

1 Wisconsin income tax

2022

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

beginning _____, 2022 ending _____, 20____.

Note

Check here if an amended return

DO NOT STAPLE

See page 5 before assembling return

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

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


PAPER CLIP payment here



Name(s) shown on Form 1		Your social security number	
SREEKUMAR R PILLAI & SHILPA SIVANANDAN		101969334	
NO COMMAS; NO CENTS			
32	Homestead credit. Include Schedule H or H-EZ	32	<u> .00</u>
33	Eligible veterans and surviving spouses property tax credit	33	<u> .00</u>
34	Refundable credits from Schedule CR, line 40. Include Schedule CR	34	<u> .00</u>
35	AMENDED RETURN ONLY—Amounts previously paid (see page 31)	35	<u> .00</u>
36	Add lines 27 through 35	36	<u> 7049.00</u>
37	AMENDED RETURN ONLY—Amounts previously refunded (see page 31)	37	<u> .00</u>
38	Subtract line 37 from line 36	38	<u> 7049.00</u>
39	If line 38 is larger than line 26, subtract line 26 from line 38. This is the AMOUNT YOU OVERPAID	39	<u> 1193.00</u>
40	Amount of line 39 you want REFUNDED TO YOU	40	<u> 1193.00</u>
41	Amount of line 39 you want APPLIED TO YOUR 2023 ESTIMATED TAX	41	<u> 0.00</u>
42	If line 38 is smaller than line 26, subtract line 38 from line 26. This is the AMOUNT YOU UNDERPAID	42	<u> .00</u>
43	Underpayment interest. Fill in exception code-See Sch. U <input type="text"/>	43	<u> .00</u>
44	Add lines 42 and 43. This is the AMOUNT YOU OWE . Paper clip payment to front of return	44	<u> .00</u>
45	Interest (see page 34)	45	<u> .00</u>

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) ▶

 **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



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 (<i>see instructions</i>)	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

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Account Last Beneficiary: name PILLAI	First name ICHCHA	

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

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33 Carryover from line 16 of 2022 Schedule CS	33	0.00
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b line 17c _____ 35b		.00
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d line 26 _____ 35d		.00
e line 31 _____ 35e		.00
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