

# 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 <b>GARIMA RAMAN</b>	Social security number 099-04-3724
Spouse's name	Spouse's social security number

## 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>	113,391.
<b>2</b> Total tax . . . . .	<b>2</b>	17,286.
<b>3</b> Federal income tax withheld from Form(s) W-2 and Form(s) 1099 . . . . .	<b>3</b>	19,627.
<b>4</b> Amount you want refunded to you . . . . .	<b>4</b>	2,341.
<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 

4	3	7	2	4
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 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 \_\_\_\_\_ to enter or generate my PIN 

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 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 Last name Your social security number
GARIMA RAMAN 099 04 3724

If joint return, spouse's first name and middle initial Last name Spouse's social security number

Home address (number and street). If you have a P.O. box, see instructions. Apt. no.
7656 LISA LN 219 Presidential Election Campaign

City, town, or post office. If you have a foreign address, also complete spaces below. State ZIP code
MIDDLETON WI 53562 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 [X] Single [ ] Head of household (HOH)
[ ] Married filing jointly (even if only one had income)
[ ] Married filing separately (MFS) [ ] Qualifying surviving spouse (QSS)
If you checked the MFS box, enter the name of your spouse. If you checked the HOH or QSS box, enter the child's name if the qualifying person is a child but not your dependent:

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 [X] No

Standard Deduction Someone can claim: [ ] You as a dependent [ ] Your spouse as a dependent
[ ] Spouse itemizes on a separate return or you were a dual-status alien

Age/Blindness You: [ ] Were born before January 2, 1959 [ ] Are blind Spouse: [ ] Was born before January 2, 1959 [ ] Is blind

Table with 5 columns: (1) First name, Last name, (2) Social security number, (3) Relationship to you, (4) Check the box if qualifies for (see instructions): Child tax credit, Credit for other dependents.

Income table with columns 1a-1i and 1z. 1a Total amount from Form(s) W-2, box 1 (see instructions) 113,341. 1b Household employee wages not reported on Form(s) W-2. 1c Tip income not reported on line 1a (see instructions). 1d Medicaid waiver payments not reported on Form(s) W-2 (see instructions). 1e Taxable dependent care benefits from Form 2441, line 26. 1f Employer-provided adoption benefits from Form 8839, line 29. 1g Wages from Form 8919, line 6. 1h Other earned income (see instructions) 0. 1i Nontaxable combat pay election (see instructions). 1z Add lines 1a through 1h 113,341.

Table with columns 2a-2b, 3a-3b, 4a-4b, 5a-5b, 6a-6b. 2a Tax-exempt interest. 2b Taxable interest. 3a Qualified dividends 11. 3b Ordinary dividends 50. 4a IRA distributions. 4b Taxable amount. 5a Pensions and annuities. 5b Taxable amount. 6a Social security benefits. 6b Taxable amount.

Table with columns 7-15. 7 Capital gain or (loss). Attach Schedule D if required. If not required, check here. 8 Additional income from Schedule 1, line 10. 9 Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income 113,391. 10 Adjustments to income from Schedule 1, line 26. 11 Subtract line 10 from line 9. This is your adjusted gross income 113,391. 12 Standard deduction or itemized deductions (from Schedule A) 13,850. 13 Qualified business income deduction from Form 8995 or Form 8995-A. 14 Add lines 12 and 13 13,850. 15 Subtract line 14 from line 11. If zero or less, enter -0-. This is your taxable income 99,541.

Attach Sch. B if required.

Standard Deduction for—
• Single or Married filing separately, \$13,850
• Married filing jointly or Qualifying surviving spouse, \$27,700
• Head of household, \$20,800
• If you checked any box under Standard Deduction, see instructions.

<b>Tax and Credits</b>	<b>16</b>	<b>Tax</b> (see instructions). Check if any from Form(s): <b>1</b> <input type="checkbox"/> 8814 <b>2</b> <input type="checkbox"/> 4972 <b>3</b> <input type="checkbox"/> _____	<b>16</b>	17,286.
	<b>17</b>	Amount from Schedule 2, line 3	<b>17</b>	
	<b>18</b>	Add lines 16 and 17	<b>18</b>	17,286.
	<b>19</b>	Child tax credit or credit for other dependents from Schedule 8812	<b>19</b>	
	<b>20</b>	Amount from Schedule 3, line 8	<b>20</b>	
	<b>21</b>	Add lines 19 and 20	<b>21</b>	
	<b>22</b>	Subtract line 21 from line 18. If zero or less, enter -0-	<b>22</b>	17,286.
	<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>	17,286.	

<b>Payments</b>	<b>25</b>	Federal income tax withheld from:		
	<b>a</b>	Form(s) W-2	<b>25a</b>	19,627.
	<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>	19,627.
	<b>26</b>	2023 estimated tax payments and amount applied from 2022 return	<b>26</b>	
	<b>27</b>	Earned income credit (EIC) <input type="checkbox"/> 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>	19,627.	

<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>	2,341.
	<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>	2,341.
	<b>b</b>	Routing number <u>1 1 1 0 0 0 6 1 4</u> <b>c</b> Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings		
	<b>d</b>	Account number <u>7 5 7 5 6 2 3 0 8</u>		
<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 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	If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.)
Phone no. (979) 985-7722	Email address GARIMA.RAMAN31@GMAIL.COM		

**Paid Preparer Use Only**

Preparer's name SYAM PRIYA RAM SAGAR GUPTA	Preparer's signature SYAM PRIYA RAM SAGAR GUPTA	Date 04/01/2024	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				

**Health Savings Accounts (HSAs)**

Department of the Treasury  
Internal Revenue Service

Attach to Form 1040, 1040-SR, or 1040-NR.  
Go to [www.irs.gov/Form8889](http://www.irs.gov/Form8889) for instructions and the latest information.

**2023**  
Attachment  
Sequence No. **52**

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

Social security number of HSA beneficiary.  
If both spouses have HSAs, see instructions.  
099-04-3724

GARIMA RAMAN

**Before you begin:** Complete Form 8853, Archer MSAs and Long-Term Care Insurance Contracts, if required.

**Part I HSA Contributions and Deduction.** See the instructions before completing this part. If you are filing jointly and both you and your spouse each have separate HSAs, complete a separate Part I for each spouse.

1	Check the box to indicate your coverage under a high-deductible health plan (HDHP) during 2023. See instructions . . . . .	<input checked="" type="checkbox"/> Self-only <input type="checkbox"/> Family
2	HSA contributions you made for 2023 (or those made on your behalf), including those made by the unextended due date of your tax return that were for 2023. <b>Do not</b> include employer contributions, contributions through a cafeteria plan, or rollovers. See instructions . . . . .	2 0.
3	If you were under age 55 at the end of 2023 and, on the first day of <b>every</b> month during 2023, you were, or were considered, an eligible individual with the <b>same</b> coverage, enter \$3,850 (\$7,750 for family coverage). <b>All others</b> , see the instructions for the amount to enter . . . . .	3 3,850.
4	Enter the amount you and your employer contributed to your Archer MSAs for 2023 from Form 8853, lines 1 and 2. If you or your spouse had family coverage under an HDHP at any time during 2023, also include any amount contributed to your spouse's Archer MSAs . . . . .	4 0.
5	Subtract line 4 from line 3. If zero or less, enter -0- . . . . .	5 3,850.
6	Enter the amount from line 5. But if you and your spouse each have separate HSAs and had family coverage under an HDHP at any time during 2023, see the instructions for the amount to enter . . . . .	6 3,850.
7	If you were age 55 or older at the end of 2023, married, and you or your spouse had family coverage under an HDHP at any time during 2023, enter your additional contribution amount. See instructions . . . . .	7 0.
8	Add lines 6 and 7 . . . . .	8 3,850.
9	Employer contributions made to your HSAs for 2023 . . . . .	9 662.
10	Qualified HSA funding distributions . . . . .	10
11	Add lines 9 and 10 . . . . .	11 662.
12	Subtract line 11 from line 8. If zero or less, enter -0- . . . . .	12 3,188.
13	<b>HSA deduction.</b> Enter the <b>smaller</b> of line 2 or line 12 here and on Schedule 1 (Form 1040), Part II, line 13 <b>Caution:</b> If line 2 is more than line 13, you may have to pay an additional tax. See instructions.	13 0.

**Part II HSA Distributions.** If you are filing jointly and both you and your spouse each have separate HSAs, complete a separate Part II for each spouse.

14a	Total distributions you received in 2023 from all HSAs (see instructions) . . . . .	14a
b	Distributions included on line 14a that you rolled over to another HSA. Also include any excess contributions (and the earnings on those excess contributions) included on line 14a that were withdrawn by the due date of your return. See instructions . . . . .	14b
c	Subtract line 14b from line 14a . . . . .	14c
15	Qualified medical expenses paid using HSA distributions (see instructions) . . . . .	15
16	<b>Taxable HSA distributions.</b> Subtract line 15 from line 14c. If zero or less, enter -0-. Also, include this amount in the total on Schedule 1 (Form 1040), Part I, line 8f . . . . .	16
17a	If any of the distributions included on line 16 meet any of the <b>Exceptions to the Additional 20% Tax</b> (see instructions), check here . . . . . <input type="checkbox"/>	
b	<b>Additional 20% tax</b> (see instructions). Enter 20% (0.20) of the distributions included on line 16 that are subject to the additional 20% tax. Also, include this amount in the total on Schedule 2 (Form 1040), Part II, line 17c . . . . .	17b

**Part III Income and Additional Tax for Failure To Maintain HDHP Coverage.** See the instructions before completing this part. If you are filing jointly and both you and your spouse each have separate HSAs, complete a separate Part III for each spouse.

18	Last-month rule . . . . .	18
19	Qualified HSA funding distribution . . . . .	19
20	<b>Total income.</b> Add lines 18 and 19. Include this amount on Schedule 1 (Form 1040), Part I, line 8f . . . . .	20
21	<b>Additional tax.</b> Multiply line 20 by 10% (0.10). Include this amount in the total on Schedule 2 (Form 1040), Part II, line 17d . . . . .	21

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

Your legal last name RAMAN, Legal first name GARIMA, M.I., Your social security number 099043724

Home address (number and street). If you have a PO Box, see page 14 7656 LISA LN, Apt. no. 219, Tax district, City or post office MIDDLETON, State WI, Zip code 53562

Filing status [X] Single, [ ] Married filing joint return, [ ] Married filing separate return.

Resident status, School district number 4375, Special conditions, Form 804 filed with return (see page 12)



Resident status Check the status that applies You Spouse, Part-year resident of Wisconsin from 07 24 2023 to 12 31 2023

PAPER CLIP check or money order here

Table with columns: Income, Print numbers like this, NO COMMAS NO CENTS, A. Federal column, B. Wisconsin column. Rows 1-16 detailing wages, interest, dividends, 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		56792.00
<b>31</b>	Federal income. Subtract line 29, column A from line 16, column A	113391.00	
<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)		.5009

<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>	113391.00
<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>	1378.00
<b>35</b>	Subtract line 34c from line 33. If line 34c is more than line 33, fill in 0 (zero)	<b>35</b>	112013.00
<b>36</b>	Exemptions ( <b>Caution: see page 28</b> )		
<b>a</b>	Fill in exemptions allowed <u>1</u> x \$700	<b>36a</b>	700.00
<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>	700.00
<b>37</b>	Subtract line 36c from line 35. If line 36c is more than line 35, fill in 0 (zero)	<b>37</b>	111313.00
<b>38</b>	Tax (see table on page 51)	<b>38</b>	5527.00
<b>39</b>	Itemized deduction credit. Complete Schedule 1 (page 4, Form 1NPR)	<b>39</b>	.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>	.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>	5527.00
<b>44</b>	Fill in ratio from line 32	<b>44</b>	.5009
<b>45</b>	Multiply line 43 by ratio on line 44	<b>45</b>	2768.00

Name(s) shown on Form 1NPR <b>GARIMA RAMAN</b>		Your social security number <b>099043724</b>
<b>46</b>	Fill in amount from line 45	<b>46</b> <u>2768.00</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>.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>.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>2768.00</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>2768.00</u>

**Payments and Credits**

<b>58</b>	Wisconsin income tax withheld. Include readable withholding statements	<b>58</b> <u>2518.00</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>2518.00</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>2518.00</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.

Table with 4 rows: 73 Amount Underpaid 250.00, 74 Underpayment interest .00, 75 Amount You Owe 250.00, 76 Interest .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. X No

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. Sign here Your signature Date Wisconsin Identity Protection PIN (7 characters)

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)

Table with 9 rows: 1 Medical and dental expenses .00, 2 Interest paid .00, 3 Gifts to charity .00, 4 Casualty losses .00, 5 Add lines 1 through 4 .00, 6 Wisconsin standard deduction .00, 7 Subtract line 6 from line 5 .00, 8 Rate of credit is .05 (5%) x .05, 9 Multiply line 7 by line 8 .00

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

Table with 8 rows: 1 Wages, salaries, tips, etc. (A) YOURSELF (B) YOUR SPOUSE, 2 Net profit or (loss) from self-employment, 3 Combine lines 1 and 2, 4 Add amounts on Form 1NPR, lines 18, 22, 26, and 28, column B, 5 Subtract line 4 from line 3, 6 Compare the amount in columns (A) and (B) of line 5, 7 Rate of credit is .03 (3%) x .03, 8 Multiply line 6 by line 7. Round the result and fill in here and on line 48 of Form 1NPR.





# Legal Residence (Domicile) Questionnaire

Your answers to these questions will be used to determine your legal residence. Certain types of income are either taxable or nontaxable to Wisconsin based upon whether you were a legal resident of Wisconsin at the time you received such income. Form 1NPR may be returned to you or its processing delayed if the questionnaire is not completed. If the questionnaire does not fit your situation or you want to submit additional information, include an additional sheet describing your particular circumstances.

NAME(S) GARIMA RAMANSOCIAL SECURITY NUMBER 099043724

Please  one: (If married filing joint return check one box for each spouse.)

You    Spouse

- Full-year Wisconsin resident; did not change domicile from Wisconsin during 2023.
- Changed legal residence from Wisconsin during 2023; have not moved back to Wisconsin.
- Changed legal residence from Wisconsin during or before 2023; have moved back to Wisconsin.
- Changed legal residence to Wisconsin from \_\_\_\_\_ (state or country) on \_\_\_\_\_ (date) during 2023; no previous Wisconsin residency. If you check this box, do not complete the rest of the questionnaire.
- Was a nonresident of Wisconsin for all of 2023. Resident of \_\_\_\_\_  
(Nonresident alien; please indicate country)

If you changed your legal residence from Wisconsin during 2022 or 2023 and you did not previously complete a questionnaire for that change, answer the following questions.

1. a. On what date did you move from Wisconsin? \_\_\_\_\_  
b. When you moved from Wisconsin, did you intend to move back to Wisconsin? \_\_\_\_\_ If yes, when? \_\_\_\_\_  
c. If you moved back to Wisconsin, indicate date and explain the circumstances under which you moved back to Wisconsin. \_\_\_\_\_
2. Did you establish a legal residence in another state? \_\_\_\_\_ If yes, in which state and on what date? \_\_\_\_\_
3. After establishing legal residency in the new state, list the dates you were in Wisconsin. \_\_\_\_\_
4. When were you physically present in your new state of legal residence (please list dates)? \_\_\_\_\_
5. Did your spouse and dependent children (if any) move to your new state of legal residence? \_\_\_\_\_ If yes, when? \_\_\_\_\_
6. a. On what date did you begin working in your new state of legal residence? \_\_\_\_\_  
b. Was your job  permanent,  temporary, or  seasonal? Check one and explain \_\_\_\_\_
7. In your new state of legal residence, referred to in question 2, did you:
  - a. Register to vote? \_\_\_\_\_ If yes, when? \_\_\_\_\_ If no, why not? \_\_\_\_\_
  - b. Purchase a home? \_\_\_\_\_ If yes, when? \_\_\_\_\_ If no, why not? \_\_\_\_\_
  - c. Obtain a driver's license? \_\_\_\_\_ If yes, when? \_\_\_\_\_ If no, why not? \_\_\_\_\_
  - d. Register an auto or other vehicle? \_\_\_\_\_ If yes, when? \_\_\_\_\_ If no, why not? \_\_\_\_\_
  - e. File resident income tax returns? \_\_\_\_\_ If yes, what years filed? \_\_\_\_\_ If no, why not? \_\_\_\_\_
8. Since changing your legal residence from Wisconsin, have you:
  - a. Performed services for income in Wisconsin? \_\_\_\_\_ If yes, when? \_\_\_\_\_
  - b. Purchased/renewed Wisconsin auto license plates? \_\_\_\_\_ If yes, when? \_\_\_\_\_
  - c. Renewed a Wisconsin driver's license? \_\_\_\_\_ If yes, when? \_\_\_\_\_
  - d. Voted in Wisconsin, in person or by absentee ballot? \_\_\_\_\_ If yes, when? \_\_\_\_\_
  - e. Attended or sent your children to Wisconsin schools? \_\_\_\_\_ If yes, when? \_\_\_\_\_
  - f. Purchased a Wisconsin resident hunting, fishing, or trapping license? \_\_\_\_\_ If yes, when? \_\_\_\_\_  
Type of license? \_\_\_\_\_ County purchased in? \_\_\_\_\_
  - g. Listed Wisconsin as your state of legal residence for purposes of your auto insurance? \_\_\_\_\_
  - h. Listed Wisconsin as your state of legal residence for purposes of your will? \_\_\_\_\_
  - i. Listed Wisconsin as your state of legal residence for purposes of any legal proceedings? \_\_\_\_\_ If yes, when? \_\_\_\_\_
  - j. Obtained or renewed any Wisconsin trade or professional licenses or union memberships? \_\_\_\_\_ If yes, when? \_\_\_\_\_
9. If you answered "yes" to any of the questions 8a through 8j, please explain why you have taken such action. \_\_\_\_\_
10. Did you or your spouse own the real estate you occupied as your home while living in Wisconsin? \_\_\_\_\_ If yes, have you disposed of it? \_\_\_\_\_ If yes, when? \_\_\_\_\_ If you still own the Wisconsin home, what use do you make of it and how often? \_\_\_\_\_
11. If you established a legal residence in a new state but are using a Wisconsin address on your 2023 tax returns, please explain. \_\_\_\_\_