

IRS e-file Signature Authorization

▶ **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 NISHANTH MYANA	Social security number 858-26-0620
Spouse's name LATHASRI DONTHULA	Spouse's social security number 988-95-8390

Part I Tax Return Information – Tax Year Ending December 31, 2023 (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	110,123.
2 Total tax	2	9,451.
3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099	3	10,405.
4 Amount you want refunded to you	4	954.
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	0	6	2	0
---	---	---	---	---

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

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

5	8	3	9	0
---	---	---	---	---

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

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	0	8	2	7	1
---	---	---	---	---	---	---	---	---	---	---

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

For the year Jan. 1–Dec. 31, 2023, or other tax year beginning , 2023, ending , 20 See separate instructions.

Your first name and middle initial NISHANTH Last name MYANA Your social security number 858 26 0620

If joint return, spouse's first name and middle initial LATHASRI Last name DONTHULA Spouse's social security number 988 95 8390

Home address (number and street). If you have a P.O. box, see instructions. 14334 PERUGIA WAY Apt. no. 102 Presidential Election Campaign

City, town, or post office. If you have a foreign address, also complete spaces below. CHARLOTTE State NC ZIP code 28273 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.

Foreign country name Foreign province/state/county Foreign postal code You Spouse

Filing Status Single Married filing jointly (even if only one had income) Married filing separately (MFS) Head of household (HOH) Qualifying surviving spouse (QSS)

Digital Assets At any time during 2023, did you: (a) receive (as a reward, award, or payment for property or services); or (b) sell, exchange, 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, 1959 Are blind Spouse: Was born before January 2, 1959 Is blind

Table with 5 columns: (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

Income section table with rows 1a through 1z and 1i, including Total amount from Form(s) W-2, Household employee wages, Tip income, etc.

Table with rows 2a through 6a, including Tax-exempt interest, Qualified dividends, IRA distributions, Pensions and annuities, Social security benefits

Table with rows 7 through 15, including Capital gain or (loss), Additional income from Schedule 1, Total income, Adjustments to income, Adjusted gross income, Standard deduction or itemized deductions, Qualified business income deduction

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	9,451.
	17	Amount from Schedule 2, line 3	17	
	18	Add lines 16 and 17	18	9,451.
	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	9,451.
	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	9,451.

Payments	25	Federal income tax withheld from:		
	a	Form(s) W-2	25a	10,405.
	b	Form(s) 1099	25b	
	c	Other forms (see instructions)	25c	
	d	Add lines 25a through 25c	25d	10,405.
	26	2023 estimated tax payments and amount applied from 2022 return	26	
	27	Earned income credit (EIC)	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	10,405.

Refund	34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid	34	954.
	35a	Amount of line 34 you want refunded to you . If Form 8888 is attached, check here <input type="checkbox"/>	35a	954.
Direct deposit? See instructions.	b	Routing number 011000138 c Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings		
	d	Account number 004667055643		
	36	Amount of line 34 you want applied to your 2024 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 ENGINEER	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 HOME MAKER	If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.)
Phone no. (603) 275-6632	Email address MNISHANTH992@GMAIL.COM		

Paid Preparer Use Only

Preparer's name SYAM PRIYA RAM SAGAR GUPTA	Preparer's signature SYAM PRIYA RAM SAGAR GUPTA	Date 04/09/2024	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

For the year Jan. 1-Dec. 31, 2023, or other tax year

Check here if an amended return beginning _____, 2023 ending _____, 20____.

Note

DO NOT STAPLE

See page 5 before assembling return

Your legal last name MYANA	Legal first name NISHANTH	M.I.	Your social security number 858260620		
If a joint return, spouse's legal last name DONTHULA	Spouse's legal first name LATHASRI	M.I.	Spouse's social security number 988958390		
Home address (number and street). If you have a PO Box, see page 12. 14334 PERUGIA WAY		Apt. no. 102	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 2023. <input type="checkbox"/> City <input type="checkbox"/> Village <input checked="" type="checkbox"/> Town City, village, or town CHARLOTTE		
City or post office CHARLOTTE	State NC	Zip code 28273			
Filing status Check <input checked="" type="checkbox"/> below			County of EAU CLAIRE		
<input type="checkbox"/> Single					
<input checked="" type="checkbox"/> Married filing joint return			School district number See page 45 1554		
Fill in spouse's SSN above and full name here <input type="checkbox"/> <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr><td style="width: 60%;">Legal last name</td></tr> <tr><td>Legal first name</td></tr> <tr><td>M.I.</td></tr> </table>				Legal last name	Legal first name
Legal last name					
Legal first name					
M.I.					
<input type="checkbox"/> Married filing separate return.			Special conditions <input type="checkbox"/>		
<input type="checkbox"/> Head of household, NOT married (see page 13).					
<input type="checkbox"/> Head of household, married (see page 13). <small>If married, fill in spouse's SSN above and full name here</small>					
<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 → 0147 ● **NO COMMAS; NO CENTS**

1	Federal adjusted gross income from Form 1040, line 11	1	110123.00
2	Adjustments to federal adjusted gross income from <i>Schedule I</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	110123.00
	Form W-2 wages included in line 3	<input type="checkbox"/>	110123.00
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	110123.00
6	Total subtractions from income from Schedule SB, line 50. Include Schedule SB (see page 14) Enter as a positive number	6	460.00
7	Subtract line 6 from line 5. This is your Wisconsin income.	7	109663.00
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	7165.00
9	Subtract line 8 from line 7. If line 8 is larger than line 7, fill in 0	9	102498.00
10	Exemptions (Caution: See page 15)		
a	Fill in exemptions allowed <u>2</u> x \$700	10a	1400.00
b	Check if 65 or older <input type="checkbox"/> You + <input type="checkbox"/> Spouse = <input type="checkbox"/> x \$250	10b	.00
c	Add lines 10a and 10b	10c	1400.00

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>101098.00</u>
12	Tax (see table on page 38)	12	<u>4861.00</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 from Form 2441 \blacktriangleright <u>.00</u> x 50% =	14	<u>.00</u>
15	School property tax credit		
a	Rent paid in 2023 – heat included <u>.00</u>	} Find credit from table page 19 .	15a <u>.00</u>
	Rent paid in 2023 – heat not included <u>.00</u>		
b	Property taxes paid on home in 2023 <u>.00</u>	Find credit from table page 20 .	15b <u>.00</u>
16	Working families tax credit (see page 20)	16	<u>0.00</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 <input type="checkbox"/>	19	<u>.00</u>
20	Add lines 13 through 19	20	<u>0.00</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>4861.00</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 \blacktriangleright <input checked="" type="checkbox"/> <u>X</u>		
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) . . . \blacktriangleright	23i	<u>.00</u>
24	Penalties on IRAs, retirement plans, MSAs, etc. (see page 25) . . . <u>.00</u> x .33 =	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>4861.00</u>
27	Wisconsin tax withheld. Include withholding statements	27	<u>5533.00</u>
28	2023 estimated tax payments and amount applied from 2022 return. . .	28	<u>.00</u>
29	Earned income credit. Number of qualifying children \blacktriangleright <u> </u>		
	Federal credit. <u>.00</u> x <u> </u> % =	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 NISHANTH MYANA & LATHASRI DONTHULA	Your social security number 858260620
--	---

NO COMMAS; NO CENTS

32	Homestead credit. Include Schedule H or H-EZ.	32	<u> </u>	.00
33	Eligible veterans and surviving spouses property tax credit . . .	33	<u> </u>	.00
34	Refundable credits from Schedule CR, line 40. Include Schedule CR	34	<u> </u>	.00
35	AMENDED RETURN ONLY—Amounts previously paid (see page 31)	35	<u> </u>	.00
36	Add lines 27 through 35	36	<u> </u>	5533.00
37	AMENDED RETURN ONLY—Amounts previously refunded (see page 31)	37	<u> </u>	.00
38	Subtract line 37 from line 36	38	<u> </u>	5533.00
39	If line 38 is larger than line 26, subtract line 26 from line 38. This is the AMOUNT YOU OVERPAID	39	<u> </u>	672.00
40	Amount of line 39 you want REFUNDED TO YOU	40	<u> </u>	672.00
41	Amount of line 39 you want APPLIED TO YOUR 2024 ESTIMATED TAX	41	<u> </u>	0.00
42	If line 38 is smaller than line 26, subtract line 38 from line 26. This is the AMOUNT YOU UNDERPAID	42	<u> </u>	.00
43	Underpayment interest. Fill in exception code-See Sch. U <input type="text"/>	43	<u> </u>	.00
44	Add lines 42 and 43. This is the AMOUNT YOU OWE . Paper clip payment to front of return	44	<u> </u>	.00
45	Interest (see page 34)	45	<u> </u>	.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) ▶	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>
-------------------	-------------	--	---

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)
			6032756632
Spouse's signature (if filing jointly, BOTH must sign)	Date	Daytime Phone	Wisconsin Identity Protection PIN (7 characters)

I-010ai **Caution:** Only enter a Wisconsin Identity Protection 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



Schedule 1 – Itemized Deduction Credit (see page 16)

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). Do not include interest paid to purchase a second home located outside Wisconsin or a residence which is a boat. Also, do not include interest paid to purchase or hold U.S. government securities and interest from a tax-option (S) corporation if claimed as a subtraction	2	.00
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	.00
6 Fill in your standard deduction from line 8 on page 1 of Form 1	6	.00
7 Subtract line 6 from line 5. If line 6 is more than line 5, fill in 0.	7	0 .00
8 Rate of credit is .05 (5%)	8	x .05
9 Multiply line 7 by line 8. Fill in here and on line 13 on page 2 of Form 1	9	.00

▶ You must submit this page with Form 1 if you claim either of these credits ◀

Schedule 2 – Married Couple Credit When Both Spouses Are Employed (see page 21)

When completing this schedule, be sure to fill in your income in column (A) and your spouse's income in column (B)

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

Do not fill in more than \$480.



Name NISHANTH MYANA & LATHASRI DONTULA	Social Security Number 858260620
---	-------------------------------------

See the instructions for additional information on the subtractions listed below. Enter all amounts as positive numbers.

Subtractions from Income		
<u>1</u>	Taxable refund of state income tax (from line 1 of federal Schedule 1)	.00
<u>2</u>	United States government interest	.00
<u>3</u>	Unemployment compensation	.00
<u>4</u>	Social security adjustment	.00
<u>5</u>	Capital gain/loss subtraction	460.00
<u>6</u>	Medical care insurance	.00
<u>7</u>	Long-term care insurance	.00
<u>8</u>	Tuition and fee expenses	.00
<u>9</u>	Private school tuition (Schedule PS)	.00
<u>10</u>	Contributions to an Edvest or Tomorrow's Scholar college savings account (Schedule CS)	.00
<u>11</u>	Distributions of certain earnings from Wisconsin state-sponsored college tuition programs	.00
<u>12</u>	Military and uniformed services retirement benefits	.00
<u>13</u>	Local and state retirement benefits	.00
<u>14</u>	Federal retirement benefits	.00
<u>15</u>	Railroad retirement benefits, railroad unemployment insurance, and sickness benefits	.00
<u>16</u>	Retirement income subtraction	.00
<u>17</u>	Reserve or National Guard members	.00
<u>18</u>	U.S. Armed Forces active duty pay	.00
<u>19</u>	Combat zone related death	.00
<u>20</u>	Adoption expenses	.00
<u>21</u>	Contributions to ABLE accounts	.00
<u>22</u>	Disability income exclusion (Schedule 2440W)	.00
<u>23</u>	Wisconsin net operating loss deduction	.00
<u>24</u>	Farm loss carryover	.00
<u>25</u>	Native Americans	.00
<u>26</u>	Sale of business assets or assets used in farming to a related person	.00
<u>27</u>	Recoveries of federal itemized deductions	.00
<u>28</u>	Repayment of income previously taxed	.00
<u>29</u>	Add lines 1 through 28. Enter here and on line 30, page 2	460.00



Name NISHANTH MYANA & LATHASRI DONTTHULA	Social Security Number 858260620
---	-------------------------------------

30	Enter amount from line 29 on page 1	30	460.00
31	Human organ donation	31	.00
32	Expenses paid to related entities	32	.00
33	Income from a related entity	33	.00
34	Legislator's per diem	34	.00
35	Sales of certain insurance policies	35	.00
36	Physician or psychiatrist grant	36	.00
37	Olympic, Paralympic, and Special Olympic medals and United States Olympic Committee and Special Olympic Board of Directors prize money	37	.00
38	AmeriCorps education awards	38	.00
39	Differences in federal and Wisconsin basis of assets	39	.00
40	Reserved for future use	40	.00
41	Differences in federal and Wisconsin reporting of marital property (community) income	41	.00
42	Charitable contributions from tax-option (S) corporations (list and provide amount)		
a	Name _____		
	FEIN _____ Amount 42a _____		.00
b	Name _____		
	FEIN _____ Amount 42b _____		.00
c	Name _____		
	FEIN _____ Amount 42c _____		.00
d	Add lines 42a through 42c	42d	.00
43	Tax-option (S) corporation adjustments. Do not include adjustments listed on line 46 (list and provide amount)		
a	Name _____		
	FEIN _____ Amount 43a _____		.00
b	Name _____		
	FEIN _____ Amount 43b _____		.00
c	Name _____		
	FEIN _____ Amount 43c _____		.00
d	Add lines 43a through 43c	43d	.00
44	Add lines 30 through 41, 42d and 43d. Enter here and on line 45, page 3	44	460.00



Name NISHANTH MYANA & LATHASRI DONTULA	Social Security Number 858260620
---	-------------------------------------

45 Enter amount from line 44 on page 2 **45** 460.00

46 Tax-option (S) corporation entity level tax election adjustments (list and provide amount)

a Name _____
 FEIN _____ Amount **46a** _____ .00

b Name _____
 FEIN _____ Amount **46b** _____ .00

c Name _____
 FEIN _____ Amount **46c** _____ .00

d Add lines 46a through 46c **46d** .00

47 Partnership, limited liability company, trust, or estate adjustments. Do not include adjustments listed on line 48 (list and provide amount)

a Name _____
 FEIN _____ Amount **47a** _____ .00

b Name _____
 FEIN _____ Amount **47b** _____ .00

c Name _____
 FEIN _____ Amount **47c** _____ .00

d Add lines 47a through 47c **47d** .00

48 Partnership entity level tax election adjustments (list and provide amount)

a Name _____
 FEIN _____ Amount **48a** _____ .00

b Name _____
 FEIN _____ Amount **48b** _____ .00

c Name _____
 FEIN _____ Amount **48c** _____ .00

d Add lines 48a through 48c **48d** .00

49 Other subtractions from income (list and provide amount)

a _____ Amount **49a** _____ .00

b _____ Amount **49b** _____ .00

c _____ Amount **49c** _____ .00

d Add lines 49a through 49c **49d** .00

50 Add lines 45, 46d, 47d, 48d, and 49d. This is your total subtraction from income. Enter on Form 1, line 6 **50** 460.00



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

NISHANTH MYANA & LATHASRI DONTULA

Your social security number

858-26-0620

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	.00	.00	.00	.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 2022 Wisconsin Schedule WD, line 34. Enter amount as a negative number			7	-460.00
8 Net short-term capital gain or loss. Combine lines 1a through 7 in column (h)			8	-460.00

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	.00	.00	.00	.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 2022 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	.00

Go on to Part III →



Name NISHANTH MYANA & LATHASRI DONTHULA	Social Security Number 858-26-0620
---	--

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	<u>-460.00</u>
19 Fill in the smaller of line 17 or 18, or -0- if a loss or no entry on line 17	19	<u>.00</u>
20 Fill in 30% of line 19	20	<u>.00</u>
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	<u>.00</u>
22 Gain included in line 17. Do not include any losses in this amount	22	<u>.00</u>
23 Divide line 21 by line 22. Carry the decimal to 4 places	23	<u>_____</u>
24 Multiply line 19 by the decimal amount on line 23	24	<u>.00</u>
25 Fill in 30% of line 24	25	<u>.00</u>
26 Add lines 20 and 25	26	<u>.00</u>
27 Subtract line 26 from line 18	27	<u>.00</u>
28 If line 18 shows a loss, fill in the smaller of:	(a) The loss on line 18,	
	(b) \$3,000/\$1,500 (see instructions), or	
	(c) Wisconsin ordinary income (see instructions)	28 <u>-460.00</u>

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	<u>.00</u>
b Fill in gain from Part III, line 27, (if blank, fill in -0-)	29b	<u>0.00</u>
c If line 29b is more than 29a, subtract line 29a from line 29b. See instructions on where to enter this amount	29c	<u>.00</u>
d If line 29b is less than 29a, subtract line 29b from line 29a. See instructions on where to enter this amount	29d	<u>.00</u>
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	<u>.00</u>
f Fill in loss from Part III, line 28 as a positive amount	29f	<u>460.00</u>
g If line 29f is more than 29e, subtract line 29e from line 29f. See instructions for where to enter this amount	29g	<u>460.00</u>
h If line 29f is less than 29e, subtract line 29f from line 29e. See instructions for where to enter this amount	29h	<u>.00</u>

Part V Computation of Capital Loss Carryovers from 2023 to 2024 (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	<u>.00</u>
31 Fill in gain shown on line 17. If that line is blank or shows a loss, fill in -0-	31	<u>.00</u>
32 Subtract line 31 from line 30	32	<u>.00</u>
33 Fill in the smaller of line 28 or line 32, treating both as positive amounts	33	<u>.00</u>
34 Subtract line 33 from line 32. This is your short-term capital loss carryover from 2023 to 2024	34	<u>.00</u>
35 Fill in loss from line 17 as a positive amount. If none, fill in -0- and skip lines 36 through 39	35	<u>.00</u>
36 Fill in gain shown on line 8. If that line is blank or shows a loss, fill in -0-	36	<u>.00</u>
37 Subtract line 36 from line 35	37	<u>.00</u>
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	<u>.00</u>
39 Subtract line 38 from line 37. This is your long-term capital loss carryover from 2023 to 2024	39	<u>.00</u>

