

# 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 SREEKUMAR R PILLAI	Social security number 101-96-9334
Spouse's name SHILPA SIVANANDAN	Spouse's social security number 622-77-6129

## Part I Tax Return Information — Tax Year Ending December 31, 2022 (Enter year you are authorizing.)

Enter whole dollars only on lines 1 through 5.

**Note:** Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.

1	Adjusted gross income	1	131,638.
2	Total tax	2	13,496.
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099	3	18,830.
4	Amount you want refunded to you	4	5,334.
5	Amount you owe	5	

## Part II Taxpayer Declaration and Signature Authorization (Be sure you get and keep a copy of your return)

Under penalties of perjury, I declare that I have examined a copy of the income tax return (original or amended) I am now authorizing, and to the best of my knowledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I above are the amounts from the income tax return (original or amended) I am now authorizing. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution to debit the entry to this account. This authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate the authorization. To revoke (cancel) a payment, I must contact the U.S. Treasury Financial Agent at **1-888-353-4537**. Payment cancellation requests must be received no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I further acknowledge that the personal identification number (PIN) below is my signature for the income tax return (original or amended) I am now authorizing and, if applicable, my Electronic Funds Withdrawal Consent.

### Taxpayer's PIN: check one box only

I authorize GLOBAL TAXES LLC to enter or generate my PIN 

6	9	3	3	4
---	---	---	---	---

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

Enter five digits, but don't enter all zeros

I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box **only** if you are entering your own PIN **and** your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Your signature ▶ \_\_\_\_\_ Date ▶ \_\_\_\_\_

### Spouse's PIN: check one box only

I authorize GLOBAL TAXES LLC to enter or generate my PIN 

7	6	1	2	9
---	---	---	---	---

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

Enter five digits, but don't enter all zeros

I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box **only** if you are entering your own PIN **and** your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Spouse's signature ▶ \_\_\_\_\_ Date ▶ \_\_\_\_\_

### Practitioner PIN Method Returns Only—continue below

## Part III Certification and Authentication — Practitioner PIN Method Only

ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN. 

2	2	2	4	9	6	6	1	9	8	9
---	---	---	---	---	---	---	---	---	---	---

  
Don't enter all zeros

I certify that the above numeric entry is my PIN, which is my signature for the electronic individual income tax return (original or amended) I am now authorized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and **Pub. 1345**, Handbook for Authorized IRS e-file Providers of Individual Income Tax Returns.

ERO's signature ▶ \_\_\_\_\_ Date ▶ \_\_\_\_\_

**ERO Must Retain This Form — See Instructions**  
**Don't Submit This Form to the IRS Unless Requested To Do So**

Filing Status [ ] Single [X] Married filing jointly [ ] Married filing separately (MFS) [ ] Head of household (HOH) [ ] Qualifying surviving spouse (QSS)
Check only one box. If you checked the MFS box, enter the name of your spouse. If you checked the HOH or QSS box, enter the child's name if the qualifying person is a child but not your dependent:

Form fields for personal information: Your first name and middle initial (SREEKUMAR R), Last name (PILLAI), Your social security number (101-96-9334), Spouse's social security number (622-77-6129), Home address (1178 GRACING OAKS LN), City, town, or post office (SUN PRAIRIE), State (WI), ZIP code (53590), Foreign country name, Foreign province/state/county, Foreign postal code.

Digital Assets At any time during 2022, did you: (a) receive (as a reward, award, or payment for property or services); or (b) sell, exchange, gift, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? (See instructions.) [ ] 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, 1958 [ ] Are blind Spouse: [ ] Was born before January 2, 1958 [ ] Is blind

Table for Dependents with columns: (1) First name, Last name, (2) Social security number, (3) Relationship to you, (4) Check the box if qualifies for (see instructions): Child tax credit, Credit for other dependents. Includes entries for ISHAAN S PILLAI (Son) and ICHCHA S PILLAI (Daughter).

Income section table with rows 1a through 1z. 1a Total amount from Form(s) W-2, box 1 (see instructions) 150,050. 1z Add lines 1a through 1h 150,050.

Table for Attachments and Deductions. Rows 2a through 15. 2a Tax-exempt interest, 2b Taxable interest, 3a Qualified dividends, 3b Ordinary dividends, 4a IRA distributions, 4b Taxable amount, 5a Pensions and annuities, 5b Taxable amount, 6a Social security benefits, 6b Taxable amount, 7 Capital gain or (loss), 8 Other income from Schedule 1, line 10, 9 Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income 131,638, 10 Adjustments to income from Schedule 1, line 26, 11 Subtract line 10 from line 9. This is your adjusted gross income 131,638, 12 Standard deduction or itemized deductions (from Schedule A) 25,900, 13 Qualified business income deduction from Form 8995 or Form 8995-A, 14 Add lines 12 and 13 25,900, 15 Subtract line 14 from line 11. If zero or less, enter -0-. This is your taxable income 105,738.

<b>Tax and Credits</b>	<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"/> _____	<b>16</b>	14,496.
	<b>17</b>	Amount from Schedule 2, line 3	<b>17</b>	
	<b>18</b>	Add lines 16 and 17	<b>18</b>	14,496.
	<b>19</b>	Child tax credit or credit for other dependents from Schedule 8812	<b>19</b>	1,000.
	<b>20</b>	Amount from Schedule 3, line 8	<b>20</b>	
	<b>21</b>	Add lines 19 and 20	<b>21</b>	1,000.
	<b>22</b>	Subtract line 21 from line 18. If zero or less, enter -0-	<b>22</b>	13,496.
	<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>	13,496.

<b>Payments</b>	<b>25</b>	Federal income tax withheld from:		
	<b>a</b>	Form(s) W-2	<b>25a</b>	18,830.
	<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>	18,830.
	<b>26</b>	2022 estimated tax payments and amount applied from 2021 return	<b>26</b>	
	<b>27</b>	Earned income credit (EIC)	<b>27</b>	
	<b>28</b>	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>	Reserved for future use	<b>30</b>	
	<b>31</b>	Amount from Schedule 3, line 15	<b>31</b>	
	<b>32</b>	Add lines 27, 28, 29, and 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>	18,830.

<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>	5,334.
	<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>	5,334.
Direct deposit? See instructions.	<b>b</b>	Routing number <u>275979034</u> <b>c</b> Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings		
	<b>d</b>	Account number <u>0127674618</u>		
	<b>36</b>	Amount of line 34 you want <b>applied to your 2023 estimated tax</b>	<b>36</b>	

<b>Amount You Owe</b>	<b>37</b>	Subtract line 33 from line 24. This is the <b>amount you owe</b> . For details on how to pay, go to <a href="http://www.irs.gov/Payments">www.irs.gov/Payments</a> or see instructions	<b>37</b>	
	<b>38</b>	Estimated tax penalty (see instructions)	<b>38</b>	

**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 IT ANALYST	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 SUBSTITUTE TEACHER	If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.) _____

Phone no. (908) 405-7480 Email address SREEKUMARPILLAI.BIDW@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 02/02/2023	PTIN P02082703	Check if: <input type="checkbox"/> Self-employed
Firm's name GLOBAL TAXES LLC	Firm's address 245 ROONEY CT E BRUNSWICK NJ 08816		Phone no. (678) 965-9522	Firm's EIN 88-2145487

**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

**2022**

Attachment  
Sequence No. **01**

Name(s) shown on Form 1040, 1040-SR, or 1040-NR  
SREEKUMAR R PILLAI & SHILPA SIVANANDAN

Your social security number  
101-96-9334

**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>	-18,412.
<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 . . . . .	<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>	Income from Form 8853 . . . . .	<b>8e</b>	
<b>f</b>	Income from Form 8889 . . . . .	<b>8f</b>	
<b>g</b>	Alaska Permanent Fund dividends . . . . .	<b>8g</b>	
<b>h</b>	Jury duty pay . . . . .	<b>8h</b>	
<b>i</b>	Prizes and awards . . . . .	<b>8i</b>	
<b>j</b>	Activity not engaged in for profit income . . . . .	<b>8j</b>	
<b>k</b>	Stock options . . . . .	<b>8k</b>	
<b>l</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>8l</b>	
<b>m</b>	Olympic and Paralympic medals and USOC prize money (see instructions) . . . . .	<b>8m</b>	
<b>n</b>	Section 951(a) inclusion (see instructions) . . . . .	<b>8n</b>	
<b>o</b>	Section 951A(a) inclusion (see instructions) . . . . .	<b>8o</b>	
<b>p</b>	Section 461(l) excess business loss adjustment . . . . .	<b>8p</b>	
<b>q</b>	Taxable distributions from an ABL account (see instructions) . . . . .	<b>8q</b>	
<b>r</b>	Scholarship and fellowship grants not reported on Form W-2 . . . . .	<b>8r</b>	
<b>s</b>	Nontaxable amount of Medicaid waiver payments included on Form 1040, line 1a or 1d . . . . .	<b>8s</b>	( )
<b>t</b>	Pension or annuity from a nonqualified deferred compensation plan or a nongovernmental section 457 plan . . . . .	<b>8t</b>	
<b>u</b>	Wages earned while incarcerated . . . . .	<b>8u</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>	-18,412.

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

Schedule 1 (Form 1040) 2022

**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 8l 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 8m . . . . .	<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)**

Department of the Treasury  
Internal Revenue Service

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

Attach to Form 1040, 1040-SR, 1040-NR, or 1041.  
Go to [www.irs.gov/ScheduleE](http://www.irs.gov/ScheduleE) for instructions and the latest information.

OMB No. 1545-0074

**2022**  
Attachment  
Sequence No. **13**

Name(s) shown on return

SREEKUMAR R PILLAI & SHILPA SIVANANDAN

Your social security number

101-96-9334

**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 2022 that would require you to file Form(s) 1099? See instructions . . . . .  Yes  No  
**B** If "Yes," did you or will you file required Form(s) 1099? . . . . .  Yes  No

**1a** Physical address of each property (street, city, state, ZIP code)

**A** GRACING OAKS LN SUN PRAIRIE WI 53590

**B**

**C**

1b Type of Property (from list below)	2 For each rental real estate property listed above, report the number of fair rental and personal use days. Check the QJV box only if you meet the requirements to file as a qualified joint venture. See instructions.	Fair Rental Days		Personal Use Days	QJV
		A	B	C	
<b>A</b> 1		218		0	<input type="checkbox"/>
<b>B</b>					<input type="checkbox"/>
<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 . . . . .	600.		
<b>4</b> Royalties received . . . . .			
<b>Expenses:</b>			
<b>5</b> Advertising . . . . .			
<b>6</b> Auto and travel (see instructions) . . . . .			
<b>7</b> Cleaning and maintenance . . . . .			
<b>8</b> Commissions . . . . .			
<b>9</b> Insurance . . . . .	338.		
<b>10</b> Legal and other professional fees . . . . .			
<b>11</b> Management fees . . . . .			
<b>12</b> Mortgage interest paid to banks, etc. (see instructions) . . . . .	9,790.		
<b>13</b> Other interest . . . . .			
<b>14</b> Repairs . . . . .			
<b>15</b> Supplies . . . . .			
<b>16</b> Taxes . . . . .	8,884.		
<b>17</b> Utilities . . . . .			
<b>18</b> Depreciation expense or depletion . . . . .			
<b>19</b> Other (list) _____			
<b>20</b> Total expenses. Add lines 5 through 19 . . . . .	19,012.		
<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 <b>Form 6198</b> . . . . .	-18,412.		
<b>22</b> Deductible rental real estate loss after limitation, if any, on <b>Form 8582</b> (see instructions) . . . . .	( 18,412. )		
<b>23a</b> Total of all amounts reported on line 3 for all rental properties . . . . .	600.		
<b>b</b> Total of all amounts reported on line 4 for all royalty properties . . . . .			
<b>c</b> Total of all amounts reported on line 12 for all properties . . . . .	9,790.		
<b>d</b> Total of all amounts reported on line 18 for all properties . . . . .			
<b>e</b> Total of all amounts reported on line 20 for all properties . . . . .	19,012.		
<b>24</b> <b>Income.</b> Add positive amounts shown on line 21. <b>Do not</b> include any losses . . . . .			
<b>25</b> <b>Losses.</b> Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here . . . . .	( 18,412. )		
<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 . . . . .	-18,412.		

**SCHEDULE 8812  
(Form 1040)**

**Credits for Qualifying Children  
and Other Dependents**

OMB No. 1545-0074

**2022**

Department of the Treasury  
Internal Revenue Service

Attach to Form 1040, 1040-SR, or 1040-NR.  
Go to [www.irs.gov/Schedule8812](http://www.irs.gov/Schedule8812) for instructions and the latest information.

Attachment  
Sequence No. **47**

Name(s) shown on return

Your social security number

SREEKUMAR R PILLAI & SHILPA SIVANANDAN

101-96-9334

**Part I Child Tax Credit and Credit for Other Dependents**

<b>1</b>	Enter the amount from line 11 of your Form 1040, 1040-SR, or 1040-NR . . . . .	<b>1</b>	131,638.
<b>2a</b>	Enter income from Puerto Rico that you excluded . . . . .	<b>2a</b>	
<b>b</b>	Enter the amounts from lines 45 and 50 of your Form 2555 . . . . .	<b>2b</b>	0.
<b>c</b>	Enter the amount from line 15 of your Form 4563 . . . . .	<b>2c</b>	
<b>d</b>	Add lines 2a through 2c . . . . .	<b>2d</b>	0.
<b>3</b>	Add lines 1 and 2d . . . . .	<b>3</b>	131,638.
<b>4</b>	Number of qualifying children under age 17 with the required social security number . . . . .	<b>4</b>	0
<b>5</b>	Multiply line 4 by \$2,000 . . . . .	<b>5</b>	
<b>6</b>	Number of other dependents, including any qualifying children who are not under age 17 or who do not have the required social security number . . . . .	<b>6</b>	2
<b>Caution:</b> Do not include yourself, your spouse, or anyone who is not a U.S. citizen, U.S. national, or U.S. resident alien. Also, do not include anyone you included on line 4.			
<b>7</b>	Multiply line 6 by \$500 . . . . .	<b>7</b>	1,000.
<b>8</b>	Add lines 5 and 7 . . . . .	<b>8</b>	1,000.
<b>9</b>	Enter the amount shown below for your filing status. • Married filing jointly—\$400,000 } • All other filing statuses—\$200,000 } . . . . .	<b>9</b>	400,000.
<b>10</b>	Subtract line 9 from line 3. • If zero or less, enter -0-. • If more than zero and not a multiple of \$1,000, enter the next multiple of \$1,000. For example, if the result is \$425, enter \$1,000; if the result is \$1,025, enter \$2,000, etc. } . . . . .	<b>10</b>	0.
<b>11</b>	Multiply line 10 by 5% (0.05) . . . . .	<b>11</b>	0.
<b>12</b>	Is the amount on line 8 more than the amount on line 11? . . . . .	<b>12</b>	1,000.
<input type="checkbox"/> <b>No. STOP.</b> You cannot take the child tax credit, credit for other dependents, or additional child tax credit. Skip Parts II-A and II-B. Enter -0- on lines 14 and 27.			
<input checked="" type="checkbox"/> <b>Yes.</b> Subtract line 11 from line 8. Enter the result.			
<b>13</b>	Enter the amount from the <b>Credit Limit Worksheet A</b> . . . . .	<b>13</b>	14,496.
<b>14</b>	Enter the smaller of line 12 or 13. <b>This is your child tax credit and credit for other dependents.</b> . . . . .	<b>14</b>	1,000.

**Enter this amount on Form 1040, 1040-SR, or 1040-NR, line 19.**

If the amount on line 12 is more than the amount on line 14, you may be able to take the **additional child tax credit** on Form 1040, 1040-SR, or 1040-NR, line 28. Complete your Form 1040, 1040-SR, or 1040-NR through line 27 (also complete Schedule 3, line 11) before completing Part II-A.

**Part II-A Additional Child Tax Credit for All Filers**

**Caution:** If you file Form 2555, you cannot claim the additional child tax credit.

<b>15</b>	Check this box if you <b>do not</b> want to claim the additional child tax credit. Skip Parts II-A and II-B. Enter -0- on line 27 . . . . .	<input type="checkbox"/>	
<b>16a</b>	Subtract line 14 from line 12. If zero, <b>stop here</b> ; you cannot take the additional child tax credit. Skip Parts II-A and II-B. Enter -0- on line 27 . . . . .	16a	0.
<b>b</b>	Number of qualifying children under 17 with the required social security number: _____ x \$1,500. Enter the result. If zero, <b>stop here</b> ; you cannot claim the additional child tax credit. Skip Parts II-A and II-B. Enter -0- on line 27 . . . . .	<b>16b</b>	
<b>TIP:</b> The number of children you use for this line is the same as the number of children you used for line 4.			
<b>17</b>	Enter the <b>smaller</b> of line 16a or line 16b . . . . .	<b>17</b>	
<b>18a</b>	Earned income (see instructions) . . . . .	<b>18a</b>	
<b>b</b>	Nontaxable combat pay (see instructions) . . . . .	<b>18b</b>	
<b>19</b>	Is the amount on line 18a more than \$2,500? <input type="checkbox"/> <b>No.</b> Leave line 19 blank and enter -0- on line 20. <input type="checkbox"/> <b>Yes.</b> Subtract \$2,500 from the amount on line 18a. Enter the result . . . . .	<b>19</b>	
<b>20</b>	Multiply the amount on line 19 by 15% (0.15) and enter the result . . . . . <b>Next.</b> On line 16b, is the amount \$4,500 or more? <input type="checkbox"/> <b>No.</b> If you are a bona fide resident of Puerto Rico, go to line 21. Otherwise, skip Part II-B and enter the <b>smaller</b> of line 17 or line 20 on line 27. <input type="checkbox"/> <b>Yes.</b> If line 20 is equal to or more than line 17, skip Part II-B and enter the amount from line 17 on line 27. Otherwise, go to line 21.	<b>20</b>	

**Part II-B Certain Filers Who Have Three or More Qualifying Children and Bona Fide Residents of Puerto Rico**

<b>21</b>	Withheld social security, Medicare, and Additional Medicare taxes from Form(s) W-2, boxes 4 and 6. If married filing jointly, include your spouse's amounts with yours. If your employer withheld or you paid Additional Medicare Tax or tier 1 RRTA taxes, see instructions. . . . .	<b>21</b>	
<b>22</b>	Enter the total of the amounts from Schedule 1 (Form 1040), line 15; Schedule 2 (Form 1040), line 5; Schedule 2 (Form 1040), line 6; and Schedule 2 (Form 1040), line 13 . . . . .	<b>22</b>	
<b>23</b>	Add lines 21 and 22 . . . . .	<b>23</b>	
<b>24</b>	<b>1040 and</b> <b>1040-SR filers:</b> Enter the total of the amounts from Form 1040 or 1040-SR, line 27, and Schedule 3 (Form 1040), line 11. } <b>1040-NR filers:</b> Enter the amount from Schedule 3 (Form 1040), line 11. }	<b>24</b>	
<b>25</b>	Subtract line 24 from line 23. If zero or less, enter -0- . . . . .	<b>25</b>	
<b>26</b>	Enter the <b>larger</b> of line 20 or line 25 . . . . . <b>Next,</b> enter the <b>smaller</b> of line 17 or line 26 on line 27.	<b>26</b>	

**Part II-C Additional Child Tax Credit**

<b>27</b>	This is your additional child tax credit. Enter this amount on Form 1040, 1040-SR, or 1040-NR, line 28 . . . . .	<b>27</b>	
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**Paid Preparer's Due Diligence Checklist**  
*Earned Income Credit (EIC), American Opportunity Tax Credit (AOTC),  
Child Tax Credit (CTC) (including the Additional Child Tax Credit (ACTC) and  
Credit for Other Dependents (ODC)), and Head of Household (HOH) Filing Status*  
**To be completed by preparer and filed with Form 1040, 1040-SR, 1040-NR, 1040-PR, or 1040-SS.  
Go to [www.irs.gov/Form8867](http://www.irs.gov/Form8867) for instructions and the latest information.**

Taxpayer name(s) shown on return SREEKUMAR R PILLAI & SHILPA SIVANANDAN	Taxpayer identification number 101-96-9334
Preparer's name SYAM PRIYA RAM SAGAR GUPTA TALLAM	Preparer tax identification number P02082703

**Part I Due Diligence Requirements**

Please check the appropriate box for the credit(s) and/or HOH filing status claimed on the return and complete the related Parts I-V for the benefit(s) claimed (check all that apply).  EIC  CTC/ACTC/ODC  AOTC  HOH

	Yes	No	N/A
<b>1</b> Did you complete the return based on information for the applicable tax year provided by the taxpayer or reasonably obtained by you? (See instructions if relying on prior year earned income.)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
<b>2</b> If credits are claimed on the return, did you complete the applicable EIC and/or CTC/ACTC/ODC worksheets found in the Form 1040, 1040-SR, 1040-NR, 1040-PR, 1040-SS, or Schedule 8812 (Form 1040) instructions, and/or the AOTC worksheet found in the Form 8863 instructions, or your own worksheet(s) that provides the same information, and all related forms and schedules for each credit claimed?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>3</b> Did you satisfy the knowledge requirement? To meet the knowledge requirement, you must do both of the following. <ul style="list-style-type: none"> <li>• Interview the taxpayer, ask questions, and contemporaneously document the taxpayer's responses to determine that the taxpayer is eligible to claim the credit(s) and/or HOH filing status.</li> <li>• Review information to determine that the taxpayer is eligible to claim the credit(s) and/or HOH filing status and to figure the amount(s) of any credit(s)</li> </ul>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
<b>4</b> Did any information provided by the taxpayer or a third party for use in preparing the return, or information reasonably known to you, appear to be incorrect, incomplete, or inconsistent? (If "Yes," answer questions 4a and 4b. If "No," go to question 5.)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
<b>a</b> Did you make reasonable inquiries to determine the correct, complete, and consistent information?	<input type="checkbox"/>	<input type="checkbox"/>	
<b>b</b> Did you contemporaneously document your inquiries? (Documentation should include the questions you asked, whom you asked, when you asked, the information that was provided, and the impact the information had on your preparation of the return.)	<input type="checkbox"/>	<input type="checkbox"/>	
<b>5</b> Did you satisfy the record retention requirement? To meet the record retention requirement, you must keep a copy of your documentation referenced in question 4b, a copy of this Form 8867, a copy of any applicable worksheet(s), a record of how, when, and from whom the information used to prepare Form 8867 and any applicable worksheet(s) was obtained, and a copy of any document(s) provided by the taxpayer that you relied on to determine eligibility for the credit(s) and/or HOH filing status or to figure the amount(s) of the credit(s) List those documents provided by the taxpayer, if any, that you relied on: _____ _____ _____	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
<b>6</b> Did you ask the taxpayer whether he/she could provide documentation to substantiate eligibility for the credit(s) and/or HOH filing status and the amount(s) of any credit(s) claimed on the return if his/her return is selected for audit?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
<b>7</b> Did you ask the taxpayer if any of these credits were disallowed or reduced in a previous year? <b>(If credits were disallowed or reduced, go to question 7a; if not, go to question 8.)</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>a</b> Did you complete the required recertification Form 8862?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>8</b> If the taxpayer is reporting self-employment income, did you ask questions to prepare a complete and correct Schedule C (Form 1040)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Part II Due Diligence Questions for Returns Claiming EIC** (If the return does not claim EIC, go to Part III.)

	Yes	No	N/A
<b>9a</b> Have you determined that the taxpayer is eligible to claim the EIC for the number of qualifying children claimed, or is eligible to claim the EIC without a qualifying child? <b>(If the taxpayer is claiming the EIC and does not have a qualifying child, go to question 10.)</b> . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	
<b>b</b> Did you ask the taxpayer if the child lived with the taxpayer for over half of the year, even if the taxpayer has supported the child the entire year? . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	
<b>c</b> Did you explain to the taxpayer the rules about claiming the EIC when a child is the qualifying child of more than one person (tiebreaker rules)? . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Part III Due Diligence Questions for Returns Claiming CTC/ACTC/ODC** (If the return does not claim CTC, ACTC, or ODC, go to Part IV.)

	Yes	No	N/A
<b>10</b> Have you determined that each qualifying person for the CTC/ACTC/ODC is the taxpayer's dependent who is a citizen, national, or resident of the United States? . . . . .	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
<b>11</b> Did you explain to the taxpayer that he/she may not claim the CTC/ACTC if the child has not lived with the taxpayer for over half of the year, even if the taxpayer has supported the child, unless the child's custodial parent has released a claim to exemption for the child? . . . . .	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>12</b> Did you explain to the taxpayer the rules about claiming the CTC/ACTC/ODC for a child of divorced or separated parents (or parents who live apart), including any requirement to attach a Form 8332 or similar statement to the return? . . . . .	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Part IV Due Diligence Questions for Returns Claiming AOTC** (If the return does not claim AOTC, go to Part V.)

	Yes	No
<b>13</b> Did the taxpayer provide substantiation for the credit, such as a Form 1098-T and/or receipts for the qualified tuition and related expenses for the claimed AOTC? . . . . .	<input type="checkbox"/>	<input type="checkbox"/>

**Part V Due Diligence Questions for Claiming HOH** (If the return does not claim HOH filing status, go to Part VI.)

	Yes	No
<b>14</b> Have you determined that the taxpayer was unmarried or considered unmarried on the last day of the tax year and provided more than half of the cost of keeping up a home for the year for a qualifying person? . . . . .	<input type="checkbox"/>	<input type="checkbox"/>

**Part VI Eligibility Certification**

**You will have complied with all due diligence requirements for claiming the applicable credit(s) and/or HOH filing status on the return of the taxpayer identified above if you:**

- A. Interview the taxpayer, ask adequate questions, contemporaneously document the taxpayer's responses on the return or in your notes, review adequate information to determine if the taxpayer is eligible to claim the credit(s) and/or HOH filing status and to figure the amount(s) of the credit(s);
- B. Complete this Form 8867 truthfully and accurately and complete the actions described in this checklist for any applicable credit(s) claimed and HOH filing status, if claimed;
- C. Submit Form 8867 in the manner required; **and**
- D. Keep all five of the following records for 3 years from the latest of the dates specified in the Form 8867 instructions under *Document Retention*.
  - 1. A copy of this Form 8867.
  - 2. The applicable worksheet(s) or your own worksheet(s) for any credit(s) claimed.
  - 3. Copies of any documents provided by the taxpayer on which you relied to determine the taxpayer's eligibility for the credit(s) and/or HOH filing status and to figure the amount(s) of the credit(s).
  - 4. A record of how, when, and from whom the information used to prepare this form and the applicable worksheet(s) was obtained.
  - 5. A record of any additional information you relied upon, including questions you asked and the taxpayer's responses, to determine the taxpayer's eligibility for the credit(s) and/or HOH filing status and to figure the amount(s) of the credit(s).

**If you have not complied with all due diligence requirements, you may have to pay a penalty for each failure to comply related to a claim of an applicable credit or HOH filing status (see instructions for more information).**

	Yes	No
<b>15</b> Do you certify that all of the answers on this Form 8867 are, to the best of your knowledge, true, correct, and complete? . . . . .	<input checked="" type="checkbox"/>	<input type="checkbox"/>

# Passive Activity Loss Limitations

See separate instructions.

Attach to Form 1040, 1040-SR, or 1041.

Go to [www.irs.gov/Form8582](http://www.irs.gov/Form8582) for instructions and the latest information.

Name(s) shown on return

SREEKUMAR R PILLAI & SHILPA SIVANANDAN

Identifying number

101-96-9334

## Part I 2022 Passive Activity Loss

**Caution:** Complete Parts IV and V before completing Part I.

### Rental Real Estate Activities With Active Participation (For the definition of active participation, see *Special Allowance for Rental Real Estate Activities* in the instructions.)

<b>1a</b> Activities with net income (enter the amount from Part IV, column (a)) . . . . .	<b>1a</b>		<b>1d</b>	
<b>b</b> Activities with net loss (enter the amount from Part IV, column (b)) . . . . .	<b>1b</b>	( )		
<b>c</b> Prior years' unallowed losses (enter the amount from Part IV, column (c)) . . . . .	<b>1c</b>	( )		
<b>d</b> Combine lines 1a, 1b, and 1c . . . . .				

### All Other Passive Activities

<b>2a</b> Activities with net income (enter the amount from Part V, column (a)) . . . . .	<b>2a</b>	0.	<b>2d</b>	
<b>b</b> Activities with net loss (enter the amount from Part V, column (b)) . . . . .	<b>2b</b>	( 0. )		
<b>c</b> Prior years' unallowed losses (enter the amount from Part V, column (c)) . . . . .	<b>2c</b>	( -12,309. )		
<b>d</b> Combine lines 2a, 2b, and 2c . . . . .				-12,309.

<b>3</b> Combine lines 1d and 2d. If this line is zero or more, stop here and include this form with your return; all losses are allowed, including any prior year unallowed losses entered on line 1c or 2c. Report the losses on the forms and schedules normally used . . . . .	<b>3</b>			-12,309.
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- If line 3 is a loss and:
- Line 1d is a loss, go to Part II.
  - Line 2d is a loss (and line 1d is zero or more), skip Part II and go to line 10.

**Caution:** If your filing status is married filing separately and you lived with your spouse at any time during the year, **do not** complete Part II. Instead, go to line 10.

## Part II Special Allowance for Rental Real Estate Activities With Active Participation

**Note:** Enter all numbers in Part II as positive amounts. See instructions for an example.

<b>4</b> Enter the <b>smaller</b> of the loss on line 1d or the loss on line 3 . . . . .	<b>4</b>	
<b>5</b> Enter \$150,000. If married filing separately, see instructions . . . . .	<b>5</b>	
<b>6</b> Enter modified adjusted gross income, but not less than zero. See instructions <b>Note:</b> If line 6 is greater than or equal to line 5, skip lines 7 and 8 and enter -0- on line 9. Otherwise, go to line 7.	<b>6</b>	
<b>7</b> Subtract line 6 from line 5 . . . . .	<b>7</b>	
<b>8</b> Multiply line 7 by 50% (0.50). <b>Do not</b> enter more than \$25,000. If married filing separately, see instructions	<b>8</b>	
<b>9</b> Enter the <b>smaller</b> of line 4 or line 8 . . . . .	<b>9</b>	0.

## Part III Total Losses Allowed

<b>10</b> Add the income, if any, on lines 1a and 2a and enter the total . . . . .	<b>10</b>	0.
<b>11</b> <b>Total losses allowed from all passive activities for 2022.</b> Add lines 9 and 10. See instructions to find out how to report the losses on your tax return . . . . .	<b>11</b>	0.

## Part IV Complete This Part Before Part I, Lines 1a, 1b, and 1c. See instructions.

Name of activity	Current year		Prior years	Overall gain or loss	
	(a) Net income (line 1a)	(b) Net loss (line 1b)	(c) Unallowed loss (line 1c)	(d) Gain	(e) Loss
<b>Total.</b> Enter on Part I, lines 1a, 1b, and 1c					

**Part V Complete This Part Before Part I, Lines 2a, 2b, and 2c. See instructions.**

Name of activity	Current year		Prior years	Overall gain or loss	
	(a) Net income (line 2a)	(b) Net loss (line 2b)	(c) Unallowed loss (line 2c)	(d) Gain	(e) Loss
GRACING OAKS LN	0.	0.	12,309.		12,309.
<b>Total.</b> Enter on Part I, lines 2a, 2b, and 2c	0.	0.	12,309.		

**Part VI Use This Part if an Amount Is Shown on Part II, Line 9. See instructions.**

Name of activity	Form or schedule and line number to be reported on (see instructions)	(a) Loss	(b) Ratio	(c) Special allowance	(d) Subtract column (c) from column (a).
<b>Total</b>			1.00		

**Part VII Allocation of Unallowed Losses. See instructions.**

Name of activity	Form or schedule and line number to be reported on (see instructions)	(a) Loss	(b) Ratio	(c) Unallowed loss
GRACING OAKS LN	E Ln 22	12,309.	1.00000000	12,309.
<b>Total</b>		12,309.	1.00	12,309.

**Part VIII Allowed Losses. See instructions.**

Name of activity	Form or schedule and line number to be reported on (see instructions)	(a) Loss	(b) Unallowed loss	(c) Allowed loss
GRACING OAKS LN	E Ln 22	12,309.	12,309.	0.
<b>Total</b>		12,309.	12,309.	0.

# 1 Wisconsin income tax

# 2022

For the year Jan. 1-Dec. 31, 2022, or other tax year

**Note** Check here if an amended return  beginning \_\_\_\_\_, 2022 ending \_\_\_\_\_, 20\_\_.

DO NOT STAPLE	Your legal last name <b>PILLAI</b>	Legal first name <b>SREEKUMAR</b>	M.I. <b>R</b>	Your social security number <b>101969334</b>
	If a joint return, spouse's legal last name <b>SIVANANDAN</b>	Spouse's legal first name <b>SHILPA</b>	M.I.	Spouse's social security number <b>622776129</b>
See page 5 before assembling return	Home address (number and street). If you have a PO Box, see page 12. <b>1178 GRACING OAKS LN</b>		Apt. no.	
	City or post office <b>SUN PRAIRIE</b>	State <b>WI</b>	Zip code <b>53590</b>	
<b>Filing status</b> Check <input checked="" type="checkbox"/> below <input type="checkbox"/> Single <input checked="" type="checkbox"/> Married filing joint return <input type="checkbox"/> Married filing separate return. Fill in spouse's SSN above and full name here ..... <input type="checkbox"/> Head of household, NOT married (see page 13). <input type="checkbox"/> Head of household, married (see page 13).				<b>Tax district</b> 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 2022.  <input checked="" type="checkbox"/> City <input type="checkbox"/> Village <input type="checkbox"/> Town City, village, or town <b>SUN PRAIRIE</b>  <b>County of</b> <b>DANE</b>  <b>School district number</b> See page 44 <b>5656</b>  <b>Special conditions</b> <input type="checkbox"/> <input type="checkbox"/> Form 804 filed with return (see page 10)
		Legal last name	Legal first name	M.I.
		If married, fill in spouse's SSN above and full name here		

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

<b>1</b>	Federal adjusted gross income from Form 1040, line 11 .....	<b>1</b>	<u>131638.00</u>
<b>2</b>	Adjustments to federal adjusted gross income from Schedule I, line 3 (see page 13) .....	<b>2</b>	<u>0.00</u>
<b>3</b>	Add lines 1 and 2. This is your federal adjusted gross income for Wisconsin purposes .....	<b>3</b>	<u>131638.00</u>
	Form W-2 wages included in line 3 .....		<u>150050.00</u>
<b>4</b>	Total additions to income from Schedule AD, line 33. Include Schedule AD (see page 14) ..	<b>4</b>	<u>.00</u>
<b>5</b>	Add lines 3 and 4 .....	<b>5</b>	<u>131638.00</u>
<b>6</b>	Total subtractions from income from Schedule SB, line 50. Include Schedule SB (see page 14) Enter as a positive number .....	<b>6</b>	<u>750.00</u>
<b>7</b>	Subtract line 6 from line 5. This is your Wisconsin income .....	<b>7</b>	<u>130888.00</u>
<b>8</b>	Standard deduction. See table on page 35, <b>OR</b> ▼ .....	<b>8</b>	<u>810.00</u>
	If someone else can claim you (or your spouse) as a dependent, see page 15 and check here <input type="checkbox"/>		
<b>9</b>	Subtract line 8 from line 7. If line 8 is larger than line 7, fill in 0 .....	<b>9</b>	<u>130078.00</u>
<b>10</b>	<b>Exemptions (Caution: See page 15)</b>		
<b>a</b>	Fill in exemptions allowed ..... <u>4</u> x \$700 ..	<b>10a</b>	<u>2800.00</u>
<b>b</b>	Check if 65 or older <input type="checkbox"/> You + <input type="checkbox"/> Spouse = ..... x \$250 ..	<b>10b</b>	<u>.00</u>
<b>c</b>	Add lines 10a and 10b .....	<b>10c</b>	<u>2800.00</u>

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**NO COMMAS; NO CENTS**

<b>11</b>	Subtract line 10c from line 9. If line 10c is larger than line 9, fill in 0. This is taxable income . . .	<b>11</b>	<u>127278.00</u>
<b>12</b>	Tax (see table on page 37) . . . . .	<b>12</b>	<u>6336.00</u>
<b>13</b>	Itemized deduction credit. Include Schedule 1, page 4 . . . . .	<b>13</b>	<u>.00</u>
<b>14</b>	Additional child and dependent care tax credit (see page 17)		
	Federal credit . . . . .	<b>14</b>	<u>.00</u>
<b>15</b>	School property tax credit		
<b>a</b>	Rent paid in 2022 – heat included . . . . .	<b>15a</b>	<u>.00</u>
	Rent paid in 2022 – heat not included . . . . .		
<b>b</b>	Property taxes paid on home in 2022 . . . . .	<b>15b</b>	<u>.00</u>
<b>16</b>	Working families tax credit (see page 20) . . . . .	<b>16</b>	<u>0.00</u>
<b>17</b>	Married couple credit. Include Schedule 2, page 4 . . . . .	<b>17</b>	<u>480.00</u>
<b>18</b>	Nonrefundable credits from line 34 of Schedule CR . . . . .	<b>18</b>	<u>.00</u>
<b>19</b>	Net income tax paid to another state. Include Schedule OS . . . . .	<b>19</b>	<u>.00</u>
<b>20</b>	Add lines 13 through 19 . . . . .	<b>20</b>	<u>480.00</u>
<b>21</b>	Subtract line 20 from line 12. If line 20 is larger than line 12, fill in 0. This is your net tax . . . . .	<b>21</b>	<u>5856.00</u>
<b>22</b>	Sales and use tax due on internet, mail order, or other out-of-state purchases (see page 23) . . . . .	<b>22</b>	<u>.00</u>
	If you certify that no sales or use tax is due, check here . . . . .		<input checked="" type="checkbox"/>
<b>23</b>	Donations (decreases refund or increases amount owed)		
<b>a</b>	Endangered resources . . . . .	<b>e</b>	Military family relief . . . . .
<b>b</b>	Cancer research . . . . .	<b>f</b>	Second Harvest/Feeding Amer. . . . .
<b>c</b>	Veterans trust fund . . . . .	<b>g</b>	Red Cross WI Disaster Relief . . . . .
<b>d</b>	Multiple sclerosis . . . . .	<b>h</b>	Special Olympics Wisconsin . . . . .
			Total (add lines a through h) . . . . .
		<b>23i</b>	<u>.00</u>
<b>24</b>	Penalties on IRAs, retirement plans, MSAs, etc. (see page 25) . . . . .	<b>24</b>	<u>.00</u>
<b>25</b>	Other penalties (see page 25) . . . . .	<b>25</b>	<u>.00</u>
<b>26</b>	Add lines 21, 22, 23i, 24, and 25 . . . . .	<b>26</b>	<u>5856.00</u>
<b>27</b>	Wisconsin tax withheld. Include withholding statements . . . . .	<b>27</b>	<u>7049.00</u>
<b>28</b>	2022 estimated tax payments and amount applied from 2021 return . . . . .	<b>28</b>	<u>.00</u>
<b>29</b>	Earned income credit. Number of qualifying children . . . . .		
	Federal credit . . . . .	<b>29</b>	<u>.00</u>
<b>30</b>	Farmland preservation credit. <b>a</b> Schedule FC, line 17 . . . . .	<b>30a</b>	<u>.00</u>
	<b>b</b> Schedule FC-A, line 13 . . . . .	<b>30b</b>	<u>.00</u>
<b>31</b>	Repayment credit (see page 27) . . . . .	<b>31</b>	<u>.00</u>



Name(s) shown on Form 1 SREEKUMAR R PILLAI & SHILPA SIVANANDAN	Your social security number 101969334
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**NO COMMAS; NO CENTS**


<b>32</b>	Homestead credit. Include Schedule H or H-EZ . . . . .	<b>32</b>	_____	.00
<b>33</b>	Eligible veterans and surviving spouses property tax credit . . . . .	<b>33</b>	_____	.00
<b>34</b>	Refundable credits from Schedule CR, line 40. Include Schedule CR . . . . .	<b>34</b>	_____	.00
<b>35</b>	AMENDED RETURN ONLY—Amounts previously paid (see page 31) . . . . .	<b>35</b>	_____	.00
<b>36</b>	Add lines 27 through 35 . . . . .	<b>36</b>	_____	7049.00
<b>37</b>	AMENDED RETURN ONLY—Amounts previously refunded (see page 31) . . . . .	<b>37</b>	_____	.00
<b>38</b>	Subtract line 37 from line 36 . . . . .	<b>38</b>	_____	7049.00
<b>39</b>	If line 38 is larger than line 26, subtract line 26 from line 38. This is the <b>AMOUNT YOU OVERPAID</b> . . . . .	<b>39</b>	_____	1193.00
<b>40</b>	Amount of line 39 you want <b>REFUNDED TO YOU</b> . . . . .	<b>40</b>	_____	1193.00
<b>41</b>	Amount of line 39 you want <b>APPLIED TO YOUR 2023 ESTIMATED TAX</b> . . . . .	<b>41</b>	_____	0.00
<b>42</b>	If line 38 is smaller than line 26, subtract line 38 from line 26. This is the <b>AMOUNT YOU UNDERPAID</b> . . . . .	<b>42</b>	_____	.00
<b>43</b>	Underpayment interest. Fill in exception code—See Sch. U ( ) . . . . .	<b>43</b>	_____	.00
<b>44</b>	Add lines 42 and 43. This is the <b>AMOUNT YOU OWE</b> . Paper clip payment to front of return . . . . .	<b>44</b>	_____	.00
<b>45</b>	Interest (see page 34) . . . . .	<b>45</b>	_____	.00

**Third Party Designee** Do you want to allow another person to discuss this return with the department (see page 34)?  **Yes** Complete the following.  **No**

Designee's name ▶ \_\_\_\_\_ Phone no. ▶ \_\_\_\_\_

Personal identification number (PIN) ▶ 

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 **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)
_____	_____	9084057480	_____
Spouse's signature (if filing jointly, BOTH must sign)	Date	Daytime Phone	Wisconsin Identity Protection PIN (7 characters)
_____	_____	_____	_____

I-010ai **Caution:** Only enter a Wisconsin Identity Protection PIN if you received one from the department (see page 34).

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

**Do Not Submit Photocopies**



NO COMMAS; NO CENTS

**Schedule 1 – Itemized Deduction Credit (see page 16)**

<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). 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 . . . . .	<b>2</b>	.00
<b>3</b> Gifts to charity from federal Schedule A (Form 1040). See instructions for exceptions . . . . .	<b>3</b>	.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>	.00
<b>6</b> Fill in your standard deduction from line 8 on page 1 of Form 1 . . . . .	<b>6</b>	.00
<b>7</b> Subtract line 6 from line 5. If line 6 is more than line 5, fill in 0. . . . .	<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 13 on page 2 of Form 1 . . . . .	<b>9</b>	.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 21)**

When completing this schedule, be sure to fill in your income in column (A) and your spouse's income in column (B)

	(A) YOURSELF	(B) SPOUSE
<b>1</b> Taxable wages, salaries, tips, and other employee compensation. Do NOT include deferred compensation, interest, dividends, pensions, unemployment compensation, or other unearned income <b>1</b>	123006.00	27044.00
<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 . . . . . <b>2</b>	.00	.00
<b>3</b> Combine lines 1 and 2. This is earned income. . . . . <b>3</b>	123006.00	27044.00
<b>4</b> Add the amounts from federal <b>Schedule 1</b> (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 . . . . . <b>4</b>	.00	.00
<b>5</b> Subtract line 4 from line 3. This is qualified earned income. If less than zero, fill in 0 . . . . . <b>5</b>	123006.00	27044.00
<b>6</b> 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. . . . . <b>6</b>	16000.00	
<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. Fill in here and on line 17 on page 2 of Form 1 . . . . . <b>8</b>		480.00

Do not fill in more than \$480.





Name SREEKUMAR R PILLAI & SHILPA SIVANANDAN	Social Security Number 101-96-9334
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**Part I Contributions to an Edvest or Tomorrow's Scholar college savings account**

Section A – Owners of the Edvest or Tomorrow's Scholar College Savings Account

**1** Name of account beneficiary: Last PILLAI First ISHAAN  
**2** Amount you contributed to the account for 2022 ..... **2** 550.00

Section B – Persons Other Than the Account Owner

**3** Name and address of account owner: Last \_\_\_\_\_ First \_\_\_\_\_  
 Address \_\_\_\_\_

**4** Name of account beneficiary: Last \_\_\_\_\_ First \_\_\_\_\_  
**5** Amount you contributed to the account for 2022 ..... **5** .00

Section C – Allowable Subtraction

**6** Add lines 2 and 5 ..... **6** 550.00  
**7** Enter \$3,560 (\$1,780 if married filing separate or a divorced parent) ..... **7** 3560.00  
**8** Enter the smaller of line 6 or 7 ..... **8** 550.00  
**9** Carryover (see instructions) ..... **9** .00  
**10** Allowable subtraction. Add lines 8 and 9 (see instructions for further limitations). Do not enter more than \$3,560 (\$1,780 if married filing separate or a divorced parent.) Also complete Part II. **10** 550.00

Section D – Total Amount Contributed to Account for 2014-2022

**11** Amount contributed to the account **by others** for 2022 ..... **11** .00  
**12** Amount contributed to the account for 2014-2021 (from line 10 of **2021** Schedule CS) ..... **12** .00  
**13** Add lines 2, 11, and 12. This is the total amount contributed to the account for 2014-2022 .... **13** 550.00

**Part II Eligible carryover**

**14** Amount you contributed to the accounts for 2022. Enter amount from line 6 ..... **14** 550.00  
**15** Amount from line 10 ..... **15** 550.00  
**16** Carryover to future years. Subtract line 15 from line 14. If line 15 is more than line 14, enter - 0-. Also complete Part V ..... **16** 0.00

**Part III Withdrawals within 365 days of deposit**

**17** Using a first-in, first-out method, did you withdraw an amount in 2022 from an Edvest or Tomorrow's Scholar account within 365 days of a contribution to the account (see instructions)?  
**a** If yes, enter the amount deposited and withdrawn within 365 days ..... **17a** .00  
**b** Enter the portion of the amount withdrawn that was previously claimed as a subtraction from income. This amount must be included in income (see the instructions) ..... **17b** .00  
**c** Subtract line 17b from line 17a. This is the amount of carryover that must be reduced. Complete Part V ..... **17c** .00

**Part IV – See next page**



See instructions for completing form.

Name SREEKUMAR R PILLAI & SHILPA SIVANANDAN		Social Security Number 101-96-9334
Account Last Beneficiary: name PILLAI	First name ISHAAN	

**Part IV Distributions from a college savings account rolled over or not used for qualified education expenses**

**Section A – Distribution Not Used for Qualified Higher Education Expenses**

18 Who received the distribution check (check one):

- Account owner (Name of owner \_\_\_\_\_)
- Account beneficiary (Name of beneficiary \_\_\_\_\_)

19 If the owner or beneficiary was subject to a federal penalty for 2022 because a distribution was not used for qualified higher education expenses, enter the amount of the distribution not used for qualified higher education expenses	19	.00
20 Amount contributed to the account for 2014 – 2022 from line 13	20	.00
21 Amount claimed as a subtraction for 2014 – 2022 by all contributors	21	.00
22 Enter the smaller of line 19, 20, or 21. Add this amount to your (owner's) Wisconsin income	22	.00
23 If line 19 is greater than line 22, subtract line 22 from line 19. Any carryover must be reduced by this amount. Complete Part V	23	.00

**Section B – Rollover to another state's qualified tuition program (complete lines 24-26)**

24 If, during 2022, you rolled over an amount into another state's qualified tuition program, enter the amount rolled over	24	.00
25 Enter the portion of the amount on line 24 that was previously claimed as a Wisconsin subtraction from income by yourself and other contributors to the account. This amount must be added to your Wisconsin income	25	.00
26 Subtract line 25 from line 24. This is the amount of carryover that must be reduced. Complete Part V	26	.00

**Section C – Rollover to a qualified ABLE account (complete lines 27-31)**

27 If, during 2022, you rolled over an amount into a qualified ABLE account, enter the amount rolled over	27	.00
28 Exclusion amount	28	16000.00
29 Subtract line 28 from line 27. If -0- or less, enter -0- and do not complete lines 30 and 31. You do not have to add an amount to Wisconsin income	29	.00
30 Enter the portion of the amount on line 29 that was previously claimed as a Wisconsin subtraction from income by yourself and other contributors to the account. This amount must be added to your Wisconsin income (see instructions)	30	.00
31 Subtract line 30 from line 27. This is the amount of carryover that must be reduced. Complete Part V	31	.00

**Part V Computation of Carryover from 2022 to 2023**

32 Carryover from line 39 of 2021 Schedule CS	32	.00
33 Carryover from line 16 of 2022 Schedule CS	33	0.00
34 Add amounts on lines 32 and 33	34	0.00
35 Enter the following amounts from this 2022 Schedule CS		
a line 9	35a	.00
b line 17c	35b	.00
c line 23	35c	.00
d line 26	35d	.00
e line 31	35e	.00
36 Add the amounts on lines 35a through 35e	36	.00
37 Subtract line 36 from line 34. This is your carryover to 2023	37	.00



Name SREEKUMAR R PILLAI & SHILPA SIVANANDAN	Social Security Number 101-96-9334
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**Part I Contributions to an Edvest or Tomorrow's Scholar college savings account**

Section A – Owners of the Edvest or Tomorrow's Scholar College Savings Account

**1** Name of account beneficiary: Last PILLAI First ICHCHA  
**2** Amount you contributed to the account for 2022 ..... **2** 200.00

Section B – Persons Other Than the Account Owner

**3** Name and address of account owner: Last \_\_\_\_\_ First \_\_\_\_\_  
 Address \_\_\_\_\_

**4** Name of account beneficiary: Last \_\_\_\_\_ First \_\_\_\_\_  
**5** Amount you contributed to the account for 2022 ..... **5** .00

Section C – Allowable Subtraction

**6** Add lines 2 and 5 ..... **6** 200.00  
**7** Enter \$3,560 (\$1,780 if married filing separate or a divorced parent) ..... **7** 3560.00  
**8** Enter the smaller of line 6 or 7 ..... **8** 200.00  
**9** Carryover (see instructions) ..... **9** .00  
**10** **Allowable subtraction.** Add lines 8 and 9 (see instructions for further limitations). Do not enter more than \$3,560 (\$1,780 if married filing separate or a divorced parent.) Also complete Part II. **10** 200.00

Section D – Total Amount Contributed to Account for 2014-2022

**11** Amount contributed to the account **by others** for 2022 ..... **11** .00  
**12** Amount contributed to the account for 2014-2021 (from line 10 of **2021** Schedule CS) ..... **12** .00  
**13** Add lines 2, 11, and 12. This is the total amount contributed to the account for 2014-2022 .... **13** 200.00

**Part II Eligible carryover**

**14** Amount you contributed to the accounts for 2022. Enter amount from line 6 ..... **14** 200.00  
**15** Amount from line 10 ..... **15** 200.00  
**16** Carryover to future years. Subtract line 15 from line 14. If line 15 is more than line 14, enter - 0-. Also complete Part V ..... **16** 0.00

**Part III Withdrawals within 365 days of deposit**

**17** Using a first-in, first-out method, did you withdraw an amount in 2022 from an Edvest or Tomorrow's Scholar account within 365 days of a contribution to the account (see instructions)?  
**a** If yes, enter the amount deposited and withdrawn within 365 days ..... **17a** .00  
**b** Enter the portion of the amount withdrawn that was previously claimed as a subtraction from income. This amount must be included in income (see the instructions) ..... **17b** .00  
**c** Subtract line 17b from line 17a. This is the amount of carryover that must be reduced. Complete Part V ..... **17c** .00

**Part IV – See next page**



See instructions for completing form.

Name SREEKUMAR R PILLAI & SHILPA SIVANANDAN		Social Security Number 101-96-9334
Account Last Beneficiary: name PILLAI	First name ICHCHA	

**Part IV Distributions from a college savings account rolled over or not used for qualified education expenses**

Section A – Distribution Not Used for Qualified Higher Education Expenses

18 Who received the distribution check (check one):

- Account owner (Name of owner \_\_\_\_\_ )
- Account beneficiary (Name of beneficiary \_\_\_\_\_ )

19 If the owner or beneficiary was subject to a federal penalty for 2022 because a distribution was not used for qualified higher education expenses, enter the amount of the distribution not used for qualified higher education expenses	19	.00
20 Amount contributed to the account for 2014 – 2022 from line 13	20	.00
21 Amount claimed as a subtraction for 2014 – 2022 by all contributors	21	.00
22 Enter the smaller of line 19, 20, or 21. Add this amount to your (owner's) Wisconsin income	22	.00
23 If line 19 is greater than line 22, subtract line 22 from line 19. Any carryover must be reduced by this amount. Complete Part V	23	.00

Section B – Rollover to another state's qualified tuition program (complete lines 24-26)

24 If, during 2022, you rolled over an amount into another state's qualified tuition program, enter the amount rolled over	24	.00
25 Enter the portion of the amount on line 24 that was previously claimed as a Wisconsin subtraction from income by yourself and other contributors to the account. This amount must be added to your Wisconsin income	25	.00
26 Subtract line 25 from line 24. This is the amount of carryover that must be reduced. Complete Part V	26	.00

Section C – Rollover to a qualified ABLE account (complete lines 27-31)

27 If, during 2022, you rolled over an amount into a qualified ABLE account, enter the amount rolled over	27	.00
28 Exclusion amount	28	16000.00
29 Subtract line 28 from line 27. If -0- or less, enter -0- and do not complete lines 30 and 31. You do not have to add an amount to Wisconsin income	29	.00
30 Enter the portion of the amount on line 29 that was previously claimed as a Wisconsin subtraction from income by yourself and other contributors to the account. This amount must be added to your Wisconsin income (see instructions)	30	.00
31 Subtract line 30 from line 27. This is the amount of carryover that must be reduced. Complete Part V	31	.00

**Part V Computation of Carryover from 2022 to 2023**

32 Carryover from line 39 of 2021 Schedule CS	32	.00
33 Carryover from line 16 of 2022 Schedule CS	33	0.00
34 Add amounts on lines 32 and 33	34	0.00
35 Enter the following amounts from this 2022 Schedule CS		
a line 9	35a	.00
b line 17c	35b	.00
c line 23	35c	.00
d line 26	35d	.00
e line 31	35e	.00
36 Add the amounts on lines 35a through 35e	36	.00
37 Subtract line 36 from line 34. This is your carryover to 2023	37	.00



Name SREEKUMAR R PILLAI & SHILPA SIVANANDAN	Social Security Number 101969334
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See the instructions for additional information on the subtractions listed below. Enter all amounts as positive numbers.

Subtractions from Income		
<u>1</u>	Taxable refund of state income tax (from line 1 of federal Schedule 1)	.00
<u>2</u>	United States government interest	.00
<u>3</u>	Unemployment compensation	.00
<u>4</u>	Social security adjustment	.00
<u>5</u>	Capital gain/loss subtraction	.00
<u>6</u>	Medical care insurance	.00
<u>7</u>	Long-term care insurance	.00
<u>8</u>	Tuition and fee expenses	.00
<u>9</u>	Private school tuition	.00
<u>10</u>	Contributions to an Edvest or Tomorrow's Scholar college savings account	750.00
<u>11</u>	Distributions of certain earnings from Wisconsin state-sponsored college tuition programs	.00
<u>12</u>	Military and uniformed services retirement benefits	.00
<u>13</u>	Local and state retirement benefits	.00
<u>14</u>	Federal retirement benefits	.00
<u>15</u>	Railroad retirement benefits, railroad unemployment insurance, and sickness benefits	.00
<u>16</u>	Retirement income subtraction	.00
<u>17</u>	Reserve or National Guard members	.00
<u>18</u>	U.S. Armed Forces active duty pay	.00
<u>19</u>	Combat zone related death	.00
<u>20</u>	Adoption expenses	.00
<u>21</u>	Contributions to ABLE accounts	.00
<u>22</u>	Disability income exclusion	.00
<u>23</u>	Wisconsin net operating loss deduction	.00
<u>24</u>	Farm loss carryover	.00
<u>25</u>	Native Americans	.00
<u>26</u>	Sale of business assets or assets used in farming to a related person	.00
<u>27</u>	Recoveries of federal itemized deductions	.00
<u>28</u>	Repayment of income previously taxed	.00
<u>29</u>	Add lines 1 through 28. Enter here and on line 30, page 2	750.00



Name SREEKUMAR R PILLAI & SHILPA SIVANANDAN	Social Security Number 101969334
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<b>30</b>	Enter amount from line 29 on page 1	<b>30</b>	750.00
<b>31</b>	Human organ donation	<b>31</b>	.00
<b>32</b>	Expenses paid to related entities	<b>32</b>	.00
<b>33</b>	Income from a related entity	<b>33</b>	.00
<b>34</b>	Legislator's per diem	<b>34</b>	.00
<b>35</b>	Sales of certain insurance policies	<b>35</b>	.00
<b>36</b>	Physician or psychiatrist grant	<b>36</b>	.00
<b>37</b>	Olympic, Paralympic, and Special Olympic medals and United States Olympic Committee and Special Olympic Board of Directors prize money	<b>37</b>	.00
<b>38</b>	AmeriCorps education awards	<b>38</b>	.00
<b>39</b>	Differences in federal and Wisconsin basis of assets	<b>39</b>	.00
<b>40</b>	Differences in federal and Wisconsin basis of partnership interest prior to 1975	<b>40</b>	.00
<b>41</b>	Differences in federal and Wisconsin reporting of marital property (community) income	<b>41</b>	.00
<b>42</b>	Charitable contributions from tax-option (S) corporations (list and provide amount)		
<b>a</b>	Name _____		
	FEIN _____ Amount <b>42a</b> _____		.00
<b>b</b>	Name _____		
	FEIN _____ Amount <b>42b</b> _____		.00
<b>c</b>	Name _____		
	FEIN _____ Amount <b>42c</b> _____		.00
<b>d</b>	Add lines 42a through 42c	<b>42d</b>	.00
<b>43</b>	Tax-option (S) corporation adjustments. Do not include adjustments listed on line 46 (list and provide amount)		
<b>a</b>	Name _____		
	FEIN _____ Amount <b>43a</b> _____		.00
<b>b</b>	Name _____		
	FEIN _____ Amount <b>43b</b> _____		.00
<b>c</b>	Name _____		
	FEIN _____ Amount <b>43c</b> _____		.00
<b>d</b>	Add lines 43a through 43c	<b>43d</b>	.00
<b>44</b>	Add lines 30 through 41, 42d and 43d. Enter here and on line 45, page 3	<b>44</b>	750.00



Name SREEKUMAR R PILLAI & SHILPA SIVANANDAN	Social Security Number 101969334
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45 Enter amount from line 44 on page 2 ..... 45 750.00

46 Tax-option (S) corporation entity level tax election adjustments (list and provide amount)

a Name \_\_\_\_\_  
FEIN \_\_\_\_\_ Amount 46a \_\_\_\_\_ .00

b Name \_\_\_\_\_  
FEIN \_\_\_\_\_ Amount 46b \_\_\_\_\_ .00

c Name \_\_\_\_\_  
FEIN \_\_\_\_\_ Amount 46c \_\_\_\_\_ .00

d Add lines 46a through 46c ..... 46d .00

47 Partnership, limited liability company, trust, or estate adjustments. Do not include adjustments listed on line 48 (list and provide amount)

a Name \_\_\_\_\_  
FEIN \_\_\_\_\_ Amount 47a \_\_\_\_\_ .00

b Name \_\_\_\_\_  
FEIN \_\_\_\_\_ Amount 47b \_\_\_\_\_ .00

c Name \_\_\_\_\_  
FEIN \_\_\_\_\_ Amount 47c \_\_\_\_\_ .00

d Add lines 47a through 47c ..... 47d .00

48 Partnership entity level tax election adjustments (list and provide amount)

a Name \_\_\_\_\_  
FEIN \_\_\_\_\_ Amount 48a \_\_\_\_\_ .00

b Name \_\_\_\_\_  
FEIN \_\_\_\_\_ Amount 48b \_\_\_\_\_ .00

c Name \_\_\_\_\_  
FEIN \_\_\_\_\_ Amount 48c \_\_\_\_\_ .00

d Add lines 48a through 48c ..... 48d .00

49 Other subtractions from income (list and provide amount)

a \_\_\_\_\_ Amount 49a \_\_\_\_\_ .00

b \_\_\_\_\_ Amount 49b \_\_\_\_\_ .00

c \_\_\_\_\_ Amount 49c \_\_\_\_\_ .00

d Add lines 49a through 49c ..... 49d .00

50 Add lines 45, 46d, 47d, 48d, and 49d. This is your total subtraction from income. Enter on Form 1, line 6 ..... 50 750.00

