

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 KAMMISETTY	Legal first name VENKATA RATHNAD	M.I.	Your social security number 888377422
If a joint return, spouse's legal last name	Spouse's legal first name	M.I.	Spouse's social security number
Home address (number and street). If you have a PO Box, see page 12. 5946 JOANNE DRIVE		Apt. no. 208	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 RACINE County of RACINE School district number See page 45 4620
City or post office RACINE		State WI	
Filing status Check <input checked="" type="checkbox"/> below			Special conditions <input type="checkbox"/> <input type="checkbox"/> Form 804 filed with return (see page 10)
<input checked="" type="checkbox"/> Single			
<input 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"/>			
<input type="checkbox"/> Head of household, NOT married (see page 13).		If married, fill in spouse's SSN above and full name here <input type="checkbox"/>	
<input type="checkbox"/> Head of household, married (see page 13).			

Use **BLACK Ink** ● Print numbers like this → 0 1 2 3 4 5 6 7 8 9 **Not** like this → 0147 ● **NO COMMAS; NO CENTS**

1 Federal adjusted gross income from Form 1040, line 11	1	55648.00
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	55648.00
Form W-2 wages included in line 3		55648.00
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	55648.00
6 Total subtractions from income from Schedule SB, line 50. Include Schedule SB (see page 14) Enter as a positive number	6	.00
7 Subtract line 6 from line 5. This is your Wisconsin income.	7	55648.00
8 Standard deduction. See table on page 35, OR <input type="checkbox"/> If someone else can claim you (or your spouse) as a dependent, see page 15 and check here <input type="checkbox"/>	8	8278.00
9 Subtract line 8 from line 7. If line 8 is larger than line 7, fill in 0	9	47370.00
10 Exemptions (Caution: See page 15)		
a Fill in exemptions allowed <u>1</u> x \$700	10a	700.00
b Check if 65 or older <input type="checkbox"/> You + <input type="checkbox"/> Spouse = <input type="checkbox"/> x \$250	10b	.00
c Add lines 10a and 10b	10c	700.00

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>46670.00</u>
12	Tax (see table on page 38)	12	<u>2099.00</u>
13	Itemized deduction credit. Include Schedule 1, page 4	13	<u>.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>.00</u>
17	Married couple credit. Include Schedule 2, page 4	17	<u>.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 <u>NY</u>	19	<u>391.00</u>
20	Add lines 13 through 19	20	<u>391.00</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>1708.00</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 <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>1708.00</u>
27	Wisconsin tax withheld. Include withholding statements	27	<u>2118.00</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 VENKATA RATHNADEEP KAMMISSETTY	Your social security number 888377422
--	---

		NO COMMAS; NO CENTS
32	Homestead credit. Include Schedule H or H-EZ	32 _____ .00
33	Eligible veterans and surviving spouses property tax credit . .	33 _____ .00
34	Refundable credits from Schedule CR, line 40. Include Schedule CR	34 _____ .00
35	AMENDED RETURN ONLY—Amounts previously paid (see page 31)	35 _____ .00
36	Add lines 27 through 35	36 _____ 2118.00
37	AMENDED RETURN ONLY—Amounts previously refunded (see page 31)	37 _____ .00
38	Subtract line 37 from line 36	38 _____ 2118.00
39	If line 38 is larger than line 26, subtract line 26 from line 38. This is the AMOUNT YOU OVERPAID	39 _____ 410.00
40	Amount of line 39 you want REFUNDED TO YOU	40 _____ 410.00
41	Amount of line 39 you want APPLIED TO YOUR 2024 ESTIMATED TAX	41 _____ 0.00
42	If line 38 is smaller than line 26, subtract line 38 from line 26. This is the AMOUNT YOU UNDERPAID	42 _____ .00
43	Underpayment interest. Fill in exception code-See Sch. U _____	43 _____ .00
44	Add lines 42 and 43. This is the AMOUNT YOU OWE . Paper clip payment to front of return	44 _____ .00
45	Interest (see page 34)	45 _____ .00

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

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

--	--	--	--	--	--

Paper clip copies of your federal income tax return and schedules to this return. Assemble your return (pages 1-4) and withholding statements in the order listed on page 5.

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

Your signature	Date	Daytime Phone	Wisconsin Identity Protection PIN (7 characters)
_____	_____	6073130279	_____
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



Schedule **OS**

Wisconsin
Department of Revenue

**Credit for Net Tax Paid
to Another State**

Attach to your Wisconsin Form 1, 1NPR, or 2

2023

Name(s) shown on Form 1, 1NPR, or 2

Identifying number

VENKATA RATHNADEEP KAMMISSETTY

888-37-7422

To be eligible for this credit, you must have been a full-year or part-year Wisconsin resident in 2023 and have paid 2023 state income tax **on the same income** to Wisconsin and another state.

**Be sure to include a copy of your
tax return from the other state(s).**

NO COMMAS
NO CENTS



		State 1	State 2
PART I – Income From Other State	Postal abbr. →	<u> N </u> <u> Y </u>	<u> — </u> <u> — </u>
1 Wages, salaries, tips, etc		10372.00	.00
2 Business income / loss	2	.00	.00
3 Capital gain / loss00	.00
4 Other gains / losses00	.00
5 IRA distributions, pensions, and annuities00	.00
6 Rental real estate, royalties, partnerships, S corporations, trusts, etc	6	.00	.00
7 Farm income / loss	7	.00	.00
8 Unemployment compensation00	.00
9 Social security benefits00	.00
10 Other income _____	1	.00	.00
11 Add lines 1 through 10 in each column		10372.00	.00
Adjustments to Income			
12 Deductible part of self-employment tax00	.00
13 Self-employed SEP, SIMPLE, and qualified plans00	.00
14 Self-employed health insurance deduction	14	.00	.00
15 IRA deduction	1	.00	.00
16 Other adjustments to income _____	16	.00	.00
17 Add lines 12 through 16 in each column	17	.00	.00
18 Total income taxed by other state – subtract line 17 from line 11	18	10372.00	.00
PART II – Calculation of Credit (Individual, Estate, or Trust Income Tax)			
19 Income taxable to both Wisconsin and other state (see instructions)		10372.00	.00
20 Total income taxed by the other state (see instructions)	20	10372.00	.00
21 Divide line 19 by line 20. Carry the decimal to four places and fill in on line 21. If line 20 is less than line 19, enter 1.0000		<u> 1 </u> . <u> 0 </u> <u> 0 </u> <u> 0 </u> <u> 0 </u>	<u> — </u> <u> — </u> <u> — </u> <u> — </u>
22 From the income tax return of the other state, fill in the net tax amount after subtracting all nonrefundable and refundable credits (see instructions)	22	458.00	.00
23 Multiply line 21 by line 22. Round the result to the nearest dollar. If tax was paid to another state and passed through to you by a tax-option (S) corpora- tion, limited liability company, or partnership, go on to Part III. Otherwise, skip lines 25 through 29 and go on to Part IV. If claiming a credit for net tax paid to Minnesota, Iowa, Illinois, or Michigan, skip lines 30 through 34 and fill in the amount from line 23 on line 35	23	458.00	.00

Name(s) shown on Form 1, 1NPR, or 2 VENKATA RATHNADEEP KAMMISETTY	Identifying number 888-37-7422
--	-----------------------------------

NO COMMAS; NO CENTS

PART III – Calculation of Credit (Shareholders, Partners, and Members)

Caution: See Instructions

		State 1	State 2
24 Postal abbreviation for state to which tax was paid	24	N Y	_ _
25 Income taxable to both Wisconsin and other state (see instructions)	2	0.00	.00
26 Total income taxed by the other state (see instructions)	26	0.00	.00
27 Divide line 25 by line 26. Carry the decimal to four places and fill in on line 27. If line 26 is less than line 25, enter 1.0000	27	_ _ _ _	_ _ _ _
28 From the income tax return of the other state, fill in the net tax amount after subtracting all nonrefundable and refundable credits (see instructions)	2	0.00	.00
29 Multiply line 27 by line 28. Round the result to the nearest dollar. If claiming a credit for net tax paid to Minnesota, Iowa, Illinois, or Michigan, skip lines 30 through 34 and fill in the amount from line 29 on line 36	29	.00	.00

PART IV - Credit Allowed

30 Income taxable to both Wisconsin and other state (see instructions)	3	10372.00	.00
31 Wisconsin income from Form 1, line 7, Form 1NPR, line 30, or Form 2, see instructions	31	55648.00	.00
32 Divide line 30 by line 31. Carry the decimal to four places and fill in on line 32. If line 31 is less than line 30, fill in 1.0000	3	0 . 1 8 6 4	_ _ _ _
33 Fill in the Wisconsin net income tax from: • Form 1, line 12, less the amounts on lines 13 through 18 • Form 1NPR, line 46, less the amounts on lines 47 through 49 • Form 2, line 6c, less the amount on line 7		2099.00	.00
34 Multiply line 32 by line 33. Round the result to the nearest dollar	3	391.00	.00
35 Fill in the amount from line 23		458.00	.00
36 Fill in the amount from line 29	36	.00	.00
37 Add lines 35 and 36	37	458.00	.00
38 Fill in the smaller of line 34 or line 37. If claiming a credit for net tax paid to Minnesota, Iowa, Illinois, or Michigan, fill in the amount from line 37		391.00	.00
39 Add the amounts in each column of line 38. Fill in the total here	39		391.00
40 If you have tax paid to more than 2 states, fill in the amount from line 39 of any additional Schedules OS	40		.00
41 Add lines 39 and 40. This is your credit for tax paid to another state (see instructions)	4		391.00

