

Annual Income Statement Calendar Year 2025

Duty Disability - Wis. Stat. § 40.65 (3)

Wisconsin Department of Employee Trust Funds PO Box 7931 Madison WI 53707-7931

1-877-533-5020 (toll free) Fax 608-267-4549 etf.wi.gov

Please complete and return this form along with all requested tax documentation by August 1, 2026. Failure to submit the completed and signed form, along with all requested tax documents, by the due date will result in the suspension and possible termination of your duty disability benefit.

The **only** earnings/income that you are required to report are the earnings/income that are based on your (the member's) work record.

Do **not** report duty disability, 40.63 disability retirement, and regular Wisconsin retirement benefits on this form.

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|--|----------------------|--|
| Recipient Information | | |
| Name (first, middle, last) | SSN or ETF Member ID | |
| | | |
| 1. Questions (Answer all questions in Section 1, and complete Sections 2–5, where applicable) | | |
| Has a federal tax return been filed? | | |
| Yes. | | |
| No. (Not required, gross income level below annual tax filing requirements.) | | |
| Have you received any Workers' Compensation benefits (new or revised) during 2025? | | |
| ☐ Yes. Send a copy of the award letter if not previously submitted to ETF. | | |
| □ No. | | |
| | | |
| 2. Social Security Income (If applicable) | | |
| Enter the gross amount of <i>your</i> Social Security income from box 3 of your SSA 1099. | \$ | |
| Enter the gross amount of your spouse's Social Security income (if receiving based off y | our \$ | |
| work record) from box 3 of their SSA 1099. | ¢ | |
| Enter the gross amount of your dependent's Social Security income (if receiving based of your work record) from box 3 of their SSA 1099. | off [©] | |
| If multiple dependents received SS income from your work record in 2025, add the amounts from box 3 of each individual's 1099 and enter in the gross amount. | е | |
| | | |
| How to determine which additional forms must be submitted to support amounts in this section: | | |
| You must submit the 2025 SSA-1099 for you, your spouse, and any dependents that receive benefits based on | | |
| your work record. (The disability case manager will contact you if additional SSA information is needed) | | |
| 3. W2 Income for Member Only (If applicable) | | |

Enter the earnings amount found in box 1 of your form W2 Wage and Tax Statement (total amounts if multiple W2s).

How to determine which additional forms must be submitted to support amounts in this section:

- If you have wages entered on this form and are single, submit your federal form 1040 pages 1 and 2 with your W2. If you are not required to file taxes, you must still submit your W2.
- If you have wages entered on this form and you are married and filed jointly, submit your federal form 1040 pages 1 and 2 with your W2 and your spouse's W2. This information is needed to ensure we offset for only the wages you earned.
- If only your spouse had wages reported from their W2 on the federal form 1040, you do not need to submit their W2 or the federal form 1040., **EXCEPTION**: If you have Other Income reported such as Business, Farm, Rental, etc., then you must send the federal form 1040 and all W2's.

| 4. Other Income for Member Only (If applicable) | | |
|--|---------------------------|-------------------|
| Enter Business Income or Loss from line 3 of Schedule 1 – I | Part 1 of form 1040. \$_ | |
| If you have business income or loss, you must s 1040 pages 1 and 2, Schedule 1, and Schedule C | | |
| Enter additional income listed from line 5 of Schedule 1 – Pa (Rental real estate, royalties, partnerships, S Corporations, t | T | |
| If you have income listed on line 5, you must sul pages 1 and 2, Schedule 1, Schedule E, and Sch applicable). | | |
| If you have rental real estate income, select one of the follow | ving: | |
| ☐ Individual | | |
| LLC or Corporation | | |
| Enter Farm Income or Loss from line 6 of Schedule 1. | \$_ | |
| If you have farm income or loss, you must subm pages 1 and 2, Schedule 1 and Schedule F. | it federal form 1040 | |
| Enter Unemployment Compensation from line 7 of Schedule | \$ | |
| If you have unemployment compensation, you m form 1040 pages 1 and 2, Schedule 1 and form 1 | | |
| Enter amount of other income and the type of income report Schedule 1. | ed on lines 8a – z of \$_ | |
| If you have other income or loss listed on lines 8 federal form 1040 pages 1 and 2, Schedule 1, and Schedules pertaining to income. | | |
| 5. Additional 2025 Income Not Already Reported on This Form for Member Only (If applicable) | | |
| Report <i>any</i> additional income you received during 2025 that is not reported above, including any income that may not have been reported on your taxes (e.g. cash payments received for employment), even if you did not file taxes due to being under the income tax filing requirement. Do not include WRS retirement or WRS disability benefit income here. | | |
| \$ | | |
| 6. Authorization | | |
| I authorize the Social Security Administration, Department of Revenue, Unemployment Compensation, Workers' Compensation and/or any employer to release to the Wisconsin Department of Employee Trust Funds (ETF), any and all information regarding any earnings and/or benefits received for the year 2025. I understand that Wis. Stat. § 943.395 provides criminal penalties for knowingly making false or fraudulent claims on this form and hereby certify that, to the best of my knowledge and belief, the above information is true and correct. | | |
| Signature | | Date (MM/DD/YYYY) |
| Address (Street, City, State, ZIP code) Check if this is a new address | | |
| Telephone (including area code) | Email | |

The information requested on this form is authorized for collection by §40.03(2)(h) and will be used by ETF for the sole purpose of processing the request. Your providing of personally identifiable information, such as a Social Security number (SSN), is discretionary. Not providing all information requested on this form may result in a processing delay.

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