neck here if an amended return ir legal last name AKUMANU	Legal first name	begin	ning _			, 2021 ending		
_	Logal first name					, 2021 ending		, 20
1110111110	AJAY KUM				M.I.	Your social security number 777911218		
joint return, spouse's legal last name AKUMANU			Spouse's social security number 966959959	r				
ne address (number and street). If you have 428 SPRINGDALE RD	a PO Box, see pag	ge 11.		Apt. no. 112		Tax district Check below then fill in	either the na	ame of the
•			•				wn and the county in which yoเ	
							X_ Village	Town
						City, village, or town WAUKESH.	A	
	Legal last name					County of ▶ WAUKES:	НА	
Fill in spouse's SSN above and full name here	Legal first name	;			M.I.	School district number	See page 43 _	6174
Head of household, NOT married (see page 12).	d				1	Special conditions		
Head of household, married (see page 12).	If married, SSN above	fill in spore	use's name l	here		Form 804 filed with ret	urn (see page	÷ 9)
Use BLACK Ink • Print numbers like this \rightarrow 0 23 45 67 89 Not like this \rightarrow Ø147 •						e this $\rightarrow \varnothing 147 \bullet \underline{NC}$	COMMAS;	NO CENTS
Federal adjusted gross income (s	ee page 12)					1_	-	75351.00
Form W-2 wages included in lin	e 1					89744.00		
								.00
Add lines 1 and 2						3	-	75351.00
						` ,		.00
Subtract line 4 from line 3. This is	your Wisconsi	n incom	ie			5	-	75351.00
Standard deduction. See table or If someone else can claim you (or y	n page 34, OR our spouse) as	a depend	 dent,	see pag	 je 14 a		1	L0455.00
Subtract line 6 from line 5. If line 6	is larger than	line 5, fi	ill in 0			7		64896.00
B Exemptions (Caution: See page	e 14)							
a Fill in exemptions allowed			3_	x \$700) 8	8a <u>2100</u> .00		
b Check if 65 or older You	+ Spouse	e =		x \$250	8	.00		
c Add lines 8a and 8b						8c		2100.00
Subtract line 8c from line 7. If line	8c is larger tha	n line 7,	fill in	0. This	is taxa	able income 9		62796.00
Tax (see table on page 36)						10		2936.00
	iling status Check ✓ below Single X Married filing joint return Married filing separate return. Fill in spouse's SSN above and full name here	AUKESHA Wish AUKESHA Wish Wish	Various toffice AUKESHA WI State WI State	State Zip code AUKESHA WI 5318 State AUKESHA WI 5318 State State AUKESHA WI 5318 State State	State XID State XID	State Zip code AUKESHA WI 531.86	State Sta	Country of State Zip code City, village, or town and the country in City Village, or town and the country in City Village, or town and the country in City, village, or town and the country in City, village, or town and the country in City, village, or town WAUKESHA



1 age **2 01** -

		NO COMMAS; NO CENTS
11	Itemized deduction credit. Enclose Schedule 1, page 4	
12	School property tax credit	
	a Rent paid in 2021 – heat included 12000,00) Find gradit from	
	Rent paid in 2021 – heat not included .00 Table page 17 12a 289 .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)	
14	Married couple credit. Enclose Schedule 2, page 4	
15	Nonrefundable credits from line 34 of Schedule CR	
16	Net income tax paid to another state. Enclose Schedule OS 1600	
17	Add lines 11 through 16	289.00
18	Subtract line 17 from line 10. If line 17 is larger than line 10, fill in 0. This is your net tax 18	2647 .00
19	Sales and use tax due on internet, mail order, or other out-of-state purchases (see page 22) 19 If you certify that no sales or use tax is due, check here	.00
20	Donations (decreases refund or increases amount owed)	
	a Endangered resources	
	b Cancer research	
	c Veterans trust fund	
	d Multiple sclerosis	
	Total (add lines a through h) ▶ 20i	.00
21	Penalties on IRAs, retirement plans, MSAs, etc. (see page 23) x .33 = 21	.00
22	Other penalties (see page 24)	.00
23	Add lines 18, 19, 20i, 21 and 22	2647 .00
24	Wisconsin tax withheld. Enclose withholding statements	
25	2021 estimated tax payments and amount applied from 2020 return 25	
26	Earned income credit. Number of qualifying children >	NOTE: You must use your 2021 earned income (see page 25).
	credit	
27	Farmland preservation credit. a Schedule FC, line 17	
	b Schedule FC-A, line 13	
28	Repayment credit (see page 26)	

Name	e(s) shown o	on Form 1			Your social securi	y number	_
AJ	AY KU	MAR & ANUSHA APARNA KAKUMANU			77791121	. 8	
					NO COM	MAS; <u>NO</u> CENT	S
29	Homest	ead credit. Enclose Schedule H or H-EZ	29 _	.0	0		
30	Eligible	veterans and surviving spouses property tax credit	30 _	.0	0		
31	Refunda	able credits from Schedule CR, line 40. Enclose Schedule Cl	R 31 _	.0	0		
32	AMEND	ED RETURN ONLY-Amounts previously paid (see page 29	32 _	.0	0		
33	Add line	es 24 through 32	33 _	5312 .0	<u>0</u>		
34	AMEND	ED RETURN ONLY—Amounts previously refunded (see page 3) 34	.0	0		
35	Subtract	t line 34 from line 33			35	5312.0	00
36		5 is larger than line 23, subtract line 23 from line 35.			36	2665 .	00
37	Amount	of line 36 you want REFUNDED TO YOU			37	2665.	00
38	Amount APPLIE	of line 36 you want D TO YOUR 2022 ESTIMATED TAX	. 38	00	00		
39a		5 is smaller than line 23, subtract line 35 from line 23. he AMOUNT YOU OWE . Paper clip payment to front	of retur	n	39a	.1	00
39b	Interest	(see page 30)	. 39b	.(00		
40	Underpa Also inc	ayment interest. Fill in exception code-See Sch. U lude on line 39a (see page 31)	40).	00		
Thir	r d Do yo	ou want to allow another person to discuss this return with the dep	artment ((see page 32)? Yes	Complete the fo	llowing. X	No
Part Des	y ignee	Designee's Pho name ▶ no.		Person identific numbe			
							—

\mathcal{G}	

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) 4122184219 Wisconsin Identity Protection PIN (7 characters) Spouse's signature (if filing jointly, BOTH must sign) Daytime Phone 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



Schedule 1 – Itemized Deduction Credit(see page 1	15)
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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	.00
<u>4</u>	Casualty losses from federal Schedule A (Form 1040)	4	.00
<u>5</u>	Add lines 1 through 4	5	.00
6	Fill in your standard deduction from line 6 on page 1 of Form 1	6	.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	.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) YOURSEL	.F	(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 Schedu 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		.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		.00		.00
5	Subtract line 4 from line 3. This is qualified earned income. If less than zero, fill in 0		.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	
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			Do not fill in more than \$480



Schedule Wisconsin

Capital Gains and Losses

♦ Enclose with Wisconsin Form 1 or 1NPR ◆

Department of Revenue Name(s) shown on Form 1 or Form 1NPR

Your social security number

AJ.	AJAY KUMAR & ANUSHA APARNA KAKUMANU					777-91-1218		
Part I Short-Term Capital Gains and Losses – Assets Held One Year or Less								
	Note: Round all amounts (use a minus sign (-) for negative amounts)	(d) Proceeds (sales price)	(e) Cost or other basis	(g) Adjustmer gain or loss Form(s) 8949 line 2, colu	s from 9, Part I,	(h) Gain or loss Subtract column (e) from column (d) and combine the result with column (g)		
1 a	Amount from line 1a of Schedule D	.00	.00			.00		
1 b	Amount from line 1b of Schedule D	10550. 00	9642. 00	300.00		1208.00		
2	Amount from line 2 of Schedule D	2310.00	2041.00		.00	269.00		
3	Amount from line 3 of Schedule D	.00	.00		.00	.00		
4	Short-term gain from Form 6252 and short	t-term gain or loss from	Forms 4684, 6781, and 8	3824	4	.00		
<u>5</u>	Net short-term gain or loss from partnership	os, S corporations, estate	s, and trusts from Schedu	ule(s) K-1	5	.00		
<u>6</u>	Adjustment from Wisconsin Schedule T (see Basis Difference in	instructions)		6	.00		
7	Short-term capital loss carryover from 20 a negative number				7	.00		
<u>8</u>	Net short-term capital gain or loss. C	om bine lines 1a through	7 in column (h)		8	1477.00		
Pa	rt II Long-Term Capital Gains a	and Losses – Asse	ts Held More Than	One Year				
	Note: Round all amounts (use a minus sign (-) for Proceeds (sales price) (d) (e) Adjustments to Subtract colum from column (d) combine the re					(h) Cain an laga		
	(use a minus sign (-) for	Proceeds	Cost or	Adjustmer gain or loss Form(s) 8949	s from), Part II,	Subtract column (e) from column (d) and combine the result with column (g)		
	(use a minus sign (-) for	Proceeds	Cost or	Adjustmer gain or loss Form(s) 8949	s from), Part II,	Subtract column (e) from column (d) and combine the result		
9a	(use a minus sign (-) for negative amounts)	Proceeds (sales price)	Cost or other basis	Adjustmer gain or loss Form(s) 8949	s from), Part II,	Subtract column (e) from column (d) and combine the result with column (g)		
9a	(use a minus sign (-) for negative amounts) Amount from line 8a of Schedule D	Proceeds (sales price)	Cost or other basis	Adjustmer gain or loss Form(s) 8949	s from), Part II, mn (g)	Subtract column (e) from column (d) and combine the result with column (g)		
9 a 9 b	(use a minus sign (-) for negative amounts) Amount from line 8a of Schedule D Amount from line 8b of Schedule D	Proceeds (sales price) .00	Cost or other basis .00	Adjustmer gain or loss Form(s) 8949	s from), Part II, mn (g)	Subtract column (e) from column (d) and combine the result with column (g) .00		
9a 9b 10	Amount from line 8a of Schedule D Amount from line 8b of Schedule D Amount from line 9 of Schedule D	Proceeds (sales price) .00 .00 .00 .00 in from Forms 2439 and	Cost or other basis .00 .00 .00 .00 .00	Adjustmer gain or loss Form(s) 8949 line 2, colui	.00 .00	Subtract column (e) from column (d) and combine the result with column (g) .00 .00 .00		
9a 9b 10	(use a minus sign (-) for negative amounts) Amount from line 8a of Schedule D Amount from line 8b of Schedule D Amount from line 9 of Schedule D Amount from line 10 of Schedule D Gain from Form 4797, Part I; long-term ga	Proceeds (sales price) .00 .00 .00 .00 in from Forms 2439 and	Cost or other basis .00 .00 .00 .00 .00	Adjustmer gain or loss Form(s) 8949 line 2, colui	.00 .00 .00	Subtract column (e) from column (d) and combine the result with column (g) .00 .00 .00		
9 a 9 b 10 11 12	Amount from line 8a of Schedule D Amount from line 8b of Schedule D Amount from line 9 of Schedule D Amount from line 10 of Schedule D Gain from Form 4797, Part I; long-term ga from Forms 4684, 6781, and 8824	Proceeds (sales price) .00 .00 .00 .00 in from Forms 2439 and	Cost or other basis .00 .00 .00 .00 .00 .40 .6252; and long-term gainer, and trusts from Schedule.	Adjustmer gain or loss Form(s) 8949 line 2, column or loss from	.00 .00 .00	Subtract column (e) from column (d) and combine the result with column (g) .00 .00 .00 .00		
9 a 9 b 10 11 <u>12</u> <u>13</u>	Amount from line 8a of Schedule D Amount from line 8b of Schedule D Amount from line 9 of Schedule D Amount from line 10 of Schedule D Gain from Form 4797, Part I; long-term ga from Forms 4684, 6781, and 8824 Net long-term gain or loss from partnership	Proceeds (sales price) .00 .00 .00 .00 in from Forms 2439 and	Cost or other basis .00 .00 .00 .00 6252; and long-term gain, and trusts from Schedul	Adjustmer gain or loss Form(s) 8949 line 2, colui	.00 .00 .00 .12 12	Subtract column (e) from column (d) and combine the result with column (g) .00 .00 .00 .00 .00 .00 .00 .		
9 a 9 b 10 11 12 13 14	Amount from line 8a of Schedule D Amount from line 8b of Schedule D Amount from line 9 of Schedule D Amount from line 10 of Schedule D Gain from Form 4797, Part I; long-term ga from Forms 4684, 6781, and 8824 Net long-term gain or loss from partnership Capital gain distributions	Proceeds (sales price) .00 .00 .00 .00 in from Forms 2439 and s, S corporations, estates	Cost or other basis .00 .00 .00 .00 .00 .40 .00 .00 .00 .00	Adjustmer gain or loss Form(s) 8949 line 2, colui	.00 .00 .00 .12 13	Subtract column (e) from column (d) and combine the result with column (g) .00 .00 .00 .00 .00 .00 .00 .		
9 a 9 b 10 11 12 13 14 15	Amount from line 8a of Schedule D Amount from line 8b of Schedule D Amount from line 9 of Schedule D Amount from line 10 of Schedule D Gain from Form 4797, Part I; long-term ga from Forms 4684, 6781, and 8824 Net long-term gain or loss from partnership Capital gain distributions	Proceeds (sales price) .00 .00 .00 .00 in from Forms 2439 and s, S corporations, estates see Basis Difference in Enter amount as a neg	Cost or other basis .00 .00 .00 .00 .6252; and long-term gain, and trusts from Schedul instructions)	Adjustmer gain or loss Form(s) 8949 line 2, colui	.00 .00 .00 .00 .12 13 14 15	Subtract column (e) from column (d) and combine the result with column (g) .00 .00 .00 .00 .00 .00 .00 .		

Go on to Part III \rightarrow



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Name	Social Security Number	<u> </u>
AJAY KUMAR & ANUSHA APARNA KAKUMANU	,	91-1218
Part III Summary of Parts I and II (see instructions) - use a minus sign (-) for negative amounts.	
18 Combine lines 8 and 17, and fill in the net gain or loss here (if line 18 is a loss, go to	line 28)	1477.00
19 Fill in the smaller of line 17 or 18, or -0- if a loss or no entry on line 17	. 19 0 .0	0
20 Fill in 30% of line 19	20 0.0	0
Fill in the amount of long-term capital gain from the sale of farm assets listed on Form 8949 and taxable to Wisconsin plus gain from the sale of farm assets that is included on line 12 or 13 of Schedule WD. If zero, skip lines 22 through 25 and fill in the amount from line 20 on line 26	.0 .0	0
22 Gain included in line 17. Do not include any losses in this amount	22	0
23 Divide line 21 by line 22. Carry the decimal to 4 places	23	_
24 Multiply line 19 by the decimal amount on line 23	24	<u>0</u>
25 Fill in 30% of line 24	25 .0	0
26 Add lines 20 and 25	26	0.00
27 Subtract line 26 from line 18	27	1477.00
28 If line 18 shows a loss, fill in the smaller of: (a) The loss on line 18,		
Note: When figuring whether a, b, or c is smaller, treat all numbers as if they are positive. If filing Form 1, complete Part IV. If filing Form 1NPR, fill in amount from line 27 or 28 on line 7, column B, of Form 1NPR.	(see instructions) 28	.00.
Part IV Computation of Wisconsin Adjustment to Income (Do not com	plete this part if you are fi	ilina on Form 1NPR)
29 Adjustment (see instructions for Part IV and Schedule I adjustments)		,
<u>a</u> Fill in gain from line 7 of federal Form 1040 or 1040-SR, or gain from line 2e of Schedule I, if filed (if a loss, fill in -0-)	29a 1477 .0	0
<u>b</u> Fill in gain from Part III, line 27, (if blank, fill in -0-)	29b 1477 .0	0
<u>c</u> If line 29b is more than 29a, subtract line 29a from line 29b. Fill in amount on line 2 o	f Schedule AD (Form 1) 290	.00
$\underline{\mathbf{d}}$ If line 29b is less than 29a, subtract line 29b from line 29a. Fill in amount on line 5 of	Schedule SB (Form 1) . 290	.00
e Fill in loss from line 7 of federal Form 1040 or 1040-SR, as a positive amount or the loss from line 4c of Schedule I, if filed (if a gain, fill in -0-)		_
<u>f</u> Fill in loss from Part III, line 28 as a positive amount	29f 0 .0	<u>0</u>
$\underline{\mathbf{g}}$ If line 29f is more than 29e, subtract line 29e from line 29f. Fill in amount on line 5 of	Schedule SB (Form 1) 29g	.00
$\underline{\mathbf{h}}$ If line 29f is less than 29e, subtract line 29f from line 29e. Fill in amount on line 2 of S	Schedule AD (Form 1) . 29h	.00
Part V Computation of Capital Loss Carryovers from 2021 to 2022 (Comp	lete this part if the loss on line 18 is	s more than the loss on line 28.)
30 Fill in loss shown on line 8 as a positive amount. If none, fill in -0- and skip lines 31	through 34 30	.00
31 Fill in gain shown on line 17. If that line is blank or shows a loss, fill in -0		.00
32 Subtract line 31 from line 30		.00
33 Fill in the smaller of line 28 or line 32, treating both as positive amounts		.00
<u>34</u> Subtract line 33 from line 32. This is your short-term capital loss carryover from 202	1 to 2022 34	.00.
35 Fill in loss from line 17 as a positive amount. If none, fill in -0- and skip lines 36 three	ough 39 35	.00.
36 Fill in gain shown on line 8. If that line is blank or shows a loss, fill in -0		.00
37 Subtract line 36 from line 35		.00.
38 Subtract line 33 from line 28, treating both as positive amounts. (<i>Note:</i> If you skipp lines 31 through 34, fill in amount from line 28 as a positive amount.)		.00
39 Subtract line 38 from line 37. This is your long-term capital loss carryover from 20	21 to 2022 39	.00



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