

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

**Note** Check here if an amended return  beginning \_\_\_\_\_, 2023 ending \_\_\_\_\_, 20\_\_\_\_.

DO NOT STAPLE	Your legal last name <b>PILLAI</b>		Legal first name <b>SREEKUMAR</b>		M.I. <b>R</b>	Your social security number <b>101969334</b>	
	If a joint return, spouse's legal last name <b>SIVANANDAN</b>		Spouse's legal first name <b>SHILPA</b>		M.I.	Spouse's social security number <b>622776129</b>	
DO NOT STAPLE	Home address (number and street). If you have a PO Box, see page 12. <b>1178 GRACING OAKS LN</b>				Apt. no.		
	City or post office <b>SUN PRAIRIE</b>		State <b>WI</b>	Zip code <b>53590</b>			
See page 5 before assembling return	<b>Filing status</b> Check <input checked="" type="checkbox"/> below					<b>Tax district</b> 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 checked="" type="checkbox"/> City <input type="checkbox"/> Village <input type="checkbox"/> Town  City, village, or town <b>SUN PRAIRIE</b>  County of <b>DANE</b>  School district number See page 45 <b>5656</b>  <b>Special conditions</b> <input type="checkbox"/>  <input type="checkbox"/> Form 804 filed with return (see page 10)	
	<input type="checkbox"/> Single						
	<input checked="" type="checkbox"/> Married filing joint return						
	<input type="checkbox"/> Married filing separate return. Fill in spouse's SSN above and full name here ..... <table border="1" style="display: inline-table; margin-left: 20px;"> <tr><td>Legal last name</td></tr> <tr><td>Legal first name</td></tr> <tr><td>M.I.</td></tr> </table>						Legal last name
Legal last name							
Legal first name							
M.I.							
<input type="checkbox"/> Head of household, NOT married (see page 13).							
<input type="checkbox"/> Head of household, married (see page 13). If married, fill in spouse's SSN above and full name here							

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**

<b>1</b>	Federal adjusted gross income from Form 1040, line 11 .....	<b>1</b>	164397.00
<b>2</b>	Adjustments to federal adjusted gross income from <i>Schedule I</i> , line 3 (see page 13) .....	<b>2</b>	0.00
<b>3</b>	Add lines 1 and 2. This is your federal adjusted gross income for Wisconsin purposes .....	<b>3</b>	164397.00
	Form W-2 wages included in line 3 .....		164397.00
<b>4</b>	Total additions to income from Schedule AD, line 33. <b>Include Schedule AD</b> (see page 14) .	<b>4</b>	.00
<b>5</b>	Add lines 3 and 4 .....	<b>5</b>	164397.00
<b>6</b>	Total subtractions from income from Schedule SB, line 50. <b>Include Schedule SB</b> (see page 14) Enter as a positive number .....	<b>6</b>	750.00
<b>7</b>	Subtract line 6 from line 5. This is your Wisconsin income. ....	<b>7</b>	163647.00
<b>8</b>	Standard deduction. See table on page 35, <b>OR</b> ▼ ..... If someone else can claim you (or your spouse) as a dependent, see page 15 and check here <input type="checkbox"/>	<b>8</b>	0.00
<b>9</b>	Subtract line 8 from line 7. If line 8 is larger than line 7, fill in 0 .....	<b>9</b>	163647.00
<b>10</b>	<b>Exemptions (Caution: See page 15)</b>		
	<b>a</b> Fill in exemptions allowed ..... 4 x \$700 ..	<b>10a</b>	2800.00
	<b>b</b> Check if 65 or older <input type="checkbox"/> You + <input type="checkbox"/> Spouse = ..... x \$250 ..	<b>10b</b>	.00
	<b>c</b> Add lines 10a and 10b .....	<b>10c</b>	2800.00

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**NO COMMAS; NO CENTS**

<b>11</b>	Subtract line 10c from line 9. If line 10c is larger than line 9, fill in 0. This is taxable income . . .	<b>11</b>	<u>160847.00</u>
<b>12</b>	Tax (see table on page 38) . . . . .	<b>12</b>	<u>8028.00</u>
<b>13</b>	Itemized deduction credit. Include Schedule 1, page 4 . . . . .	<b>13</b>	<u>.00</u>
<b>14</b>	Additional child and dependent care tax credit (see page 17)		
	Federal credit from Form 2441 . . . . .	<b>14</b>	<u>.00</u>
<b>15</b>	School property tax credit		
<b>a</b>	Rent paid in 2023 – heat included . . . . .	<b>15a</b>	<u>.00</u>
	Rent paid in 2023 – heat not included . . . . .		
<b>b</b>	Property taxes paid on home in 2023 . . . . .	<b>15b</b>	<u>.00</u>
<b>16</b>	Working families tax credit (see page 20) . . . . .	<b>16</b>	<u>0.00</u>
<b>17</b>	Married couple credit. Include Schedule 2, page 4 . . . . .	<b>17</b>	<u>480.00</u>
<b>18</b>	Nonrefundable credits from line 34 of Schedule CR . . . . .	<b>18</b>	<u>.00</u>
<b>19</b>	Net income tax paid to another state. Include Schedule OS . . . . .	<b>19</b>	<u>.00</u>
<b>20</b>	Add lines 13 through 19 . . . . .	<b>20</b>	<u>480.00</u>
<b>21</b>	Subtract line 20 from line 12. If line 20 is larger than line 12, fill in 0. This is your net tax . . . . .	<b>21</b>	<u>7548.00</u>
<b>22</b>	Sales and use tax due on internet, mail order, or other out-of-state purchases (see page 23) . . . . .	<b>22</b>	<u>.00</u>
	If you certify that no sales or use tax is due, check here . . . . .		<input checked="" type="checkbox"/>
<b>23</b>	Donations (decreases refund or increases amount owed)		
<b>a</b>	Endangered resources . . . . .	<b>e</b>	Military family relief . . . . .
<b>b</b>	Cancer research . . . . .	<b>f</b>	Second Harvest/Feeding Amer. . . . .
<b>c</b>	Veterans trust fund . . . . .	<b>g</b>	Red Cross WI Disaster Relief . . . . .
<b>d</b>	Multiple sclerosis . . . . .	<b>h</b>	Special Olympics Wisconsin . . . . .
			Total (add lines a through h) . . . . .
		<b>23i</b>	<u>.00</u>
<b>24</b>	Penalties on IRAs, retirement plans, MSAs, etc. (see page 25) . . . . .	<b>24</b>	<u>.00</u>
<b>25</b>	Other penalties (see page 25) . . . . .	<b>25</b>	<u>.00</u>
<b>26</b>	Add lines 21, 22, 23i, 24, and 25 . . . . .	<b>26</b>	<u>7548.00</u>
<b>27</b>	Wisconsin tax withheld. Include withholding statements . . . . .	<b>27</b>	<u>7569.00</u>
<b>28</b>	2023 estimated tax payments and amount applied from 2022 return . . . . .	<b>28</b>	<u>.00</u>
<b>29</b>	Earned income credit. Number of qualifying children . . . . .		
	Federal credit . . . . .	<b>29</b>	<u>.00</u>
<b>30</b>	Farmland preservation credit. <b>a</b> Schedule FC, line 17 . . . . .	<b>30a</b>	<u>.00</u>
	<b>b</b> Schedule FC-A, line 13 . . . . .	<b>30b</b>	<u>.00</u>
<b>31</b>	Repayment credit (see page 27) . . . . .	<b>31</b>	<u>.00</u>



Name(s) shown on Form 1 <b>SREEKUMAR R PILLAI &amp; SHILPA SIVANANDAN</b>	Your social security number <b>101969334</b>
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**NO COMMAS; NO CENTS**

<b>32</b>	Homestead credit. Include Schedule H or H-EZ . . . . .	<b>32</b>	_____	.00
<b>33</b>	Eligible veterans and surviving spouses property tax credit . .	<b>33</b>	_____	.00
<b>34</b>	Refundable credits from Schedule CR, line 40. Include Schedule CR	<b>34</b>	_____	.00
<b>35</b>	AMENDED RETURN ONLY—Amounts previously paid (see page 31)	<b>35</b>	_____	.00
<b>36</b>	Add lines 27 through 35 . . . . .	<b>36</b>	_____	7569.00
<b>37</b>	AMENDED RETURN ONLY—Amounts previously refunded (see page 31)	<b>37</b>	_____	.00
<b>38</b>	Subtract line 37 from line 36 . . . . .	<b>38</b>	_____	7569.00
<b>39</b>	If line 38 is larger than line 26, subtract line 26 from line 38. This is the <b>AMOUNT YOU OVERPAID</b> . . . . .	<b>39</b>	_____	21.00
<b>40</b>	Amount of line 39 you want <b>REFUNDED TO YOU</b> . . . . .	<b>40</b>	_____	21.00
<b>41</b>	Amount of line 39 you want <b>APPLIED TO YOUR 2024 ESTIMATED TAX</b> . . . . .	<b>41</b>	_____	0.00
<b>42</b>	If line 38 is smaller than line 26, subtract line 38 from line 26. This is the <b>AMOUNT YOU UNDERPAID</b> . . . . .	<b>42</b>	_____	.00
<b>43</b>	Underpayment interest. Fill in exception code—See Sch. U <input type="checkbox"/> . . . . .	<b>43</b>	_____	.00
<b>44</b>	Add lines 42 and 43. This is the <b>AMOUNT YOU OWE</b> . Paper clip payment to front of return	<b>44</b>	_____	.00
<b>45</b>	Interest (see page 34) . . . . .	<b>45</b>	_____	.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)
_____	_____	9084057480	_____
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**



NO COMMAS; NO CENTS

**Schedule 1 – Itemized Deduction Credit (see page 16)**

<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). 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 . . . . .	<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> Fill in your standard deduction from line 8 on page 1 of Form 1. . . . .	<b>6</b>	.00
<b>7</b> Subtract line 6 from line 5. If line 6 is more than line 5, fill in 0. . . . .	<b>7</b>	0 .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 13 on page 2 of Form 1 . . . . .	<b>9</b>	.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
<b>1</b> Taxable wages, salaries, tips, and other employee compensation. Do NOT include deferred compensation, interest, dividends, pensions, unemployment compensation, or other unearned income <b>1</b>	125413.00	38984.00
<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 . . . . . <b>2</b>	.00	.00
<b>3</b> Combine lines 1 and 2. This is earned income. . . . . <b>3</b>	125413.00	38984.00
<b>4</b> Add the amounts from federal <b>Schedule 1</b> (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 . . . . . <b>4</b>	.00	.00
<b>5</b> Subtract line 4 from line 3. This is qualified earned income. If less than zero, fill in 0 . . . . . <b>5</b>	125413.00	38984.00
<b>6</b> 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. . . . . <b>6</b>	16000.00	
<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. Fill in here and on line 17 on page 2 of Form 1 . . . . . <b>8</b>		480.00

Do not fill in more than \$480.



Name SREEKUMAR R PILLAI & SHILPA SIVANANDAN	Social Security Number 101-96-9334
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**Part I Contributions to an Edvest or Tomorrow's Scholar college savings account**

Section A – Owners of the Edvest or Tomorrow's Scholar College Savings Account

**1** Name of account beneficiary: Last PILLAI First ISHAAN  
**2** Amount you contributed to the account for 2023 ..... **2** 500.00

Section B – Persons Other Than the Account Owner

**3** Name and address of account owner: Last \_\_\_\_\_ First \_\_\_\_\_  
 Address \_\_\_\_\_

**4** Name of account beneficiary: Last \_\_\_\_\_ First \_\_\_\_\_  
**5** Amount you contributed to the account for 2023 ..... **5** .00

Section C – Allowable Subtraction

**6** Add lines 2 and 5 ..... **6** 500.00  
**7** Enter \$3,860 (\$1,930 if married filing separate or a divorced parent) ..... **7** 3860.00  
**8** Enter the smaller of line 6 or 7 ..... **8** 500.00  
**9** Carryover (see instructions) ..... **9** .00  
**10** Allowable subtraction. Add lines 8 and 9 (see instructions for further limitations). Do not enter more than \$3,860 (\$1,930 if married filing separate or a divorced parent.) Also complete Part II. **10** 500.00

Section D – Total Amount Contributed to Account for 2014-2023

**11** Amount contributed to the account **by others** for 2023 ..... **11** .00  
**12** Amount contributed to the account for 2014-2022 (from line 13 of 2022 Schedule CS) ..... **12** 550.00  
**13** Add lines 2, 11, and 12. This is the total amount contributed to the account for 2014-2023 .... **13** 1050.00

**Part II Eligible carryover**

**14** Amount you contributed to the accounts for 2023. Enter amount from line 6 ..... **14** 500.00  
**15** Amount from line 10 ..... **15** 500.00  
**16** Carryover to future years. Subtract line 15 from line 14. If line 15 is more than line 14, enter - 0-. Also complete Part V ..... **16** 0.00

**Part III Withdrawals within 365 days of deposit**

**17** Using a first-in, first-out method, did you withdraw an amount in 2023 from an Edvest or Tomorrow's Scholar account within 365 days of a contribution to the account (see instructions)?  
**a** If yes, enter the amount deposited and withdrawn within 365 days ..... **17a** .00  
**b** Enter the portion of the amount withdrawn that was previously claimed as a subtraction from income. This amount must be included in income (see the instructions) ..... **17b** .00  
**c** Subtract line 17b from line 17a. This is the amount of carryover that must be reduced. Complete Part V ..... **17c** .00

**Part IV – See next page**



See instructions for completing form.

Name SREEKUMAR R PILLAI & SHILPA SIVANANDAN		Social Security Number 101-96-9334
Account Last Beneficiary: name PILLAI	First name ISHAAN	

**Part IV Distributions from a college savings account rolled over or not used for qualified education expenses**

**Section A – Distribution Not Used for Qualified Higher Education Expenses**

18 Who received the distribution check (check one):

- Account owner (Name of owner \_\_\_\_\_ )
- Account beneficiary (Name of beneficiary \_\_\_\_\_ )

19 If the owner or beneficiary was subject to a federal penalty for 2023 because a distribution was not used for qualified higher education expenses, enter the amount of the distribution not used for qualified higher education expenses	19	.00
20 Amount contributed to the account for 2014 – 2023 from line 13	20	.00
21 Amount claimed as a subtraction for 2014 – 2023 by all contributors	21	.00
22 Enter the smaller of line 19, 20, or 21. Add this amount to your (owner's) Wisconsin income	22	.00
23 If line 19 is greater than line 22, subtract line 22 from line 19. Any carryover must be reduced by this amount. Complete Part V	23	.00

**Section B – Rollover to another state's qualified tuition program (complete lines 24-26)**

24 If, during 2023, you rolled over an amount into another state's qualified tuition program, enter the amount rolled over	24	.00
25 Enter the portion of the amount on line 24 that was previously claimed as a Wisconsin subtraction from income by yourself and other contributors to the account. This amount must be added to your Wisconsin income	25	.00
26 Subtract line 25 from line 24. This is the amount of carryover that must be reduced. Complete Part V	26	.00

**Section C – Rollover to a qualified ABLE account (complete lines 27-31)**

27 If, during 2023, you rolled over an amount into a qualified ABLE account, enter the amount rolled over	27	.00
28 Exclusion amount	28	17000.00
29 Subtract line 28 from line 27. If -0- or less, enter -0- and do not complete lines 30 and 31. You do not have to add an amount to Wisconsin income	29	.00
30 Enter the portion of the amount on line 29 that was previously claimed as a Wisconsin subtraction from income by yourself and other contributors to the account. This amount must be added to your Wisconsin income (see instructions)	30	.00
31 Subtract line 30 from line 27. This is the amount of carryover that must be reduced. Complete Part V	31	.00

**Part V Computation of Carryover from 2023 to 2024**

32 Carryover from line 37 of 2022 Schedule CS	32	.00
33 Carryover from line 16 of 2023 Schedule CS	33	0.00
34 Add amounts on lines 32 and 33	34	0.00
35 Enter the following amounts from this 2023 Schedule CS		
a line 9	35a	.00
b line 17c	35b	.00
c line 23	35c	.00
d line 26	35d	.00
e line 31	35e	.00
36 Add the amounts on lines 35a through 35e	36	.00
37 Subtract line 36 from line 34. This is your carryover to 2024	37	.00



Name SREEKUMAR R PILLAI & SHILPA SIVANANDAN	Social Security Number 101-96-9334
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**Part I Contributions to an Edvest or Tomorrow's Scholar college savings account**

Section A – Owners of the Edvest or Tomorrow's Scholar College Savings Account

**1** Name of account beneficiary: Last PILLAI First ICHCHA  
**2** Amount you contributed to the account for 2023 ..... **2** 250.00

Section B – Persons Other Than the Account Owner

**3** Name and address of account owner: Last \_\_\_\_\_ First \_\_\_\_\_  
 Address \_\_\_\_\_

**4** Name of account beneficiary: Last \_\_\_\_\_ First \_\_\_\_\_  
**5** Amount you contributed to the account for 2023 ..... **5** .00

Section C – Allowable Subtraction

**6** Add lines 2 and 5 ..... **6** 250.00  
**7** Enter \$3,860 (\$1,930 if married filing separate or a divorced parent) ..... **7** 3860.00  
**8** Enter the smaller of line 6 or 7 ..... **8** 250.00  
**9** Carryover (see instructions) ..... **9** .00  
**10** Allowable subtraction. Add lines 8 and 9 (see instructions for further limitations). Do not enter more than \$3,860 (\$1,930 if married filing separate or a divorced parent.) Also complete Part II. **10** 250.00

Section D – Total Amount Contributed to Account for 2014-2023

**11** Amount contributed to the account **by others** for 2023 ..... **11** .00  
**12** Amount contributed to the account for 2014-2022 (from line 13 of **2022** Schedule CS) ..... **12** 200.00  
**13** Add lines 2, 11, and 12. This is the total amount contributed to the account for 2014-2023 .... **13** 450.00

**Part II Eligible carryover**

**14** Amount you contributed to the accounts for 2023. Enter amount from line 6 ..... **14** 250.00  
**15** Amount from line 10 ..... **15** 250.00  
**16** Carryover to future years. Subtract line 15 from line 14. If line 15 is more than line 14, enter - 0-. Also complete Part V ..... **16** 0.00

**Part III Withdrawals within 365 days of deposit**

**17** Using a first-in, first-out method, did you withdraw an amount in 2023 from an Edvest or Tomorrow's Scholar account within 365 days of a contribution to the account (see instructions)?  
**a** If yes, enter the amount deposited and withdrawn within 365 days ..... **17a** .00  
**b** Enter the portion of the amount withdrawn that was previously claimed as a subtraction from income. This amount must be included in income (see the instructions) ..... **17b** .00  
**c** Subtract line 17b from line 17a. This is the amount of carryover that must be reduced. Complete Part V ..... **17c** .00

**Part IV – See next page**



See instructions for completing form.

Name SREEKUMAR R PILLAI & SHILPA SIVANANDAN		Social Security Number 101-96-9334
Account Last Beneficiary: name PILLAI	First name ICHCHA	

**Part IV Distributions from a college savings account rolled over or not used for qualified education expenses**

Section A – Distribution Not Used for Qualified Higher Education Expenses

18 Who received the distribution check (check one):

- Account owner (Name of owner \_\_\_\_\_ )
- Account beneficiary (Name of beneficiary \_\_\_\_\_ )

19 If the owner or beneficiary was subject to a federal penalty for 2023 because a distribution was not used for qualified higher education expenses, enter the amount of the distribution not used for qualified higher education expenses	19	.00
20 Amount contributed to the account for 2014 – 2023 from line 13	20	.00
21 Amount claimed as a subtraction for 2014 – 2023 by all contributors	21	.00
22 Enter the smaller of line 19, 20, or 21. Add this amount to your (owner's) Wisconsin income	22	.00
23 If line 19 is greater than line 22, subtract line 22 from line 19. Any carryover must be reduced by this amount. Complete Part V	23	.00

Section B – Rollover to another state's qualified tuition program (complete lines 24-26)

24 If, during 2023, you rolled over an amount into another state's qualified tuition program, enter the amount rolled over	24	.00
25 Enter the portion of the amount on line 24 that was previously claimed as a Wisconsin subtraction from income by yourself and other contributors to the account. This amount must be added to your Wisconsin income	25	.00
26 Subtract line 25 from line 24. This is the amount of carryover that must be reduced. Complete Part V	26	.00

Section C – Rollover to a qualified ABLE account (complete lines 27-31)

27 If, during 2023, you rolled over an amount into a qualified ABLE account, enter the amount rolled over	27	.00
28 Exclusion amount	28	17000.00
29 Subtract line 28 from line 27. If -0- or less, enter -0- and do not complete lines 30 and 31. You do not have to add an amount to Wisconsin income	29	.00
30 Enter the portion of the amount on line 29 that was previously claimed as a Wisconsin subtraction from income by yourself and other contributors to the account. This amount must be added to your Wisconsin income (see instructions)	30	.00
31 Subtract line 30 from line 27. This is the amount of carryover that must be reduced. Complete Part V	31	.00

**Part V Computation of Carryover from 2023 to 2024**

32 Carryover from line 37 of 2022 Schedule CS	32	.00
33 Carryover from line 16 of 2023 Schedule CS	33	0.00
34 Add amounts on lines 32 and 33	34	0.00
35 Enter the following amounts from this 2023 Schedule CS		
a line 9	35a	.00
b line 17c	35b	.00
c line 23	35c	.00
d line 26	35d	.00
e line 31	35e	.00
36 Add the amounts on lines 35a through 35e	36	.00
37 Subtract line 36 from line 34. This is your carryover to 2024	37	.00





Name SREEKUMAR R PILLAI & SHILPA SIVANANDAN	Social Security Number 101969334
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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)	<u>1</u>	.00
<u>2</u>	United States government interest	<u>2</u>	.00
<u>3</u>	Unemployment compensation	<u>3</u>	.00
<u>4</u>	Social security adjustment	<u>4</u>	.00
<u>5</u>	Capital gain/loss subtraction	<u>5</u>	.00
<u>6</u>	Medical care insurance	<u>6</u>	.00
<u>7</u>	Long-term care insurance	<u>7</u>	.00
<u>8</u>	Tuition and fee expenses	<u>8</u>	.00
<u>9</u>	Private school tuition (Schedule PS)	<u>9</u>	.00
<u>10</u>	Contributions to an Edvest or Tomorrow's Scholar college savings account (Schedule CS)	<u>10</u>	750.00
<u>11</u>	Distributions of certain earnings from Wisconsin state-sponsored college tuition programs	<u>11</u>	.00
<u>12</u>	Military and uniformed services retirement benefits	<u>12</u>	.00
<u>13</u>	Local and state retirement benefits	<u>13</u>	.00
<u>14</u>	Federal retirement benefits	<u>14</u>	.00
<u>15</u>	Railroad retirement benefits, railroad unemployment insurance, and sickness benefits	<u>15</u>	.00
<u>16</u>	Retirement income subtraction	<u>16</u>	.00
<u>17</u>	Reserve or National Guard members	<u>17</u>	.00
<u>18</u>	U.S. Armed Forces active duty pay	<u>18</u>	.00
<u>19</u>	Combat zone related death	<u>19</u>	.00
<u>20</u>	Adoption expenses	<u>20</u>	.00
<u>21</u>	Contributions to ABLE accounts	<u>21</u>	.00
<u>22</u>	Disability income exclusion (Schedule 2440W)	<u>22</u>	.00
<u>23</u>	Wisconsin net operating loss deduction	<u>23</u>	.00
<u>24</u>	Farm loss carryover	<u>24</u>	.00
<u>25</u>	Native Americans	<u>25</u>	.00
<u>26</u>	Sale of business assets or assets used in farming to a related person	<u>26</u>	.00
<u>27</u>	Recoveries of federal itemized deductions	<u>27</u>	.00
<u>28</u>	Repayment of income previously taxed	<u>28</u>	.00
<u>29</u>	Add lines 1 through 28. Enter here and on line 30, page 2	<u>29</u>	750.00



Name SREEKUMAR R PILLAI & SHILPA SIVANANDAN	Social Security Number 101969334
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<b>30</b>	Enter amount from line 29 on page 1	<b>30</b>	750.00
<b>31</b>	Human organ donation	<b>31</b>	.00
<b>32</b>	Expenses paid to related entities	<b>32</b>	.00
<b>33</b>	Income from a related entity	<b>33</b>	.00
<b>34</b>	Legislator's per diem	<b>34</b>	.00
<b>35</b>	Sales of certain insurance policies	<b>35</b>	.00
<b>36</b>	Physician or psychiatrist grant	<b>36</b>	.00
<b>37</b>	Olympic, Paralympic, and Special Olympic medals and United States Olympic Committee and Special Olympic Board of Directors prize money	<b>37</b>	.00
<b>38</b>	AmeriCorps education awards	<b>38</b>	.00
<b>39</b>	Differences in federal and Wisconsin basis of assets	<b>39</b>	.00
<b>40</b>	Reserved for future use	<b>40</b>	.00
<b>41</b>	Differences in federal and Wisconsin reporting of marital property (community) income	<b>41</b>	.00
<b>42</b>	Charitable contributions from tax-option (S) corporations (list and provide amount)		
<b>a</b>	Name _____		
	FEIN _____ Amount <b>42a</b> _____		.00
<b>b</b>	Name _____		
	FEIN _____ Amount <b>42b</b> _____		.00
<b>c</b>	Name _____		
	FEIN _____ Amount <b>42c</b> _____		.00
<b>d</b>	Add lines 42a through 42c	<b>42d</b>	.00
<b>43</b>	Tax-option (S) corporation adjustments. Do not include adjustments listed on line 46 (list and provide amount)		
<b>a</b>	Name _____		
	FEIN _____ Amount <b>43a</b> _____		.00
<b>b</b>	Name _____		
	FEIN _____ Amount <b>43b</b> _____		.00
<b>c</b>	Name _____		
	FEIN _____ Amount <b>43c</b> _____		.00
<b>d</b>	Add lines 43a through 43c	<b>43d</b>	.00
<b>44</b>	Add lines 30 through 41, 42d and 43d. Enter here and on line 45, page 3	<b>44</b>	750.00



Name SREEKUMAR R PILLAI & SHILPA SIVANANDAN	Social Security Number 101969334
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45 Enter amount from line 44 on page 2 ..... 45 750.00

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 ..... 50 750.00



Passive Activity Loss Limitations

Department of the Treasury Internal Revenue Service

See separate instructions.

Attach to Form 1040, 1040-SR, or 1041.

Go to www.irs.gov/Form8582 for instructions and the latest information.

2023

Attachment Sequence No. 858

Name(s) shown on return

SREEKUMAR R PILLAI & SHILPA SIVANANDAN

Identifying number

101969334

Part I 2023 Passive Activity Loss

Caution: Complete Parts IV and V before completing Part I.

Rental Real Estate Activities With Active Participation (For the definition of active participation, see Special Allowance for Rental Real Estate Activities in the instructions.)

Table with 4 rows: 1a Activities with net income, 1b Activities with net loss, 1c Prior years' unallowed losses, 1d Combine lines 1a, 1b, and 1c. Values: 1a (blank), 1b (-17,831.), 1c (-12,309.), 1d (blank).

All Other Passive Activities

Table with 4 rows: 2a Activities with net income, 2b Activities with net loss, 2c Prior years' unallowed losses, 2d Combine lines 2a, 2b, and 2c. Values: 2a (0.), 2b (-17,831.), 2c (-12,309.), 2d (-30,140.).

Line 3: Combine lines 1d and 2d and subtract any prior year unallowed CRD. Value: -30,140.

- If line 3 is a loss and: • Line 1d is a loss, go to Part II. • Line 2d is a loss (and line 1d is zero or more), skip Part II and go to line 10.

Caution: If your filing status is married filing separately and you lived with your spouse at any time during the year, do not complete Part II. Instead, go to line 10.

Part II Special Allowance for Rental Real Estate Activities With Active Participation

Note: Enter all numbers in Part II as positive amounts. See instructions for an example.

Table with 9 rows: 4 Enter the smaller of the loss on line 1d or the loss on line 3; 5 Enter \$150,000; 6 Enter modified adjusted gross income; 7 Subtract line 6 from line 5; 8 Multiply line 7 by 50%; 9 Enter the smaller of line 4 or line 8. Values: 4 (blank), 5 (blank), 6 (blank), 7 (blank), 8 (blank), 9 (0.).

Part III Total Losses Allowed

Table with 2 rows: 10 Add the income, if any, on lines 1a and 2a and enter the total; 11 Total losses allowed from all passive activities for 2023. Values: 10 (0.), 11 (0.).

Part IV Complete This Part Before Part I, Lines 1a, 1b, and 1c. See instructions.

Table with 6 columns: Name of activity, Current year (a) Net income, (b) Net loss, Prior years (c) Unallowed loss, Overall gain or loss (d) Gain, (e) Loss. Includes a Total row at the bottom.

Total. Enter on Part I, lines 1a, 1b, and 1c

For Paperwork Reduction Act Notice, see instructions.

**Part V Complete This Part Before Part I, Lines 2a, 2b, and 2c. See instructions.**

Name of activity	Current year		Prior years	Overall gain or loss	
	(a) Net income (line 2a)	(b) Net loss (line 2b)	(c) Unallowed loss (line 2c)	(d) Gain	(e) Loss
GRACING OAKS LN	0.	17,831.	12,309.		30,140.
<b>Total.</b> Enter on Part I, lines 2a, 2b, and 2c	0.	17,831.	12,309.		

**Part VI Use This Part if an Amount Is Shown on Part II, Line 9. See instructions.**

Name of activity	Form or schedule and line number to be reported on (see instructions)	(a) Loss	(b) Ratio	(c) Special allowance	(d) Subtract column (c) from column (a).
<b>Total</b>			1.00		

**Part VII Allocation of Unallowed Losses. See instructions.**

Name of activity	Form or schedule and line number to be reported on (see instructions)	(a) Loss	(b) Ratio	(c) Unallowed loss
GRACING OAKS LN	E Ln 22	30,140.	1.00000000	30,140.
<b>Total</b>		30,140.	1.00	30,140.

**Part VIII Allowed Losses. See instructions.**

Name of activity	Form or schedule and line number to be reported on (see instructions)	(a) Loss	(b) Unallowed loss	(c) Allowed loss
GRACING OAKS LN	E Ln 22	30,140.	30,140.	0.
<b>Total</b>		30,140.	30,140.	0.