

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

beginning _____, 2023 ending _____, 20____.

Note

Check here if an amended return

DO NOT STAPLE

See page 5 before assembling return

Your legal last name PUSULOORI	Legal first name JAWAHAR	M.I.	Your social security number 588225492
If a joint return, spouse's legal last name TAMMINA	Spouse's legal first name NIHARIKA	M.I.	Spouse's social security number 300194673
Home address (number and street). If you have a PO Box, see page 12. 7342 S 50TH STREET		Apt. no.	
City or post office FRANKLIN	State WI	Zip code 53132	
Filing status Check <input checked="" type="checkbox"/> below <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 <input type="checkbox"/>		Tax district Check below then fill in either the name of the city, village, or town and the county in which you lived at the end of 2023. <input checked="" type="checkbox"/> City <input type="checkbox"/> Village <input type="checkbox"/> Town City, village, or town <input checked="" type="checkbox"/> FRANKLIN County of <input checked="" type="checkbox"/> MILWAUKEE School district number See page 45 3619	
<input type="checkbox"/> Head of household, NOT married (see page 13). <input type="checkbox"/> Head of household, married (see page 13).		Special conditions <input type="checkbox"/> <input type="checkbox"/> Form 804 filed with return (see page 10)	
Legal last name Legal first name M.I.		If married, fill in spouse's SSN above and full name here	

Use **BLACK Ink** ● Print numbers like this → 0 | 23456789 **Not** like this → 0147 ● **NO COMMAS; NO CENTS**

1	Federal adjusted gross income from Form 1040, line 11	1	217901.00
2	Adjustments to federal adjusted gross income from <i>Schedule I</i> , line 3 (see page 13)	2	0.00
3	Add lines 1 and 2. This is your federal adjusted gross income for Wisconsin purposes	3	217901.00
	Form W-2 wages included in line 3		219541.00
4	Total additions to income from Schedule AD, line 33. Include Schedule AD (see page 14) .	4	.00
5	Add lines 3 and 4	5	217901.00
6	Total subtractions from income from Schedule SB, line 50. Include Schedule SB (see page 14) Enter as a positive number	6	1345.00
7	Subtract line 6 from line 5. This is your Wisconsin income.	7	216556.00
8	Standard deduction. See table on page 35, OR ▼ If someone else can claim you (or your spouse) as a dependent, see page 15 and check here <input type="checkbox"/>	8	0.00
9	Subtract line 8 from line 7. If line 8 is larger than line 7, fill in 0	9	216556.00
10	Exemptions (Caution: See page 15)		
a	Fill in exemptions allowed 3 x \$700 ..	10a	2100.00
b	Check if 65 or older <input type="checkbox"/> You + <input type="checkbox"/> Spouse = _____ x \$250 ..	10b	.00
c	Add lines 10a and 10b	10c	2100.00

PAPER CLIP payment here



NO COMMAS; NO CENTS

11	Subtract line 10c from line 9. If line 10c is larger than line 9, fill in 0. This is taxable income . . .	11	<u>214456.00</u>
12	Tax (see table on page 38)	12	<u>10869.00</u>
13	Itemized deduction credit. Include Schedule 1, page 4	13	<u>1169.00</u>
14	Additional child and dependent care tax credit (see page 17)		
	Federal credit from Form 2441 \blacktriangleright <u>.00</u> x 50% =	14	<u>.00</u>
15	School property tax credit		
a	Rent paid in 2023 – heat included <u>.00</u> } Find credit from table page 19 .	15a	<u>.00</u>
	Rent paid in 2023 – heat not included <u>.00</u> }		
b	Property taxes paid on home in 2023 <u>.00</u> Find credit from table page 20 .	15b	<u>.00</u>
16	Working families tax credit (see page 20)	16	<u>0.00</u>
17	Married couple credit. Include Schedule 2, page 4	17	<u>480.00</u>
18	Nonrefundable credits from line 34 of Schedule CR	18	<u>.00</u>
19	Net income tax paid to another state. Include Schedule OS <input type="checkbox"/>	19	<u>.00</u>
20	Add lines 13 through 19	20	<u>1649.00</u>
21	Subtract line 20 from line 12. If line 20 is larger than line 12, fill in 0. This is your net tax	21	<u>9220.00</u>
22	Sales and use tax due on internet, mail order, or other out-of-state purchases (see page 23) 22 <u>.00</u>		
	If you certify that no sales or use tax is due, check here \blacktriangleright <input checked="" type="checkbox"/> <u>X</u>		
23	Donations (decreases refund or increases amount owed)		
a	Endangered resources <u>.00</u>	e	Military family relief <u>.00</u>
b	Cancer research <u>.00</u>	f	Second Harvest/Feeding Amer. <u>.00</u>
c	Veterans trust fund <u>.00</u>	g	Red Cross WI Disaster Relief <u>.00</u>
d	Multiple sclerosis <u>.00</u>	h	Special Olympics Wisconsin <u>.00</u>
	Total (add lines a through h) . . . \blacktriangleright	23i	<u>.00</u>
24	Penalties on IRAs, retirement plans, MSAs, etc. (see page 25) . . . <u>.00</u> x .33 =	24	<u>.00</u>
25	Other penalties (see page 25)	25	<u>.00</u>
26	Add lines 21, 22, 23i, 24, and 25	26	<u>9220.00</u>
27	Wisconsin tax withheld. Include withholding statements	27	<u>11227.00</u>
28	2023 estimated tax payments and amount applied from 2022 return. . .	28	<u>.00</u>
29	Earned income credit. Number of qualifying children \blacktriangleright <u> </u>		
	Federal credit. <u>.00</u> x <u> </u> % =	29	<u>.00</u>
30	Farmland preservation credit. a Schedule FC, line 17.	30a	<u>.00</u>
	b Schedule FC-A, line 13	30b	<u>.00</u>
31	Repayment credit (see page 27)	31	<u>.00</u>



Name(s) shown on Form 1 JAWAHAR PUSULOORI & NIHARIKA TAMMINA	Your social security number 588225492
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NO COMMAS; NO CENTS

32	Homestead credit. Include Schedule H or H-EZ	32	<u> </u>	.00
33	Eligible veterans and surviving spouses property tax credit	33	<u> </u>	.00
34	Refundable credits from Schedule CR, line 40. Include Schedule CR	34	<u> </u>	.00
35	AMENDED RETURN ONLY—Amounts previously paid (see page 31)	35	<u> </u>	.00
36	Add lines 27 through 35	36	<u> 11227</u>	.00
37	AMENDED RETURN ONLY—Amounts previously refunded (see page 31)	37	<u> </u>	.00
38	Subtract line 37 from line 36	38	<u> </u>	11227.00
39	If line 38 is larger than line 26, subtract line 26 from line 38. This is the AMOUNT YOU OVERPAID	39	<u> </u>	2007.00
40	Amount of line 39 you want REFUNDED TO YOU	40	<u> </u>	2007.00
41	Amount of line 39 you want APPLIED TO YOUR 2024 ESTIMATED TAX	41	<u> 0</u>	.00
42	If line 38 is smaller than line 26, subtract line 38 from line 26. This is the AMOUNT YOU UNDERPAID	42	<u> </u>	.00
43	Underpayment interest. Fill in exception code-See Sch. U <u> </u>	43	<u> </u>	.00
44	Add lines 42 and 43. This is the AMOUNT YOU OWE . Paper clip payment to front of return	44	<u> </u>	.00
45	Interest (see page 34)	45	<u> </u>	.00

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

Designee's name ▶	Phone no. ▶	Personal identification number (PIN) ▶				
		<table border="1" style="width:100%; height: 20px; border-collapse: collapse;"> <tr> <td style="width:25%;"></td> <td style="width:25%;"></td> <td style="width:25%;"></td> <td style="width:25%;"></td> </tr> </table>				

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)
		4245586474	_____
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



Name JAWAHAR PUSULOORI & NIHARIKA TAMMINA	Social Security Number 588225492
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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)	.00
<u>2</u>	United States government interest	.00
<u>3</u>	Unemployment compensation	.00
<u>4</u>	Social security adjustment	.00
<u>5</u>	Capital gain/loss subtraction	1345.00
<u>6</u>	Medical care insurance	.00
<u>7</u>	Long-term care insurance	.00
<u>8</u>	Tuition and fee expenses	.00
<u>9</u>	Private school tuition (Schedule PS)	.00
<u>10</u>	Contributions to an Edvest or Tomorrow's Scholar college savings account (Schedule CS)	.00
<u>11</u>	Distributions of certain earnings from Wisconsin state-sponsored college tuition programs	.00
<u>12</u>	Military and uniformed services retirement benefits	.00
<u>13</u>	Local and state retirement benefits	.00
<u>14</u>	Federal retirement benefits	.00
<u>15</u>	Railroad retirement benefits, railroad unemployment insurance, and sickness benefits	.00
<u>16</u>	Retirement income subtraction	.00
<u>17</u>	Reserve or National Guard members	.00
<u>18</u>	U.S. Armed Forces active duty pay	.00
<u>19</u>	Combat zone related death	.00
<u>20</u>	Adoption expenses	.00
<u>21</u>	Contributions to ABLE accounts	.00
<u>22</u>	Disability income exclusion (Schedule 2440W)	.00
<u>23</u>	Wisconsin net operating loss deduction	.00
<u>24</u>	Farm loss carryover	.00
<u>25</u>	Native Americans	.00
<u>26</u>	Sale of business assets or assets used in farming to a related person	.00
<u>27</u>	Recoveries of federal itemized deductions	.00
<u>28</u>	Repayment of income previously taxed	.00
<u>29</u>	Add lines 1 through 28. Enter here and on line 30, page 2	1345.00



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30	Enter amount from line 29 on page 1	30	<u>1345.00</u>
31	Human organ donation	31	<u>.00</u>
32	Expenses paid to related entities	32	<u>.00</u>
33	Income from a related entity	33	<u>.00</u>
34	Legislator's per diem	34	<u>.00</u>
35	Sales of certain insurance policies	35	<u>.00</u>
36	Physician or psychiatrist grant	36	<u>.00</u>
37	Olympic, Paralympic, and Special Olympic medals and United States Olympic Committee and Special Olympic Board of Directors prize money	37	<u>.00</u>
38	AmeriCorps education awards	38	<u>.00</u>
39	Differences in federal and Wisconsin basis of assets	39	<u>.00</u>
40	Reserved for future use	40	<u>.00</u>
41	Differences in federal and Wisconsin reporting of marital property (community) income	41	<u>.00</u>
42	Charitable contributions from tax-option (S) corporations (list and provide amount)		
a	Name _____		
	FEIN _____ Amount 42a _____		<u>.00</u>
b	Name _____		
	FEIN _____ Amount 42b _____		<u>.00</u>
c	Name _____		
	FEIN _____ Amount 42c _____		<u>.00</u>
d	Add lines 42a through 42c	42d	<u>.00</u>
43	Tax-option (S) corporation adjustments. Do not include adjustments listed on line 46 (list and provide amount)		
a	Name _____		
	FEIN _____ Amount 43a _____		<u>.00</u>
b	Name _____		
	FEIN _____ Amount 43b _____		<u>.00</u>
c	Name _____		
	FEIN _____ Amount 43c _____		<u>.00</u>
d	Add lines 43a through 43c	43d	<u>.00</u>
44	Add lines 30 through 41, 42d and 43d. Enter here and on line 45, page 3	44	<u>1345.00</u>



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45 Enter amount from line 44 on page 2 **45** 1345.00

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** 1345.00



Schedule **WD**

Wisconsin
Department of Revenue

Capital Gains and Losses

◆ Include with Wisconsin Form 1 or 1NPR ◆

2023

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

JAWAHAR PUSULOORI & NIHARIKA TAMMINA

Your social security number

588-22-5492

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

Note: Round all amounts (use a minus sign (-) for negative amounts)	(d) Proceeds (sales price)	(e) Cost or other basis	(g) Adjustments to gain or loss from Form(s) 8949, Part I, line 2, column (g)	(h) Gain or loss Subtract column (e) from column (d) and combine the result with column (g)
1a Amount from line 1a of Schedule D	.00	.00		.00
1b Amount from line 1b of Schedule D	.00	.00	.00	.00
2 Amount from line 2 of Schedule D	.00	.00	.00	.00
3 Amount from line 3 of Schedule D	.00	.00	.00	.00
4 Short-term gain from Form 6252 and short-term gain or loss from Forms 4684, 6781, and 8824			4	.00
5 Net short-term gain or loss from partnerships, S corporations, estates, and trusts from Schedule(s) K-1			5	.00
6 Adjustment from Wisconsin Schedule T (see Basis Difference in instructions)			6	.00
7 Short-term capital loss carryover from 2022 Wisconsin Schedule WD, line 34. Enter amount as a negative number			7	-6655.00
8 Net short-term capital gain or loss. Combine lines 1a through 7 in column (h)			8	-6655.00

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

Note: Round all amounts (use a minus sign (-) for negative amounts)	(d) Proceeds (sales price)	(e) Cost or other basis	(g) Adjustments to gain or loss from Form(s) 8949, Part II, line 2, column (g)	(h) Gain or loss Subtract column (e) from column (d) and combine the result with column (g)
9a Amount from line 8a of Schedule D	.00	.00		.00
9b Amount from line 8b of Schedule D	.00	.00	.00	.00
10 Amount from line 9 of Schedule D	.00	.00	.00	.00
11 Amount from line 10 of Schedule D	.00	.00	.00	.00
12 Gain from Form 4797, Part I; long-term gain from Forms 2439 and 6252; and long-term gain or loss from Forms 4684, 6781, and 8824			12	.00
13 Net long-term gain or loss from partnerships, S corporations, estates, and trusts from Schedule(s) K-1			13	.00
14 Capital gain distributions			14	.00
15 Adjustment from Wisconsin Schedule T (see Basis Difference in instructions)			15	.00
15a Adjustment from Wisconsin Schedule QI. Enter amount as a negative number			15a	.00
16 Long-term capital loss carryover from 2022 Wisconsin Schedule WD, line 39. Enter amount as a negative number			16	.00
17 Net long-term capital gain or loss. Combine lines 9a through 16 in column (h)			17	.00

Go on to Part III →



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Part III Summary of Parts I and II (see instructions) - use a minus sign (-) for negative amounts.

18 Combine lines 8 and 17, and fill in the net gain or loss here (if line 18 is a loss, go to line 28)	18	<u>-6655.00</u>
19 Fill in the smaller of line 17 or 18, or -0- if a loss or no entry on line 17	19	<u>.00</u>
20 Fill in 30% of line 19	20	<u>.00</u>
21 Fill in the amount of long-term capital gain from the sale of farm assets listed on Form 8949 and taxable to Wisconsin plus gain from the sale of farm assets that is included on line 12 or 13 of Schedule WD. If zero, skip lines 22 through 25 and fill in the amount from line 20 on line 26	21	<u>.00</u>
22 Gain included in line 17. Do not include any losses in this amount	22	<u>.00</u>
23 Divide line 21 by line 22. Carry the decimal to 4 places	23	<u>_____</u>
24 Multiply line 19 by the decimal amount on line 23	24	<u>.00</u>
25 Fill in 30% of line 24	25	<u>.00</u>
26 Add lines 20 and 25	26	<u>.00</u>
27 Subtract line 26 from line 18	27	<u>.00</u>
28 If line 18 shows a loss, fill in the smaller of:	(a) The loss on line 18,	
	(b) \$3,000/\$1,500 (see instructions), or	
	(c) Wisconsin ordinary income (see instructions)	28 <u>-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

29 Adjustment (see instructions for Part IV and Schedule I adjustments)		
a Fill in gain from line 7 of federal Form 1040 or 1040-SR, or gain from line 1e of Schedule I, if filed (if a loss, fill in -0-)	29a	<u>0.00</u>
b Fill in gain from Part III, line 27, (if blank, fill in -0-)	29b	<u>0.00</u>
c If line 29b is more than 29a, subtract line 29a from line 29b. See instructions on where to enter this amount	29c	<u>.00</u>
d If line 29b is less than 29a, subtract line 29b from line 29a. See instructions on where to enter this amount	29d	<u>.00</u>
e Fill in loss from line 7 of federal Form 1040 or 1040-SR, as a positive amount or the loss from line 2c of Schedule I, if filed (if a gain, fill in -0-)	29e	<u>1655.00</u>
f Fill in loss from Part III, line 28 as a positive amount	29f	<u>3000.00</u>
g If line 29f is more than 29e, subtract line 29e from line 29f. See instructions for where to enter this amount	29g	<u>1345.00</u>
h If line 29f is less than 29e, subtract line 29f from line 29e. See instructions for where to enter this amount	29h	<u>.00</u>

Part V Computation of Capital Loss Carryovers from 2023 to 2024 (Complete this part if the loss on line 18 is more than the loss on line 28.)

30 Fill in loss shown on line 8 as a positive amount. If none, fill in -0- and skip lines 31 through 34	30	<u>6655.00</u>
31 Fill in gain shown on line 17. If that line is blank or shows a loss, fill in -0-	31	<u>0.00</u>
32 Subtract line 31 from line 30	32	<u>6655.00</u>
33 Fill in the smaller of line 28 or line 32, treating both as positive amounts	33	<u>3000.00</u>
34 Subtract line 33 from line 32. This is your short-term capital loss carryover from 2023 to 2024	34	<u>3655.00</u>
35 Fill in loss from line 17 as a positive amount. If none, fill in -0- and skip lines 36 through 39	35	<u>0.00</u>
36 Fill in gain shown on line 8. If that line is blank or shows a loss, fill in -0-	36	<u>.00</u>
37 Subtract line 36 from line 35	37	<u>.00</u>
38 Subtract line 33 from line 28, treating both as positive amounts. (Note: If you skipped lines 31 through 34, fill in amount from line 28 as a positive amount.)	38	<u>.00</u>
39 Subtract line 38 from line 37. This is your long-term capital loss carryover from 2023 to 2024	39	<u>.00</u>

