

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

Personal information section including name, social security numbers, and address.

Filing Status section with checkboxes for Single, Married filing jointly, etc.

Digital Assets section with Yes/No options.

Standard Deduction section with checkboxes for dependent status.

Age/Blindness section with checkboxes for age and blindness.

Table for Dependents with columns for name, SSN, relationship, and tax credit.

Main income table with columns for income type (1a-15) and amounts.

Attach Sch. B if required.

Standard Deduction for... Single or Married filing separately, \$13,850...

Tax and Credits table with rows 16-24. Includes Tax (see instructions), Amount from Schedule 2, Child tax credit, Amount from Schedule 3, Other taxes, and total tax.

Payments table with rows 25-33. Includes Federal income tax withheld (Form(s) W-2, 1099, etc.), 2023 estimated tax payments, Earned income credit, and total payments.

Refund table with rows 34-36. Includes amount overpaid, amount refunded to you (routing number, account number, type), and amount applied to 2024 estimated tax.

Amount You Owe table with rows 37-38. Includes amount you owe and estimated tax penalty.

Third Party Designee section with instructions and checkboxes for Yes/No, and fields for name, phone, and PIN.

Sign Here section with declaration of preparer, signature lines for preparer and spouse, and contact information (phone, email).

Paid Preparer Use Only section with fields for preparer's name, signature, date, PTIN, firm's name, address, and 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 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
HARESH BABU PAKKI & ANUSHA KARAKAVALASA

Your social security number
384-33-7001

Part I Additional Income

1	Taxable refunds, credits, or offsets of state and local income taxes		1	
2a	Alimony received		2a	
b	Date of original divorce or separation agreement (see instructions): _____			
3	Business income or (loss). Attach Schedule C		3	
4	Other gains or (losses). Attach Form 4797		4	
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E		5	-18,746.
6	Farm income or (loss). Attach Schedule F		6	
7	Unemployment compensation		7	
8	Other income:			
a	Net operating loss	8a ()		
b	Gambling	8b		
c	Cancellation of debt	8c		
d	Foreign earned income exclusion from Form 2555	8d ()		
e	Income from Form 8853	8e		
f	Income from Form 8889	8f		
g	Alaska Permanent Fund dividends	8g		
h	Jury duty pay	8h		
i	Prizes and awards	8i		
j	Activity not engaged in for profit income	8j		
k	Stock options	8k		
l	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	8l		
m	Olympic and Paralympic medals and USOC prize money (see instructions)	8m		
n	Section 951(a) inclusion (see instructions)	8n		
o	Section 951A(a) inclusion (see instructions)	8o		
p	Section 461(l) excess business loss adjustment	8p		
q	Taxable distributions from an ABLÉ account (see instructions)	8q		
r	Scholarship and fellowship grants not reported on Form W-2	8r		
s	Nontaxable amount of Medicaid waiver payments included on Form 1040, line 1a or 1d	8s ()		
t	Pension or annuity from a nonqualified deferred compensation plan or a nongovernmental section 457 plan	8t		
u	Wages earned while incarcerated	8u		
z	Other income. List type and amount: _____	8z		
9	Total other income. Add lines 8a through 8z		9	
10	Combine lines 1 through 7 and 9. This is your additional income . Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8		10	-18,746.

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

Schedule 1 (Form 1040) 2023

Part II Adjustments to Income

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

**SCHEDULE E
(Form 1040)**

Supplemental Income and Loss

OMB No. 1545-0074

(From rental real estate, royalties, partnerships, S corporations, estates, trusts, REMICs, etc.)

2023
Attachment
Sequence No. **13**

Department of the Treasury
Internal Revenue Service

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

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

Name(s) shown on return

HARESH BABU PAKKI & ANUSHA KARAKAVALASA

Your social security number

384-33-7001

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 7 -142/5/8 , REVALLAPALEM VISAKHAPATNAM MADHURAWADA, ANDHRA PRADESH IN 530048

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	
A 3		365		0	<input type="checkbox"/>
B					<input type="checkbox"/>
C					<input type="checkbox"/>

Type of Property:

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

Income:	Properties:		
	A	B	C
3 Rents received	3 724.		
4 Royalties received	4		
Expenses:			
5 Advertising	5		
6 Auto and travel (see instructions)	6		
7 Cleaning and maintenance	7 3,975.		
8 Commissions	8		
9 Insurance	9		
10 Legal and other professional fees	10		
11 Management fees	11 2,723.		
12 Mortgage interest paid to banks, etc. (see instructions)	12		
13 Other interest	13		
14 Repairs	14 2,810.		
15 Supplies	15 3,789.		
16 Taxes	16		
17 Utilities	17 3,541.		
18 Depreciation expense or depletion	18 2,632.		
19 Other (list) _____	19		
20 Total expenses. Add lines 5 through 19	20 19,470.		
21 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 Form 6198	21 -18,746.		
22 Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions)	22 (18,746.)		
23a Total of all amounts reported on line 3 for all rental properties	23a 724.		
b Total of all amounts reported on line 4 for all royalty properties	23b		
c Total of all amounts reported on line 12 for all properties	23c		
d Total of all amounts reported on line 18 for all properties	23d 2,632.		
e Total of all amounts reported on line 20 for all properties	23e 19,470.		
24 Income. Add positive amounts shown on line 21. Do not include any losses	24		
25 Losses. Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here	25 (18,746.)		
26 Total rental real estate and royalty income or (loss). 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	26 -18,746.		

For Paperwork Reduction Act Notice, see the separate instructions.

NPA -18,746.

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 for instructions and the latest information.

Name(s) shown on return

HARESH BABU PAKKI & ANUSHA KARAKAVALASA

Your social security number

384-33-7001

Part I Child Tax Credit and Credit for Other Dependents

1	Enter the amount from line 11 of your Form 1040, 1040-SR, or 1040-NR		1	149,998.
2a	Enter income from Puerto Rico that you excluded	2a		
b	Enter the amounts from lines 45 and 50 of your Form 2555	2b	0.	
c	Enter the amount from line 15 of your Form 4563	2c		
d	Add lines 2a through 2c	2d	0.	
3	Add lines 1 and 2d	3	149,998.	
4	Number of qualifying children under age 17 with the required social security number	4	1	
5	Multiply line 4 by \$2,000	5	2,000.	
6	Number of other dependents, including any qualifying children who are not under age 17 or who do not have the required social security number	6	0	
	Caution: 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.			
7	Multiply line 6 by \$500	7		
8	Add lines 5 and 7	8	2,000.	
9	Enter the amount shown below for your filing status. <ul style="list-style-type: none"> • Married filing jointly—\$400,000 } • All other filing statuses—\$200,000 } 	9	400,000.	
10	Subtract line 9 from line 3. <ul style="list-style-type: none"> • 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. } 	10	0.	
11	Multiply line 10 by 5% (0.05)	11	0.	
12	Is the amount on line 8 more than the amount on line 11?	12	2,000.	
	<input type="checkbox"/> No. STOP. 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"/> Yes. Subtract line 11 from line 8. Enter the result.			
13	Enter the amount from Credit Limit Worksheet A	13	17,521.	
14	Enter the smaller of line 12 or line 13. This is your child tax credit and credit for other dependents	14	2,000.	

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.

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

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

21	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.		
22	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	22	
23	Add lines 21 and 22	23	
24	1040 and 1040-SR filers: Enter the total of the amounts from Form 1040 or 1040-SR, line 27, and Schedule 3 (Form 1040), line 11. } 1040-NR filers: Enter the amount from Schedule 3 (Form 1040), line 11. }	24	
25	Subtract line 24 from line 23. If zero or less, enter -0-	25	
26	Enter the larger of line 20 or line 25 Next, enter the smaller of line 17 or line 26 on line 27.	26	

Part II-C Additional Child Tax Credit

27	This is your additional child tax credit. Enter this amount on Form 1040, 1040-SR, or 1040-NR, line 28		
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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 for instructions and the latest information.**

Taxpayer name(s) shown on return HARESH BABU PAKKI & ANUSHA KARAKAVALASA	Taxpayer identification number 384-33-7001
Preparer's name SYAM PRIYA RAM SAGAR GUPTA TALLAM	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
1 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"/>	
2 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"/>
3 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"/>	
4 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"/>	
a Did you make reasonable inquiries to determine the correct, complete, and consistent information?	<input type="checkbox"/>	<input type="checkbox"/>	
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"/>	
5 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"/>	
6 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"/>	
7 Did you ask the taxpayer if any of these credits were disallowed or reduced in a previous year? (If credits were disallowed or reduced, go to question 7a; if not, go to question 8.)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
a Did you complete the required recertification Form 8862?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8 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
9a 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? (If the taxpayer is claiming the EIC and does not have a qualifying child, go to question 10.)	<input type="checkbox"/>	<input type="checkbox"/>	
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"/>	
c 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
10 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"/>	
11 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"/>
12 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
13 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
14 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
15 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 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 01/21/24 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 PAKKI	Your legal first name and initial HARESH BABU	Your social security number 384337001
Spouse's legal last name KARAKAVALASA	Spouse's legal first name and initial ANUSHA	Spouse's social security number 301934433
Legal name of trust	FEIN	
Home address (number and street or rural route) 1566 EDGEBROOK LN		Telephone number (636) 2532858
City or post office CARVER	State MN	Zip code 55315

- 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
 \$ 11.00

Please do not staple your payment to this voucher

2080164013384337001301934433020231214125000001100

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 fields: Your legal last name (PAKKI), Legal first name (HARESH BABU), M.I., Your social security number (384337001), Spouse's legal last name (KARAKAVALASA), Spouse's legal first name (ANUSHA), M.I., Spouse's social security number (301934433)

Home address (1566 EDGEBROOK LN), City or post office (CARVER), State (MN), Zip code (55315), Foreign Country, Foreign province/state/country, Foreign postal code

Tax district: Check below then fill in either the name of the Wisconsin city, village, or town, and the county in which you lived at the end of 2023 or before leaving Wisconsin (nonresidents leave blank).

Filing status: Single, Married filing joint return (checked), Married filing separate return, Head of household, NOT married, Head of household, married

County of

School district number See page 58

Special conditions: Form 804 filed with return (see page 12)

Resident status: Check the status that applies. You Spouse. Full-year resident of Wisconsin, Nonresident of Wisconsin; state of residence MN (checked), Part-year resident of Wisconsin from to



Note: Complete residence questionnaire, page 60

PAPER CLIP check or money order here

Income table with columns: Income, Print numbers like this (0123456789), NO COMMAS NO CENTS, A. Federal column, B. Wisconsin column. Rows include Wages, salaries, tips, etc. (168744.00), Taxable interest (.00), Ordinary dividends (.00), Taxable refunds, credits, or offsets of state and local income taxes (Not Taxable), Alimony received (.00), Business income or (loss) (.00), Capital gain or (loss) (.00), Other gains or (losses) (.00), IRA distributions (.00), Pensions and annuities (0.00), Rental real estate, royalties, partnerships, S corporations, trusts, etc. (-18746.00), Farm income or (loss) (.00), Unemployment compensation (.00), Social security benefits (.00), Other income (see page 22). Include Schedule M if line 15b has an amount (.00), Combine lines 1 through 15 (149998.00)

1-0501

Adjustments to Income		A. Federal column	B. Wisconsin column
17	Educator expenses	.00	.00
18	Certain business expenses of reservists, performing artists, and fee-basis government officials	.00	.00
19	Health savings account deduction	.00	.00
20	Moving expenses for members of the armed forces	.00	.00
21	Deductible part of self-employment tax	.00	.00
22	Self-employed SEP, SIMPLE, and qualified plans	.00	.00
23	Self-employed health insurance deduction	.00	.00
24	Penalty on early withdrawal of savings	.00	.00
25	Alimony paid	.00	.00
26	IRA deduction	.00	.00
27	Student loan interest deduction	.00	.00
28	Other adjustments (see page 26). Include Schedule M if line 28b has an amount	.00	.00
29	Total adjustments to income. Add lines 17 through 28	.00	.00
Adjusted Gross Income			
30	Wisconsin income. Subtract line 29, column B from line 16, column B		13190.00
31	Federal income. Subtract line 29, column A from line 16, column A	149998.00	
32	Divide line 30 by line 31. Carry the decimal to four places. If amount on line 30 is more than amount on line 31, fill in 1.0000. (See page 27)		.0879

Tax Computation			
33	Fill in the larger of Wisconsin income from line 30, column B or federal income from line 31, column A. But , if Wisconsin income from line 30 is zero or less, fill in 0 (zero)	33	149998.00
34a	If you (or your spouse) can be claimed as a dependent on anyone else's return, check here and see the "Exception" in the instructions for line 34c on page 28	34a	<input type="checkbox"/>
34b	Aliens (see page 28 to determine if you must check line 34b)	34b	<input type="checkbox"/>
34c	Find the standard deduction for amount on line 31 using table on page 48	34c	0.00
35	Subtract line 34c from line 33. If line 34c is more than line 33, fill in 0 (zero)	35	149998.00
36	Exemptions (Caution: see page 28)		
a	Fill in exemptions allowed 3 x \$700	36a	2100.00
b	Check if 65 or older <input type="checkbox"/> You + <input type="checkbox"/> Spouse = <input type="checkbox"/> x \$250	36b	.00
c	Add lines 36a and 36b	36c	2100.00
37	Subtract line 36c from line 35. If line 36c is more than line 35, fill in 0 (zero)	37	147898.00
38	Tax (see table on page 51)	38	7341.00
39	Itemized deduction credit. Complete Schedule 1 (page 4, Form 1NPR)	39	.00
40	Additional child and dependent care tax credit		
	Federal credit from Form 2441 <input type="checkbox"/> .00 x 50% =	40	.00
41	School property tax credits (part-year and full-year residents only)		
a	Rent paid in 2023—heat included .00	} Find credit from table page 32	41a .00
	Rent paid in 2023—heat not included .00		
b	Property taxes paid on home in 2023 .00	} Find credit from table page 33	41b .00
42	Add credits on lines 39, 40, 41a, and 41b	42	.00
43	Subtract line 42 from line 38. If line 42 is more than line 38, fill in 0 (zero)	43	7341.00
44	Fill in ratio from line 32	44	.0879
45	Multiply line 43 by ratio on line 44	45	645.00

Name(s) shown on Form 1NPR HARESH BABU PAKKI & ANUSHA KARAKAVALASA		Your social security number 384337001
46	Fill in amount from line 45	46 <u>645.00</u>
47	Working families tax credit. (Full-year Wisconsin residents only)	47 <u>.00</u>
48	Married couple credit. Complete Schedule 2 (page 4, Form 1NPR)	48 <u>0.00</u>
49	Nonrefundable credits from Schedule CR, line 34. Include Schedule CR	49 <u>.00</u>
50	Net income tax paid to another state. Include Schedule OS	50 <u>.00</u>
51	Add lines 47 through 50	51 <u>0.00</u>
52	Subtract line 51 from line 46. If line 51 is more than line 46, fill in 0 (zero). This is your net tax	52 <u>645.00</u>
53	Sales and use tax due on internet, mail order, or other out-of-state purchases (see page 36) If you certify that no sales or use tax is due, check here <input checked="" type="checkbox"/>	53 <u>.00</u>
54	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) →	54i <u>.00</u>
55	Penalties on IRAs, other retirement plans, MSAs, etc. (see page 37) <u>.00</u> x .33 =	55 <u>.00</u>
56	Other penalties (see page 38)	56 <u>.00</u>
57	Add lines 52 through 56	57 <u>645.00</u>

Payments and Credits

58	Wisconsin income tax withheld. Include readable withholding statements	58 <u>634.00</u>
59	2023 Wisconsin estimated tax paid and amount applied from 2022 return	59 <u>.00</u>
60	Earned income credit. (Full-year Wisconsin residents only) Number of qualifying children <u> </u> Federal credit <u> </u> x <u> </u> % =	60 <u>.00</u>
61	Farmland preservation credit. a. Schedule FC, line 17	61a <u>.00</u>
	b. Schedule FC-A, line 13	61b <u>.00</u>
62	Repayment credit	62 <u>.00</u>
63	Homestead credit. (Full-year Wisconsin residents only)	63 <u>.00</u>
64	Eligible veterans and surviving spouses property tax credit	64 <u>.00</u>
65	Refundable credits from Schedule CR, line 40	65 <u>.00</u>
66	AMENDED RETURN ONLY – amount previously paid (see page 44)	66 <u>.00</u>
67	Add lines 58 through 66	67 <u>634.00</u>
68	AMENDED RETURN ONLY – amount previously refunded (see page 44)	68 <u>.00</u>
69	Subtract line 68 from line 67	69 <u>634.00</u>

Refund or Amount You Owe

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



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

73	If line 69 is less than line 57, subtract line 69 from line 57 . . . This is the AMOUNT UNDERPAID	73	11.00
74	Underpayment interest. Fill in exception code – see Sch. U → _____	74	.00
75	Add lines 73 and 74. This is the AMOUNT YOU OWE	75	11.00
76	Interest (see page 47)	76	.00

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

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

--	--	--	--	--

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

Your signature _____ Date _____ Wisconsin Identity Protection PIN (7 characters) _____

Sign here ▶

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

Sign here ▶

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

Mail your return to: Wisconsin Department of Revenue
 (if tax is due) PO Box 268 Madison WI 53790-0001
 (if refund or no tax due) PO Box 59 Madison WI 53785-0001

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

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

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

	(A) YOURSELF	(B) YOUR SPOUSE		
1	Wages, salaries, tips, etc., included in column B of line 1 on Form 1NPR. Do not include deferred compensation (even though reported on a W-2) or taxable scholarships or fellowships not reported on a W-2	1	0.00	13190.00
2	Net profit or (loss) from self-employment from federal Schedules C, C-EZ, and F (Form 1040), Schedule K-1 (Form 1065), and any other taxable self-employment or earned income included in column B on Form 1NPR	2	.00	.00
3	Combine lines 1 and 2. This is your total Wisconsin earned income	3	0.00	13190.00
4	Add amounts on Form 1NPR, lines 18, 22, 26, and 28, column B. Fill in the total of these adjustments that apply to your or your spouse's earned income	4	0.00	.00
5	Subtract line 4 from line 3. This is your qualified earned income	5	0.00	13190.00
6	Compare the amount in columns (A) and (B) of line 5. Fill in the smaller amount here. If more than \$16,000, fill in \$16,000	6	0.00	0.00
7	Rate of credit is .03 (3%)	7	x .03	
8	Multiply line 6 by line 7. Round the result and fill in here and on line 48 of Form 1NPR. Do not fill in more than \$480.	8		0.00





2023 Form M1, Individual Income Tax

Do not use staples on anything you submit.

HARESH BABU _____ PAKKI _____ 384337001 _____ 08102003 _____
 Your First Name and Initial Last Name Your Social Security Number Your Date of Birth (MM/DD/YYYY)

ANUSHA _____ KARAKAVALASA _____ 301934433 _____ 11051990 _____
 If a Joint Return, Spouse's First Name and Initial Spouse's Last Name Spouse's Social Security Number Spouse's Date of Birth

1566 EDGEBROOK LN _____ Check if Address is: New Foreign
 Current Home Address

CARVER _____ MN _____ 55315 _____
 City State ZIP Code

2023 Federal Filing Status (place an X in one box):

(1) Single (2) Married Filing Jointly (3) Married Filing Separately (4) Head of Household (5) Qualifying Surviving Spouse

Spouse Name _____
 Spouse SSN _____

State Elections Campaign Fund

To grant \$5 to this fund, enter the code for the party of your choice. It will help candidates for state offices pay campaign expenses. This will not increase your tax or reduce your refund.

Political Party Code Numbers: Republican11 Grassroots/Legalize Cannabis 14 Legal Marijuana Now17
 Democratic/Farmer-Labor . . .12 Libertarian16 General Campaign Fund99

Your Code Spouse's Code

From Your Federal Return (see instructions)

<u>168744</u>	<u>0</u>	<u>0</u>	<u>122298</u>
A. Wages, salaries, tips, etc.	B. IRA, pensions, and annuities	C. Unemployment	D. Federal taxable income
1	Federal adjusted gross income (from line 11 of federal Form 1040 and 1040-SR)	1	<u>149998</u>
2	Additions to income from line 10 of Schedule M1M and line 9 of Schedule M1MB (see instructions)	2	_____
3	Add lines 1 and 2.	3	<u>149998</u>
4	Itemized deductions (from Schedule M1SA) or your standard deduction (see instructions)	4	<u>27650</u>
5	Exemptions (from Schedule M1DQC)	5	<u>4800</u>
6	State income tax refund from line 1 of federal Schedule 1	6	_____
7	Subtractions from line 35 of Schedule M1M and line 21 of Schedule M1MB (see instructions)	7	_____
8	Total subtractions. Add lines 4 through 7.	8	<u>32450</u>
9	Minnesota taxable income. Subtract line 8 from line 3. If zero or less, leave blank.	9	<u>117548</u>
10	Tax from the table or schedules in the Form M1 instructions	10	<u>7356</u>
11	Alternative minimum tax (enclose Schedule M1MT)	11	_____
12	Add lines 10 and 11	12	<u>7356</u>
13	Full-year residents: Enter the amount from line 12 on line 13. Skip lines 13a and 13b. Part-year residents and nonresidents: From Schedule M1NR, enter the amount from line 32 on line 13, from line 28 on line 13a, and from line 29 on line 13b (enclose Schedule M1NR)	13	<u>7356</u>
13a	_____ <u>0</u>	13b	_____ <u>0</u>



2023 Schedule M1C, Nonrefundable Credits

Complete this schedule to determine line 16 of Form M1. Include this schedule when filing your return.

HARESH BABU
Your First Name and Initial

PAKKI
Your Last Name

384337001
Your Social Security Number

- 1 Marriage Credit for joint return when both spouses have taxable earned income or taxable retirement income (*enclose Schedule M1MA*) **1** ■ 235
- 2 Credit for long-term care insurance premiums paid (*enclose Schedule M1LTI*) **2** ■ _____
- 3 Credit for taxes paid to another state (*enclose Schedules M1CR and M1RCR*) **3** ■ 626
- 4 Credit for Past Military Service (*see instructions*) **4** ■ _____
- 5 Employer Transit Pass Credit (*enclose Schedule ETP*) **5** ■ _____
- 6 SEED Capital Investment Credit (*see instructions; enclose certification*) **6** ■ _____
- 7 Education Savings Account Contribution Credit (*enclose Schedule M1529*) **7** ■ _____
- 8 Credit for Attaining Master’s Degree in Teacher’s Licensure Field (*enclose Schedule M1CMD*) **8** ■ _____
- 9 Student Loan Credit (*enclose Schedule M1SLC*) **9** ■ _____
- 10 Beginning Farmer Management Credit **10** ■ _____
Enter the certificate number from the certificate you received from the Rural Finance Authority:
BF 23 - _____
- 11 Film Production Credit **11** ■ _____
Enter the credit certificate number: TAXC - _____
- 12 Tax Credit for Owners of Agricultural Assets **12** ■ _____
Enter the certificate number from the certificate you received from the Rural Finance Authority:
AO 23 - _____
AO 23 - _____
AO 23 - _____
- 13 Credit for Sales of Manufactured Home Parks to Cooperatives **13** ■ _____
- 14 Short Line Railroad Infrastructure Modernization Credit **14** ■ _____
- 15 Housing Tax Credit **15** ■ _____
Enter the credit certificate number:
SHTC - _____ - _____
- 16 Credit for increasing research activities (*enclose Schedule KPI, KS, or KF*) **16** ■ _____
- 17 Carryforward of prior-year Beginning Farmer Management Credits (*see instructions*) **17** ■ _____
BF ____ - _____
BF ____ - _____
- 18 Carryforward of prior-year Owners of Agricultural Assets Credits (*see instructions*) **18** ■ _____
AO ____ - _____
AO ____ - _____



19 Carryforward of prior-year Credit for Increasing Research Activities 19 ■ _____
List the years the credits were reported to you on Schedule KPI, KS, or KF:

20 Alternative Minimum Tax Credit (*enclose Schedule M1MTC*) 20 ■ _____

21 Add lines 1 through 20. Enter total here and on line 16 of Form M1. 21 _____ 861

You must include this schedule with your Form M1.





2023 Schedule M1MA, Marriage Credit

HARESH BABU
Your First Name and Initial

PAKKI
Your Last Name

384337001
Your Social Security Number

ANUSHA
Spouse's First Name and Initial

KARAKAVALASA
Spouse's Last Name

301934433
Spouse's Social Security Number

Part 1

A — Taxpayer **B — Spouse**

1	Wages, salaries, tips, and other employee compensation (see instructions)	1	<u>70542</u>	<u>98202</u>
2	Self-employment income (from line 3 of federal Schedule SE, less the self-employment tax deduction from line 13 of federal Schedule SE).	2	_____	_____
3	Taxable income received from a retirement pension, profit-sharing, stock bonus, or annuity plan (see instructions)	3	_____	<u>0</u>
4	Taxable Social Security benefits (see instructions)	4	_____	_____
5	Add lines 1 through 4 for each column	5	<u>70542</u>	<u>98202</u>
6	Amount from line 5, Column A or B, whichever is less (If less than \$28,000, STOP HERE. You do not qualify)	6	<u>70542</u>	_____
7	Joint taxable income from line 9 of Form M1. (If less than \$44,000, STOP HERE. You do not qualify)	7	_____	<u>117548</u>
8	If line 6 is less than \$114,000, determine the amount of your credit using lines 6 and 7 and the table in the instructions. — Full-year residents: Enter the result here and on line 1 of Schedule M1C — Part-year residents and nonresidents: Skip ahead to Part 3	8	_____	<u>235</u>

If line 6 is \$114,000 or more, continue to Part 2

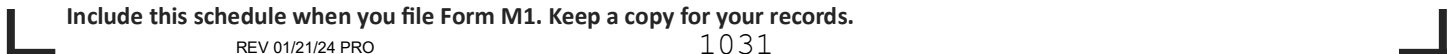
Part 2 — If Line 6 is \$114,000 or More

9	Enter the amount from line 6	9	_____	_____
10	Value of one-half of the standard deduction for Married Filing Jointly	10	_____	<u>13,825</u>
11	Subtract line 10 from line 9	11	_____	_____
12	Using the tax rate schedule for single persons in the M1 instructions, compute the tax for the amount on line 11	12	_____	_____
13	Amount from line 7	13	_____	_____
14	Amount from line 11.	14	_____	_____
15	Subtract line 14 from line 13 (If zero or less, STOP HERE. You do not qualify).	15	_____	_____
16	Using the tax rate schedule for single persons in the Form M1 instructions, compute the tax for the amount on line 15	16	_____	_____
17	Tax from line 10 of Form M1	17	_____	_____
18	Add lines 12 and 16	18	_____	_____
19	Subtract line 18 from line 17. If the result is more than \$1,710, enter \$1,710. If result is zero or less, you do not qualify. Full-year residents: Enter the result here and on line 1 of Schedule M1C Part-year residents and nonresidents: Continue to Part 3.	19	_____	_____

Part 3 — Part-Year Residents and Nonresidents

20	Part-year residents and nonresidents: Enter the decimal from line 30 of Schedule M1NR	20	_____	_____
21	Multiply line 8 or line 19, whichever is applicable, by line 20. Enter the result here and on line 1 of Schedule M1C	21	_____	_____

Include this schedule when you file Form M1. Keep a copy for your records.





2023 Schedule M1RCR, Credit for Tax Paid to Wisconsin

HARESH BABU
Your First Name and Initial

PAKKI
Last Name

384337001
Social Security Number

Complete this schedule if you paid state income tax to Minnesota and Wisconsin on the same income while a resident of Minnesota. If you paid income tax to other states or Canadian provinces, complete Schedule M1CR, *Credit for Income Tax Paid to Another State*.

To be eligible for this credit, all of these must apply:

- You were a full-year or part-year Minnesota resident in 2023
- You paid 2023 state income tax to **both Minnesota and Wisconsin on the same income**
- You were a Minnesota resident when both states taxed the same income

Check this box if you are claiming a credit for taxes paid by a pass-through entity in another state (see instructions).

Round amounts to the nearest whole dollar.

Full-Year Residents and Part-Year Residents

1	Amount of adjusted gross income you received while a Minnesota resident that was taxed by Wisconsin (see instructions)	1	13190
2	Your adjusted gross income adjusted by U.S. bond interest and bonds of another state (see instructions)	2	149998
3	Divide line 1 by line 2. Enter the result as a decimal (carry to five decimal places; if line 1 is more than line 2, enter 1.00000)	3	0 08793
4	Complete the lines below to determine your Minnesota tax after credits.		
	a Tax from line 13 of Form M1.	4 a	7356
	b Add lines 1-2 and 4-9 of Schedule M1C.	4 b	235
	Subtract line 4b from line 4a (if result is zero or less, enter 0)	4	7121
5	Multiply line 4 by line 3	5	626
6	From your Wisconsin Form 1NPR, enter the income tax amount before you subtract any tax withheld or estimated tax payments (see instructions)	6	645
7	Full-year residents: Enter amount from line 5 or line 6, whichever is less. Also include on line 3 of Schedule M1C. Part-year residents: Complete the worksheet in the instructions. Do not enter more than the amount on line 5 ...	7	626
8	Subtract line 7 from line 6.	8	19
9	Amount included on line 1 that is from wages or personal service income received while a Minnesota resident that was taxed by Wisconsin	9	
10	Divide line 9 by line 1 (carry to five decimal places; if line 9 is more than line 1, enter 1.00000)	10	
11	Full-year residents: Multiply line 8 by line 10. Enter the result here and line 5 of Schedule M1REF. Part-year residents: Complete the worksheet in the instructions. Enter the result here and line 5 of Schedule M1REF.	11	

You must include this schedule with your Form M1.





2023 Schedule M1W, Minnesota Income Tax Withheld

Complete this schedule to report Minnesota income tax withheld. Include this schedule when you file your return.

HARESH BABU <small>Your First Name and Initial</small>	PAKKI <small>Last Name</small>	384337001 <small>Your Social Security Number</small>
ANUSHA <small>If a Joint Return, Spouse's First Name and Initial</small>	KARAKAVALASA <small>Spouse's Last Name</small>	301934433 <small>Spouse's Social Security Number</small>

If you received a federal Form W-2, 1099, W-2G, 1042-S, or Minnesota Schedule KPI, KS, or KF showing Minnesota income tax withheld, complete this schedule to determine line 20 of Form M1. List only the forms that report Minnesota income tax withheld. Round dollar amounts to the nearest whole dollar. You must include this schedule when you file your return. **DO NOT** send in your Forms W-2, 1099, or W-2G; keep them with your tax records. All instructions are included on this schedule.

1 Minnesota wages and Minnesota tax withheld on Forms W-2, other than from Forms W-2G. If you have more than five Forms W-2, complete line 5 on the back.

A If the Form W-2 is for:	B—Box 13 If Retirement Plan box is checked, mark an X below.	C—Box 15 Employer's seven-digit Minnesota Tax ID Number	D—Box 16 State wages, tips, etc. <i>(round to nearest whole dollar)</i>	E—Box 17 Minnesota tax withheld <i>(round to nearest whole dollar)</i>
• you, enter 1	b1 <input type="checkbox"/>	c1 MN 7927356	d1 53636	e1 2560
• spouse, enter 2	b2 <input checked="" type="checkbox"/>	c2 MN 1816022	d2 70542	e2 3326
a1 2	b3 <input type="checkbox"/>	c3 MN 4678763	d3 31376	e3 2016
a2 1	b4 <input type="checkbox"/>	c4 MN	d4	e4
a3 2	b5 <input type="checkbox"/>	c5 MN	d5	e5
a4				
a5				

Subtotal for additional Forms W-2 (from line 5 on page 2) _____

Total Minnesota tax withheld on all Forms W-2 (add amounts in line 1, column E) 1 ■ 7902

2 Minnesota tax withheld on Forms 1099, W-2G, and 1042-S. If you have more than four forms, complete line 6 on the back.

A If the Form 1099, W-2G, or 1042-S is for:	B Payer's seven-digit Minnesota Tax ID Number (if unknown, contact the payer)	C Income amount (see the table on the back for amounts to include)	D Minnesota tax withheld <i>(round to nearest whole dollar)</i>
• you, enter 1	b1 MN	c1	d1
• spouse, enter 2	b2 MN	c2	d2
a1	b3 MN	c3	d3
a2	b4 MN	c4	d4
a3			
a4			

Subtotal for additional 1099, W-2G, and 1042-S (from line 6 on page 2) _____

Total Minnesota tax withheld on all 1099, W-2G, and 1042-S (add amounts in line 2, column D) 2 ■

3 Total Minnesota tax withheld by partnerships, S corporations, and fiduciaries (from line 7 on page 2) 3 ■

4 Total. Add the Minnesota tax withheld on lines 1, 2, and 3.
Enter the total here and on line 20 of Form M1 **4 ■ 7902**

**Include this schedule with your Form M1.
If required, include Schedules KPI, KS, and KF.**



2023 Schedule M1DQC, Dependents and Qualifying Children

Use this schedule to provide information about your dependents, qualifying children. If you need to list more than three, provide a separate statement with the additional dependents and qualifying children.

HARESH BABU
Your First Name and Initial

PAKKI
Last Name

384337001
Social Security Number

	A — Child 1	B — Child 2	C — Child 3
First name and middle initial	a1 <u>DIVIJ</u>	b1 _____	c1 _____
Last name	a2 <u>PAKKI</u>	b2 _____	c2 _____
Social Security Number or Individual Taxpayer Identification Number	a3 <u>222351305</u>	b3 _____	c3 _____
Date of Birth	a4 <u>02012017</u>	b4 _____	c4 _____
Relationship to you	a5 <u>Son</u>	b5 _____	c5 _____
Check the box if you are claiming them as a dependent	a6 <input checked="" type="checkbox"/>	b6 <input type="checkbox"/>	c6 <input type="checkbox"/>
Number of months they lived with you	a7 _____	b7 _____	c7 _____
Check the box if they were over age 17 but under age 24 and a full-time student	a8 <input type="checkbox"/>	b8 <input type="checkbox"/>	c8 <input type="checkbox"/>
Check the box if they were permanently and totally disabled in any part of 2023	a9 <input type="checkbox"/>	b9 <input type="checkbox"/>	c9 <input type="checkbox"/>
Check the box if they are a qualifying child	a10 <input type="checkbox"/>	b10 <input type="checkbox"/>	c10 <input type="checkbox"/>
Check the box if they are a qualifying older child	a11 <input type="checkbox"/>	b11 <input type="checkbox"/>	c11 <input type="checkbox"/>

