FISCAL ESTIMATE FORM			198	ession	
	LRB#				
☑ ORIGINAL ☐ UPDATED	INTRO	Admin. Rule #			
☐ CORRECTED ☐ SUPPLEMENTAL	Admin.				
Subject		Commission	t Income a Dalie	Danasia	
Create Individual Income Tax Dedi	uction for iviedic	care Supplem	ient insurance Polic	y Premiums	
State: No State Fiscal Effect					
Check columns below only if bill makes a direct approp sum sufficient appropriation		or affects a		ase Costs - May be Possible to Absorb n Agency's Budget 🏻 Yes 🗎 No	
☐ Increase Existing Appropriation ☐ Increa	se Existing Revenue	∍s			
Decrease Existing Appropriation Decre	Decrease Existing Revenues		□ Decrease Costs	,	
Create New Appropriation			☐ Decrease Costs		
ocal: No Local Government Costs			Towns of Level Covers	untal I luita Affantad.	
	Increase Revenues	i	. Types of Local Governme		
	Permissive N	Ī	☐ Towns ☐ Village		
	Decrease Revenues		☐ Counties ☐ Others ☐ School Districts ☐ V	<del></del>	
	Permissive \( \)	· · · · · · · · · · · · · · · · · · ·		VICS Districts	
und Sources Affected		fected Ch. 20 App	propriations		
	☐ SEG-S				
ssumptions Used in Arriving at Fiscal Estimate:					
According to the Office of the Commissen colled in Medicare supplement insurabased on the 1997 Wisconsin Individual elderly of about 4.0%. This rate is lowed have low taxable incomes and have no Assuming the elderly have an effective to be \$16.3 million (313,000 x 1,300 x 0).	nce plans, with I Income Tax Nor than the statutax liability; thut marginal tax ra	n an average y Model revealed utory tax rate us their tax rate	yearly premium of \$ d an effective margi of 4.73% because r te is 0%.	i1,300. A simulation inal tax rate for the many elderly filers	
			,		
ong-Range Fiscal Implications:					
			•		
	Authorized Signa	turo(Tolonhone \	No	Date	
gency/Prepared by: (Name & Phone No.)	Authorized Signa	ituler i eleptione N	10.	Date	
Visconsin Department of Revenue	Yeang-Eng Braur	Yeary	En Bran	3/20/00	
Meredith Krejny, (608) 261-8984	(608) 266-2700	7	-7	· I	

FISCAL ESTIMATE WORKSHEET	Detailed Estimate of Annu	ual Fiscal Effect	1999 Session	
☑ ORIGINAL ☐ UPDATED	LRB # 99-4063/1		Admin. Rule #	
☐ CORRECTED ☐ SUPPLEMENTAL	INTRODUCTION # S	B 458		
Subject Create Individual Income Tax Deduc	ction for Medicare Suppleme	ent Insurance Policy	Premiums	
I. One-Time Costs or Revenue Impacts for State and	· · · · · · · · · · · · · · · · · · ·	······································		
II. Annualized Costs:		Annualized Fiscal impact on State funds from:		
A. State Costs by Category State Operations - Salaries and Fringe		Increased Costs	Decreased Costs	
(FTE Position Changes)		( FTE)	(- FTE)	
State Operations-Other Costs		(	/ (- 11L)	
Local Assistance			-	
Aids to Individuals or Organizations				
TOTAL State Costs by Category		\$	\$ -	
B. State Costs by Source of Funds GPR		Increased Costs	Decreased Costs	
FED	· · · · · · · · · · · · · · · · · · ·		- \$ -	
PRO/PRS		:		
SEG/SEG-S		<u>.</u>	•	
III. State Revenues - Complete this only when proporevenues (e.g., tax increase, de	sal will increase or decrease state crease in license fee, etc.)	Increased Rev.	Decreased Rev.	
GPR Taxes		\$	\$ - 16,300,000	
GPR Earned			-	
FED			-	
PRO/PRS			-	
SEG/SEG-S			-	
TOTAL State Revenues		\$	\$ - 16,300,000	
	TANANIALIZED FISCAL IMPACT			
N	ET ANNUALIZED FISCAL IMPACT STATE		LOCAL	
NET CHANGE IN COSTS	\$			
NET CHANGE IN REVENUES	\$ -16,300,000		<u> </u>	
Agency/Prepared by: (Name & Phone No.)	Authorized Signature/Telephone	No.	Date .	
Wisconsin Department of Revenue	Yeang-Eng Braun	my by Bran	3/20/00	
Meredith Krejny, (608) 261-8984	(608) 266-2700	· ;		