



You	ır legal last name					u must fill in your social security number					
lf a	joint return, spouse's legal last r					You must fill in spouse's social security number					
Hom	ne address (number and street)						State election campaign fund				
City	v or post office	State Zip code			If yo	If you want \$1 to go to the State Electi Campaign Fund, check box(es).					
	iling status iheck only one box) Single Married filing joint return (even if only one had income)	Tax district Check proper box and fill in name of city, village, or town, and the county in which you lived at the end of 2004.	City Village Town County of School distr	ict numt)er (see page 24)			ır spouse x(es) will not change			
1	Income from line 4 of	federal Form 1040	EZ or line I of	vour fede	1	1 _(
	 Income from line 4 of federal Form 1040EZ or line I of your federal TeleFile Tax Record If your parent (or someone else) can claim you (or your spouse) as a dependent, check here 										
	Fill in the standard d										
4	checked the box on line 2, fill in the amount from worksheet on back										
	 Deduction for exemptions. Fill in \$700 (\$1,400 if married, or 0 if you checked the box on line 2 – see instructions on back) 							-			
6	6 Subtract line 5 from line 4. If line 5 is larger than line 4, fill in 0. This is your taxable income										
7	7 Tax. Use amount on line 6 to find your tax using table, page 17										
8	3 School property tax credit										
	8a Rent paid in 2004 –			00							
	Rent paid in 2004 -			table page	t from	∎00					
_	8b Property taxes paid				table page	e 10. 8b	. 00				
9	 Working families tax credit – if line 1 is less than \$10,000 (\$19,000 if married filing joint), see page 10										
10	Married couple credit	f	.(00							
	(see instructions on reverse side)	.00									
	10c Fill in smaller of 10a c	or 10b but no more than	\$16,000		.00 x .03 = .	. 10c	. 00				
11	Add credits on lines 8	8a, 8b, 9, and 10c .					11				
12	Subtract line 11 from	line 7. If line 11 is la	12								
13	Packers football stad	ium donation (decr	C 13								
14	4 Sales and use tax due on out-of-state purchases (see page 11)										
15	Endangered resource	d resources donation (decreases refund or increases amount owed)									
16	Breast cancer research donation (decreases refund or increases amount owed)										
17	7 Add lines 12 through 16										
18	3 Wisconsin income tax withheld. Enclose readable withholding statements										
	-	18 is larger than line 17, subtract line 17 from line 18 This is YOUR REFUND									
	0 If line 17 is larger than line 18, subtract line 18 from line 17 This is the AMOUNT YOU OWE										

Mail your return to: Wisconsin Department of Revenue	For Department Use Only									I-090i
If refund or no tax due PO Box 59, Madison WI 53785-0001	R	Μ	Y	Т	MAN	D	А	Р	С	
If tax due PO Box 268, Madison WI 53790-0001			04							