

IRS e-file Signature Authorization

OMB No. 1545-0074

▶ **ERO must obtain and retain completed Form 8879.**
 ▶ **Go to www.irs.gov/Form8879 for the latest information.**

Submission Identification Number (SID) ▶

| | |
|--|--|
| Taxpayer's name <u>JEMIMA MADHU</u> | Social security number <u>668-76-6700</u> |
| Spouse's name | Spouse's social security number |

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 | <u>77,805.</u> |
| 2 Total tax | 2 | <u>9,890.</u> |
| 3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099 | 3 | <u>12,128.</u> |
| 4 Amount you want refunded to you | 4 | <u>2,238.</u> |
| 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

| | | | | |
|---|---|---|---|---|
| 6 | 6 | 7 | 0 | 0 |
|---|---|---|---|---|

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

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 ▶ *M. Jemima* Date ▶ 04/14/2023

Spouse's PIN: check one box only

I authorize _____ to enter or generate my PIN

| | | | | |
|--|--|--|--|--|
| | | | | |
|--|--|--|--|--|

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

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 | 3 | 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 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:

| | | | | | |
|---|--|-------------------------------|-------------|--|--|
| Your first name and middle initial JEMIMA | | Last name MADHU | | Your social security number 668-76-6700 | |
| If joint return, spouse's first name and middle initial | | Last name | | Spouse's social security number | |
| Home address (number and street). If you have a P.O. box, see instructions. 5201 BROOKSIDE DR | | | | Apt. no. | |
| City, town, or post office. If you have a foreign address, also complete spaces below. MADISON | | | State WI | ZIP code 53718 | |
| Foreign country name | | Foreign province/state/county | | Foreign postal code | |
| Presidential Election Campaign Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund. <input type="checkbox"/> You <input type="checkbox"/> Spouse | | | | | |

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 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

| Dependents (see instructions): If more than four dependents, see instructions and check here . . . <input type="checkbox"/> | (1) First name | Last name | (2) Social security number | (3) Relationship to you | (4) Check the box if qualifies for (see instructions): | |
|--|----------------|-----------|----------------------------|-------------------------|--|-----------------------------|
| | | | | | Child tax credit | Credit for other dependents |
| | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | | <input type="checkbox"/> | <input type="checkbox"/> |

| | | | |
|---------------|--|-----------|---------|
| Income | 1a Total amount from Form(s) W-2, box 1 (see instructions) | 1a | 88,000. |
| | b Household employee wages not reported on Form(s) W-2 | 1b | |
| | c Tip income not reported on line 1a (see instructions) | 1c | |
| | d Medicaid waiver payments not reported on Form(s) W-2 (see instructions) | 1d | |
| | e Taxable dependent care benefits from Form 2441, line 26 | 1e | |
| | f Employer-provided adoption benefits from Form 8839, line 29 | 1f | |
| | g Wages from Form 8919, line 6 | 1g | |
| | h Other earned income (see instructions) | 1h | 0. |
| | i Nontaxable combat pay election (see instructions) 1i | | |
| | z Add lines 1a through 1h | 1z | 88,000. |

| | | | | | | |
|----------------------------|--|-----------|--|---------------------------------------|-----------|--|
| Attach Sch. B if required. | 2a Tax-exempt interest | 2a | | b Taxable interest | 2b | |
| | 3a Qualified dividends | 3a | | b Ordinary dividends | 3b | |
| | 4a IRA distributions | 4a | | b Taxable amount | 4b | |
| | 5a Pensions and annuities | 5a | | b Taxable amount | 5b | |
| | 6a Social security benefits | 6a | | b Taxable amount | 6b | |

| | | | |
|---|--|-----------|----------|
| Standard Deduction for— • Single or Married filing separately, \$12,950 • Married filing jointly or Qualifying surviving spouse, \$25,900 • Head of household, \$19,400 • If you checked any box under <i>Standard Deduction</i> , see instructions. | c If you elect to use the lump-sum election method, check here (see instructions) <input type="checkbox"/> | | |
| | 7 Capital gain or (loss). Attach Schedule D if required. If not required, check here <input type="checkbox"/> | 7 | |
| | 8 Other income from Schedule 1, line 10 | 8 | -10,195. |
| | 9 Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income | 9 | 77,805. |
| | 10 Adjustments to income from Schedule 1, line 26 | 10 | |
| | 11 Subtract line 10 from line 9. This is your adjusted gross income | 11 | 77,805. |
| | 12 Standard deduction or itemized deductions (from Schedule A) | 12 | 12,950. |
| | 13 Qualified business income deduction from Form 8995 or Form 8995-A | 13 | |
| | 14 Add lines 12 and 13 | 14 | 12,950. |
| | 15 Subtract line 14 from line 11. If zero or less, enter -0-. This is your taxable income | 15 | 64,855. |

| | | | | |
|------------------------|-----------|--|-----------|--------|
| Tax and Credits | 16 | Tax (see instructions). Check if any from Form(s): 1 <input type="checkbox"/> 8814 2 <input type="checkbox"/> 4972 3 <input type="checkbox"/> _____ | 16 | 9,890. |
| | 17 | Amount from Schedule 2, line 3 | 17 | |
| | 18 | Add lines 16 and 17 | 18 | 9,890. |
| | 19 | Child tax credit or credit for other dependents from Schedule 8812 | 19 | |
| | 20 | Amount from Schedule 3, line 8 | 20 | |
| | 21 | Add lines 19 and 20 | 21 | |
| | 22 | Subtract line 21 from line 18. If zero or less, enter -0- | 22 | 9,890. |
| | 23 | Other taxes, including self-employment tax, from Schedule 2, line 21 | 23 | 0. |
| | 24 | Add lines 22 and 23. This is your total tax | 24 | 9,890. |

| | | | | |
|-----------------|-----------|---|------------|---------|
| Payments | 25 | Federal income tax withheld from: | | |
| | a | Form(s) W-2 | 25a | 12,128. |
| | b | Form(s) 1099 | 25b | |
| | c | Other forms (see instructions) | 25c | |
| | d | Add lines 25a through 25c | 25d | 12,128. |
| | 26 | 2022 estimated tax payments and amount applied from 2021 return | 26 | |
| | 27 | Earned income credit (EIC) NO | 27 | |
| | 28 | Additional child tax credit from Schedule 8812 | 28 | |
| | 29 | American opportunity credit from Form 8863, line 8 | 29 | |
| | 30 | Reserved for future use | 30 | |
| | 31 | Amount from Schedule 3, line 15 | 31 | |
| | 32 | Add lines 27, 28, 29, and 31. These are your total other payments and refundable credits | 32 | |
| | 33 | Add lines 25d, 26, and 32. These are your total payments | 33 | 12,128. |

| | | | | |
|--------------------------------------|------------|---|------------|--------|
| Refund | 34 | If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid | 34 | 2,238. |
| | 35a | Amount of line 34 you want refunded to you . If Form 8888 is attached, check here <input type="checkbox"/> | 35a | 2,238. |
| Direct deposit? See instructions. | b | Routing number 031202084 c Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings | | |
| | d | Account number 383015878041 | | |
| | 36 | Amount of line 34 you want applied to your 2023 estimated tax | 36 | |

| | | | | |
|-----------------------|-----------|---|-----------|--|
| Amount You Owe | 37 | Subtract line 33 from line 24. This is the amount you owe . For details on how to pay, go to www.irs.gov/Payments or see instructions | 37 | |
| | 38 | Estimated tax penalty (see instructions) | 38 | |

Third Party Designee Do you want to allow another person to discuss this return with the IRS? See instructions **Yes**. Complete below. **No**

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

Sign Here Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

| | | | |
|---|-------------------------------------|---------------------------------------|---|
| Your signature | Date | Your occupation SOFTWARE DEVELOPER | If the IRS sent you an Identity Protection PIN, enter it here (see inst.) |
| Spouse's signature. If a joint return, both must sign. | Date | Spouse's occupation | If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.) |
| Phone no. (681) 204-4909 | Email address MADHUCH0689@GMAIL.COM | | |

Paid Preparer Use Only

| | | | | |
|--|---|--------------------|-----------------------------|---|
| Preparer's name SYAM PRIYA RAM SAGAR GUPTA TALLAM | Preparer's signature SYAM PRIYA RAM SAGAR GUPTA TALLAM | Date 04/14/2023 | PTIN P02082703 | Check if: <input type="checkbox"/> Self-employed |
| Firm's name GLOBAL TAXES LLC | Firm's address 245 ROONEY CT E BRUNSWICK NJ 08816 | | Phone no. (678) 965-9522 | Firm's EIN 84-3171965 |

**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 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
JEMIMA MADHU

Your social security number
668-76-6700

Part I Additional Income

| | | | |
|-----------|---|-----------|----------|
| 1 | Taxable refunds, credits, or offsets of state and local income taxes | 1 | |
| 2a | Alimony received | 2a | |
| b | Date of original divorce or separation agreement (see instructions): _____ | | |
| 3 | Business income or (loss). Attach Schedule C | 3 | |
| 4 | Other gains or (losses). Attach Form 4797 | 4 | |
| 5 | Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E | 5 | -10,195. |
| 6 | Farm income or (loss). Attach Schedule F | 6 | |
| 7 | Unemployment compensation | 7 | |
| 8 | Other income: | | |
| a | Net operating loss | 8a | () |
| b | Gambling | 8b | |
| c | Cancellation of debt | 8c | |
| d | Foreign earned income exclusion from Form 2555 | 8d | () |
| e | Income from Form 8853 | 8e | |
| f | Income from Form 8889 | 8f | |
| g | Alaska Permanent Fund dividends | 8g | |
| h | Jury duty pay | 8h | |
| i | Prizes and awards | 8i | |
| j | Activity not engaged in for profit income | 8j | |
| k | Stock options | 8k | |
| l | 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 | 8l | |
| m | Olympic and Paralympic medals and USOC prize money (see instructions) | 8m | |
| n | Section 951(a) inclusion (see instructions) | 8n | |
| o | Section 951A(a) inclusion (see instructions) | 8o | |
| p | Section 461(l) excess business loss adjustment | 8p | |
| q | Taxable distributions from an ABLÉ account (see instructions) | 8q | |
| r | Scholarship and fellowship grants not reported on Form W-2 | 8r | |
| s | Nontaxable amount of Medicaid waiver payments included on Form 1040, line 1a or 1d | 8s | () |
| t | Pension or annuity from a nonqualified deferred compensation plan or a nongovernmental section 457 plan | 8t | |
| u | Wages earned while incarcerated | 8u | |
| z | Other income. List type and amount: _____ | 8z | |
| 9 | Total other income. Add lines 8a through 8z | 9 | |
| 10 | Combine lines 1 through 7 and 9. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8 | 10 | -10,195. |

For Paperwork Reduction Act Notice, see your tax return instructions.

Schedule 1 (Form 1040) 2022

Part II Adjustments to Income

| | | | | |
|------------|--|------------|------------|--|
| 11 | Educator expenses | | 11 | |
| 12 | Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 | | 12 | |
| 13 | Health savings account deduction. Attach Form 8889 | | 13 | |
| 14 | Moving expenses for members of the Armed Forces. Attach Form 3903 | | 14 | |
| 15 | Deductible part of self-employment tax. Attach Schedule SE | | 15 | |
| 16 | Self-employed SEP, SIMPLE, and qualified plans | | 16 | |
| 17 | Self-employed health insurance deduction | | 17 | |
| 18 | Penalty on early withdrawal of savings | | 18 | |
| 19a | Alimony paid | | 19a | |
| b | Recipient's SSN | | | |
| c | Date of original divorce or separation agreement (see instructions): _____ | | | |
| 20 | IRA deduction | | 20 | |
| 21 | Student loan interest deduction | | 21 | |
| 22 | Reserved for future use | | 22 | |
| 23 | Archer MSA deduction | | 23 | |
| 24 | Other adjustments: | | | |
| a | Jury duty pay (see instructions) | 24a | | |
| b | Deductible expenses related to income reported on line 8l from the rental of personal property engaged in for profit | 24b | | |
| c | Nontaxable amount of the value of Olympic and Paralympic medals and USOC prize money reported on line 8m | 24c | | |
| d | Reforestation amortization and expenses | 24d | | |
| e | Repayment of supplemental unemployment benefits under the Trade Act of 1974 | 24e | | |
| f | Contributions to section 501(c)(18)(D) pension plans | 24f | | |
| g | Contributions by certain chaplains to section 403(b) plans | 24g | | |
| h | Attorney fees and court costs for actions involving certain unlawful discrimination claims (see instructions) | 24h | | |
| i | 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 | 24i | | |
| j | Housing deduction from Form 2555 | 24j | | |
| k | Excess deductions of section 67(e) expenses from Schedule K-1 (Form 1041) | 24k | | |
| z | Other adjustments. List type and amount: _____ | 24z | | |
| 25 | Total other adjustments. Add lines 24a through 24z | | 25 | |
| 26 | Add lines 11 through 23 and 25. These are your adjustments to income . Enter here and on Form 1040 or 1040-SR, line 10, or Form 1040-NR, line 10a | | 26 | |

**SCHEDULE E
(Form 1040)**

Department of the Treasury
Internal Revenue Service

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

Attach to Form 1040, 1040-SR, 1040-NR, or 1041.
Go to www.irs.gov/ScheduleE for instructions and the latest information.

OMB No. 1545-0074

2022
Attachment
Sequence No. **13**

Name(s) shown on return
JEMIMA MADHU

Your social security number
668-76-6700

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 | 40/A BANSILALPET, SECUNDERABAD TELANGANA IN 500003 |
| 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 if you meet the requirements to file as a qualified joint venture. See instructions. | Fair Rental Days | Personal Use Days | QJV |
|--|--|------------------|-------------------|--------------------------|
| A 3 | | 355 | 0 | <input type="checkbox"/> |
| B | | | | <input type="checkbox"/> |
| C | | | | <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 |
| 3 Rents received | 3 520. | | |
| 4 Royalties received | 4 | | |
| Expenses: | | | |
| 5 Advertising | 5 | | |
| 6 Auto and travel (see instructions) | 6 | | |
| 7 Cleaning and maintenance | 7 849. | | |
| 8 Commissions | 8 | | |
| 9 Insurance | 9 | | |
| 10 Legal and other professional fees | 10 | | |
| 11 Management fees | 11 1,143. | | |
| 12 Mortgage interest paid to banks, etc. (see instructions) | 12 | | |
| 13 Other interest | 13 | | |
| 14 Repairs | 14 3,524. | | |
| 15 Supplies | 15 3,542. | | |
| 16 Taxes | 16 | | |
| 17 Utilities | 17 1,657. | | |
| 18 Depreciation expense or depletion | 18 | | |
| 19 Other (list) _____ | 19 | | |
| 20 Total expenses. Add lines 5 through 19 | 20 10,715. | | |
| 21 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 Form 6198 | 21 -10,195. | | |
| 22 Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions) | 22 (10,195.) | | |
| 23a Total of all amounts reported on line 3 for all rental properties | 23a 520. | | |
| b Total of all amounts reported on line 4 for all royalty properties | 23b | | |
| c Total of all amounts reported on line 12 for all properties | 23c | | |
| d Total of all amounts reported on line 18 for all properties | 23d | | |
| e Total of all amounts reported on line 20 for all properties | 23e 10,715. | | |
| 24 Income. Add positive amounts shown on line 21. Do not include any losses | 24 | | |
| 25 Losses. Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here | 25 (10,195.) | | |
| 26 Total rental real estate and royalty income or (loss). 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 . | 26 -10,195. | | |

For Paperwork Reduction Act Notice, see the separate instructions.

NPA

-10,195.

Schedule E (Form 1040) 2022

1 Wisconsin income tax

2022

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

Check here if an amended return beginning _____, 2022 ending _____, 20____.

Note

DO NOT STAPLE

See page 5 before assembling return

| | | | |
|---|----------------------------|---|--|
| Your legal last name MADHU | Legal first name JEMIMA | M.I. | Your social security number 668766700 |
| If a joint return, spouse's legal last name | Spouse's legal first name | M.I. | Spouse's social security number |
| Home address (number and street). If you have a PO Box, see page 12. 5201 BROOKSIDE DR | | Apt. no. | Tax district Check below then fill in either the name of the city, village, or town and the county in which you lived at the end of 2022. <input checked="" type="checkbox"/> City <input type="checkbox"/> Village <input type="checkbox"/> Town City, village, or town <input checked="" type="checkbox"/> MADISON |
| City or post office MADISON | State WI | Zip code 53718 | |
| Filing status Check <input checked="" type="checkbox"/> below | | | County of <input checked="" type="checkbox"/> DANE |
| <input checked="" type="checkbox"/> Single <input type="checkbox"/> Married filing joint return <input type="checkbox"/> Married filing separate return. Fill in spouse's SSN above and full name here <input type="checkbox"/> | | | |
| <input type="checkbox"/> Head of household, NOT married (see page 13). <input type="checkbox"/> Head of household, married (see page 13). | | Legal last name Legal first name M.I. | School district number See page 44 <u>3269</u> Special conditions <input type="checkbox"/> |
| If married, fill in spouse's SSN above and full name here <input type="checkbox"/> | | | <input type="checkbox"/> Form 804 filed with return (see page 10) |

Use **BLACK** Ink ● Print numbers like this → 0 1 2 3 4 5 6 7 8 9 Not like this → Ø 1 4 7 ● **NO COMMAS; NO CENTS**

| | | |
|---|-------------------------------------|----------|
| 1 Federal adjusted gross income from Form 1040, line 11 | 1 | 77805.00 |
| 2 Adjustments to federal adjusted gross income from Schedule I, line 3 (see page 13) | 2 | 0.00 |
| 3 Add lines 1 and 2. This is your federal adjusted gross income for Wisconsin purposes | 3 | 77805.00 |
| Form W-2 wages included in line 3 | <input checked="" type="checkbox"/> | 88000.00 |
| 4 Total additions to income from Schedule AD, line 33. Include Schedule AD (see page 14) .. | 4 | .00 |
| 5 Add lines 3 and 4 | 5 | 77805.00 |
| 6 Total subtractions from income from Schedule SB, line 50. Include Schedule SB (see page 14) Enter as a positive number | 6 | .00 |
| 7 Subtract line 6 from line 5. This is your Wisconsin income | 7 | 77805.00 |
| 8 Standard deduction. See table on page 35, OR ▼ If someone else can claim you (or your spouse) as a dependent, see page 15 and check here <input type="checkbox"/> | 8 | 4499.00 |
| 9 Subtract line 8 from line 7. If line 8 is larger than line 7, fill in 0 | 9 | 73306.00 |
| 10 Exemptions (Caution: See page 15) | | |
| a Fill in exemptions allowed <u>1</u> x \$700 .. | 10a | 700.00 |
| b Check if 65 or older <input type="checkbox"/> You + <input type="checkbox"/> Spouse = _____ x \$250 .. | 10b | .00 |
| c Add lines 10a and 10b | 10c | 700.00 |

PAPER CLIP payment here



NO COMMAS; NO CENTS

| | | | |
|-----------|---|------------------------------------|---|
| 11 | Subtract line 10c from line 9. If line 10c is larger than line 9, fill in 0. This is taxable income . . . | 11 | <u>72606.00</u> |
| 12 | Tax (see table on page 37) | 12 | <u>3543.00</u> |
| 13 | Itemized deduction credit. Include Schedule 1, page 4 | 13 | <u>.00</u> |
| 14 | Additional child and dependent care tax credit (see page 17) | | |
| | Federal credit | 14 | <u>.00</u> |
| 15 | School property tax credit | | |
| a | Rent paid in 2022 – heat included <u>.00</u> | } Find credit from table page 19 . | 15a <u>.00</u> |
| | 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 20 . | 15b <u>.00</u> |
| 16 | Working families tax credit (see page 20) | 16 | <u>.00</u> |
| 17 | Married couple credit. Include Schedule 2, page 4 | 17 | <u>.00</u> |
| 18 | Nonrefundable credits from line 34 of Schedule CR | 18 | <u>.00</u> |
| 19 | Net income tax paid to another state. Include Schedule OS | 19 | <u>.00</u> |
| 20 | Add lines 13 through 19 | 20 | <u>.00</u> |
| 21 | Subtract line 20 from line 12. If line 20 is larger than line 12, fill in 0. This is your net tax | 21 | <u>3543.00</u> |
| 22 | Sales and use tax due on internet, mail order, or other out-of-state purchases (see page 23) | 22 | <u>.00</u> |
| | If you certify that no sales or use tax is due, check here | | <input checked="" type="checkbox"/> |
| 23 | 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) | 23i | <u>.00</u> |
| 24 | Penalties on IRAs, retirement plans, MSAs, etc. (see page 25) | 24 | <u>.00</u> |
| 25 | Other penalties (see page 25) | 25 | <u>.00</u> |
| 26 | Add lines 21, 22, 23i, 24, and 25 | 26 | <u>3543.00</u> |
| 27 | Wisconsin tax withheld. Include withholding statements | 27 | <u>4356.00</u> |
| 28 | 2022 estimated tax payments and amount applied from 2021 return | 28 | <u>.00</u> |
| 29 | Earned income credit. Number of qualifying children | | |
| | Federal credit | 29 | <u>.00</u> |
| 30 | Farmland preservation credit. a Schedule FC, line 17 | 30a | <u>.00</u> |
| | b Schedule FC-A, line 13 | 30b | <u>.00</u> |
| 31 | Repayment credit (see page 27) | 31 | <u>.00</u> |




| | |
|---|--|
| Name(s) shown on Form 1 JEMIMA MADHU | Your social security number 668766700 |
|---|--|

NO COMMAS; NO CENTS

| | | |
|---|-----------------|---------|
| 32 Homestead credit. Include Schedule H or H-EZ | 32 _____ | .00 |
| 33 Eligible veterans and surviving spouses property tax credit . . | 33 _____ | .00 |
| 34 Refundable credits from Schedule CR, line 40. Include Schedule CR | 34 _____ | .00 |
| 35 AMENDED RETURN ONLY—Amounts previously paid (see page 31) | 35 _____ | .00 |
| 36 Add lines 27 through 35 | 36 _____ | 4356.00 |
| 37 AMENDED RETURN ONLY—Amounts previously refunded (see page 31) | 37 _____ | .00 |
| 38 Subtract line 37 from line 36 | 38 _____ | 4356.00 |
| 39 If line 38 is larger than line 26, subtract line 26 from line 38. This is the AMOUNT YOU OVERPAID | 39 _____ | 813.00 |
| 40 Amount of line 39 you want REFUNDED TO YOU | 40 _____ | 813.00 |
| 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 clip payment to front of return | 44 _____ | .00 |
| 45 Interest (see page 34) | 45 _____ | .00 |

Third Party Designee Do you want to allow another person to discuss this return with the department (see page 34)? **Yes** Complete the following. **No**

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

 **Paper clip copies of your federal income tax return and schedules to this return. Assemble your return (pages 1-4) and withholding statements in the order listed on page 5.**

Sign here

Under penalties of law, I declare that this return and all attachments are true, correct, and complete to the best of my knowledge and belief.

Your signature _____ Date _____ Daytime Phone _____ Wisconsin Identity Protection PIN (7 characters) _____
6812044909

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

Caution: Only enter a Wisconsin Identity Protection PIN if you received one from the department (see page 34).

Mail your return to: Wisconsin Department of Revenue
 If tax due.....PO Box 268, Madison WI 53790-0001
 If refund or no tax due.....PO Box 59, Madison WI 53785-0001
 If homestead credit claimed.....PO Box 34, Madison WI 53786-0001

Do Not Submit Photocopies



