

# IRS e-file Signature Authorization

▶ **ERO must obtain and retain completed Form 8879.**  
▶ **Go to [www.irs.gov/Form8879](http://www.irs.gov/Form8879) for the latest information.**

Submission Identification Number (SID) ▶

Taxpayer's name VENKATA LAXMI NARAYA VARANASI	Social security number 877-22-2188
Spouse's name VENKATA LAKSHMI BHAV VARANASI	Spouse's social security number 369-59-6777

## 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.

<b>1</b> Adjusted gross income . . . . .	<b>1</b>	172,744.
<b>2</b> Total tax . . . . .	<b>2</b>	19,837.
<b>3</b> Federal income tax withheld from Form(s) W-2 and Form(s) 1099 . . . . .	<b>3</b>	28,912.
<b>4</b> Amount you want refunded to you . . . . .	<b>4</b>	9,075.
<b>5</b> Amount you owe . . . . .	<b>5</b>	

## 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 

2	2	1	8	8
---	---	---	---	---

 as my signature on the income tax return (original or amended) I am now authorizing.  
ERO firm name  
**Enter five digits, but don't enter all zeros**
- I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box **only** if you are entering your own PIN **and** your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Your signature ▶ \_\_\_\_\_ Date ▶ \_\_\_\_\_

### Spouse's PIN: check one box only

- I authorize GLOBAL TAXES LLC to enter or generate my PIN 

9	6	7	7	7
---	---	---	---	---

 as my signature on the income tax return (original or amended) I am now authorizing.  
ERO firm name  
**Enter five digits, but don't enter all zeros**
- I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box **only** if you are entering your own PIN **and** your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Spouse's signature ▶ \_\_\_\_\_ Date ▶ \_\_\_\_\_

### Practitioner PIN Method Returns Only—continue below

## Part III Certification and Authentication – Practitioner PIN Method Only

**ERO's EFIN/PIN.** Enter your six-digit EFIN followed by your five-digit self-selected PIN. 

2	2	2	4	9	6	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 VENKATA LAXMI NARAYA Last name VARANASI Your social security number 877 22 2188

If joint return, spouse's first name and middle initial VENKATA LAKSHMI BHAV Last name VARANASI Spouse's social security number 369 59 6777

Home address (number and street). If you have a P.O. box, see instructions. 16520 HIDDEN COVE DR Apt. no. Presidential Election Campaign

City, town, or post office. If you have a foreign address, also complete spaces below. CELINA State TX ZIP code 75009 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. Includes dependents SRINIKESH VARANASI and TANVISH VARANASI.

Income table with columns 1a-1z and 1a-1z. Includes rows for Total amount from Form(s) W-2, Household employee wages, Tip income, Medicaid waiver payments, Taxable dependent care benefits, Employer-provided adoption benefits, Wages from Form 8919, Other earned income, Nontaxable combat pay election, and Add lines 1a through 1h.

Table with columns 2a-2b, 3a-3b, 4a-4b, 5a-5b, 6a-6b. Includes rows for Tax-exempt interest, Qualified dividends, IRA distributions, Pensions and annuities, Social security benefits, Taxable interest, Ordinary dividends, Taxable amount.

Table with columns 7-15. Includes rows for Capital gain or (loss), Additional income from Schedule 1, Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income, Adjustments to income from Schedule 1, Subtract line 10 from line 9. This is your adjusted gross income, Standard deduction or itemized deductions (from Schedule A), Qualified business income deduction from Form 8995 or Form 8995-A, Add lines 12 and 13, Subtract line 14 from line 11. If zero or less, enter -0-. This is your taxable income.

<b>Tax and Credits</b>	<b>16</b>	<b>Tax</b> (see instructions). Check if any from Form(s): 1 <input type="checkbox"/> 8814 2 <input type="checkbox"/> 4972 3 <input type="checkbox"/> _____	<b>16</b>	22,337.
	<b>17</b>	Amount from Schedule 2, line 3	<b>17</b>	
	<b>18</b>	Add lines 16 and 17	<b>18</b>	22,337.
	<b>19</b>	Child tax credit or credit for other dependents from Schedule 8812	<b>19</b>	2,500.
	<b>20</b>	Amount from Schedule 3, line 8	<b>20</b>	
	<b>21</b>	Add lines 19 and 20	<b>21</b>	2,500.
	<b>22</b>	Subtract line 21 from line 18. If zero or less, enter -0-	<b>22</b>	19,837.
	<b>23</b>	Other taxes, including self-employment tax, from Schedule 2, line 21	<b>23</b>	0.
<b>24</b>	Add lines 22 and 23. This is your <b>total tax</b>	<b>24</b>	19,837.	

<b>Payments</b>	<b>25</b>	Federal income tax withheld from:		
	<b>a</b>	Form(s) W-2	<b>25a</b>	28,912.
	<b>b</b>	Form(s) 1099	<b>25b</b>	
	<b>c</b>	Other forms (see instructions)	<b>25c</b>	
	<b>d</b>	Add lines 25a through 25c	<b>25d</b>	28,912.
	<b>26</b>	2023 estimated tax payments and amount applied from 2022 return	<b>26</b>	
	<b>27</b>	Earned income credit (EIC) NO	<b>27</b>	
	<b>28</b>	Additional child tax credit from Schedule 8812	<b>28</b>	
	<b>29</b>	American opportunity credit from Form 8863, line 8	<b>29</b>	
	<b>30</b>	Reserved for future use	<b>30</b>	
<b>31</b>	Amount from Schedule 3, line 15	<b>31</b>		
<b>32</b>	Add lines 27, 28, 29, and 31. These are your <b>total other payments and refundable credits</b>	<b>32</b>		
<b>33</b>	Add lines 25d, 26, and 32. These are your <b>total payments</b>	<b>33</b>	28,912.	

<b>Refund</b>	<b>34</b>	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you <b>overpaid</b>	<b>34</b>	9,075.
	<b>35a</b>	Amount of line 34 you want <b>refunded to you</b> . If Form 8888 is attached, check here <input type="checkbox"/>	<b>35a</b>	9,075.
	<b>b</b>	Routing number 075911988 <b>c</b> Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings		
	<b>d</b>	Account number 6175281895		
<b>36</b>	Amount of line 34 you want <b>applied to your 2024 estimated tax</b>	<b>36</b>		

<b>Amount You Owe</b>	<b>37</b>	Subtract line 33 from line 24. This is the <b>amount you owe</b> . For details on how to pay, go to <a href="http://www.irs.gov/Payments">www.irs.gov/Payments</a> or see instructions	<b>37</b>	
	<b>38</b>	Estimated tax penalty (see instructions)	<b>38</b>	

**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 IT-CONSULTANT	If the IRS sent you an Identity Protection PIN, enter it here (see inst.)
Spouse's signature. If a joint return, <b>both</b> 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. (608) 358-7848	Email address BHONILUCKY@GMAIL.COM		

**Paid Preparer Use Only**

Preparer's name SYAM PRIYA RAM SAGAR GUPTA	Preparer's signature SYAM PRIYA RAM SAGAR GUPTA	Date 03/29/2024	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				

**SCHEDULE 1  
(Form 1040)**

Department of the Treasury  
Internal Revenue Service

**Additional Income and Adjustments to Income**

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

Go to [www.irs.gov/Form1040](http://www.irs.gov/Form1040) for instructions and the latest information.

OMB No. 1545-0074

**2023**

Attachment  
Sequence No. **01**

Name(s) shown on Form 1040, 1040-SR, or 1040-NR

V & V VARANASI

Your social security number

877-22-2188

**Part I Additional Income**

<b>1</b>	Taxable refunds, credits, or offsets of state and local income taxes . . . . .	<b>1</b>	0.
<b>2a</b>	Alimony received . . . . .	<b>2a</b>	
<b>b</b>	Date of original divorce or separation agreement (see instructions): _____		
<b>3</b>	Business income or (loss). Attach Schedule C . . . . .	<b>3</b>	
<b>4</b>	Other gains or (losses). Attach Form 4797 . . . . .	<b>4</b>	
<b>5</b>	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E . . . . .	<b>5</b>	-11,368.
<b>6</b>	Farm income or (loss). Attach Schedule F . . . . .	<b>6</b>	
<b>7</b>	Unemployment compensation . . . . .	<b>7</b>	
<b>8</b>	Other income:		
<b>a</b>	Net operating loss . . . . .	<b>8a</b>	( )
<b>b</b>	Gambling . . . . .	<b>8b</b>	
<b>c</b>	Cancellation of debt . . . . .	<b>8c</b>	
<b>d</b>	Foreign earned income exclusion from Form 2555 . . . . .	<b>8d</b>	( )
<b>e</b>	Income from Form 8853 . . . . .	<b>8e</b>	
<b>f</b>	Income from Form 8889 . . . . .	<b>8f</b>	
<b>g</b>	Alaska Permanent Fund dividends . . . . .	<b>8g</b>	
<b>h</b>	Jury duty pay . . . . .	<b>8h</b>	
<b>i</b>	Prizes and awards . . . . .	<b>8i</b>	
<b>j</b>	Activity not engaged in for profit income . . . . .	<b>8j</b>	
<b>k</b>	Stock options . . . . .	<b>8k</b>	
<b>l</b>	Income from the rental of personal property if you engaged in the rental for profit but were not in the business of renting such property . . . . .	<b>8l</b>	
<b>m</b>	Olympic and Paralympic medals and USOC prize money (see instructions) . . . . .	<b>8m</b>	
<b>n</b>	Section 951(a) inclusion (see instructions) . . . . .	<b>8n</b>	
<b>o</b>	Section 951A(a) inclusion (see instructions) . . . . .	<b>8o</b>	
<b>p</b>	Section 461(l) excess business loss adjustment . . . . .	<b>8p</b>	
<b>q</b>	Taxable distributions from an ABL account (see instructions) . . . . .	<b>8q</b>	
<b>r</b>	Scholarship and fellowship grants not reported on Form W-2 . . . . .	<b>8r</b>	
<b>s</b>	Nontaxable amount of Medicaid waiver payments included on Form 1040, line 1a or 1d . . . . .	<b>8s</b>	( )
<b>t</b>	Pension or annuity from a nonqualified deferred compensation plan or a nongovernmental section 457 plan . . . . .	<b>8t</b>	
<b>u</b>	Wages earned while incarcerated . . . . .	<b>8u</b>	
<b>z</b>	Other income. List type and amount: _____	<b>8z</b>	
<b>9</b>	Total other income. Add lines 8a through 8z . . . . .	<b>9</b>	
<b>10</b>	Combine lines 1 through 7 and 9. This is your <b>additional income</b> . Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8 . . . . .	<b>10</b>	-11,368.

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

Schedule 1 (Form 1040) 2023

**Part II Adjustments to Income**

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

**SCHEDULE A  
(Form 1040)**

Department of the Treasury  
Internal Revenue Service

**Itemized Deductions**

Attach to Form 1040 or 1040-SR.

Go to [www.irs.gov/ScheduleA](http://www.irs.gov/ScheduleA) for instructions and the latest information.

**Caution:** If you are claiming a net qualified disaster loss on Form 4684, see the instructions for line 16.

OMB No. 1545-0074

**2023**

Attachment  
Sequence No. **07**

Name(s) shown on Form 1040 or 1040-SR

V & V VARANASI

Your social security number

877-22-2188

<b>Medical and Dental Expenses</b>	<b>Caution:</b> Do not include expenses reimbursed or paid by others.					
	<b>1</b> Medical and dental expenses (see instructions)		<b>1</b>			
	<b>2</b> Enter amount from Form 1040 or 1040-SR, line 11	<b>2</b>				
	<b>3</b> Multiply line 2 by 7.5% (0.075)		<b>3</b>			
<b>4</b> Subtract line 3 from line 1. If line 3 is more than line 1, enter -0-				<b>4</b>		
<b>Taxes You Paid</b>	<b>5</b> State and local taxes.					
	<b>a</b> State and local income taxes or general sales taxes. You may include either income taxes or general sales taxes on line 5a, but not both. If you elect to include general sales taxes instead of income taxes, check this box <input checked="" type="checkbox"/>		<b>5a</b>	1,726.		
	<b>b</b> State and local real estate taxes (see instructions)		<b>5b</b>	13,268.		
	<b>c</b> State and local personal property taxes		<b>5c</b>			
	<b>d</b> Add lines 5a through 5c		<b>5d</b>	14,994.		
	<b>e</b> Enter the smaller of line 5d or \$10,000 (\$5,000 if married filing separately)		<b>5e</b>	10,000.		
	<b>6</b> Other taxes. List type and amount: Foreign taxes from interest & dividends		<b>6</b>	23.		
<b>7</b> Add lines 5e and 6				<b>7</b>	10,023.	
<b>Interest You Paid</b>	<b>8</b> Home mortgage interest and points. If you didn't use all of your home mortgage loan(s) to buy, build, or improve your home, see instructions and check this box <input type="checkbox"/>					
	<b>a</b> Home mortgage interest and points reported to you on Form 1098. See instructions if limited		<b>8a</b>	18,434.		
	<b>b</b> Home mortgage interest not reported to you on Form 1098. See instructions if limited. If paid to the person from whom you bought the home, see instructions and show that person's name, identifying no., and address		<b>8b</b>			
	<b>c</b> Points not reported to you on Form 1098. See instructions for special rules		<b>8c</b>			
	<b>d</b> Reserved for future use		<b>8d</b>			
	<b>e</b> Add lines 8a through 8c		<b>8e</b>	18,434.		
<b>9</b> Investment interest. Attach Form 4952 if required. See instructions		<b>9</b>	41.			
<b>10</b> Add lines 8e and 9				<b>10</b>	18,475.	
<b>Gifts to Charity</b>	<b>11</b> Gifts by cash or check. If you made any gift of \$250 or more, see instructions		<b>11</b>			
	<b>12</b> Other than by cash or check. If you made any gift of \$250 or more, see instructions. You <b>must</b> attach Form 8283 if over \$500		<b>12</b>			
	<b>13</b> Carryover from prior year		<b>13</b>			
	<b>14</b> Add lines 11 through 13				<b>14</b>	
<b>Casualty and Theft Losses</b>	<b>15</b> Casualty and theft loss(es) from a federally declared disaster (other than net qualified disaster losses). Attach Form 4684 and enter the amount from line 18 of that form. See instructions				<b>15</b>	
<b>Other Itemized Deductions</b>	<b>16</b> Other—from list in instructions. List type and amount:				<b>16</b>	
<b>Total Itemized Deductions</b>	<b>17</b> Add the amounts in the far right column for lines 4 through 16. Also, enter this amount on Form 1040 or 1040-SR, line 12				<b>17</b>	28,498.
	<b>18</b> If you elect to itemize deductions even though they are less than your standard deduction, check this box <input type="checkbox"/>					

**SCHEDULE D  
(Form 1040)**

**Capital Gains and Losses**

OMB No. 1545-0074

**2023**

Department of the Treasury  
Internal Revenue Service

Attach to Form 1040, 1040-SR, or 1040-NR.  
Use Form 8949 to list your transactions for lines 1b, 2, 3, 8b, 9, and 10.  
Go to [www.irs.gov/ScheduleD](http://www.irs.gov/ScheduleD) for instructions and the latest information.

Attachment  
Sequence No. **12**

Name(s) shown on return

V & V VARANASI

Your social security number

877-22-2188

Did you dispose of any investment(s) in a qualified opportunity fund during the tax year?  Yes  No

If "Yes," attach Form 8949 and see its instructions for additional requirements for reporting your gain or loss.

**Part I Short-Term Capital Gains and Losses—Generally Assets Held One Year or Less** (see instructions)

See instructions for how to figure the amounts to enter on the lines below.

This form may be easier to complete if you round off cents to whole dollars.

	(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)
<b>1a</b> Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b .				
<b>1b</b> Totals for all transactions reported on Form(s) 8949 with <b>Box A</b> checked . . . . .	435,577.	525,629.	29,018.	-61,034.
<b>2</b> Totals for all transactions reported on Form(s) 8949 with <b>Box B</b> checked . . . . .				
<b>3</b> Totals for all transactions reported on Form(s) 8949 with <b>Box C</b> checked . . . . .				
<b>4</b> Short-term gain from Form 6252 and short-term gain or (loss) from Forms 4684, 6781, and 8824 . . . . .				<b>4</b>
<b>5</b> Net short-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1 . . . . .				<b>5</b>
<b>6</b> Short-term capital loss carryover. Enter the amount, if any, from line 8 of your <b>Capital Loss Carryover Worksheet</b> in the instructions . . . . .				<b>6</b> ( 79,345. )
<b>7 Net short-term capital gain or (loss).</b> Combine lines 1a through 6 in column (h). If you have any long-term capital gains or losses, go to Part II below. Otherwise, go to Part III on the back . . . . .				<b>7</b> -140,379.

**Part II Long-Term Capital Gains and Losses—Generally Assets Held More Than One Year** (see instructions)

See instructions for how to figure the amounts to enter on the lines below.

This form may be easier to complete if you round off cents to whole dollars.

	(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)
<b>8a</b> Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b .				
<b>8b</b> Totals for all transactions reported on Form(s) 8949 with <b>Box D</b> checked . . . . .	23,798.	86,475.	1,294.	-61,383.
<b>9</b> Totals for all transactions reported on Form(s) 8949 with <b>Box E</b> checked . . . . .				
<b>10</b> Totals for all transactions reported on Form(s) 8949 with <b>Box F</b> checked . . . . .				
<b>11</b> 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 . . . . .				<b>11</b>
<b>12</b> Net long-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1 . . . . .				<b>12</b>
<b>13</b> Capital gain distributions. See the instructions . . . . .				<b>13</b>
<b>14</b> Long-term capital loss carryover. Enter the amount, if any, from line 13 of your <b>Capital Loss Carryover Worksheet</b> in the instructions . . . . .				<b>14</b> ( 2,806. )
<b>15 Net long-term capital gain or (loss).</b> Combine lines 8a through 14 in column (h). Then, go to Part III on the back . . . . .				<b>15</b> -64,189.

**Part III Summary**

<b>16</b>	Combine lines 7 and 15 and enter the result . . . . .	<b>16</b>	-204,568.
	<ul style="list-style-type: none"> <li>• If line 16 is a <b>gain</b>, enter the amount from line 16 on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 17 below.</li> <li>• If line 16 is a <b>loss</b>, skip lines 17 through 20 below. Then, go to line 21. Also be sure to complete line 22.</li> <li>• If line 16 is <b>zero</b>, skip lines 17 through 21 below and enter -0- on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 22.</li> </ul>		
<b>17</b>	Are lines 15 and 16 <b>both</b> gains? <input type="checkbox"/> <b>Yes.</b> Go to line 18. <input type="checkbox"/> <b>No.</b> Skip lines 18 through 21, and go to line 22.		
<b>18</b>	If you are required to complete the <b>28% Rate Gain Worksheet</b> (see instructions), enter the amount, if any, from line 7 of that worksheet . . . . .	<b>18</b>	
<b>19</b>	If you are required to complete the <b>Unrecaptured Section 1250 Gain Worksheet</b> (see instructions), enter the amount, if any, from line 18 of that worksheet . . . . .	<b>19</b>	
<b>20</b>	Are lines 18 and 19 both zero or blank and you are not filing Form 4952? <input type="checkbox"/> <b>Yes.</b> Complete the <b>Qualified Dividends and Capital Gain Tax Worksheet</b> in the instructions for Form 1040, line 16. <b>Don't</b> complete lines 21 and 22 below.  <input type="checkbox"/> <b>No.</b> Complete the <b>Schedule D Tax Worksheet</b> in the instructions. <b>Don't</b> complete lines 21 and 22 below.		
<b>21</b>	If line 16 is a loss, enter here and on Form 1040, 1040-SR, or 1040-NR, line 7, the <b>smaller</b> of: <ul style="list-style-type: none"> <li>• The loss on line 16; or</li> <li>• (\$3,000), or if married filing separately, (\$1,500) } . . . . .</li> </ul>	<b>21</b>	( 3,000. )
	<b>Note:</b> When figuring which amount is smaller, treat both amounts as positive numbers.		
<b>22</b>	Do you have qualified dividends on Form 1040, 1040-SR, or 1040-NR, line 3a?  <input checked="" type="checkbox"/> <b>Yes.</b> Complete the <b>Qualified Dividends and Capital Gain Tax Worksheet</b> in the instructions for Form 1040, line 16.  <input type="checkbox"/> <b>No.</b> Complete the rest of Form 1040, 1040-SR, or 1040-NR.		







**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](http://www.irs.gov/ScheduleE) for instructions and the latest information.

OMB No. 1545-0074

**2023**  
Attachment  
Sequence No. **13**

Name(s) shown on return

V & V VARANASI

Your social security number

877-22-2188

**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 2023 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** FLAT NO 201,PLOT NO 45&46, PRAGATHI NAGAR,HYD TELANGANA IN 500090

**B**  
**C**

1b Type of Property (from list below)	2 For each rental real estate property listed above, report the number of fair rental and personal use days. Check the QJV box only if you meet the requirements to file as a qualified joint venture. See instructions.	Fair Rental Days		Personal Use Days	QJV
		A	B	C	
<b>A</b> 3		365		0	<input type="checkbox"/>
<b>B</b>					<input type="checkbox"/>
<b>C</b>					<input type="checkbox"/>

**Type of Property:**

- 1 Single Family Residence      3 Vacation/Short-Term Rental      5 Land      7 Self-Rental  
 2 Multi-Family Residence      4 Commercial      6 Royalties      8 Other (describe) \_\_\_\_\_

Income:	Properties:		
	A	B	C
<b>3</b> Rents received . . . . .	<b>3</b> 1,020.		
<b>4</b> Royalties received . . . . .	<b>4</b>		
<b>Expenses:</b>			
<b>5</b> Advertising . . . . .	<b>5</b>		
<b>6</b> Auto and travel (see instructions) . . . . .	<b>6</b>		
<b>7</b> Cleaning and maintenance . . . . .	<b>7</b> 2,197.		
<b>8</b> Commissions . . . . .	<b>8</b>		
<b>9</b> Insurance . . . . .	<b>9</b>		
<b>10</b> Legal and other professional fees . . . . .	<b>10</b>		
<b>11</b> Management fees . . . . .	<b>11</b> 2,281.		
<b>12</b> Mortgage interest paid to banks, etc. (see instructions)	<b>12</b>		
<b>13</b> Other interest . . . . .	<b>13</b>		
<b>14</b> Repairs . . . . .	<b>14</b> 2,547.		
<b>15</b> Supplies . . . . .	<b>15</b> 2,664.		
<b>16</b> Taxes . . . . .	<b>16</b>		
<b>17</b> Utilities . . . . .	<b>17</b> 2,699.		
<b>18</b> Depreciation expense or depletion . . . . .	<b>18</b>		
<b>19</b> Other (list) _____	<b>19</b>		
<b>20</b> Total expenses. Add lines 5 through 19 . . . . .	<b>20</b> 12,388.		
<b>21</b> Subtract line 20 from line 3 (rents) and/or 4 (royalties). If result is a (loss), see instructions to find out if you must file <b>Form 6198</b> . . . . .	<b>21</b> -11,368.		
<b>22</b> Deductible rental real estate loss after limitation, if any, on <b>Form 8582</b> (see instructions) . . . . .	<b>22</b> ( 11,368. )		
<b>23a</b> Total of all amounts reported on line 3 for all rental properties . . . . .	<b>23a</b> 1,020.		
<b>b</b> Total of all amounts reported on line 4 for all royalty properties . . . . .	<b>23b</b>		
<b>c</b> Total of all amounts reported on line 12 for all properties . . . . .	<b>23c</b>		
<b>d</b> Total of all amounts reported on line 18 for all properties . . . . .	<b>23d</b>		
<b>e</b> Total of all amounts reported on line 20 for all properties . . . . .	<b>23e</b> 12,388.		
<b>24</b> <b>Income.</b> Add positive amounts shown on line 21. <b>Do not</b> include any losses . . . . .	<b>24</b>		
<b>25</b> <b>Losses.</b> Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here	<b>25</b> ( 11,368. )		
<b>26</b> <b>Total rental real estate and royalty income or (loss).</b> Combine lines 24 and 25. Enter the result here. If Parts II, III, and IV, and line 40 on page 2 do not apply to you, also enter this amount on Schedule 1 (Form 1040), line 5. Otherwise, include this amount in the total on line 41 on page 2 .	<b>26</b> -11,368.		

For Paperwork Reduction Act Notice, see the separate instructions.

NPA

-11,368.

Schedule E (Form 1040) 2023

**SCHEDULE 8812  
(Form 1040)**

**Credits for Qualifying Children  
and Other Dependents**

OMB No. 1545-0074

**2023**

Attachment  
Sequence No. **47**

Department of the Treasury  
Internal Revenue Service

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

Go to [www.irs.gov/Schedule8812](http://www.irs.gov/Schedule8812) for instructions and the latest information.

Name(s) shown on return

Your social security number

V & V VARANASI

877-22-2188

**Part I Child Tax Credit and Credit for Other Dependents**

<b>1</b>	Enter the amount from line 11 of your Form 1040, 1040-SR, or 1040-NR . . . . .		<b>1</b>	172,744.
<b>2a</b>	Enter income from Puerto Rico that you excluded . . . . .	<b>2a</b>		
<b>b</b>	Enter the amounts from lines 45 and 50 of your Form 2555 . . . . .	<b>2b</b>	0.	
<b>c</b>	Enter the amount from line 15 of your Form 4563 . . . . .	<b>2c</b>		
<b>d</b>	Add lines 2a through 2c . . . . .	<b>2d</b>	0.	
<b>3</b>	Add lines 1 and 2d . . . . .	<b>3</b>	172,744.	
<b>4</b>	Number of qualifying children under age 17 with the required social security number . . . . .	<b>4</b>	1	
<b>5</b>	Multiply line 4 by \$2,000 . . . . .	<b>5</b>	2,000.	
<b>6</b>	Number of other dependents, including any qualifying children who are not under age 17 or who do not have the required social security number . . . . .	<b>6</b>	1	
<b>Caution:</b> Do not include yourself, your spouse, or anyone who is not a U.S. citizen, U.S. national, or U.S. resident alien. Also, do not include anyone you included on line 4.				
<b>7</b>	Multiply line 6 by \$500 . . . . .	<b>7</b>	500.	
<b>8</b>	Add lines 5 and 7 . . . . .	<b>8</b>	2,500.	
<b>9</b>	Enter the amount shown below for your filing status. • Married filing jointly—\$400,000 } • All other filing statuses—\$200,000 }	<b>9</b>	400,000.	
<b>10</b>	Subtract line 9 from line 3. • If zero or less, enter -0-. • If more than zero and not a multiple of \$1,000, enter the next multiple of \$1,000. For example, if the result is \$425, enter \$1,000; if the result is \$1,025, enter \$2,000, etc. }	<b>10</b>	0.	
<b>11</b>	Multiply line 10 by 5% (0.05) . . . . .	<b>11</b>	0.	
<b>12</b>	Is the amount on line 8 more than the amount on line 11? . . . . .	<b>12</b>	2,500.	
<input type="checkbox"/> <b>No. STOP.</b> You cannot take the child tax credit, credit for other dependents, or additional child tax credit. Skip Parts II-A and II-B. Enter -0- on lines 14 and 27.				
<input checked="" type="checkbox"/> <b>Yes.</b> Subtract line 11 from line 8. Enter the result.				
<b>13</b>	Enter the amount from <b>Credit Limit Worksheet A</b> . . . . .	<b>13</b>	22,337.	
<b>14</b>	Enter the smaller of line 12 or line 13. <b>This is your child tax credit and credit for other dependents</b> . . . . .	<b>14</b>	2,500.	

**Enter this amount on Form 1040, 1040-SR, or 1040-NR, line 19.**

If the amount on line 12 is more than the amount on line 14, you may be able to take the **additional child tax credit** on Form 1040, 1040-SR, or 1040-NR, line 28. Complete your Form 1040, 1040-SR, or 1040-NR through line 27 (also complete Schedule 3, line 11) before completing Part II-A.

**Part II-A Additional Child Tax Credit for All Filers**

**Caution:** If you file Form 2555, you cannot claim the additional child tax credit.

<b>15</b>	Check this box if you <b>do not</b> want to claim the additional child tax credit. Skip Parts II-A and II-B. Enter -0- on line 27 . . . . .	<input type="checkbox"/>	
<b>16a</b>	Subtract line 14 from line 12. If zero, <b>stop here</b> ; you cannot take the additional child tax credit. Skip Parts II-A and II-B. Enter -0- on line 27 . . . . .		<b>16a</b> 0.
<b>b</b>	Number of qualifying children under 17 with the required social security number: _____ x \$1,600. Enter the result. If zero, <b>stop here</b> ; you cannot claim the additional child tax credit. Skip Parts II-A and II-B. Enter -0- on line 27 . . . . .		<b>16b</b>
	<b>TIP:</b> The number of children you use for this line is the same as the number of children you used for line 4.		
<b>17</b>	Enter the <b>smaller</b> of line 16a or line 16b . . . . .		<b>17</b>
<b>18a</b>	Earned income (see instructions) . . . . .	<b>18a</b>	
<b>b</b>	Nontaxable combat pay (see instructions) . . . . .	<b>18b</b>	
<b>19</b>	Is the amount on line 18a more than \$2,500? <input type="checkbox"/> <b>No.</b> Leave line 19 blank and enter -0- on line 20. <input type="checkbox"/> <b>Yes.</b> Subtract \$2,500 from the amount on line 18a. Enter the result . . . . .	<b>19</b>	
<b>20</b>	Multiply the amount on line 19 by 15% (0.15) and enter the result . . . . . <b>Next.</b> On line 16b, is the amount \$4,800 or more? <input type="checkbox"/> <b>No.</b> If you are a bona fide resident of Puerto Rico, go to line 21. Otherwise, skip Part II-B and enter the <b>smaller</b> of line 17 or line 20 on line 27. <input type="checkbox"/> <b>Yes.</b> If line 20 is equal to or more than line 17, skip Part II-B and enter the amount from line 17 on line 27. Otherwise, go to line 21.	<b>20</b>	

**Part II-B Certain Filers Who Have Three or More Qualifying Children and Bona Fide Residents of Puerto Rico**

<b>21</b>	Withheld social security, Medicare, and Additional Medicare taxes from Form(s) W-2, boxes 4 and 6. If married filing jointly, include your spouse's amounts with yours. If your employer withheld or you paid Additional Medicare Tax or tier 1 RRTA taxes, or if you are a bona fide resident of Puerto Rico, see instructions. . . . .	<b>21</b>	
<b>22</b>	Enter the total of the amounts from Schedule 1 (Form 1040), line 15; Schedule 2 (Form 1040), line 5; Schedule 2 (Form 1040), line 6; and Schedule 2 (Form 1040), line 13 . . . . .	<b>22</b>	
<b>23</b>	Add lines 21 and 22 . . . . .	<b>23</b>	
<b>24</b>	<b>1040 and 1040-SR filers:</b> Enter the total of the amounts from Form 1040 or 1040-SR, line 27, and Schedule 3 (Form 1040), line 11. } <b>1040-NR filers:</b> Enter the amount from Schedule 3 (Form 1040), line 11. }	<b>24</b>	
<b>25</b>	Subtract line 24 from line 23. If zero or less, enter -0- . . . . .	<b>25</b>	
<b>26</b>	Enter the <b>larger</b> of line 20 or line 25 . . . . . <b>Next,</b> enter the <b>smaller</b> of line 17 or line 26 on line 27.	<b>26</b>	

**Part II-C Additional Child Tax Credit**

<b>27</b>	This is your additional child tax credit. Enter this amount on Form 1040, 1040-SR, or 1040-NR, line 28 . . . . .	<b>27</b>	
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## Qualified Business Income Deduction Simplified Computation

Department of the Treasury  
Internal Revenue Service

Attach to your tax return.

Attachment  
Sequence No. **55**

Go to [www.irs.gov/Form8995](http://www.irs.gov/Form8995) for instructions and the latest information.

Name(s) shown on return

V & V VARANASI

Your taxpayer identification number

877-22-2188

**Note.** You can claim the qualified business income deduction **only** if you have qualified business income from a qualified trade or business, real estate investment trust dividends, publicly traded partnership income, or a domestic production activities deduction passed through from an agricultural or horticultural cooperative. See instructions.  
Use this form if your taxable income, before your qualified business income deduction, is at or below \$182,100 (\$364,200 if married filing jointly), and you aren't a patron of an agricultural or horticultural cooperative.

1	(a) Trade, business, or aggregation name	(b) Taxpayer identification number	(c) Qualified business income or (loss)
<b>i</b>			
<b>ii</b>			
<b>iii</b>			
<b>iv</b>			
<b>v</b>			
<b>2</b>	Total qualified business income or (loss). Combine lines 1i through 1v, column (c)	<b>2</b>	
<b>3</b>	Qualified business net (loss) carryforward from the prior year	<b>3</b> ( )	
<b>4</b>	Total qualified business income. Combine lines 2 and 3. If zero or less, enter -0-	<b>4</b>	
<b>5</b>	Qualified business income component. Multiply line 4 by 20% (0.20)		<b>5</b>
<b>6</b>	Qualified REIT dividends and publicly traded partnership (PTP) income or (loss) (see instructions)	<b>6</b> 2.	
<b>7</b>	Qualified REIT dividends and qualified PTP (loss) carryforward from the prior year	<b>7</b> ( )	
<b>8</b>	Total qualified REIT dividends and PTP income. Combine lines 6 and 7. If zero or less, enter -0-	<b>8</b> 2.	
<b>9</b>	REIT and PTP component. Multiply line 8 by 20% (0.20)		<b>9</b> 0.
<b>10</b>	Qualified business income deduction before the income limitation. Add lines 5 and 9		<b>10</b> 0.
<b>11</b>	Taxable income before qualified business income deduction (see instructions)	<b>11</b> 144,246.	
<b>12</b>	Enter your net capital gain, if any, increased by any qualified dividends (see instructions)	<b>12</b> 175.	
<b>13</b>	Subtract line 12 from line 11. If zero or less, enter -0-	<b>13</b> 144,071.	
<b>14</b>	Income limitation. Multiply line 13 by 20% (0.20)		<b>14</b> 28,814.
<b>15</b>	Qualified business income deduction. Enter the smaller of line 10 or line 14. Also enter this amount on the applicable line of your return (see instructions)		<b>15</b> 0.
<b>16</b>	Total qualified business (loss) carryforward. Combine lines 2 and 3. If greater than zero, enter -0-		<b>16</b> ( 0. )
<b>17</b>	Total qualified REIT dividends and PTP (loss) carryforward. Combine lines 6 and 7. If greater than zero, enter -0-		<b>17</b> ( 0. )

**Paid Preparer's Due Diligence Checklist**

*Earned Income Credit (EIC), American Opportunity Tax Credit (AOTC),  
Child Tax Credit (CTC) (including the Additional Child Tax Credit (ACTC) and  
Credit for Other Dependents (ODC)), and Head of Household (HOH) Filing Status*

**To be completed by preparer and filed with Form 1040, 1040-SR, 1040-NR, 1040-PR, or 1040-SS.  
Go to [www.irs.gov/Form8867](http://www.irs.gov/Form8867) for instructions and the latest information.**

OMB No. 1545-0074

For tax year  
20 23

Attachment  
Sequence No. **70**

Taxpayer name(s) shown on return V & V VARANASI	Taxpayer identification number 877-22-2188
Preparer's name SYAM PRIYA RAM SAGAR GUPTA	Preparer tax identification number P02082703

**Part I Due Diligence Requirements**

Please check the appropriate box for the credit(s) and/or HOH filing status claimed on the return and complete the related Parts I-V for the benefit(s) claimed (check all that apply).  EIC  CTC/ACTC/ODC  AOTC  HOH

	Yes	No	N/A
<b>1</b> Did you complete the return based on information for the applicable tax year provided by the taxpayer or reasonably obtained by you? . . . . .	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
<b>2</b> If credits are claimed on the return, did you complete the applicable EIC and/or CTC/ACTC/ODC worksheets found in the Form 1040, 1040-SR, 1040-NR, 1040-PR, 1040-SS, or Schedule 8812 (Form 1040) instructions, and/or the AOTC worksheet found in the Form 8863 instructions, or your own worksheet(s) that provides the same information, and all related forms and schedules for each credit claimed? . . . . .	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>3</b> Did you satisfy the knowledge requirement? To meet the knowledge requirement, you must do both of the following. • Interview the taxpayer, ask questions, and contemporaneously document the taxpayer's responses to determine that the taxpayer is eligible to claim the credit(s) and/or HOH filing status. • Review information to determine that the taxpayer is eligible to claim the credit(s) and/or HOH filing status and to figure the amount(s) of any credit(s) . . . . .	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
<b>4</b> Did any information provided by the taxpayer or a third party for use in preparing the return, or information reasonably known to you, appear to be incorrect, incomplete, or inconsistent? (If "Yes," answer questions 4a and 4b. If "No," go to question 5.) . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
<b>a</b> Did you make reasonable inquiries to determine the correct, complete, and consistent information? . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	
<b>b</b> Did you contemporaneously document your inquiries? (Documentation should include the questions you asked, whom you asked, when you asked, the information that was provided, and the impact the information had on your preparation of the return.) . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	
<b>5</b> Did you satisfy the record retention requirement? To meet the record retention requirement, you must keep a copy of your documentation referenced in question 4b, a copy of this Form 8867, a copy of any applicable worksheet(s), a record of how, when, and from whom the information used to prepare Form 8867 and any applicable worksheet(s) was obtained, and a copy of any document(s) provided by the taxpayer that you relied on to determine eligibility for the credit(s) and/or HOH filing status or to figure the amount(s) of the credit(s) . . . . . List those documents provided by the taxpayer, if any, that you relied on: _____ _____ _____	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
<b>6</b> Did you ask the taxpayer whether he/she could provide documentation to substantiate eligibility for the credit(s) and/or HOH filing status and the amount(s) of any credit(s) claimed on the return if his/her return is selected for audit? . . . . .	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
<b>7</b> Did you ask the taxpayer if any of these credits were disallowed or reduced in a previous year? . . . . . <b>(If credits were disallowed or reduced, go to question 7a; if not, go to question 8.)</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>a</b> Did you complete the required recertification Form 8862? . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>8</b> If the taxpayer is reporting self-employment income, did you ask questions to prepare a complete and correct Schedule C (Form 1040)? . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Part II Due Diligence Questions for Returns Claiming EIC** (If the return does not claim EIC, go to Part III.)

	Yes	No	N/A
<b>9a</b> Have you determined that the taxpayer is eligible to claim the EIC for the number of qualifying children claimed, or is eligible to claim the EIC without a qualifying child? <b>(If the taxpayer is claiming the EIC and does not have a qualifying child, go to question 10.)</b> . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	
<b>b</b> Did you ask the taxpayer if the child lived with the taxpayer for over half of the year, even if the taxpayer has supported the child the entire year? . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	
<b>c</b> Did you explain to the taxpayer the rules about claiming the EIC when a child is the qualifying child of more than one person (tiebreaker rules)? . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Part III Due Diligence Questions for Returns Claiming CTC/ACTC/ODC** (If the return does not claim CTC, ACTC, or ODC, go to Part IV.)

	Yes	No	N/A
<b>10</b> Have you determined that each qualifying person for the CTC/ACTC/ODC is the taxpayer's dependent who is a citizen, national, or resident of the United States? . . . . .	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
<b>11</b> Did you explain to the taxpayer that he/she may not claim the CTC/ACTC if the child has not lived with the taxpayer for over half of the year, even if the taxpayer has supported the child, unless the child's custodial parent has released a claim to exemption for the child? . . . . .	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>12</b> Did you explain to the taxpayer the rules about claiming the CTC/ACTC/ODC for a child of divorced or separated parents (or parents who live apart), including any requirement to attach a Form 8332 or similar statement to the return? . . . . .	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Part IV Due Diligence Questions for Returns Claiming AOTC** (If the return does not claim AOTC, go to Part V.)

	Yes	No
<b>13</b> Did the taxpayer provide substantiation for the credit, such as a Form 1098-T and/or receipts for the qualified tuition and related expenses for the claimed AOTC? . . . . .	<input type="checkbox"/>	<input type="checkbox"/>

**Part V Due Diligence Questions for Claiming HOH** (If the return does not claim HOH filing status, go to Part VI.)

	Yes	No
<b>14</b> Have you determined that the taxpayer was unmarried or considered unmarried on the last day of the tax year and provided more than half of the cost of keeping up a home for the year for a qualifying person? . . . . .	<input type="checkbox"/>	<input type="checkbox"/>

**Part VI Eligibility Certification**

**You will have complied with all due diligence requirements for claiming the applicable credit(s) and/or HOH filing status on the return of the taxpayer identified above if you:**

- A. Interview the taxpayer, ask adequate questions, contemporaneously document the taxpayer's responses on the return or in your notes, review adequate information to determine if the taxpayer is eligible to claim the credit(s) and/or HOH filing status and to figure the amount(s) of the credit(s);
- B. Complete this Form 8867 truthfully and accurately and complete the actions described in this checklist for any applicable credit(s) claimed and HOH filing status, if claimed;
- C. Submit Form 8867 in the manner required; **and**
- D. Keep all five of the following records for 3 years from the latest of the dates specified in the Form 8867 instructions under *Document Retention*.
  - 1. A copy of this Form 8867.
  - 2. The applicable worksheet(s) or your own worksheet(s) for any credit(s) claimed.
  - 3. Copies of any documents provided by the taxpayer on which you relied to determine the taxpayer's eligibility for the credit(s) and/or HOH filing status and to figure the amount(s) of the credit(s).
  - 4. A record of how, when, and from whom the information used to prepare this form and the applicable worksheet(s) was obtained.
  - 5. A record of any additional information you relied upon, including questions you asked and the taxpayer's responses, to determine the taxpayer's eligibility for the credit(s) and/or HOH filing status and to figure the amount(s) of the credit(s).

**If you have not complied with all due diligence requirements, you may have to pay a penalty for each failure to comply related to a claim of an applicable credit or HOH filing status (see instructions for more information).**

	Yes	No
<b>15</b> Do you certify that all of the answers on this Form 8867 are, to the best of your knowledge, true, correct, and complete? . . . . .	<input checked="" type="checkbox"/>	<input type="checkbox"/>



Form 1-ES voucher at the bottom

VOUCHER 1

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REV 03/05/24 PRO

**2024 WISCONSIN ESTIMATED INCOME TAX VOUCHER**

Form

File only if submitting payment. Make your check payable to and mail your voucher to: Wisconsin Department of Revenue  
PO Box 3028  
Milwaukee WI 53201-3028

**1-ES**

<b>Calendar year due dates:</b>	<b>Fiscal year filers:</b>
Apr 15, 2024 Sep 16, 2024	Enter year _____
Jun 17, 2024 Jan 15, 2025	ending (month and year)

Check box if address is corrected and new address was not provided on a prior payment voucher.

Check the box below which applies to you.

- Trust** (Enter FEIN as "your social security number")
- Estate** (Enter decedent's social security number)
- Individual**
- Joint**

Your legal last name <b>VARANASI</b>	Your legal first name and initial <b>VENKATA LAXMI</b>	Your social security number <b>877222188</b>
Spouse's legal last name <b>VARANASI</b>	Spouse's legal first name and initial <b>VENKATA LAKSHM</b>	Spouse's social security number <b>369596777</b>
Home address (number and street or rural route) <b>16520 HIDDEN COVE DR</b>		Telephone number <b>(608)3587848</b>
City or post office <b>CELINA</b>	State <b>TX</b>	Zip code <b>75009</b>

Amount of Payment

\$ 299.00

Please do not staple your payment to this voucher.

D-101 (R. 11-18)

INTUIT

20801640138772221883695967770202406441250000029900

Form 1-ES voucher at the bottom

VOUCHER 2

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REV 03/05/24 PRO

**2024 WISCONSIN ESTIMATED INCOME TAX VOUCHER**

Form

File only if submitting payment. Make your check payable to and mail your voucher to: Wisconsin Department of Revenue  
PO Box 3028  
Milwaukee WI 53201-3028

**1-ES**

<b>Calendar year due dates:</b>	<b>Fiscal year filers:</b>
Apr 15, 2024 Sep 16, 2024	Enter year _____
Jun 17, 2024 Jan 15, 2025	ending (month and year)

Check box if address is corrected and new address was not provided on a prior payment voucher.

Check the box below which applies to you.

- Trust** (Enter FEIN as "your social security number")
- Estate** (Enter decedent's social security number)
- Individual**
- Joint**

Your legal last name <b>VARANASI</b>	Your legal first name and initial <b>VENKATA LAXMI</b>	Your social security number <b>877222188</b>
Spouse's legal last name <b>VARANASI</b>	Spouse's legal first name and initial <b>VENKATA LAKSHM</b>	Spouse's social security number <b>369596777</b>
Home address (number and street or rural route) <b>16520 HIDDEN COVE DR</b>		Telephone number <b>(608)3587848</b>
City or post office <b>CELINA</b>	State <b>TX</b>	Zip code <b>75009</b>

Amount of Payment

\$ \_\_\_\_\_ **299 . 00**

Please do not staple your payment to this voucher.

D-101 (R. 11-18)

INTUIT

20801640138772221883695967770202406441250000029900

Form 1-ES voucher at the bottom

VOUCHER 3

▼ cut here ▼

REV 03/05/24 PRO

**2024 WISCONSIN ESTIMATED INCOME TAX VOUCHER**

Form

File only if submitting payment. Make your check payable to and mail your voucher to: Wisconsin Department of Revenue  
PO Box 3028  
Milwaukee WI 53201-3028

**1-ES**

<b>Calendar year due dates:</b>	<b>Fiscal year filers:</b>
Apr 15, 2024 Sep 16, 2024	Enter year _____
Jun 17, 2024 Jan 15, 2025	ending (month and year)

Check box if address is corrected and new address was not provided on a prior payment voucher.

Check the box below which applies to you.

- Trust** (Enter FEIN as "your social security number")
- Estate** (Enter decedent's social security number)
- Individual**
- Joint**

Your legal last name <b>VARANASI</b>	Your legal first name and initial <b>VENKATA LAXMI</b>	Your social security number <b>877222188</b>
Spouse's legal last name <b>VARANASI</b>	Spouse's legal first name and initial <b>VENKATA LAKSHM</b>	Spouse's social security number <b>369596777</b>
Home address (number and street or rural route) <b>16520 HIDDEN COVE DR</b>		Telephone number <b>(608)3587848</b>
City or post office <b>CELINA</b>	State <b>TX</b>	Zip code <b>75009</b>

Amount of Payment

\$ \_\_\_\_\_ 299 . 00

Please do not staple your payment to this voucher.

D-101 (R. 11-18)

INTUIT

20801640138772221883695967770202406441250000029900

Form 1-ES voucher at the bottom

VOUCHER 4

▼ cut here ▼

REV 03/05/24 PRO

**2024 WISCONSIN ESTIMATED INCOME TAX VOUCHER**

Form

File only if submitting payment. Make your check payable to and mail your voucher to: Wisconsin Department of Revenue  
PO Box 3028  
Milwaukee WI 53201-3028

**1-ES**

<b>Calendar year due dates:</b>	<b>Fiscal year filers:</b>
Apr 15, 2024 Sep 16, 2024	Enter year _____
Jun 17, 2024 Jan 15, 2025	ending (month and year)

Check box if address is corrected and new address was not provided on a prior payment voucher.

Check the box below which applies to you.

- Trust** (Enter FEIN as "your social security number")
- Estate** (Enter decedent's social security number)
- Individual**
- Joint**

Your legal last name <b>VARANASI</b>	Your legal first name and initial <b>VENKATA LAXMI</b>	Your social security number <b>877222188</b>
Spouse's legal last name <b>VARANASI</b>	Spouse's legal first name and initial <b>VENKATA LAKSHM</b>	Spouse's social security number <b>369596777</b>
Home address (number and street or rural route) <b>16520 HIDDEN COVE DR</b>		Telephone number <b>(608)3587848</b>
City or post office <b>CELINA</b>	State <b>TX</b>	Zip code <b>75009</b>

Amount of Payment

\$ \_\_\_\_\_ 299 . 00

Please do not staple your payment to this voucher.

D-101 (R. 11-18)

INTUIT

20801640138772221883695967770202406441250000029900

Form PV voucher at the bottom

**2023 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 2023. Do not use this voucher for a different year by crossing out 2023 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 ▼

**2023**  
 Form **PV**

**Wisconsin Payment Voucher**

REV 03/05/24 PRO

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

Your legal last name <b>VARANASI</b>	Your legal first name and initial <b>VENKATA LAXMI NAR</b>	Your social security number <b>877222188</b>
Spouse's legal last name <b>VARANASI</b>	Spouse's legal first name and initial <b>VENKATA LAKSHMI B</b>	Spouse's social security number <b>369596777</b>
Legal name of trust	FEIN	
Home address (number and street or rural route) <b>16520 HIDDEN COVE DR</b>		Telephone number <b>(608) 3587848</b>
City or post office <b>CELINA</b>	State <b>TX</b>	Zip code <b>75009</b>

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

**Amount of Payment**  
 \$ 1281.00

Please do not staple your payment to this voucher

Nonresident & part-year resident Wisconsin income tax

For the year Jan. 1-Dec. 31, 2023, or other tax year beginning \_\_\_\_\_, 2023 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 (VARANASI, VENKATA LAXMI N), social security numbers (877222188, 369596777), address (16520 HIDDEN COVE DR, CELINA, TX 75009), 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 60

PAPER CLIP check or money order here

Income tax table with columns for Income, A. Federal column, and B. Wisconsin column. Rows include Wages, salaries, tips, etc. (185988.00), Taxable interest (873.00), Ordinary dividends (251.00), etc.

L-0601

<b>Adjustments to Income</b>		A. Federal column	B. Wisconsin column
<b>17</b>	Educator expenses	.00	.00
<b>18</b>	Certain business expenses of reservists, performing artists, and fee-basis government officials	.00	.00
<b>19</b>	Health savings account deduction	.00	.00
<b>20</b>	Moving expenses for members of the armed forces	.00	.00
<b>21</b>	Deductible part of self-employment tax	.00	.00
<b>22</b>	Self-employed SEP, SIMPLE, and qualified plans	.00	.00
<b>23</b>	Self-employed health insurance deduction	.00	.00
<b>24</b>	Penalty on early withdrawal of savings	.00	.00
<b>25</b>	Alimony paid	.00	.00
<b>26</b>	IRA deduction	.00	.00
<b>27</b>	Student loan interest deduction	.00	.00
<b>28</b>	Other adjustments (see page 26). Include Schedule M if line 28b has an amount	.00	.00
<b>29</b>	Total adjustments to income. Add lines 17 through 28	.00	.00
<b>Adjusted Gross Income</b>			
<b>30</b>	Wisconsin income. Subtract line 29, column B from line 16, column B		27202.00
<b>31</b>	Federal income. Subtract line 29, column A from line 16, column A	172744.00	
<b>32</b>	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)		.1575

<b>Tax Computation</b>			
<b>33</b>	Fill in the <b>larger</b> of Wisconsin income from line 30, column B or federal income from line 31, column A. <b>But</b> , if Wisconsin income from line 30 is zero or less, fill in 0 (zero)	<b>33</b>	172744.00
<b>34a</b>	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	<b>34a</b>	<input type="checkbox"/>
<b>34b</b>	Aliens (see page 28 to determine if you must check line 34b)	<b>34b</b>	<input type="checkbox"/>
<b>34c</b>	Find the standard deduction for amount on line <b>31</b> using table on page 48	<b>34c</b>	0.00
<b>35</b>	Subtract line 34c from line 33. If line 34c is more than line 33, fill in 0 (zero)	<b>35</b>	172744.00
<b>36</b>	Exemptions ( <b>Caution: see page 28</b> )		
<b>a</b>	Fill in exemptions allowed <u>4</u> x \$700	<b>36a</b>	2800.00
<b>b</b>	Check if 65 or older <input type="checkbox"/> You + <input type="checkbox"/> Spouse = <u>    </u> x \$250	<b>36b</b>	.00
<b>c</b>	Add lines 36a and 36b	<b>36c</b>	2800.00
<b>37</b>	Subtract line 36c from line 35. If line 36c is more than line 35, fill in 0 (zero)	<b>37</b>	169944.00
<b>38</b>	Tax (see table on page 51)	<b>38</b>	8510.00
<b>39</b>	Itemized deduction credit. Complete Schedule 1 (page 4, Form 1NPR)	<b>39</b>	924.00
<b>40</b>	Additional child and dependent care tax credit		
	Federal credit from Form 2441 <u>    </u> x 50% =	<b>40</b>	.00
<b>41</b>	School property tax credits (part-year and full-year residents only)		
<b>a</b>	Rent paid in 2023—heat included <u>.00</u>	} Find credit from table page 32	<b>41a</b> .00
	Rent paid in 2023—heat not included <u>.00</u>		
<b>b</b>	Property taxes paid on home in 2023 <u>.00</u>	} Find credit from table page 33	<b>41b</b> .00
<b>42</b>	Add credits on lines 39, 40, 41a, and 41b	<b>42</b>	924.00
<b>43</b>	Subtract line 42 from line 38. If line 42 is more than line 38, fill in 0 (zero)	<b>43</b>	7586.00
<b>44</b>	Fill in ratio from line 32	<b>44</b>	.1575
<b>45</b>	Multiply line 43 by ratio on line 44	<b>45</b>	1195.00

Name(s) shown on Form 1NPR <b>V &amp; V VARANASI</b>		Your social security number <b>877222188</b>
<b>46</b>	Fill in amount from line 45	<b>46</b> <u>1195.00</u>
<b>47</b>	Working families tax credit. (Full-year Wisconsin residents only)	<b>47</b> <u>.00</u>
<b>48</b>	Married couple credit. Complete Schedule 2 (page 4, Form 1NPR)	<b>48</b> <u>0.00</u>
<b>49</b>	Nonrefundable credits from Schedule CR, line 34. Include Schedule CR	<b>49</b> <u>.00</u>
<b>50</b>	Net income tax paid to another state. Include Schedule OS	<b>50</b> <u>.00</u>
<b>51</b>	Add lines 47 through 50	<b>51</b> <u>0.00</u>
<b>52</b>	Subtract line 51 from line 46. If line 51 is more than line 46, fill in 0 (zero). This is your net tax	<b>52</b> <u>1195.00</u>
<b>53</b>	Sales and use tax due on internet, mail order, or other out-of-state purchases (see page 36) If you certify that no sales or use tax is due, check here <input checked="" type="checkbox"/>	<b>53</b> <u>.00</u>
<b>54</b>	Donations (decreases refund or increases amount owed)	
<b>a</b>	Endangered resources <u>.00</u>	<b>e</b> Military family relief <u>.00</u>
<b>b</b>	Cancer research <u>.00</u>	<b>f</b> Second Harvest/Feeding Amer. <u>.00</u>
<b>c</b>	Veterans trust fund <u>.00</u>	<b>g</b> Red Cross WI Disaster Relief <u>.00</u>
<b>d</b>	Multiple sclerosis <u>.00</u>	<b>h</b> Special Olympics Wisconsin <u>.00</u>
	Total (add lines a through h) →	<b>54i</b> <u>.00</u>
<b>55</b>	Penalties on IRAs, other retirement plans, MSAs, etc. (see page 37) $.00 \times .33 =$	<b>55</b> <u>.00</u>
<b>56</b>	Other penalties (see page 38)	<b>56</b> <u>.00</u>
<b>57</b>	Add lines 52 through 56	<b>57</b> <u>1195.00</u>

**Payments and Credits**

<b>58</b>	Wisconsin income tax withheld. Include readable withholding statements	<b>58</b> <u>.00</u>
<b>59</b>	2023 Wisconsin estimated tax paid and amount applied from 2022 return	<b>59</b> <u>.00</u>
<b>60</b>	Earned income credit. (Full-year Wisconsin residents only) Number of qualifying children <input type="checkbox"/> Federal credit $.00 \times \text{ } \% =$	<b>60</b> <u>.00</u>
<b>61</b>	Farmland preservation credit. <b>a.</b> Schedule FC, line 17	<b>61a</b> <u>.00</u>
	<b>b.</b> Schedule FC-A, line 13	<b>61b</b> <u>.00</u>
<b>62</b>	Repayment credit	<b>62</b> <u>.00</u>
<b>63</b>	Homestead credit. (Full-year Wisconsin residents only)	<b>63</b> <u>.00</u>
<b>64</b>	Eligible veterans and surviving spouses property tax credit	<b>64</b> <u>.00</u>
<b>65</b>	Refundable credits from Schedule CR, line 40	<b>65</b> <u>.00</u>
<b>66</b>	AMENDED RETURN ONLY – amount previously paid (see page 44)	<b>66</b> <u>.00</u>
<b>67</b>	Add lines 58 through 66	<b>67</b> <u>.00</u>
<b>68</b>	AMENDED RETURN ONLY – amount previously refunded (see page 44)	<b>68</b> <u>.00</u>
<b>69</b>	Subtract line 68 from line 67	<b>69</b> <u>.00</u>

**Refund or Amount You Owe**

<b>70</b>	If line 69 is more than line 57, subtract line 57 from line 69. This is the <b>AMOUNT OVERPAID</b>	<b>70</b> <u>0.00</u>
<b>71</b>	Amount of line 70 you want <b>REFUNDED TO YOU</b>	<b>71</b> <u>0.00</u>
<b>72</b>	Amount of line 70 to be <b>APPLIED TO YOUR 2024 ESTIMATED TAX</b>	<b>72</b> <u>0.00</u>





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

<b>73</b>	If line 69 is less than line 57, subtract line 69 from line 57 . . . This is the <b>AMOUNT UNDERPAID</b>	<b>73</b>	1195.00
<b>74</b>	Underpayment interest. Fill in exception code – see Sch. U → _____	<b>74</b>	86.00
<b>75</b>	Add lines 73 and 74. This is the <b>AMOUNT YOU OWE</b>	<b>75</b>	1281.00
<b>76</b>	Interest (see page 47)	<b>76</b>	.00

**Third Party Designee** Do you want to allow another person to discuss this return with the department (see page 47)?  **Yes** Complete the following.  **No**

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

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

Your signature \_\_\_\_\_ Date \_\_\_\_\_ Wisconsin Identity Protection PIN (7 characters) \_\_\_\_\_

**Sign here**

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

**Sign here**

**Caution:** Only enter a Wisconsin Identity Protection PIN if you received one from the department (see page 47).

Mail your return to: Wisconsin Department of Revenue

(if tax is due)	(if refund or no tax due)
PO Box 268	PO Box 59
Madison WI 53790-0001	Madison WI 53785-0001

**Schedule 1 – Wisconsin Itemized Deduction Credit** (see line 39 instructions)

<b>1</b>	Medical and dental expenses from federal Schedule A (Form 1040). See instructions for exceptions . . . . .	<b>1</b>	.00
<b>2</b>	Interest paid from federal Schedule A (Form 1040). See instructions for exceptions . . . . .	<b>2</b>	18475.00
<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>	18475.00
<b>6</b>	Wisconsin standard deduction from Form 1NPR, line 34c . . . . .	<b>6</b>	0.00
<b>7</b>	Subtract line 6 from line 5. If line 6 is more than line 5, fill in 0 (zero) . . . . .	<b>7</b>	18475.00
<b>8</b>	Rate of credit is .05 (5%) . . . . .	<b>8</b>	x .05
<b>9</b>	Multiply line 7 by line 8. Fill in here and on line 39 of Form 1NPR . . . . .	<b>9</b>	924.00

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

	(A) YOURSELF	(B) YOUR SPOUSE		
<b>1</b>	Wages, salaries, tips, etc., included in column B of line 1 on Form 1NPR. Do not include deferred compensation (even though reported on a W-2) or taxable scholarships or fellowships not reported on a W-2 . . . . .	<b>1</b>	30202.00	.00
<b>2</b>	Net profit or (loss) from self-employment from federal Schedules C, C-EZ, and F (Form 1040), Schedule K-1 (Form 1065), and any other taxable self-employment or earned income included in column B on Form 1NPR . . . . .	<b>2</b>	.00	.00
<b>3</b>	Combine lines 1 and 2. This is your total Wisconsin earned income . . . . .	<b>3</b>	30202.00	.00
<b>4</b>	Add amounts on Form 1NPR, lines 18, 22, 26, and 28, column B. Fill in the total of these adjustments that apply to your or your spouse's earned income . . . . .	<b>4</b>	0.00	.00
<b>5</b>	Subtract line 4 from line 3. This is your qualified earned income . . . . .	<b>5</b>	30202.00	0.00
<b>6</b>	Compare the amount in columns (A) and (B) of line 5. Fill in the smaller amount here. If more than \$16,000, fill in \$16,000. . . . .	<b>6</b>	0.00	
<b>7</b>	Rate of credit is .03 (3%) . . . . .	<b>7</b>	x .03	
<b>8</b>	Multiply line 6 by line 7. Round the result and fill in here and on line 48 of Form 1NPR. Do not fill in more than \$480. . . . .	<b>8</b>	0.00	



**Schedule U**

Wisconsin  
Department of Revenue

**Underpayment of Estimated Tax  
By Individuals, Partnerships, and Fiduciaries**

Include with Wisconsin Form 1, 1NPR, 2, or 3

**2023**

Legal name(s) shown on tax return

V & V VARANASI

Identifying number

877-22-2188

<b>PART I Required Annual Payment</b> – All filers must complete this part.					
1	Fill in your 2023 net tax (from Form 1, line 21; Form 1NPR, line 52; Form 2, line 10; or Form 3, line 1) . . . .	1	1195		
2	Other credits, excluding withholding and estimated payments (see instructions) . . . . .	2			
3	Subtract line 2 from line 1. If zero or less, do not complete or file this form . . . . .	3	1195		
4	Multiply line 3 by 90% (.90) . . . . .	4	1076		
5	Wisconsin tax withheld for 2023 . . . . .	5			
6	Subtract line 5 from line 3. If less than \$500, do not complete or file this form . . . . .	6	1195		
7	Fill in your prior year (2022) tax (see instructions) . . . . .	7	6138		
8	Required annual payment. Fill in the smaller of line 4 or line 7 (see instructions) . . . . .	8	1076		
<b>PART II Short Method</b> – You may use this method if you did not make estimated tax payments or if you made estimated tax payments on the due dates and in four equal amounts. Otherwise, use the regular method (Part III).					
9	Fill in the amount, if any, from line 5 above . . . . .	9			
10	Fill in the total amount, if any, of estimated tax payments you made . . . . .	10			
11	Add lines 9 and 10 . . . . .	11			
12	Total underpayment for year. Subtract line 11 from line 8. If the result is zero or less, stop here; you do not owe underpayment interest . . . . .	12	1076		
13	Multiply line 12 by .0798 and fill in the result . . . . .	13	86		
14	• If the amount on line 12 was paid on or after 4/15/24, enter -0-. • If the amount on line 12 was paid before 4/15/24, make the following computation to find the amount to enter on line 14: Amount on line 12 X Number of days paid before 4/15/24 X .0003287 . . . . .	14	0		
15	Underpayment interest. Subtract line 14 from line 13. Also write this amount on line 43 of Form 1, line 74 of Form 1NPR, line 24 of Form 2, or line 3 of Form 3. Then increase the amount you owe or decrease your refund accordingly . . . . . <b>Total Due</b> ▶	15	\$ 86		
<b>PART III Regular Method</b>		<b>Due Dates of Installments*</b>			
		(a)	(b)	(c)	(d)
		April 18, 2023	June 15, 2023	Sept. 15, 2023	Jan. 16, 2024
16	Divide line 8 by four (4) and see instructions . . . . .	16			
17	Estimated tax paid (see instructions) . . . . .	17			
18	Tax withheld (see instructions) . . . . .	18			
19	Add lines 17 and 18. This is your total payment . . . . .	19			
20	If line 19 is smaller than line 16, subtract line 19 from line 16. This is your underpayment (see instructions) . . . . .	20			
21	If line 19 is larger than line 16, subtract line 16 from line 19. This is your overpayment . . . . .	21			
22	Carryback of overpayment or late payment (see instructions) . . . . .	22			
23	Carryforward of overpayment (see instructions) . . . . .	23			
24	Subtract the total of lines 22 and 23 from line 20. This is your net underpayment . . . . .	24			
25	Number of days from the due date of the installment to the date carryback amount on line 22 was paid . . . . .	25			
26	Number of days from the due date of the installment to the date balance due on tax return was paid or April 15, 2024, whichever is earlier . . . . .	26			
27	Interest: $\frac{\text{Days on line 25}}{365} \times .12 \times \text{Amount on line 22}$ . . . . .	27	\$	\$	\$
28	Interest: $\frac{\text{Days on line 26}}{365} \times .12 \times \text{Amount on line 24}$ . . . . .	28	\$	\$	\$
29	Underpayment interest. Fill in the sum of all amounts on lines 27 and 28. Also write this amount on line 43 of Form 1, line 74 of Form 1NPR, line 24 of Form 2, or line 3 of Form 3. Then increase the amount you owe or decrease your refund accordingly . . . . . <b>Total Due</b> ▶	29	\$		

Legal name(s) shown on tax return <b>V &amp; V VARANASI</b>	Identifying number <b>877-22-2188</b>
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**PART IV Annualized Income Installment Method Worksheet** – Complete lines 30 through 50 only if computing installments using annualized income installment method.

**(Caution:** Complete one column through line 50 before completing the next column.)

(Estates and trusts, do not use the period ending dates shown to the right. Instead, substitute the following: 2/28/23, 4/30/23, 7/31/23, and 11/30/23.)		1/1/23 to 3/31/23	1/1/23 to 5/31/23	1/1/23 to 8/31/23	1/1/23 to 12/31/23
<b>30</b> Fill in your Wisconsin income for each period shown (See instructions) . . . . .	<b>30</b>				
<b>31</b> Annualization amounts. (Estates and trusts, do not use amounts shown to the right. Instead, use 6, 3, 1.71429, and 1.09091.) . . .	<b>31</b>	4	2.4	1.5	1
<b>32</b> Annualized income (multiply line 30 by line 31) . . . . .	<b>32</b>				
<b>33</b> Standard deduction and net operating loss (see instructions) .	<b>33</b>				
<b>34</b> Subtract line 33 from line 32 . . . . .	<b>34</b>				
<b>35</b> Fill in your deduction for exemptions (see instructions) . . . . .	<b>35</b>				
<b>36</b> Subtract line 35 from line 34 . . . . .	<b>36</b>				
<b>37</b> Fill in your tax on the amount on line 36 (see instructions) . . .	<b>37</b>				
<b>38</b> Fill in your nonrefundable credits (see instructions) . . . . .	<b>38</b>				
<b>39</b> Subtract line 38 from line 37. If zero or less, fill in -0- (If filing Form 1NPR, see instructions) . . . . .	<b>39</b>				
<b>40</b> Fill in your refundable credits (see instructions) . . . . .	<b>40</b>				
<b>41</b> Subtract line 40 from line 39. If zero or less, fill in -0- . . . . .	<b>41</b>				
<b>42</b> Applicable percentage . . . . .	<b>42</b>	22.5%	45%	67.5%	90%
<b>43</b> Multiply line 41 by line 42 . . . . .	<b>43</b>				
<b>44</b> Fill in the combined amounts of line 50 from all preceding columns . . . . .	<b>44</b>				
<b>45</b> Subtract line 44 from line 43. If zero or less, fill in -0- . . . . .	<b>45</b>				
<b>46</b> Divide line 8 in Part I on page 1 of Schedule U by four (4) and fill in the result in each column . . . . .	<b>46</b>				
<b>47</b> Fill in the amount from line 49 of the preceding column of this worksheet . . . . .	<b>47</b>				
<b>48</b> Add lines 46 and 47 . . . . .	<b>48</b>				
<b>49</b> Subtract line 45 from line 48. If zero or less, fill in -0- . . . . .	<b>49</b>				
<b>50</b> Fill in the smaller of line 45 or line 48 here and on line 16 of Schedule U (see instructions) . . . . .	<b>50</b>				

**CAUTION:**

- The total of the amounts on line 50 should equal line 8 of Part I of Schedule U.
- Period ending dates shown above are for calendar year taxpayers. Adjust these dates accordingly for fiscal year returns.
- If the above worksheet is used to figure the amount to enter in any column of line 16 of Schedule U, it must be used to figure the amounts to enter in all four columns.

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

Your social security number

V & V VARANASI

877-22-2188

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

<b>Note:</b> 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)
<b>1a</b> Amount from line 1a of Schedule D	.00	.00		.00
<b>1b</b> Amount from line 1b of Schedule D	435577.00	525629.00	29018.00	-61034.00
<b>2</b> Amount from line 2 of Schedule D	.00	.00	.00	.00
<b>3</b> Amount from line 3 of Schedule D	.00	.00	.00	.00
<b>4</b> Short-term gain from Form 6252 and short-term gain or loss from Forms 4684, 6781, and 8824			<b>4</b>	.00
<b>5</b> Net short-term gain or loss from partnerships, S corporations, estates, and trusts from Schedule(s) K-1			<b>5</b>	.00
<b>6</b> Adjustment from Wisconsin Schedule T (see Basis Difference in instructions)			<b>6</b>	.00
<b>7</b> Short-term capital loss carryover from 2022 Wisconsin Schedule WD, line 34. Enter amount as a negative number			<b>7</b>	-81845.00
<b>8</b> <b>Net short-term capital gain or loss.</b> Combine lines 1a through 7 in column (h)			<b>8</b>	-142879.00

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

<b>Note:</b> 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)
<b>9a</b> Amount from line 8a of Schedule D	.00	.00		.00
<b>9b</b> Amount from line 8b of Schedule D	23798.00	86475.00	1294.00	-61383.00
<b>10</b> Amount from line 9 of Schedule D	.00	.00	.00	.00
<b>11</b> Amount from line 10 of Schedule D	.00	.00	.00	.00
<b>12</b> 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			<b>12</b>	.00
<b>13</b> Net long-term gain or loss from partnerships, S corporations, estates, and trusts from Schedule(s) K-1			<b>13</b>	.00
<b>14</b> Capital gain distributions			<b>14</b>	.00
<b>15</b> Adjustment from Wisconsin Schedule T (see Basis Difference in instructions)			<b>15</b>	.00
<b>15a</b> Adjustment from Wisconsin Schedule QI. Enter amount as a negative number			<b>15a</b>	.00
<b>16</b> Long-term capital loss carryover from 2022 Wisconsin Schedule WD, line 39. Enter amount as a negative number			<b>16</b>	-2806.00
<b>17</b> <b>Net long-term capital gain or loss.</b> Combine lines 9a through 16 in column (h)			<b>17</b>	-64189.00

Go on to Part III →



Name <b>V &amp; V VARANASI</b>	Social Security Number <b>877-22-2188</b>
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**Part III Summary of Parts I and II** (see instructions) - use a minus sign (-) for negative amounts.

<b>18</b> Combine lines 8 and 17, and fill in the net gain or loss here (if line 18 is a loss, go to line 28) . . . . .	<b>18</b>	<u>-207068.00</u>
<b>19</b> Fill in the smaller of line 17 or 18, or -0- if a loss or no entry on line 17 . . . . .	<b>19</b>	<u>.00</u>
<b>20</b> Fill in 30% of line 19 . . . . .	<b>20</b>	<u>.00</u>
<b>21</b> 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 . . . . .	<b>21</b>	<u>.00</u>
<b>22</b> Gain included in line 17. Do not include any losses in this amount . . . . .	<b>22</b>	<u>.00</u>
<b>23</b> Divide line 21 by line 22. Carry the decimal to 4 places . . . . .	<b>23</b>	<u>_____</u>
<b>24</b> Multiply line 19 by the decimal amount on line 23 . . . . .	<b>24</b>	<u>.00</u>
<b>25</b> Fill in 30% of line 24 . . . . .	<b>25</b>	<u>.00</u>
<b>26</b> Add lines 20 and 25 . . . . .	<b>26</b>	<u>.00</u>
<b>27</b> Subtract line 26 from line 18 . . . . .	<b>27</b>	<u>.00</u>
<b>28</b> 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) . . . . .	<b>28</b> <u>-3000.00</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**

<b>29</b> Adjustment (see instructions for Part IV and Schedule I adjustments)		
<b>a</b> 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-) . . . . .	<b>29a</b>	<u>0.00</u>
<b>b</b> Fill in gain from Part III, line 27, (if blank, fill in -0-) . . . . .	<b>29b</b>	<u>.00</u>
<b>c</b> If line 29b is more than 29a, subtract line 29a from line 29b. See instructions on where to enter this amount . . . . .	<b>29c</b>	<u>.00</u>
<b>d</b> If line 29b is less than 29a, subtract line 29b from line 29a. See instructions on where to enter this amount . . . . .	<b>29d</b>	<u>.00</u>
<b>e</b> 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-) . . . . .	<b>29e</b>	<u>3000.00</u>
<b>f</b> Fill in loss from Part III, line 28 as a positive amount . . . . .	<b>29f</b>	<u>.00</u>
<b>g</b> If line 29f is more than 29e, subtract line 29e from line 29f. See instructions for where to enter this amount . . . . .	<b>29g</b>	<u>.00</u>
<b>h</b> If line 29f is less than 29e, subtract line 29f from line 29e. See instructions for where to enter this amount . . . . .	<b>29h</b>	<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.)

<b>30</b> Fill in loss shown on line 8 as a positive amount. If none, fill in -0- and skip lines 31 through 34 . . . . .	<b>30</b>	<u>142879.00</u>
<b>31</b> Fill in gain shown on line 17. If that line is blank or shows a loss, fill in -0- . . . . .	<b>31</b>	<u>0.00</u>
<b>32</b> Subtract line 31 from line 30 . . . . .	<b>32</b>	<u>142879.00</u>
<b>33</b> Fill in the smaller of line 28 or line 32, treating both as positive amounts . . . . .	<b>33</b>	<u>3000.00</u>
<b>34</b> Subtract line 33 from line 32. This is your <b>short-term capital loss carryover</b> from 2023 to 2024 . . . . .	<b>34</b>	<u>139879.00</u>
<b>35</b> Fill in loss from line 17 as a positive amount. If none, fill in -0- and skip lines 36 through 39 . . . . .	<b>35</b>	<u>64189.00</u>
<b>36</b> Fill in gain shown on line 8. If that line is blank or shows a loss, fill in -0- . . . . .	<b>36</b>	<u>0.00</u>
<b>37</b> Subtract line 36 from line 35 . . . . .	<b>37</b>	<u>64189.00</u>
<b>38</b> Subtract line 33 from line 28, treating both as positive amounts. ( <b>Note:</b> If you skipped lines 31 through 34, fill in amount from line 28 as a positive amount.) . . . . .	<b>38</b>	<u>0.00</u>
<b>39</b> Subtract line 38 from line 37. This is your <b>long-term capital loss carryover</b> from 2023 to 2024 . . . . .	<b>39</b>	<u>64189.00</u>

