

**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<br>KOUSIK   | Last name<br>CHAVALI   | <b>Your social security number</b><br>782-41-9803     |   |
| If joint return, spouse's first name and middle initial<br>SUDHA B                                 | Last name<br>VEMPARALA | <b>Spouse's social security number</b><br>855-94-8998 |   |
| Home address (number and street). If you have a P.O. box, see instructions.<br>6855 S 68th St      |                        | Apt. no.<br>104                                       | <b>Presidential Election Campaign</b><br>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.<br><input type="checkbox"/> You <input type="checkbox"/> Spouse |
| City, town, or post office. If you have a foreign address, also complete spaces below.<br>Franklin |                        | State<br>WI   |   |
| Foreign country name   |                        | Foreign province/state/county                         |   |
| ZIP code<br>531328238  |                        | Foreign postal code                                   |   |

At any time during 2020, did you receive, sell, send, exchange, or otherwise acquire 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, 1956  Are blind **Spouse:**  Was born before January 2, 1956  Is blind

| <b>Dependents</b> (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. | <b>1</b> Wages, salaries, tips, etc. Attach Form(s) W-2 . . . . .  |               | <b>1</b> 175,471.                  |
|                            | <b>2a</b> Tax-exempt interest . . . . .  | <b>2a</b>     | <b>2b</b>                          |
|                            | <b>3a</b> Qualified dividends . . . . .  | <b>3a</b>     | <b>3b</b>                          |
|                            | <b>4a</b> IRA distributions . . . . .  | <b>4a</b>     | <b>4b</b>                          |
|                            | <b>5a</b> Pensions and annuities . . . . .   | <b>5a</b>     | <b>5b</b> Taxable amount . . . . . |
|                            | <b>6a</b> Social security benefits . . . . .   | <b>6a</b>     | <b>6b</b> Taxable amount . . . . . |
|                            | <b>7</b> Capital gain or (loss). Attach Schedule D if required. If not required, check here . . . . . ▶ <input type="checkbox"/> |               | <b>7</b>                           |
|                            | <b>8</b> Other income from Schedule 1, line 9 . . . . .  |               | <b>8</b> 0.                        |
|                            | <b>9</b> Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your <b>total income</b> . . . . . ▶                                 |               | <b>9</b> 175,471.                  |
|                            | <b>10</b> Adjustments to income:   |               |                                    |
|                            | <b>a</b> From Schedule 1, line 22 . . . . .  | <b>10a</b>    |                                    |
|                            | <b>b</b> Charitable contributions if you take the standard deduction. See instructions . . . . .                                 | <b>10b</b> 0. |                                    |
|                            | <b>c</b> Add lines 10a and 10b. These are your <b>total adjustments to income</b> . . . . . ▶                                    |               | <b>10c</b> 0.                      |
|                            | <b>11</b> Subtract line 10c from line 9. This is your <b>adjusted gross income</b> . . . . . ▶                                   |               | <b>11</b> 175,471.                 |
|                            | <b>12</b> <b>Standard deduction or itemized deductions</b> (from Schedule A) . . . . .   |               | <b>12</b> 24,800.                  |
|                            | <b>13</b> Qualified business income deduction. Attach Form 8995 or Form 8995-A . . . . .   |               | <b>13</b>                          |
|                            | <b>14</b> Add lines 12 and 13 . . . . .  |               | <b>14</b> 24,800.                  |
|                            | <b>15</b> <b>Taxable income.</b> Subtract line 14 from line 11. If zero or less, enter -0- . . . . .                             |               | <b>15</b> 150,671.                 |

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

|    |   |     |         |
|----|---|-----|---------|
| 16 | Tax (see instructions). Check if any from Form(s): 1 <input type="checkbox"/> 8814 2 <input type="checkbox"/> 4972 3 <input type="checkbox"/> _____ | 16  | 24,728. |
| 17 | Amount from Schedule 2, line 3  | 17  |         |
| 18 | Add lines 16 and 17   | 18  | 24,728. |
| 19 | Child tax credit or credit for other dependents   | 19  |         |
| 20 | Amount from Schedule 3, line 7  | 20  |         |
| 21 | Add lines 19 and 20   | 21  |         |
| 22 | Subtract line 21 from line 18. If zero or less, enter -0-   | 22  | 24,728. |
| 23 | Other taxes, including self-employment tax, from Schedule 2, line 10  | 23  | 0.      |
| 24 | Add lines 22 and 23. This is your <b>total tax</b>  | 24  | 24,728. |
| 25 | Federal income tax withheld from:   |     |         |
| a  | Form(s) W-2   | 25a | 29,037. |
| b  | Form(s) 1099  | 25b |         |
| c  | Other forms (see instructions)  | 25c |         |
| d  | Add lines 25a through 25c   | 25d | 29,037. |
| 26 | 2020 estimated tax payments and amount applied from 2019 return   | 26  |         |
| 27 | Earned income credit (EIC) <b>NO</b>  | 27  |         |
| 28 | Additional child tax credit. Attach Schedule 8812   | 28  |         |
| 29 | American opportunity credit from Form 8863, line 8  | 29  |         |
| 30 | Recovery rebate credit. See instructions  | 30  |         |
| 31 | Amount from Schedule 3, line 13   | 31  |         |
| 32 | Add lines 27 through 31. These are your <b>total other payments and refundable credits</b>  | 32  |         |
| 33 | Add lines 25d, 26, and 32. These are your <b>total payments</b>   | 33  | 29,037. |

• If you have a qualifying child, attach Sch. EIC.  
• If you have nontaxable combat pay, see instructions.

Refund

|     |   |     |   |
|-----|---|-----|---|
| 34  | If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you <b>overpaid</b>            | 34  | 4,309.  |
| 35a | Amount of line 34 you want <b>refunded to you</b> . If Form 8888 is attached, check here <input type="checkbox"/> | 35a | 4,309.  |
| b   | Routing number 041000124  | c   | Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings |
| d   | Account number 4282950706   |     |   |
| 36  | Amount of line 34 you want <b>applied to your 2021 estimated tax</b>  | 36  |   |

Amount You Owe

For details on how to pay, see instructions.

|  |  |    |  |
|--|--|----|--|
| 37   | Subtract line 33 from line 24. This is the <b>amount you owe now</b> | 37 |  |
| <b>Note:</b> Schedule H and Schedule SE filers, line 37 may not represent all of the taxes you owe for 2020. See Schedule 3, line 12e, and its instructions for details. |  |    |  |
| 38   | Estimated tax penalty (see instructions)                             | 38 |  |

Third Party Designee

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

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

Sign Here

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

|   |               |                           |   |
|---|---------------|---------------------------|---|
| Your signature  | Date          | Your occupation           | If the IRS sent you an Identity Protection PIN, enter it here (see inst.)         |
| <i>[Signature]</i>  |               | Quality Control Manager   | _____   |
| 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.) |
| <i>[Signature]</i>  |               | Quality Assurance Manager | _____   |
| Phone no.   | Email address |                           |   |

Paid Preparer Use Only

|                                  |                      |      |           |  |
|----------------------------------|----------------------|------|-----------|--|
| Preparer's name                  | Preparer's signature | Date | PTIN      | Check if: <input type="checkbox"/> Self-employed |
| Firm's name <b>Self-Prepared</b> |                      |      |           |  |
| Firm's address                   |                      |      | Phone no. | Firm's EIN                                       |

For the year Jan. 1-Dec. 31, 2020, or other tax year

Check here if an amended return  beginning \_\_\_\_\_, 2020 ending \_\_\_\_\_, 20\_\_\_\_.

**Note**

DO NOT STAPLE

See page 5 before assembling return

|  |   |                               |  |
|--|---|-------------------------------|--|
| Your legal last name<br><b>CHAVALI</b>   | Legal first name<br><b>KOUSIK</b>         | M.I.                          | Your social security number<br><b>782419803</b>  |
| If a joint return, spouse's legal last name<br><b>VEMPARALA</b>  | Spouse's legal first name<br><b>SUDHA</b> | M.I.<br><b>B</b>              | Spouse's social security number<br><b>855948998</b>  |
| Home address (number and street). If you have a PO Box, see page 11.<br><b>6855 S 68TH ST</b>  |   | Apt. no.<br><b>104</b>        | <b>Tax district</b><br>Check below then fill in either the name of the city, village, or town and the county in which you lived at the end of 2020.<br><br><input checked="" type="checkbox"/> City <input type="checkbox"/> Village <input type="checkbox"/> Town<br><br>City, village, or town <b>OAK CREEK</b><br><br><b>County of MILWAUKEE</b><br><br><b>School district number</b> See page 43 <b>4018</b> |
| City or post office<br><b>FRANKLIN</b>   | State<br><b>WI</b>                        | Zip code<br><b>53132-8238</b> |  |
| <b>Filing status</b> Check <input checked="" type="checkbox"/> below<br><input type="checkbox"/> Single<br><input checked="" type="checkbox"/> Married filing joint return<br><input type="checkbox"/> Married filing separate return. Fill in spouse's SSN above and full name here .....<br><input type="checkbox"/> Head of household, NOT married (see page 12).<br><input type="checkbox"/> Head of household, married (see page 12). |   |                               | <b>Special conditions</b> <input type="checkbox"/><br><br><input type="checkbox"/> Form 804 filed with return (see page 9)   |
| If married, fill in spouse's SSN above and full name here <input type="text"/>   |   |                               |  |

Use **BLACK Ink** ● Print numbers like this → 0 1 2 3 4 5 6 7 8 9 **Not** like this → 0147 ● **NO COMMAS; NO CENTS**

|   |           |           |
|---|-----------|-----------|
| 1 Federal adjusted gross income (see page 12) .....   | 1         | 175471.00 |
| Form W-2 wages included in line 1 .....   | ▶         | 175471.00 |
| 2 Total additions to income from Schedule AD, line 33 (see page 13) .....   | 2         | .00       |
| 3 Add lines 1 and 2 .....   | 3         | 175471.00 |
| 4 Total subtractions from income from Schedule SB, line 47. Enter as a positive number .....                            | 4         | .00       |
| 5 Subtract line 4 from line 3. This is your Wisconsin income .....  | 5         | 175471.00 |
| 6 Standard deduction. See table on page 34, <b>OR</b> ▼ .....   | 6         | 0.00      |
| If someone else can claim you (or your spouse) as a dependent, see page 14 and check here <input type="checkbox"/>      |           |           |
| 7 Subtract line 6 from line 5. If line 6 is larger than line 5, fill in 0 .....   | 7         | 175471.00 |
| 8 Exemptions ( <b>Caution: See page 14</b> )  |           |           |
| a Fill in exemptions allowed ..... 2 x \$700 ... <b>8a</b> 1400.00  |           |           |
| b Check if 65 or older <input type="checkbox"/> You + <input type="checkbox"/> Spouse = ..... x \$250 ... <b>8b</b> .00 |           |           |
| c Add lines 8a and 8b .....   | <b>8c</b> | 1400.00   |
| 9 Subtract line 8c from line 7. If line 8c is larger than line 7, fill in 0. This is taxable income .....               | 9         | 174071.00 |
| 10 Tax (see table on page 36) .....   | 10        | 10220.00  |

PAPER CLIP payment here



**NO COMMAS; NO CENTS**

|           |   |                                       |              |                       |
|-----------|---|---------------------------------------|--------------|-----------------------|
| <b>11</b> | Itemized deduction credit. Enclose Schedule 1, page 4   | <b>11</b>                             | <u>2</u>     | <b>.00</b>            |
| <b>12</b> | Armed forces member credit (must be stationed outside U.S. See page 16)   | <b>12</b>                             |              | <b>.00</b>            |
| <b>13</b> | School property tax credit  |                                       |              |                       |
|           | <b>a</b> Rent paid in 2020 – heat included <u>.00</u>   | } Find credit from table page 18 .    | <b>13a</b>   | <u>300</u> <b>.00</b> |
|           | Rent paid in 2020 – heat not included <u>13800.00</u>   |                                       |              |                       |
|           | <b>b</b> Property taxes paid on home in 2020 <u>.00</u>   | Find credit from table page 19 .      | <b>13b</b>   | <u>.00</u>            |
| <b>14</b> | Working families tax credit (see page 19)   | <b>14</b>                             | <u>0</u>     | <b>.00</b>            |
| <b>15</b> | Married couple credit. Enclose Schedule 2, page 4   | <b>15</b>                             | <u>480</u>   | <b>.00</b>            |
| <b>16</b> | Nonrefundable credits from line 34 of Schedule CR   | <b>16</b>                             |              | <b>.00</b>            |
| <b>17</b> | Net income tax paid to another state. Enclose Schedule OS ... <input type="checkbox"/>                                    | <b>17</b>                             |              | <b>.00</b>            |
| <b>18</b> | Add lines 11 through 17   | <b>18</b>                             |              | <b>782.00</b>         |
| <b>19</b> | Subtract line 18 from line 10. If line 18 is larger than line 10, fill in 0. This is your net tax                         | <b>19</b>                             |              | <b>9438.00</b>        |
| <b>20</b> | Sales and use tax due on internet, mail order, or other out-of-state purchases (see page 22) <b>20</b>                    |                                       |              | <b>.00</b>            |
|           | If you certify that no sales or use tax is due, check here <input checked="" type="checkbox"/>                            |                                       |              |                       |
| <b>21</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>.00</b>            |
|           | <b>b</b> Cancer research <u>.00</u>   | <b>f</b> Second Harvest/Feeding Amer. | <u>.00</u>   | <b>.00</b>            |
|           | <b>c</b> Veterans trust fund <u>.00</u>   | <b>g</b> Red Cross WI Disaster Relief | <u>.00</u>   | <b>.00</b>            |
|           | <b>d</b> Multiple sclerosis <u>.00</u>  | <b>h</b> Special Olympics Wisconsin   | <u>.00</u>   | <b>.00</b>            |
|           | Total (add lines a through h)   | <b>21i</b>                            |              | <b>.00</b>            |
| <b>22</b> | Penalties on IRAs, retirement plans, MSAs, etc. (see page 24) <u>.00</u> x .33 =  | <b>22</b>                             |              | <b>.00</b>            |
| <b>23</b> | Other penalties (see page 24)   | <b>23</b>                             |              | <b>.00</b>            |
| <b>24</b> | Add lines 19, 20, 21i, 22 and 23  | <b>24</b>                             |              | <b>9438.00</b>        |
| <b>25</b> | Wisconsin tax withheld. Enclose withholding statements  | <b>25</b>                             | <u>10273</u> | <b>.00</b>            |
| <b>26</b> | 2020 estimated tax payments and amount applied from 2019 return   | <b>26</b>                             |              | <b>.00</b>            |
| <b>27</b> | Earned income credit. Number of qualifying children <input type="checkbox"/> Federal credit. <u>.00</u> x <u>    </u> % = | <b>27</b>                             |              | <b>.00</b>            |
| <b>28</b> | Farmland preservation credit. <b>a</b> Schedule FC, line 17   | <b>28a</b>                            |              | <b>.00</b>            |
|           | <b>b</b> Schedule FC-A, line 13   | <b>28b</b>                            |              | <b>.00</b>            |
| <b>29</b> | Repayment credit (see page 26)  | <b>29</b>                             |              | <b>.00</b>            |



|                                    |   |                             |
|------------------------------------|---|-----------------------------|
| Name(s) shown on Form 1            |   | Your social security number |
| KOUSIK CHAVALI & SUDHA B VEMPARALA |   | 782419803                   |
| <b>NO COMMAS; NO CENTS</b>         |   |                             |
| <b>30</b>                          | Homestead credit. Enclose Schedule H or H-EZ. . . . .   | <b>30</b> _____ .00         |
| <b>31</b>                          | Eligible veterans and surviving spouses property tax credit . . .   | <b>31</b> _____ .00         |
| <b>32</b>                          | Refundable credits from Schedule CR, line 40. Enclose Schedule CR   | <b>32</b> _____ .00         |
| <b>33</b>                          | AMENDED RETURN ONLY—Amounts previously paid (see page 29)   | <b>33</b> _____ .00         |
| <b>34</b>                          | Add lines 25 through 33 . . . . .   | <b>34</b> _____ 10273 .00   |
| <b>35</b>                          | AMENDED RETURN ONLY—Amounts previously refunded (see page 30)   | <b>35</b> _____ .00         |
| <b>36</b>                          | Subtract line 35 from line 34 . . . . .   | <b>36</b> _____ 10273 .00   |
| <b>37</b>                          | If line 36 is larger than line 24, subtract line 24 from line 36.<br>This is the <b>AMOUNT YOU OVERPAID</b> . . . . .                                     | <b>37</b> _____ 835 .00     |
| <b>38</b>                          | Amount of line 37 you want <b>REFUNDED TO YOU</b> . . . . .   | <b>38</b> _____ 835 .00     |
| <b>39</b>                          | Amount of line 37 you want<br><b>APPLIED TO YOUR 2021 ESTIMATED TAX</b> . . . . .   | <b>39</b> _____ 0 .00       |
| <b>40</b>                          | If line 36 is smaller than line 24, subtract line 36 from line 24.<br>This is the <b>AMOUNT YOU OWE</b> . Paper clip payment to front of return . . . . . | <b>40</b> _____ .00         |
| <b>41</b>                          | Underpayment interest. Fill in exception code—See Sch. U _____<br>Also include on line 40 (see page 31)   | <b>41</b> _____ .00         |

**Third Party Designee** Do you want to allow another person to discuss this return with the department (see page 32)?  **Yes** Complete the following.  **No**

|                   |             |   |
|-------------------|-------------|---|
| Designee's name ▶ | Phone no. ▶ | Personal identification number (PIN) ▶  |
|                   |             | <input style="width:40px; height:20px;" type="text"/> <input style="width:40px; height:20px;" type="text"/> <input style="width:40px; height:20px;" type="text"/> <input style="width:40px; height:20px;" type="text"/> <input style="width:40px; height:20px;" type="text"/> |

**Paper clip copies of your federal income tax return and schedules to this return. Assemble your return (pages 1-4) and withholding statements in the order listed on page 5.**

**Sign here**

▼ *Under penalties of law, I declare that this return and all attachments are true, correct, and complete to the best of my knowledge and belief.*

|                |  |      |               |
|----------------|--|------|---------------|
| Your signature | Spouse's signature (if filing jointly, BOTH must sign) | Date | Daytime phone |
|                |  |      | 5137659127    |

I-010ai

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

**Do Not Submit Photocopies**



