

Wisconsin Information (Page 1 of 2)

| General Information: | | | | | |
|------------------------------|---|---------------------------------------|---------------------|------------|-------------|
| Enter the following informa | ation pertaining to where you live: | | | | |
| City | | | | | |
| Village | | | | | |
| Town | | | | | |
| County | | | | | |
| School district number | | · · · · · · · · · · · · · · · · · · · | | | |
| Date entered nursing h | ome | · · · · · · · · · · <u> </u> | <u></u> | | |
| Name of nursing home | | · · · · · · · · · · · · · · · · · · · | | | |
| Enter the amount of adopt | ion fees, court costs, and legal fees | relating to the adoption of a | child | | |
| Enter the amount of huma | n organ donation expenses relating t | to the donation of a human o | rgan | | |
| Enter the amount of Intern | et or out of state purchases for whic | h you did not pay sales tax | | | |
| Amount of rent paid on yo | ur primary residence during 2023: | | | | |
| To a landlord who paid | for heat | | | | |
| To a landlord who did r | not pay for heat | | | | |
| Danislamas Information | | | | From | To |
| Residency Information | • | | | (Mo/Da/Yr) | (Mo/Da/Yr) |
| If you did not live in Wisco | nsin for all of 2023, enter the dates y | ou did live in Wisconsin | | | |
| | | | | | |
| Are you a former resident | moving back to Wisconsin? | | | Yes | No |
| If Yes, enter the following | | State-Sponsored College Sav | rings Program accou | | 2023 Amount |
| TS Name of | f Designated Beneficiary | Number | Account Num | iber | Contributed |
| | | | | | |
| | | | | | |
| | | | | | |
| Voluntary Contribution | s: | | | | |
| Enter the amount you wish | n to contribute on your 2023 tax retu | rn to: | | | |
| Endangered Resources | ; | | | | |
| | | | | | |
| Veterans Trust Fund | | | | | |
| Multiple Sclerosis | | | | | |
| | | | | | |
| Second Harvest/Feedir | | | | | |
| Red Cross WI Disaster | Relief | | | | |
| Special Olympics | | | | | |
| Homestead Informatio | n: | | | | Yes No |
| Was your home used for n | onhomestead or nonfarm purposes | during the year? | | | |
| Is your home part of a farn | | | | | |
| If No, enter the number | r of acres your home is located on (to | | | | |
| How many months during | 2023 did you receive a Wisconsin W | | | | |
| service job or a transiti | onal placement or county relief of \$4 | 100 or more? | | | · · · |
| service job or a transiti | onal placement of county relief of \$4 | 100 OF HIDTE! | | | • • |



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| Medical Care Insurance |
|---|
| Enter the amount of medical care insurance you paid when you were not self-employed |
| If you were only employed for a partial year, enter number of weeks employed |
| Enter Any Additional Wisconsin Information: |
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