

Filing Status Single Married filing jointly Married filing separately (MFS) Head of household (HOH) Qualifying widow(er) (QW)
Check only one box. If you checked the MFS box, enter the name of your spouse. If you checked the HOH or QW box, enter the child's name if the qualifying person is a child but not your dependent ▶

Your first name and middle initial SHIVA SAI KRISHNA	Last name MALLARAPU	Your social security number 838-01-1886
If joint return, spouse's first name and middle initial	Last name	Spouse's social security number

Home address (number and street). If you have a P.O. box, see instructions. 5170 E CHERYL PKWY		Apt. no. 114	Presidential Election Campaign Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund. <input type="checkbox"/> You <input type="checkbox"/> Spouse
City, town, or post office. If you have a foreign address, also complete spaces below. FITCHBURG	State WI	ZIP code 53711	
Foreign country name	Foreign province/state/county	Foreign postal code	

At any time during 2020, did you receive, sell, send, exchange, or otherwise acquire any financial interest in any virtual currency? Yes No

Standard Deduction **Someone can claim:** You as a dependent Your spouse as a dependent
 Spouse itemizes on a separate return or you were a dual-status alien

Age/Blindness **You:** Were born before January 2, 1956 Are blind **Spouse:** Was born before January 2, 1956 Is blind

	(1) First name	Last name	(2) Social security number	(3) Relationship to you	(4) <input checked="" type="checkbox"/> if qualifies for (see instructions): Child tax credit	Credit for other dependents
If more than four dependents, see instructions and check here ▶ <input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>

	1 Wages, salaries, tips, etc. Attach Form(s) W-2		1 83,726.
Attach Sch. B if required.	2a Tax-exempt interest	2a	2b
	3a Qualified dividends	3a	3b
	4a IRA distributions	4a	4b
	5a Pensions and annuities	5a	5b
	6a Social security benefits	6a	6b
	7 Capital gain or (loss). Attach Schedule D if required. If not required, check here ▶ <input type="checkbox"/>		7
	8 Other income from Schedule 1, line 9		8 -5,640.
	9 Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income ▶		9 78,086.
	10 Adjustments to income:		
	a From Schedule 1, line 22	10a 2,000.	
	b Charitable contributions if you take the standard deduction. See instructions	10b	
	c Add lines 10a and 10b. These are your total adjustments to income ▶		10c 2,000.
	11 Subtract line 10c from line 9. This is your adjusted gross income ▶		11 76,086.
	12 Standard deduction or itemized deductions (from Schedule A)		12 12,400.
	13 Qualified business income deduction. Attach Form 8995 or Form 8995-A		13
	14 Add lines 12 and 13		14 12,400.
	15 Taxable income. Subtract line 14 from line 11. If zero or less, enter -0-		15 63,686.

For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate instructions.

Standard Deduction for—
 • Single or Married filing separately, \$12,400
 • Married filing jointly or Qualifying widow(er), \$24,800
 • Head of household, \$18,650
 • If you checked any box under *Standard Deduction*, see instructions.

16	Tax (see instructions). Check if any from Form(s): 1 <input type="checkbox"/> 8814 2 <input type="checkbox"/> 4972 3 <input type="checkbox"/> _____	16	9,799.
17	Amount from Schedule 2, line 3	17	
18	Add lines 16 and 17	18	9,799.
19	Child tax credit or credit for other dependents	19	
20	Amount from Schedule 3, line 7	20	
21	Add lines 19 and 20	21	
22	Subtract line 21 from line 18. If zero or less, enter -0-	22	9,799.
23	Other taxes, including self-employment tax, from Schedule 2, line 10	23	0.
24	Add lines 22 and 23. This is your total tax	24	9,799.
25	Federal income tax withheld from:		
a	Form(s) W-2	25a	12,428.
b	Form(s) 1099	25b	
c	Other forms (see instructions)	25c	
d	Add lines 25a through 25c	25d	12,428.
26	2020 estimated tax payments and amount applied from 2019 return	26	
27	Earned income credit (EIC) NO	27	
28	Additional child tax credit. Attach Schedule 8812	28	
29	American opportunity credit from Form 8863, line 8	29	
30	Recovery rebate credit. See instructions	30	1,692.
31	Amount from Schedule 3, line 13	31	
32	Add lines 27 through 31. These are your total other payments and refundable credits	32	1,692.
33	Add lines 25d, 26, and 32. These are your total payments	33	14,120.

• If you have a qualifying child, attach Sch. EIC.
• If you have nontaxable combat pay, see instructions.

Refund

34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid	34	4,321.
35a	Amount of line 34 you want refunded to you . If Form 8888 is attached, check here <input type="checkbox"/>	35a	4,321.
b	Routing number 0 2 1 2 0 0 3 3 9	c Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings	
d	Account number 3 8 1 0 3 9 1 6 4 1 9 9		
36	Amount of line 34 you want applied to your 2021 estimated tax	36	

Amount You Owe

For details on how to pay, see instructions.

37	Subtract line 33 from line 24. This is the amount you owe now	37	
Note: Schedule H and Schedule SE filers, line 37 may not represent all of the taxes you owe for 2020. See Schedule 3, line 12e, and its instructions for details.			
38	Estimated tax penalty (see instructions)	38	

Third Party Designee

Do you want to allow another person to discuss this return with the IRS? See instructions Yes. Complete below. No

Designee's name _____ Phone no. _____ Personal identification number (PIN) _____

Sign Here

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Your signature	Date	Your occupation SOFTWARE ENGINEER	If the IRS sent you an Identity Protection PIN, enter it here (see inst.)
Spouse's signature. If a joint return, both must sign.	Date	Spouse's occupation	If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.)

Joint return? See instructions. Keep a copy for your records.

Paid Preparer Use Only

Preparer's name	Preparer's signature	Date	PTIN	Check if:
SYAM PRIYA RAM SAGAR GUPTA TALLAM	SYAM PRIYA RAM SAGAR GUPTA TALLAM	07/07/2021	P02082703	<input type="checkbox"/> Self-employed
Firm's name	Firm's address			Phone no.
GLOBAL TAXES LLC	2530 Pebble Creek Ln Cumming GA 30041			(678) 965-9522
Firm's EIN				30-1017196

**SCHEDULE 1
(Form 1040)**

Department of the Treasury
Internal Revenue Service

Additional Income and Adjustments to Income

▶ **Attach to Form 1040, 1040-SR, or 1040-NR.**
▶ **Go to www.irs.gov/Form1040 for instructions and the latest information.**

OMB No. 1545-0074

2020
Attachment
Sequence No. **01**

Name(s) shown on Form 1040, 1040-SR, or 1040-NR
SHIVA SAI KRISHNA MALLARAPU

Your social security number
838-01-1886

Part I Additional Income

1	Taxable refunds, credits, or offsets of state and local income taxes	1	
2a	Alimony received	2a	
b	Date of original divorce or separation agreement (see instructions) ▶ _____		
3	Business income or (loss). Attach Schedule C	3	
4	Other gains or (losses). Attach Form 4797	4	
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	5	-5,640.
6	Farm income or (loss). Attach Schedule F	6	
7	Unemployment compensation	7	
8	Other income. List type and amount ▶ _____	8	
9	Combine lines 1 through 8. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8	9	-5,640.

Part II Adjustments to Income

10	Educator expenses	10	
11	Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106	11	
12	Health savings account deduction. Attach Form 8889	12	
13	Moving expenses for members of the Armed Forces. Attach Form 3903	13	
14	Deductible part of self-employment tax. Attach Schedule SE	14	
15	Self-employed SEP, SIMPLE, and qualified plans	15	
16	Self-employed health insurance deduction	16	
17	Penalty on early withdrawal of savings	17	
18a	Alimony paid	18a	
b	Recipient's SSN ▶ _____		
c	Date of original divorce or separation agreement (see instructions) ▶ _____		
19	IRA deduction	19	
20	Student loan interest deduction	20	
21	Tuition and fees deduction. Attach Form 8917	21	2,000.
22	Add lines 10 through 21. These are your adjustments to income . Enter here and on Form 1040, 1040-SR, or 1040-NR, line 10a	22	2,000.

SCHEDULE E
(Form 1040)

Supplemental Income and Loss

OMB No. 1545-0074

(From rental real estate, royalties, partnerships, S corporations, estates, trusts, REMICs, etc.)

2020

Department of the Treasury
Internal Revenue Service (99)

▶ Attach to Form 1040, 1040-SR, 1040-NR, or 1041.

Attachment
Sequence No. **13**

▶ Go to www.irs.gov/ScheduleE for instructions and the latest information.

Name(s) shown on return

Your social security number

SHIVA SAI KRISHNA MALLARAPU

838-01-1886

Part I **Income or Loss From Rental Real Estate and Royalties** Note: If you are in the business of renting personal property, use **Schedule C**. See instructions. If you are an individual, report farm rental income or loss from **Form 4835** on page 2, line 40.

A Did you make any payments in 2020 that would require you to file Form(s) 1099? See instructions Yes No

B If "Yes," did you or will you file required Form(s) 1099? Yes No

1a	Physical address of each property (street, city, state, ZIP code)				
A	B-137 2NDPHASE KUKATPALLY HYDERABAD TELANGANA IN 500072				
B					
C					
1b	Type of Property (from list below)	2 For each rental real estate property listed above, report the number of fair rental and personal use days. Check the QJV box only if you meet the requirements to file as a qualified joint venture. See instructions.	Fair Rental Days	Personal Use Days	QJV
A	3		365	0	<input type="checkbox"/>
B					<input type="checkbox"/>
C					<input type="checkbox"/>

Type of Property:

- 1 Single Family Residence 3 Vacation/Short-Term Rental 5 Land 7 Self-Rental
- 2 Multi-Family Residence 4 Commercial 6 Royalties 8 Other (describe)

Income:		Properties:		A	B	C
3	Rents received	3		540.		
4	Royalties received	4				
Expenses:						
5	Advertising	5		70.		
6	Auto and travel (see instructions)	6		310.		
7	Cleaning and maintenance	7		250.		
8	Commissions.	8				
9	Insurance	9				
10	Legal and other professional fees	10				
11	Management fees	11				
12	Mortgage interest paid to banks, etc. (see instructions)	12				
13	Other interest.	13		5,400.		
14	Repairs.	14		150.		
15	Supplies	15				
16	Taxes	16				
17	Utilities.	17				
18	Depreciation expense or depletion	18				
19	Other (list) ▶	19				
20	Total expenses. Add lines 5 through 19	20		6,180.		
21	Subtract line 20 from line 3 (rents) and/or 4 (royalties). If result is a (loss), see instructions to find out if you must file Form 6198	21		-5,640.		
22	Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions)	22		(-5,640.)	()	()
23a	Total of all amounts reported on line 3 for all rental properties	23a			540.	
b	Total of all amounts reported on line 4 for all royalty properties	23b				
c	Total of all amounts reported on line 12 for all properties	23c				
d	Total of all amounts reported on line 18 for all properties	23d				
e	Total of all amounts reported on line 20 for all properties	23e			6,180.	
24	Income. Add positive amounts shown on line 21. Do not include any losses	24				
25	Losses. Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here	25		(5,640.)		
26	Total rental real estate and royalty income or (loss). Combine lines 24 and 25. Enter the result here. If Parts II, III, IV, and line 40 on page 2 do not apply to you, also enter this amount on Schedule 1 (Form 1040), line 5. Otherwise, include this amount in the total on line 41 on page 2	26				-5,640.

For Paperwork Reduction Act Notice, see the separate instructions.

Schedule E (Form 1040) 2020

Tuition and Fees Deduction

▶ **Attach to Form 1040 or 1040-SR.**
▶ **Go to www.irs.gov/Form8917 for the latest information.**

Name(s) shown on return SHIVA SAI KRISHNA MALLARAPU	Your social security number 838-01-1886
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Use this form for qualified tuition and fees paid in 2018, 2019, or 2020, and later years if legislation extends the deduction (see instructions). File a separate Form 8917 for each year after 2017 for which you qualify to take the deduction.

You **can't** take both an education credit from Form 8863 and the tuition and fees deduction from this form for the **same student** for the same tax year.

- Before you begin:**
- ✓ To see if you qualify for this deduction, see *Who Can Take the Deduction* in the instructions below.
 - ✓ If you file Form 1040 or 1040-SR, figure any write-in adjustments.
 - For 2018: Figure any write-in adjustments to be entered on the dotted line next to Schedule 1 (Form 1040), line 36.
 - For 2019: Figure any write-in adjustments to be entered on the dotted line next to Schedule 1 (Form 1040 or 1040-SR), line 22.
 - For 2020 and later years: Figure any write-in adjustments for Schedule 1 (Form 1040 or 1040-SR); see the Instructions for Forms 1040 and 1040-SR.

1	(a) Student's name (as shown on page 1 of your tax return)	(b) Student's social security number (as shown on page 1 of your tax return)	(c) Adjusted qualified expenses (see instructions)
	First name Last name SHIVA SAI KRISHNA MALLARAPU	838-01-1886	10,800.
2	Add the amounts on line 1, column (c), and enter the total		10,800.
3	Enter the amount from your "total income" line of Form 1040 or 1040-SR	78,086.	
4	<ul style="list-style-type: none"> • For 2018: Enter the total of the amounts on your 2018 Schedule 1 (Form 1040), lines 23 through 33, plus any write-in adjustments you entered on the dotted line next to Schedule 1 (Form 1040), line 36. • For 2019 and 2020: Enter the total of the amounts on your 2019 Schedule 1 (Form 1040 or 1040-SR), lines 10 through 20, plus any write-in adjustments you entered on the dotted line next to Schedule 1 (Form 1040 or 1040-SR), line 22. • For later years: See www.irs.gov/Form8917 to find out if the line references above for 2019 have changed 		
5	Subtract line 4 from line 3.* If the result is more than \$80,000 (\$160,000 if married filing jointly), stop ; you can't take the deduction for tuition and fees		78,086.
* If you're filing Form 2555, 2555-EZ, or 4563, or you're excluding income from Puerto Rico, see <i>Effect of the Amount of Your Income on the Amount of Your Deduction</i> in Pub. 970 to figure the amount to enter on line 5.			
6	Tuition and fees deduction. Is the amount on line 5 more than \$65,000 (\$130,000 if married filing jointly)? <input checked="" type="checkbox"/> Yes. Enter the smaller of line 2, or \$2,000. } <input type="checkbox"/> No. Enter the smaller of line 2, or \$4,000. }		2,000.

Also enter this amount on line 21 of the 2019 and 2020 Schedule 1 (Form 1040 or 1040-SR), or line 34 of the 2018 Schedule 1 (Form 1040). See www.irs.gov/Form8917 to find out if the line references above for 2019 have changed.

For the year Jan. 1-Dec. 31, 2020, or other tax year

Check here if an amended return beginning _____, 2020 ending _____, 20____.

Note

DO NOT STAPLE

See page 5 before assembling return

Your legal last name MALLARAPU	Legal first name SHIVA SAI KRISH	M.I.	Your social security number 838011886
If a joint return, spouse's legal last name	Spouse's legal first name	M.I.	Spouse's social security number
Home address (number and street). If you have a PO Box, see page 11. 5170 E CHERYL PKWY		Apt. no. 114	Tax district Check below then fill in either the name of the city, village, or town and the county in which you lived at the end of 2020. <input checked="" type="checkbox"/> City <input type="checkbox"/> Village <input type="checkbox"/> Town City, village, or town FITCHBURG County of DANE School district number See page 43 1421
City or post office FITCHBURG		State WI	
Filing status Check <input checked="" type="checkbox"/> below <input checked="" type="checkbox"/> Single <input type="checkbox"/> Married filing joint return <input type="checkbox"/> Married filing separate return. Fill in spouse's SSN above and full name here <input type="checkbox"/> Head of household, NOT married (see page 12). <input type="checkbox"/> Head of household, married (see page 12).			Legal last name Legal first name M.I. If married, fill in spouse's SSN above and full name here ↑
Special conditions <input type="checkbox"/> <input type="checkbox"/> Form 804 filed with return (see page 9)			

Use **BLACK** Ink ● Print numbers like this → 0 1 2 3 4 5 6 7 8 9 Not like this → 0147 ● **NO COMMAS; NO CENTS**

1 Federal adjusted gross income (see page 12)	1	78086.00
Form W-2 wages included in line 1	▶	83726.00
2 Total additions to income from Schedule AD, line 33 (see page 13)	2	.00
3 Add lines 1 and 2	3	78086.00
4 Total subtractions from income from Schedule SB, line 47. Enter as a positive number	4	.00
5 Subtract line 4 from line 3. This is your Wisconsin income	5	78086.00
6 Standard deduction. See table on page 34, OR ▼	6	3573.00
If someone else can claim you (or your spouse) as a dependent, see page 14 and check here <input type="checkbox"/>		
7 Subtract line 6 from line 5. If line 6 is larger than line 5, fill in 0	7	74513.00
8 Exemptions (Caution: See page 14)		
a Fill in exemptions allowed 1 x \$700 ... 8a	700	.00
b Check if 65 or older <input type="checkbox"/> You + <input type="checkbox"/> Spouse = x \$250 ... 8b		.00
c Add lines 8a and 8b	8c	700.00
9 Subtract line 8c from line 7. If line 8c is larger than line 7, fill in 0. This is taxable income	9	73813.00
10 Tax (see table on page 36)	10	4110.00

PAPER CLIP payment here



NO COMMAS; NO CENTS

11	Itemized deduction credit. Enclose Schedule 1, page 4	11	.00
12	Armed forces member credit (must be stationed outside U.S. See page 16)	12	.00
13	School property tax credit		
a	Rent paid in 2020 – heat included00
	Rent paid in 2020 – heat not included		7800.00
	} Find credit from table page 18		13a 236.00
b	Property taxes paid on home in 202000
	} Find credit from table page 19		13b .00
14	Working families tax credit (see page 19)	14	0.00
15	Married couple credit. Enclose Schedule 2, page 4	15	.00
16	Nonrefundable credits from line 34 of Schedule CR	16	.00
17	Net income tax paid to another state. Enclose Schedule OS	17	.00
18	Add lines 11 through 17	18	236.00
19	Subtract line 18 from line 10. If line 18 is larger than line 10, fill in 0. This is your net tax	19	3874.00
20	Sales and use tax due on internet, mail order, or other out-of-state purchases (see page 22)	20	.00
	If you certify that no sales or use tax is due, check here		<input checked="" type="checkbox"/>
21	Donations (decreases refund or increases amount owed)		
a	Endangered resources00
b	Cancer research00
c	Veterans trust fund00
d	Multiple sclerosis00
e	Military family relief00
f	Second Harvest/Feeding Amer.00
g	Red Cross WI Disaster Relief00
h	Special Olympics Wisconsin00
	Total (add lines a through h)	21i	.00
22	Penalties on IRAs, retirement plans, MSAs, etc. (see page 24)	22	.00
23	Other penalties (see page 24)	23	.00
24	Add lines 19, 20, 21i, 22 and 23	24	3874.00
25	Wisconsin tax withheld. Enclose withholding statements	25	4910.00
26	2020 estimated tax payments and amount applied from 2019 return	26	.00
27	Earned income credit. Number of qualifying children		
	Federal credit00
 x % =	27	.00
28	Farmland preservation credit. a Schedule FC, line 17	28a	.00
	b Schedule FC-A, line 13	28b	.00
29	Repayment credit (see page 26)	29	.00




Name(s) shown on Form 1		Your social security number	
SHIVA SAI KRISHNA MALLARAPU		838011886	
NO COMMAS; NO CENTS			
30	Homestead credit. Enclose Schedule H or H-EZ.	30	<u> .00</u>
31	Eligible veterans and surviving spouses property tax credit . . .	31	<u> .00</u>
32	Refundable credits from Schedule CR, line 40. Enclose Schedule CR	32	<u> .00</u>
33	AMENDED RETURN ONLY—Amounts previously paid (see page 29)	33	<u> .00</u>
34	Add lines 25 through 33	34	<u> 4910 .00</u>
35	AMENDED RETURN ONLY—Amounts previously refunded (see page 30)	35	<u> .00</u>
36	Subtract line 35 from line 34	36	<u> 4910 .00</u>
37	If line 36 is larger than line 24, subtract line 24 from line 36. This is the AMOUNT YOU OVERPAID	37	<u> 1036 .00</u>
38	Amount of line 37 you want REFUNDED TO YOU	38	<u> 1036 .00</u>
39	Amount of line 37 you want APPLIED TO YOUR 2021 ESTIMATED TAX	39	<u> 0 .00</u>
40	If line 36 is smaller than line 24, subtract line 36 from line 24. This is the AMOUNT YOU OWE . Paper clip payment to front of return	40	<u> .00</u>
41	Underpayment interest. Fill in exception code—See Sch. U _____ Also include on line 40 (see page 31)	41	<u> .00</u>

Third Party Designee Do you want to allow another person to discuss this return with the department (see page 32)? Yes Complete the following. No

Designee's name ▶ _____ Phone no. ▶ _____

Personal identification number (PIN) ▶

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 **Paper clip copies of your federal income tax return and schedules to this return. Assemble your return (pages 1-4) and withholding statements in the order listed on page 5.**

Sign here

▼ Under penalties of law, I declare that this return and all attachments are true, correct, and complete to the best of my knowledge and belief.

Your signature	Spouse's signature (if filing jointly, BOTH must sign)	Date	Daytime phone
			6098583575

I-010ai

Mail your return to: Wisconsin Department of Revenue
If tax due.....PO Box 268, Madison WI 53790-0001
If refund or no tax due.....PO Box 59, Madison WI 53785-0001
If homestead credit claimed.....PO Box 34, Madison WI 53786-0001

Do Not Submit Photocopies



Schedule 1 – Itemized Deduction Credit (see page 15)

1 Medical and dental expenses from federal Schedule A (Form 1040 or 1040-SR). See instructions for exceptions.	1	<u>.00</u>
2 Interest paid from federal Schedule A (Form 1040 or 1040-SR). Do not include interest paid to purchase a second home located outside Wisconsin or a residence which is a boat. Also, do not include interest paid to purchase or hold U.S. government securities and interest from a tax-option (S) corporation if claimed as a subtraction	2	<u>.00</u>
3 Gifts to charity from federal Schedule A (Form 1040 or 1040-SR). See instructions for exceptions	3	<u>.00</u>
4 Casualty losses from federal Schedule A (Form 1040 or 1040-SR)	4	<u>.00</u>
5 Add lines 1 through 4	5	<u>.00</u>
6 Fill in your standard deduction from line 6 on page 1 of Form 1.	6	<u>.00</u>
7 Subtract line 6 from line 5. If line 6 is more than line 5, fill in 0.	7	<u>0 .00</u>
8 Rate of credit is .05 (5%)	8	<u>x .05</u>
9 Multiply line 7 by line 8. Fill in here and on line 11 on page 2 of Form 1	9	<u>.00</u>

▶ You must submit this page with Form 1 if you claim either of these credits ◀

Schedule 2 – Married Couple Credit When Both Spouses Are Employed (see page 20)

When completing this schedule, be sure to fill in your income in column (A) and your spouse's income in column (B)

	(A) YOURSELF	(B) SPOUSE
1 Taxable wages, salaries, tips, and other employee compensation. Do NOT include deferred compensation, interest, dividends, pensions, unemployment compensation, or other unearned income	1 <u>.00</u>	<u>.00</u>
2 Net profit or (loss) from self-employment from federal Schedules C, C-EZ, and F (Form 1040 or 1040-SR), Schedule K-1 (Form 1065), and any other taxable self-employment or earned income	2 <u>.00</u>	<u>.00</u>
3 Combine lines 1 and 2. This is earned income.	3 <u>.00</u>	<u>.00</u>
4 Add the amounts from federal Form 1040 or 1040-SR, Schedule 1 , lines 11, 15, and 19, plus repayment of supplemental unemployment benefits, and contributions to secs. 403(b) and 501(c)(18)(D) pension plans, included in line 22, and any Wisconsin disability income exclusion. Fill in the total of these adjustments that apply to you or your spouse's income.	4 <u>.00</u>	<u>.00</u>
5 Subtract line 4 from line 3. This is qualified earned income. If less than zero, fill in 0	5 <u>.00</u>	<u>.00</u>
6 Compare the amounts in columns (A) and (B) of line 5. Fill in the smaller amount here. If more than \$16,000, fill in \$16,000.	6 <u>.00</u>	<u>.00</u>
7 Rate of credit is .03 (3%).	7 <u>x .03</u>	
8 Multiply line 6 by line 7. Fill in here and on line 15 on page 2 of Form 1.	8 <u>.00</u>	<u>.00</u>

Do not fill in more than \$480.



Schedule I

Adjustments to Convert 2020 Federal Adjusted Gross Income and Itemized Deductions to the Amounts Allowable for Wisconsin

2020

Wisconsin
Department of Revenue

Enclose with Wisconsin Form 1 or Form 1NPR

Name(s) shown on Form 1 or Form 1NPR

Your social security number

SHIVA SAI KRISHNA MALLARAPU

838011886

PART I – Federal Adjusted Gross Income

(Read instructions before completing Schedule I)

1	Fill in your 2020 federal adjusted gross income from line 11 of federal Form 1040 or 1040-SR	1	<u>76086.00</u>
2	Additions (enter all amounts as positive numbers):		
<u>a</u>	Deduction for tuition and fees	2a	<u>2000.00</u>
<u>b</u>	Discharge of indebtedness on principal residence	2b	<u>.00</u>
<u>c</u>	Federal depreciation and sec. 179 expense	2c	<u>.00</u>
<u>d</u>	Federal capital losses from line 7 of federal Form 1040 or 1040-SR	2d	<u>.00</u>
<u>e</u>	Federal ordinary losses from line 4 of federal Schedule 1 (Form 1040 or 1040-SR)	2e	<u>.00</u>
<u>f</u>	Wisconsin capital gains from line 7 of revised federal Form 1040 or 1040-SR	2f	<u>.00</u>
<u>g</u>	Wisconsin ordinary gains from line 4 of revised federal Schedule 1 (Form 1040 or 1040-SR)	2g	<u>.00</u>
<u>h</u>	Other _____	2h	<u>.00</u>
<u>i</u>	Other _____	2i	<u>.00</u>
<u>j</u>	Other _____	2j	<u>.00</u>
<u>k</u>	Total additions - Add lines 2a through 2j	2k	<u>2000.00</u>
3	Add lines 1 and 2k (see instructions)	3	<u>78086.00</u>
4	Subtractions (enter all amounts as positive numbers):		
<u>a</u>	Health savings account adjustment	4a	<u>.00</u>
<u>b</u>	Wisconsin depreciation and sec. 179 expense	4b	<u>.00</u>
<u>c</u>	Wisconsin capital losses from line 7 of revised federal Form 1040 or 1040-SR	4c	<u>.00</u>
<u>d</u>	Wisconsin ordinary losses from line 4 of revised federal Schedule 1 (Form 1040 or 1040-SR)	4d	<u>.00</u>
<u>e</u>	Federal capital gains from line 7 of federal Form 1040 or 1040-SR	4e	<u>.00</u>
<u>f</u>	Federal ordinary gains from line 4 of federal Schedule 1 (Form 1040 or 1040-SR)	4f	<u>.00</u>
<u>g</u>	Other _____	4g	<u>.00</u>
<u>h</u>	Other _____	4h	<u>.00</u>
<u>i</u>	Other _____	4i	<u>.00</u>
<u>j</u>	Total subtractions - Add lines 4a through 4i	4j	<u>.00</u>
5	Federal adjusted gross income as computed under the Internal Revenue Code in effect for Wisconsin (see instructions to determine the amount to fill in on line 5). Fill in here and on line 1 of Wisconsin Form 1 or line 32 of Form 1NPR. (Note: The above figures must also be used to complete Columns A and B for each of the lines 1 through 30 of Form 1NPR)	5	<u>78086.00</u>



PART II – Itemized Deductions

(Complete this part only for those federal itemized deductions which may be used in computing the Wisconsin itemized deduction credit.)

Who must complete Part II

This part should be completed only by individuals claiming the Wisconsin itemized deduction credit. Whenever adjustments have been made in Part I, federal itemized deductions which are based on federal adjusted gross income are affected. Part II must be completed to report the difference in the amount of the deduction based on the revised federal adjusted gross income. Part II must also be completed whenever specific items require adjustment.

1 Adjustments:	COL. I	COL. II
Description	Amount per 2020 federal return	Amount determined under IRC in effect for Wisconsin
<u>a</u> Medical Expense Deduction 1a	.00	.00
<u>b</u> Interest 1b	.00	.00
<u>c</u> Gifts to Charity 1c	.00	.00
<u>d</u> Other (<i>explain</i>) _____ 1d	.00	.00
<u>e</u> Other (<i>explain</i>) _____ 1e	.00	.00

The amounts in Col. II should be used to compute the Wisconsin itemized deduction credit (Schedule 1 of Form 1 or Form 1NPR).

