

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 TEEGALA	Your legal first name and initial SHOBHA R	Your social security number 857482934
Spouse's legal last name TEEGALA	Spouse's legal first name and initial ANAND KUMAR	Spouse's social security number 892316567
Legal name of trust		FEIN
Home address (number and street or rural route) 3201 MORRIS LN		Telephone number (608) 4222453
City or post office MELISSA	State TX	Zip code 75454

- 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
 \$ 24.00

Please do not staple your payment to this voucher

Nonresident & part-year resident Wisconsin income tax

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

Check here if this is an amended return

Complete form using BLACK INK

NOTE

DO NOT STAPLE

PAPER CLIP withholding statements here

Personal information section including names (TEEGALA, SHOBHA R, ANAND KUMAR), social security numbers (857482934, 892316567), address (3201 MORRIS LN, MELISSA, TX 75454), and filing status (Married filing joint return).



Resident status section with checkboxes for Full-year resident, Nonresident of Wisconsin (state of residence TX), and Part-year resident.

Note: Complete residence questionnaire, page 59.

PAPER CLIP check or money order here

Income tax table with columns: Income, A. Federal column, B. Wisconsin column. Rows include Wages, interest, dividends, etc., totaling 27,472.80 for federal and 34,330.00 for Wisconsin.

1-0501

Adjustments to Income		A. Federal column	B. Wisconsin column
17	Educator expenses (see page 23)	.00	.00
18	Certain business expenses of reservists, performing artists, and fee-basis government officials (see page 23)	.00	.00
19	Health savings account deduction (see page 23)	.00	.00
20	Moving expenses for members of the armed forces (see page 23)	.00	.00
21	Deductible part of self-employment tax (see page 24)	.00	.00
22	Self-employed SEP, SIMPLE, and qualified plans (see page 24)	.00	.00
23	Self-employed health insurance deduction (see page 25)	.00	.00
24	Penalty on early withdrawal of savings (see page 25)	.00	.00
25	Alimony paid (see page 25)	.00	.00
26	IRA deduction (see page 25)	.00	.00
27	Student loan interest deduction (see page 26)	.00	.00
28	Other adjustments (see page 26). Include Schedule M if line 28b has an amount	.00	.00
29	Total adjustments to income. Add lines 17 through 28	.00	.00
Adjusted Gross Income			
30	Wisconsin income. Subtract line 29, column B from line 16, column B		34330.00
31	Federal income. Subtract line 29, column A from line 16, column A	274728.00	
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)		.1250

Tax Computation			
33	Fill in the larger of Wisconsin income from line 30, column B or federal income from line 31, column A. But , if Wisconsin income from line 30 is zero or less, fill in 0 (zero)	33	274728.00
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	274728.00
36	Exemptions (Caution: see page 28)		
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	272628.00
38	Tax (see table on page 50)	38	14039.00
39	Itemized deduction credit. Complete Schedule 1 (page 4, Form 1NPR)	39	511.00
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	511.00
43	Subtract line 42 from line 38. If line 42 is more than line 38, fill in 0 (zero)	43	13528.00
44	Fill in ratio from line 32	44	.1250
45	Multiply line 43 by ratio on line 44	45	1691.00

Name(s) shown on Form 1NPR SHOBHA R & ANAND KUMAR TEEGALA		Your social security number 857482934
46	Fill in amount from line 45	46 1691.00
47	Working families tax credit. (Full-year Wisconsin residents only)	47 .00
48	Married couple credit. Complete Schedule 2 (page 4, Form 1NPR)	48 0.00
49	Nonrefundable credits from Schedule CR, line 34. Include Schedule CR	49 .00
50	Net income tax paid to another state. Include Schedule OS	50 .00
51	Add lines 47 through 50	51 0.00
52	Subtract line 51 from line 46. If line 51 is more than line 46, fill in 0 (zero). This is your net tax	52 1691.00
53	Sales and use tax due on internet, mail order, or other out-of-state purchases (see page 36) If you certify that no sales or use tax is due, check here <input checked="" type="checkbox"/>	53 .00
54	Donations (decreases refund or increases amount owed)	
a	Endangered resources	.00
b	Cancer research	.00
c	Veterans trust fund	.00
d	Multiple sclerosis	.00
e	Military family relief	.00
f	Second Harvest/Feeding Amer.	.00
g	Red Cross WI Disaster Relief	.00
h	Special Olympics Wisconsin	.00
	Total (add lines a through h)	54i .00
55	Penalties on IRAs, other retirement plans, MSAs, etc. (see page 37)	55 .00 x .33 = .00
56	Other penalties (see page 38)	56 .00
57	Add lines 52 through 56	57 1691.00

Payments and Credits

58	Wisconsin income tax withheld. Include readable withholding statements	58 1667.00
59	2022 Wisconsin estimated tax paid and amount applied from 2021 return	59 .00
60	Earned income credit. (Full-year Wisconsin residents only) Number of qualifying children <input type="text"/> Federal credit <input type="text"/> x <input type="text"/> % =	60 .00
61	Farmland preservation credit. a. Schedule FC, line 17	61a .00
	b. Schedule FC-A, line 13	61b .00
62	Repayment credit	62 .00
63	Homestead credit. (Full-year Wisconsin residents only)	63 .00
64	Eligible veterans and surviving spouses property tax credit	64 .00
65	Refundable credits from Schedule CR, line 40	65 .00
66	AMENDED RETURN ONLY – amount previously paid (see page 44)	66 .00
67	Add lines 58 through 66	67 1667.00
68	AMENDED RETURN ONLY – amount previously refunded (see page 44)	68 .00
69	Subtract line 68 from line 67	69 1667.00

Refund or Amount You Owe

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



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

73	If line 69 is less than line 57, subtract line 69 from line 57 . . . This is the AMOUNT UNDERPAID	73	24.00
74	Underpayment interest. Fill in exception code – see Sch. U → _____	74	.00
75	Add lines 73 and 74. This is the AMOUNT YOU OWE	75	24.00
76	Interest (see page 47)	76	.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) ▶

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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)

1	Medical and dental expenses from federal Schedule A (Form 1040). See instructions for exceptions	1	.00
2	Interest paid from federal Schedule A (Form 1040). See instructions for exceptions	2	10227.00
3	Gifts to charity from federal Schedule A (Form 1040). See instructions for exceptions	3	.00
4	Casualty losses from federal Schedule A (Form 1040)	4	.00
5	Add lines 1 through 4	5	10227.00
6	Wisconsin standard deduction from Form 1NPR, line 34c	6	0.00
7	Subtract line 6 from line 5. If line 6 is more than line 5, fill in 0 (zero)	7	10227.00
8	Rate of credit is .05 (5%)	8	x .05
9	Multiply line 7 by line 8. Fill in here and on line 39 of Form 1NPR	9	511.00

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

	(A) YOURSELF	(B) YOUR SPOUSE
1 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	1 34830.00	0.00
2 Net profit or (loss) from self-employment from federal Schedules C, C-EZ, and F (Form 1040), Schedule K-1 (Form 1065), and any other taxable self-employment or earned income included in column B on Form 1NPR	2 .00	.00
3 Combine lines 1 and 2. This is your total Wisconsin earned income	3 34830.00	0.00
4 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	4 0.00	.00
5 Subtract line 4 from line 3. This is your qualified earned income	5 34830.00	0.00
6 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	6 0.00	0.00
7 Rate of credit is .03 (3%)	7 x .03	
8 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.	8 0.00	



Schedule **WD**

Wisconsin
Department of Revenue

Capital Gains and Losses

◆ Include with Wisconsin Form 1 or 1NPR ◆

2022

Name(s) shown on Form 1 or Form 1NPR

SHOBHA R & ANAND KUMAR TEEGALA

Your social security number

857-48-2934

Part I Short-Term Capital Gains and Losses – Assets Held One Year or Less

Note: Round all amounts (use a minus sign (-) for negative amounts)	(d) Proceeds (sales price)	(e) Cost or other basis	(g) Adjustments to gain or loss from Form(s) 8949, Part I, line 2, column (g)	(h) Gain or loss Subtract column (e) from column (d) and combine the result with column (g)
1a Amount from line 1a of Schedule D	.00	.00		.00
1b Amount from line 1b of Schedule D	1 0331.00	11 576.00	.00	-1 245.00
2 Amount from line 2 of Schedule D	.00	.00	.00	.00
3 Amount from line 3 of Schedule D	.00	.00	.00	.00
4 Short-term gain from Form 6252 and short-term gain or loss from Forms 4684, 6781, and 8824			4	.00
5 Net short-term gain or loss from partnerships, S corporations, estates, and trusts from Schedule(s) K-1			5	.00
6 Adjustment from Wisconsin Schedule T (see Basis Difference in instructions)			6	.00
7 Short-term capital loss carryover from 2021 Wisconsin Schedule WD, line 34. Enter amount as a negative number			7	.00
8 Net short-term capital gain or loss. Combine lines 1a through 7 in column (h)			8	-1 245.00

Part II Long-Term Capital Gains and Losses – Assets Held More Than One Year

Note: Round all amounts (use a minus sign (-) for negative amounts)	(d) Proceeds (sales price)	(e) Cost or other basis	(g) Adjustments to gain or loss from Form(s) 8949, Part II, line 2, column (g)	(h) Gain or loss Subtract column (e) from column (d) and combine the result with column (g)
9a Amount from line 8a of Schedule D	.00	.00		.00
9b Amount from line 8b of Schedule D	824.00	790.00	.00	34.00
10 Amount from line 9 of Schedule D	.00	.00	.00	.00
11 Amount from line 10 of Schedule D	.00	.00	.00	.00
12 Gain from Form 4797, Part I; long-term gain from Forms 2439 and 6252; and long-term gain or loss from Forms 4684, 6781, and 8824			12	.00
13 Net long-term gain or loss from partnerships, S corporations, estates, and trusts from Schedule(s) K-1			13	.00
14 Capital gain distributions			14	.00
15 Adjustment from Wisconsin Schedule T (see Basis Difference in instructions)			15	.00
15a Adjustment from Wisconsin Schedule QI. Enter amount as a negative number			15a	.00
16 Long-term capital loss carryover from 2021 Wisconsin Schedule WD, line 39. Enter amount as a negative number			16	.00
17 Net long-term capital gain or loss. Combine lines 9a through 16 in column (h)			17	34.00

Go on to Part III →



Name SHOBHA R & ANAND KUMAR TEEGALA	Social Security Number 857-48-2934
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Part III Summary of Parts I and II (see instructions) - use a minus sign (-) for negative amounts.

18 Combine lines 8 and 17, and fill in the net gain or loss here (if line 18 is a loss, go to line 28)	18	-1211.00
19 Fill in the smaller of line 17 or 18, or -0- if a loss or no entry on line 17	19	.00
20 Fill in 30% of line 19	20	.00
21 Fill in the amount of long-term capital gain from the sale of farm assets listed on Form 8949 and taxable to Wisconsin plus gain from the sale of farm assets that is included on line 12 or 13 of Schedule WD. If zero, skip lines 22 through 25 and fill in the amount from line 20 on line 26	21	.00
22 Gain included in line 17. Do not include any losses in this amount	22	.00
23 Divide line 21 by line 22. Carry the decimal to 4 places	23	.00
24 Multiply line 19 by the decimal amount on line 23	24	.00
25 Fill in 30% of line 24	25	.00
26 Add lines 20 and 25	26	.00
27 Subtract line 26 from line 18	27	.00
28 If line 18 shows a loss, fill in the smaller of:	(a) The loss on line 18,	
	(b) \$500, or	
	(c) Wisconsin ordinary income (see instructions)	-500.00

Note: When figuring whether a, b, or c is smaller, treat all numbers as if they are positive.

Part IV Computation of Wisconsin Adjustment to Income

29 Adjustment (see instructions for Part IV and Schedule I adjustments)		
a Fill in gain from line 7 of federal Form 1040 or 1040-SR, or gain from line 1e of Schedule I, if filed (if a loss, fill in -0-)	29a	0.00
b Fill in gain from Part III, line 27, (if blank, fill in -0-)	29b	.00
c If line 29b is more than 29a, subtract line 29a from line 29b. See instructions on where to enter this amount	29c	.00
d If line 29b is less than 29a, subtract line 29b from line 29a. See instructions on where to enter this amount	29d	.00
e Fill in loss from line 7 of federal Form 1040 or 1040-SR, as a positive amount or the loss from line 2c of Schedule I, if filed (if a gain, fill in -0-)	29e	1211.00
f Fill in loss from Part III, line 28 as a positive amount	29f	.00
g If line 29f is more than 29e, subtract line 29e from line 29f. See instructions for where to enter this amount	29g	.00
h If line 29f is less than 29e, subtract line 29f from line 29e. See instructions for where to enter this amount	29h	.00

Part V Computation of Capital Loss Carryovers from 2022 to 2023 (Complete this part if the loss on line 18 is more than the loss on line 28.)

30 Fill in loss shown on line 8 as a positive amount. If none, fill in -0- and skip lines 31 through 34	30	1245.00
31 Fill in gain shown on line 17. If that line is blank or shows a loss, fill in -0-	31	34.00
32 Subtract line 31 from line 30	32	1211.00
33 Fill in the smaller of line 28 or line 32, treating both as positive amounts	33	500.00
34 Subtract line 33 from line 32. This is your short-term capital loss carryover from 2022 to 2023	34	711.00
35 Fill in loss from line 17 as a positive amount. If none, fill in -0- and skip lines 36 through 39	35	0.00
36 Fill in gain shown on line 8. If that line is blank or shows a loss, fill in -0-	36	.00
37 Subtract line 36 from line 35	37	.00
38 Subtract line 33 from line 28, treating both as positive amounts. (Note: If you skipped lines 31 through 34, fill in amount from line 28 as a positive amount.)	38	.00
39 Subtract line 38 from line 37. This is your long-term capital loss carryover from 2022 to 2023	39	.00

