

For the year Jan. 1-Dec. 31, 2022, or other tax year

Check here if an amended return beginning _____, 2022 ending _____, 20__.

DO NOT STAPLE
See page 5 before assembling return

Your legal last name BYRNES	Legal first name BONNIE	M.I. E	Your social security number 394929466
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 12. 10698 LYNX LAKE RD		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 2022. <input type="checkbox"/> City <input type="checkbox"/> Village <input checked="" type="checkbox"/> Town City, village, or town BOULDER JUNCTION County of VILAS School district number See page 44 0616
City or post office PRESQUE ISLE	State WI	Zip code 54557	
Filing status Check <input checked="" type="checkbox"/> below			Special conditions <input type="checkbox"/> <input type="checkbox"/> Form 804 filed with return (see page 10)
<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 checked="" type="checkbox"/> Head of household, NOT married (see page 13).		Legal last name	If married, fill in spouse's SSN above and full name here
<input type="checkbox"/> Head of household, married (see page 13).		Legal first name	
		M.I.	

Use **BLACK Ink** ● Print numbers like this → **0123456789** Not like this → **Ø147** ● **NO COMMAS; NO CENTS**

1 Federal adjusted gross income from Form 1040, line 11	1	190657.00
2 Adjustments to federal adjusted gross income from Schedule I, line 3 (see page 13)	2	1347.00
3 Add lines 1 and 2. This is your federal adjusted gross income for Wisconsin purposes	3	192004.00
Form W-2 wages included in line 300
4 Total additions to income from Schedule AD, line 33. Include Schedule AD (see page 14) ..	4	.00
5 Add lines 3 and 4	5	192004.00
6 Total subtractions from income from Schedule SB, line 50. Include Schedule SB (see page 14) Enter as a positive number	6	18599.00
7 Subtract line 6 from line 5. This is your Wisconsin income.	7	173405.00
8 Standard deduction. See table on page 35, OR ▼ If someone else can claim you (or your spouse) as a dependent, see page 15 and check here <input type="checkbox"/>	8	0.00
9 Subtract line 8 from line 7. If line 8 is larger than line 7, fill in 0	9	173405.00
10 Exemptions (Caution: See page 15)		
a Fill in exemptions allowed 2 x \$700 .. 10a ..		1400.00
b Check if 65 or older <input type="checkbox"/> You + <input type="checkbox"/> Spouse = x \$250 .. 10b ..		.00
c Add lines 10a and 10b	10c	1400.00

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NO COMMAS; NO CENTS

11	Subtract line 10c from line 9. If line 10c is larger than line 9, fill in 0. This is taxable income . . .	11	<u>172005.00</u>
12	Tax (see table on page 37)	12	<u>8809.00</u>
13	Itemized deduction credit. Include Schedule 1, page 4	13	<u>928.00</u>
14	Additional child and dependent care tax credit (see page 17)		
	Federal credit	14	<u>.00</u>
15	School property tax credit		
a	Rent paid in 2022 – heat included <u>0.00</u>	} Find credit from table page 19 .	15a <u>0.00</u>
	Rent paid in 2022 – heat not included <u>0.00</u>		
b	Property taxes paid on home in 2022 <u>2716.00</u>	} Find credit from table page 20 .	15b <u>300.00</u>
16	Working families tax credit (see page 20)	16	<u>.00</u>
17	Married couple credit. Include Schedule 2, page 4	17	<u>.00</u>
18	Nonrefundable credits from line 34 of Schedule CR	18	<u>.00</u>
19	Net income tax paid to another state. Include Schedule OS	19	<u>.00</u>
20	Add lines 13 through 19	20	<u>1228.00</u>
21	Subtract line 20 from line 12. If line 20 is larger than line 12, fill in 0. This is your net tax	21	<u>7581.00</u>
22	Sales and use tax due on internet, mail order, or other out-of-state purchases (see page 23)	22	<u>.00</u>
	If you certify that no sales or use tax is due, check here		<input checked="" type="checkbox"/>
23	Donations (decreases refund or increases amount owed)		
a	Endangered resources <u>.00</u>	e	Military family relief <u>.00</u>
b	Cancer research <u>.00</u>	f	Second Harvest/Feeding Amer. <u>.00</u>
c	Veterans trust fund <u>.00</u>	g	Red Cross WI Disaster Relief <u>.00</u>
d	Multiple sclerosis <u>.00</u>	h	Special Olympics Wisconsin <u>.00</u>
	Total (add lines a through h)	23i	<u>.00</u>
24	Penalties on IRAs, retirement plans, MSAs, etc. (see page 25)	24	<u>.00</u>
25	Other penalties (see page 25)	25	<u>.00</u>
26	Add lines 21, 22, 23i, 24, and 25	26	<u>7581.00</u>
27	Wisconsin tax withheld. Include withholding statements	27	<u>.00</u>
28	2022 estimated tax payments and amount applied from 2021 return	28	<u>.00</u>
29	Earned income credit. Number of qualifying children		
	Federal credit	29	<u>.00</u>
30	Farmland preservation credit. a Schedule FC, line 17	30a	<u>.00</u>
	b Schedule FC-A, line 13	30b	<u>.00</u>
31	Repayment credit (see page 27)	31	<u>.00</u>



Name(s) shown on Form 1

Your social security number

BONNIE E BYRNES

394929466

NO COMMAS; NO CENTS

32	Homestead credit. Include Schedule H or H-EZ.	32	_____	.00
33	Eligible veterans and surviving spouses property tax credit . . .	33	_____	.00
34	Refundable credits from Schedule CR, line 40. Include Schedule CR	34	_____	.00
35	AMENDED RETURN ONLY—Amounts previously paid (see page 31)	35	_____	.00
36	Add lines 27 through 35	36	_____	.00
37	AMENDED RETURN ONLY—Amounts previously refunded (see page 31)	37	_____	.00
38	Subtract line 37 from line 36	38	_____	.00
39	If line 38 is larger than line 26, subtract line 26 from line 38. This is the AMOUNT YOU OVERPAID	39	_____	.00
40	Amount of line 39 you want REFUNDED TO YOU	40	_____	0.00
41	Amount of line 39 you want APPLIED TO YOUR 2023 ESTIMATED TAX	41	_____	0.00
42	If line 38 is smaller than line 26, subtract line 38 from line 26. This is the AMOUNT YOU UNDERPAID	42	_____	7581.00
43	Underpayment interest. Fill in exception code-See Sch. U <input type="checkbox"/>	43	_____	544.00
44	Add lines 42 and 43. This is the AMOUNT YOU OWE . Paper clip payment to front of return	44	_____	8125.00
45	Interest (see page 34)	45	_____	.00

Third Party Designee Do you want to allow another person to discuss this return with the department (see page 34)? Yes Complete the following. No

Designee's name ▶ Phone no. ▶ Personal identification number (PIN) ▶

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 *Bonnie Byrnes 11/21/24*

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) _____
7159040101

Spouse's signature (if filing jointly, BOTH must sign) _____ Date _____ Daytime Phone _____ Wisconsin Identity Protection PIN (7 characters) _____

I-010ai **Caution:** Only enter a Wisconsin Identity Protection PIN if you received one from the department (see page 34).

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



NO COMMAS; NO CENTS

Schedule 1 – Itemized Deduction Credit (see page 16)

1	Medical and dental expenses from federal Schedule A (Form 1040). See instructions for exceptions.	1	<u>11993 .00</u>
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	<u>6062 .00</u>
3	Gifts to charity from federal Schedule A (Form 1040). See instructions for exceptions	3	<u>500 .00</u>
4	Casualty losses from federal Schedule A (Form 1040)	4	<u>.00</u>
5	Add lines 1 through 4	5	<u>18555 .00</u>
6	Fill in your standard deduction from line 8 on page 1 of Form 1.	6	<u>0 .00</u>
7	Subtract line 6 from line 5. If line 6 is more than line 5, fill in 0.	7	<u>18555 .00</u>
8	Rate of credit is .05 (5%)	8	<u>x .05</u>
9	Multiply line 7 by line 8. Fill in here and on line 13 on page 2 of Form 1	9	<u>928 .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 21)

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	
	<u>.00</u>	<u>.00</u>
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	
	<u>.00</u>	<u>.00</u>
3	Combine lines 1 and 2. This is earned income. 3	
	<u>.00</u>	<u>.00</u>
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	
	<u>.00</u>	<u>.00</u>
5	Subtract line 4 from line 3. This is qualified earned income. If less than zero, fill in 0 5	
	<u>.00</u>	<u>.00</u>
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	
	<u>.00</u>	<u>.00</u>
7	Rate of credit is .03 (3%). 7	<u>x .03</u>
8	Multiply line 6 by line 7. Fill in here and on line 17 on page 2 of Form 1. 8	<u>.00</u>
		Do not fill in more than \$480.

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Name
BONNIE E BYRNES

Social Security Number
394929466

See the instructions for additional information on the subtractions listed below. Enter all amounts as positive numbers.

Subtractions from Income

<u>1</u>	Taxable refund of state income tax (from line 1 of federal Schedule 1)	<u>1</u>	.00
<u>2</u>	United States government interest	<u>2</u>	.00
<u>3</u>	Unemployment compensation	<u>3</u>	.00
<u>4</u>	Social security adjustment	<u>4</u>	.00
<u>5</u>	Capital gain/loss subtraction	<u>5</u>	18599.00
<u>6</u>	Medical care insurance	<u>6</u>	.00
<u>7</u>	Long-term care insurance	<u>7</u>	.00
<u>8</u>	Tuition and fee expenses	<u>8</u>	.00
<u>9</u>	Private school tuition	<u>9</u>	.00
<u>10</u>	Contributions to an Edvest or Tomorrow's Scholar college savings account	<u>10</u>	.00
<u>11</u>	Distributions of certain earnings from Wisconsin state-sponsored college tuition programs	<u>11</u>	.00
<u>12</u>	Military and uniformed services retirement benefits	<u>12</u>	.00
<u>13</u>	Local and state retirement benefits	<u>13</u>	.00
<u>14</u>	Federal retirement benefits	<u>14</u>	.00
<u>15</u>	Railroad retirement benefits, railroad unemployment insurance, and sickness benefits	<u>15</u>	.00
<u>16</u>	Retirement income subtraction	<u>16</u>	.00
<u>17</u>	Reserve or National Guard members	<u>17</u>	.00
<u>18</u>	U.S. Armed Forces active duty pay	<u>18</u>	.00
<u>19</u>	Combat zone related death	<u>19</u>	.00
<u>20</u>	Adoption expenses	<u>20</u>	.00
<u>21</u>	Contributions to ABLE accounts	<u>21</u>	.00
<u>22</u>	Disability income exclusion	<u>22</u>	.00
<u>23</u>	Wisconsin net operating loss deduction	<u>23</u>	.00
<u>24</u>	Farm loss carryover	<u>24</u>	.00
<u>25</u>	Native Americans	<u>25</u>	.00
<u>26</u>	Sale of business assets or assets used in farming to a related person	<u>26</u>	.00
<u>27</u>	Recoveries of federal itemized deductions	<u>27</u>	.00
<u>28</u>	Repayment of income previously taxed	<u>28</u>	.00
<u>29</u>	Add lines 1 through 28. Enter here and on line 30, page 2	<u>29</u>	18599.00



Name BONNIE E BYRNES	Social Security Number 394929466
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30	Enter amount from line 29 on page 1	30	18599.00
31	Human organ donation	31	.00
32	Expenses paid to related entities	32	.00
33	Income from a related entity	33	.00
34	Legislator's per diem	34	.00
35	Sales of certain insurance policies	35	.00
36	Physician or psychiatrist grant	36	.00
37	Olympic, Paralympic, and Special Olympic medals and United States Olympic Committee and Special Olympic Board of Directors prize money	37	.00
38	AmeriCorps education awards	38	.00
39	Differences in federal and Wisconsin basis of assets	39	.00
40	Differences in federal and Wisconsin basis of partnership interest prior to 1975	40	.00
41	Differences in federal and Wisconsin reporting of marital property (community) income	41	.00
42	Charitable contributions from tax-option (S) corporations (list and provide amount)		
	a Name _____		
	FEIN _____ Amount 42a _____		.00
	b Name _____		
	FEIN _____ Amount 42b _____		.00
	c Name _____		
	FEIN _____ Amount 42c _____		.00
	d Add lines 42a through 42c	42d	.00
43	Tax-option (S) corporation adjustments. Do not include adjustments listed on line 46 (list and provide amount)		
	a Name _____		
	FEIN _____ Amount 43a _____		.00
	b Name _____		
	FEIN _____ Amount 43b _____		.00
	c Name _____		
	FEIN _____ Amount 43c _____		.00
	d Add lines 43a through 43c	43d	.00
44	Add lines 30 through 41, 42d and 43d. Enter here and on line 45, page 3	44	18599.00



Name BONNIE E BYRNES	Social Security Number 394929466
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45 Enter amount from line 44 on page 2 **45** 18599.00

46 Tax-option (S) corporation entity level tax election adjustments (list and provide amount)

a Name _____
 FEIN _____ Amount **46a** _____ .00

b Name _____
 FEIN _____ Amount **46b** _____ .00

c Name _____
 FEIN _____ Amount **46c** _____ .00

d Add lines 46a through 46c **46d** .00

47 Partnership, limited liability company, trust, or estate adjustments. Do not include adjustments listed on line 48 (list and provide amount)

a Name _____
 FEIN _____ Amount **47a** _____ .00

b Name _____
 FEIN _____ Amount **47b** _____ .00

c Name _____
 FEIN _____ Amount **47c** _____ .00

d Add lines 47a through 47c **47d** .00

48 Partnership entity level tax election adjustments (list and provide amount)

a Name _____
 FEIN _____ Amount **48a** _____ .00

b Name _____
 FEIN _____ Amount **48b** _____ .00

c Name _____
 FEIN _____ Amount **48c** _____ .00

d Add lines 48a through 48c **48d** .00

49 Other subtractions from income (list and provide amount)

a _____ Amount **49a** _____ .00

b _____ Amount **49b** _____ .00

c _____ Amount **49c** _____ .00

d Add lines 49a through 49c **49d** .00

50 Add lines 45, 46d, 47d, 48d, and 49d. This is your total subtraction from income. Enter on Form 1, line 6 **50** 18599.00



Schedule I

Wisconsin
Department of Revenue

**Adjustments to Convert 2022 Federal
Adjusted Gross Income and Itemized Deductions
to the Amounts Allowable for Wisconsin**

Include with Wisconsin Form 1 or Form 1NPR

2022

Name(s) shown on Form 1 or Form 1NPR

BONNIE E BYRNES

Your social security number

394929466

PART I – Adjustments to Federal Adjusted Gross Income

(Read instructions before completing Schedule I)

1 Additions to federal adjusted gross income (enter as positive numbers):

<u>a</u>	Discharge of indebtedness on principal residence	1a	<u>.00</u>	
<u>b</u>	Federal depreciation and sec. 179 expense	1b	<u>7920.00</u>	
<u>c</u>	Federal capital losses from line 7 of federal Form 1040 or 1040-SR	1c	<u>.00</u>	
<u>d</u>	Federal ordinary losses from line 4 of federal Schedule 1 (Form 1040)	1d	<u>.00</u>	
<u>e</u>	Wisconsin capital gains from line 7 of revised federal Form 1040 or 1040-SR	1e	<u>.00</u>	
<u>f</u>	Wisconsin ordinary gains from line 4 of revised federal Schedule 1 (Form 1040)	1f	<u>.00</u>	
<u>g</u>	Certain student loan forgiveness (<i>see instructions</i>)	1g	<u>.00</u>	
<u>h</u>	Other _____	1h	<u>.00</u>	
<u>i</u>	Other _____	1i	<u>.00</u>	
<u>j</u>	Total additions - Add lines 1a through 1i	1j		<u>7920.00</u>

2 Subtractions from federal adjusted gross income (enter as positive numbers):

<u>a</u>	Health savings account adjustment	2a	<u>.00</u>	
<u>b</u>	Wisconsin depreciation and sec. 179 expense	2b	<u>6573.00</u>	
<u>c</u>	Wisconsin capital losses from line 7 of revised federal Form 1040 or 1040-SR	2c	<u>.00</u>	
<u>d</u>	Wisconsin ordinary losses from line 4 of revised federal Schedule 1 (Form 1040)	2d	<u>.00</u>	
<u>e</u>	Federal capital gains from line 7 of federal Form 1040 or 1040-SR	2e	<u>.00</u>	
<u>f</u>	Federal ordinary gains from line 4 of federal Schedule 1 (Form 1040)	2f	<u>.00</u>	
<u>g</u>	Other _____	2g	<u>.00</u>	
<u>h</u>	Other _____	2h	<u>.00</u>	
<u>i</u>	Other _____	2i	<u>.00</u>	
<u>j</u>	Total subtractions - Add lines 2a through 2i	2j		<u>6573.00</u>

3 Subtract line 2j from line 1j. If line 3 is a negative number, place a minus sign (-) in front of the number. Fill in here and on line 2 of Wisconsin Form 1. (**Note:** The above figures must also be used to complete Columns A and B for each of the lines 1 through 29 of Form 1NPR)

3 1347.00



PART II – Itemized Deductions

(Complete this part only for those federal itemized deductions which may be used in computing the Wisconsin itemized deduction credit.)

Who must complete Part II

This part should be completed only by individuals claiming the Wisconsin itemized deduction credit. Whenever adjustments have been made in Part I, federal itemized deductions which are based on federal adjusted gross income are affected. Part II must be completed to report the difference in the amount of the deduction based on the revised federal adjusted gross income. Part II must also be completed whenever specific items require adjustment.

1 Adjustments:

Description		COL. I Amount per 2022 federal return	COL. II Amount determined under IRC in effect for Wisconsin
<u>a</u> Medical Expense Deduction	1a	.00	.00
<u>b</u> Interest	1b	6 0 6 2 .00	6 0 6 2 .00
<u>c</u> Gifts to Charity	1c	5 0 0 .00	5 0 0 .00
<u>d</u> Other (<i>explain</i>) _____	1d	.00	.00
<u>e</u> Other (<i>explain</i>) _____	1e	.00	.00

The amounts in Col. II should be used to compute the Wisconsin itemized deduction credit (Schedule 1 of Form 1 or Form 1NPR).



Schedule U

Wisconsin
Department of Revenue

**Underpayment of Estimated Tax
By Individuals, Partnerships, and Fiduciaries**

Include with Wisconsin Form 1, 1NPR, 2, or 3

2022

Legal name(s) shown on tax return

BONNIE E BYRNES

Identifying number

394-92-9466

PART I Required Annual Payment – All filers must complete this part.

1	Fill in your 2022 net tax (from Form 1, line 21; Form 1NPR, line 52; Form 2, line 10; or Form 3, line 1)	1	7581
2	Other credits (see instructions)	2	
3	Subtract line 2 from line 1. If zero or less, do not complete or file this form	3	7581
4	Multiply line 3 by 90% (.90)	4	6823
5	Wisconsin tax withheld for 2022	5	
6	Subtract line 5 from line 3. If less than \$500, do not complete or file this form	6	7581
7	Fill in your prior year (2021) tax (see instructions)	7	0
8	Required annual payment. Fill in the smaller of line 4 or line 7 (see instructions)	8	6823

PART II Short Method – You may use this method if you did not make estimated tax payments or if you made estimated tax payments on the due dates and in four equal amounts. Otherwise, use the regular method (Part III).

9	Fill in the amount, if any, from line 5 above	9	
10	Fill in the total amount, if any, of estimated tax payments you made	10	
11	Add lines 9 and 10	11	
12	Total underpayment for year. Subtract line 11 from line 8. If the result is zero or less, stop here; you do not owe underpayment interest	12	6823
13	Multiply line 12 by .0798 and fill in the result	13	544
14	• If the amount on line 12 was paid on or after 4/18/23, enter -0-. • If the amount on line 12 was paid before 4/18/23, make the following computation to find the amount to enter on line 14: Amount on line 12 X Number of days paid before 4/18/23 X .0003287	14	0
15	Underpayment interest. Subtract line 14 from line 13. Also write this amount on line 43 of Form 1, line 74 of Form 1NPR, line 24 of Form 2, or line 3 of Form 3. Then increase the amount you owe or decrease your refund accordingly Total Due ▶	15	\$ 544

PART III Regular Method

		Due Dates of Installments*			
		(a)	(b)	(c)	(d)
		April 18, 2022	June 15, 2022	Sept. 15, 2022	Jan. 17, 2023
16	Divide line 8 by four (4) and see instructions	16			
17	Estimated tax paid (see instructions)	17			
18	Tax withheld (see instructions)	18			
19	Add lines 17 and 18. This is your total payment	19			
20	If line 19 is smaller than line 16, subtract line 19 from line 16. This is your underpayment (see instructions)	20			
21	If line 19 is larger than line 16, subtract line 16 from line 19. This is your overpayment	21			
22	Carryback of overpayment or late payment (see instructions)	22			
23	Carryforward of overpayment (see instructions)	23			
24	Subtract the total of lines 22 and 23 from line 20. This is your net underpayment	24			
25	Number of days from the due date of the installment to the date carryback amount on line 22 was paid	25			
26	Number of days from the due date of the installment to the date balance due on tax return was paid or April 18, 2023, whichever is earlier	26			
27	Interest: $\frac{\text{Days on line 25}}{365} \times .12 \times \text{Amount on line 22}$	27	\$	\$	\$
28	Interest: $\frac{\text{Days on line 26}}{365} \times .12 \times \text{Amount on line 24}$	28	\$	\$	\$
29	Underpayment interest. Fill in the sum of all amounts on lines 27 and 28. Also write this amount on line 43 of Form 1, line 74 of Form 1NPR, line 24 of Form 2, or line 3 of Form 3. Then increase the amount you owe or decrease your refund accordingly Total Due ▶	29	\$		

* The due dates shown are for calendar year taxpayers. Adjust these dates accordingly for fiscal year returns.

Legal name(s) shown on tax return

Identifying number

BONNIE E BYRNES

394-92-9466

PART IV Annualized Income Installment Method Worksheet – Complete lines 30 through 50 only if computing installments using annualized income installment method.

(Caution: Complete one column through line 50 before completing the next column.)

(Estates and trusts, do not use the period ending dates shown to the right. Instead, substitute the following: 2/28/22, 4/30/22, 7/31/22, and 11/30/22.)

		1/1/22 to 3/31/22	1/1/22 to 5/31/22	1/1/22 to 8/31/22	1/1/22 to 12/31/22
30 Fill in your Wisconsin income for each period shown (See instructions)	30				
31 Annualization amounts. (Estates and trusts, do not use amounts shown to the right. Instead, use 6, 3, 1.71429, and 1.09091.) . . .	31	4	2.4	1.5	1
32 Annualized income (multiply line 30 by line 31)	32				
33 Standard deduction and net operating loss (see instructions) .	33				
34 Subtract line 33 from line 32	34				
35 Fill in your deduction for exemptions (see instructions)	35				
36 Subtract line 35 from line 34	36				
37 Fill in your tax on the amount on line 36 (see instructions) . . .	37				
38 Fill in your nonrefundable credits (see instructions)	38				
39 Subtract line 38 from line 37. If zero or less, fill in -0- (If filing Form 1NPR, see instructions)	39				
40 Fill in your refundable credits (see instructions)	40				
41 Subtract line 40 from line 39. If zero or less, fill in -0-	41				
42 Applicable percentage	42	22.5%	45%	67.5%	90%
43 Multiply line 41 by line 42	43				
44 Fill in the combined amounts of line 50 from all preceding columns	44				
45 Subtract line 44 from line 43. If zero or less, fill in -0-	45				
46 Divide line 8 in Part I on page 1 of Schedule U by four (4) and fill in the result in each column	46				
47 Fill in the amount from line 49 of the preceding column of this worksheet	47				
48 Add lines 46 and 47	48				
49 Subtract line 45 from line 48. If zero or less, fill in -0-	49				
50 Fill in the smaller of line 45 or line 48 here and on line 16 of Schedule U (see instructions)	50				

- CAUTION:**
- The total of the amounts on line 50 should equal line 8 of Part I of Schedule U.
 - Period ending dates shown above are for calendar year taxpayers. Adjust these dates accordingly for fiscal year returns.
 - If the above worksheet is used to figure the amount to enter in any column of line 16 of Schedule U, it must be used to figure the amounts to enter in all four columns.

Wisconsin
Department of Revenue

◆ Include with Wisconsin Form 1 or 1NPR ◆

Name(s) shown on Form 1 or Form 1NPR

Your social security number

BONNIE E BYRNES

394-92-9466

Part I Short-Term Capital Gains and Losses – Assets Held One Year or Less

Note: Round all amounts (use a minus sign (-) for negative amounts)	(d) Proceeds (sales price)	(e) Cost or other basis	(g) Adjustments to gain or loss from Form(s) 8949, Part I, line 2, column (g)	(h) Gain or loss Subtract column (e) from column (d) and combine the result with column (g)
1a Amount from line 1a of Schedule D	.00	.00		.00
1b Amount from line 1b of Schedule D	.00	.00	.00	.00
2 Amount from line 2 of Schedule D	.00	.00	.00	.00
3 Amount from line 3 of Schedule D	.00	.00	.00	.00
4 Short-term gain from Form 6252 and short-term gain or loss from Forms 4684, 6781, and 8824			4	.00
5 Net short-term gain or loss from partnerships, S corporations, estates, and trusts from Schedule(s) K-1			5	.00
6 Adjustment from Wisconsin Schedule T (see Basis Difference in instructions)			6	.00
7 Short-term capital loss carryover from 2021 Wisconsin Schedule WD, line 34. Enter amount as a negative number			7	.00
8 Net short-term capital gain or loss. Combine lines 1a through 7 in column (h)			8	.00

Part II Long-Term Capital Gains and Losses – Assets Held More Than One Year

Note: Round all amounts (use a minus sign (-) for negative amounts)	(d) Proceeds (sales price)	(e) Cost or other basis	(g) Adjustments to gain or loss from Form(s) 8949, Part II, line 2, column (g)	(h) Gain or loss Subtract column (e) from column (d) and combine the result with column (g)
9a Amount from line 8a of Schedule D	.00	.00		.00
9b Amount from line 8b of Schedule D	.00	.00	.00	.00
10 Amount from line 9 of Schedule D	.00	.00	.00	.00
11 Amount from line 10 of Schedule D	.00	.00	.00	.00
12 Gain from Form 4797, Part I; long-term gain from Forms 2439 and 6252; and long-term gain or loss from Forms 4684, 6781, and 8824			12	61996.00
13 Net long-term gain or loss from partnerships, S corporations, estates, and trusts from Schedule(s) K-1			13	.00
14 Capital gain distributions			14	.00
15 Adjustment from Wisconsin Schedule T (see Basis Difference in instructions)			15	.00
15a Adjustment from Wisconsin Schedule QI. Enter amount as a negative number			15a	.00
16 Long-term capital loss carryover from 2021 Wisconsin Schedule WD, line 39. Enter amount as a negative number			16	.00
17 Net long-term capital gain or loss. Combine lines 9a through 16 in column (h)			17	61996.00

Go on to Part III →



Name BONNIE E BYRNES	Social Security Number 394-92-9466
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Part III Summary of Parts I and II (see instructions) - use a minus sign (-) for negative amounts.

18 Combine lines 8 and 17, and fill in the net gain or loss here (if line 18 is a loss, go to line 28)	18	61996.00
19 Fill in the smaller of line 17 or 18, or -0- if a loss or no entry on line 17	19	61996.00
20 Fill in 30% of line 19	20	18599.00
21 Fill in the amount of long-term capital gain from the sale of farm assets listed on Form 8949 and taxable to Wisconsin plus gain from the sale of farm assets that is included on line 12 or 13 of Schedule WD. If zero, skip lines 22 through 25 and fill in the amount from line 20 on line 26	21	.00
22 Gain included in line 17. Do not include any losses in this amount	22	.00
23 Divide line 21 by line 22. Carry the decimal to 4 places	23	.00
24 Multiply line 19 by the decimal amount on line 23	24	.00
25 Fill in 30% of line 24	25	.00
26 Add lines 20 and 25	26	18599.00
27 Subtract line 26 from line 18	27	43397.00
28 If line 18 shows a loss, fill in the smaller of: (a) The loss on line 18, (b) \$500, or (c) Wisconsin ordinary income (see instructions)	28	.00

Note: When figuring whether a, b, or c is smaller, treat all numbers as if they are positive.

Part IV Computation of Wisconsin Adjustment to Income

29 Adjustment (see instructions for Part IV and Schedule I adjustments)		
a Fill in gain from line 7 of federal Form 1040 or 1040-SR, or gain from line 1e of Schedule I, if filed (if a loss, fill in -0-)	29a	61996.00
b Fill in gain from Part III, line 27, (if blank, fill in -0-)	29b	43397.00
c If line 29b is more than 29a, subtract line 29a from line 29b. See instructions on where to enter this amount	29c	.00
d If line 29b is less than 29a, subtract line 29b from line 29a. See instructions on where to enter this amount	29d	18599.00
e Fill in loss from line 7 of federal Form 1040 or 1040-SR, as a positive amount or the loss from line 2c of Schedule I, if filed (if a gain, fill in -0-)	29e	0.00
f Fill in loss from Part III, line 28 as a positive amount	29f	0.00
g If line 29f is more than 29e, subtract line 29e from line 29f. See instructions for where to enter this amount	29g	.00
h If line 29f is less than 29e, subtract line 29f from line 29e. See instructions for where to enter this amount	29h	.00

Part V Computation of Capital Loss Carryovers from 2022 to 2023 (Complete this part if the loss on line 18 is more than the loss on line 28.)

30 Fill in loss shown on line 8 as a positive amount. If none, fill in -0- and skip lines 31 through 34	30	.00
31 Fill in gain shown on line 17. If that line is blank or shows a loss, fill in -0-	31	.00
32 Subtract line 31 from line 30	32	.00
33 Fill in the smaller of line 28 or line 32, treating both as positive amounts	33	.00
34 Subtract line 33 from line 32. This is your short-term capital loss carryover from 2022 to 2023	34	.00
35 Fill in loss from line 17 as a positive amount. If none, fill in -0- and skip lines 36 through 39	35	.00
36 Fill in gain shown on line 8. If that line is blank or shows a loss, fill in -0-	36	.00
37 Subtract line 36 from line 35	37	.00
38 Subtract line 33 from line 28, treating both as positive amounts. (<i>Note: If you skipped lines 31 through 34, fill in amount from line 28 as a positive amount.</i>)	38	.00
39 Subtract line 38 from line 37. This is your long-term capital loss carryover from 2022 to 2023	39	.00



Federal/State Adjustment Summary

2022

Name as Shown on Return BONNIE E BYRNES	Social Security Number 394929466
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Schedule C	(A) Fed Income/ Loss Before Passive and At-Risk Adj	(B) Depreciation Adjustment	(C) Other Adjustments	(D) State Inc/ Loss Before Passive and At-Risk Limit	(E) State Inc/ Loss After Passive and At-Risk Limit	(F) Federal Inc/ Loss After Passive and At-Risk Limit
real estate brokerage	162,703.	1,347.		164,050.	164,050.	162,703.

Total Schedule C Depreciation Adjustment (Sum of Column E less Column F) 1,347.

Schedule E	(A) Fed Income/ Loss Before Passive and At-Risk Adj	(B) Depreciation Adjustment	(C) Other Adjustments	(D) State Inc/ Loss Before Passive and At-Risk Limit	(E) State Inc/ Loss After Passive and At-Risk Limit	(F) Federal Inc/ Loss After Passive and At-Risk Limit

Total Schedule E Depreciation Adjustment (Sum of Column E less Column F) _____

Schedule F	(A) Fed Income/ Loss Before Passive and At-Risk Adj	(B) Depreciation Adjustment	(C) Other Adjustments	(D) State Inc/ Loss Before Passive and At-Risk Limit	(E) State Inc/ Loss After Passive and At-Risk Limit	(F) Federal Inc/ Loss After Passive and At-Risk Limit

Total Schedule F Depreciation Adjustment (Sum of Column E less Column F) _____

Form 4835	(A) Fed Income/ Loss Before Passive and At-Risk Adj	(B) Depreciation Adjustment	(C) Other Adjustments	(D) State Inc/ Loss Before Passive and At-Risk Limit	(E) State Inc/ Loss After Passive and At-Risk Limit	(F) Federal Inc/ Loss After Passive and At-Risk Limit

Total Form 4835 Depreciation Adjustment (Sum of Column E less Column F) _____

Federal/State Adjustment Summary

2022

Name as Shown on Return BONNIE E BYRNES	Social Security Number 394929466
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Schedule K-1 Partnership	(A) Fed Income/ Loss Before Passive and At-Risk Adj	(B) Depreciation Adjustment	(C) Other Adjustments	(D) State Inc/ Loss Before Passive and At-Risk Limit	(E) State Inc/ Loss After Passive and At-Risk Limit	(F) Federal Inc/ Loss After Passive and At-Risk Limit

Total Schedule K-1 Partnership Depreciation Adjustment (Sum of Column E less Column F) _____

Schedule K-1 S Corporation	(A) Fed Income/ Loss Before Passive and At-Risk Adj	(B) Depreciation Adjustment	(C) Other Adjustments	(D) State Inc/ Loss Before Passive and At-Risk Limit	(E) State Inc/ Loss After Passive and At-Risk Limit	(F) Federal Inc/ Loss After Passive and At-Risk Limit

Total Schedule K-1 S Corporation Depreciation Adjustment (Sum of Col E less Col F) _____

Schedule K-1 Estates & Trusts	(A) Fed Income/ Loss Before Passive and At-Risk Adj	(B) Depreciation Adjustment	(C) Other Adjustments	(D) State Inc/ Loss Before Passive and At-Risk Limit	(E) State Inc/ Loss After Passive and At-Risk Limit	(F) Federal Inc/ Loss After Passive and At-Risk Limit

Total Schedule K-1 Estates & Trusts Depreciation Adjustment (Sum of Col E less Col F) _____

Form 2106		(C) Depreciation Adjustment	(D) Other Adjustments	(E) Total Adjustment (Column C + Column D)

Total Form 2106 Depreciation Adjustment (Sum of Column E) _____

Total Form 2106 Depreciation Adjustment to be Included in Adjusted Gross Income _____

Total Form 2106 Schedule A Depreciation Adjustment **Not** Subject to 2% Limitation _____

Total Form 2106 Schedule A Depreciation Adjustment Subject to 2% Limitation _____

Federal/State Adjustment Summary

2022

Name as Shown on Return BONNIE E BYRNES	Social Security Number 394929466
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Schedule A		(C) Depreciation Adjustment	(D) Other Adjustments	(E) Total Adjustment (Column C + Column D)
SCHEDULE A				
Total Schedule A Depreciation Adjustment (Sum of Column E)				

Total Depreciation Adjustment

Depreciation Adjustment Included in Adjusted Gross Income	1,347.
Depreciation Adjustment Included in Schedule A Not Subject to 2% Limitation	
Depreciation Adjustment Included in Schedule A Subject to 2% Limitation	

Asset Dispositions

(A) Description of Asset Sold		(B) If reported on, Ck Box:	(C) Federal Gain/Loss	(D) Accumulated Depreciation	(E) Gain Adjustment	(G) Total Adjustment (Col D (1) - Col D (2) + Column E + Column F)
Date Acq	Date Sold	Form 6252		(1) State	(F) Other Adjustments	
		Form 8824		(2) Federal		
		6252 <input type="checkbox"/>				
		8824 <input type="checkbox"/>				
		6252 <input type="checkbox"/>				
		8824 <input type="checkbox"/>				
		6252 <input type="checkbox"/>				
		8824 <input type="checkbox"/>				
		6252 <input type="checkbox"/>				
		8824 <input type="checkbox"/>				

Passive/At-Risk/Other Adjustments	
Total Sale of Asset Adjustment	