

Nonresident & part-year resident Wisconsin income tax

For the year Jan. 1-Dec. 31, 2022, or other tax year beginning _____, 2022 ending _____, 20__.

Check here if this is an amended return [] Complete form using BLACK INK

NOTE

DO NOT STAPLE

PAPER CLIP withholding statements here

Form fields for personal information: Your legal last name (YAKALA), Legal first name (SURYA ANIRUDH), M.I., Social security number (673528287), Home address (202 17TH AVE W), City (MENOMONIE), State (WI), Zip code (54751), Filing status (Single), Resident status (Nonresident of Wisconsin).



Resident status: You [] Spouse [] Full-year resident of Wisconsin [] Nonresident of Wisconsin; state of residence MN (2-letter state abbreviation) [] Part-year resident of Wisconsin from _____ to _____

Note: Complete residence questionnaire, page 59.

PAPER CLIP check or money order here

Table with 4 columns: Income, Print numbers like this (0123456789), NO COMMAS NO CENTS, A. Federal column, B. Wisconsin column. Rows include Wages, salaries, tips, etc. (63160.00), Taxable interest (.00), Ordinary dividends (.00), Taxable refunds, credits, or offsets of state and local income taxes (.00), Alimony received (.00), Business income or (loss) (.00), Capital gain or (loss) (.00), Other gains or (losses) (.00), IRA distributions (.00), Pensions and annuities (.00), Rental real estate, royalties, partnerships, S corporations, trusts, etc. (-5396.00), Farm income or (loss) (.00), Unemployment compensation (.00), Social security benefits (.00), Other income (.00), Combine lines 1 through 15 (57764.00 / 63160.00).

1-0501

Adjustments to Income		A. Federal column	B. Wisconsin column
17	Educator expenses (see page 23) . . . . .	.00	.00
18	Certain business expenses of reservists, performing artists, and fee-basis government officials (see page 23) . . . . .	.00	.00
19	Health savings account deduction (see page 23) . . . . .	.00	.00
20	Moving expenses for members of the armed forces (see page 23) . . . . .	.00	.00
21	Deductible part of self-employment tax (see page 24) . . . . .	.00	.00
22	Self-employed SEP, SIMPLE, and qualified plans (see page 24) . . . . .	.00	.00
23	Self-employed health insurance deduction (see page 25) . . . . .	.00	.00
24	Penalty on early withdrawal of savings (see page 25) . . . . .	.00	.00
25	Alimony paid (see page 25) . . . . .	.00	.00
26	IRA deduction (see page 25) . . . . .	.00	.00
27	Student loan interest deduction (see page 26) . . . . .	.00	.00
28	Other adjustments (see page 26). Include Schedule M if line 28b has an amount . . . . .	.00	.00
29	Total adjustments to income. Add lines 17 through 28 . . . . .	.00	.00
Adjusted Gross Income			
30	Wisconsin income. Subtract line 29, column B from line 16, column B		63160.00
31	Federal income. Subtract line 29, column A from line 16, column A	57764.00	
32	Divide line 30 by line 31. Carry the decimal to four places. If amount on line 30 is more than amount on line 31, fill in 1.0000. (See page 27)		1.0000

Tax Computation			
33	Fill in the larger of Wisconsin income from line 30, column B or federal income from line 31, column A. But , if Wisconsin income from line 30 is zero or less, fill in 0 (zero)	33	63160.00
34a	If you (or your spouse) can be claimed as a dependent on anyone else's return, check here and see the "Exception" in the instructions for line 34c on page 28	34a	<input type="checkbox"/>
34b	Aliens (see page 27 to determine if you must check line 34b)	34b	<input type="checkbox"/>
34c	Find the standard deduction for amount on line 31 using table on page 48	34c	6899.00
35	Subtract line 34c from line 33. If line 34c is more than line 33, fill in 0 (zero)	35	56261.00
36	Exemptions (Caution: see page 28)		
a	Fill in exemptions allowed <u>1</u> x \$700	36a	700.00
b	Check if 65 or older <input type="checkbox"/> You + <input type="checkbox"/> Spouse = <input type="checkbox"/> x \$250	36b	.00
c	Add lines 36a and 36b	36c	700.00
37	Subtract line 36c from line 35. If line 36c is more than line 35, fill in 0 (zero)	37	55561.00
38	Tax (see table on page 50)	38	2637.00
39	Itemized deduction credit. Complete Schedule 1 (page 4, Form 1NPR)	39	.00
40	Additional child and dependent care tax credit		
	Federal credit <input type="checkbox"/> .00 x 50% =	40	.00
41	School property tax credits (part-year and full-year residents only)		
a	Rent paid in 2022—heat included <u>.00</u> } Find credit from table page 32	41a	.00
	Rent paid in 2022—heat not included <u>.00</u> }		
b	Property taxes paid on home in 2022 <u>.00</u> } Find credit from table page 33	41b	.00
42	Add credits on lines 39, 40, 41a, and 41b	42	.00
43	Subtract line 42 from line 38. If line 42 is more than line 38, fill in 0 (zero)	43	2637.00
44	Fill in ratio from line 32	44	1.0000
45	Multiply line 43 by ratio on line 44	45	2637.00

Name(s) shown on Form 1NPR SURYA ANIRUDH YAKALA		Your social security number 673528287
46	Fill in amount from line 45	46 <u>2637.00</u>
47	Working families tax credit. (Full-year Wisconsin residents only)	47 <u>.00</u>
48	Married couple credit. Complete Schedule 2 (page 4, Form 1NPR)	48 <u>.00</u>
49	Nonrefundable credits from Schedule CR, line 34. Include Schedule CR	49 <u>.00</u>
50	Net income tax paid to another state. Include Schedule OS	50 <u>.00</u>
51	Add lines 47 through 50	51 <u>.00</u>
52	Subtract line 51 from line 46. If line 51 is more than line 46, fill in 0 (zero). This is your net tax	52 <u>2637.00</u>
53	Sales and use tax due on internet, mail order, or other out-of-state purchases (see page 36) If you certify that no sales or use tax is due, check here <input checked="" type="checkbox"/>	53 <u>.00</u>
54	Donations (decreases refund or increases amount owed)	
a	Endangered resources <u>.00</u>	e Military family relief <u>.00</u>
b	Cancer research <u>.00</u>	f Second Harvest/Feeding Amer. <u>.00</u>
c	Veterans trust fund <u>.00</u>	g Red Cross WI Disaster Relief <u>.00</u>
d	Multiple sclerosis <u>.00</u>	h Special Olympics Wisconsin <u>.00</u>
	Total (add lines a through h) →	54i <u>.00</u>
55	Penalties on IRAs, other retirement plans, MSAs, etc. (see page 37) $.00 \times .33 =$	55 <u>.00</u>
56	Other penalties (see page 38)	56 <u>.00</u>
57	Add lines 52 through 56	57 <u>2637.00</u>

Payments and Credits

58	Wisconsin income tax withheld. Include readable withholding statements	58 <u>2971.00</u>
59	2022 Wisconsin estimated tax paid and amount applied from 2021 return	59 <u>.00</u>
60	Earned income credit. (Full-year Wisconsin residents only) Number of qualifying children <input type="checkbox"/> Federal credit $.00 \times \text{ } \% =$	60 <u>.00</u>
61	Farmland preservation credit. a. Schedule FC, line 17	61a <u>.00</u>
	b. Schedule FC-A, line 13	61b <u>.00</u>
62	Repayment credit	62 <u>.00</u>
63	Homestead credit. (Full-year Wisconsin residents only)	63 <u>.00</u>
64	Eligible veterans and surviving spouses property tax credit	64 <u>.00</u>
65	Refundable credits from Schedule CR, line 40	65 <u>.00</u>
66	AMENDED RETURN ONLY – amount previously paid (see page 44)	66 <u>.00</u>
67	Add lines 58 through 66	67 <u>2971.00</u>
68	AMENDED RETURN ONLY – amount previously refunded (see page 44)	68 <u>.00</u>
69	Subtract line 68 from line 67	69 <u>2971.00</u>

Refund or Amount You Owe

70	If line 69 is more than line 57, subtract line 57 from line 69. This is the AMOUNT OVERPAID	70 <u>334.00</u>
71	Amount of line 70 you want REFUNDED TO YOU	71 <u>334.00</u>
72	Amount of line 70 to be APPLIED TO YOUR 2023 ESTIMATED TAX	72 <u>0.00</u>

Paper clip a copy of your federal income tax return and schedules to this return.

Table with 4 rows: 73 Amount Underpaid .00, 74 Underpayment interest .00, 75 Amount You Owe .00, 76 Interest .00

Third Party Designee Do you want to allow another person to discuss this return with the department (see page 47)? Yes Complete the following. X No

Designee's name, Phone no., Personal identification number (PIN) fields

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 Wisconsin Identity Protection PIN (7 characters)

Sign here

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

Sign here

Caution: Only enter a Wisconsin Identity Protection PIN if you received one from the department (see page 47).

Mail your return to: Wisconsin Department of Revenue (if tax is due) PO Box 268 Madison WI 53790-0001 (if refund or no tax due) PO Box 59 Madison WI 53785-0001

Schedule 1 - Wisconsin Itemized Deduction Credit (see line 39 instructions)

Table with 9 rows for Schedule 1: Medical and dental expenses, Interest paid, Gifts to charity, Casualty losses, Add lines 1 through 4, Wisconsin standard deduction, Subtract line 6 from line 5, Rate of credit is .05 (5%), Multiply line 7 by line 8.

Schedule 2 - Married Couple Credit May be claimed only when both spouses have earned income taxable by Wisconsin.

Table with 8 rows for Schedule 2: Wages, salaries, tips, etc., Net profit or (loss) from self-employment, Combine lines 1 and 2, Add amounts on Form 1NPR, Subtract line 4 from line 3, Compare the amount in columns (A) and (B), Rate of credit is .03 (3%), Multiply line 6 by line 7.





2022 Form M1, Individual Income Tax

Do not use staples on anything you submit.

SURYA ANIRUDH YAKALA 673528287 07051996
 Your First Name and Initial Last Name Your Social Security Number Your Date of Birth (MM/DD/YYYY)

If a Joint Return, Spouse's First Name and Initial _____ Spouse's Last Name _____ Spouse's Social Security Number _____ Spouse's Date of Birth _____
202 17TH AVE W _____ Check if Address is: New Foreign
 Current Home Address
MENOMONIE _____ WI _____ 54751 _____
 City State ZIP Code

2022 Federal Filing Status (place an X in one box):

(1) Single (2) Married Filing Jointly (3) Married Filing Separately (4) Head of Household (5) Qualifying Widow(er)

Spouse Name _____
 Spouse SSN _____

Dependents (see instructions):

Dependent 1 First Name _____	Dependent 1 Last Name _____	Dependent 1 SSN _____	Dependent 1 Relationship to You _____
Dependent 2 First Name _____	Dependent 2 Last Name _____	Dependent 2 SSN _____	Dependent 2 Relationship to You _____
Dependent 3 First Name _____	Dependent 3 Last Name _____	Dependent 3 SSN _____	Dependent 3 Relationship to You _____

State Elections Campaign Fund

To grant \$5 to this fund, enter the code for the party of your choice. It will help candidates for state offices pay campaign expenses. This will not increase your tax or reduce your refund.

Political Party Code Numbers: Democratic/Farmer-Labor . . . 12 Grassroots/Legalize Cannabis 14 Legal Marijuana Now 17
 Republican 11 Independence 13 Libertarian 16 General Campaign Fund 99

Your Code _____ Spouse's Code _____

From Your Federal Return (see instructions)

<u>63160</u>	<u>0</u>	<u>0</u>	<u>44814</u>
A. Wages, salaries, tips, etc.	B. IRA, pensions, and annuities	C. Unemployment	D. Federal taxable income

1	Federal adjusted gross income (from line 11 of federal Form 1040 and 1040-SR)	1 ■	<u>57764</u>
2	Additions to income from line 10 of Schedule M1M and line 9 of Schedule M1MB (see instructions)	2 ■	_____
3	Add lines 1 and 2.	3	<u>57764</u>
4	Itemized deductions (from Schedule M1SA) or your standard deduction (see instructions)	4 ■	<u>12900</u>
5	Exemptions (determine from instructions).	5 ■	_____
6	State income tax refund from line 1 of federal Schedule 1.	6 ■	_____
7	Subtractions from line 32 of Schedule M1M and line 21 of Schedule M1MB (see instructions)	7 ■	_____
8	Total subtractions. Add lines 4 through 7.	8	<u>12900</u>
9	Minnesota taxable income. Subtract line 8 from line 3. If zero or less, leave blank.	9	<u>44864</u>
10	Tax from the table or schedules in the Form M1 instructions	10	<u>2643</u>



Table with 3 columns: Line number, Description, and Amount. Includes lines 11 through 29 with various tax-related descriptions and amounts.

Taxpayer(s): I declare that this return is correct and complete to the best of my knowledge and belief.

Your Signature
9799857916
Daytime Phone
SYAM PRIYA RAM SAGAR GUPTA TALLAM
Paid Preparer's Signature
6789659522
Preparer's Daytime Phone

Spouse's Signature (If Filing Jointly)
ANIRUDHYAKALA@GMAIL.COM
Email Address
04062023
Date (MM/DD/YYYY)
p02082703
PTIN or VITA/TCE # (required)
syam@gtaxfile.com
Preparer's Email Address

I do not want my paid preparer to file my return electronically.
I authorize the Minnesota Department of Revenue to discuss this tax return with the preparer or the third-party designee indicated on my federal return.

Include a copy of your 2022 federal return and schedules.

Mail to: Minnesota Individual Income Tax, Mail Station 0010, 600 N. Robert St., St. Paul, MN 55145-0010



2022 Schedule M1C, Nonrefundable Credits

Complete this schedule to determine line 16 of Form M1. Include this schedule when filing your return.

SURYA ANIRUDH
Your First Name and Initial

YAKALA
Your Last Name

673528287
Your Social Security Number

- 1 Marriage Credit for joint return when both spouses have taxable earned income or taxable retirement income *(enclose Schedule M1MA)* **1** ■ _____
- 2 Credit for long-term care insurance premiums paid *(enclose Schedule M1LTI)* **2** ■ _____
- 3 Credit for taxes paid to another state *(enclose Schedule(s) M1CR and M1RCR)* **3** ■ 2637
- 4 Credit for Past Military Service *(see instructions)* **4** ■ _____
- 5 Employer Transit Pass Credit *(enclose Schedule ETP)* **5** ■ _____
- 6 SEED Capital Investment Credit *(see instructions; enclose certification)* **6** ■ _____
- 7 Education Savings Account Contribution Credit *(enclose Schedule M1529)* **7** ■ _____
- 8 Credit for Attaining Master's Degree in Teacher's Licensure Field *(enclose Schedule M1CMD)* **8** ■ _____
- 9 Student Loan Credit *(enclose Schedule M1SLC)* **9** ■ _____
- 10 Beginning Farmer Management Credit **10** ■ _____
Enter the certificate number from the certificate you received from the Rural Finance Authority:
BF 22 - _____
- 11 Film Production Credit **11** ■ _____
Enter the credit certificate number: TAXC - _____
- 12 Tax Credit for Owners of Agricultural Assets **12** ■ _____
Enter the certificate number from the certificate you received from the Rural Finance Authority:
AO 22 - _____
AO 22 - _____
AO 22 - _____
- 13 Credit for increasing research activities *(enclose Schedule KPI, KS, or KF)* **13** ■ _____
- 14 Carryforward of prior year Beginning Farmer Management Credits *(see instructions)* **14** ■ _____
BF ____ - _____
BF ____ - _____
- 15 Carryforward of prior year Owners of Agricultural Assets Credits *(see instructions)* **15** ■ _____
AO ____ - _____
AO ____ - _____
- 16 Carryforward of prior year Credit for Increasing Research Activities **16** ■ _____
List the years the credits were reported to you on Schedule KPI, KS, or KF:

- 17 Alternative Minimum Tax Credit *(enclose Schedule M1MTC)* **17** ■ _____
- 18 This line intentionally left blank **18** ■ _____
- 19 Add lines 1 through 18. Enter total here and on line 16 of Form M1. **19** 2637

You must include this schedule with your Form M1.





2022 Schedule M1RCR, Credit for Tax Paid to Wisconsin

SURYA ANIRUDH
Your First Name and Initial

YAKALA
Last Name

673528287
Social Security Number

Complete this schedule if you paid state income tax to Minnesota and Wisconsin on the same income while a resident of Minnesota. If you paid income tax to other states or Canadian provinces, complete Schedule M1CR, *Credit for Income Tax Paid to Another State*.

To be eligible for this credit, all of these must apply:

- You were a full- or part-year Minnesota resident in 2022
- You paid 2022 state income tax to **both Minnesota and Wisconsin on the same income**
- You were a Minnesota resident when both states taxed the same income

Round amounts to the nearest whole dollar.

Full-Year Residents and Part-Year Residents

1	Amount of adjusted gross income you received while a Minnesota resident that was taxed by Wisconsin (<i>see instructions</i>)	1	63160
2	Your adjusted gross income adjusted by U.S. bond interest and bonds of another state (<i>see instructions</i>)	2	57764
3	Divide line 1 by line 2. Enter the result as a decimal (<i>carry to five decimal places; if line 1 is more than line 2, enter 1.00000</i>)	3	1.00000
4	Complete the lines below to determine your Minnesota tax after credits.		
	a Tax from line 13 of Form M1.	4 a	2643
	b Add lines 1-2 and 4-9 of Schedule M1C.	4 b	
	Subtract line 4b from line 4a (<i>if result is zero or less, enter 0</i>)	4	2643
5	Multiply line 4 by line 3	5	2643
6	From your Wisconsin Form 1NPR, enter the income tax amount before you subtract any tax withheld or estimated tax payments (<i>see instructions</i>)	6	2637
7	Full-year residents: Enter amount from line 5 or line 6, whichever is less. Also include on line 3 of Schedule M1C. Part-year residents: Complete the worksheet in the instructions. Do not enter more than the amount on line 5	7	2637
8	Subtract line 7 from line 6	8	
9	Amount included on line 1 that is from wages or personal service income received while a Minnesota resident that was taxed by Wisconsin	9	
10	Divide line 9 by line 1 (<i>carry to five decimal places; if line 9 is more than line 1, enter 1.00000</i>)	10	.
11	Full-year residents: Multiply line 8 by line 10. Enter the result here and line 5 of Schedule M1REF. Part-year residents: Complete the worksheet in the instructions. Enter the result here and line 5 of Schedule M1REF.	11	

You must include this schedule with your Form M1.





2022 Schedule M1W, Minnesota Income Tax Withheld

Complete this schedule to report Minnesota income tax withheld. Include this schedule when you file your return.

SURYA ANIRUDH
Your First Name and Initial

YAKALA
Last Name

673528287
Your Social Security Number

If a Joint Return, Spouse's First Name and Initial

Spouse's Last Name

Spouse's Social Security Number

If you received a federal Form W-2, 1099, W-2G, 1042-S, or Minnesota Schedule KPI, KS, or KF showing Minnesota income tax withheld, complete this schedule to determine line 20 of Form M1. List only the forms that report Minnesota income tax withheld. Round dollar amounts to the nearest whole dollar. You must include this schedule when you file your return. **DO NOT** send in your Forms W-2, 1099, or W-2G; keep them with your tax records. All instructions are included on this schedule.

1 Minnesota wages and Minnesota tax withheld on Forms W-2, other than from Forms W-2G. If you have more than five Forms W-2, complete line 5 on the back.

A	B—Box 13	C—Box 15	D—Box 16	E—Box 17
If the Form W-2 is for: • you, enter 1 • spouse, enter 2	If Retirement Plan box is checked, mark an X below.	Employer's seven-digit Minnesota Tax ID Number	State wages, tips, etc. <i>(round to nearest whole dollar)</i>	Minnesota tax withheld <i>(round to nearest whole dollar)</i>
a1 <u>1</u>	b1 <input type="checkbox"/>	c1 MN <u>5997845</u>	d1 <u>51270</u>	e1 <u>528</u>
a2 _____	b2 <input type="checkbox"/>	c2 MN _____	d2 _____	e2 _____
a3 _____	b3 <input type="checkbox"/>	c3 MN _____	d3 _____	e3 _____
a4 _____	b4 <input type="checkbox"/>	c4 MN _____	d4 _____	e4 _____
a5 _____	b5 <input type="checkbox"/>	c5 MN _____	d5 _____	e5 _____

Subtotal for additional Forms W-2 (from line 5 on page 2) _____

Total Minnesota tax withheld on all Forms W-2 (add amounts in line 1, column E) 1 ■ 528

2 Minnesota tax withheld on Forms 1099, W-2G, and 1042-S. If you have more than four forms, complete line 6 on the back.

A	B	C	D
If the Form 1099, W-2G, or 1042-S is for: • you, enter 1 • spouse, enter 2	Payer's seven-digit Minnesota Tax ID Number (if unknown, contact the payer)	Income amount (see the table on the back for amounts to include)	Minnesota tax withheld <i>(round to nearest whole dollar)</i>
a1 _____	b1 MN _____	c1 _____	d1 _____
a2 _____	b2 MN _____	c2 _____	d2 _____
a3 _____	b3 MN _____	c3 _____	d3 _____
a4 _____	b4 MN _____	c4 _____	d4 _____

Subtotal for additional 1099, W-2G, and 1042-S (from line 6 on page 2) _____

Total Minnesota tax withheld on all 1099, W-2G, and 1042-S (add amounts in line 2, column D) 2 ■ _____

3 Total Minnesota tax withheld by partnerships, S corporations, and fiduciaries (from line 7 on page 2) 3 ■ _____

4 Total. Add the Minnesota tax withheld on lines 1, 2, and 3.
Enter the total here and on line 20 of Form M1 **4 ■ 528**

**Include this schedule with your Form M1.
If required, include Schedules KPI, KS, and KF.**

