

Filing Status [X] 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: PRADEEP CHAKRAVARTHY
Last name: ENADULA
Your social security number: 843-81-7615
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.
494 PRAIRIE LANE
Apt. no.: A
City, town, or post office. If you have a foreign address, also complete spaces below.
HUDSON
State: WI
ZIP code: 54016
Foreign country name:
Foreign province/state/county:
Foreign postal code:
Presidential Election Campaign: [ ] You [ ] Spouse

At any time during 2020, did you receive, sell, send, exchange, or otherwise acquire any financial interest in any virtual currency? [ ] Yes [X] 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

Table with 5 columns: (1) First name, Last name, (2) Social security number, (3) Relationship to you, (4) Child tax credit, Credit for other dependents. Includes instructions for dependents.

Main tax calculation table with 15 rows. Includes sections for Attach Sch. B if required, Standard Deduction for, and final taxable income calculation. Total taxable income: 59,886.

For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate 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	8,963.
17	Amount from Schedule 2, line 3	17	
18	Add lines 16 and 17	18	8,963.
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	8,963.
23	Other taxes, including self-employment tax, from Schedule 2, line 10	23	0.
24	Add lines 22 and 23. This is your <b>total tax</b>	24	8,963.
25	Federal income tax withheld from:		
a	Form(s) W-2	25a	10,076.
b	Form(s) 1099	25b	
c	Other forms (see instructions)	25c	
d	Add lines 25a through 25c	25d	10,076.
26	2020 estimated tax payments and amount applied from 2019 return	26	
27	Earned income credit (EIC) <b>NO</b>	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	
31	Amount from Schedule 3, line 13	31	
32	Add lines 27 through 31. These are your <b>total other payments and refundable credits</b>	32	
33	Add lines 25d, 26, and 32. These are your <b>total payments</b>	33	10,076.

• 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 <b>overpaid</b>	34	1,113.
35a	Amount of line 34 you want <b>refunded to you</b> . If Form 8888 is attached, check here <input type="checkbox"/>	35a	1,113.
b	Routing number 072000805		
c	Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings		
d	Account number 375014482747		
36	Amount of line 34 you want <b>applied to your 2021 estimated tax</b>	36	

Amount You Owe

For details on how to pay, see instructions.

37	Subtract line 33 from line 24. This is the <b>amount you owe now</b>	37	
<b>Note:</b> 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 QUALITY ENGINEER	If the IRS sent you an Identity Protection PIN, enter it here (see inst.)
Spouse's signature. If a joint return, <b>both</b> 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 02/26/2021	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

**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](http://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  
PRADEEP CHAKRAVARTHY ENADULA

Your social security number  
843-81-7615

**Part I Additional Income**

<b>1</b>	Taxable refunds, credits, or offsets of state and local income taxes . . . . .	<b>1</b>	
<b>2a</b>	Alimony received . . . . .	<b>2a</b>	
<b>b</b>	Date of original divorce or separation agreement (see instructions) ▶ _____		
<b>3</b>	Business income or (loss). Attach Schedule C . . . . .	<b>3</b>	
<b>4</b>	Other gains or (losses). Attach Form 4797 . . . . .	<b>4</b>	
<b>5</b>	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	<b>5</b>	-5,050.
<b>6</b>	Farm income or (loss). Attach Schedule F . . . . .	<b>6</b>	
<b>7</b>	Unemployment compensation . . . . .	<b>7</b>	
<b>8</b>	Other income. List type and amount ▶ _____	<b>8</b>	
<b>9</b>	Combine lines 1 through 8. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8 . . . . .	<b>9</b>	-5,050.

**Part II Adjustments to Income**

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

**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](http://www.irs.gov/ScheduleE) for instructions and the latest information.

Name(s) shown on return

Your social security number

PRADEEP CHAKRAVARTHY ENADULA

843-81-7615

**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

<b>1a</b>	Physical address of each property (street, city, state, ZIP code)
<b>A</b>	14-122 SARADHA HIGH SCHOOL NEAR KAVAMMA TEMPLE CHILAKALURIPET GUNTUR ANDHRA PRADESH IN 500018
<b>B</b>	
<b>C</b>	

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

<b>Income:</b>		<b>Properties:</b>		<b>A</b>	<b>B</b>	<b>C</b>
<b>3</b>	Rents received . . . . .	<b>3</b>		420.		
<b>4</b>	Royalties received . . . . .	<b>4</b>				
<b>Expenses:</b>						
<b>5</b>	Advertising . . . . .	<b>5</b>				
<b>6</b>	Auto and travel (see instructions) . . . . .	<b>6</b>		250.		
<b>7</b>	Cleaning and maintenance . . . . .	<b>7</b>		150.		
<b>8</b>	Commissions. . . . .	<b>8</b>				
<b>9</b>	Insurance . . . . .	<b>9</b>				
<b>10</b>	Legal and other professional fees . . . . .	<b>10</b>				
<b>11</b>	Management fees . . . . .	<b>11</b>				
<b>12</b>	Mortgage interest paid to banks, etc. (see instructions)	<b>12</b>				
<b>13</b>	Other interest. . . . .	<b>13</b>		5,000.		
<b>14</b>	Repairs. . . . .	<b>14</b>		70.		
<b>15</b>	Supplies . . . . .	<b>15</b>				
<b>16</b>	Taxes . . . . .	<b>16</b>				
<b>17</b>	Utilities. . . . .	<b>17</b>				
<b>18</b>	Depreciation expense or depletion . . . . .	<b>18</b>				
<b>19</b>	Other (list) ▶ . . . . .	<b>19</b>				
<b>20</b>	Total expenses. Add lines 5 through 19 . . . . .	<b>20</b>		5,470.		
<b>21</b>	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 <b>Form 6198</b> . . . . .	<b>21</b>		-5,050.		
<b>22</b>	Deductible rental real estate loss after limitation, if any, on <b>Form 8582</b> (see instructions) . . . . .	<b>22</b>	(	-5,050.)	(	)
<b>23a</b>	Total of all amounts reported on line 3 for all rental properties . . . . .	<b>23a</b>		420.		
<b>b</b>	Total of all amounts reported on line 4 for all royalty properties . . . . .	<b>23b</b>				
<b>c</b>	Total of all amounts reported on line 12 for all properties . . . . .	<b>23c</b>				
<b>d</b>	Total of all amounts reported on line 18 for all properties . . . . .	<b>23d</b>				
<b>e</b>	Total of all amounts reported on line 20 for all properties . . . . .	<b>23e</b>		5,470.		
<b>24</b>	<b>Income.</b> Add positive amounts shown on line 21. <b>Do not</b> include any losses . . . . .	<b>24</b>				
<b>25</b>	<b>Losses.</b> Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here . . . . .	<b>25</b>	(	5,050.)		
<b>26</b>	<b>Total rental real estate and royalty income or (loss).</b> 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 . . . . .	<b>26</b>		-5,050.		

For Paperwork Reduction Act Notice, see the separate instructions.

Schedule E (Form 1040) 2020

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 <b>ENADULA</b>	Legal first name <b>PRADEEP CHAKRAV</b>	M.I.	Your social security number <b>843817615</b>		
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. <b>494 PRAIRIE LANE</b>		Apt. no. <b>A</b>	<b>Tax district</b> 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 <b>▶ HUDSON</b>		
City or post office <b>HUDSON</b>	State <b>WI</b>	Zip code <b>54016</b>			
<b>Filing status</b> Check <input checked="" type="checkbox"/> below			<b>County of</b> <b>▶ ST CROIX</b>		
<input checked="" type="checkbox"/> Single					
<input type="checkbox"/> Married filing joint return			<b>School district number</b> See page 43 <b>2611</b>		
<input type="checkbox"/> Married filing separate return. Fill in spouse's SSN above and full name here ..... <input type="checkbox"/> <table border="1" style="display: inline-table; margin-left: 10px;"> <tr><td>Legal last name</td></tr> <tr><td>Legal first name</td></tr> <tr><td>M.I.</td></tr> </table>				Legal last name	Legal first name
Legal last name					
Legal first name					
M.I.					
<input type="checkbox"/> Head of household, NOT married (see page 12).			<b>Special conditions</b> <input type="checkbox"/>		
<input type="checkbox"/> Head of household, married (see page 12). If married, fill in spouse's SSN above and full name here <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	72286.00
Form W-2 wages included in line 1 .....	▶	77336.00
2 Total additions to income from Schedule AD, line 33 (see page 13) .....	2	.00
3 Add lines 1 and 2 .....	3	72286.00
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	72286.00
6 Standard deduction. See table on page 34, <b>OR</b> ▼ .....	6	4293.00
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	67993.00
8 Exemptions ( <b>Caution: See page 14</b> )		
a Fill in exemptions allowed ..... 1 x \$700 ... <b>8a</b>	700	.00
b Check if 65 or older <input type="checkbox"/> You + <input type="checkbox"/> Spouse = ..... x \$250 ... <b>8b</b>		.00
c Add lines 8a and 8b .....	<b>8c</b>	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	67293.00
10 Tax (see table on page 36) .....	10	3696.00

PAPER CLIP payment here



NO COMMAS; NO CENTS

<b>11</b>	Itemized deduction credit. Enclose Schedule 1, page 4	<b>11</b>	.00
<b>12</b>	Armed forces member credit (must be stationed outside U.S. See page 16)	<b>12</b>	.00
<b>13</b>	School property tax credit		
<b>a</b>	Rent paid in 2020 – heat included	} Find credit from table page 18 . <b>13a</b>	182 .00
	Rent paid in 2020 – heat not included		
<b>b</b>	Property taxes paid on home in 2020	Find credit from table page 19 . <b>13b</b>	.00
<b>14</b>	Working families tax credit (see page 19)	<b>14</b>	0 .00
<b>15</b>	Married couple credit. Enclose Schedule 2, page 4	<b>15</b>	.00
<b>16</b>	Nonrefundable credits from line 34 of Schedule CR	<b>16</b>	.00
<b>17</b>	Net income tax paid to another state. Enclose Schedule OS	<b>17</b>	.00
<b>18</b>	Add lines 11 through 17	<b>18</b>	182 .00
<b>19</b>	Subtract line 18 from line 10. If line 18 is larger than line 10, fill in 0. This is your net tax	<b>19</b>	3514 .00
<b>20</b>	Sales and use tax due on internet, mail order, or other out-of-state purchases (see page 22) If you certify that no sales or use tax is due, check here <input checked="" type="checkbox"/>	<b>20</b>	.00
<b>21</b>	Donations (decreases refund or increases amount owed)		
<b>a</b>	Endangered resources	.00	
<b>b</b>	Cancer research	.00	
<b>c</b>	Veterans trust fund	.00	
<b>d</b>	Multiple sclerosis	.00	
<b>e</b>	Military family relief	.00	
<b>f</b>	Second Harvest/Feeding Amer.	.00	
<b>g</b>	Red Cross WI Disaster Relief	.00	
<b>h</b>	Special Olympics Wisconsin	.00	
	Total (add lines a through h)	<b>21i</b>	.00
<b>22</b>	Penalties on IRAs, retirement plans, MSAs, etc. (see page 24)	.00 x .33 = <b>22</b>	.00
<b>23</b>	Other penalties (see page 24)	<b>23</b>	.00
<b>24</b>	Add lines 19, 20, 21i, 22 and 23	<b>24</b>	3514 .00
<b>25</b>	Wisconsin tax withheld. Enclose withholding statements	<b>25</b>	4554 .00
<b>26</b>	2020 estimated tax payments and amount applied from 2019 return	<b>26</b>	.00
<b>27</b>	Earned income credit. Number of qualifying children <input type="checkbox"/> Federal credit . . . . .00 x _____ % =	<b>27</b>	.00
<b>28</b>	Farmland preservation credit. <b>a</b> Schedule FC, line 17	<b>28a</b>	.00
	<b>b</b> Schedule FC-A, line 13	<b>28b</b>	.00
<b>29</b>	Repayment credit (see page 26)	<b>29</b>	.00

**NOTE:** You must use your 2020 earned income (see page 26).



Name(s) shown on Form 1		Your social security number
PRADEEP CHAKRAVARTHY ENADULA		843817615
<b>NO COMMAS; NO CENTS</b>		
<b>30</b>	Homestead credit. Enclose Schedule H or H-EZ. . . . .	<b>30</b> _____ .00
<b>31</b>	Eligible veterans and surviving spouses property tax credit . . .	<b>31</b> _____ .00
<b>32</b>	Refundable credits from Schedule CR, line 40. Enclose Schedule CR	<b>32</b> _____ .00
<b>33</b>	AMENDED RETURN ONLY—Amounts previously paid (see page 29)	<b>33</b> _____ .00
<b>34</b>	Add lines 25 through 33 . . . . .	<b>34</b> _____ 4554 .00
<b>35</b>	AMENDED RETURN ONLY—Amounts previously refunded (see page 30)	<b>35</b> _____ .00
<b>36</b>	Subtract line 35 from line 34 . . . . .	<b>36</b> _____ 4554 .00
<b>37</b>	If line 36 is larger than line 24, subtract line 24 from line 36. This is the <b>AMOUNT YOU OVERPAID</b> . . . . .	<b>37</b> _____ 1040 .00
<b>38</b>	Amount of line 37 you want <b>REFUNDED TO YOU</b> . . . . .	<b>38</b> _____ 1040 .00
<b>39</b>	Amount of line 37 you want <b>APPLIED TO YOUR 2021 ESTIMATED TAX</b> . . . . .	<b>39</b> _____ 0 .00
<b>40</b>	If line 36 is smaller than line 24, subtract line 36 from line 24. This is the <b>AMOUNT YOU OWE</b> . Paper clip payment to front of return . . . . .	<b>40</b> _____ .00
<b>41</b>	Underpayment interest. Fill in exception code—See Sch. U _____ Also include on line 40 (see page 31)	<b>41</b> _____ .00

**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
			6305064172

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)**

<b>1</b>	Medical and dental expenses from federal Schedule A (Form 1040 or 1040-SR). See instructions for exceptions. . . . .	<b>1</b>	.00
<b>2</b>	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 . . . . .	<b>2</b>	.00
<b>3</b>	Gifts to charity from federal Schedule A (Form 1040 or 1040-SR). See instructions for exceptions	<b>3</b>	.00
<b>4</b>	Casualty losses from federal Schedule A (Form 1040 or 1040-SR). . . . .	<b>4</b>	.00
<b>5</b>	Add lines 1 through 4 . . . . .	<b>5</b>	.00
<b>6</b>	Fill in your standard deduction from line 6 on page 1 of Form 1. . . . .	<b>6</b>	.00
<b>7</b>	Subtract line 6 from line 5. If line 6 is more than line 5, fill in 0. . . . .	<b>7</b>	0 .00
<b>8</b>	Rate of credit is .05 (5%) . . . . .	<b>8</b>	<b>x .05</b>
<b>9</b>	Multiply line 7 by line 8. Fill in here and on line 11 on page 2 of Form 1 . . . . .	<b>9</b>	.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
<b>1</b>	Taxable wages, salaries, tips, and other employee compensation. Do NOT include deferred compensation, interest, dividends, pensions, unemployment compensation, or other unearned income	
<b>1</b>	.00	.00
<b>2</b>	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 . . . . .	
<b>2</b>	.00	.00
<b>3</b>	Combine lines 1 and 2. This is earned income. . . . .	
<b>3</b>	.00	.00
<b>4</b>	Add the amounts from federal Form 1040 or 1040-SR, <b>Schedule 1</b> , 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. . . . .	
<b>4</b>	.00	.00
<b>5</b>	Subtract line 4 from line 3. This is qualified earned income. If less than zero, fill in 0 . . . . .	
<b>5</b>	.00	.00
<b>6</b>	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. . . . .	
<b>6</b>		.00
<b>7</b>	Rate of credit is .03 (3%). . . . .	
<b>7</b>		<b>x .03</b>
<b>8</b>	Multiply line 6 by line 7. Fill in here and on line 15 on page 2 of Form 1. . . . .	
<b>8</b>		.00

Do not fill in more than \$480.

