Filing Status X Single Married filing jointly Married filing separately (MFS) Head of household (HOH) Qualifying widow(er) (QW) Check only Hyou 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 midow(er) (QW) Your first name and middle initial Last name Your social security number SHIVA SAT (RLSHNA MALLARAPU 83.8 - 01 - 1.886 Flome address (number and street). Hyou have a P.O. box, see instructions. Apt. no. Presidential Election Campaign 517.0 E CHERYL PKWY 11.4 Check here if you, or your Chy, tow, or poot office. If you have a foreign address, also complete spaces below. WI 53711 box below will not chenge your to you read Foreign country name Foreign province/state/county Foreign postulcode You Spouse Foreign scouthy name Foreign province/state/county Foreign postulcode You Spouse Aar y time during 2020, did you receive, sell, send, exchange, or otherwise acquire any financial interest in any virtual currency? Yes No Standard Spouse instructions! (9 foreign postulcode) (20 of its country) Yes No Standard (1) First name La	E 1040		artment of the Treasury—Internal Revenue Servi S. Individual Income Ta >		⁽⁹⁹⁾ 20	20	OMB No. 1545	-0074	IRS Use Only	—Do not w	vrite or staple	in this space.
SHIVA SAI KRISHNA MALLARAPU 838-01-1886 If joint return, spouse's first name and middle initial Last name Spouse's social security number Joint return, spouse's first name and middle initial Last name Spouse's social security number City, tew, re post office. If you have a P.O. box, see instructions. Apt. no. Presidential Election Campaign City, tew, re post office. If you have a torsign address, also complete spaces below. State 2P code by our term of your spouse of filing jointly, want 3S Foreign country name Foreign province/state/country Foreign postal code you tax or refund. Standard Someone can claim: You as a dependent You goues a dependent Image: Source for the other dependent Deduction Spouse temizes on a separate return or you were a dual-status alien Image: Source for other dependent Image: Source for other dependent If more Last name Image: Source for other dependent Image: Source for other dependent Image: Source for other dependent If more Last name Image: Source for other dependent Image: Source for other dependent Image: Source for other dependent If more Last name Image: Source for other dependent Image: Source for other dependent Image: Source	Check only	lf yo	u checked the MFS box, enter the n	ame of					· · ·		, ,	. , . ,
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. Apt. no. 11.4 Check here if you, or you City, town, or post office. If you have a foreign address, also complete spaces below. State ZiP code Spouse's cold security want S3 to go to this fund. Checking a box below will not change box below will not change box below. You Spouse if filing jointy, want S3 to go to this fund. Checking a box below. You Spouse if was box below. You Spouse if was box below. You Spouse if was box below. You Spouse it was box below. You You Spouse it was box below. You You You You <td>Your first name</td> <td>and mi</td> <td>iddle initial</td> <td>Last na</td> <td>me</td> <td></td> <td></td> <td></td> <td></td> <td>Your so</td> <td>cial securi</td> <td>ty number</td>	Your first name	and mi	iddle initial	Last na	me					Your so	cial securi	ty number
Home address (number and street). If you have a P.O. box, see instructions. Apt. no. 11 Presidential Election Campaign Gity, town, or post office. If you have a foreign address, also complete spaces below. NII Source of this flux, Checking a box below will not change Foreign country name Foreign province/state/county Foreign postal code your tax or refund. Foreign country name Foreign province/state/county Foreign postal code your tax or refund. Standard Someone can claim: You as a dependent Your spouse as a dependent Doc below will not change Deduction Spouse itemizes on a separate return or you were a dual-status allen Age/Blindness You: Were born before January 2, 1956 Are blind Dependents, see instructions): (1) First name Last name number 1 83, 726. If more than four dependents, see instructions; 1 83, 726. 1 83, 726. Attach 2a b Taxable interest 2b 2b 2b Standard Geal tother instructions; 1 83, 726. 3b 5b Gitty autifiers for (ges), Attach Schedule D if required. If not required, check here > 7 3b -	SHIVA S	AI KI	RISHNA	MALI	LARAPU					838-	01-188	6
5170 E CHERYL PKWY 114 Check here f you, or your City, tow, or post office. If you have a foreign address, also complete spaces below. VI 53711 State ZIP code Foreign country name Foreign province/state/country Foreign postal code VI 53711 Code this fund. Checking a box below will not change your tax or refund. Standard Someone can claim: You as a dependent You rescive, sell, send, exchange, or otherwise acquire any financial interest in any virtual currency? Yes X No Standard Someone can claim: You as a dependent You respouse as a dependent You generative acquire any financial interest in any virtual currency? Yes X No Standard Someone can claim: You as a dependent You respouse as a dependent You generative acquire any financial interest in any virtual currency? Yes X No Standard Someone can claim: You as a dependent You respouse as a dependent You Child tax credit Order the qualified for the elements see instructions): (1) First name Last name (2) Social security (3) Relationship (4) 4/ fir qualified for the elements 2b see instructions 1 Baxable interest 2b 2b 2b 2b 2b	lf joint return, s	pouse's	first name and middle initial	Last na	me					Spouse	's social see	curity number
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FITCHEBURG WI 53711 box below will not change Foreign country name Foreign province/state/county Foreign postal code your tax or refund. You Spouse Spouse You Spouse At any time during 2020, did you receive, sell, send, exchange, or otherwise acquire any financial interest in any virtual currency? Yes No Standard Someone can claim: You as a dependent You receive, sell, send, exchange, or otherwise acquire any financial interest in any virtual currency? Yes No Standard Someone can claim: You as a dependent You receive, sell, send, exchange, or otherwise acquire any financial interest in any virtual currency? Yes No Age/Blindness You: Ware born before January 2, 1956 A re blind Spouse: Was born before January 2, 1956 Is blind Dependents (see instructions): (1) First name Last name (2) Social security (3) Relationship (4) V' It qualifies for (see instructions): Check for other dependents see instructions 1 83, 726. 1 83, 726. Standard 2a Tax-exempt interest 2a 2b 2b Standard four 4a	City, town, or p	ost offi	ce. If you have a foreign address, also co	mplete s	paces below.	Sta	ate	ZIP co	ode			
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For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate instructions.

Form **1040** (2020)

Form 1040 (2020))									Page 2
	16	Tax (see instructions). Check	if any from Form	(s): 1 🗌 881	4 2 4972	3			16	9,799.
	17	Amount from Schedule 2, lin	ie3						17	
	18	Add lines 16 and 17							18	9,799.
	19	Child tax credit or credit for	other dependen	ts					19	
	20	Amount from Schedule 3, lin							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-e	mployment tax,	from Schedule	e 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:							
	а	Form(s) W-2				25a	12,	428.		
	b	Form(s) 1099				25b				
	с	Other forms (see instructions	s)			25c				
	d	Add lines 25a through 25c							25d	12,428.
• If you have a	26	2020 estimated tax payment	ts and amount a	pplied from 20)19 return				26	
qualifying child,	27	Earned income credit (EIC)			. No .	27				
attach Sch. EIC.	28	Additional child tax credit. A	ttach Schedule	8812		28				
nontaxable	29	American opportunity credit	from Form 8863	8, line 8		29				
combat pay, see instructions.	30	Recovery rebate credit. See	instructions .			30	1,	692.		
	31	Amount from Schedule 3, lin	ie 13			31			1	
	32	Add lines 27 through 31. The	ese are your tot a	al other paym	ents and refund	able cre	edits	. 🕨	32	1,692.
	33	Add lines 25d, 26, and 32. T	hese are your to	tal payments				. 🕨	33	14,120.
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.
Refutio	35a	Amount of line 34 you want refunded to you. If Form 8888 is attached, check here							35a	4,321.
Direct deposit?	►b	Routing number 0 2 1 2 0 0 3 3 9 ► c Type: X Checking Savings								
See instructions.	►d	Account number 3 8 1	0 3 9 1	6419			ľ –	0		
	36	Amount of line 34 you want a	applied to your	2021 estimate	ed tax 🕨	36	Ē			
Amount	37	Subtract line 33 from line 24	. This is the amo	ount vou owe	now			. 🕨	37	
You Owe		Subtract line 33 from line 24. This is the amount you owe now								
For details on		2020. See Schedule 3, line 12e, and its instructions for details.								
how to pay, see instructions.	38	Estimated tax penalty (see in				38	1			
Third Party	Do	you want to allow another							_	
Designee		structions					🗌 Yes. Co	mplete	below.	× No
		signee's		Phone				nal ident		
		me 🕨		no. 🕨				er (PIN)		
Sign		der penalties of perjury, I declare t ief, they are true, correct, and com								
Here		ur signature	•		,					nt you an Identity
	, to	ur signature		Date Your occupation					IN, enter it here	
Joint return?					SOFTWARE	ENGIN	JEER		inst.) 🕨	
See instructions.	Sp	ouse's signature. If a joint return, t	ooth must sign.	Date	Spouse's occupa	ation		If the	e IRS se	nt your spouse an
Keep a copy for your records.	*									ection PIN, enter it here
your records.								`	inst.) 🕨	
		one no. (609)858-357		Email address	SAIKRISHNAV	1	<u>GMAIL.CO</u>			
Paid		eparer's name	Preparer's signat			Date		PTIN		Check if:
Preparer	SYAM	I PRIYA RAM SAGAR GUPTA TALLAM		RAM SAGAR	GUPTA TALLA	M 07/0	07/2021	P0208		Self-employed
Use Only		m's name 🕨 GLOBAL TAX						Pho	ne no. (678)965-9522
	Firi	m's address ► 2530 Pebb	le Creek L	n Cummin	g GA 30041			Firm	n's EIN ▶	► <u>30-1017196</u>
Go to www.irs.go	ov/Forn	n1040 for instructions and the late	st information.		BAA	REV	05/29/21 PRO			Form 1040 (2020)

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SCHEDULE	1
(Form 1040)	

-1 -

Department of the Treasury

0

Additional Income and Adjustments to Income

OMB No. 1545-0074

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

soc	ial security number
	Attachment Sequence No. 01

Internal neverice Service	
Name(s) shown on Fo	orm 1040, 1040-SR, or 1040-NR
SHIVA SAI KRIS	HNA MALLARAPU

Your social security numb 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,		
Dor	line 8	9	-5,640.
Par			
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		
с	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.
For Pa	perwork Reduction Act Notice, see your tax return instructions. BAA REV 05/29/21 PRO	Schedu	le 1 (Form 1040) 2020

(Form ⁻	orm 1040) (From rental real estate, royalties, partnerships, S corpor							orations, estates, trusts, REMICs, etc.)					
Denartm	epartment of the Treasury							10-NR,	Attachment				
	Revenue Service (99)	o www.irs.go	ne latest	information	Seque	Sequence No. 13							
Name(s)	shown on return											ial security	•
_	A SAI KRIS											1-188	
Part					state and Ro	-		-			÷ .	-	
				-	n individual, rep								
	d you make any						. ,						
	Yes," did you o											. L 1	
<u>1a</u> A	Physical addr				YDERABAD		,	TNT	500072				
B	B-137 ZND	PRASE	S KUKAI		IDERADAD .	LELAI	NGANA	TIN :	500072				
<u> </u>													
 1b	Type of Pro	oertv	2 For	each rental	real estate pro	oertv li	sted		Fair	Rental	Persona	Use	0.11/
	(from list be		abo	we report th	e number of fa	ir rent	al and		(C	Days	Day	s	QJV
Α	3		it yo	ou meet the I	ys. Check the requirements to	o file a	sa	Α		365		0	
В			qua	alified joint ve	enture. See inst	tructio	ns.	В					
С								С					
	of Property:												
	gle Family Resid				-Term Rental				7 Self-				
-	ti-Family Reside	ence	4 Co	mmercial	Duonoution	6 Ro	yalties		8 Othe	r (describe)		1	
Incom					Properties:	-		Α	F 4 0	E	5		C
3	Rents received					3			540.				
4 Exper	Royalties rece	ived .				4							
5	Advertising .					5			70.				
6	Auto and trave					6			310.				
7	Cleaning and r	•		,		7			250.				
8	Commissions.					8							
9	Insurance					9							
10	Legal and othe	er profe	essional fe	es		10							
11	Management f	ees .				11							
12	Mortgage inter	-		-		12							
13	Other interest.					13		5	,400.				
14	Repairs					14			150.				
15	Supplies					15							
16 17	Taxes Utilities					16 17							
18	Depreciation e					18							
19	Other (list)	xpense				19							
20	Total expense	s. Add				20		6	,180.				
21	Subtract line 2			•					,				
21	result is a (loss												
	file Form 6198				•	21		-5	,640.				
22	Deductible rer	ntal real	l estate lo	oss after limi	tation, if any,								
	on Form 8582	-		-		22	(-5,	640.)	()	()
23a	Total of all am		-						23a		540.	-	
b	Total of all am		-						23b				
C	Total of all am		•				• •		23c			-	
d	Total of all am		•						23d		6 100		
е 24	Total of all ame Income. Add		•						23e		6,180. . 24		
24 25	Losses. Add ro	-					-			 al losses her		(5,640.)
26	Total rental re											N .	5,010.)
20	here. If Parts												

SCHEDULE E	Supplemental Income and Loss
(Form 1040)	(Exem vente) veel estate vevelties neutroveling Cooverentiene estat

OMB No. 1545-0074

For Paperwork Reduction Act Notice, see the separate instructions.

Schedule 1 (Form 1040), line 5. Otherwise, include this amount in the total on line 41 on page 2

-5,640.

26

Tuition and Fees Deduction

OMB No. 1545-0074

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

Your social security number 838-01-1886

Name(s) shown on return

SHIVA	SAI	KRISHNA	MALLARAPU

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) First name Last name	(b) Student's social securi number (as shown on pag 1 of your tax return)		(c) Adjusted qualified expenses (see instructions)
	SHIVA SAI KRISHNA MALLARAPU	838-01-1886		10,800.
	SHIVA SAI KRISHNA MALLARAPU	030-01-1000		10,800.
2	Add the amounts on line 1, column (c), and enter the total		2	10,800.
3	Enter the amount from your "total income" line of Form 1040 or 1040-SR	3 78,086.		
4	• 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 <i>www.irs.gov/Form8917</i> to find out if the line references above for 2019 have changed	L		
5	Subtract line 4 from line 3.* If the result is more than \$80,000 (\$160,000 stop; you can't take the deduction for tuition and fees	.	5	78,086.
	* If you're filing Form 2555, 2555-EZ, or 4563, or you're excluding incom <i>Effect of the Amount of Your Income on the Amount of Your Deduction</i> i amount to enter on line 5.			
6	Tuition and fees deduction. Is the amount on line 5 more than \$65,0 filing jointly)?	00 (\$130,000 if married		
	X Yes. Enter the smaller of line 2, or \$2,000.			
	No. Enter the smaller of line 2, or \$4,000.	[6	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/Form*8917 to find out if the line references above for 2019 have changed.

Wisconsin L income tax

Note

For the ye	ear Jan.	1-Dec.	31.	2020,	or other	tax v	/ear

2020

_ .

Check here if an amended return	beginning		, 2020 ending	, 20
Your legal last name	Legal first name	M.I.	Your social security number	
MALLARAPU	SHIVA SAI KRISH		838011886	
If a joint roturn, shouse's legal last name	Spouso's logal first name	MI	Spouso's social socurity number	

STAPLE		legal last name LLARAPU						Your social security number 838011886	
T ST/	lf a jo	oint return, spouse's legal last name	Spouse's leg	gal first nan	ne		M.I.	Spouse's social security nu	mber
Ď	51	e address (number and street). If you have a .70 E CHERYL PKWY or post office	a PO Box, se	e page 11. State	Zip cod	Apt. no. 114			in either the name of the nd the county in which you
assembling return	-	TCHBURG		WI	537			lived at the end of 20	
ng re		ling status Check ✓ below						City	Uillage Town
mbli		Single						City, village, or town ▶ FITCH	BURG
sse	L	_ Married filing joint return	Legal last n	ame					
	L	_ Married filing separate return.						County of DANE	
before		Fill in spouse's SSN above and full name here	Legal first r	name			M.I.	School district num	Der See page 43 1421
page 5		_ Head of household, NOT married (see page 12).	ii iiidii	ried, fill in a above and f				Special	
See	L	_ Head of household, married (see page 12).						Form 804 filed with	n return (see page 9)
	Use BLACK Ink • Print numbers like this $\rightarrow 0/23456789$ Not like this $\rightarrow 0/23456789$								NO COMMAS; NO CENTS
	1 Federal adjusted gross income (see page 12) 1						78086.00		
		Form W-2 wages included in lin	e1			🕨		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 fro	.00						
	5	Subtract line 4 from line 3. This is	your Wisco	onsin inc	ome			5	78086.00
	6	Standard deduction. See table or	page 34,	OR 🔻				6	3573.00
	If someone else can claim you (or your spouse) as a dependent, see page 14 and check here								
	7	7 Subtract line 6 from line 5. If line 6 is larger than line 5, fill in 0						74513.00	
	8	Exemptions (Caution: See page	14)						
e Ø		a Fill in exemptions allowed			1	x \$700)8	Ba 700 .00	
t her		b Check if 65 or older You	+ Sp	ouse =		x \$250) 8	3b .00	
vmen		c Add lines 8a and 8b						8c	700.00
CLIP payment here	9	Subtract line 8c from line 7. If line 8	3c is larger	than line	e 7, fill ir	0. This	is taxa	able income 9	73813.00
СLI	10	Tax (see table on page 36)							4110.00



I-010i (R. 02-21)

2020	Form 1 Name SHIVA SAI KRISHNA MALLARAPU	SSN 838011886	U
			<u>NO</u> COMMAS; <u>NO</u> 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 C Find credit from	0.2.6	
		a 236 .00	
	b Property taxes paid on home in 2020 find credit from table page 19 . 13	.00. db	
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		236.00
19	Subtract line 18 from line 10. If line 18 is larger than line 10, fill in 0. This is y	our net tax 19	3874.00
20	Sales and use tax due on internet, mail order, or other out-of-state purchas		
	If you certify that no sales or use tax is due, check here	······ • <u>x</u>	
21	Donations (decreases refund or increases amount owed)		
	a Endangered resources00 e Military family relief	00	
	b Cancer research	mer00	
	c Veterans trust fund00 g Red Cross WI Disaster Re	elief .00	
	d Multiple sclerosis	nsin00	
	Total (add lines a	through h) 🕨 21i	.00
22	Penalties on IRAs, retirement plans, MSAs, etc. (see page 24)	.00 x .33 = 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	
	2020 estimated tax payments and amount applied from 2019 return 26		
27	Earned income credit. Number of qualifying children		
21	Federal	.00	
28	Farmland preservation credit. a Schedule FC, line 17		
20			
	b Schedule FC-A, line 13 28		
29	Repayment credit (see page 26) 29	.00	



2020) Form 1							Pa	ge 3 of 4
Nan	ne(s) shown	on Form 1				Y	our social se	curity number	
SI	HIVA S	SAI KRI	SHNA MALLA	ARAPU		8	338011	886	
						·	<u>NO</u> CC	OMMAS; <u>NC</u>	CENTS
30	Homest	ead credit.	Enclose Schedul	e H or H-EZ	30	.00			
31	Eligible	veterans a	nd surviving spou	ses property tax cr	edit 31	.00			
32	Refunda	able credits	from Schedule CR,	line 40. Enclose Sche	edule CR 32	.00			
33	AMEND	ED RETUR	N ONLY-Amount	s previously paid (se	e page 29) 33	.00			
34	Add line	es 25 throug	gh 33		34	4910 .00			
35	AMEND	ED RETUR	N ONLY-Amounts	previously refunded (se	ee page 30) 35	.00			
36	Subtrac	t line 35 fro	om line 34				36	4	910.00
37				act line 24 from line			37	1	036.00
38	Amount	t of line 37 y	you want REFUN				38	1	036.00
39	Amount APPLIE	t of line 37 y ED TO YOU	you want I R 2021 ESTIMA T	TED TAX	39	0.00			
40	If line 30 This is t	6 is smaller the AMOUN	than line 24, sub NT YOU OWE . P	tract line 36 from lir aper clip payment to	ne 24. o front of return .		40		.00
41			rest. Fill in excepti e 40 (see page 31)		41	.00			
Thi Pai Des		you want to al Designee's name ▶	·	o discuss this return with	n the department <i>(see</i> Phone no. ▶	page 32)? Yes Personal identifica number (ition	e following.	X No

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

$\mathbf{\nabla}$	Under penalties of law,	I declare that this return and all attachments are true, correct,	and complete to the	he 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



NO COMMAS; NO CENTS

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	.00
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		.00
3	Gifts to charity from federal Schedule A (Form 1040 or 1040-SR). See instructions for exceptions	3	.00
4	Casualty losses from federal Schedule A (Form 1040 or 1040-SR)	. 4	.00
5	Add lines 1 through 4	. 5	.00
6	Fill in your standard deduction from line 6 on page 1 of Form 1	. 6	.00
7	Subtract line 6 from line 5. If line 6 is more than line 5, fill in 0	. 7	0.00
8	Rate of credit is .05 (5%)	. 8	x .05
9	Multiply line 7 by line 8. Fill in here and on line 11 on page 2 of Form 1	. 9	.00

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
<u>1</u>	Taxable wages, salaries, tips, and other employee compensation. Do NOT include deferred compensation, interest, dividends, pensions, unemployment compensation, or other unearned income 1	.00		.00
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	.00		.00
3	Combine lines 1 and 2. This is earned income	.00		.00
<u>4</u>	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	.00		.00
5	Subtract line 4 from line 3. This is qualified earned income. If less than zero, fill in 0	.00		.00
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	.00	
7	Rate of credit is .03 (3%).		x .03	
8	Multiply line 6 by line 7. Fill in here and on line 15 on page 2 of Form 1		.00	Do not fill in more than \$480.



Schedule

Wisconsin

Department of Revenue

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

Enclose with Wisconsin Form 1 or Form 1NPR

Your social security number

2020

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

SHIVA SAI KRISHNA MALLARAPU

,	
838011886	
0000110000	

PART I – Federal Adjusted Gross Income

(Read instructions before completing Schedule I)

<u>1</u>	Fil	I in your 2020 federal adjusted gross income from line 11 of federal Form	1040 or 1040	-SR1	76086.00
2	Ad	lditions (enter all amounts as positive numbers):			
	а	Deduction for tuition and fees	2a	2000.00	
	b	Discharge of indebtedness on principal residence			
	с	Federal depreciation and sec. 179 expense			
	d	Federal capital losses from line 7 of federal Form 1040 or 1040-SR	2d	.00	
	e	Federal ordinary losses from line 4 of federal Schedule 1 (Form 1040 or 1040-SR)		.00	
	<u>f</u>	Wisconsin capital gains from line 7 of revised federal Form 1040 or 1040-SR	2f	.00	
	<u>g</u>	Wisconsin ordinary gains from line 4 of revised federal Schedule 1 (Form 1040 or 1040-SR)	2g	.00	
	<u>h</u>	Other	2h	.00	
	į	Other	2i	.00	
	j	Other	2ј	.00	
	<u>k</u>	Total additions - Add lines 2a through 2j		2k	2000.00
<u>3</u>	Ad	ld lines 1 and 2k (see instructions)			78086.00
4	Su	btractions (enter all amounts as positive numbers):			
	<u>a</u>	Health savings account adjustment	4a	.00	
	b	Wisconsin depreciation and sec. 179 expense	4b	.00	
	<u>c</u>	Wisconsin capital losses from line 7 of revised federal Form 1040 or 1040-SR	4c	.00	
	<u>d</u>	Wisconsin ordinary losses from line 4 of revised federal Schedule 1 (Form 1040 or 1040-SR)	4d	.00	
	<u>e</u>	Federal capital gains from line 7 of federal Form 1040 or 1040-SR \ldots	4e	.00	
	f	Federal ordinary gains from line 4 of federal Schedule 1 (Form 1040 or			
		1040-SR)	4f		
	<u>g</u>	Other	4g		
	<u>h</u>	Other	4h		
	į	Other	4i	.00	
	j	Total subtractions - Add lines 4a through 4i		4j	.00
<u>5</u>	(se Fo	deral adjusted gross income as computed under the Internal Revenue Co ee instructions to determine the amount to fill in on line 5). Fill in here and rm 1 or line 32 of Form 1NPR. (Note: The above figures must also be u and B for each of the lines 1 through 30 of Form 1NPR)	on line 1 of W sed to compl	/isconsin ete Columns	78086.00



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	Ad	justments:		COL. I	COL. II Amount determined
		Description	-	Amount per 2020 federal return	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
	d	Other (explain)	1d _	.00	.00
	e	Other (explain)	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).

#