

# IRS e-file Signature Authorization

▶ ERO must obtain and retain completed Form 8879.  
▶ Go to [www.irs.gov/Form8879](http://www.irs.gov/Form8879) for the latest information.

Submission Identification Number (SID) ▶

Taxpayer's name <b>NISHANTH MYANA</b>	Social security number <b>858-26-0620</b>
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.

<b>1</b> Adjusted gross income . . . . .	<b>1</b>	82,797.
<b>2</b> Total tax . . . . .	<b>2</b>	11,132.
<b>3</b> Federal income tax withheld from Form(s) W-2 and Form(s) 1099 . . . . .	<b>3</b>	15,372.
<b>4</b> Amount you want refunded to you . . . . .	<b>4</b>	4,240.
<b>5</b> Amount you owe . . . . .	<b>5</b>	

## 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 

6	0	6	2	0
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 as my signature on the income tax return (original or amended) I am now authorizing.

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 ▶ *Nishanth M* Date ▶ 03-18-2022

### 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.

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: NISHANTH
Last name: MYANA
Your social security number: 858-26-0620
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.
13023 NEWBURGH GREEN DR
Apt. no.
City, town, or post office. If you have a foreign address, also complete spaces below.
CHARLOTTE
State: NC
ZIP code: 28273
Foreign country name:
Foreign province/state/county:
Foreign postal code:
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.
[ ] 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 various sub-rows (1-15) for income, deductions, and taxable income.

<b>16</b>	Tax (see instructions). Check if any from Form(s): 1 <input type="checkbox"/> 8814 2 <input type="checkbox"/> 4972 3 <input type="checkbox"/> _____		16	11,132.
<b>17</b>	Amount from Schedule 2, line 3		<b>17</b>	
<b>18</b>	Add lines 16 and 17		<b>18</b>	11,132.
<b>19</b>	Nonrefundable child tax credit or credit for other dependents from Schedule 8812		<b>19</b>	
<b>20</b>	Amount from Schedule 3, line 8		<b>20</b>	
<b>21</b>	Add lines 19 and 20		<b>21</b>	
<b>22</b>	Subtract line 21 from line 18. If zero or less, enter -0-		<b>22</b>	11,132.
<b>23</b>	Other taxes, including self-employment tax, from Schedule 2, line 21		<b>23</b>	0.
<b>24</b>	Add lines 22 and 23. This is your <b>total tax</b>		<b>24</b>	11,132.
<b>25</b>	Federal income tax withheld from:			
	<b>a</b> Form(s) W-2	<b>25a</b>		15,372.
	<b>b</b> Form(s) 1099	<b>25b</b>		
	<b>c</b> Other forms (see instructions)	<b>25c</b>		
	<b>d</b> Add lines 25a through 25c		<b>25d</b>	15,372.
<b>26</b>	2021 estimated tax payments and amount applied from 2020 return		<b>26</b>	
<b>27a</b>	Earned income credit (EIC) <span style="float: right;">No</span>	<b>27a</b>		
	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>b</b> Nontaxable combat pay election	<b>27b</b>		
	<b>c</b> Prior year (2019) earned income	<b>27c</b>		
<b>28</b>	Refundable child tax credit or additional child tax credit from Schedule 8812	<b>28</b>		
<b>29</b>	American opportunity credit from Form 8863, line 8	<b>29</b>		
<b>30</b>	Recovery rebate credit. See instructions	<b>30</b>		
<b>31</b>	Amount from Schedule 3, line 15	<b>31</b>		
<b>32</b>	Add lines 27a and 28 through 31. These are your <b>total other payments and refundable credits</b>		<b>32</b>	
<b>33</b>	Add lines 25d, 26, and 32. These are your <b>total payments</b>		<b>33</b>	15,372.
<b>Refund</b>	<b>34</b> If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you <b>overpaid</b>		<b>34</b>	4,240.
	<b>35a</b> Amount of line 34 you want <b>refunded to you</b> . If Form 8888 is attached, check here <input type="checkbox"/>		<b>35a</b>	4,240.
Direct deposit? See instructions.	<b>b</b> Routing number 011000138 <b>c</b> Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings			
	<b>d</b> Account number 004667055643			
	<b>36</b> Amount of line 34 you want <b>applied to your 2022 estimated tax</b>	<b>36</b>		
<b>Amount You Owe</b>	<b>37</b> <b>Amount you owe</b> . Subtract line 33 from line 24. For details on how to pay, see instructions		<b>37</b>	
	<b>38</b> Estimated tax penalty (see instructions)	<b>38</b>		

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	If the IRS sent you an Identity Protection PIN, enter it here (see inst.)
		SOFTWARE ENGINEER	
Spouse's signature. If a joint return, <b>both</b> must sign.	Date	Spouse's occupation	If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.)
Phone no. (603) 275-6632	Email address MNISHANTH992@GMAIL.COM		

**Paid Preparer Use Only**

Preparer's name	Preparer's signature	Date	PTIN	Check if: <input type="checkbox"/> Self-employed
SYAM PRIYA RAM SAGAR GUPTA TALLAM	SYAM PRIYA RAM SAGAR GUPTA TALLAM	03/16/2022	P02082703	
Firm's name	Firm's address		Phone no.	Firm's EIN
GLOBAL TAXES LLC	2530 Pebble Creek Ln Cumming GA 30041		(678) 965-9522	30-1017196

**SCHEDULE 1  
(Form 1040)**

Department of the Treasury  
Internal Revenue Service

**Additional Income and Adjustments to Income**

▶ **Attach to Form 1040, 1040-SR, or 1040-NR.**  
▶ **Go to [www.irs.gov/Form1040](http://www.irs.gov/Form1040) for instructions and the latest information.**

OMB No. 1545-0074

**2021**  
Attachment  
Sequence No. **01**

Name(s) shown on Form 1040, 1040-SR, or 1040-NR  
NISHANTH MYANA

Your social security number  
858-26-0620

**Part I Additional Income**

<b>1</b>	Taxable refunds, credits, or offsets of state and local income taxes . . . . .	<b>1</b>	
<b>2a</b>	Alimony received . . . . .	<b>2a</b>	
<b>b</b>	Date of original divorce or separation agreement (see instructions) ▶ _____		
<b>3</b>	Business income or (loss). Attach Schedule C . . . . .	<b>3</b>	
<b>4</b>	Other gains or (losses). Attach Form 4797 . . . . .	<b>4</b>	
<b>5</b>	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E . . . . .	<b>5</b>	-8,550.
<b>6</b>	Farm income or (loss). Attach Schedule F . . . . .	<b>6</b>	
<b>7</b>	Unemployment compensation . . . . .	<b>7</b>	
<b>8</b>	Other income:		
<b>a</b>	Net operating loss . . . . .	<b>8a</b>	( )
<b>b</b>	Gambling income . . . . .	<b>8b</b>	
<b>c</b>	Cancellation of debt . . . . .	<b>8c</b>	
<b>d</b>	Foreign earned income exclusion from Form 2555 . . . . .	<b>8d</b>	( )
<b>e</b>	Taxable Health Savings Account distribution . . . . .	<b>8e</b>	
<b>f</b>	Alaska Permanent Fund dividends . . . . .	<b>8f</b>	
<b>g</b>	Jury duty pay . . . . .	<b>8g</b>	
<b>h</b>	Prizes and awards . . . . .	<b>8h</b>	
<b>i</b>	Activity not engaged in for profit income . . . . .	<b>8i</b>	
<b>j</b>	Stock options . . . . .	<b>8j</b>	
<b>k</b>	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 . . . . .	<b>8k</b>	
<b>l</b>	Olympic and Paralympic medals and USOC prize money (see instructions) . . . . .	<b>8l</b>	
<b>m</b>	Section 951(a) inclusion (see instructions) . . . . .	<b>8m</b>	
<b>n</b>	Section 951A(a) inclusion (see instructions) . . . . .	<b>8n</b>	
<b>o</b>	Section 461(l) excess business loss adjustment . . . . .	<b>8o</b>	
<b>p</b>	Taxable distributions from an ABLE account (see instructions) . . . . .	<b>8p</b>	
<b>z</b>	Other income. List type and amount ▶ _____	<b>8z</b>	
<b>9</b>	Total other income. Add lines 8a through 8z . . . . .	<b>9</b>	
<b>10</b>	Combine lines 1 through 7 and 9. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8 . . . . .	<b>10</b>	-8,550.

**Part II Adjustments to Income**

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

**SCHEDULE E  
(Form 1040)**

**Supplemental Income and Loss**

OMB No. 1545-0074

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

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

Name(s) shown on return

Your social security number

NISHANTH MYANA

858-26-0620

**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

<b>1a</b>	Physical address of each property (street, city, state, ZIP code)					
<b>A</b>	SIRCILLA KARIMNAGAR TELANGANA IN 505301					
<b>B</b>						
<b>C</b>						
<b>1b</b>	Type of Property (from list below)	<b>2</b> For each rental real estate property listed above, report the number of fair rental and personal use days. Check the <b>QJV</b> box only if you meet the requirements to file as a qualified joint venture. See instructions.	Fair Rental Days	Personal Use Days	QJV	
<b>A</b>	3		<b>A</b>	365	0	<input type="checkbox"/>
<b>B</b>			<b>B</b>			<input type="checkbox"/>
<b>C</b>			<b>C</b>			<input type="checkbox"/>

**Type of Property:**

- 1 Single Family Residence      3 Vacation/Short-Term Rental      5 Land      7 Self-Rental
- 2 Multi-Family Residence      4 Commercial      6 Royalties      8 Other (describe)

Income:		Properties:		A	B	C
<b>3</b>	Rents received . . . . .	<b>3</b>		550.		
<b>4</b>	Royalties received . . . . .	<b>4</b>				
<b>Expenses:</b>						
<b>5</b>	Advertising . . . . .	<b>5</b>				
<b>6</b>	Auto and travel (see instructions) . . . . .	<b>6</b>				
<b>7</b>	Cleaning and maintenance . . . . .	<b>7</b>		800.		
<b>8</b>	Commissions. . . . .	<b>8</b>				
<b>9</b>	Insurance . . . . .	<b>9</b>				
<b>10</b>	Legal and other professional fees . . . . .	<b>10</b>				
<b>11</b>	Management fees . . . . .	<b>11</b>		1,500.		
<b>12</b>	Mortgage interest paid to banks, etc. (see instructions)	<b>12</b>				
<b>13</b>	Other interest. . . . .	<b>13</b>				
<b>14</b>	Repairs. . . . .	<b>14</b>		1,800.		
<b>15</b>	Supplies . . . . .	<b>15</b>		2,300.		
<b>16</b>	Taxes . . . . .	<b>16</b>				
<b>17</b>	Utilities. . . . .	<b>17</b>		2,700.		
<b>18</b>	Depreciation expense or depletion . . . . .	<b>18</b>				
<b>19</b>	Other (list) ▶ . . . . .	<b>19</b>				
<b>20</b>	Total expenses. Add lines 5 through 19 . . . . .	<b>20</b>		9,100.		
<b>21</b>	Subtract line 20 from line 3 (rents) and/or 4 (royalties). If result is a (loss), see instructions to find out if you must file Form 6198 . . . . .	<b>21</b>		-8,550.		
<b>22</b>	Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions) . . . . .	<b>22</b>	(	8,550.)	(	)
<b>23a</b>	Total of all amounts reported on line 3 for all rental properties . . . . .	<b>23a</b>		550.		
<b>b</b>	Total of all amounts reported on line 4 for all royalty properties . . . . .	<b>23b</b>				
<b>c</b>	Total of all amounts reported on line 12 for all properties . . . . .	<b>23c</b>				
<b>d</b>	Total of all amounts reported on line 18 for all properties . . . . .	<b>23d</b>				
<b>e</b>	Total of all amounts reported on line 20 for all properties . . . . .	<b>23e</b>		9,100.		
<b>24</b>	<b>Income.</b> Add positive amounts shown on line 21. Do not include any losses . . . . .	<b>24</b>				
<b>25</b>	<b>Losses.</b> Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here . . . . .	<b>25</b>	(	8,550.)		
<b>26</b>	<b>Total rental real estate and royalty income or (loss).</b> Combine lines 24 and 25. Enter the result here. If Parts II, III, IV, and line 40 on page 2 do not apply to you, also enter this amount on Schedule 1 (Form 1040), line 5. Otherwise, include this amount in the total on line 41 on page 2 . . . . .	<b>26</b>				-8,550.

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

Your legal last name MYANA, Legal first name NISHANTH, M.I., Your social security number 858260620

Home address (number and street). If you have a PO Box, see page 12 13023 NEWBURGH GREEN DR Apt. no.

City or post office CHARLOTTE, State NC, Zip code 28273

Foreign Country, Foreign province/state/country, Foreign postal code

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

1-0501

Table with 4 columns: Income, Print numbers like this, NO COMMAS NO CENTS, A. Federal column, B. Wisconsin column. Rows include Wages, salaries, tips, etc. (91347.00), 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. (-8550.00), Farm income or (loss) (.00), Unemployment compensation (.00), Social security benefits (.00), Other income (.00), Combine lines 1 through 15 (82797.00).

<b>Adjustments to Income</b>		A. Federal column	B. Wisconsin column
<b>17</b>	Educator expenses (see page 26) . . . . .	.00	.00
<b>18</b>	Certain business expenses of reservists, performing artists, and fee-basis government officials (see page 26) . . . . .	.00	.00
<b>19</b>	Health savings account deduction (see page 26) . . . . .	.00	.00
<b>20</b>	Moving expenses for members of the Armed Forces (see page 26) . . . . .	.00	.00
<b>21</b>	Deductible part of self-employment tax (see page 27) . . . . .	.00	.00
<b>22</b>	Self-employed SEP, SIMPLE, and qualified plans (see page 27) . . . . .	.00	.00
<b>23</b>	Self-employed health insurance deduction (see page 28) . . . . .	.00	.00
<b>24</b>	Penalty on early withdrawal of savings (see page 29) . . . . .	.00	0.00
<b>25</b>	Alimony paid (see page 29) . . . . .	.00	.00
<b>26</b>	IRA deduction (see page 29) . . . . .	.00	.00
<b>27</b>	Student loan interest deduction (see page 30) . . . . .	.00	.00
<b>28</b>	Other adjustments (see page 30). Enclose Schedule M if line 28b has an amount . . . . .	.00	.00
<b>29</b>	Total adjustments to income. Add lines 17 through 28 . . . . .	.00	0.00
<b>Adjusted Gross Income</b>			
<b>30</b>	Wisconsin income. Subtract line 29, column B from line 16, column B . . . . .		91347.00
<b>31</b>	Federal income. Subtract line 29, column A from line 16, column A . . . . .	82797.00	
<b>32</b>	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**

<b>33</b>	Fill in the <b>larger</b> of Wisconsin income from line 30, column B or federal income from line 31, column A. <b>But</b> , if Wisconsin income from line 30 is zero or less, fill in 0 (zero) . . . . .	<b>33</b>	91347.00
<b>34a</b>	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 . . . . .	<b>34a</b>	<input type="checkbox"/>
<b>34b</b>	Aliens (see page 31 to determine if you must check line 34b) . . . . .	<b>34b</b>	<input type="checkbox"/>
<b>34c</b>	Find the standard deduction for amount on line <b>31</b> using table on page 50 . . . . .	<b>34c</b>	3208.00
<b>35</b>	Subtract line 34c from line 33. If line 34c is more than line 33, fill in 0 (zero) . . . . .	<b>35</b>	88139.00
<b>36</b>	Exemptions ( <b>Caution: see page 32</b> )		
<b>a</b>	Fill in exemptions allowed . . . . . <u>1</u> x \$700 . . . . .	<b>36a</b>	700.00
<b>b</b>	Check if 65 or older <input type="checkbox"/> You + <input type="checkbox"/> Spouse = <input type="checkbox"/> x \$250 . . . . .	<b>36b</b>	.00
<b>c</b>	Add lines 36a and 36b . . . . .	<b>36c</b>	700.00
<b>37</b>	Subtract line 36c from line 35. If line 36c is more than line 35, fill in 0 (zero) . . . . .	<b>37</b>	87439.00
<b>38</b>	Tax (see table on page 52) . . . . .	<b>38</b>	4343.00
<b>39</b>	Itemized deduction credit. Complete Schedule 1 (page 4, Form 1NPR) . . . . .	<b>39</b>	0.00
<b>40</b>	School property tax credits (part-year and full-year residents only)		
<b>a</b>	Rent paid in 2021—heat included <u>.00</u> } Find credit from table page 35 . . . . .	<b>40a</b>	.00
	Rent paid in 2021—heat not included <u>.00</u> }		
<b>b</b>	Property taxes paid on home in 2021 <u>.00</u> } Find credit from table page 36 . . . . .	<b>40b</b>	.00
<b>41</b>	Add credits on lines 39, 40a, and 40b . . . . .	<b>41</b>	0.00
<b>42</b>	Subtract line 41 from line 38. If line 41 is more than line 38, fill in 0 (zero) . . . . .	<b>42</b>	4343.00
<b>43</b>	Fill in ratio from line 32 . . . . .	<b>43</b>	1.0000
<b>44</b>	Multiply line 42 by ratio on line 43 . . . . .	<b>44</b>	4343.00





Name(s) shown on Form 1NPR <b>NISHANTH MYANA</b>		Your social security number <b>858260620</b>
<b>45</b>	Fill in amount from line 44	<b>45</b> <u>4343.00</u>
<b>46</b>	Working families tax credit. (Full-year Wisconsin residents only)	<b>46</b> <u>.00</u>
<b>47</b>	Married couple credit. Complete Schedule 2 (page 4, Form 1NPR)	<b>47</b> <u>.00</u>
<b>48</b>	Nonrefundable credits from Schedule CR, line 34. Enclose Schedule CR	<b>48</b> <u>.00</u>
<b>49</b>	Net income tax paid to another state. Enclose Schedule OS	<b>49</b> <u>.00</u>
<b>50</b>	Add lines 46 through 49	<b>50</b> <u>.00</u>
<b>51</b>	Subtract line 50 from line 45. If line 50 is more than line 45, fill in 0 (zero). This is your net tax	<b>51</b> <u>4343.00</u>
<b>52</b>	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"/>	<b>52</b> <u>.00</u>
<b>53</b>	Donations (decreases refund or increases amount owed)	
<b>a</b>	Endangered resources <u>.00</u>	<b>e</b> Military family relief <u>.00</u>
<b>b</b>	Cancer research <u>.00</u>	<b>f</b> Second Harvest/Feeding Amer. <u>.00</u>
<b>c</b>	Veterans trust fund <u>.00</u>	<b>g</b> Red Cross WI Disaster Relief <u>.00</u>
<b>d</b>	Multiple sclerosis <u>.00</u>	<b>h</b> Special Olympics Wisconsin <u>.00</u>
	Total (add lines a through h) →	<b>53i</b> <u>.00</u>
<b>54</b>	Penalties on IRAs, other retirement plans, MSAs, etc. (see page 40) $\blacktriangleright$ <u>.00</u> x .33 =	<b>54</b> <u>.00</u>
<b>55</b>	Other penalties (see page 41)	<b>55</b> <u>.00</u>
<b>56</b>	Add lines 51 through 55	<b>56</b> <u>4343.00</u>

**Payments and Credits**

<b>57</b>	Wisconsin income tax withheld. Enclose readable withholding statements	<b>57</b> <u>5512.00</u>	
<b>58</b>	2021 Wisconsin estimated tax paid and amount applied from 2020 return	<b>58</b> <u>.00</u>	
<b>59</b>	Earned income credit. (Full-year Wisconsin residents only) Number of qualifying children $\blacktriangleright$ _____ Federal credit $\blacktriangleright$ _____ .00 x _____ % =	<b>59</b> <u>.00</u>	<b>NOTE:</b> You must use your 2021 earned income (see page 42).
<b>60</b>	Farmland preservation credit. <b>a.</b> Schedule FC, line 17	<b>60a</b> <u>.00</u>	
	<b>b.</b> Schedule FC-A, line 13	<b>60b</b> <u>.00</u>	
<b>61</b>	Repayment credit	<b>61</b> <u>.00</u>	
<b>62</b>	Homestead credit. (Full-year Wisconsin residents only)	<b>62</b> <u>.00</u>	
<b>63</b>	Eligible veterans and surviving spouses property tax credit	<b>63</b> <u>.00</u>	
<b>64</b>	Refundable credits from Schedule CR, line 40	<b>64</b> <u>.00</u>	
<b>65</b>	AMENDED RETURN ONLY – amount previously paid (see page 46)	<b>65</b> <u>.00</u>	
<b>66</b>	Add lines 57 through 65	<b>66</b> <u>5512.00</u>	
<b>67</b>	AMENDED RETURN ONLY – amount previously refunded (see page 47)	<b>67</b> <u>.00</u>	
<b>68</b>	Subtract line 67 from line 66	<b>68</b> <u>5512.00</u>	

**Refund or Amount You Owe**

<b>69</b>	If line 68 is more than line 56, subtract line 56 from line 68. This is the <b>AMOUNT OVERPAID</b>	<b>69</b> <u>1169.00</u>
<b>70</b>	Amount of line 69 you want <b>REFUNDED TO YOU</b>	<b>70</b> <u>1169.00</u>
<b>71</b>	Amount of line 69 to be <b>APPLIED TO YOUR 2022 ESTIMATED TAX</b>	<b>71</b> <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) PO Box 268 Madison WI 53790-0001</p>	<p>(if refund or no tax due) PO Box 59 Madison WI 53785-0001</p>
-----------------------------------------------------------------	--------------------------------------------------------------------------

**Schedule 1 – Wisconsin Itemized Deduction Credit** (see line 39 instructions)

<b>1</b>	Medical and dental expenses from federal Schedule A (Form 1040). See instructions for exceptions . . . . .	<b>1</b>	.00
<b>2</b>	Interest paid from federal Schedule A (Form 1040). See instructions for exceptions . . . . .	<b>2</b>	.00
<b>3</b>	Gifts to charity from federal Schedule A (Form 1040). See instructions for exceptions . . . . .	<b>3</b>	300.00
<b>4</b>	Casualty losses from federal Schedule A (Form 1040) . . . . .	<b>4</b>	.00
<b>5</b>	Add lines 1 through 4 . . . . .	<b>5</b>	300.00
<b>6</b>	Wisconsin standard deduction from Form 1NPR, line 34c . . . . .	<b>6</b>	3208.00
<b>7</b>	Subtract line 6 from line 5. If line 6 is more than line 5, fill in 0 (zero) . . . . .	<b>7</b>	0.00
<b>8</b>	Rate of credit is .05 (5%) . . . . .	<b>8</b>	<b>x .05</b>
<b>9</b>	Multiply line 7 by line 8. Fill in here and on line 39 of Form 1NPR . . . . .	<b>9</b>	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
<b>1</b>	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 . . . . .	<b>1</b>	.00	.00
<b>2</b>	Net profit or (loss) from self-employment from federal Schedules C, C-EZ, and F (Form 1040), Schedule K-1 (Form 1065), and any other taxable self-employment or earned income included in column B on Form 1NPR . . . . .	<b>2</b>	.00	.00
<b>3</b>	Combine lines 1 and 2. This is your total Wisconsin earned income . . . . .	<b>3</b>	.00	.00
<b>4</b>	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 . . . . .	<b>4</b>	.00	.00
<b>5</b>	Subtract line 4 from line 3. This is your qualified earned income . . . . .	<b>5</b>	.00	.00
<b>6</b>	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 . . . . .	<b>6</b>		.00
<b>7</b>	Rate of credit is .03 (3%) . . . . .	<b>7</b>	<b>x .03</b>	
<b>8</b>	Multiply line 6 by line 7. Round the result and fill in here and on line 47 of Form 1NPR. Do not fill in more than \$480. . . . .	<b>8</b>		.00

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: NISHANTH
Last name: MYANA
Your social security number: 858-26-0620
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. 13023 NEWBURGH GREEN DR
Apt. no.
City, town, or post office. If you have a foreign address, also complete spaces below. CHARLOTTE
State: NC
ZIP code: 28273
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 (Child tax credit, Credit for other dependents). Includes 'Dependents (see instructions):' and 'If more than four dependents, see instructions and check here'.

Main tax calculation table with 15 rows. Includes: 1 Wages, salaries, tips, etc. Attach Form(s) W-2 (91,347); 2a Tax-exempt interest; 3a Qualified dividends; 4a IRA distributions; 5a Pensions and annuities; 6a Social security benefits; 7 Capital gain or (loss); 8 Other income from Schedule 1, line 10 (-8,550); 9 Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income (82,797); 10 Adjustments to income from Schedule 1, line 26; 11 Subtract line 10 from line 9. This is your adjusted gross income (82,797); 12a Standard deduction or itemized deductions (from Schedule A) (12,550); 12b Charitable contributions if you take the standard deduction (see instructions) (300); 12c Add lines 12a and 12b (12,850); 13 Qualified business income deduction from Form 8995 or Form 8995-A; 14 Add lines 12c and 13 (12,850); 15 Taxable income. Subtract line 14 from line 11. If zero or less, enter -0- (69,947).

For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate instructions.

<b>16</b>	<b>Tax</b> (see instructions). Check if any from Form(s): <b>1</b> <input type="checkbox"/> 8814 <b>2</b> <input type="checkbox"/> 4972 <b>3</b> <input type="checkbox"/> _____	<b>16</b>	11,132.
<b>17</b>	Amount from Schedule 2, line 3	<b>17</b>	
<b>18</b>	Add lines 16 and 17	<b>18</b>	11,132.
<b>19</b>	Nonrefundable child tax credit or credit for other dependents from Schedule 8812	<b>19</b>	
<b>20</b>	Amount from Schedule 3, line 8	<b>20</b>	
<b>21</b>	Add lines 19 and 20	<b>21</b>	
<b>22</b>	Subtract line 21 from line 18. If zero or less, enter -0-	<b>22</b>	11,132.
<b>23</b>	Other taxes, including self-employment tax, from Schedule 2, line 21	<b>23</b>	0.
<b>24</b>	Add lines 22 and 23. This is your <b>total tax</b>	<b>24</b>	11,132.
<b>25</b>	Federal income tax withheld from:		
<b>a</b>	Form(s) W-2	<b>25a</b>	15,372.
<b>b</b>	Form(s) 1099	<b>25b</b>	
<b>c</b>	Other forms (see instructions)	<b>25c</b>	
<b>d</b>	Add lines 25a through 25c	<b>25d</b>	15,372.
<b>26</b>	2021 estimated tax payments and amount applied from 2020 return	<b>26</b>	
<b>27a</b>	Earned income credit (EIC) <span style="float:right">No</span> 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>27a</b>	
<b>b</b>	Nontaxable combat pay election	<b>27b</b>	
<b>c</b>	Prior year (2019) earned income	<b>27c</b>	
<b>28</b>	Refundable child tax credit or additional child tax credit from Schedule 8812	<b>28</b>	
<b>29</b>	American opportunity credit from Form 8863, line 8	<b>29</b>	
<b>30</b>	Recovery rebate credit. See instructions	<b>30</b>	
<b>31</b>	Amount from Schedule 3, line 15	<b>31</b>	
<b>32</b>	Add lines 27a and 28 through 31. These are your <b>total other payments and refundable credits</b>	<b>32</b>	
<b>33</b>	Add lines 25d, 26, and 32. These are your <b>total payments</b>	<b>33</b>	15,372.
<b>Refund</b>	<b>34</b> If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you <b>overpaid</b>	<b>34</b>	4,240.
	<b>35a</b> Amount of line 34 you want <b>refunded to you</b> . If Form 8888 is attached, check here <input type="checkbox"/>	<b>35a</b>	4,240.
Direct deposit? See instructions.	<b>b</b> Routing number 011000138 <b>c</b> Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings		
	<b>d</b> Account number 004667055643		
	<b>36</b> Amount of line 34 you want <b>applied to your 2022 estimated tax</b>	<b>36</b>	
<b>Amount You Owe</b>	<b>37</b> <b>Amount you owe</b> . Subtract line 33 from line 24. For details on how to pay, see instructions	<b>37</b>	
	<b>38</b> Estimated tax penalty (see instructions)	<b>38</b>	

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, <b>both</b> must sign.	Date	Spouse's occupation	If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.)

Phone no. (603) 275-6632 Email address MNISHANTH992@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](http://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  
NISHANTH MYANA

Your social security number  
858-26-0620

**Part I Additional Income**

<b>1</b>	Taxable refunds, credits, or offsets of state and local income taxes . . . . .	<b>1</b>	
<b>2a</b>	Alimony received . . . . .	<b>2a</b>	
<b>b</b>	Date of original divorce or separation agreement (see instructions) ▶ _____		
<b>3</b>	Business income or (loss). Attach Schedule C . . . . .	<b>3</b>	
<b>4</b>	Other gains or (losses). Attach Form 4797 . . . . .	<b>4</b>	
<b>5</b>	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E . . . . .	<b>5</b>	-8,550.
<b>6</b>	Farm income or (loss). Attach Schedule F . . . . .	<b>6</b>	
<b>7</b>	Unemployment compensation . . . . .	<b>7</b>	
<b>8</b>	Other income:		
<b>a</b>	Net operating loss . . . . .	<b>8a</b>	( )
<b>b</b>	Gambling income . . . . .	<b>8b</b>	
<b>c</b>	Cancellation of debt . . . . .	<b>8c</b>	
<b>d</b>	Foreign earned income exclusion from Form 2555 . . . . .	<b>8d</b>	( )
<b>e</b>	Taxable Health Savings Account distribution . . . . .	<b>8e</b>	
<b>f</b>	Alaska Permanent Fund dividends . . . . .	<b>8f</b>	
<b>g</b>	Jury duty pay . . . . .	<b>8g</b>	
<b>h</b>	Prizes and awards . . . . .	<b>8h</b>	
<b>i</b>	Activity not engaged in for profit income . . . . .	<b>8i</b>	
<b>j</b>	Stock options . . . . .	<b>8j</b>	
<b>k</b>	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 . . . . .	<b>8k</b>	
<b>l</b>	Olympic and Paralympic medals and USOC prize money (see instructions) . . . . .	<b>8l</b>	
<b>m</b>	Section 951(a) inclusion (see instructions) . . . . .	<b>8m</b>	
<b>n</b>	Section 951A(a) inclusion (see instructions) . . . . .	<b>8n</b>	
<b>o</b>	Section 461(l) excess business loss adjustment . . . . .	<b>8o</b>	
<b>p</b>	Taxable distributions from an ABLE account (see instructions) . . . . .	<b>8p</b>	
<b>z</b>	Other income. List type and amount ▶ _____	<b>8z</b>	
<b>9</b>	Total other income. Add lines 8a through 8z . . . . .	<b>9</b>	
<b>10</b>	Combine lines 1 through 7 and 9. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8 . . . . .	<b>10</b>	-8,550.

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

Schedule 1 (Form 1040) 2021

**Part II Adjustments to Income**

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

**SCHEDULE E  
(Form 1040)**

**Supplemental Income and Loss**

OMB No. 1545-0074

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

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

Name(s) shown on return

Your social security number

NISHANTH MYANA

858-26-0620

**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

<b>1a</b>	Physical address of each property (street, city, state, ZIP code)				
<b>A</b>	SIRCILLA KARIMNAGAR TELANGANA IN 505301				
<b>B</b>					
<b>C</b>					
<b>1b</b>	Type of Property (from list below)	<b>2</b> For each rental real estate property listed above, report the number of fair rental and personal use days. Check the <b>QJV</b> box only if you meet the requirements to file as a qualified joint venture. See instructions.	Fair Rental Days	Personal Use Days	QJV
<b>A</b>	3		<b>A</b> 365	0	<input type="checkbox"/>
<b>B</b>			<b>B</b>		<input type="checkbox"/>
<b>C</b>			<b>C</b>		<input type="checkbox"/>

**Type of Property:**

- 1 Single Family Residence      3 Vacation/Short-Term Rental      5 Land      7 Self-Rental
- 2 Multi-Family Residence      4 Commercial      6 Royalties      8 Other (describe)

Income:		Properties:		A	B	C
<b>3</b>	Rents received . . . . .	<b>3</b>		550.		
<b>4</b>	Royalties received . . . . .	<b>4</b>				
<b>Expenses:</b>						
<b>5</b>	Advertising . . . . .	<b>5</b>				
<b>6</b>	Auto and travel (see instructions) . . . . .	<b>6</b>				
<b>7</b>	Cleaning and maintenance . . . . .	<b>7</b>		800.		
<b>8</b>	Commissions. . . . .	<b>8</b>				
<b>9</b>	Insurance . . . . .	<b>9</b>				
<b>10</b>	Legal and other professional fees . . . . .	<b>10</b>				
<b>11</b>	Management fees . . . . .	<b>11</b>		1,500.		
<b>12</b>	Mortgage interest paid to banks, etc. (see instructions)	<b>12</b>				
<b>13</b>	Other interest. . . . .	<b>13</b>				
<b>14</b>	Repairs. . . . .	<b>14</b>		1,800.		
<b>15</b>	Supplies . . . . .	<b>15</b>		2,300.		
<b>16</b>	Taxes . . . . .	<b>16</b>				
<b>17</b>	Utilities. . . . .	<b>17</b>		2,700.		
<b>18</b>	Depreciation expense or depletion . . . . .	<b>18</b>				
<b>19</b>	Other (list) ▶ . . . . .	<b>19</b>				
<b>20</b>	Total expenses. Add lines 5 through 19 . . . . .	<b>20</b>		9,100.		
<b>21</b>	Subtract line 20 from line 3 (rents) and/or 4 (royalties). If result is a (loss), see instructions to find out if you must file Form 6198 . . . . .	<b>21</b>		-8,550.		
<b>22</b>	Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions) . . . . .	<b>22</b>	(	8,550.)	(	)
<b>23a</b>	Total of all amounts reported on line 3 for all rental properties . . . . .	<b>23a</b>		550.		
<b>b</b>	Total of all amounts reported on line 4 for all royalty properties . . . . .	<b>23b</b>				
<b>c</b>	Total of all amounts reported on line 12 for all properties . . . . .	<b>23c</b>				
<b>d</b>	Total of all amounts reported on line 18 for all properties . . . . .	<b>23d</b>				
<b>e</b>	Total of all amounts reported on line 20 for all properties . . . . .	<b>23e</b>		9,100.		
<b>24</b>	<b>Income.</b> Add positive amounts shown on line 21. Do not include any losses . . . . .	<b>24</b>				
<b>25</b>	<b>Losses.</b> Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here . . . . .	<b>25</b>	(	8,550.)		
<b>26</b>	<b>Total rental real estate and royalty income or (loss).</b> Combine lines 24 and 25. Enter the result here. If Parts II, III, IV, and line 40 on page 2 do not apply to you, also enter this amount on Schedule 1 (Form 1040), line 5. Otherwise, include this amount in the total on line 41 on page 2 . . . . .	<b>26</b>		-8,550.		

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"/>
NISHANTH MYANA 13023 NEWBURGH GREEN DR CHARLOT NC 28273 MECKL		Is your spouse a veteran? Yes <input type="checkbox"/> No <input type="checkbox"/>
Your SSN: 858260620 Spouse's SSN:		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"/>
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 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:
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
MYAN	1302	28273	DS	N	EA	N	TD			SD				FDEXT	N
NISHANTH		MYANA							858260620			MECKL			
												NC	28273		
13023	NEWBURGH	GREEN	DR					CHARLOTTE							
06		82797		16				3782		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		30				0	
11		10750		21C				0		31				0	
13		00000		21D				0		32				0	
14		72047		26A				0		34				0	
15		3782		26B				0							
TN	6032756632			PN			6789659522			PP				P02082703	



<b>Sign Return Below</b> <input type="checkbox"/>		<b>Refund Due</b> <u>0</u> <input type="checkbox"/>		<b>Payment Due</b> <u>0</u> <input type="checkbox"/>	
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 _____	
				Contact Phone No. (Include area code) <u>6032756632</u>	
<b>PAID PREPARER USE ONLY</b> If prepared by a person other than taxpayer, this certification is based on all information of which the preparer has any knowledge.					
<u>SYAM PRIYA RAM SAGAR GUPT</u>		<u>03 16 2</u>		<u>6789659522</u>	
Paid Preparer's Signature		Date		Preparer's Contact Phone Number (Include area code)	
				<u>P02082703</u>	
				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.	82797
7.	Additions to Federal Adjusted Gross Income	7.	0
8.	Add Lines 6 and 7	8.	82797
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.	72047
13.	Part-year Residents and Nonresidents Taxable Percentage	13.	0.0000
14.	N.C. Taxable Income	14.	72047
15.	N.C. Income Tax	15.	3782
16.	Tax Credits	16.	3782
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.	<b>Tax Due</b>	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.	<b>Pay this Amount</b>	27.	0
28.	<b>Overpayment</b>	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.	<b>Amount to be Refunded</b>	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) MYANA Your Social Security Number 858260620

Table with 8 columns: Line number, Amount, Code, Multiplier, Code, Amount, Code, Amount. Rows 01-07A.

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 number, Amount. Rows 1-7b.

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.

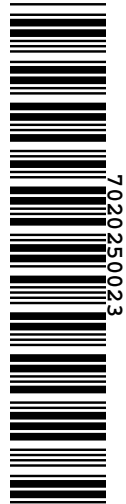
Note: For Lines 8a and 9a, the expenditures and expenses must have been incurred prior to January 1, 2015.

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

Table with 3 columns: Description, Line number, Amount. Rows 8a-13.

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

Table with 3 columns: Description, Line number, Amount. Rows 14-20.



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

Personal information section including name (MYANA NISHANTH), SSN (858260620), address (13023 NEWBURGH GREEN DR), and filing status (Single).

Resident status section with checkboxes for Full-year resident, Nonresident of Wisconsin (state NC), and Part-year resident.



Note: Complete residence questionnaire, page 61.

PAPER CLIP check or money order here

Income tax table with columns for Income, A. Federal column, and B. Wisconsin column. Includes rows for Wages, interest, dividends, etc., totaling 82797.00 federal and 91347.00 Wisconsin.

1-0501

<b>Adjustments to Income</b>		A. Federal column	B. Wisconsin column
<b>17</b>	Educator expenses (see page 26) . . . . .	.00	.00
<b>18</b>	Certain business expenses of reservists, performing artists, and fee-basis government officials (see page 26) . . . . .	.00	.00
<b>19</b>	Health savings account deduction (see page 26) . . . . .	.00	.00
<b>20</b>	Moving expenses for members of the Armed Forces (see page 26) . . . . .	.00	.00
<b>21</b>	Deductible part of self-employment tax (see page 27) . . . . .	.00	.00
<b>22</b>	Self-employed SEP, SIMPLE, and qualified plans (see page 27) . . . . .	.00	.00
<b>23</b>	Self-employed health insurance deduction (see page 28) . . . . .	.00	.00
<b>24</b>	Penalty on early withdrawal of savings (see page 29) . . . . .	.00	0.00
<b>25</b>	Alimony paid (see page 29) . . . . .	.00	.00
<b>26</b>	IRA deduction (see page 29) . . . . .	.00	.00
<b>27</b>	Student loan interest deduction (see page 30) . . . . .	.00	.00
<b>28</b>	Other adjustments (see page 30). Enclose Schedule M if line 28b has an amount . . . . .	.00	.00
<b>29</b>	Total adjustments to income. Add lines 17 through 28 . . . . .	.00	0.00
<b>Adjusted Gross Income</b>			
<b>30</b>	Wisconsin income. Subtract line 29, column B from line 16, column B . . . . .		91347.00
<b>31</b>	Federal income. Subtract line 29, column A from line 16, column A . . . . .	82797.00	
<b>32</b>	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**

<b>33</b>	Fill in the <b>larger</b> of Wisconsin income from line 30, column B or federal income from line 31, column A. <b>But</b> , if Wisconsin income from line 30 is zero or less, fill in 0 (zero) . . . . .	<b>33</b>	91347.00
<b>34a</b>	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 . . . . .	<b>34a</b>	<input type="checkbox"/>
<b>34b</b>	Aliens (see page 31 to determine if you must check line 34b) . . . . .	<b>34b</b>	<input type="checkbox"/>
<b>34c</b>	Find the standard deduction for amount on line <b>31</b> using table on page 50 . . . . .	<b>34c</b>	3208.00
<b>35</b>	Subtract line 34c from line 33. If line 34c is more than line 33, fill in 0 (zero) . . . . .	<b>35</b>	88139.00
<b>36</b>	Exemptions ( <b>Caution: see page 32</b> )		
<b>a</b>	Fill in exemptions allowed . . . . . <u>1</u> x \$700 . . . . .	<b>36a</b>	700.00
<b>b</b>	Check if 65 or older <input type="checkbox"/> You + <input type="checkbox"/> Spouse = <input type="checkbox"/> x \$250 . . . . .	<b>36b</b>	.00
<b>c</b>	Add lines 36a and 36b . . . . .	<b>36c</b>	700.00
<b>37</b>	Subtract line 36c from line 35. If line 36c is more than line 35, fill in 0 (zero) . . . . .	<b>37</b>	87439.00
<b>38</b>	Tax (see table on page 52) . . . . .	<b>38</b>	4343.00
<b>39</b>	Itemized deduction credit. Complete Schedule 1 (page 4, Form 1NPR) . . . . .	<b>39</b>	0.00
<b>40</b>	School property tax credits (part-year and full-year residents only)		
<b>a</b>	Rent paid in 2021—heat included <u>.00</u> } Find credit from table page 35 . . . . .	<b>40a</b>	.00
	Rent paid in 2021—heat not included <u>.00</u> }		
<b>b</b>	Property taxes paid on home in 2021 <u>.00</u> } Find credit from table page 36 . . . . .	<b>40b</b>	.00
<b>41</b>	Add credits on lines 39, 40a, and 40b . . . . .	<b>41</b>	0.00
<b>42</b>	Subtract line 41 from line 38. If line 41 is more than line 38, fill in 0 (zero) . . . . .	<b>42</b>	4343.00
<b>43</b>	Fill in ratio from line 32 . . . . .	<b>43</b>	1.0000
<b>44</b>	Multiply line 42 by ratio on line 43 . . . . .	<b>44</b>	4343.00



Name(s) shown on Form 1NPR <b>NISHANTH MYANA</b>		Your social security number <b>858260620</b>
<b>45</b>	Fill in amount from line 44	<b>45</b> <u>4343.00</u>
<b>46</b>	Working families tax credit. (Full-year Wisconsin residents only)	<b>46</b> <u>.00</u>
<b>47</b>	Married couple credit. Complete Schedule 2 (page 4, Form 1NPR)	<b>47</b> <u>.00</u>
<b>48</b>	Nonrefundable credits from Schedule CR, line 34. Enclose Schedule CR	<b>48</b> <u>.00</u>
<b>49</b>	Net income tax paid to another state. Enclose Schedule OS	<b>49</b> <u>.00</u>
<b>50</b>	Add lines 46 through 49	<b>50</b> <u>.00</u>
<b>51</b>	Subtract line 50 from line 45. If line 50 is more than line 45, fill in 0 (zero). This is your net tax	<b>51</b> <u>4343.00</u>
<b>52</b>	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"/>	<b>52</b> <u>.00</u>
<b>53</b>	Donations (decreases refund or increases amount owed)	
<b>a</b>	Endangered resources <u>.00</u>	<b>e</b> Military family relief <u>.00</u>
<b>b</b>	Cancer research <u>.00</u>	<b>f</b> Second Harvest/Feeding Amer. <u>.00</u>
<b>c</b>	Veterans trust fund <u>.00</u>	<b>g</b> Red Cross WI Disaster Relief <u>.00</u>
<b>d</b>	Multiple sclerosis <u>.00</u>	<b>h</b> Special Olympics Wisconsin <u>.00</u>
	Total (add lines a through h) →	<b>53i</b> <u>.00</u>
<b>54</b>	Penalties on IRAs, other retirement plans, MSAs, etc. (see page 40) <u>.00</u> x .33 =	<b>54</b> <u>.00</u>
<b>55</b>	Other penalties (see page 41)	<b>55</b> <u>.00</u>
<b>56</b>	Add lines 51 through 55	<b>56</b> <u>4343.00</u>

**Payments and Credits**

<b>57</b>	Wisconsin income tax withheld. Enclose readable withholding statements	<b>57</b> <u>5512.00</u>	
<b>58</b>	2021 Wisconsin estimated tax paid and amount applied from 2020 return	<b>58</b> <u>.00</u>	
<b>59</b>	Earned income credit. (Full-year Wisconsin residents only) Number of qualifying children <u>    </u> Federal credit <u>    </u> x <u>    </u> % =	<b>59</b> <u>.00</u>	<b>NOTE:</b> You must use your 2021 earned income (see page 42).
<b>60</b>	Farmland preservation credit. <b>a.</b> Schedule FC, line 17 <b>60a</b> <u>.00</u> <b>b.</b> Schedule FC-A, line 13 <b>60b</b> <u>.00</u>		
<b>61</b>	Repayment credit	<b>61</b> <u>.00</u>	
<b>62</b>	Homestead credit. (Full-year Wisconsin residents only)	<b>62</b> <u>.00</u>	
<b>63</b>	Eligible veterans and surviving spouses property tax credit	<b>63</b> <u>.00</u>	
<b>64</b>	Refundable credits from Schedule CR, line 40	<b>64</b> <u>.00</u>	
<b>65</b>	AMENDED RETURN ONLY – amount previously paid (see page 46)	<b>65</b> <u>.00</u>	
<b>66</b>	Add lines 57 through 65	<b>66</b> <u>5512.00</u>	
<b>67</b>	AMENDED RETURN ONLY – amount previously refunded (see page 47)	<b>67</b> <u>.00</u>	
<b>68</b>	Subtract line 67 from line 66	<b>68</b> <u>5512.00</u>	

**Refund or Amount You Owe**

<b>69</b>	If line 68 is more than line 56, subtract line 56 from line 68. This is the <b>AMOUNT OVERPAID</b>	<b>69</b> <u>1169.00</u>
<b>70</b>	Amount of line 69 you want <b>REFUNDED TO YOU</b>	<b>70</b> <u>1169.00</u>
<b>71</b>	Amount of line 69 to be <b>APPLIED TO YOUR 2022 ESTIMATED TAX</b>	<b>71</b> <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) PO Box 268 Madison WI 53790-0001</p>	<p>(if refund or no tax due) PO Box 59 Madison WI 53785-0001</p>
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**Schedule 1 – Wisconsin Itemized Deduction Credit** (see line 39 instructions)

<b>1</b>	Medical and dental expenses from federal Schedule A (Form 1040). See instructions for exceptions . . . . .	<b>1</b>	.00
<b>2</b>	Interest paid from federal Schedule A (Form 1040). See instructions for exceptions . . . . .	<b>2</b>	.00
<b>3</b>	Gifts to charity from federal Schedule A (Form 1040). See instructions for exceptions . . . . .	<b>3</b>	300.00
<b>4</b>	Casualty losses from federal Schedule A (Form 1040) . . . . .	<b>4</b>	.00
<b>5</b>	Add lines 1 through 4 . . . . .	<b>5</b>	300.00
<b>6</b>	Wisconsin standard deduction from Form 1NPR, line 34c . . . . .	<b>6</b>	3208.00
<b>7</b>	Subtract line 6 from line 5. If line 6 is more than line 5, fill in 0 (zero) . . . . .	<b>7</b>	0.00
<b>8</b>	Rate of credit is .05 (5%) . . . . .	<b>8</b>	<b>x .05</b>
<b>9</b>	Multiply line 7 by line 8. Fill in here and on line 39 of Form 1NPR . . . . .	<b>9</b>	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
<b>1</b>	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 . . . . .	<b>1</b>	.00	.00
<b>2</b>	Net profit or (loss) from self-employment from federal Schedules C, C-EZ, and F (Form 1040), Schedule K-1 (Form 1065), and any other taxable self-employment or earned income included in column B on Form 1NPR . . . . .	<b>2</b>	.00	.00
<b>3</b>	Combine lines 1 and 2. This is your total Wisconsin earned income . . . . .	<b>3</b>	.00	.00
<b>4</b>	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 . . . . .	<b>4</b>	.00	.00
<b>5</b>	Subtract line 4 from line 3. This is your qualified earned income . . . . .	<b>5</b>	.00	.00
<b>6</b>	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 . . . . .	<b>6</b>		.00
<b>7</b>	Rate of credit is .03 (3%) . . . . .	<b>7</b>	<b>x .03</b>	
<b>8</b>	Multiply line 6 by line 7. Round the result and fill in here and on line 47 of Form 1NPR. Do not fill in more than \$480. . . . .	<b>8</b>		.00