1	Wisconsin L
	income tax

■ Income tax	Fo	or the year Jan	. 1-Dec	. 31, 2022, or other tax year	
Check here if an amended return	n ▶ be	eginning		, 2022 ending	, 20
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 na	1 '		Spouse's social security number 622776129	
Home address (number and street). If you have 1178 GRACING OAKS LN				Tax district Check below then fill in eith	
		Zip code 53590		city, village, or town and the clived at the end of 2022.	county in which you
Filing status Check ✓ below Single					
X Married filing joint return	Legal last name			County of ▶ DANE	
Married filing separate return. Fill in spouse's SSN above and full name here	Legal first name		M.I.	School district number See	page 445656
Head of household, NOT marr (see page 13).	ied	\uparrow		Special conditions	
Head of household, married (see page 13).	If married, fill ir SSN above and	n spouse's I full name here		Form 804 filed with return	(see page 10)
Use BLACK Ink • Print numbers like this \rightarrow 0 23456789 Not like this \rightarrow 0147 • 1					OMMAS; <u>NO</u> CENTS
Federal adjusted gross income	from Form 1040, lin	e 11		1	131638.00
2 Adjustments to federal adjusted	d gross income from	Schedule I, line	e 3 (see	e page 13) 2	0.00
3 Add lines 1 and 2. This is your	federal adjusted gro	ss income for V	Viscons	in purposes 3	131638.0
Form W-2 wages included in lir	ne 3			150050.00	
4 Total additions to income from	Schedule AD, line 3	3. Include Sche	dule A	O (see page 14) 4	.00
5 Add lines 3 and 4				5	131638.00
6 Total subtractions from income Enter as a positive number					750. 0 0
7 Subtract line 6 from line 5. This	s is your Wisconsin i	ncome		7	130888.00
8 Standard deduction. See table If someone else can claim you (or	e on page 35, OR ¬ryour spouse) as a de	ependent, see pa	 ıge 15 aı		810.00
9 Subtract line 8 from line 7. If lin	e 8 is larger than line	e 7, fill in 0		9	130078.0
10 Exemptions (Caution: See pa	age 15)				
a Fill in exemptions allowed		4 x \$70	0 10	2800. 00	
b Check if 65 or older Yo	u + Spouse =	x \$25	60 10	<u>.00</u>	
a Add lines 10s and 10b				100	2800 o c

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		$\underline{\text{NO}}$ COMMAS; $\underline{\text{NO}}$ CENTS
11	Subtract line 10c from line 9. If line 10c is larger than line 9, fill in 0. This is taxable income 11_	127278.00
12	Tax (see table on page 37)	6336.00
13	Itemized deduction credit. Include Schedule 1, page 4	
14	Additional child and dependent care tax credit (see page 17)	
	Federal credit	
15	School property tax credit	
	a Rent paid in 2022 – heat included Find credit from	
	Rent paid in 2022 – heat not included	
	b Property taxes paid on home in 202200 Find credit from table page 20 . 15b 00	
16	Working families tax credit (see page 20)	
17	Married couple credit. Include Schedule 2, page 4	
18	Nonrefundable credits from line 34 of Schedule CR	
19	Net income tax paid to another state. Include Schedule OS 19	
20	Add lines 13 through 19	480.00
21	Subtract line 20 from line 12. If line 20 is larger than line 12, fill in 0. This is your net tax 21 _	5856.00
22	Sales and use tax due on internet, mail order, or other out-of-state purchases (see page 23) 22_ If you certify that no sales or use tax is due, check here	.00
23	Donations (decreases refund or increases amount owed)	
	a Endangered resources .00 e Military family relief00	
	b Cancer research	
	c Veterans trust fund g Red Cross WI Disaster Relief	
	d Multiple sclerosis	
	Total (add lines a through h) ▶ 23i_	.00.
24	Penalties on IRAs, retirement plans, MSAs, etc. (see page 25)	.00
25	Other penalties (see page 25)	.00
26	Add lines 21, 22, 23i, 24, and 25	5856.00
27	Wisconsin tax withheld. Include withholding statements	
28	2022 estimated tax payments and amount applied from 2021 return 28	
29	Earned income credit. Number of qualifying children	
	Federal	
30	Farmland preservation credit. a Schedule FC, line 17	
	b Schedule FC-A, line 13	
21	Penayment credit (see page 27)	



Name	e(s) shown on Form 1			Your s	social security number
SR	EEKUMAR R PILLAI & SHILPA SIVANANDAN			101	L969334
					NO COMMAS; NO CENTS
32	Homestead credit. Include Schedule H or H-EZ	32	.0	0	
33	Eligible veterans and surviving spouses property tax credit	33	.0	0	
34	Refundable credits from Schedule CR, line 40. Include Schedule CR	34	.0	0	
35	AMENDED RETURN ONLY-Amounts previously paid (see page 31)	35	.0	0	
36	Add lines 27 through 35	36	7049.0	<u>0</u>	
37	AMENDED RETURN ONLY-Amounts previously refunded (see page 31)	37	.0	0	
38	Subtract line 37 from line 36			38 _	7049.00
39	If line 38 is larger than line 26, subtract line 26 from line 38. This is the AMOUNT YOU OVERPAID			39 _	1193.00
40	Amount of line 39 you want REFUNDED TO YOU			40 _	1193.00
41	Amount of line 39 you want APPLIED TO YOUR 2023 ESTIMATED TAX	41	0 .0	<u> </u>	
42	If line 38 is smaller than line 26, subtract line 38 from line 26. This is the AMOUNT YOU UNDERPAID			42 _	.00
43	Underpayment interest. Fill in exception code-See Sch. U			43 _	.00
44	Add lines 42 and 43. This is the AMOUNT YOU OWE. Paper cl	ip pa	yment to front of return	44 _	.00
45	Interest (see page 34)			45 _	.00
Thir	Do you want to allow another person to discuss this return with the depart	tment	(see page 34)? Yes	Com	nplete the following. X No
Part Des	y Designee's Phon no. ▶	-	Person identifie numbe	cation	

O

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) Daytime Phone Date 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

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NO COMMAS; NO CENTS

Schedule 1 - Itemized Deduction Credit (see page 16)

Name SREEKUMAR R PILLAI & SHILPA SIV

1	Medical and dental expenses from federal Schedule A (Form 1040). See instructions for exceptions	1	.00
<u>2</u>	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.
<u>3</u>	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 8 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 13 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 21)

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

		(A) YOURS	SELF	(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	123	006.00		27044.00
2	Net profit or (loss) from self-employment from federal Schedules C, C-EZ, and F (Form 1040), Schedule K-1 (Form 1065),		00		00
	and any other taxable self-employment or earned income 2		.00	l	.00
3	Combine lines 1 and 2. This is earned income	123	00.6.00		27044.00
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	123	00.6.00		27044.00
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.		1	6000.00	
7	Rate of credit is .03 (3%).	7		x .03	
8	Multiply line 6 by line 7. Fill in here and on line 17 on page 2 of Form 1	1		480.00	Do not fill in more than \$480.

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See instructions for completing form.

Schedule CS

Wisconsin

Department of Revenue

College Savings Accounts (Edvest and Tomorrow's Scholar)

File with Wisconsin Form 1 or 1NPR

2022

Name

Social Security Number 101-96-9334

SRE	EEKUMAR R PILLAI & SHILPA SIVANANDAN	101-96-	9334
Pa	rt I Contributions to an Edvest or Tomorrow's Scholar college savings acc	ount	
	Section A – Owners of the Edvest or Tomorrow's Scholar College Savings Account		
1	Name of account beneficiary: Last PILLAI First IS	HAAN	
2	Amount you contributed to the account for 2022		550. 0 0
_	Section B – Persons Other Than the Account Owner		
3	Name and address of account owner: Last First		
	Address		
<u>4</u>	Name of account beneficiary: Last First		
<u>5</u>	Amount you contributed to the account for 2022		
	Section C – Allowable Subtraction		
<u>6</u>	Add lines 2 and 5	6	550. 0 0
<u>7</u>	Enter \$3,560 (\$1,780 if married filing separate or a divorced parent)	7	3560. 0 0
<u>8</u>	Enter the smaller of line 6 or 7	8	550. 0 0
9	Carryover (see instructions)	9	.00.
<u>10</u>	Allowable subtraction. Add lines 8 and 9 (see instructions for further limitations). Do not e more than \$3,560 (\$1,780 if married filing separate or a divorced parent.) Also complete Pa		550. 00
	Section D – Total Amount Contributed to Account for 2014-2022		
11	Amount contributed to the account <i>by others</i> 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. 0 0
Pa	rt II Eligible carryover		
14	Amount you contributed to the accounts for 2022. Enter amount from line 6	14	550. 0 0
15	Amount from line 10	15	550. 0 0
16	Carryover to future years. Subtract line 15 from line 14. If line 15 is more than line 14, enter		0.00
	Also complete Part V	16	0.00
Pa	rt 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 instruction	ns)?	
	a If yes, enter the amount deposited and withdrawn within 365 days	•	.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



Social Security Number Name 101-96-9334 SREEKUMAR R PILLAI & SHILPA SIVANANDAN

Account

	ount eficiary:	Last name P1	ILLAI		First name ISHAAN		
Pa	rt IV [Distributi	ons from a college	e savings account rolled ov	er or not used for qua	ified edu	cation expenses
	Section	A – Distr	ibution Not Used for	r Qualified Higher Education I	Expenses		
18	Who red	eived the	distribution check (c	heck one):			
	Acc	count own	er (Name of owner)	
			eficiary (Name of ber	oficiary		\	
19	distribut	ion was n	ot used for qualified I	t to a federal penalty for 2022 b higher education expenses, en qualified higher education exp	pecause a ter the		.00
20				2014 – 2022 from line 13			
				014 – 2022 by all contributors			
				Add this amount to your (owner			
	If line 19) is greate	r than line 22, subtra	ct line 22 from line 19. Any ca	rryover must be reduced		.00
	Section	B – Rollo	over to another state	e's qualified tuition program (c	omplete lines 24-26)		
24	If, during	g 2022, yo e amount	ou rolled over an amo	ount into another state's qualifie	ed tuition program,	24	.00
<u>25</u>	subtract	ion from i	ncome by yourself ar	24 that was previously claimend other contributors to the acc me	ount. This amount	25	.00
26				ne amount of carryover that mu		26	.00
	Section	C – Rollo	over to a qualified Al	BLE account (complete lines 2	7-31)		
27	If, during rolled ov	g 2022, yo ver	ou rolled over an amo	ount into a qualified ABLE acco	unt, enter the amount	27	.00
28	Exclusion	n amount				28	16000.00
29				ess, enter -0- and do not componsin income		29	.00
<u>30</u>	from inc	ome by yo	ourself and other con	29 that was previously claimed tributors to the account. This ans)	mount must be added to		.00
31				e amount of carryover that mus			
	Part V .					31	.00
Pa	rt V (Computa	tion of Carryover	from 2022 to 2023			
32	Carryov	er from lin	e 39 of 2021 Schedu	ıle CS		32	.00
33	Carryov	er from lin	e 16 of 2022 Schedu	ıle CS		33	0.00
34	Add am	ounts on I	nes 32 and 33			34	0.00
35	Enter th	e following	g amounts from this 2	2022 Schedule CS			
	a line 9			35	a0		
					b0	_	
				35			
	d line 2			35			
	e line 3	31		35	e0	0	
36	Add the	amounts	on lines 35a through	35e		36	.00
37	Subtrac	t line 36 fr	om line 34. This is yo	our carryover to 2023		37	.00



See instructions for completing form.

Schedule CS

Wisconsin

Department of Revenue

College Savings Accounts (Edvest and Tomorrow's Scholar)

File with Wisconsin Form 1 or 1NPR

2022

Name

SREEKUMAR R PILLAI & SHILPA SIVANANDAN

Social Security Number 101-96-9334

DIVE	EDITORIAN N IIDDAI W SIIIDIA SIVANANDAN			
Pa	rt I Contributions to an Edvest or Tomorrow's Sc	holar college savings accour	nt	
	Section A – Owners of the Edvest or Tomorrow's Scholar	College Savings Account		
1	Name of account beneficiary: Last PILLAI	First ICHCI	HA	
<u>2</u>	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			
<u>4</u>	Name of account beneficiary: Last	First		
<u>5</u>	Amount you contributed to the account for 2022		5	.00
	Section C – Allowable Subtraction			
<u>6</u>	Add lines 2 and 5		6	200.00
<u>7</u>	Enter \$3,560 (\$1,780 if married filing separate or a divorced	parent)	7	3560. 00
<u>8</u>	Enter the smaller of line 6 or 7		8	200.00
9	Carryover (see instructions)		9	.00
<u>10</u>	Allowable subtraction. Add lines 8 and 9 (see instructions to			00000
	more than \$3,560 (\$1,780 if married filing separate or a divor	. ,	10	200.00
	Section D – Total Amount Contributed to Account for 2014			0.0
	Amount contributed to the account by others for 2022			
	Amount contributed to the account for 2014-2021 (from line 1	,		
13	Add lines 2, 11, and 12. This is the total amount contributed to	o the account for 2014-2022	13	200.00
Pa	rt II Eligible carryover			
				200.00
	Amount you contributed to the accounts for 2022. Enter amo			
	Amount from line 10			200.00
16	Carryover to future years. Subtract line 15 from line 14. If line Also complete Part V			0.00
Pa	rt III Withdrawals within 365 days of deposit			
17	Using a first-in, first-out method, did you withdraw an amount Tomorrow's Scholar account within 365 days of a contribution			
	a If yes, enter the amount deposited and withdrawn within 3	65 days	17a	.00
	<u>b</u> Enter the portion of the amount withdrawn that was previous from income. This amount must be included in income (see		17b	.00
	c Subtract line 17b from line 17a. This is the amount of carr			
İ	Complete Part V		17c	.00

Part IV - See next page



Name Social Security Number 101-96-9334 SREEKUMAR R PILLAI & SHILPA SIVANANDAN

	eficiary:	Last name PILLAI	First name ICHCHA		
Pa	rt IV	Distributions from a college savings account re	olled over or not used for qu	ualified educa	ation expenses
	Section	n A – Distribution Not Used for Qualified Higher Edu	ıcation Expenses		
18	Who re	eceived the distribution check (check one):			
	Ac	count owner (Name of owner)	
		count beneficiary (Name of beneficiary			
19	distribu	wner or beneficiary was subject to a federal penalty fo ution was not used for qualified higher education exper t of the distribution not used for qualified higher educa	nses, enter the	19	.00
20	Amoun	t contributed to the account for 2014 – 2022 from line	13	20	.00
21	Amoun	it claimed as a subtraction for 2014 – 2022 by all contr	ibutors	21	.00
<u>22</u>	Enter th	he smaller of line 19, 20, or 21. Add this amount to you	r (owner's) Wisconsin income .	22	.00
23	If line 1 by this	9 is greater than line 22, subtract line 22 from line 19. amount. Complete Part V	Any carryover must be reduced	d 23	.00
	Section	n B – Rollover to another state's qualified tuition pro	gram (complete lines 24-26)		
24	If, durir enter th	ng 2022, you rolled over an amount into another state's ne amount rolled over	s qualified tuition program,	24	.00
<u>25</u>	subtrac	he portion of the amount on line 24 that was previously ction from income by yourself and other contributors to e added to your Wisconsin income	the account. This amount	25	.00
26		ct line 25 from line 24. This is the amount of carryoverete Part V		26	.00
	Section	n C – Rollover to a qualified ABLE account (complet	e lines 27-31)		
27		ng 2022, you rolled over an amount into a qualified AB over		27	.00
28	Exclusi	ion amount		28	16000.00
29	Subtraction do not	ct line 28 from line 27. If -0- or less, enter -0- and do n have to add an amount to Wisconsin income	ot complete lines 30 and 31. Yo	ou 29	.00
<u>30</u>	from in	he portion of the amount on line 29 that was previously come by yourself and other contributors to the accoun isconsin income (see instructions)	t. This amount must be added t	0	.00
31	-	ct line 30 from line 27. This is the amount of carryover		·	
•	Part V				.00
Pa	rt V	Computation of Carryover from 2022 to 2023			
32	Carryo	ver from line 39 of 2021 Schedule CS		32	.00
	-	ver from line 16 of 2022 Schedule CS			
		nounts on lines 32 and 33			
		he following amounts from this 2022 Schedule CS			
		9	35a	.00	
	b line	17c	35b	.00	
	c line	23	35c	.00	
		26			
		31			
36	Add the	e amounts on lines 35a through 35e		36	.00
37	Subtrac	ct line 36 from line 34. This is your carryover to 2023		37	.00

