

**AFFIDAVIT OF INCOME – EXEMPT FILING
WELL COMPENSATION GRANT PROGRAM
Wisconsin Administrative Code NR 123
s.281.75, Wis. Stats.**

State of Wisconsin

County of _____

I, as head of household, _____,
being first duly sworn, depose and say that, to the best of my knowledge and belief, my
total Wisconsin family income for the year _____, was not sufficient to be required
to file a Wisconsin Income Tax Return, or Federal Income Tax Return, if so marked by
the Claimant. Further, I estimate that my projected total Wisconsin family income for
the current year _____, to be \$_____ (*Note: That social security is
not reportable as Wisconsin Income.*)

Signature of Claimant

Subscribed and sworn to before me

This _____ day of _____.

Notary Public, State of Wisconsin

My Commission expires _____.