AFFIDAVIT FOR LOW INCOME RESIDENTS

SPS 387.50(3), Wisconsin Administrative Code

State of Wisconsin)
)ss
County of _____)

(I was, We were) full year resident(s) of Wisconsin during tax year _____.
(year)

(I was, We were) not required to file a federal income tax return for the tax year _____
(year)

because:

_____

_____

(My, Our) projected federal income for tax year _____ is $_____.
(year) (projected income)

_____
Signature of Owner

Subscribed and sworn to before me this

_____ day of _____, _____.

_____
Notary Public, State of Wisconsin

My Commission Expires _____

Personal information you provide may be used for secondary purposes [Privacy Law, s. 15.04(1)(m)].