPR, line 3	4c				6	.00
7	Subtract	line 6 fror	n line 5. If line 6	is more than line 5,	fill in 0 (ze	ro)			7	.00
8	Rate of	credit is .0	5 (5%)						8 8	x .05
9	Multiply	line 7 by li	ne 8. Fill in here	and on line 39 of Fo	orm 1NPR				9	.00
Sc	hedule	2 – Ma	rried Coup	e Credit May be	claimed onl	y when bot	h spouse	es have earned inco	ome taxable	by Wisconsin.
1	Wages,	salaries, ti	ps, etc., include	d in column B of line	1 on Form	1NPR.		(A) YOURSELF	(B) Y	OUR SPOUSE
_	Do not in	nclude def	erred compensa	ition (even though re	ported on	a W-2) or		_	_	
				s not reported on a V			1 _	.0	00	.00
2				ment from federal So Form 1065), and any						
				luded in column B or			2	.0	00	.00
3	Combine	e lines 1 aı	nd 2. This is you	r total Wisconsin ea	rned incom	ne	3	.С	00	.00
4				s 18, 22, 26, and 28,						
_		•		y to your or your spo			_		00	.00
				your qualified earned			5 _	٠.	00	.00
b	smaller	ะ เกе amoเ amount he	ווו ווו columns (ו re. If more than	A) and (B) of line 5. I \$16,000, fill in \$16,0	-111 in the 100			6		.00
7									x .03	
	Multiply	line 6 by li	ne 7. Round the	result and fill in here	e and on lir	ne 47 of F	orm 1NF	PR.		
	Do not fi	II in more	han \$480					8		.00

