1	Wisconsin L
	income tax

■ income tax	Fo	r the ye	ar Jan. 1	-Dec	. 31, 2022, or other tax ye	ear
Check here if an amended return 🕨 📖	be	ginning			, 2022 ending	, 20
Your legal last name Legal firs AALLA LIKH			1	M.I.	Your social security number 868728509	
If a joint return, spouse's legal last name Spouse's	legal first nar	me	ı	M.I.	Spouse's social security number	г
Home address (number and street). If you have a PO Box, 548 E TOWN SQUARE CT City or post office OAK CREEK	see page 12.	Zip cod			Tax district Check below then fill in city, village, or town and t lived at the end of 2022.	
Filing status Check ✓ below	**±	331			X City	, Village , , Towi
X Single					City, village,	
Married filing joint return	st name				· 	
Married filing separate return. Fill in spouse's SSN above Legal fire					County of ▶ MILWAUK	
Fill in spouse's SSN above and full name here	st name			M.I.	School district number	See page 443619
Head of household, NOT married (see page 13).					Special conditions	
	narried, fill in N above and				Form 804 filed with ret	urn (see page 10)
Use BLACK Ink Print numbers like this	→ 0123	4567	89 <u>N</u>	ot like	e this → Ø147 • <u>NC</u>	COMMAS; NO CENTS
Federal adjusted gross income from Form	n 1040, line	e 11			1	88492.00
2 Adjustments to federal adjusted gross inc	ome from	Schedu	le I, line 3	3 (see	e page 13) 2	0.00
3 Add lines 1 and 2. This is your federal ad	justed gros	ss incom	ne for Wis	scons	in purposes 3	88492.00
Form W-2 wages included in line 3					98272.00	
4 Total additions to income from Schedule	AD, line 33	3. Includ	le Schedu	ıle AD	O (see page 14) 4	.00
5 Add lines 3 and 4						88492.00
6 Total subtractions from income from Sche Enter as a positive number						.00.
7 Subtract line 6 from line 5. This is your W	isconsin in	ncome			7	88492.00
8 Standard deduction. See table on page 3 If someone else can claim you (or your spou	35, OR ■ se) as a de _l	· · · · · pendent,	, see page	 e 15 ar		3239.00
9 Subtract line 8 from line 7. If line 8 is large						85253.00
10 Exemptions (Caution: See page 15)						
a Fill in exemptions allowed		1	x \$700	10	700.00	
b Check if 65 or older You + S	Spouse =		x \$250	10	d .00	
c Add lines 10a and 10b					10c	700.00



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2022	2 Form 1 Name LIKHITH AALLA	SSN 868728509	Page 2 of 4
			AS; <u>NO</u> CENTS
11	Subtract line 10c from line 9. If line 10c is larger than line 9, fill in 0. This is taxab	ole income 11	84553.00
12	Tax (see table on page 37)	12	4174.00
13	Itemized deduction credit. Include Schedule 1, page 4	.00	
14	Additional child and dependent care tax credit (see page 17)		
	Federal credit	.00	
15	School property tax credit		
	00)		
	Rent paid in 2022 – heat not included Rent paid in 2022 – heat not included Solution Find credit from table page 19 . 15a	.00	
	b Property taxes paid on home in 2022 Find credit from table page 20 . 15b _	.00	
16	Working families tax credit (see page 20)	.00	
17	Married couple credit. Include Schedule 2, page 4	.00	
	Nonrefundable credits from line 34 of Schedule CR		
	Net income tax paid to another state. Include Schedule OS 19		
	Add lines 13 through 19		.00
21	Subtract line 20 from line 12. If line 20 is larger than line 12, fill in 0. This is you	r net tax 21	4174.00
22	Sales and use tax due on internet, mail order, or other out-of-state purchases If you certify that no sales or use tax is due, check here	(see page 23) 22	.00
23	Donations (decreases refund or increases amount owed)	,	
	a Endangered resources e Military family relief	.00	
	b Cancer research		
	c Veterans trust fund		
	d Multiple sclerosis	.00	
	Total (add lines a thr	ough h) > 23i	.00
24	Penalties on IRAs, retirement plans, MSAs, etc. (see page 25)	.00 x .33 = 24	.00
25	Other penalties (see page 25)	25	.00
26	Add lines 21, 22, 23i, 24, and 25	26	4174.00
27	Wisconsin tax withheld. Include withholding statements	4741.00	
28	2022 estimated tax payments and amount applied from 2021 return 28	.00	
29	Earned income credit. Number of qualifying children		
	Federal credit	.00	
30	Farmland preservation credit. a Schedule FC, line 17 30a		
	b Schedule FC-A, line 13 30b		
31	Repayment credit (see page 27)		
~ I		.00	

Nam	e(s) shown on Form 1			Your so	ocial security no	umber	
LI	KHITH AALLA			868	3728509		
				!	NO COMMAS	S; <u>NO</u> (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	4741.0	0			
37	AMENDED RETURN ONLY—Amounts previously refunded (see page 31)	37	.0	0			
38	Subtract line 37 from line 36			38 _		47	41.00
39	If line 38 is larger than line 26, subtract line 26 from line 38. This is the AMOUNT YOU OVERPAID			39 _		5	67.00
40	Amount of line 39 you want REFUNDED TO YOU			40 _		5	67.00
41	Amount of line 39 you want APPLIED TO YOUR 2023 ESTIMATED TAX	41	0	00			
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 of	ip pay	ment to front of return	44 _			.00
45	Interest (see page 34)			45 _			.00
Thi	Do you want to allow another person to discuss this return with the depa	rtment	(see page 34)? Yes	S Com	nplete the follow	/ing.	_X_ No
Par Des	ty Designee's Phor no.		Person identific numbe		•		

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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

Your signature	Date I		Wisconsin Identity Protection PIN (7 characters)	
		682552816		
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	on PIN if you received one fro	m the department (see page 34).	
Mail your return to: Wisconsin De	partment of Rev	venue		
If tax duePO Box 268	3, Madison WI 5	3790-0001		
If refund or no tax duePO Box 59,	Madison WI 53	3785-0001		
If homestead credit claimedPO Box 34,	Madison WI 53	3786-0001		

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NO COMMAS; NO CENTS

Schedule 1 – Itemized Deduction Cred	dit (see page 16)
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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) YOURSELF	(B) SPOUSE
1	Taxable wages, salaries, tips, and other employee compensation. Do NOT include deferred compensation, interest, dividends, pensions, unemployment compensation, or other unearned income 1	.00	.00
2	Net profit or (loss) from self-employment from federal Schedules C, C-EZ, and F (Form 1040), Schedule K-1 (Form 1065), and any other taxable self-employment or earned income 2	.00	.00
3	Combine lines 1 and 2. This is earned income	.00	.00
4	Add the amounts from federal Schedule 1 (Form 1040), lines 12, 16, 20, 24e, 24f, and 24g, and any Wisconsin disability income exclusion. Fill in the total of these adjustments that apply to you or your spouse's income	.00	00
5	Subtract line 4 from line 3. This is qualified earned income. If less than zero, fill in 0	.00	.00
6	Compare the amounts in columns (A) and (B) of line 5. Fill in the smaller amount here. If more than \$16,000, fill in \$16,000.	6	.00
7	Rate of credit is .03 (3%)	7	x .03
8	Multiply line 6 by line 7. Fill in here and on line 17 on page 2 of Form 1	18	Do not fill in .00 more than \$480.

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