

# 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 HARESH BABU PAKKI	Social security number 384-33-7001
Spouse's name ANUSHA KARAKAVALASA	Spouse's social security number 301-93-4433

## 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	171,486.
2	Total tax . . . . .	2	21,263.
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099 . . . . .	3	31,910.
4	Amount you want refunded to you . . . . .	4	10,647.
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 

3	7	0	0	1
---	---	---	---	---

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

3	4	4	3	3
---	---	---	---	---

 as my signature on the income tax return (original or amended) I am now authorizing.   
ERO firm name   
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 (HARESH BABU), Last name (PAKKI), Your social security number (384-33-7001), Spouse's social security number (301-93-4433), Home address (1566 EDGEBROOK LN, CARVER, MN 55315), and Presidential Election Campaign options.

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) Child tax credit, Credit for other dependents. Includes dependent DIVIJ PAKKI, Son, with child tax credit checked.

Main income table with rows 1a through 15. Includes sub-rows for tax-exempt interest, qualified dividends, IRA distributions, pensions, social security benefits, capital gain, other income, adjustments, and total/adjusted gross income. Total income is 171,486. Standard deduction is 25,900. Taxable income is 145,586.

Table with columns for line numbers (16-24), descriptions (Tax and Credits), and amounts. Total tax is 21,263.

Table for Payments (lines 25-33). Includes federal income tax withheld (31,910) and total payments (31,910).

Table for Refund (lines 34-36). Shows overpaid amount of 10,647 and amount applied to 2023 estimated tax.

Table for Amount You Owe (lines 37-38). Shows amount owed and estimated tax penalty.

Third Party Designee section with checkboxes for Yes/No and fields for name, phone, and PIN.

Sign Here section with signature lines for preparer and spouse, including occupation and ID Protection PIN fields.

Paid Preparer Use Only section with fields for preparer name, signature, date, PTIN, firm name, address, and phone number.

**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  
HARESH BABU PAKKI & ANUSHA KARAKAVALASA

Your social security number  
384-33-7001

**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>	-13,025.
<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 ABLE 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>	-13,025.

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)**

**Supplemental Income and Loss**

OMB No. 1545-0074

(From rental real estate, royalties, partnerships, S corporations, estates, trusts, REMICs, etc.)

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

Department of the Treasury  
Internal Revenue Service

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.

Name(s) shown on return

HARESH BABU PAKKI & ANUSHA KARAKAVALASA

Your social security number

384-33-7001

**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** 7 -142/5/8 , REVALLAPALEM VISAKHAPATNAM MADHURAWADA, ANDHRA PRADESH IN 530048

**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> 3		365		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 . . . . .	<b>3</b> 691.		
<b>4</b> Royalties received . . . . .	<b>4</b>		
<b>Expenses:</b>			
<b>5</b> Advertising . . . . .	<b>5</b>		
<b>6</b> Auto and travel (see instructions) . . . . .	<b>6</b>		
<b>7</b> Cleaning and maintenance . . . . .	<b>7</b> 2,999.		
<b>8</b> Commissions . . . . .	<b>8</b>		
<b>9</b> Insurance . . . . .	<b>9</b>		
<b>10</b> Legal and other professional fees . . . . .	<b>10</b>		
<b>11</b> Management fees . . . . .	<b>11</b> 2,684.		
<b>12</b> Mortgage interest paid to banks, etc. (see instructions)	<b>12</b>		
<b>13</b> Other interest . . . . .	<b>13</b>		
<b>14</b> Repairs . . . . .	<b>14</b> 2,704.		
<b>15</b> Supplies . . . . .	<b>15</b> 2,833.		
<b>16</b> Taxes . . . . .	<b>16</b>		
<b>17</b> Utilities . . . . .	<b>17</b> 2,496.		
<b>18</b> Depreciation expense or depletion . . . . .	<b>18</b>		
<b>19</b> Other (list) _____	<b>19</b>		
<b>20</b> Total expenses. Add lines 5 through 19 . . . . .	<b>20</b> 13,716.		
<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> . . . . .	<b>21</b> -13,025.		
<b>22</b> Deductible rental real estate loss after limitation, if any, on <b>Form 8582</b> (see instructions) . . . . .	<b>22</b> ( 13,025. )		
<b>23a</b> Total of all amounts reported on line 3 for all rental properties . . . . .	<b>23a</b> 691.		
<b>b</b> Total of all amounts reported on line 4 for all royalty properties . . . . .	<b>23b</b>		
<b>c</b> Total of all amounts reported on line 12 for all properties . . . . .	<b>23c</b>		
<b>d</b> Total of all amounts reported on line 18 for all properties . . . . .	<b>23d</b>		
<b>e</b> Total of all amounts reported on line 20 for all properties . . . . .	<b>23e</b> 13,716.		
<b>24</b> <b>Income.</b> Add positive amounts shown on line 21. <b>Do not</b> include any losses . . . . .	<b>24</b>		
<b>25</b> <b>Losses.</b> Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here	<b>25</b> ( 13,025. )		
<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 . . . . .	<b>26</b> -13,025.		

For Paperwork Reduction Act Notice, see the separate instructions.

NPA

-13,025.

Schedule E (Form 1040) 2022

**SCHEDULE 8812  
(Form 1040)**

**Credits for Qualifying Children  
and Other Dependents**

OMB No. 1545-0074

**2022**

Attachment  
Sequence No. **47**

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.

Name(s) shown on return

Your social security number

HARESH BABU PAKKI & ANUSHA KARAKAVALASA

384-33-7001

**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>	171,486.
<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>	171,486.	
<b>4</b>	Number of qualifying children under age 17 with the required social security number	<b>4</b>	1	
<b>5</b>	Multiply line 4 by \$2,000 . . . . .	<b>5</b>	2,000.	
<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>	0	
	<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>		
<b>8</b>	Add lines 5 and 7 . . . . .	<b>8</b>	2,000.	
<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>	2,000.	
	<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>	23,263.	
<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>	2,000.	

**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 . . . . .	<b>16a</b>	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>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 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>	



**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.**

OMB No. 1545-0074

For tax year  
20 \_\_\_\_\_

Attachment  
Sequence No. **70**

Taxpayer name(s) shown on return HARESH BABU PAKKI & ANUSHA KARAKAVALASA		Taxpayer identification number 384-33-7001
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. • 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. • 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) . . . . .	<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"/>

Form PV voucher at the bottom

**2022 Form PV**

Use of the personalized Form PV voucher below will ensure that your tax payment will be posted timely and to the correct account.

- Use Form PV to pay the tax due from an electronically filed return. Use Form 1 - ES to pay estimated tax.
- Do not print a blank voucher to complete by hand. Enter your data on this voucher online. The numeric string of numbers will then change to reflect your personal information (identifying number and amount).
- Be sure to fill in your (and your spouse's, if applicable) social security number in the space provided. Do not use hyphens. Estates fill in the decedent's social security number. Trusts must fill in their 9-digit FEIN.
- Cut on the dotted line only. Do not cut off the string of numbers at the bottom of the voucher.
- Use the correct year voucher. This voucher is for 2022. Do not use this voucher for a different year by crossing out 2022 and writing in a different year. This will cause your payment to be credited to the wrong year.
- Send your payment to the address shown on the voucher. Do not attach any other forms or instruction sheets to the voucher.

MAIL TO:  
 WISCONSIN DEPARTMENT OF REVENUE  
 PO BOX 3028  
 MILWAUKEE, WI 53201-3028  
*File only if submitting payment.*

▼ cut here ▼

**2022**  
 Form **PV**

**Wisconsin Payment Voucher**

REV 02/17/23 PRO

Make your check payable to Wisconsin Department of Revenue  
 and mail your voucher to: PO Box 3028  
 Milwaukee WI 53201-3028

Your legal last name <b>PAKKI</b>	Your legal first name and initial <b>HARESH BABU</b>	Your social security number <b>384337001</b>
Spouse's legal last name <b>KARAKAVALASA</b>	Spouse's legal first name and initial <b>ANUSHA</b>	Spouse's social security number <b>301934433</b>
Legal name of trust	FEIN	
Home address (number and street or rural route) <b>1566 EDGEBROOK LN</b>		Telephone number <b>(636) 2532858</b>
City or post office <b>CARVER</b>	State <b>MN</b>	Zip code <b>55315</b>

- Check the box below which applies to you.
- Individual
  - Individual - Amended
  - Trust
  - Trust -Amended
  - Estate (Enter decedent's social security number)
  - Estate - Amended

**Amount of Payment**  
 \$ 12.00

Please do not staple your payment to this voucher

2080164013384337001301934433020221215125000001200

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

Personal information fields: Your legal last name (PAKKI), Legal first name (HARESH BABU), M.I., Your social security number (384337001), Spouse's legal last name (KARAKAVALASA), Spouse's legal first name (ANUSHA), M.I., Spouse's social security number (301934433)

Address fields: Home address (1566 EDGEBROOK LN), Apt. no., City or post office (CARVER), State (MN), Zip code (55315), Foreign Country, Foreign province/state/country, Foreign postal code

Tax district: Check below then fill in either the name of the Wisconsin city, village, or town, and the county in which you lived at the end of 2022 or before leaving Wisconsin (nonresidents leave blank).

Filing status

- Single
Married filing joint return (even if only one had income)
Married filing separate return. Fill in spouse's SSN above and full name here
Head of household, NOT married (see page 15)
Head of household, married (see page 15)

Spouse's name fields: Legal last name, Legal first name, M.I.

City, village, or town
County of
School district number See page 57

Special conditions
Form 804 filed with return (see page 12)

Resident status

- Check the status that applies
You Spouse
Full-year resident of Wisconsin
Nonresident of Wisconsin; state of residence MN (2-letter state abbreviation)
Part-year resident of Wisconsin from mm dd yyyy to mm dd yyyy



Note: Complete residence questionnaire, page 59.

PAPER CLIP withholding statements here

PAPER CLIP check or money order here

Income table with columns: Income, Print numbers like this (0123456789), NO COMMAS NO CENTS, A. Federal column, B. Wisconsin column. Rows include Wages, salaries, tips, etc. (184511.00), 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. (-13025.00), Farm income or (loss) (.00), Unemployment compensation (.00), Social security benefits (.00), Other income (.00), Combine lines 1 through 15 (171486.00).

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
<b>Adjusted Gross Income</b>			
30	Wisconsin income. Subtract line 29, column B from line 16, column B		39562.00
31	Federal income. Subtract line 29, column A from line 16, column A	171486.00	
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)		.2307

Tax Computation			
33	Fill in the <b>larger</b> of Wisconsin income from line 30, column B or federal income from line 31, column A. <b>But</b> , if Wisconsin income from line 30 is zero or less, fill in 0 (zero)	33	171486.00
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	0.00
35	Subtract line 34c from line 33. If line 34c is more than line 33, fill in 0 (zero)	35	171486.00
36	Exemptions ( <b>Caution: see page 28</b> )		
a	Fill in exemptions allowed <u>3</u> x \$700	36a	2100.00
b	Check if 65 or older <input type="checkbox"/> You + <input type="checkbox"/> Spouse = <u>    </u> x \$250	36b	.00
c	Add lines 36a and 36b	36c	2100.00
37	Subtract line 36c from line 35. If line 36c is more than line 35, fill in 0 (zero)	37	169386.00
38	Tax (see table on page 50)	38	8567.00
39	Itemized deduction credit. Complete Schedule 1 (page 4, Form 1NPR)	39	.00
40	Additional child and dependent care tax credit		
	Federal credit <u>    </u> 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	8567.00
44	Fill in ratio from line 32	44	.2307
45	Multiply line 43 by ratio on line 44	45	1976.00

Name(s) shown on Form 1NPR <b>HARESH BABU PAKKI &amp; ANUSHA KARAKAVALASA</b>		Your social security number <b>384337001</b>
<b>46</b>	Fill in amount from line 45	<b>46</b> <u>1976.00</u>
<b>47</b>	Working families tax credit. (Full-year Wisconsin residents only)	<b>47</b> <u>.00</u>
<b>48</b>	Married couple credit. Complete Schedule 2 (page 4, Form 1NPR)	<b>48</b> <u>0.00</u>
<b>49</b>	Nonrefundable credits from Schedule CR, line 34. Include Schedule CR	<b>49</b> <u>.00</u>
<b>50</b>	Net income tax paid to another state. Include Schedule OS	<b>50</b> <u>.00</u>
<b>51</b>	Add lines 47 through 50	<b>51</b> <u>0.00</u>
<b>52</b>	Subtract line 51 from line 46. If line 51 is more than line 46, fill in 0 (zero). This is your net tax	<b>52</b> <u>1976.00</u>
<b>53</b>	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"/>	<b>53</b> <u>.00</u>
<b>54</b>	Donations (decreases refund or increases amount owed)	
<b>a</b>	Endangered resources <u>.00</u>	<b>e</b> Military family relief <u>.00</u>
<b>b</b>	Cancer research <u>.00</u>	<b>f</b> Second Harvest/Feeding Amer. <u>.00</u>
<b>c</b>	Veterans trust fund <u>.00</u>	<b>g</b> Red Cross WI Disaster Relief <u>.00</u>
<b>d</b>	Multiple sclerosis <u>.00</u>	<b>h</b> Special Olympics Wisconsin <u>.00</u>
	Total (add lines a through h)	<b>54i</b> <u>.00</u>
<b>55</b>	Penalties on IRAs, other retirement plans, MSAs, etc. (see page 37) $.00 \times .33 =$	<b>55</b> <u>.00</u>
<b>56</b>	Other penalties (see page 38)	<b>56</b> <u>.00</u>
<b>57</b>	Add lines 52 through 56	<b>57</b> <u>1976.00</u>

**Payments and Credits**

<b>58</b>	Wisconsin income tax withheld. Include readable withholding statements	<b>58</b> <u>1964.00</u>
<b>59</b>	2022 Wisconsin estimated tax paid and amount applied from 2021 return	<b>59</b> <u>.00</u>
<b>60</b>	Earned income credit. (Full-year Wisconsin residents only) Number of qualifying children <input type="text"/> Federal credit $\times .00 \times \%$	<b>60</b> <u>.00</u>
<b>61</b>	Farmland preservation credit. <b>a.</b> Schedule FC, line 17	<b>61a</b> <u>.00</u>
	<b>b.</b> Schedule FC-A, line 13	<b>61b</b> <u>.00</u>
<b>62</b>	Repayment credit	<b>62</b> <u>.00</u>
<b>63</b>	Homestead credit. (Full-year Wisconsin residents only)	<b>63</b> <u>.00</u>
<b>64</b>	Eligible veterans and surviving spouses property tax credit	<b>64</b> <u>.00</u>
<b>65</b>	Refundable credits from Schedule CR, line 40	<b>65</b> <u>.00</u>
<b>66</b>	AMENDED RETURN ONLY – amount previously paid (see page 44)	<b>66</b> <u>.00</u>
<b>67</b>	Add lines 58 through 66	<b>67</b> <u>1964.00</u>
<b>68</b>	AMENDED RETURN ONLY – amount previously refunded (see page 44)	<b>68</b> <u>.00</u>
<b>69</b>	Subtract line 68 from line 67	<b>69</b> <u>1964.00</u>

**Refund or Amount You Owe**

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



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

<b>73</b>	If line 69 is less than line 57, subtract line 69 from line 57 . . . This is the <b>AMOUNT UNDERPAID</b>	<b>73</b>	12.00
<b>74</b>	Underpayment interest. Fill in exception code – see Sch. U → _____	<b>74</b>	.00
<b>75</b>	Add lines 73 and 74. This is the <b>AMOUNT YOU OWE</b>	<b>75</b>	12.00
<b>76</b>	Interest (see page 47)	<b>76</b>	.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.  **No**

Designee's name ▶ \_\_\_\_\_ Phone no. ▶ \_\_\_\_\_ Personal identification number (PIN) ▶ 

--	--	--	--	--

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)

<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). See instructions for exceptions . . . . .	<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>	Wisconsin standard deduction from Form 1NPR, line 34c . . . . .	<b>6</b>	.00
<b>7</b>	Subtract line 6 from line 5. If line 6 is more than line 5, fill in 0 (zero) . . . . .	<b>7</b>	.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 39 of Form 1NPR . . . . .	<b>9</b>	.00

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

	(A) YOURSELF	(B) YOUR SPOUSE		
<b>1</b>	Wages, salaries, tips, etc., included in column B of line 1 on Form 1NPR. Do not include deferred compensation (even though reported on a W-2) or taxable scholarships or fellowships not reported on a W-2 . . . . .	<b>1</b>	.00	.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 included in column B on Form 1NPR . . . . .	<b>2</b>	.00	.00
<b>3</b>	Combine lines 1 and 2. This is your total Wisconsin earned income . . . . .	<b>3</b>	0.00	39562.00
<b>4</b>	Add amounts on Form 1NPR, lines 18, 22, 26, and 28, column B. Fill in the total of these adjustments that apply to your or your spouse's earned income . . . . .	<b>4</b>	0.00	.00
<b>5</b>	Subtract line 4 from line 3. This is your qualified earned income . . . . .	<b>5</b>	0.00	39562.00
<b>6</b>	Compare the amount 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>		0.00
<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. Round the result and fill in here and on line 48 of Form 1NPR. Do not fill in more than \$480. . . . .	<b>8</b>		0.00

















**2022 Form M1, Individual Income Tax**

Do not use staples on anything you submit.

HARESH BABU \_\_\_\_\_ PAKKI \_\_\_\_\_ 384337001 \_\_\_\_\_ 08102003 \_\_\_\_\_  
 Your First Name and Initial Last Name Your Social Security Number Your Date of Birth (MM/DD/YYYY)  
 ANUSHA \_\_\_\_\_ KARAKAVALASA \_\_\_\_\_ 301934433 \_\_\_\_\_ 11051990 \_\_\_\_\_  
 If a Joint Return, Spouse's First Name and Initial Spouse's Last Name Spouse's Social Security Number Spouse's Date of Birth  
 1566 EDGEBROOK LN \_\_\_\_\_ Check if Address is:  New  Foreign  
 Current Home Address  
 CARVER \_\_\_\_\_ MN \_\_\_\_\_ 55315 \_\_\_\_\_  
 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):**

DIVIJ \_\_\_\_\_ PAKKI \_\_\_\_\_ 222351305 \_\_\_\_\_ SON \_\_\_\_\_  
 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)**

184511 \_\_\_\_\_ 0 \_\_\_\_\_ 0 \_\_\_\_\_ 145586 \_\_\_\_\_  
 A. Wages, salaries, tips, etc. B. IRA, pensions, and annuities C. Unemployment D. Federal taxable income

1	<b>Federal adjusted gross income (from line 11 of federal Form 1040 and 1040-SR)</b> . . . . .	1	171486
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	171486
4	<b>Itemized deductions (from Schedule M1SA) or your standard deduction (see instructions)</b> . . . . .	4	25800
5	Exemptions (determine from instructions). . . . .	5	4450
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	30250
9	<b>Minnesota taxable income.</b> Subtract line 8 from line 3. If zero or less, leave blank. . . . .	9	141236
10	<b>Tax</b> from the table or schedules in the Form M1 instructions . . . . .	10	9009







# 2022 Schedule M1C, Nonrefundable Credits

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

HARESH BABU  
Your First Name and Initial

PAKKI  
Your Last Name

384337001  
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** ■ 219
- 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** ■ 1976
- 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** 2195

**You must include this schedule with your Form M1.**





# 2022 Schedule M1MA, Marriage Credit

HARESH BABU  
Your First Name and Initial

PAKKI  
Your Last Name

384337001  
Your Social Security Number

ANUSHA  
Spouse's First Name and Initial

KARAKAVALASA  
Spouse's Last Name

301934433  
Spouse's Social Security Number

**Part 1**

**A — Taxpayer**                      **B — Spouse**

- 1 Wages, salaries, tips, and other employee compensation (see instructions) ..... 1 94100                      90411
  - 2 Self-employment income (from line 3 of federal Schedule SE, less the self-employment tax deduction from line 13 of federal Schedule SE) ..... 2 \_\_\_\_\_
  - 3 Taxable income received from a retirement pension, profit-sharing, stock bonus, or annuity plan (see instructions) ..... 3 \_\_\_\_\_
  - 4 Taxable Social Security benefits (see instructions) ..... 4 \_\_\_\_\_
  - 5 Add lines 1 through 4 for each column ..... 5 94100                      90411
  - 6 Amount from line 5, Column A or B, whichever is less (If less than \$26,000, STOP HERE. You do not qualify) ..... 6 90411
  - 7 Joint taxable income from line 9 of Form M1. (If less than \$42,000, STOP HERE. You do not qualify) ..... 7 141236
  - 8 If line 6 is less than \$106,000, determine the amount of your credit using lines 6 and 7 and the table in the instructions.
    - Full-year residents: Enter the result here and on line 1 of Schedule M1C ..... 8 219
    - Part-year residents and nonresidents: Skip ahead to Part 3
- If line 6 is \$106,000 or more, continue to Part 2

**Part 2 — If Line 6 is \$106,000 or More**

- 9 Enter the amount from line 6 ..... 9 \_\_\_\_\_
- 10 Value of one-half of the standard deduction for Married Filing Jointly ..... 10 12,900
- 11 Subtract line 10 from line 9 ..... 11 \_\_\_\_\_
- 12 Using the tax rate schedule for **single persons** in the M1 instructions, compute the tax for the amount on line 11 .... 12 \_\_\_\_\_
- 13 Amount from line 7 ..... 13 \_\_\_\_\_
- 14 Amount from line 11 ..... 14 \_\_\_\_\_
- 15 Subtract line 14 from line 13 (If zero or less, STOP HERE. You do not qualify) ..... 15 \_\_\_\_\_
- 16 Using the tax rate schedule for **single persons** in the Form M1 instructions, compute the tax for the amount on line 15 16 \_\_\_\_\_
- 17 Tax from line 10 of Form M1 ..... 17 \_\_\_\_\_
- 18 Add lines 12 and 16 ..... 18 \_\_\_\_\_
- 19 Subtract line 18 from line 17. If the result is more than \$1,596, enter \$1,596. If result is zero or less, you do not qualify.
  - Full-year residents: Enter the result here and on line 1 of Schedule M1C ..... 19 \_\_\_\_\_
  - Part-year residents and nonresidents: Continue to Part 3.

**Part 3 — Part-Year Residents and Nonresidents**

- 20 Part-year residents and nonresidents: Enter the decimal from line 30 of Schedule M1NR ..... 20 \_\_\_\_\_
- 21 Multiply line 8 or line 19, whichever is applicable, by line 20. Enter the result here and on line 1 of Schedule M1C .... 21 \_\_\_\_\_

**Include this schedule when you file Form M1. Keep a copy for your records.**





# 2022 Schedule M1RCR, Credit for Tax Paid to Wisconsin

HARESH BABU  
Your First Name and Initial

PAKKI  
Last Name

384337001  
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	39562
2	Your adjusted gross income adjusted by U.S. bond interest and bonds of another state ( <i>see instructions</i> )	2	171486
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	0.23070
4	Complete the lines below to determine your Minnesota tax after credits.		
	a Tax from line 13 of Form M1	4 a	9009
	b Add lines 1-2 and 4-9 of Schedule M1C	4 b	219
	Subtract line 4b from line 4a ( <i>if result is zero or less, enter 0</i> )	4	8790
5	Multiply line 4 by line 3	5	2028
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	1976
7	<b>Full-year residents:</b> Enter amount from line 5 or line 6, whichever is less. Also include on line 3 of Schedule M1C. <b>Part-year residents:</b> Complete the worksheet in the instructions. Do not enter more than the amount on line 5	7	1976
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	<b>Full-year residents:</b> Multiply line 8 by line 10. Enter the result here and line 5 of Schedule M1REF. <b>Part-year residents:</b> 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.

<u>HARESH BABU</u> Your First Name and Initial	<u>PAKKI</u> Last Name	<u>384337001</u> Your Social Security Number
<u>ANUSHA</u> If a Joint Return, Spouse's First Name and Initial	<u>KARAKAVALASA</u> Spouse's Last Name	<u>301934433</u> 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.

<b>A</b>	<b>B—Box 13</b>	<b>C—Box 15</b>	<b>D—Box 16</b>	<b>E—Box</b>
If the Form W-2 is for:	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>
• you, enter 1				
• spouse, enter 2				
a1 <u>2</u>	b1 <input type="checkbox"/>	c1 MN <u>7927356</u>	d1 <u>28396</u>	e1 <u>1354</u>
a2 <u>1</u>	b2 <input checked="" type="checkbox"/>	c2 MN <u>1816022</u>	d2 <u>94100</u>	e2 <u>4686</u>
a3 <u>2</u>	b3 <input checked="" type="checkbox"/>	c3 MN <u>5093560</u>	d3 <u>41052</u>	e3 <u>54</u>
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 ■ 6094**

**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.

<b>A</b>	<b>B</b>	<b>C</b>	<b>D</b>
If the Form 1099, W-2G, or 1042-S is for:	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 (round to nearest whole dollar)
• you, enter 1			
• spouse, enter 2			
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 ■ 6094**

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



**2022 Schedule M15, Underpayment of Estimated Income Tax**  
For Individuals (Form M1)

HARESH BABU  
Your First Name and Initial

PAKKI  
Last Name

384337001  
Social Security Number

**Required Annual Payment**

- 1 Minnesota income tax for **2022** (from line 17 of Form M1) ..... 1 6814
- 2 Minnesota withholding and credits for **2022** (add lines 20 and 22 of Form M1) ..... 2 6094
- 3 Subtract line 2 from line 1. If less than \$500, **STOP HERE**; you do not owe an underpayment penalty ..... 3 720
- 4 Multiply line 1 by 90% (.90). **Farmers and commercial fishermen:** Multiply line 1 by 66.7% (.667) ..... 4 6133
- 5 Minnesota income tax for 2021 (from line 17 of Form M1). See instructions if your 2021 federal adjusted gross income was more than \$150,000 or if you did not file a 2021 return ..... 5 \_\_\_\_\_
- 6 **Required annual payment.** Amount from line 4 or line 5, whichever is less ..... 6 6133
  - If line 6 is less than or equal to line 2, **STOP HERE**; you do not owe an underpayment penalty.
  - If line 6 is more than line 2, continue with line 7 or line 13, depending on which method you use.

**Optional Short Method** (see instructions to determine which method to use)

- 7 Quarterly estimated tax payments you made for 2022 ..... 7 0
- 8 Add line 2 and line 7 ..... 8 6094
- 9 Total underpayment for the year. Subtract line 8 from line 6 (if result is zero or less, **STOP HERE**; you do not owe an underpayment penalty) ..... 9 39
- 10 Multiply line 9 by 2% (.02) ..... 10 1
- 11 • If the amount on line 9 will be paid on or after April 15, 2023, enter 0.  
• If the amount was paid before April 15, 2023, use the following computation and enter the result on line 11:  

Amount on line 9	x	Number of days paid before 4/15/23	x	.00008	.....	11	<u>0</u>
------------------	---	---------------------------------------	---	--------	-------	----	----------
- 12 **Penalty.** Subtract line 11 from line 10. Enter result here and on line 27 of Form M1 ..... 12 1

<b>Regular Method</b>	<b>A</b> April 18, 2022	<b>B</b> June 15, 2022	<b>C</b> Sept. 15, 2022	<b>D</b> Jan. 17, 2023
13 Enter 25% (.25) of line 6 in each column OR use the annualized income installment worksheet on the back of this form. If you use the worksheet or are a farmer or fisherman, see instructions ..... 13	_____	_____	_____	_____
14 <b>Credits.</b> See instructions ..... 14	_____	_____	_____	_____
15 <b>Overpayment.</b> If line 14 is more than line 13, subtract line 13 from line 14. Enter the result here and add it to line 14 in the next column. Overpayments in any quarter following an underpayment must first be applied to making up previous underpayments ..... 15	_____	_____	_____	_____
16 <b>Underpayment.</b> If line 14 is less than line 13, subtract line 14 from line 13. Enter the result here and go to line 17 below ..... 16	_____	_____	_____	_____
17 Enter the date of payment or April 15, 2023, whichever is earlier (see instructions) ..... 17	_____	_____	_____	_____
18 Number of days between the payment due date and the date on line 17 ..... 18	_____	_____	_____	_____
19 Divide line 18 by 365. The result is a decimal ..... 19	_____	_____	_____	_____
20 Multiply line 19 by 3% (.03). Enter as a decimal ..... 20	_____	_____	_____	_____
21 Multiply line 20 by line 16 ..... 21	_____	_____	_____	_____
22 <b>Penalty.</b> Add columns A-D on line 21. Enter result here and on line 27 of Form M1 ..... 22	_____	_____	_____	_____