

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	8,721.
17	Amount from Schedule 2, line 3	17	0.
18	Add lines 16 and 17	18	8,721.
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	8,721.
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	8,721.
25	Federal income tax withheld from:		
a	Form(s) W-2	25a	11,710.
b	Form(s) 1099	25b	
c	Other forms (see instructions)	25c	
d	Add lines 25a through 25c	25d	11,710.
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	1,800.
31	Amount from Schedule 3, line 13	31	
32	Add lines 27 through 31. These are your total other payments and refundable credits	32	1,800.
33	Add lines 25d, 26, and 32. These are your total payments	33	13,510.

Refund

34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid	34	4,789.
35a	Amount of line 34 you want refunded to you . If Form 8888 is attached, check here <input type="checkbox"/>	35a	4,789.
b	Routing number 075911988	c Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings	
d	Account number 2600229203		
36	Amount of line 34 you want applied to your 2021 estimated tax	36	

Amount You Owe

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 DEVOPS 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.)
Phone no.	Email address		

Paid Preparer Use Only

Preparer's name SYAM PRIYA RAM SAGAR GUPTA TALLAM	Preparer's signature SYAM PRIYA RAM SAGAR GUPTA TALLAM	Date 03/01/2021	PTIN P02082703	Check if: <input type="checkbox"/> Self-employed
Firm's name GLOBAL TAXES LLC	Firm's address 2530 Pebble Creek Ln Cumming GA 30041			Phone no. (678) 965-9522
Firm's EIN				30-1017196

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

**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
DINESH SOBITHA RAJ CHITRA L

Your social security number
703-31-5394

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	
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	

SCHEDULE D
(Form 1040)

Capital Gains and Losses

OMB No. 1545-0074

2020

Attachment
Sequence No. **12**

Department of the Treasury
Internal Revenue Service (99)

▶ **Attach to Form 1040, 1040-SR, or 1040-NR.**
▶ **Go to www.irs.gov/ScheduleD for instructions and the latest information.**
▶ **Use Form 8949 to list your transactions for lines 1b, 2, 3, 8b, 9, and 10.**

Name(s) shown on return
DINESH SOBITHA RAJ CHITRA L

Your social security number
703-31-5394

Did you dispose of any investment(s) in a qualified opportunity fund during the tax year? Yes No
If "Yes," attach Form 8949 and see its instructions for additional requirements for reporting your gain or loss.

Part I Short-Term Capital Gains and Losses—Generally Assets Held One Year or Less (see instructions)

See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part I, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
1a Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b .				
1b Totals for all transactions reported on Form(s) 8949 with Box A checked	3,512.	3,214.	257.	555.
2 Totals for all transactions reported on Form(s) 8949 with Box B checked				
3 Totals for all transactions reported on Form(s) 8949 with Box C checked				
4 Short-term gain from Form 6252 and short-term gain or (loss) from Forms 4684, 6781, and 8824				4
5 Net short-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1				5
6 Short-term capital loss carryover. Enter the amount, if any, from line 8 of your Capital Loss Carryover Worksheet in the instructions				6 ()
7 Net short-term capital gain or (loss). Combine lines 1a through 6 in column (h). If you have any long-term capital gains or losses, go to Part II below. Otherwise, go to Part III on the back				7 555.

Part II Long-Term Capital Gains and Losses—Generally Assets Held More Than One Year (see instructions)

See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part II, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
8a Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b .				
8b Totals for all transactions reported on Form(s) 8949 with Box D checked				
9 Totals for all transactions reported on Form(s) 8949 with Box E checked				
10 Totals for all transactions reported on Form(s) 8949 with Box F checked				
11 Gain from Form 4797, Part I; long-term gain from Forms 2439 and 6252; and long-term gain or (loss) from Forms 4684, 6781, and 8824				11
12 Net long-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1				12
13 Capital gain distributions. See the instructions				13
14 Long-term capital loss carryover. Enter the amount, if any, from line 13 of your Capital Loss Carryover Worksheet in the instructions				14 ()
15 Net long-term capital gain or (loss). Combine lines 8a through 14 in column (h). Then, go to Part III on the back				15

Part III Summary

16	Combine lines 7 and 15 and enter the result	16	555.
	<ul style="list-style-type: none"> • If line 16 is a gain, enter the amount from line 16 on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 17 below. • If line 16 is a loss, skip lines 17 through 20 below. Then, go to line 21. Also be sure to complete line 22. • If line 16 is zero, skip lines 17 through 21 below and enter -0- on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 22. 		
17	Are lines 15 and 16 both gains? <input type="checkbox"/> Yes. Go to line 18. <input checked="" type="checkbox"/> No. Skip lines 18 through 21, and go to line 22.		
18	If you are required to complete the 28% Rate Gain Worksheet (see instructions), enter the amount, if any, from line 7 of that worksheet ▶	18	
19	If you are required to complete the Unrecaptured Section 1250 Gain Worksheet (see instructions), enter the amount, if any, from line 18 of that worksheet ▶	19	
20	Are lines 18 and 19 both zero or blank and are you not filing Form 4952? <input type="checkbox"/> Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Forms 1040 and 1040-SR, line 16. Don't complete lines 21 and 22 below. <input type="checkbox"/> No. Complete the Schedule D Tax Worksheet in the instructions. Don't complete lines 21 and 22 below.		
21	If line 16 is a loss, enter here and on Form 1040, 1040-SR, or 1040-NR, line 7, the smaller of: <ul style="list-style-type: none"> • The loss on line 16; or • (\$3,000), or if married filing separately, (\$1,500) } 	21	()
	Note: When figuring which amount is smaller, treat both amounts as positive numbers.		
22	Do you have qualified dividends on Form 1040, 1040-SR, or 1040-NR, line 3a? <input checked="" type="checkbox"/> Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Forms 1040 and 1040-SR, line 16. <input type="checkbox"/> No. Complete the rest of Form 1040, 1040-SR, or 1040-NR.		

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

DINESH SOBITHA RAJ CHITRA L

703-31-5394

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	131, PARAKKANI VLAI KAKKAVILAI, PALAPALLAM TAMILNADU IN 629159				
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		550.		
4	Royalties received	4				
Expenses:						
5	Advertising	5				
6	Auto and travel (see instructions)	6				
7	Cleaning and maintenance	7		1,120.		
8	Commissions.	8				
9	Insurance	9				
10	Legal and other professional fees	10				
11	Management fees	11		1,550.		
12	Mortgage interest paid to banks, etc. (see instructions)	12				
13	Other interest.	13				
14	Repairs.	14		1,100.		
15	Supplies	15		1,200.		
16	Taxes	16				
17	Utilities	17		1,220.		
18	Depreciation expense or depletion	18				
19	Other (list) ▶	19				
20	Total expenses. Add lines 5 through 19	20		6,190.		
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		550.		
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		6,190.		
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

Keep for your records

Name(s) shown on return
DINESH SOBITHA RAJ CHITRA L

Social Security No.
703-31-5394

General Information:

Property description 131, PARAKKANI VLAI, KAKKAVILAI
Property type . . 3 Vacation/Short-term If type is other, enter a description . .
Location (street address) 131, PARAKKANI VLAI
City KAKKAVILAI, PALAPALLAM State ZIP code
If a foreign address: Foreign province or state . . TAMILNADU
Foreign postal code 629159 Foreign country India

Complete For All Properties:

Did you make any payments that would require you to file Form(s) 1099? Yes [] No [X]
If yes, did you or will you file all required Form(s) 1099? Yes [] No []

Complete For All Rental Properties:

Days rented at fair rental value 365 Days of personal use 0

Check All That Apply:

- A Owned by spouse [] B Owned jointly []
C Active participation [X] D Material participation []
E Qualified joint venture [] F Some investment is not at risk []
G Other passive exceptions [] H Complete taxable disposition - See Help []
I Treat all MACRS assets for this activity as qualified Indian reservation property? . . Yes [] No [X]
J Treat all assets acquired after August 27, 2005 as qualified GO Zone property? . . Regular [] Extension [] No [X]
K Treat all assets acquired after May 4, 2007 as qualified Kansas Disaster Zone property? . . Yes [] No [X]
L Was this activity located in a Qualified Disaster Area? Yes [] No [X]
M Check this box if filing this Schedule E as an LLC in CA or TX []

Ownership Percentage:

- N Check to allocate income and expenses using ownership percentage []
O Enter ownership percentage %

Owner-Occupied Rentals:

- P Check to allocate personal use items to Schedule A []
Q Percentage of rental use %

Vacation Home or Property with Personal Use Days:

- R Check to allocate interest and taxes using the Tax Court Method []
S Number of days property owned if less than the entire year

Property Location

131, PARAKKANI VLAI, KAKKAVILAI, PALAPALLAM, TAMILNADU, 629159, India

Income		% if Different	Total
3 Enter rental income (not reported elsewhere)	550.		
Rental income from Form 1099-MISC			
Rental income from Form 1099-K			
Rental Income from Cancellation of Debt Wks			
Total rents received	550.	100.000000	550.
4 Enter royalties received (not reported elsewhere) .			
Royalty income from Form 1099-MISC			
Royalty income from Form 1099-K			
Royalty Income from Cancellation of Debt Wks			
Royalty Income from Schedule K-1			
Total royalties received			

Expenses	(a) Total	(b) Enter % if not 100.00	(c) Reported On Schedule E	(d) Vacation Home Loss Limitation	(e) Allocated to Personal use
5 Advertising					
6 a Auto					
b Travel					
7 Cleaning and maint	1,120.		1,120.		
8 Commissions					
9 a Mort insur qualified					
From Form 1098 import					
Total mort insur qual					
b Other Insurance					
10 Legal & other prof fees					
11 Management fees	1,550.		1,550.		
12 a Mortgage int qualified					
From Form 1098 import					
Total mort int qualified					
b Mort int other					
From Form 1098 import					
Total mort int other					
13 Other interest					
14 Repairs	1,100.		1,100.		
15 Supplies	1,200.		1,200.		
16 a Real estate taxes					
From Form 1098 import					
Total real estate taxes					
b Other taxes					
17 Utilities	1,220.		1,220.		
18 a Depreciation					
b Depletion					
c Depreciation carryover					
19 Other expenses					
a					
b					
c					
d					
e Indirect operating exp					
f Operating exp carryover					
g Vehicle rental					
h Amortization					
20 Add lines 5 through 19	6,190.		6,190.		
21 Income or (loss)			-5,640.		
22 Deductible rental real estate loss			-5,640.		

Nonresident & part-year resident Wisconsin income tax

For the year Jan. 1-Dec. 31, 2020, or other tax year beginning _____, 2020 ending _____, 20__.

Check here if this is an amended return

Complete form using BLACK INK

NOTE

DO NOT STAPLE

PAPER CLIP withholding statements here

Form with fields for: Your legal last name (SOBITHA RAJ CHITRA L), Legal first name (DINESH), M.I., Your social security number (703315394), Home address (150 COBIA DR), Apt. no. (4101), City (KATY), State (TX), Zip code (77494), Filing status (Single), Tax district (MENOMONEE FALLS), County of (WAUKESHA), School district number (6174), Special conditions.

Resident status Check the status that applies

- You Spouse
Full-year resident of Wisconsin
Nonresident of Wisconsin; state of residence (2-letter state abbreviation)
Part-year resident of Wisconsin from 01 01 20 to 08 22 20

Note: Complete residence questionnaire, page 61.



PAPER CLIP check or money order here

1-0501 (R. 01-21)

Table with columns: Income, Print numbers like this (0123456789), NO COMMAS NO CENTS, A. Federal column, B. Wisconsin column. Rows include Wages, salaries, tips, etc. (76251.00 / 45427.00), Taxable interest (.00 / 0.00), Ordinary dividends (5.00 / 0.00), etc.

Adjustments to Income

	A. Federal column	B. Wisconsin column
17 Educator expenses (see page 25) . . . . .	.00	.00
18 Certain business expenses of reservists, performing artists, and fee-basis government officials (see page 25) . . . . .	.00	.00
19 Health savings account deduction (see page 26) . . . . .	.00	.00
20 Moving expenses for members of the Armed Forces (see page 26) . . . . .	.00	.00
21 Deductible part of self-employment tax (see page 26) . . . . .	.00	.00
22 Self-employed SEP, SIMPLE, and qualified plans (see page 26) . . . . .	.00	.00
23 Self-employed health insurance deduction (see page 27) . . . . .	.00	.00
24 Penalty on early withdrawal of savings (see page 28) . . . . .	.00	0.00
25 Alimony paid (see page 28) . . . . .	.00	.00
26 IRA deduction (see page 29) . . . . .	.00	.00
27 Student loan interest deduction (see page 29) . . . . .	.00	.00
28 Tuition and fees (see page 29)	Not deductible for Wisconsin	
29 Other adjustments (see page 29). Enclose Schedule M if line 29b has an amount . . . . .	.00	.00
30 Total adjustments to income. Add lines 17 through 29 . . . . .	.00	0.00

Adjusted Gross Income

31 Wisconsin income. Subtract line 30, column B from line 16, column B		45982.00
32 Federal income. Subtract line 30, column A from line 16, column A	71171.00	
33 Divide line 31 by line 32. Carry the decimal to four places. If amount on line 31 is more than amount on line 32, fill in 1.0000. (See page 30) . . . . .		.6461

Tax Computation

34 Fill in the larger of Wisconsin income from line 31, column B or federal income from line 32, column A. But , if Wisconsin income from line 31 is zero or less, fill in 0 (zero)	34	71171.00
35a If you (or your spouse) can be claimed as a dependent on anyone else's return, check here and see the "Exception" in the instructions for line 35c on page 31	35a	<input type="checkbox"/>
35b Aliens (see page 31 to determine if you must check line 35b)	35b	<input type="checkbox"/>
35c Find the standard deduction for amount on line 32 using table on page 50	35c	4413.00
36 Subtract line 35c from line 34. If line 35c is more than line 34, fill in 0 (zero)	36	66758.00
37 Exemptions (Caution: see page 31)		
a Fill in exemptions allowed <u>1</u> x \$700	37a	700.00
b Check if 65 or older <input type="checkbox"/> You + <input type="checkbox"/> Spouse = <u> </u> x \$250	37b	.00
c Add lines 37a and 37b	37c	700.00
38 Subtract line 37c from line 36. If line 37c is more than line 36, fill in 0 (zero)	38	66058.00
39 Tax (see table on page 52)	39	3621.00
40 Itemized deduction credit. Complete Schedule 1 (page 4, Form 1NPR)	40	.00
41 School property tax credits (part-year and full-year residents only)		
a Rent paid in 2020—heat included <u>.00</u> } Find credit from table page 35	41a	194.00
Rent paid in 2020—heat not included <u>6400.00</u> }		
b Property taxes paid on home in 2020 <u>.00</u> } Find credit from table page 36	41b	.00
42 Add credits on lines 40, 41a, and 41b	42	194.00
43 Subtract line 42 from line 39. If line 42 is more than line 39, fill in 0 (zero)	43	3427.00
44 Fill in ratio from line 33	44	.6461
45 Multiply line 43 by ratio on line 44	45	2214.00



Name(s) shown on Form 1NPR DINESH SOBITHA RAJ CHITRA L	Your social security number 703315394
--	---

46	Fill in amount from line 45	46	2214.00
47	Armed forces member credit. (Full-year Wisconsin residents only)	47	.00
48	Working families tax credit. (Full-year Wisconsin residents only)	48	.00
49	Married couple credit. Complete Schedule 2 (page 4, Form 1NPR)	49	.00
50	Nonrefundable credits from Schedule CR, line 34. Enclose Schedule CR	50	.00
51	Net income tax paid to another state. Enclose Schedule OS . []	51	.00
52	Add lines 47 through 51	52	.00
53	Subtract line 52 from line 46. If line 52 is more than line 46, fill in 0 (zero). This is your net tax .	53	2214.00
54	Sales and use tax due on internet, mail order, or other out-of-state purchases (see page 39) . .	54	.00
	If you certify that no sales or use tax is due, check here <input checked="" type="checkbox"/> X		
55	Donations (decreases refund or increases amount owed)		
	a Endangered resources	e Military family relief . . . . .	.00
	b Cancer research	f Second Harvest/Feeding Amer. . . . .	.00
	c Veterans trust fund	g Red Cross WI Disaster Relief . . . . .	.00
	d Multiple sclerosis	h Special Olympics Wisconsin . . . . .	.00
	Total (add lines a through h) . . . →		55i .00
56	Penalties on IRAs, other retirement plans, MSAs, etc. (see page 41) ▶	56	.00
57	Other penalties (see page 41)	57	.00
58	Add lines 53 through 57	58	2214.00

Payments and Credits

59	Wisconsin income tax withheld. Enclose readable withholding statements .	59	2704.00
60	2020 Wisconsin estimated tax paid and amount applied from 2019 return .	60	.00
61	Earned income credit. (Full-year Wisconsin residents only)		
	Number of qualifying children ▶		
	Federal credit ▶	61	.00
62	Farmland preservation credit. a. Schedule FC, line 17 62a .00		
	b. Schedule FC-A, line 13	62b	.00
63	Repayment credit	63	.00
64	Homestead credit. (Full-year Wisconsin residents only)	64	.00
65	Eligible veterans and surviving spouses property tax credit	65	.00
66	Refundable credits from Schedule CR, line 40	66	.00
67	AMENDED RETURN ONLY – amount previously paid (see page 47)	67	.00
68	Add lines 59 through 67	68	2704.00
69	AMENDED RETURN ONLY – amount previously refunded (see page 47) .	69	.00
70	Subtract line 69 from line 68	70	2704.00

NOTE: You must use your 2020 earned income (see page 43).



Refund or Amount You Owe

Table with 2 columns: Line number and Amount. Rows include: 71 If line 70 is more than line 58, subtract line 58 from line 70. This is the AMOUNT OVERPAID . . . 71 490.00; 72 Amount of line 71 you want REFUNDED TO YOU . . . 72 490.00; 73 Amount of line 71 to be APPLIED TO YOUR 2021 ESTIMATED TAX . . . 73 0.00; 74 If line 70 is less than line 58, subtract line 70 from line 58 . . . This is the AMOUNT YOU OWE 74 .00; 75 Underpayment interest. Fill in exception code - see Sch. U -> [] 75 .00

Third Party Designee Do you want to allow another person to discuss this return with the department (see page 49)? [] Yes Complete the following. [X] No
Designee's name Phone no. Personal identification number (PIN)

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.

Sign here Your signature Spouse's signature (if filing jointly, BOTH must sign) Date

Mail your return to: Wisconsin Department of Revenue
(if tax is due) (if refund or no tax due)
PO Box 268 PO Box 59
Madison WI 53790-0001 Madison WI 53785-0001

Schedule 1 - Wisconsin Itemized Deduction Credit (see line 40 instructions)

Table with 2 columns: Line number and Amount. Rows include: 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). See instructions for exceptions . . . 2 .00; 3 Gifts to charity from federal Schedule A (Form 1040, 1040-SR, or 1040NR). See instructions for exceptions . . . 3 .00; 4 Casualty losses from federal Schedule A (Form 1040, 1040-SR, or 1040NR) . . . 4 .00; 5 Add lines 1 through 4 . . . 5 .00; 6 Wisconsin standard deduction from Form 1NPR, line 35c . . . 6 .00; 7 Subtract line 6 from line 5. If line 6 is more than line 5, fill in 0 (zero) . . . 7 .00; 8 Rate of credit is .05 (5%) . . . 8 x .05; 9 Multiply line 7 by line 8. Fill in here and on line 40 of Form 1NPR . . . 9 .00

Schedule 2 - Married Couple Credit May be claimed only when both spouses have earned income taxable by Wisconsin.

Table with 3 columns: Line number, (A) YOURSELF, and (B) YOUR SPOUSE. Rows include: 1 Wages, salaries, tips, etc., included in column B of line 1 on Form 1NPR. Do not include deferred compensation (even though reported on a W-2) or taxable scholarships or fellowships not reported on a W-2 . . . 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 included in column B on Form 1NPR . . . 2 .00 .00; 3 Combine lines 1 and 2. This is your total Wisconsin earned income . . . 3 .00 .00; 4 Add amounts on Form 1NPR, lines 18, 22, 26, and 29, column B. Fill in the total of these adjustments that apply to your or your spouse's earned income . . . 4 .00 .00; 5 Subtract line 4 from line 3. This is your qualified earned income . . . 5 .00 .00; 6 Compare the amount 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 .00; 7 Rate of credit is .03 (3%) . . . 7 x .03; 8 Multiply line 6 by line 7. Round the result and fill in here and on line 49 of Form 1NPR. Do not fill in more than \$480. . . . 8 .00



Legal Residence (Domicile) Questionnaire

Your answers to these questions will be used to determine your legal residence. Certain types of income are either taxable or nontaxable to Wisconsin based upon whether you were a legal resident of Wisconsin at the time you received such income. Form 1NPR may be returned to you or its processing delayed if the questionnaire is not completed. If the questionnaire does not fit your situation or you want to submit additional information, enclose an additional sheet describing your particular circumstances.

NAME(S) DINESH SOBITHA RAJ CHITRA L SOCIAL SECURITY NUMBER 703315394

Please one: (If married filing joint return check one box for each spouse.)

You Spouse

- Full-year Wisconsin resident; did not change domicile from Wisconsin during 2020.
- Changed legal residence from Wisconsin during 2020; have not moved back to Wisconsin.
- Changed legal residence from Wisconsin during or before 2020; have moved back to Wisconsin.
- Changed legal residence to Wisconsin from _____ (state or country) on _____ (date) during 2020; no previous Wisconsin residency. If you check this box, do not complete the rest of the questionnaire.
- Was a nonresident of Wisconsin for all of 2020. Resident of _____ (Nonresident alien; please indicate country)

If you changed your legal residence from Wisconsin during 2019 or 2020 and you did not previously complete a questionnaire for that change, answer the following questions.

1. a. On what date did you move from Wisconsin? _____
b. When you moved from Wisconsin, did you intend to move back to Wisconsin? _____ If yes, when? _____
c. If you moved back to Wisconsin, indicate date and explain the circumstances under which you moved back to Wisconsin. _____
2. Did you establish a legal residence in another state? _____ If yes, in which state and on what date? _____
3. After establishing legal residency in the new state, list the dates you were in Wisconsin. _____
4. When were you physically present in your new state of legal residence (please list dates)? _____
5. Did your spouse and dependent children (if any) move to your new state of legal residence? _____ If yes, when? _____
6. a. On what date did you begin working in your new state of legal residence? _____
b. Was your job permanent, temporary, or seasonal? Check one and explain _____
7. In your new state of legal residence, referred to in question 2, did you:
 - a. Register to vote? _____ If yes, when? _____ If no, why not? _____
 - b. Purchase a home? _____ If yes, when? _____ If no, why not? _____
 - c. Obtain a driver's license? _____ If yes, when? _____ If no, why not? _____
 - d. Register an auto or other vehicle? _____ If yes, when? _____ If no, why not? _____
 - e. File resident income tax returns? _____ If yes, what years filed? _____ If no, why not? _____
8. Since changing your legal residence from Wisconsin, have you:
 - a. Performed services for income in Wisconsin? _____ If yes, when? _____
 - b. Purchased/renewed Wisconsin auto license plates? _____ If yes, when? _____
 - c. Renewed a Wisconsin driver's license? _____ If yes, when? _____
 - d. Voted in Wisconsin, in person or by absentee ballot? _____ If yes, when? _____
 - e. Attended or sent your children to Wisconsin schools? _____ If yes, when? _____
 - f. Purchased a Wisconsin resident hunting, fishing, or trapping license? _____ If yes, when? _____
Type of license? _____ County purchased in? _____
 - g. Listed Wisconsin as your state of legal residence for purposes of your auto insurance? _____
 - h. Listed Wisconsin as your state of legal residence for purposes of your will? _____
 - i. Listed Wisconsin as your state of legal residence for purposes of any legal proceedings? _____ If yes, when? _____
 - j. Obtained or renewed any Wisconsin trade or professional licenses or union memberships? _____ If yes, when? _____
9. If you answered "yes" to any of the questions 8a through 8j, please explain why you have taken such action. _____
10. Did you or your spouse own the real estate you occupied as your home while living in Wisconsin? _____ If yes, have you disposed of it? _____ If yes, when? _____ If you still own the Wisconsin home, what use do you make of it and how often? _____
11. If you established a legal residence in a new state but are using a Wisconsin address on your 2020 tax returns, please explain. _____

Schedule WD

Wisconsin
Department of Revenue

Capital Gains and Losses

◆ Enclose with Wisconsin Form 1 or 1NPR ◆

2020

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

DINESH SOBITHA RAJ CHITRA L

Your social security number

703-31-5394

Part I Short-Term Capital Gains and Losses – Assets Held One Year or Less

Note: Round all amounts (use a minus sign (-) for negative amounts)	(d) Proceeds (sales price)	(e) Cost or other basis	(g) Adjustments to gain or loss from Form(s) 8949, Part I, line 2, column (g)	(h) Gain or loss Subtract column (e) from column (d) and combine the result with column (g)
1a Amount from line 1a of Schedule D	.00	.00		.00
1b Amount from line 1b of Schedule D	3512.00	3214.00	257.00	555.00
2 Amount from line 2 of Schedule D	.00	.00	.00	.00
3 Amount from line 3 of Schedule D	.00	.00	.00	.00
4 Short-term gain from Form 6252 and short-term gain or loss from Forms 4684, 6781, and 8824			4	.00
5 Net short-term gain or loss from partnerships, S corporations, estates, and trusts from Schedule(s) K-1			5	.00
6 Adjustment from Wisconsin Schedule T (see Basis Difference in instructions)			6	.00
7 Short-term capital loss carryover from 2019 Wisconsin Schedule WD, line 34. Enter amount as a negative number			7	.00
8 Net short-term capital gain or loss. Combine lines 1a through 7 in column (h)			8	555.00

Part II Long-Term Capital Gains and Losses – Assets Held More Than One Year

Note: Round all amounts (use a minus sign (-) for negative amounts)	(d) Proceeds (sales price)	(e) Cost or other basis	(g) Adjustments to gain or loss from Form(s) 8949, Part II, line 2, column (g)	(h) Gain or loss Subtract column (e) from column (d) and combine the result with column (g)
9a Amount from line 8a of Schedule D	.00	.00		.00
9b Amount from line 8b of Schedule D	.00	.00	.00	.00
10 Amount from line 9 of Schedule D	.00	.00	.00	.00
11 Amount from line 10 of Schedule D	.00	.00	.00	.00
12 Gain from Form 4797, Part I; long-term gain from Forms 2439 and 6252; and long-term gain or loss from from Forms 4684, 6781, and 8824				12 .00
13 Net long-term gain or loss from partnerships, S corporations, estates, and trusts from Schedule(s) K-1				13 .00
14 Capital gain distributions				14 .00
15 Adjustment from Wisconsin Schedule T (see Basis Difference in instructions)				15 .00
15a Adjustment from Wisconsin Schedule QI. Enter amount as a negative number				15a .00
16 Long-term capital loss carryover from 2019 Wisconsin Schedule WD, line 39. Enter amount as a negative number				16 .00
17 Net long-term capital gain or loss. Combine lines 9a through 16 in column (h)				17 .00

Go on to Part III →



Name DINESH SOBITHA RAJ CHITRA L	Social Security Number 703-31-5394
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Part III Summary of Parts I and II (see instructions) - use a minus sign (-) for negative amounts.

18 Combine lines 8 and 17, and fill in the net gain or loss here (if line 18 is a loss, go to line 28)	18	555.00
19 Fill in the smaller of line 17 or 18, or -0- if a loss or no entry on line 17	19	0.00
20 Fill in 30% of line 19	20	0.00
21 Fill in the amount of long-term capital gain from the sale of farm assets listed on Form 8949 and taxable to Wisconsin plus gain from the sale of farm assets that is included on line 12 or 13 of Schedule WD. If zero, skip lines 22 through 25 and fill in the amount from line 20 on line 26	21	.00
22 Gain included in line 17. Do not include any losses in this amount	22	.00
23 Divide line 21 by line 22. Carry the decimal to 4 places	23	
24 Multiply line 19 by the decimal amount on line 23	24	.00
25 Fill in 30% of line 24	25	.00
26 Add lines 20 and 25	26	0.00
27 Subtract line 26 from line 18	27	555.00
28 If line 18 shows a loss, fill in the smaller of:		
(a) The loss on line 18,		
(b) \$500, or		
(c) Wisconsin ordinary income (see instructions)	28	.00

Note: When figuring whether a, b, or c is smaller, treat all numbers as if they are positive. If filing Form 1, complete Part IV. If filing Form 1NPR, fill in amount from line 27 or 28 on line 7, column B, of Form 1NPR.

Part IV Computation of Wisconsin Adjustment to Income (Do not complete this part if you are filing on Form 1NPR)

29 Adjustment (see instructions for Part IV and Schedule I adjustments)		
a Fill in gain from line 7 of federal Form 1040 or 1040-SR, or gain from line 2f of Schedule I, if filed (if a loss, fill in -0-)	29a	555.00
b Fill in gain from Part III, line 27, (if blank, fill in -0-)	29b	.00
c If line 29b is more than 29a, subtract line 29a from line 29b. Fill in amount on line 2 of Schedule AD (Form 1)	29c	.00
d If line 29b is less than 29a, subtract line 29b from line 29a. Fill in amount on line 5 of Schedule SB (Form 1)	29d	.00
e Fill in loss from line 7 of federal Form 1040 or 1040-SR, as a positive amount or the loss from line 4c of Schedule I, if filed (if a gain, fill in -0-)	29e	0.00
f Fill in loss from Part III, line 28 as a positive amount	29f	.00
g If line 29f is more than 29e, subtract line 29e from line 29f. Fill in amount on line 5 of Schedule SB (Form 1)	29g	.00
h If line 29f is less than 29e, subtract line 29f from line 29e. Fill in amount on line 2 of Schedule AD (Form 1)	29h	.00

Part V Computation of Capital Loss Carryovers from 2020 to 2021 (Complete this part if the loss on line 18 is more than the loss on line 28.)

30 Fill in loss shown on line 8 as a positive amount. If none, fill in -0- and skip lines 31 through 34	30	.00
31 Fill in gain shown on line 17. If that line is blank or shows a loss, fill in -0-	31	.00
32 Subtract line 31 from line 30	32	.00
33 Fill in the smaller of line 28 or line 32, treating both as positive amounts	33	.00
34 Subtract line 33 from line 32. This is your short-term capital loss carryover from 2020 to 2021	34	.00
35 Fill in loss from line 17 as a positive amount. If none, fill in -0- and skip lines 36 through 39	35	.00
36 Fill in gain shown on line 8. If that line is blank or shows a loss, fill in -0-	36	.00
37 Subtract line 36 from line 35	37	.00
38 Subtract line 33 from line 28, treating both as positive amounts. (Note: If you skipped lines 31 through 34, fill in amount from line 28 as a positive amount.)	38	.00
39 Subtract line 38 from line 37. This is your long-term capital loss carryover from 2020 to 2021	39	.00

