

Form **8879**

(Rev. January 2021)

Department of the Treasury
Internal Revenue Service**IRS e-file Signature Authorization**

OMB No. 1545-0074

- **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 FNU JAYARAM ABHIRAM	Social security number 635-53-1925
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 45,740.
2 Total tax	2 3,746.
3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099	3 4,710.
4 Amount you want refunded to you	4 964.
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	1	9	2	5
---	---	---	---	---

 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
☒ 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 FNU		Last name JAYARAM ABHIRAM		Your social security number 635-53-1925	
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. 1216 N LINCOLN AVE				Apt. no.	
City, town, or post office. If you have a foreign address, also complete spaces below. MARSHFIELD			State WI	ZIP code 54449	Presidential Election Campaign Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund. <input type="checkbox"/> You <input type="checkbox"/> Spouse
Foreign country name		Foreign province/state/county		Foreign postal code	

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):		(2) Social security number	(3) Relationship to you	(4) <input checked="" type="checkbox"/> if qualifies for (see instructions):	
(1) First name	Last name			Child tax credit	Credit for other dependents
If more than four dependents, see instructions and check here ▶ <input type="checkbox"/>				<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.	1	Wages, salaries, tips, etc. Attach Form(s) W-2	1	51,544.
	2a	Tax-exempt interest	2a	
	3a	Qualified dividends	3a	
	4a	IRA distributions	4a	
	5a	Pensions and annuities	5a	
	6a	Social security benefits	6a	
	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	-5,804.
	9	Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income ▶	9	45,740.
	10	Adjustments to income from Schedule 1, line 26	10	
	11	Subtract line 10 from line 9. This is your adjusted gross income ▶	11	45,740.
	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	32,890.

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 *Standard Deduction*, see 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	3,746.
17	Amount from Schedule 2, line 3	17	
18	Add lines 16 and 17	18	3,746.
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	3,746.
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	3,746.
25	Federal income tax withheld from:		
a	Form(s) W-2	25a	4,710.
b	Form(s) 1099	25b	
c	Other forms (see instructions)	25c	
d	Add lines 25a through 25c	25d	4,710.
26	2021 estimated tax payments and amount applied from 2020 return	26	
27a	Earned income credit (EIC) 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"/>	27a	
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	4,710.
Refund	34 If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid	34	964.
35a	Amount of line 34 you want refunded to you . If Form 8888 is attached, check here <input type="checkbox"/>	35a	964.
Direct deposit? See instructions.	b Routing number 071025661 c Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings		
	d Account number 4826411804		
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	

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

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. (813) 998-7557

Email address ABHIRAM2@MAIL.USF.EDU

Paid Preparer Use Only

Preparer's name

Preparer's signature

Date

PTIN

Check if:

SYAM PRIYA RAM SAGAR GUPTA TALLAM

SYAM PRIYA RAM SAGAR GUPTA TALLAM

04/07/2022

P02082703

☐ Self-employed

Firm's name ▶ GLOBAL TAXES LLC

Phone no. (678) 965-9522

Firm's address ▶ 2530 Pebble Creek Ln Cumming GA 30041

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

FNU JAYARAM ABHIRAM

Your social security number

635-53-1925

Part I Additional Income

1	Taxable refunds, credits, or offsets of state and local income taxes	1	0.
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	-5,804.
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	-5,804.

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)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

2021Attachment
Sequence No. **13**

Name(s) shown on return

FNU JAYARAM ABHIRAM

Your social security number

635-53-1925

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	208 SAI PALACE, 17TH MAIN BOBCOLONY PUTTENHALLI JP NAGAR 7TH PHASE BANGALORE KARNATAKA IN 560078				
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	380.		
4 Royalties received	4			
Expenses:				
5 Advertising	5			
6 Auto and travel (see instructions)	6			
7 Cleaning and maintenance	7	1,204.		
8 Commissions.	8			
9 Insurance	9			
10 Legal and other professional fees	10			
11 Management fees	11	1,070.		
12 Mortgage interest paid to banks, etc. (see instructions)	12			
13 Other interest.	13			
14 Repairs.	14	1,260.		
15 Supplies	15	980.		
16 Taxes	16			
17 Utilities.	17	1,670.		
18 Depreciation expense or depletion	18			
19 Other (list) ▶	19			
20 Total expenses. Add lines 5 through 19	20	6,184.		
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	-5,804.		
22 Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions)	22	(5,804.)	()	()
23a Total of all amounts reported on line 3 for all rental properties	23a	380.		
b Total of all amounts reported on line 4 for all royalty properties	23b			
c Total of all amounts reported on line 12 for all properties	23c			
d Total of all amounts reported on line 18 for all properties	23d			
e Total of all amounts reported on line 20 for all properties	23e	6,184.		
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	(5,804.)		
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	-5,804.		

For Paperwork Reduction Act Notice, see the separate instructions.

NPA

-5,804.

Schedule E (Form 1040) 2021

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

beginning _____, 2021 ending _____, 20____.

Note

Check here if an amended return ☐

DO NOT STAPLE

See page 5 before assembling return

Your legal last name JAYARAM ABHIRAM		Legal first name FNU		M.I.	Your social security number 635531925
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. 1216 N LINCOLN AVE				Apt. no.	
City or post office MARSHFIELD		State WI	Zip code 54449		
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				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 <input checked="" type="checkbox"/> MARSHFIELD County of <input checked="" type="checkbox"/> WOOD School district number See page 43 <input type="text"/> 6720	
<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				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	45740.00
	Form W-2 wages included in line 1		51544.00
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	45740.00
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	45740.00
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	7648.00
7	Subtract line 6 from line 5. If line 6 is larger than line 5, fill in 0	7	38092.00
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	37392.00
10	Tax (see table on page 36)	10	1687.00

PAPER CLIP payment here



NO COMMAS; NO CENTS

11	Itemized deduction credit. Enclose Schedule 1, page 4	11	_____	.00	0
12	School property tax credit				
a	Rent paid in 2021 – heat included _____		.00		
	Rent paid in 2021 – heat not included _____		9600	.00	
			Find credit from table page 17..		12a _____
					290 .00
b	Property taxes paid on home in 2021 _____		.00		
			Find credit from table page 19 .		12b _____
					.00
13	Working families tax credit (see page 19)	13	_____	0	.00
14	Married couple credit. Enclose Schedule 2, page 4	14	_____	.00	
15	Nonrefundable credits from line 34 of Schedule CR	15	_____	.00	
16	Net income tax paid to another state. Enclose Schedule OS ...	16	_____	.00	
17	Add lines 11 through 16	17	_____	290	.00
18	Subtract line 17 from line 10. If line 17 is larger than line 10, fill in 0. This is your net tax.	18	_____	1397	.00
19	Sales and use tax due on internet, mail order, or other out-of-state purchases (see page 22)	19	_____	.00	
	If you certify that no sales or use tax is due, check here		▶	X	
20	Donations (decreases refund or increases amount owed)				
a	Endangered resources _____		.00		
b	Cancer research00		
c	Veterans trust fund00		
d	Multiple sclerosis00		
e	Military family relief00		
f	Second Harvest/Feeding Amer.00		
g	Red Cross WI Disaster Relief00		
h	Special Olympics Wisconsin00		
	Total (add lines a through h) ... ▶	20i	_____	.00	
21	Penalties on IRAs, retirement plans, MSAs, etc. (see page 23) ..		.00	x .33 =	21 _____
					.00
22	Other penalties (see page 24)	22	_____	.00	
23	Add lines 18, 19, 20i, 21 and 22	23	_____	1397	.00
24	Wisconsin tax withheld. Enclose withholding statements	24	_____	2611	.00
25	2021 estimated tax payments and amount applied from 2020 return ...	25	_____	.00	
26	Earned income credit. Number of qualifying children .. ▶ _____				
	Federal credit. ... _____		.00	x _____ % =	26 _____
					.00
27	Farmland preservation credit. a Schedule FC, line 17	27a	_____	.00	
	b Schedule FC-A, line 13	27b	_____	.00	
28	Repayment credit (see page 26)	28	_____	.00	

NOTE: You must use your 2021 earned income (see page 25).



Name(s) shown on Form 1 FNU JAYARAM ABHIRAM		Your social security number 635531925	
NO COMMAS; NO CENTS			
29	Homestead credit. Enclose Schedule H or H-EZ	29	.00
30	Eligible veterans and surviving spouses property tax credit . .	30	.00
31	Refundable credits from Schedule CR, line 40. Enclose Schedule CR	31	.00
32	AMENDED RETURN ONLY—Amounts previously paid (see page 29)	32	.00
33	Add lines 24 through 32	33	2611 .00
34	AMENDED RETURN ONLY—Amounts previously refunded (see page 30)	34	.00
35	Subtract line 34 from line 33	35	2611 .00
36	If line 35 is larger than line 23, subtract line 23 from line 35. This is the AMOUNT YOU OVERPAID	36	1214 .00
37	Amount of line 36 you want REFUNDED TO YOU	37	1214 .00
38	Amount of line 36 you want APPLIED TO YOUR 2022 ESTIMATED TAX	38	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	.00
39b	Interest (see page 30)	39b	.00
40	Underpayment interest. Fill in exception code-See Sch. U _____ Also include on line 39a (see page 31)	40	.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) ▶
		<div style="border: 1px solid black; width: 100px; height: 20px; display: flex; align-items: center; justify-content: center;"> <div style="width: 25px; height: 20px; border: 1px solid black;"></div> <div style="width: 25px; height: 20px; border: 1px solid black;"></div> <div style="width: 25px; height: 20px; border: 1px solid black;"></div> <div style="width: 25px; height: 20px; border: 1px solid black;"></div> </div>



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)
		8139987557	_____
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 duePO Box 268, Madison WI 53790-0001
If refund or no tax duePO Box 59, Madison WI 53785-0001
If homestead credit claimedPO 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	7648 .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 compensation. Do NOT include deferred compensation, interest, dividends, pensions, unemployment compensation, or other unearned income	1 .00	.00
2 Net profit or (loss) from self-employment from federal Schedule 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	.00

Do not fill in
more than \$480.