

IRS e-file Signature Authorization

▶ ERO must obtain and retain completed Form 8879.
▶ Go to www.irs.gov/Form8879 for the latest information.

Submission Identification Number (SID) ▶

Taxpayer's name JAGADISH S ATHMAKURI	Social security number 312-67-4715
Spouse's name	Spouse's social security number

Part I Tax Return Information – Tax Year Ending December 31, 2021 (Enter year you are authorizing.)

Enter whole dollars only on lines 1 through 5.

Note: Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.

1	Adjusted gross income	1	69,696.
2	Total tax	2	8,250.
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099	3	12,044.
4	Amount you want refunded to you	4	3,794.
5	Amount you owe	5	

Part II Taxpayer Declaration and Signature Authorization (Be sure you get and keep a copy of your return)

Under penalties of perjury, I declare that I have examined a copy of the income tax return (original or amended) I am now authorizing, and to the best of my knowledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I above are the amounts from the income tax return (original or amended) I am now authorizing. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution to debit the entry to this account. This authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate the authorization. To revoke (cancel) a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation requests must be received no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I further acknowledge that the personal identification number (PIN) below is my signature for the income tax return (original or amended) I am now authorizing and, if applicable, my Electronic Funds Withdrawal Consent.

Taxpayer's PIN: check one box only

- I authorize GLOBAL TAXES LLC to enter or generate my PIN

7	4	7	1	5
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 as my signature on the income tax return (original or amended) I am now authorizing.
ERO firm name
Enter five digits, but don't enter all zeros
- I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box **only** if you are entering your own PIN **and** your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Your signature ▶ _____ Date ▶ _____

Spouse's PIN: check one box only

- I authorize _____ to enter or generate my PIN

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 as my signature on the income tax return (original or amended) I am now authorizing.
ERO firm name
Enter five digits, but don't enter all zeros
- I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box **only** if you are entering your own PIN **and** your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Spouse's signature ▶ _____ Date ▶ _____

Practitioner PIN Method Returns Only—continue below

Part III Certification and Authentication – Practitioner PIN Method Only

ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN.

5	8	7	2	7	8	6	1	9	8	9
---	---	---	---	---	---	---	---	---	---	---

Don't enter all zeros

I certify that the above numeric entry is my PIN, which is my signature for the electronic individual income tax return (original or amended) I am now authorized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and **Pub. 1345**, Handbook for Authorized IRS e-file Providers of Individual Income Tax Returns.

ERO's signature ▶ _____ Date ▶ _____

ERO Must Retain This Form – See Instructions
Don't Submit This Form to the IRS Unless Requested To Do So

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: JAGADISH S
Last name: ATHMAKURI
Your social security number: 312-67-4715
If joint return, spouse's first name and middle initial:
Last name:
Spouse's social security number:

Home address (number and street): 822 POTENZA DR
Apt. no.: C
City, town, or post office: CHARLOTTE
State: NC
ZIP code: 28262
Foreign country name:
Foreign province/state/county:
Foreign postal code:
Presidential Election Campaign: [] You [] Spouse

At any time during 2021, did you receive, sell, exchange, or otherwise dispose of 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, 1957 [] Are blind Spouse: [] Was born before January 2, 1957 [] 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: 56,846.

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	8,250.
17	Amount from Schedule 2, line 3	17	
18	Add lines 16 and 17	18	8,250.
19	Nonrefundable child tax credit or credit for other dependents from Schedule 8812	19	
20	Amount from Schedule 3, line 8	20	
21	Add lines 19 and 20	21	
22	Subtract line 21 from line 18. If zero or less, enter -0-	22	8,250.
23	Other taxes, including self-employment tax, from Schedule 2, line 21	23	0.
24	Add lines 22 and 23. This is your total tax	24	8,250.
25	Federal income tax withheld from:		
a	Form(s) W-2	25a	12,044.
b	Form(s) 1099	25b	
c	Other forms (see instructions)	25c	
d	Add lines 25a through 25c	25d	12,044.
26	2021 estimated tax payments and amount applied from 2020 return	26	
27a	Earned income credit (EIC) No	27a	
	Check here if you were born after January 1, 1998, and before January 2, 2004, and you satisfy all the other requirements for taxpayers who are at least age 18, to claim the EIC. See instructions <input type="checkbox"/>		
b	Nontaxable combat pay election	27b	
c	Prior year (2019) earned income	27c	
28	Refundable child tax credit or additional child tax credit from 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 15	31	
32	Add lines 27a and 28 through 31. These are your total other payments and refundable credits	32	
33	Add lines 25d, 26, and 32. These are your total payments	33	12,044.
Refund	34 If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid	34	3,794.
	35a Amount of line 34 you want refunded to you . If Form 8888 is attached, check here <input type="checkbox"/>	35a	3,794.
Direct deposit? See instructions.	b Routing number 0 5 2 0 0 1 6 3 3 c Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings		
	d Account number 4 4 6 0 3 2 1 7 9 8 1 9		
	36 Amount of line 34 you want applied to your 2022 estimated tax	36	
Amount You Owe	37 Amount you owe . Subtract line 33 from line 24. For details on how to pay, see instructions	37	
	38 Estimated tax penalty (see instructions)	38	

If you have a qualifying child, attach Sch. EIC.

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

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

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

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

Phone no. (443) 823-8680 Email address JATHMAKURI@GMAIL.COM

Paid Preparer Use Only

Preparer's name SYAM PRIYA RAM SAGAR GUPTA TALLAM	Preparer's signature SYAM PRIYA RAM SAGAR GUPTA TALLAM	Date 03/16/2022	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 for instructions and the latest information.**

OMB No. 1545-0074

2021
Attachment
Sequence No. **01**

Name(s) shown on Form 1040, 1040-SR, or 1040-NR
JAGADISH S ATHMAKURI

Your social security number
312-67-4715

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	-8,000.
6	Farm income or (loss). Attach Schedule F	6	
7	Unemployment compensation	7	
8	Other income:		
a	Net operating loss	8a	()
b	Gambling income	8b	
c	Cancellation of debt	8c	
d	Foreign earned income exclusion from Form 2555	8d	()
e	Taxable Health Savings Account distribution	8e	
f	Alaska Permanent Fund dividends	8f	
g	Jury duty pay	8g	
h	Prizes and awards	8h	
i	Activity not engaged in for profit income	8i	
j	Stock options	8j	
k	Income from the rental of personal property if you engaged in the rental for profit but were not in the business of renting such property	8k	
l	Olympic and Paralympic medals and USOC prize money (see instructions)	8l	
m	Section 951(a) inclusion (see instructions)	8m	
n	Section 951A(a) inclusion (see instructions)	8n	
o	Section 461(l) excess business loss adjustment	8o	
p	Taxable distributions from an ABLE account (see instructions)	8p	
z	Other income. List type and amount ▶ _____	8z	
9	Total other income. Add lines 8a through 8z	9	
10	Combine lines 1 through 7 and 9. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8	10	-8,000.

Part II Adjustments to Income

11	Educator expenses		11	
12	Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106		12	
13	Health savings account deduction. Attach Form 8889		13	
14	Moving expenses for members of the Armed Forces. Attach Form 3903		14	
15	Deductible part of self-employment tax. Attach Schedule SE		15	
16	Self-employed SEP, SIMPLE, and qualified plans		16	
17	Self-employed health insurance deduction		17	
18	Penalty on early withdrawal of savings		18	
19a	Alimony paid		19a	
b	Recipient's SSN	▶ _____		
c	Date of original divorce or separation agreement (see instructions) ▶ _____			
20	IRA deduction		20	
21	Student loan interest deduction		21	
22	Reserved for future use		22	
23	Archer MSA deduction		23	
24	Other adjustments:			
a	Jury duty pay (see instructions)	24a		
b	Deductible expenses related to income reported on line 8k from the rental of personal property engaged in for profit	24b		
c	Nontaxable amount of the value of Olympic and Paralympic medals and USOC prize money reported on line 8l	24c		
d	Reforestation amortization and expenses	24d		
e	Repayment of supplemental unemployment benefits under the Trade Act of 1974	24e		
f	Contributions to section 501(c)(18)(D) pension plans	24f		
g	Contributions by certain chaplains to section 403(b) plans	24g		
h	Attorney fees and court costs for actions involving certain unlawful discrimination claims (see instructions)	24h		
i	Attorney fees and court costs you paid in connection with an award from the IRS for information you provided that helped the IRS detect tax law violations	24i		
j	Housing deduction from Form 2555	24j		
k	Excess deductions of section 67(e) expenses from Schedule K-1 (Form 1041)	24k		
z	Other adjustments. List type and amount ▶ _____	24z		
25	Total other adjustments. Add lines 24a through 24z		25	
26	Add lines 11 through 23 and 25. These are your adjustments to income . Enter here and on Form 1040 or 1040-SR, line 10, or Form 1040-NR, line 10a		26	

**SCHEDULE E
(Form 1040)**

Supplemental Income and Loss

OMB No. 1545-0074

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

2021

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

JAGADISH S ATHMAKURI

312-67-4715

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 2021 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	HARKARA WELL STREET KHAMMAM TELANGANA IN 507003				
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		600.		
4	Royalties received	4				
Expenses:						
5	Advertising	5				
6	Auto and travel (see instructions)	6				
7	Cleaning and maintenance	7		1,200.		
8	Commissions.	8				
9	Insurance	9				
10	Legal and other professional fees	10				
11	Management fees	11		1,000.		
12	Mortgage interest paid to banks, etc. (see instructions)	12				
13	Other interest.	13				
14	Repairs.	14		1,800.		
15	Supplies	15		1,600.		
16	Taxes	16				
17	Utilities.	17		3,000.		
18	Depreciation expense or depletion	18				
19	Other (list) ▶	19				
20	Total expenses. Add lines 5 through 19	20		8,600.		
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		-8,000.		
22	Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions)	22	(	8,000.)	()
23a	Total of all amounts reported on line 3 for all rental properties	23a		600.		
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		8,600.		
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	(	8,000.)		
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				-8,000.

For Paperwork Reduction Act Notice, see the separate instructions.

Schedule E (Form 1040) 2021

Nonresident & part-year resident Wisconsin income tax

For the year Jan. 1-Dec. 31, 2021, or other tax year beginning _____, 2021 ending _____, 20__.

Check here if this is an amended return [] Complete form using BLACK INK

NOTE

DO NOT STAPLE

PAPER CLIP withholding statements here

Your legal last name ATHMAKURI, Legal first name JAGADISH, M.I. S, Your social security number 312674715

Home address (number and street). If you have a PO Box, see page 12 822 POTENZA DR, Apt. no. C, City or post office CHARLOTTE, State NC, Zip code 28262

Filing status [X] Single, [] Married filing joint return, [] Married filing separate return.

Resident status [X] Nonresident of Wisconsin; state of residence NC (2-letter state abbreviation)

Income section header with instructions: Print numbers like this -> 0123456789, NO COMMAS NO CENTS

Table with 3 columns: Income description, A. Federal column, B. Wisconsin column. Rows include Wages, salaries, tips, etc. (77696.00), Taxable interest (.00), Ordinary dividends (.00), etc.



PAPER CLIP check or money order here

1-0501

Adjustments to Income		A. Federal column	B. Wisconsin column
17	Educator expenses (see page 26) . . . . .	.00	.00
18	Certain business expenses of reservists, performing artists, and fee-basis government officials (see page 26) . . . . .	.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 27) . . . . .	.00	.00
22	Self-employed SEP, SIMPLE, and qualified plans (see page 27) . . . . .	.00	.00
23	Self-employed health insurance deduction (see page 28) . . . . .	.00	.00
24	Penalty on early withdrawal of savings (see page 29) . . . . .	.00	0.00
25	Alimony paid (see page 29) . . . . .	.00	.00
26	IRA deduction (see page 29) . . . . .	.00	.00
27	Student loan interest deduction (see page 30) . . . . .	.00	.00
28	Other adjustments (see page 30). Enclose Schedule M if line 28b has an amount . . . . .	.00	.00
29	Total adjustments to income. Add lines 17 through 28 . . . . .	.00	0.00
Adjusted Gross Income			
30	Wisconsin income. Subtract line 29, column B from line 16, column B		77696.00
31	Federal income. Subtract line 29, column A from line 16, column A	69696.00	
32	Divide line 30 by line 31. Carry the decimal to four places. If amount on line 30 is more than amount on line 31, fill in 1.0000. (See page 31)		1.0000

Tax Computation

33	Fill in the larger of Wisconsin income from line 30, column B or federal income from line 31, column A. But , if Wisconsin income from line 30 is zero or less, fill in 0 (zero)	33	77696.00
34a	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 34c on page 31	34a	<input type="checkbox"/>
34b	Aliens (see page 31 to determine if you must check line 34b)	34b	<input type="checkbox"/>
34c	Find the standard deduction for amount on line 31 using table on page 50	34c	4768.00
35	Subtract line 34c from line 33. If line 34c is more than line 33, fill in 0 (zero)	35	72928.00
36	Exemptions (Caution: see page 32)		
a	Fill in exemptions allowed <u>1</u> x \$700	36a	700.00
b	Check if 65 or older <input type="checkbox"/> You + <input type="checkbox"/> Spouse = <input type="checkbox"/> x \$250	36b	.00
c	Add lines 36a and 36b	36c	700.00
37	Subtract line 36c from line 35. If line 36c is more than line 35, fill in 0 (zero)	37	72228.00
38	Tax (see table on page 52)	38	3537.00
39	Itemized deduction credit. Complete Schedule 1 (page 4, Form 1NPR)	39	0.00
40	School property tax credits (part-year and full-year residents only)		
a	Rent paid in 2021—heat included <u>.00</u> } Find credit from table page 35	40a	.00
	Rent paid in 2021—heat not included <u>.00</u> }		
b	Property taxes paid on home in 2021 <u>.00</u> } Find credit from table page 36	40b	.00
41	Add credits on lines 39, 40a, and 40b	41	0.00
42	Subtract line 41 from line 38. If line 41 is more than line 38, fill in 0 (zero)	42	3537.00
43	Fill in ratio from line 32	43	1.0000
44	Multiply line 42 by ratio on line 43	44	3537.00



Name(s) shown on Form 1NPR JAGADISH S ATHMAKURI		Your social security number 312674715
45	Fill in amount from line 44	45 <u>3537.00</u>
46	Working families tax credit. (Full-year Wisconsin residents only)	46 <u>.00</u>
47	Married couple credit. Complete Schedule 2 (page 4, Form 1NPR)	47 <u>.00</u>
48	Nonrefundable credits from Schedule CR, line 34. Enclose Schedule CR	48 <u>.00</u>
49	Net income tax paid to another state. Enclose Schedule OS	49 <u>.00</u>
50	Add lines 46 through 49	50 <u>.00</u>
51	Subtract line 50 from line 45. If line 50 is more than line 45, fill in 0 (zero). This is your net tax	51 <u>3537.00</u>
52	Sales and use tax due on internet, mail order, or other out-of-state purchases (see page 39) If you certify that no sales or use tax is due, check here <input checked="" type="checkbox"/>	52 <u>.00</u>
53	Donations (decreases refund or increases amount owed)	
a	Endangered resources <u>.00</u>	e Military family relief <u>.00</u>
b	Cancer research <u>.00</u>	f Second Harvest/Feeding Amer. <u>.00</u>
c	Veterans trust fund <u>.00</u>	g Red Cross WI Disaster Relief <u>.00</u>
d	Multiple sclerosis <u>.00</u>	h Special Olympics Wisconsin <u>.00</u>
	Total (add lines a through h) →	53i <u>.00</u>
54	Penalties on IRAs, other retirement plans, MSAs, etc. (see page 40) $.00 \times .33 =$	54 <u>.00</u>
55	Other penalties (see page 41)	55 <u>.00</u>
56	Add lines 51 through 55	56 <u>3537.00</u>

Payments and Credits

57	Wisconsin income tax withheld. Enclose readable withholding statements	57 <u>4451.00</u>	
58	2021 Wisconsin estimated tax paid and amount applied from 2020 return	58 <u>.00</u>	
59	Earned income credit. (Full-year Wisconsin residents only) Number of qualifying children <input type="checkbox"/> Federal credit $.00 \times \text{ } \% =$	59 <u>.00</u>	NOTE: You must use your 2021 earned income (see page 42).
60	Farmland preservation credit. a. Schedule FC, line 17	60a <u>.00</u>	
	b. Schedule FC-A, line 13	60b <u>.00</u>	
61	Repayment credit	61 <u>.00</u>	
62	Homestead credit. (Full-year Wisconsin residents only)	62 <u>.00</u>	
63	Eligible veterans and surviving spouses property tax credit	63 <u>.00</u>	
64	Refundable credits from Schedule CR, line 40	64 <u>.00</u>	
65	AMENDED RETURN ONLY – amount previously paid (see page 46)	65 <u>.00</u>	
66	Add lines 57 through 65	66 <u>4451.00</u>	
67	AMENDED RETURN ONLY – amount previously refunded (see page 47)	67 <u>.00</u>	
68	Subtract line 67 from line 66	68 <u>4451.00</u>	

Refund or Amount You Owe

69	If line 68 is more than line 56, subtract line 56 from line 68. This is the AMOUNT OVERPAID	69 <u>914.00</u>
70	Amount of line 69 you want REFUNDED TO YOU	70 <u>914.00</u>
71	Amount of line 69 to be APPLIED TO YOUR 2022 ESTIMATED TAX	71 <u>0.00</u>



Paper clip a copy of your federal income tax return and schedules to this return.

72a If line 68 is less than line 56, subtract line 68 from line 56 . . . This is the AMOUNT YOU OWE 72a .00
72b Interest (see page 47) 72b .00
73 Underpayment interest. Fill in exception code - see Sch. U -> [] 73 .00
Also include on line 72a (see page 48).

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 Date Wisconsin Identity Protection PIN (7 characters)
Spouse's signature (if filing jointly, BOTH must sign) Date Wisconsin Identity Protection PIN (7 characters)

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 39 instructions)

Table with 3 columns: Line number, Description, Amount. Includes rows for Medical and dental expenses, Interest paid, Gifts to charity, Casualty losses, Wisconsin standard deduction, and Rate of credit.

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

Table with 4 columns: Line number, Description, (A) YOURSELF, (B) YOUR SPOUSE. Includes rows for Wages, salaries, Net profit, Combine lines, Add amounts, Subtract line, and Rate of credit.

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: JAGADISH S
Last name: ATHMAKURI
Your social security number: 312-67-4715
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.
822 POTENZA DR
Apt. no.: C
City, town, or post office. If you have a foreign address, also complete spaces below.
CHARLOTTE
State: NC
ZIP code: 28262
Foreign country name:
Foreign province/state/county:
Foreign postal code:
Presidential Election Campaign: [] You [] Spouse

At any time during 2021, did you receive, sell, exchange, or otherwise dispose of 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, 1957 [] Are blind Spouse: [] Was born before January 2, 1957 [] Is blind

Table with 5 columns: (1) First name, Last name, (2) Social security number, (3) Relationship to you, (4) if qualifies for (see instructions): Child tax credit, Credit for other dependents. Includes a checkbox for 'If more than four dependents, see instructions and check here'.

Main tax calculation table with 15 rows. Includes sections for 'Attach Sch. B if required' and 'Standard Deduction for-' with sub-rows for various income and deduction categories. Total taxable income is 56,846.

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	8,250.
17	Amount from Schedule 2, line 3	17	
18	Add lines 16 and 17	18	8,250.
19	Nonrefundable child tax credit or credit for other dependents from Schedule 8812	19	
20	Amount from Schedule 3, line 8	20	
21	Add lines 19 and 20	21	
22	Subtract line 21 from line 18. If zero or less, enter -0-	22	8,250.
23	Other taxes, including self-employment tax, from Schedule 2, line 21	23	0.
24	Add lines 22 and 23. This is your total tax	24	8,250.
25	Federal income tax withheld from:		
a	Form(s) W-2	25a	12,044.
b	Form(s) 1099	25b	
c	Other forms (see instructions)	25c	
d	Add lines 25a through 25c	25d	12,044.
26	2021 estimated tax payments and amount applied from 2020 return	26	
27a	Earned income credit (EIC) No	27a	
	Check here if you were born after January 1, 1998, and before January 2, 2004, and you satisfy all the other requirements for taxpayers who are at least age 18, to claim the EIC. See instructions <input type="checkbox"/>		
b	Nontaxable combat pay election	27b	
c	Prior year (2019) earned income	27c	
28	Refundable child tax credit or additional child tax credit from 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 15	31	
32	Add lines 27a and 28 through 31. These are your total other payments and refundable credits	32	
33	Add lines 25d, 26, and 32. These are your total payments	33	12,044.
Refund	34 If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid	34	3,794.
	35a Amount of line 34 you want refunded to you . If Form 8888 is attached, check here <input type="checkbox"/>	35a	3,794.
Direct deposit? See instructions.	b Routing number 0 5 2 0 0 1 6 3 3 c Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings		
	d Account number 4 4 6 0 3 2 1 7 9 8 1 9		
	36 Amount of line 34 you want applied to your 2022 estimated tax	36	
Amount You Owe	37 Amount you owe . Subtract line 33 from line 24. For details on how to pay, see instructions	37	
	38 Estimated tax penalty (see instructions)	38	

If you have a qualifying child, attach Sch. EIC.

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

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

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

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

Phone no. (443) 823-8680 Email address JATHMAKURI@GMAIL.COM

Paid Preparer Use Only

Preparer's name SYAM PRIYA RAM SAGAR GUPTA TALLAM	Preparer's signature SYAM PRIYA RAM SAGAR GUPTA TALLAM	Date 03/16/2022	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 for instructions and the latest information.**

OMB No. 1545-0074

2021
Attachment
Sequence No. **01**

Name(s) shown on Form 1040, 1040-SR, or 1040-NR
JAGADISH S ATHMAKURI

Your social security number
312-67-4715

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	-8,000.
6	Farm income or (loss). Attach Schedule F	6	
7	Unemployment compensation	7	
8	Other income:		
a	Net operating loss	8a	()
b	Gambling income	8b	
c	Cancellation of debt	8c	
d	Foreign earned income exclusion from Form 2555	8d	()
e	Taxable Health Savings Account distribution	8e	
f	Alaska Permanent Fund dividends	8f	
g	Jury duty pay	8g	
h	Prizes and awards	8h	
i	Activity not engaged in for profit income	8i	
j	Stock options	8j	
k	Income from the rental of personal property if you engaged in the rental for profit but were not in the business of renting such property	8k	
l	Olympic and Paralympic medals and USOC prize money (see instructions)	8l	
m	Section 951(a) inclusion (see instructions)	8m	
n	Section 951A(a) inclusion (see instructions)	8n	
o	Section 461(l) excess business loss adjustment	8o	
p	Taxable distributions from an ABLE account (see instructions)	8p	
z	Other income. List type and amount ▶ _____	8z	
9	Total other income. Add lines 8a through 8z	9	
10	Combine lines 1 through 7 and 9. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8	10	-8,000.

For Paperwork Reduction Act Notice, see your tax return instructions.

Schedule 1 (Form 1040) 2021

Part II Adjustments to Income

11	Educator expenses		11	
12	Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106		12	
13	Health savings account deduction. Attach Form 8889		13	
14	Moving expenses for members of the Armed Forces. Attach Form 3903		14	
15	Deductible part of self-employment tax. Attach Schedule SE		15	
16	Self-employed SEP, SIMPLE, and qualified plans		16	
17	Self-employed health insurance deduction		17	
18	Penalty on early withdrawal of savings		18	
19a	Alimony paid		19a	
b	Recipient's SSN	▶ _____		
c	Date of original divorce or separation agreement (see instructions) ▶ _____			
20	IRA deduction		20	
21	Student loan interest deduction		21	
22	Reserved for future use		22	
23	Archer MSA deduction		23	
24	Other adjustments:			
a	Jury duty pay (see instructions)	24a		
b	Deductible expenses related to income reported on line 8k from the rental of personal property engaged in for profit	24b		
c	Nontaxable amount of the value of Olympic and Paralympic medals and USOC prize money reported on line 8l	24c		
d	Reforestation amortization and expenses	24d		
e	Repayment of supplemental unemployment benefits under the Trade Act of 1974	24e		
f	Contributions to section 501(c)(18)(D) pension plans	24f		
g	Contributions by certain chaplains to section 403(b) plans	24g		
h	Attorney fees and court costs for actions involving certain unlawful discrimination claims (see instructions)	24h		
i	Attorney fees and court costs you paid in connection with an award from the IRS for information you provided that helped the IRS detect tax law violations	24i		
j	Housing deduction from Form 2555	24j		
k	Excess deductions of section 67(e) expenses from Schedule K-1 (Form 1041)	24k		
z	Other adjustments. List type and amount ▶ _____	24z		
25	Total other adjustments. Add lines 24a through 24z		25	
26	Add lines 11 through 23 and 25. These are your adjustments to income . Enter here and on Form 1040 or 1040-SR, line 10, or Form 1040-NR, line 10a		26	

**SCHEDULE E
(Form 1040)**

Supplemental Income and Loss

OMB No. 1545-0074

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

2021

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

JAGADISH S ATHMAKURI

312-67-4715

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 2021 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	HARKARA WELL STREET KHAMMAM TELANGANA IN 507003				
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		A 365	0	<input type="checkbox"/>
B			B		<input type="checkbox"/>
C			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		600.		
4	Royalties received	4				
Expenses:						
5	Advertising	5				
6	Auto and travel (see instructions)	6				
7	Cleaning and maintenance	7		1,200.		
8	Commissions.	8				
9	Insurance	9				
10	Legal and other professional fees	10				
11	Management fees	11		1,000.		
12	Mortgage interest paid to banks, etc. (see instructions)	12				
13	Other interest.	13				
14	Repairs.	14		1,800.		
15	Supplies	15		1,600.		
16	Taxes	16				
17	Utilities.	17		3,000.		
18	Depreciation expense or depletion	18				
19	Other (list) ▶	19				
20	Total expenses. Add lines 5 through 19	20		8,600.		
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		-8,000.		
22	Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions)	22	(	8,000.)	()
23a	Total of all amounts reported on line 3 for all rental properties	23a		600.		
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		8,600.		
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	(	8,000.)		
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				-8,000.

For Paperwork Reduction Act Notice, see the separate instructions.

Schedule E (Form 1040) 2021

D-400 (50) 8-23-21 **2021 Individual Income Tax Return**

< Staple All Pages of Your Return and W-2s Here

North Carolina Department of Revenue

Amended Return

DOR
Use
Only

For calendar year 2021, or fiscal year beginning <u>21</u> and ending		Are you a veteran? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
JAGADISH S ATHMAKURI 822 POTENZA DR C Your SSN: 312674715 CHARLOT NC 28262MECKL Spouse's SSN:		Is your spouse a veteran? Yes <input type="checkbox"/> No <input type="checkbox"/>
Filing Status <input checked="" type="checkbox"/> 1. Single <input type="checkbox"/> 2. Married Filing Jointly <input type="checkbox"/> 3. Married Filing Separately <input type="checkbox"/> 4. Head of Household <input type="checkbox"/> 5. Qualifying Widow(er)		Were you granted an automatic extension to file your 2021 federal income tax return, e.g., Form 1040? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Were you a resident of N.C. for the entire year? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Return for deceased taxpayer. Date of death:		Year spouse died:
Was your spouse a resident for the entire year? Yes <input type="checkbox"/> No <input type="checkbox"/> Return for deceased spouse. Date of death:		
N.C. Education Endowment Fund: You may contribute to the N.C. Education Endowment Fund by making a contribution or designating some or all of your overpayment to the Fund. To make a contribution, enclose Form NC-EDU and your payment of \$ <u>0</u> To designate your overpayment to the Fund, enter the amount of your designation on Page 2, Line 31. (See instructions for information about the Fund.)		
<input type="checkbox"/> Select box if you, or if married filing jointly, your spouse were out of the country on April 15, 2022, and a U.S. citizen or resident.		
<input type="checkbox"/> Select box if return is filed and signed by Executor, Administrator, or Court-Appointed Personal Representative.		

FS	1	PP	Y	DT	N	OC	N	TPRES	Y	SPRES	N	VT	N	SVT	N
ATHM	822	28262	DS	N	EA	N	TD			SD				FDEXT	N
JAGADISH	S	ATHMAKURI						312674715		MECKL					
										NC	28262				
822	POTENZA	DR					C	CHARLOTTE							
06		69696				16		3095		26C				0	
07		0				18	Y	0		26E				0	
09		0				20A		0		EU					
10A		0				20B		0		27				0	
10B		0				21A		0		29				0	
11	S	Y	I	N		21B		0		30				0	
11		10750				21C		0		31				0	
13		00000				21D		0		32				0	
14		58946				26A		0		34				0	
15		3095				26B		0							
TN	4438238680					PN		6789659522		PP				P02082703	



Sign Return Below <input type="checkbox"/> Refund Due <u>0</u> <input type="checkbox"/> Payment Due <u>0</u>	
I declare and certify 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. <input type="checkbox"/> Check here if you authorize the North Carolina Department of Revenue to discuss this return and attachments with the paid preparer below.	
Your Signature _____ Date _____	Spouse's Signature (If filing joint return, both must sign.) _____ Date _____
4438238680 Contact Phone No. (Include area code)	
PAID PREPARER USE ONLY If prepared by a person other than taxpayer, this certification is based on all information of which the preparer has any knowledge.	
SYAM PRIYA RAM SAGAR GUPT 03 16 2 6789659522	P02082703
Paid Preparer's Signature _____ Date _____	Preparer's Contact Phone Number (Include area code) _____ Preparer's FEIN, SSN, or PTIN _____

If REFUND, mail return to: N.C. DEPT. OF REVENUE, P.O. BOX R, RALEIGH, NC 27634-0001
If you ARE NOT due a refund, mail return, any payment, and D-400V to: N.C. DEPT. OF REVENUE, P.O. BOX 25000, RALEIGH, NC 27640-0640

D-400 Line-by-Line Information

6.	Federal Adjusted Gross Income	6.	69696
7.	Additions to Federal Adjusted Gross Income	7.	0
8.	Add Lines 6 and 7	8.	69696
9.	Deductions From Federal Adjusted Gross Income	9.	0
10.	Child Deduction		
	a. Enter the number of qualifying children for whom you were allowed a federal child tax credit	10a.	0
	b. Enter the amount of the child deduction	10b.	0
11.	N.C. Standard Deduction	11.	Y
11.	N.C. Itemized Deduction	11.	N
11.	Deduction amount	11.	10750
12.	a. Add Lines 9, 10b, and 11	12a.	10750
	b. Subtract amount on Line 12a from Line 8	12b.	58946
13.	Part-year Residents and Nonresidents Taxable Percentage	13.	0.0000
14.	N.C. Taxable Income	14.	58946
15.	N.C. Income Tax	15.	3095
16.	Tax Credits	16.	3095
17.	Subtract Line 16 from Line 15	17.	0
18.	Consumer Use Tax	18.	0
	You certify that no Consumer Use Tax is due		Y
19.	Add Lines 17 and 18	19.	0

North Carolina Income Tax Withheld

20a.	Your tax withheld	20a.	0
20b.	Spouse's tax withheld	20b.	0

Other Tax Payments

21a.	2021 estimated tax	21a.	0
21b.	Paid with extension	21b.	0
21c.	Partnership	21c.	0
21d.	S Corporation	21d.	0
22.	Amended Returns Only - Previous payments	22.	0
23.	Total Payments	23.	0
24.	Amended Returns Only - Previous refunds	24.	0
25.	Subtract Line 24 from Line 23	25.	0
26a.	Tax Due	26a.	0
26b.	Penalties	26b.	0
26c.	Interest	26c.	0
26d.	Add Lines 26b and 26c and enter the total on 26d	26d.	0
EU	Exception to Underpayment of Estimated Tax	EU	
26e.	Interest on the Underpayment of Estimated Income Tax	26e.	0
27.	Pay this Amount	27.	0
28.	Overpayment	28.	0

Amount of Refund to Apply to:

29.	Amount of Line 28 to be applied to 2022 Estimated Income Tax	29.	0
30.	N.C. Nongame and Endangered Wildlife Fund	30.	0
31.	N.C. Education Endowment Fund	31.	0
32.	N.C. Breast and Cervical Cancer Control Program	32.	0
33.	Add Lines 29 through 32	33.	0
34.	Amount to be Refunded	34.	0

D-400TC (50)

12-1-21

2021 Individual Income Tax Credits

North Carolina Department of Revenue

DOR Use Only

If you claim a tax credit on Form D-400, Line 16, you must attach this form to the return. Otherwise, the tax credit may be disallowed.

Important: Refer to the instructions before completing this form.

Last Name (First 10 Characters) ATHMAKURI Your Social Security Number 312674715

Table with 8 columns: Line, Amount, Code, Count, Code, Amount, Count, Code. Rows include 01, 02, 04, 06, 07A.

Part 1. Credit for Income Tax Paid to Another State or Country - N.C. Residents Only

If you claim a tax credit for taxes paid to more than one state or country, do not complete Lines 1-6. Instead, complete the "Out-of-State Tax Credit Worksheet" in the instructions to determine the amount to enter on Line 7a.

Table with 3 columns: Description, Line, Amount. Rows 1-7b detailing income and tax credit calculations.

Part 2. Credits for Rehabilitating Historic Structures

On Lines 8a, 9a, 10a, and 11a, enter the amount of expenditures or expenses only if tax year 2021 is the first year the credit is taken.

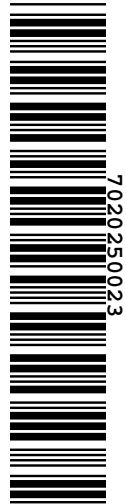
Note: For Lines 8a and 9a, the expenditures and expenses must have been incurred prior to January 1, 2015.

On Lines 8b, 9b, 10b, 11b, 12, and 13, enter the amount of the tax credit taken.

Table with 3 columns: Description, Line, Amount. Rows 8a-13 detailing historic structure credits.

Part 3. Computation of Total Tax Credits to be Taken for Tax Year 2021

Table with 3 columns: Description, Line, Amount. Rows 14-20 summarizing total tax credits.



Nonresident & part-year resident Wisconsin income tax

For the year Jan. 1-Dec. 31, 2021, or other tax year beginning _____, 2021 ending _____, 20__.

Check here if this is an amended return [] Complete form using BLACK INK

NOTE

DO NOT STAPLE

Your legal last name ATHMAKURI, Legal first name JAGADISH, M.I. S, Your social security number 312674715

Home address (number and street). If you have a PO Box, see page 12 822 POTENZA DR, Apt. no. C, City or post office CHARLOTTE, State NC, Zip code 28262

Tax district: Check below then fill in either the name of the Wisconsin city, village, or town, and the county in which you lived at the end of 2021 or before leaving Wisconsin (nonresidents leave blank).

Filing status: [X] Single, [] Married filing joint return, [] Married filing separate return. Fill in spouse's SSN above and full name here

County of [], School district number See page 59 [], Special conditions [] Form 804 filed with return (see page 10)

Resident status: Check the status that applies. You [] Spouse [] Full-year resident of Wisconsin, [X] Nonresident of Wisconsin; state of residence NC (2-letter state abbreviation)



Note: Complete residence questionnaire, page 61.

PAPER CLIP withholding statements here

PAPER CLIP check or money order here

Table with 4 columns: Income, Print numbers like this (0123456789), NO COMMAS NO CENTS, A. Federal column, B. Wisconsin column. Rows include Wages, salaries, tips, etc. (77696.00), Taxable interest (.00), Ordinary dividends (.00), Taxable refunds, credits, or offsets of state and local income taxes (Not taxable), Alimony received (.00), Business income or (loss) (.00), Capital gain or (loss) (.00), Other gains or (losses) (.00), IRA distributions (.00), Pensions and annuities (.00), Rental real estate, royalties, partnerships, S corporations, trusts, etc. (-8000.00), Farm income or (loss) (.00), Unemployment compensation (.00), Social security benefits (.00), Other income (.00), Combine lines 1 through 15 (69696.00).

1-0501

Adjustments to Income		A. Federal column	B. Wisconsin column
17	Educator expenses (see page 26) . . . . .	.00	.00
18	Certain business expenses of reservists, performing artists, and fee-basis government officials (see page 26) . . . . .	.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 27) . . . . .	.00	.00
22	Self-employed SEP, SIMPLE, and qualified plans (see page 27) . . . . .	.00	.00
23	Self-employed health insurance deduction (see page 28) . . . . .	.00	.00
24	Penalty on early withdrawal of savings (see page 29) . . . . .	.00	0.00
25	Alimony paid (see page 29) . . . . .	.00	.00
26	IRA deduction (see page 29) . . . . .	.00	.00
27	Student loan interest deduction (see page 30) . . . . .	.00	.00
28	Other adjustments (see page 30). Enclose Schedule M if line 28b has an amount . . . . .	.00	.00
29	Total adjustments to income. Add lines 17 through 28 . . . . .	.00	0.00
Adjusted Gross Income			
30	Wisconsin income. Subtract line 29, column B from line 16, column B		77696.00
31	Federal income. Subtract line 29, column A from line 16, column A	69696.00	
32	Divide line 30 by line 31. Carry the decimal to four places. If amount on line 30 is more than amount on line 31, fill in 1.0000. (See page 31)		1.0000

Tax Computation

33	Fill in the larger of Wisconsin income from line 30, column B or federal income from line 31, column A. But , if Wisconsin income from line 30 is zero or less, fill in 0 (zero)	33	77696.00
34a	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 34c on page 31	34a	<input type="checkbox"/>
34b	Aliens (see page 31 to determine if you must check line 34b)	34b	<input type="checkbox"/>
34c	Find the standard deduction for amount on line 31 using table on page 50	34c	4768.00
35	Subtract line 34c from line 33. If line 34c is more than line 33, fill in 0 (zero)	35	72928.00
36	Exemptions (Caution: see page 32)		
a	Fill in exemptions allowed <u>1</u> x \$700	36a	700.00
b	Check if 65 or older <input type="checkbox"/> You + <input type="checkbox"/> Spouse = <input type="checkbox"/> x \$250	36b	.00
c	Add lines 36a and 36b	36c	700.00
37	Subtract line 36c from line 35. If line 36c is more than line 35, fill in 0 (zero)	37	72228.00
38	Tax (see table on page 52)	38	3537.00
39	Itemized deduction credit. Complete Schedule 1 (page 4, Form 1NPR)	39	0.00
40	School property tax credits (part-year and full-year residents only)		
a	Rent paid in 2021—heat included <u>.00</u> } Find credit from table page 35	40a	.00
	Rent paid in 2021—heat not included <u>.00</u> }		
b	Property taxes paid on home in 2021 <u>.00</u> } Find credit from table page 36	40b	.00
41	Add credits on lines 39, 40a, and 40b	41	0.00
42	Subtract line 41 from line 38. If line 41 is more than line 38, fill in 0 (zero)	42	3537.00
43	Fill in ratio from line 32	43	1.0000
44	Multiply line 42 by ratio on line 43	44	3537.00



Name(s) shown on Form 1NPR JAGADISH S ATHMAKURI		Your social security number 312674715
45	Fill in amount from line 44	45 <u>3537.00</u>
46	Working families tax credit. (Full-year Wisconsin residents only)	46 <u>.00</u>
47	Married couple credit. Complete Schedule 2 (page 4, Form 1NPR)	47 <u>.00</u>
48	Nonrefundable credits from Schedule CR, line 34. Enclose Schedule CR	48 <u>.00</u>
49	Net income tax paid to another state. Enclose Schedule OS	49 <u>.00</u>
50	Add lines 46 through 49	50 <u>.00</u>
51	Subtract line 50 from line 45. If line 50 is more than line 45, fill in 0 (zero). This is your net tax	51 <u>3537.00</u>
52	Sales and use tax due on internet, mail order, or other out-of-state purchases (see page 39) If you certify that no sales or use tax is due, check here <input checked="" type="checkbox"/>	52 <u>.00</u>
53	Donations (decreases refund or increases amount owed)	
a	Endangered resources <u>.00</u>	e Military family relief <u>.00</u>
b	Cancer research <u>.00</u>	f Second Harvest/Feeding Amer. <u>.00</u>
c	Veterans trust fund <u>.00</u>	g Red Cross WI Disaster Relief <u>.00</u>
d	Multiple sclerosis <u>.00</u>	h Special Olympics Wisconsin <u>.00</u>
	Total (add lines a through h) →	53i <u>.00</u>
54	Penalties on IRAs, other retirement plans, MSAs, etc. (see page 40) $.00 \times .33 =$	54 <u>.00</u>
55	Other penalties (see page 41)	55 <u>.00</u>
56	Add lines 51 through 55	56 <u>3537.00</u>

Payments and Credits

57	Wisconsin income tax withheld. Enclose readable withholding statements	57 <u>4451.00</u>	
58	2021 Wisconsin estimated tax paid and amount applied from 2020 return	58 <u>.00</u>	
59	Earned income credit. (Full-year Wisconsin residents only) Number of qualifying children <input type="checkbox"/> Federal credit $.00 \times \text{ } \% =$	59 <u>.00</u>	NOTE: You must use your 2021 earned income (see page 42).
60	Farmland preservation credit. a. Schedule FC, line 17	60a <u>.00</u>	
	b. Schedule FC-A, line 13	60b <u>.00</u>	
61	Repayment credit	61 <u>.00</u>	
62	Homestead credit. (Full-year Wisconsin residents only)	62 <u>.00</u>	
63	Eligible veterans and surviving spouses property tax credit	63 <u>.00</u>	
64	Refundable credits from Schedule CR, line 40	64 <u>.00</u>	
65	AMENDED RETURN ONLY – amount previously paid (see page 46)	65 <u>.00</u>	
66	Add lines 57 through 65	66 <u>4451.00</u>	
67	AMENDED RETURN ONLY – amount previously refunded (see page 47)	67 <u>.00</u>	
68	Subtract line 67 from line 66	68 <u>4451.00</u>	

Refund or Amount You Owe

69	If line 68 is more than line 56, subtract line 56 from line 68. This is the AMOUNT OVERPAID	69 <u>914.00</u>
70	Amount of line 69 you want REFUNDED TO YOU	70 <u>914.00</u>
71	Amount of line 69 to be APPLIED TO YOUR 2022 ESTIMATED TAX	71 <u>0.00</u>



Paper clip a copy of your federal income tax return and schedules to this return.

72a If line 68 is less than line 56, subtract line 68 from line 56 . . . This is the **AMOUNT YOU OWE 72a** _____ .00

72b Interest (see page 47) **72b** _____ .00

73 Underpayment interest. Fill in exception code – see Sch. U → _____ **73** _____ .00
Also include on line 72a (see page 48).

Third Party Designee Do you want to allow another person to discuss this return with the department (see page 49)? **Yes** Complete the following. **No**

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

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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 _____ Date _____ Wisconsin Identity Protection PIN (7 characters) _____

Sign here ▶ Spouse's signature (if filing jointly, BOTH must sign) _____ Date _____ Wisconsin Identity Protection PIN (7 characters) _____

Mail your return to: Wisconsin Department of Revenue

<p>(if tax is due)</p> <p>PO Box 268 Madison WI 53790-0001</p>	<p>(if refund or no tax due)</p> <p>PO Box 59 Madison WI 53785-0001</p>
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Schedule 1 – Wisconsin Itemized Deduction Credit (see line 39 instructions)

1	Medical and dental expenses from federal Schedule A (Form 1040). See instructions for exceptions	1	.00
2	Interest paid from federal Schedule A (Form 1040). See instructions for exceptions	2	.00
3	Gifts to charity from federal Schedule A (Form 1040). See instructions for exceptions	3	300.00
4	Casualty losses from federal Schedule A (Form 1040)	4	.00
5	Add lines 1 through 4	5	300.00
6	Wisconsin standard deduction from Form 1NPR, line 34c	6	4768.00
7	Subtract line 6 from line 5. If line 6 is more than line 5, fill in 0 (zero)	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 39 of Form 1NPR	9	0.00

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

			(A) YOURSELF	(B) YOUR SPOUSE
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), 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 28, 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
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 47 of Form 1NPR. Do not fill in more than \$480.	8		.00