

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 AMARENDER REDDY CHADA | Social security number 794-53-9037 |
| 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 | 90,229. |
| 2 | Total tax | 2 | 12,771. |
| 3 | Federal income tax withheld from Form(s) W-2 and Form(s) 1099 | 3 | 14,959. |
| 4 | Amount you want refunded to you | 4 | 2,188. |
| 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

| | | | | |
|---|---|---|---|---|
| 3 | 9 | 0 | 3 | 7 |
|---|---|---|---|---|

 as my signature on the income tax return (original or amended) I am now authorizing. 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

| | | | | |
|--|--|--|--|--|
| | | | | |
|--|--|--|--|--|

 as my signature on the income tax return (original or amended) I am now authorizing. 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 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 AMARENDER REDDY | | Last name CHADA | Your social security number 794-53-9037 |
| 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. 201 S HIGH POINT RD | | | Apt. no. 208 |
| City, town, or post office. If you have a foreign address, also complete spaces below. MADISON | | State WI | ZIP code 53717 |
| Foreign country name | | Foreign province/state/county | Foreign postal code |

You Spouse

At any time during 2021, did you receive, sell, exchange, or otherwise dispose of any financial interest in any virtual currency? Yes No

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

Age/Blindness **You:** Were born before January 2, 1957 Are blind **Spouse:** Was born before January 2, 1957 Is blind

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

| | | | | | |
|--|--|---|------------|-----------|---------|
| Attach Sch. B if required. Standard Deduction for— • Single or Married filing separately, \$12,550 • Married filing jointly or Qualifying widow(er), \$25,100 • Head of household, \$18,800 • If you checked any box under <i>Standard Deduction</i> , see instructions. | 1 | Wages, salaries, tips, etc. Attach Form(s) W-2 | | 1 | 95,259. |
| | 2a | Tax-exempt interest | 2a | 2b | |
| | 3a | Qualified dividends | 3a | 3b | |
| | 4a | IRA distributions | 4a | 4b | |
| | 5a | Pensions and annuities | 5a | 5b | |
| | 6a | Social security benefits | 6a | 6b | |
| | 7 | Capital gain or (loss). Attach Schedule D if required. If not required, check here ▶ <input type="checkbox"/> | | 7 | |
| | 8 | Other income from Schedule 1, line 10 | | 8 | -5,030. |
| | 9 | Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income ▶ | | 9 | 90,229. |
| | 10 | Adjustments to income from Schedule 1, line 26 | | 10 | |
| | 11 | Subtract line 10 from line 9. This is your adjusted gross income ▶ | | 11 | 90,229. |
| | 12a | Standard deduction or itemized deductions (from Schedule A) | 12a | 12,550. | |
| | b | Charitable contributions if you take the standard deduction (see instructions) | 12b | 300. | |
| | c | Add lines 12a and 12b | 12c | | 12,850. |
| | 13 | Qualified business income deduction from Form 8995 or Form 8995-A | 13 | | |
| 14 | Add lines 12c and 13 | 14 | | 12,850. | |
| 15 | Taxable income. Subtract line 14 from line 11. If zero or less, enter -0- | 15 | | 77,379. | |

| | | | |
|-----|--|-----|---------|
| 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 | 12,771. |
| 17 | Amount from Schedule 2, line 3 | 17 | |
| 18 | Add lines 16 and 17 | 18 | 12,771. |
| 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 | 12,771. |
| 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 | 12,771. |
| 25 | Federal income tax withheld from: | | |
| a | Form(s) W-2 | 25a | 14,959. |
| b | Form(s) 1099 | 25b | |
| c | Other forms (see instructions) | 25c | |
| d | Add lines 25a through 25c | 25d | 14,959. |
| 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 | 14,959. |
| 34 | If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid | 34 | 2,188. |
| 35a | Amount of line 34 you want refunded to you . If Form 8888 is attached, check here <input type="checkbox"/> | 35a | 2,188. |
| b | Routing number 1 2 1 0 0 0 3 5 8 <input type="checkbox"/> c Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings | | |
| d | Account number 3 2 5 0 3 6 8 1 5 0 6 7 | | |
| 36 | Amount of line 34 you want applied to your 2022 estimated tax | 36 | |
| 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.

Refund

Direct deposit? See instructions.

Amount You Owe

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.

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

| | | | |
|--|------|--------------------------------------|---|
| 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. (669) 235-0488 Email address AMARENDER1269@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 01/25/2022 | 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
AMARENDER REDDY CHADA

Your social security number
794-53-9037

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 | -5,030. |
| 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 | -5,030. |

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)**

Department of the Treasury
Internal Revenue Service (99)

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

▶ Attach to Form 1040, 1040-SR, 1040-NR, or 1041.
▶ Go to www.irs.gov/ScheduleE for instructions and the latest information.

OMB No. 1545-0074

2021

Attachment
Sequence No. **13**

Name(s) shown on return

AMARENDER REDDY CHADA

Your social security number

794-53-9037

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 | CIRCUIT HOUSE ROAD, NAKKALA HANMAKONDA, WARANGAL TELANGANA IN 506001 | | | | |
| B | | | | | |
| C | | | | | |

| 1b | Type of Property (from list below) | 2 | Fair Rental Days | Personal Use Days | QJV |
|-----------|------------------------------------|---|------------------|-------------------|--------------------------|
| A | 3 | 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. | 215 | 0 | <input type="checkbox"/> |
| B | | | | | <input type="checkbox"/> |
| C | | | | | <input type="checkbox"/> |

Type of Property:

- 1 Single Family Residence
- 2 Multi-Family Residence
- 3 Vacation/Short-Term Rental
- 4 Commercial
- 5 Land
- 6 Royalties
- 7 Self-Rental
- 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 | 780. | | |
| 8 Commissions | 8 | | | |
| 9 Insurance | 9 | | | |
| 10 Legal and other professional fees | 10 | | | |
| 11 Management fees | 11 | 850. | | |
| 12 Mortgage interest paid to banks, etc. (see instructions) | 12 | | | |
| 13 Other interest | 13 | | | |
| 14 Repairs | 14 | 2,150. | | |
| 15 Supplies | 15 | 1,850. | | |
| 16 Taxes | 16 | | | |
| 17 Utilities | 17 | | | |
| 18 Depreciation expense or depletion | 18 | | | |
| 19 Other (list) ▶ | 19 | | | |
| 20 Total expenses. Add lines 5 through 19 | 20 | 5,630. | | |

| | | | | |
|--|-----------|---------|--|--|
| 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 | -5,030. | | |
|--|-----------|---------|--|--|

| | | | | |
|---|-----------|------------|-----|-----|
| 22 Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions) | 22 | (5,030.) | () | () |
|---|-----------|------------|-----|-----|

| | | | | |
|--|------------|--------|--|--|
| 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 | 5,630. | | |

| | | | | |
|--|-----------|--|--|--|
| 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 | (5,030.) | | |
|--|-----------|------------|--|--|

| | | | | |
|---|-----------|---------|--|--|
| 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 | -5,030. | | |
|---|-----------|---------|--|--|

For Paperwork Reduction Act Notice, see the separate instructions.

NPA

-5,030.

Schedule E (Form 1040) 2021

For the year Jan. 1-Dec. 31, 2021, or other tax year

Note Check here if an amended return beginning _____, 2021 ending _____, 20____.

| | | | | | | |
|-------------------------------------|--|--|--|--|--|---|
| DO NOT STAPLE | Your legal last name CHADA | | Legal first name AMARENDER REDDY | | M.I. | Your social security number 794539037 |
| | If a joint return, spouse's legal last name | | Spouse's legal first name | | M.I. | Spouse's social security number |
| See page 5 before assembling return | Home address (number and street). If you have a PO Box, see page 11. 201 S HIGH POINT RD | | | | Apt. no. 208 | |
| | City or post office MADISON | | State WI | Zip code 53717 | | |
| | Filing status Check <input checked="" type="checkbox"/> below <input checked="" type="checkbox"/> Single <input type="checkbox"/> Married filing joint return <input type="checkbox"/> Married filing separate return. Fill in spouse's SSN above and full name here <input type="checkbox"/> Head of household, NOT married (see page 12). <input type="checkbox"/> Head of household, married (see page 12). If married, fill in spouse's SSN above and full name here | | | | Tax district Check below then fill in either the name of the city, village, or town and the county in which you lived at the end of 2021. <input checked="" type="checkbox"/> City <input type="checkbox"/> Village <input type="checkbox"/> Town City, village, or town MADISON County of DANE School district number See page 43 3269 | |
| | | | | Special conditions <input type="checkbox"/> <input type="checkbox"/> Form 804 filed with return (see page 9) | | |

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

| | | | |
|----|---|-----------|----------|
| 1 | Federal adjusted gross income (see page 12) | 1 | 90229.00 |
| | Form W-2 wages included in line 1 | | 95259.00 |
| 2 | Total additions to income from Schedule AD, line 33. Enclose Schedule AD (see page 13) | 2 | .00 |
| 3 | Add lines 1 and 2 | 3 | 90229.00 |
| 4 | Total subtractions from income from Schedule SB, line 51. Enclose Schedule SB (see page 13) Enter as a positive number | 4 | .00 |
| 5 | Subtract line 4 from line 3. This is your Wisconsin income | 5 | 90229.00 |
| 6 | Standard deduction. See table on page 34, OR ▼ If someone else can claim you (or your spouse) as a dependent, see page 14 and check here <input type="checkbox"/> | 6 | 2308.00 |
| 7 | Subtract line 6 from line 5. If line 6 is larger than line 5, fill in 0 | 7 | 87921.00 |
| 8 | Exemptions (Caution: See page 14) | | |
| | a Fill in exemptions allowed 1 x \$700 ... | 8a | 700.00 |
| | b Check if 65 or older <input type="checkbox"/> You + <input type="checkbox"/> Spouse = x \$250 ... | 8b | .00 |
| | c Add lines 8a and 8b | 8c | 700.00 |
| 9 | Subtract line 8c from line 7. If line 8c is larger than line 7, fill in 0. This is taxable income | 9 | 87221.00 |
| 10 | Tax (see table on page 36) | 10 | 4332.00 |

PAPER CLIP payment here



NO COMMAS; NO CENTS

| | | | | |
|-----------|--|--|---|--|
| 11 | Itemized deduction credit. Enclose Schedule 1, page 4 | 11 | <u> .00</u> | 0 |
| 12 | School property tax credit | | | |
| | a Rent paid in 2021 – heat included <u> 7200 .00</u> | } Find credit from table page 17. . . | 12a | <u> 174 .00</u> |
| | 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 19 . . . | 12b | <u> .00</u> |
| 13 | Working families tax credit (see page 19) | 13 | <u> 0 .00</u> | |
| 14 | Married couple credit. Enclose Schedule 2, page 4 | 14 | <u> .00</u> | |
| 15 | Nonrefundable credits from line 34 of Schedule CR | 15 | <u> .00</u> | |
| 16 | Net income tax paid to another state. Enclose Schedule OS . . . <input type="checkbox"/> | 16 | <u> .00</u> | |
| 17 | Add lines 11 through 16 | 17 | <u> 174 .00</u> | |
| 18 | Subtract line 17 from line 10. If line 17 is larger than line 10, fill in 0. This is your net tax. | 18 | <u> 4158 .00</u> | |
| 19 | Sales and use tax due on internet, mail order, or other out-of-state purchases (see page 22) 19 | | <u> .00</u> | |
| | If you certify that no sales or use tax is due, check here <input checked="" type="checkbox"/> | | | |
| 20 | Donations (decreases refund or increases amount owed) | | | |
| | a Endangered resources <u> .00</u> | e Military family relief | <u> .00</u> | |
| | b Cancer research | f Second Harvest/Feeding Amer. <u> .00</u> | | |
| | c Veterans trust fund | g Red Cross WI Disaster Relief <u> .00</u> | | |
| | d Multiple sclerosis | h Special Olympics Wisconsin <u> .00</u> | | |
| | Total (add lines a through h) . . . <input checked="" type="checkbox"/> | 20i | <u> .00</u> | |
| 21 | Penalties on IRAs, retirement plans, MSAs, etc. (see page 23) . . <u> .00</u> x .33 = | 21 | <u> .00</u> | |
| 22 | Other penalties (see page 24) | 22 | <u> .00</u> | |
| 23 | Add lines 18, 19, 20i, 21 and 22 | 23 | <u> 4158 .00</u> | |
| 24 | Wisconsin tax withheld. Enclose withholding statements | 24 | <u> 5678 .00</u> | |
| 25 | 2021 estimated tax payments and amount applied from 2020 return . . . | 25 | <u> .00</u> | |
| 26 | Earned income credit. Number of qualifying children <input checked="" type="checkbox"/> <u> </u> | | | NOTE: You must use your 2021 earned income (see page 25). |
| | Federal credit . . . <u> .00</u> x <u> </u> % = | 26 | <u> .00</u> | |
| 27 | Farmland preservation credit. a Schedule FC, line 17 | 27a | <u> .00</u> | |
| | b Schedule FC-A, line 13 | 27b | <u> .00</u> | |
| 28 | Repayment credit (see page 26) | 28 | <u> .00</u> | |



| | | | |
|----------------------------|---|-----------------------------|--------------------------------------|
| Name(s) shown on Form 1 | | Your social security number | |
| AMARENDER REDDY CHADA | | 794539037 | |
| NO COMMAS; NO CENTS | | | |
| 29 | Homestead credit. Enclose Schedule H or H-EZ | 29 | <u> </u> .00 |
| 30 | Eligible veterans and surviving spouses property tax credit . . | 30 | <u> </u> .00 |
| 31 | Refundable credits from Schedule CR, line 40. Enclose Schedule CR | 31 | <u> </u> .00 |
| 32 | AMENDED RETURN ONLY—Amounts previously paid (see page 29) | 32 | <u> </u> .00 |
| 33 | Add lines 24 through 32 | 33 | <u> </u> 5678 .00 |
| 34 | AMENDED RETURN ONLY—Amounts previously refunded (see page 30) | 34 | <u> </u> .00 |
| 35 | Subtract line 34 from line 33 | 35 | <u> </u> 5678 .00 |
| 36 | If line 35 is larger than line 23, subtract line 23 from line 35. This is the AMOUNT YOU OVERPAID | 36 | <u> </u> 1520 .00 |
| 37 | Amount of line 36 you want REFUNDED TO YOU | 37 | <u> </u> 1520 .00 |
| 38 | Amount of line 36 you want APPLIED TO YOUR 2022 ESTIMATED TAX | 38 | <u> </u> 0 .00 |
| 39a | If line 35 is smaller than line 23, subtract line 35 from line 23. This is the AMOUNT YOU OWE . Paper clip payment to front of return | 39a | <u> </u> .00 |
| 39b | Interest (see page 30) | 39b | <u> </u> .00 |
| 40 | Underpayment interest. Fill in exception code-See Sch. U <u> </u> Also include on line 39a (see page 31) | 40 | <u> </u> .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) ▶

| | | | | |
|--|--|--|--|--|
| | | | | |
|--|--|--|--|--|

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 | Date | Daytime Phone | Wisconsin Identity Protection PIN (7 characters) |
| _____ | _____ | 6692350488 | _____ |
| Spouse's signature (if filing jointly, BOTH must sign) | Date | Daytime Phone | Wisconsin Identity Protection PIN (7 characters) |
| _____ | _____ | _____ | _____ |

I-010ai

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

Do Not Submit Photocopies



NO COMMAS; NO CENTS

Schedule 1 – Itemized Deduction Credit (see page 15)

| | | | |
|----------|--|----------|--------------|
| 1 | Medical and dental expenses from federal Schedule A (Form 1040). See instructions for exceptions. | 1 | .00 |
| 2 | Interest paid from federal Schedule A (Form 1040). Do not include interest paid to purchase a second home located outside Wisconsin or a residence which is a boat. Also, do not include interest paid to purchase or hold U.S. government securities and interest from a tax-option (S) corporation if claimed as a subtraction | 2 | .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 | Fill in your standard deduction from line 6 on page 1 of Form 1 | 6 | 2308 .00 |
| 7 | Subtract line 6 from line 5. If line 6 is more than line 5, fill in 0 | 7 | 0 .00 |
| 8 | Rate of credit is .05 (5%) | 8 | x .05 |
| 9 | Multiply line 7 by line 8. Fill in here and on line 11 on page 2 of Form 1 | 9 | 0 .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 |
|----------|--|--------------|
| 1 | Taxable wages, salaries, tips, and other employee com Do NOT include deferred compensation, interest, dividends, pensions, unemployment compensation, or other unearned income 1 | .00 .00 |
| 2 | Net profit or (loss) from self-employment from federal Schedul C, C-EZ, and F (Form 1040), Schedule K-1 (Form 1065), and any other taxable self-employment or earned income 2 | .00 .00 |
| 3 | Combine lines 1 and 2. This is earned income. 3 | .00 .00 |
| 4 | Add the amounts from federal Schedule 1 (Form 1040), lines 12, 16, 20, 24e, 24f, and 24g, and any Wisconsin disability income exclusion. Fill in the total of these adjustments that apply to you or your spouse's income 4 | .00 .00 |
| 5 | Subtract line 4 from line 3. This is qualified earned income. If less than zero, fill in 0 5 | .00 .00 |
| 6 | Compare the amounts in columns (A) and (B) of line 5. Fill in the smaller amount here. If more than \$16,000, fill in \$16,000. 6 | .00 .00 |
| 7 | Rate of credit is .03 (3%). 7 | x .03 |
| 8 | Multiply line 6 by line 7. Fill in here and on line 14 on page 2 of Form 1 8 | .00 |

Do not fill in
more than \$480.

