

# Federal Electronic Filing Instructions

Tax Year 2021

**You are responsible for confirming the status of your electronically filed return.** You can confirm the status of your return by going to <https://prd.taxact.com/ef/efile-center>. You will need to enter the primary social security number and last name on the return along with your ZIP code.

**Self Select PIN:** You do not need to mail any paper signature forms to the IRS. Your return has been successfully filed once you receive your acceptance from the IRS.

## **Refund:**

You have elected to receive your refund of \$1,066 via direct deposit.

You can start checking the status of your refund within 24 hours of e-filing at the IRS website <https://www.irs.gov/Refunds> under Where's My Refund. The IRS issues most refunds in less than 21 days. Updates to refund status are made once daily - usually at night.

Filing Status

☐ Single
☒ Married filing jointly
☐ Married filing separately (MFS)
☐ Head of household (HOH)
☐ Qualifying widow(er) (QW)

Check only one box.

If you checked the MFS box, enter the name of your spouse. If you checked the HOH or QW box, enter the child's name if the qualifying person is a child but not your dependent ▶

Your first name and middle initial

ZACHARY B

Last name

ALBRECHT

Your social security number

159-74-5337

If joint return, spouse's first name and middle initial

Sarah E

Last name

Williams

Spouse's social security number

394-13-1041

Home address (number and street). If you have a P.O. box, see instructions.

2937 Fish Hatchery Rd

Apt. no.

7

Presidential Election Campaign

Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund.

☐ You
☐ Spouse

City, town, or post office. If you have a foreign address, also complete spaces below.

Fitchburg

State

WI

ZIP code

53713

Foreign country name

Foreign province/state/county

Foreign postal code

At any time during 2021, did you receive, sell, send, exchange, or otherwise acquire any financial interest in any virtual currency?

☐ Yes
☒ No

Standard Deduction

Someone can claim:

☐ You as a dependent
☐ Your spouse as a dependent
☐ Spouse itemizes on a separate return or you were a dual-status alien

Age/Blindness

You:

☐ Were born before January 2, 1957
☐ Are blind

Spouse:

☐ Was born before January 2, 1957
☐ Is blind

Dependents (see instructions):

If more than four dependents, see instructions and check here ▶ ☐

(1) First name	Last name	(2) Social security number	(3) Relationship to you	(4) Check if qualifies for (see instructions):	
				Child tax credit	Credit for other dependents
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

Attach Sch. B if required.

1

Wages, salaries, tips, etc. Attach Form(s) W-2

1

72,003.

2a

Tax-exempt interest

2a

b

Taxable interest

2b

3a

Qualified dividends

3a

b

Ordinary dividends

3b

4a

IRA distributions

4a

b

Taxable amount

4b

5a

Pensions and annuities

5a

b

Taxable amount

5b

6a

Social security benefits

6a

b

Taxable amount

6b

7

Capital gain or (loss). Attach Schedule D if required. If not required, check here. ▶ ☐

7

8

Other income from Schedule 1, line 10

8

9

Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your **total income**

9

72,003.

10

Adjustments to income from Schedule 1, line 26

10

11

Subtract line 10 from line 9. This is your **adjusted gross income**

11

72,003.

12a

Standard deduction or itemized deductions (from Schedule A)

12a

25,100.

b

Charitable contributions if you take the standard deduction (see instructions)

12b

12c

25,100.

13

Qualified business income deduction from Form 8995 or Form 8995-A

13

14

Add lines 12c and 13

14

25,100.

15

Taxable income. Subtract line 14 from line 11. If zero or less, enter -0-

15

46,903.

16	Tax (see instructions). Check if any from Form(s): 1 <input type="checkbox"/> 8814 2 <input type="checkbox"/> 4972 3 <input type="checkbox"/> _____	16	5,233.
17	Amount from Schedule 2, line 3 . . . . .	17	
18	Add lines 16 and 17 . . . . .	18	5,233.
19	Nonrefundable child tax credit or credit for other dependents from Schedule 8812 . . . . .	19	
20	Amount from Schedule 3, line 8 . . . . .	20	
21	Add lines 19 and 20 . . . . .	21	0.
22	Subtract line 21 from line 18. If zero or less, enter -0- . . . . .	22	5,233.
23	Other taxes, including self-employment tax, from Schedule 2, line 21 . . . . .	23	
24	Add lines 22 and 23. This is your <b>total tax</b> . . . . .	24	5,233.
25	Federal income tax withheld from:		
a	Form(s) W-2 . . . . .	25a	6,299.
b	Form(s) 1099 . . . . .	25b	
c	Other forms (see instructions) . . . . .	25c	
d	Add lines 25a through 25c . . . . .	25d	6,299.
26	2021 estimated tax payments and amount applied from 2020 return . . . . .	26	
27a	Earned income credit (EIC) . . . . . <b>NO</b>	27a	
	Check here if you were born after January 1, 1998, and before January 2, 2004, and you satisfy all the other requirements for taxpayers who are at least age 18, to claim the EIC. See Instructions . . . . . <input type="checkbox"/>		
b	Nontaxable combat pay election . . . . .	27b	
c	Prior year (2019) earned income . . . . .	27c	
28	Refundable child tax credit or additional child tax credit from Schedule 8812 . . . . .	28	
29	American opportunity credit from Form 8863, line 8 . . . . .	29	
30	Recovery rebate credit. See instructions . . . . .	30	
31	Amount from Schedule 3, line 15 . . . . .	31	
32	Add lines 27a and 28 through 31. These are your <b>total other payments and refundable credits</b> . . . . .	32	0.
33	Add lines 25d, 26, and 32. These are your <b>total payments</b> . . . . .	33	6,299.
34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you <b>overpaid</b> . . . . .	34	1,066.
35a	Amount of line 34 you want <b>refunded to you</b> . If Form 8888 is attached, check here . . . . . <input type="checkbox"/>	35a	1,066.
b	Routing number <b>043000096</b> . . . . .	c	Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings
d	Account number <b>1039991934</b> . . . . .		
36	Amount of line 34 you want <b>applied to your 2022 estimated tax</b> . . . . .	36	
37	<b>Amount you owe</b> . Subtract line 33 from line 24. For details on how to pay, see instructions . . . . .	37	0.
38	Estimated tax penalty (see instructions) . . . . .	38	

**Refund**Direct deposit?  
See instructions.**Amount You Owe****Third Party Designee**

Do you want to allow another person to discuss this return with the IRS?

See instructions . . . . . ☐ Yes. Complete below. ☐ NoDesignee's  
name ▶Phone  
no. ▶Personal identification  
number (PIN) ▶**Sign Here**

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Your signature

Date

Your occupation

If the IRS sent you an Identity Protection PIN, enter it here (see inst.) ▶

Spouse's signature. If a joint return, **both** must sign.

Date

Spouse's occupation

If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.) ▶

Phone no. **(724) 420-1978**

Email address

**Paid Preparer Use Only**

Preparer's name

Preparer's signature

Date

PTIN

Check if:

☐ Self-employed

Firm's name ▶

Phone no.

Firm's address ▶

Firm's EIN ▶

Go to [www.irs.gov/Form1040](http://www.irs.gov/Form1040) for instructions and the latest information.Form **1040** (2021)

UYA

# Wisconsin Electronic Filing Instructions

These instructions are provided to help you understand and complete the final steps for successfully electronically filing your Wisconsin return. We HIGHLY recommend that you print these instructions for your reference.

**You are responsible for confirming the status of your electronically filed Wisconsin return.** You can confirm the status of your return by going to <https://prd.taxact.com/ef/efile-center>. You will need to enter the Primary Social Security Number and Last Name on the return along with your Zip Code.

## **Refund:**

Your Wisconsin refund of \$1,585 will be deposited directly into your checking or savings account.

To check on the status of your refund by phone, call:

- (608) 266-8100 in Madison
- (414) 227-4907 in Milwaukee, or
- 1-866-WIS-RFND (1-866-947-7363) toll-free.

You can also check the status of your refund at the Wisconsin Department of Revenue website at [www.revenue.wi.gov/Pages/Apps/TaxReturnStatus.aspx](http://www.revenue.wi.gov/Pages/Apps/TaxReturnStatus.aspx). You will need to have your social security number and the exact amount of the refund you requested. You should wait at least 5 business days after receiving acknowledgment before you contact the Department of Revenue.

# 1 Wisconsin income tax

# 2021

For the year Jan. 1-Dec. 31, 2021, or other tax year beginning \_\_\_\_\_, 2021 ending \_\_\_\_\_, 20\_\_.

Check here if an amended return ☐

DO NOT STAPLE

See page 5 before assembling return

Your legal last name <b>ALBRECHT</b>		Legal first name <b>ZACHARY</b>		M.I. <b>B</b>	Your social security number <b>159 74 5337</b>
If a joint return, spouse's legal last name <b>WILLIAMS</b>		Spouse's legal first name <b>SARAH</b>		M.I. <b>E</b>	Spouse's social security number <b>394 13 1041</b>
Home address (number and street). If you have a PO Box, see page 11. <b>2937 FISH HATCHERY RD</b>				Apt. no. <b>7</b>	
City or post office <b>FITCHBURG</b>		State <b>WI</b>	Zip code <b>53713</b>		
<b>Filing status</b> Check below <input type="checkbox"/> Single <input checked="" type="checkbox"/> Married filing joint return <input type="checkbox"/> Married filing separate return. Fill in spouse's SSN above and full name here				<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 checked="" type="checkbox"/> City <input type="checkbox"/> Village <input type="checkbox"/> Town City, village, or town <b>MADISON</b> County of <b>DANE</b> School district number See page 43 <b>3269</b>	
<input type="checkbox"/> Head of household, NOT married (see page 12). <input type="checkbox"/> Head of household, married (see page 12).				<b>Special conditions</b> <input type="checkbox"/> Form 804 filed with return (see page 9)	

**NO COMMAS; NO CENTS**

1	Federal adjusted gross income (see page 12)	1	<b>72003.00</b>
	Form W-2 wages included in line 1		<b>72003.00</b>
2	Total additions to income from Schedule AD, line 33. Enclose Schedule AD (see page 13)	2	<b>.00</b>
3	Add lines 1 and 2	3	<b>72003.00</b>
4	Total subtractions from income from Schedule SB, line 51. Enclose Schedule SB (see page 13) Enter as a positive number	4	<b>948.00</b>
5	Subtract line 4 from line 3. This is your Wisconsin income.	5	<b>71055.00</b>
6	Standard deduction. See table on page 34, <b>OR</b> If someone else can claim you (or your spouse) as a dependent, see page 14 and check here <input type="checkbox"/>	6	<b>11246.00</b>
7	Subtract line 6 from line 5. If line 6 is larger than line 5, fill in 0	7	<b>59809.00</b>
8	Exemptions <b>(Caution: See page 14)</b>		
a	Fill in exemptions allowed <b>2</b> x \$700	8a	<b>1400.00</b>
b	Check if 65 or older <input type="checkbox"/> You + <input type="checkbox"/> Spouse = <input type="checkbox"/> x \$250	8b	<b>.00</b>
c	Add lines 8a and 8b	8c	<b>1400.00</b>
9	Subtract line 8c from line 7. If line 8c is larger than line 7, fill in 0. This is taxable income.	9	<b>58409.00</b>
10	Tax (see table on page 36)	10	<b>2708.00</b>

PAPER CLIP payment here



**NO COMMAS; NO CENTS**

<b>11</b>	Itemized deduction credit. Enclose Schedule 1, page 4. . . . .	<b>11</b>	<u>.00</u>
<b>12</b>	School property tax credit		
<b>a</b>	Rent paid in 2021-heat included <u>12480.00</u>	} Find credit from table page 17 .	<b>12a</b> <u>299.00</u>
	Rent paid in 2021-heat not included <u>.00</u>		
<b>b</b>	Property taxes paid on home in 2021 <u>.00</u>	Find credit from table page 19 .	<b>12b</b> <u>.00</u>
<b>13</b>	Working families tax credit (see page 19) . . . . .	<b>13</b>	<u>.00</u>
<b>14</b>	Married couple credit. Enclose Schedule 2, page 4 . . . . .	<b>14</b>	<u>480.00</u>
<b>15</b>	Nonrefundable credits from line 34 of Schedule CR. . . . .	<b>15</b>	<u>.00</u>
<b>16</b>	Net income tax paid to another state. Enclose Schedule OS. . . . .	<b>16</b>	<u>.00</u>
<b>17</b>	Add lines 11 through 16. . . . .	<b>17</b>	<u>779.00</u>
<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>	<u>1929.00</u>
<b>19</b>	Sales and use tax due on internet, mail order, or other out-of-state purchases (see page 22) . . .	<b>19</b>	<u>.00</u>
	If you certify that no sales or use tax is due, check here . . . . . <input checked="" type="checkbox"/>		
<b>20</b>	Donations (decreases refund or increases amount owed)		
<b>a</b>	Endangered resources <u>.00</u>	<b>e</b>	Military family relief <u>.00</u>
<b>b</b>	Cancer research <u>.00</u>	<b>f</b>	Second Harvest/Feeding Amer. <u>.00</u>
<b>c</b>	Veterans trust fund <u>.00</u>	<b>g</b>	Red Cross WI Disaster Relief <u>.00</u>
<b>d</b>	Multiple sclerosis <u>.00</u>	<b>h</b>	Special Olympics Wisconsin <u>.00</u>
	Total (add lines a through h) . . . . .	<b>20i</b>	<u>.00</u>
<b>21</b>	Penalties on IRAs, retirement plans, MSAs, etc. (see page 23) <u>.00</u> x .33 =	<b>21</b>	<u>.00</u>
<b>22</b>	Other penalties (see page 24) . . . . .	<b>22</b>	<u>.00</u>
<b>23</b>	Add lines 18, 19, 20i, 21 and 22 . . . . .	<b>23</b>	<u>1929.00</u>
<b>24</b>	Wisconsin tax withheld. Enclose withholding statements. . . . .	<b>24</b>	<u>3514.00</u>
<b>25</b>	2021 estimated tax payments and amount applied from 2020 return . . .	<b>25</b>	<u>.00</u>
<b>26</b>	Earned income credit. Number of qualifying children <input type="checkbox"/>		
	Federal credit. <u>.00</u> x <u>    </u> % = . . . . .	<b>26</b>	<u>.00</u>
<b>27</b>	Farmland preservation credit. <b>a</b> Schedule FC, line 17 . . . . .	<b>27a</b>	<u>.00</u>
	<b>b</b> Schedule FC-A, line 13 . . . . .	<b>27b</b>	<u>.00</u>
<b>28</b>	Repayment credit (see page 26) . . . . .	<b>28</b>	<u>.00</u>

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

Name(s) shown on Form 1 <b>ZACHARY B ALBRECHT AND SARAH E WILLIAMS</b>		Your social security number <b>159 74 5337</b>	
<b>NO COMMAS; NO CENTS</b>			
<b>29</b>	Homestead credit. Enclose Schedule H or H-EZ . . . . .	<b>29</b>	<u>.00</u>
<b>30</b>	Eligible veterans and surviving spouses property tax credit . . .	<b>30</b>	<u>.00</u>
<b>31</b>	Refundable credits from Schedule CR, line 40. Enclose Schedule CR	<b>31</b>	<u>.00</u>
<b>32</b>	AMENDED RETURN ONLY – Amounts previously paid (see page 29)	<b>32</b>	<u>.00</u>
<b>33</b>	Add lines 24 through 32 . . . . .	<b>33</b>	<u>3514.00</u>
<b>34</b>	AMENDED RETURN ONLY – Amount previously refunded (see page 30)	<b>34</b>	<u>.00</u>
<b>35</b>	Subtract line 34 from line 33 . . . . .	<b>35</b>	<u>3514.00</u>
<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>	<u>1585.00</u>
<b>37</b>	Amount of line 36 you want <b>REFUNDED TO YOU</b> . . . . .	<b>37</b>	<u>1585.00</u>
<b>38</b>	Amount of line 36 you want <b>APPLIED TO YOUR 2022 ESTIMATED TAX</b> . . . . .	<b>38</b>	<u>.00</u>
<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>	<u>.00</u>
<b>39b</b>	Interest (see page 30)	<b>39b</b>	<u>.00</u>
<b>40</b>	Underpayment interest. Fill in exception code - See Sch. U Also include on line 39a (see page 31)	<b>40</b>	<u>.00</u>

**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) ▶ <span style="border: 1px solid black; display: inline-block; width: 150px; height: 20px; vertical-align: middle;"></span>
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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)
		<b>(724) 420-1978</b>	
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**



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

- 1** Medical and dental expenses from federal Schedule A (Form 1040).  
See instructions for exceptions . . . . . **1** .00
- 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** .00
- 3** Gifts to charity from federal Schedule A (Form 1040). See instructions for exceptions **3** .00
- 4** Casualty losses from federal Schedule A (Form 1040) . . . . . **4** .00
- 5** Add lines 1 through 4 . . . . . **5** .00
- 6** Fill in your standard deduction from line 6 on page 1 of Form 1 . . . . . **6** .00
- 7** Subtract line 6 from line 5. If line 6 is more than line 5, fill in 0 . . . . . **7** .00
- 8** Rate of credit is .05 (5%) . . . . . **8** x .05
- 9** Multiply line 7 by line 8. Fill in here and on line 11 on page 2 of Form 1 . . . . . **9** .00

► **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.<br>Do NOT include deferred compensation, interest, dividends,<br>pensions, unemployment compensation, or other unearned income <b>1</b>  | <u>52965.00</u> | <u>19038.00</u> |
| <b>2</b> Net profit or (loss) from self-employment from federal Schedules<br>C, C-EZ, and F (Form 1040), Schedule K-1 (Form 1065),<br>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>52965.00</u> | <u>19038.00</u> |
| <b>4</b> Add the amounts from federal <b>Schedule 1</b> , (Form 1040), lines 12,<br>16, 20, 24e, 24f, and 24g, and any Wisconsin disability income<br>exclusion. Fill in the total of these adjustments that apply<br>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.<br>If less than zero, fill in 0 . . . . . <b>5</b>   | <u>52965.00</u> | <u>19038.00</u> |
| <b>6</b> Compare the amounts in columns (A) and (B) of line 5.<br>Fill in the smaller amount here. If more than \$16,000, fill in \$16,000. . . . . <b>6</b>  | <u>16000.00</u> |                 |
| <b>7</b> Rate of credit is .03 (3%) . . . . . <b>7</b>  | <u>x.03</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>480.00</u>   |                 |

Do not fill in  
more than \$480.





Name	Social Security Number
<b>ZACHARY B ALBRECHT AND SARAH E WILLIAMS</b>	<b>159 74 5337</b>

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

**Subtractions from Income**

<b>1</b>	Taxable refund of state income tax (from line 1 of federal Schedule 1) . . . . .	<b>1</b>	<u>.00</u>
<b>2</b>	United States government interest . . . . .	<b>2</b>	<u>.00</u>
<b>3</b>	Unemployment compensation . . . . .	<b>3</b>	<u>.00</u>
<b>4</b>	Social security adjustment . . . . .	<b>4</b>	<u>.00</u>
<b>5</b>	Capital gain/loss subtraction . . . . .	<b>5</b>	<u>.00</u>
<b>6</b>	Medical care insurance . . . . .	<b>6</b>	<u>948 .00</u>
<b>7</b>	Long-term care insurance . . . . .	<b>7</b>	<u>.00</u>
<b>8</b>	Tuition and fee expenses . . . . .	<b>8</b>	<u>.00</u>
<b>9</b>	Private school tuition . . . . .	<b>9</b>	<u>.00</u>
<b>10</b>	Contributions to an Edvest or Tomorrow's Scholar college savings account . . . . .	<b>10</b>	<u>.00</u>
<b>11</b>	Distributions of certain earnings from Wisconsin state-sponsored college tuition programs . . . . .	<b>11</b>	<u>.00</u>
<b>12</b>	Child and dependent care expenses . . . . .	<b>12</b>	<u>.00</u>
<b>13</b>	Military and uniformed services retirement benefits . . . . .	<b>13</b>	<u>.00</u>
<b>14</b>	Local and state retirement benefits . . . . .	<b>14</b>	<u>.00</u>
<b>15</b>	Federal retirement benefits . . . . .	<b>15</b>	<u>.00</u>
<b>16</b>	Railroad retirement benefits, railroad unemployment insurance, and sickness benefits . . . . .	<b>16</b>	<u>.00</u>
<b>17</b>	Retirement income subtraction . . . . .	<b>17</b>	<u>.00</u>
<b>18</b>	Reserve or National Guard members . . . . .	<b>18</b>	<u>.00</u>
<b>19</b>	U.S. Armed Forces active duty pay . . . . .	<b>19</b>	<u>.00</u>
<b>20</b>	Combat zone related death . . . . .	<b>20</b>	<u>.00</u>
<b>21</b>	Adoption expenses . . . . .	<b>21</b>	<u>.00</u>
<b>22</b>	Contributions to ABLE accounts . . . . .	<b>22</b>	<u>.00</u>
<b>23</b>	Disability income exclusion . . . . .	<b>23</b>	<u>.00</u>
<b>24</b>	Wisconsin net operating loss deduction . . . . .	<b>24</b>	<u>.00</u>
<b>25</b>	Farm loss carryover . . . . .	<b>25</b>	<u>.00</u>
<b>26</b>	Native Americans . . . . .	<b>26</b>	<u>.00</u>
<b>27</b>	Sale of business assets or assets used in farming to a related person . . . . .	<b>27</b>	<u>.00</u>
<b>28</b>	Recoveries of federal itemized deductions . . . . .	<b>28</b>	<u>.00</u>
<b>29</b>	Repayment of income previously taxed . . . . .	<b>29</b>	<u>.00</u>
<b>30</b>	Add lines 1 through 29. Enter here and on line 31, page 2 . . . . .	<b>30</b>	<u>948 .00</u>



Name <b>ZACHARY B ALBRECHT AND SARAH E WILLIAMS</b>	Social Security Number <b>159 74 5337</b>
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<b>31</b>	Enter amount from line 30 on page 1 . . . . .	<b>31</b>	<u>948.00</u>
<b>32</b>	Human organ donation . . . . .	<b>32</b>	<u>.00</u>
<b>33</b>	Expenses paid to related entities . . . . .	<b>33</b>	<u>.00</u>
<b>34</b>	Income from a related entity . . . . .	<b>34</b>	<u>.00</u>
<b>35</b>	Legislator's per diem . . . . .	<b>35</b>	<u>.00</u>
<b>36</b>	Sales of certain insurance policies . . . . .	<b>36</b>	<u>.00</u>
<b>37</b>	Physician or psychiatrist grant . . . . .	<b>37</b>	<u>.00</u>
<b>38</b>	Olympic, Paralympic, and Special Olympic medals and United States Olympic Committee and Special Olympic Board of Directions prize money . . . . .	<b>38</b>	<u>.00</u>
<b>39</b>	AmeriCorps education awards . . . . .	<b>39</b>	<u>.00</u>
<b>40</b>	Differences in federal and Wisconsin basis of assets . . . . .	<b>40</b>	<u>.00</u>
<b>41</b>	Differences in federal and Wisconsin basis of partnership interest prior to 1975 . . . . .	<b>41</b>	<u>.00</u>
<b>42</b>	Differences in federal and Wisconsin reporting of marital property (community) income . . . . .	<b>42</b>	<u>.00</u>
<b>43</b>	Charitable contributions from tax-option (S) corporations (list and provide amount)		
<b>a</b>	Name _____		
	FEIN _____ Amount <b>43a</b> _____		<u>.00</u>
<b>b</b>	Name _____		
	FEIN _____ Amount <b>43b</b> _____		<u>.00</u>
<b>c</b>	Name _____		
	FEIN _____ Amount <b>43c</b> _____		<u>.00</u>
<b>d</b>	Add lines 43a through 43c . . . . .	<b>43d</b>	<u>.00</u>
<b>44</b>	Tax-option (S) corporation adjustments. Do not include adjustments listed on line 47 (list and provide amount)		
<b>a</b>	Name _____		
	FEIN _____ Amount <b>44a</b> _____		<u>.00</u>
<b>b</b>	Name _____		
	FEIN _____ Amount <b>44b</b> _____		<u>.00</u>
<b>c</b>	Name _____		
	FEIN _____ Amount <b>44c</b> _____		<u>.00</u>
<b>d</b>	Add lines 44a through 44c. . . . .	<b>44d</b>	<u>.00</u>
<b>45</b>	Add lines 31 through 42, 43d and 44d. Enter here and on line 46, page 3 . . . . .	<b>45</b>	<u>948.00</u>



Name <b>ZACHARY B ALBRECHT AND SARAH E WILLIAMS</b>	Social Security Number <b>159 74 5337</b>
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**46** Enter amount from line 45 on page 2 . . . . . **46** 948.00

**47** Tax-option (S) corporation entity level tax election adjustments (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, limited liability company, trust, or estate adjustments. Do not include adjustments listed on line 49 (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** Partnership entity level tax election adjustments (list and provide amount)

**a** Name \_\_\_\_\_  
FEIN \_\_\_\_\_ Amount **49a** .00

**b** Name \_\_\_\_\_  
FEIN \_\_\_\_\_ Amount **49b** .00

**c** Name \_\_\_\_\_  
FEIN \_\_\_\_\_ Amount **49c** .00

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

**50** Other subtractions from income (list and provide amount)

**a** \_\_\_\_\_ Amount **50a** .00

**b** \_\_\_\_\_ Amount **50b** .00

**c** \_\_\_\_\_ Amount **50c** .00

**d** Add lines 50a through 50c. . . . . **50d** .00

**51** Add lines 46, 47d, 48d, 49d, and 50d. This is your total subtraction from income. Enter on Form 1, line 4. . . . . **51** 948.00

