

TAXABLE YEAR

FORM

2023

California e-file Signature Authorization for Individuals

8879

Table with 2 columns: Name/Spouse's name and SSN/ITIN. Row 1: ELTON BIBIANO RODRIGUES, 820-15-8107. Row 2: Spouse's/RDP's name, Spouse's/RDP's SSN or ITIN.

Part I Tax Return Information (whole dollars only)

Table with 2 columns: Line number and Amount. Line 1: California adjusted gross income (AGI), 109438. Line 2: Amount you owe, 2. Line 3: Refund or no amount due, 2506.

Part II Taxpayer Declaration and Signature Authorization (Be sure you obtain and keep a copy of your return.)

Under penalties of perjury, I declare that I have examined a copy of my individual income tax return and accompanying schedules and statements for the tax year ending December 31, 2023, and to the best of my knowledge and belief, it is true, correct, and complete. I further declare that the information I provided to my electronic return originator (ERO), transmitter, or intermediate service provider, including my name, address, and social security number (SSN) or individual tax identification number (ITIN), and the amounts shown in Part I above agree with the information and amounts shown on the corresponding lines of my electronic income tax return. If applicable, I authorize an electronic funds withdrawal of the amount on line 2 and/or the estimated tax payments as shown on my return and on form FTB 8455, California e-file Payment Record for Individuals, or a comparable form. If applicable, I declare that direct deposit refund amount on line 3 agrees with the direct deposit authorization stated on my return. If I have filed a joint return, this is an irrevocable appointment of the other spouse/registered domestic partner (RDP) as an agent to authorize an electronic funds withdrawal or direct deposit. I authorize my ERO, transmitter, or intermediate service provider to transmit my complete return to the Franchise Tax Board (FTB). If the processing of my return or refund is delayed, I authorize the FTB to disclose to my ERO, intermediate service provider, and/or transmitter the reason(s) for the delay or the date when the refund was sent. If I am filing a balance due return, I understand that if the FTB does not receive full and timely payment of my tax liability, I remain liable for the tax liability and all applicable interest and penalties. I acknowledge that I have read and consent to the Electronic Funds Withdrawal Consent included on the copy of my electronic income tax return. I have selected a personal identification number (PIN) as my signature for my electronic income tax return and, if applicable, my Electronic Funds Withdrawal Consent.

Taxpayer's PIN: check one box only

[X] I authorize GLOBAL TAXES LLC to enter my PIN 5 8 1 0 7 as my signature on my 2023 e-filed California individual income tax return. Do not enter all zeros

[] I will enter my PIN as my signature on my 2023 e-filed California individual income tax return. 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/RDP's PIN: check one box only

[] I authorize to enter my PIN as my signature on my 2023 e-filed California individual income tax return. Do not enter all zeros

[] I will enter my PIN as my signature on my 2023 e-filed California individual income tax return. 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/RDP's signature Date

Practitioner PIN Method Returns Only -- continue below

Part III Certification and Authentication — Practitioner PIN Method Only

ERO's Electronic Filer Identification Number (EFIN)/PIN.

Enter your six-digit EFIN followed by your five-digit self-selected PIN.

Table with 11 cells containing digits: 2 2 2 4 9 6 0 8 2 7 1

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature for the 2023 California individual income tax return 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 FTB Pub. 1345, 2023 Handbook for Authorized e-file Providers.

ERO's signature Date 02/27/2024

2023 California Resident Income Tax Return

540

APE

ATTACH FEDERAL RETURN

820-15-8107 RODR
ELTONBIBIAN RODRIGUES

23

4762 TILLY DRIVE
FOLSOM CA 95630

12-02-1996

Principal Residence

Enter your county at time of filing (see instructions)

SACRAMENTO

If your address above is the same as your principal/physical residence address at the time of filing, check this box

If not, enter below your principal/physical residence address at the time of filing.

Street address (number and street) (If foreign address, see instructions.)

Apt. no/ste. no.

City

State

ZIP code

If your California filing status is different from your federal filing status, check the box here

Filing Status

- 1 Single
- 2 Married/RDP filing jointly (even if only one spouse/RDP had income). See instructions.
- 3 Married/RDP filing separately. Enter spouse's/RDP's SSN or ITIN above and full name here.
- 4 Head of household (with qualifying person). See instructions.
- 5 Qualifying surviving spouse/RDP. Enter year spouse/RDP died.

6 If someone can claim you (or your spouse/RDP) as a dependent, check the box here. See instr.

Exemptions

► For line 7, line 8, line 9, and line 10: Multiply the number you enter in the box by the pre-printed dollar amount for that line.

Whole dollars only

- 7 **Personal:** If you checked box 1, 3, or 4 above, enter 1 in the box. If you checked box 2 or 5, enter 2 in the box. If you checked the box on line 6, see instructions. 7 X \$144 = \$
- 8 **Blind:** If you (or your spouse/RDP) are visually impaired, enter 1; if both are visually impaired, enter 2. See instructions. 8 X \$144 = \$
- 9 **Senior:** If you (or your spouse/RDP) are 65 or older, enter 1; if both are 65 or older, enter 2. See instructions. 9 X \$144 = \$

Your name: Your SSN or ITIN:

10 Dependents: Do not include yourself or your spouse/RDP.

	Dependent 1	Dependent 2	Dependent 3
First Name	<input type="text"/>	<input type="text"/>	<input type="text"/>
Last Name	<input type="text"/>	<input type="text"/>	<input type="text"/>
SSN. See instructions.	<input type="text"/>	<input type="text"/>	<input type="text"/>
Dependent's relationship to you	<input type="text"/>	<input type="text"/>	<input type="text"/>

Total dependent exemptions ● 10 X \$446 = ● \$

11 Exemption amount: Add line 7 through line 10. Transfer this amount to line 32 ● 11 \$

12 State wages from your federal Form(s) W-2, box 16 ● 12 .00

13 Enter federal adjusted gross income from federal Form 1040 or 1040-SR, line 11 ● 13 .00

14 California adjustments – subtractions. Enter the amount from Schedule CA (540), Part I, line 27, column B. ● 14 .00

15 Subtract line 14 from line 13. If less than zero, enter the result in parentheses. See instructions 15 .00

16 California adjustments – additions. Enter the amount from Schedule CA (540), Part I, line 27, column C. ● 16 .00

17 California adjusted gross income. Combine line 15 and line 16 ● 17 .00

18 Enter the larger of {
 Your California **itemized deductions** from Schedule CA (540), Part II, line 30; **OR**
 Your California **standard deduction** shown below for your filing status:
 • Single or Married/RDP filing separately. \$5,363
 • Married/RDP filing jointly, Head of household, or Qualifying surviving spouse/RDP. \$10,726
 If Married/RDP filing separately or the box on line 6 is checked, **STOP**. See instructions. . . ● 18 .00

19 Subtract line 18 from line 17. This is your **taxable income**. If less than zero, enter -0- ● 19 .00

31 Tax. Check the box if from: Tax Table Tax Rate Schedule

● FTB 3800 ● FTB 3803 ● 31 .00

32 Exemption credits. Enter the amount from line 11. If your federal AGI is more than \$237,035, see instructions. ● 32 .00

33 Subtract line 32 from line 31. If less than zero, enter -0- ● 33 .00

34 Tax. See instructions. Check the box if from: ● Schedule G-1 ● FTB 5870A. . . ● 34 .00

35 Add line 33 and line 34. ● 35 .00

40 Nonrefundable Child and Dependent Care Expenses Credit. See instructions. ● 40 .00

43 Enter credit name code ● and amount. . . ● 43 .00

44 Enter credit name code ● and amount. . . ● 44 .00

Your name: Your SSN or ITIN:

Special Credits	45	To claim more than two credits, see instructions. Attach Schedule P (540)	<input type="radio"/>	45	<input type="text"/>	<input type="text" value=".00"/>
	46	Nonrefundable Renter's Credit. See instructions	<input type="radio"/>	46	<input type="text"/>	<input type="text" value=".00"/>
	47	Add line 40 through line 46. These are your total credits	<input checked="" type="radio"/>	47	<input type="text" value="132"/>	<input type="text" value=".00"/>
	48	Subtract line 47 from line 35. If less than zero, enter -0-	<input checked="" type="radio"/>	48	<input type="text" value="6056"/>	<input type="text" value=".00"/>

Other Taxes	61	Alternative Minimum Tax. Attach Schedule P (540)	<input type="radio"/>	61	<input type="text"/>	<input type="text" value=".00"/>
	62	Mental Health Services Tax. See instructions	<input type="radio"/>	62	<input type="text"/>	<input type="text" value=".00"/>
	63	Other taxes and credit recapture. See instructions	<input type="radio"/>	63	<input type="text"/>	<input type="text" value=".00"/>
	64	Add line 48, line 61, line 62, and line 63. This is your total tax.	<input type="radio"/>	64	<input type="text" value="6056"/>	<input type="text" value=".00"/>

Payments	71	California income tax withheld. See instructions	<input type="radio"/>	71	<input type="text" value="8562"/>	<input type="text" value=".00"/>
	72	2023 California estimated tax and other payments. See instructions	<input type="radio"/>	72	<input type="text"/>	<input type="text" value=".00"/>
	73	Withholding (Form 592-B and/or Form 593). See instructions	<input type="radio"/>	73	<input type="text"/>	<input type="text" value=".00"/>
	74	Excess SDI (or VPD) withheld. See instructions	<input type="radio"/>	74	<input type="text"/>	<input type="text" value=".00"/>
	75	Earned Income Tax Credit (EITC). See instructions	<input type="radio"/>	75	<input type="text"/>	<input type="text" value=".00"/>
	76	Young Child Tax Credit (YCTC). See instructions	<input type="radio"/>	76	<input type="text"/>	<input type="text" value=".00"/>
	77	Foster Youth Tax Credit (FYTC). See instructions	<input type="radio"/>	77	<input type="text"/>	<input type="text" value=".00"/>
	78	Add line 71 through line 77. These are your total payments. See instructions	<input checked="" type="radio"/>	78	<input type="text" value="8562"/>	<input type="text" value=".00"/>

Use Tax	91	Use Tax. Do not leave blank. See instructions.	<input type="radio"/>	91	<input type="text" value="0"/>	<input type="text" value=".00"/>
	If line 91 is zero, check if: <input checked="" type="radio"/> <input type="checkbox"/> No use tax is owed. <input type="radio"/> <input type="checkbox"/> You paid your use tax obligation directly to CDTFA.					

ISR Penalty	92	If you and your household had full-year health care coverage, check the box. See instructions. Medicare Part A or C coverage is qualifying health care coverage.	<input type="radio"/>	<input checked="" type="checkbox"/>		
	If you did not check the box, see instructions. Individual Shared Responsibility (ISR) Penalty. See instructions		<input type="radio"/>	92	<input type="text"/>	<input type="text" value=".00"/>

Overpaid Tax/Tax Due	93	Payments balance. If line 78 is more than line 91, subtract line 91 from line 78	<input checked="" type="radio"/>	93	<input type="text" value="8562"/>	<input type="text" value=".00"/>
	94	Use Tax balance. If line 91 is more than line 78, subtract line 78 from line 91	<input checked="" type="radio"/>	94	<input type="text"/>	<input type="text" value=".00"/>
	95	Payments after Individual Shared Responsibility Penalty. If line 93 is more than line 92, subtract line 92 from line 93.	<input checked="" type="radio"/>	95	<input type="text" value="8562"/>	<input type="text" value=".00"/>
	96	Individual Shared Responsibility Penalty Balance. If line 92 is more than line 93, subtract line 93 from line 92.	<input checked="" type="radio"/>	96	<input type="text"/>	<input type="text" value=".00"/>
	97	Overpaid tax. If line 95 is more than line 64, subtract line 64 from line 95.	<input checked="" type="radio"/>	97	<input type="text" value="2506"/>	<input type="text" value=".00"/>

Your name: Your SSN or ITIN:

Overpaid Tax/Tax Due	98 Amount of line 97 you want applied to your 2024 estimated tax ● 98	<input type="text" value="0"/>	<input type="text" value=".00"/>
	99 Overpaid tax available this year. Subtract line 98 from line 97 ● 99	<input type="text" value="2506"/>	<input type="text" value=".00"/>
	100 Tax due. If line 95 is less than line 64, subtract line 95 from line 64 ● 100	<input type="text"/>	<input type="text" value=".00"/>

		Code	Amount
Contributions	California Seniors Special Fund. See instructions ●	400	<input type="text" value=".00"/>
	Alzheimer's Disease and Related Dementia Voluntary Tax Contribution Fund ●	401	<input type="text" value=".00"/>
	Rare and Endangered Species Preservation Voluntary Tax Contribution Program ●	403	<input type="text" value=".00"/>
	California Breast Cancer Research Voluntary Tax Contribution Fund ●	405	<input type="text" value=".00"/>
	California Firefighters' Memorial Voluntary Tax Contribution Fund ●	406	<input type="text" value=".00"/>
	Emergency Food for Families Voluntary Tax Contribution Fund ●	407	<input type="text" value=".00"/>
	California Peace Officer Memorial Foundation Voluntary Tax Contribution Fund ●	408	<input type="text" value=".00"/>
	California Sea Otter Voluntary Tax Contribution Fund ●	410	<input type="text" value=".00"/>
	California Cancer Research Voluntary Tax Contribution Fund ●	413	<input type="text" value=".00"/>
	School Supplies for Homeless Children Voluntary Tax Contribution Fund ●	422	<input type="text" value=".00"/>
	State Parks Protection Fund/Parks Pass Purchase ●	423	<input type="text" value=".00"/>
	Protect Our Coast and Oceans Voluntary Tax Contribution Fund ●	424	<input type="text" value=".00"/>
	Keep Arts in Schools Voluntary Tax Contribution Fund ●	425	<input type="text" value=".00"/>
	California Senior Citizen Advocacy Voluntary Tax Contribution Fund ●	438	<input type="text" value=".00"/>
	Native California Wildlife Rehabilitation Voluntary Tax Contribution Fund ●	439	<input type="text" value=".00"/>
	Rape Kit Backlog Voluntary Tax Contribution Fund ●	440	<input type="text" value=".00"/>
	Suicide Prevention Voluntary Tax Contribution Fund ●	444	<input type="text" value=".00"/>
Mental Health Crisis Prevention Voluntary Tax Contribution Fund ●	445	<input type="text" value=".00"/>	
110 Add amounts in code 400 through code 445. This is your total contribution ● 110		<input type="text" value=".00"/>	

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Your name: Your SSN or ITIN:

Amount You Owe 111 **AMOUNT YOU OWE.** If you do not have an amount on line 99, add line 94, line 96, line 100, and line 110. See instructions. **Do not send cash.**
Mail to: **FRANCHISE TAX BOARD, PO BOX 942867, SACRAMENTO CA 94267-0001** ● 111 .00
Pay Online – Go to **ftb.ca.gov/pay** for more information.

Interest and Penalties 112 Interest, late return penalties, and late payment penalties 112 .00
113 Underpayment of estimated tax.
Check the box: ● **FTB 5805 attached** ● **FTB 5805F attached** ● 113 .00
114 Total amount due. See instructions. Enclose, but **do not** staple, any payment 114 .00

115 **REFUND OR NO AMOUNT DUE.** Subtract the sum of line 110, line 112, and line 113 from line 99. See instructions.
Mail to: **FRANCHISE TAX BOARD, PO BOX 942840, SACRAMENTO CA 94240-0001** ● 115 .00

Refund and Direct Deposit
Fill in the information to authorize direct deposit of your refund into one or two accounts. **Do not** attach a voided check or a deposit slip.
See instructions. **Have you verified the routing and account numbers?** Use whole dollars only.
All or the following amount of my refund (line 115) is authorized for direct deposit into the account shown below:
● Type
● Routing number Checking ● Account number ● 116 Direct deposit amount .00
 Savings
The remaining amount of my refund (line 115) is authorized for direct deposit into the account shown below:
● Type
● Routing number Checking ● Account number ● 117 Direct deposit amount .00
 Savings

Voter Info.
For voter registration information, check the box and go to **sos.ca.gov/elections**. See instructions

Health Care Coverage Info.
Do you want information on no-cost or low-cost health care coverage? By checking the "Yes" box, you authorize the FTB to share limited information from your tax return with Covered California. See instructions ● Yes No

Sign your tax return on Side 6

Your name: Your SSN or ITIN:

IMPORTANT: See the instructions to find out if you should attach a copy of your complete federal tax return.

Our privacy notice can be found in annual tax booklets or online. Go to ftb.ca.gov/privacy to learn about our privacy policy statement, or go to ftb.ca.gov/forms and search for 1131 to locate FTB 1131 EN-SP, Franchise Tax Board Privacy Notice on Collection. To request this notice by mail, call 800.338.0505 and enter form code 948 when instructed.

Under penalties of perjury, I declare that I have examined this tax return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete.

Your signature: Date: Spouse's/RDP's signature (if a joint tax return, both must sign):

Your email address. Enter only one email address. Preferred phone number

Sign Here

It is unlawful to forge a spouse's/RDP's signature.

Joint tax return? See instructions.

Paid preparer's signature (**declaration of preparer is based on all information of which preparer has any knowledge**)

Firm's name (or yours, if self-employed) PTIN

Firm's address Firm's FEIN

Do you want to allow another person to discuss this tax return with us? See instructions. Yes No

Print Third Party Designee's Name Telephone Number

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2023 California Adjustments — Residents

CA (540)

Important: Attach this schedule behind Form 540, Side 6 as a supporting California schedule.

Name(s) as shown on tax return: **ELTON BIBIANO RODRIGUES** SSN or ITIN: **820158107**

Part I Income Adjustment Schedule		A Federal Amounts (taxable amounts from your federal tax return)	B Subtractions See instructions	C Additions See instructions
Section A – Income from federal Form 1040 or 1040-SR				
1 a	Total amount from federal Form(s) W-2, box 1. See instructions	<input checked="" type="radio"/> 107978	<input checked="" type="radio"/>	<input checked="" type="radio"/> 1460
b	Household employee wages not reported on federal Form(s) W-2	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
c	Tip income not reported on line 1a	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
d	Medicaid waiver payments not reported on federal Form(s) W-2. See instructions	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
e	Taxable dependent care benefits from federal Form 2441, line 26	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
f	Employer-provided adoption benefits from federal Form 8839, line 29	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
g	Wages from federal Form 8919, line 6.	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
h	Other earned income. See instructions	<input checked="" type="radio"/> 0	<input checked="" type="radio"/>	<input checked="" type="radio"/>
i	Nontaxable combat pay election. See instructions.		<input checked="" type="radio"/>	<input checked="" type="radio"/>
z	Add line 1a through line 1i.	<input checked="" type="radio"/> 107978	<input checked="" type="radio"/>	<input checked="" type="radio"/> 1460
2	Taxable interest. a <input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
3	Ordinary dividends. See instructions. a <input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
4	IRA distributions. See instructions. a <input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
5	Pensions and annuities. See instructions. a <input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
6	Social security benefits. a <input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
7	Capital gain or (loss). See instructions	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
Section B – Additional Income from federal Schedule 1 (Form 1040)				
1	Taxable refunds, credits, or offsets of state and local income taxes	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
2 a	Alimony received. See instructions.	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
3	Business income or (loss). See instructions.	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
4	Other gains or (losses)	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc.	<input checked="" type="radio"/> 0	<input checked="" type="radio"/>	<input checked="" type="radio"/>
6	Farm income or (loss)	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
7	Unemployment compensation	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>

Section B – Additional Income Continued	A Federal Amounts (taxable amounts from your federal tax return)	B Subtractions See instructions	C Additions See instructions
8 Other income:			
a Federal net operating loss 8a	<input type="radio"/> ()		<input type="radio"/>
b Gambling 8b	<input type="radio"/>	<input type="radio"/>	
c Cancellation of debt 8c	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d Foreign earned income exclusion from federal Form 2555 8d	<input type="radio"/> ()		<input type="radio"/>
e Income from federal Form 8853 8e	<input type="radio"/>		<input type="radio"/>
f Income from federal Form 8889 8f	<input type="radio"/>	<input type="radio"/>	
g Alaska Permanent Fund dividends 8g	<input type="radio"/>		
h Jury duty pay 8h	<input type="radio"/>		
i Prizes and awards 8i	<input type="radio"/>		
j Activity not engaged in for profit income 8j	<input type="radio"/>		
k Stock options 8k	<input type="radio"/>		<input type="radio"/>
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	<input type="radio"/>		
m Olympic and Paralympic medals and USOC prize money 8m	<input type="radio"/>		
n IRC Section 951(a) inclusion 8n	<input type="radio"/>	<input type="radio"/>	
o IRC Section 951A(a) inclusion 8o	<input type="radio"/>	<input type="radio"/>	
p IRC Section 461(l) excess business loss adjustment 8p	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
q Taxable distributions from an ABLE account . . 8q	<input type="radio"/>		
r Scholarship and fellowship grants not reported on federal Form(s) W-2 8r	<input type="radio"/>		
s Nontaxable amount of Medicaid waiver payments included on federal Form 1040, line 1a or line 1d . 8s	<input type="radio"/> ()		
t Pension or annuity from a nonqualified deferred compensation plan or a nongovernmental IRC Section 457 plan 8t	<input type="radio"/>		
u Wages earned while incarcerated 8u	<input type="radio"/>		
z Other income. List type and amount. <input type="radio"/> _____ 8z	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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Section B – Additional Income Continued	A Federal Amounts (taxable amounts from your federal tax return)	B Subtractions See instructions	C Additions See instructions
9 a Total other income. Add lines 8a through 8z. . 9a	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b1 Disaster loss deduction from form FTB 3805V. . 9b1		<input type="radio"/>	
b2 NOL deduction from form FTB 3805V 9b2		<input type="radio"/>	
b3 NOL deduction from form FTB 3805Z, 3807, or 3809 9b3		<input type="radio"/>	
10 Total. Combine Section A, line 1z through line 7, and Section B, line 1 through line 7, and line 9a in column A and column C. Add Section A, line 1z through line 7, and Section B, line 1 through line 7, line 9a, and line 9b1 through line 9b3 in column B (as applicable). See instructions. 10	<input type="radio"/> 107978	<input type="radio"/>	<input type="radio"/> 1460

Section C – Adjustments to Income
from federal Schedule 1 (Form 1040)

11 Educator expenses 11	<input type="radio"/>	<input type="radio"/>	
12 Certain business expenses of reservists, performing artists, and fee-basis government officials. 12	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
13 Health savings account deduction 13	<input type="radio"/>	<input type="radio"/>	
14 Moving expenses. Attach form FTB 3913. See instructions 14	<input type="radio"/>		<input type="radio"/>
15 Deductible part of self-employment tax. See instructions. 15	<input type="radio"/>	<input type="radio"/>	
16 Self-employed SEP, SIMPLE, and qualified plans. . 16	<input type="radio"/>		
17 Self-employed health insurance deduction. See instructions. 17	<input type="radio"/>	<input type="radio"/>	
18 Penalty on early withdrawal of savings 18	<input type="radio"/>		
19 a Alimony paid. 19a	<input type="radio"/>		<input type="radio"/>
b Recipient's: SSN <input type="radio"/> _____			
Last Name <input type="radio"/> _____			
20 IRA deduction 20	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
21 Student loan interest deduction 21	<input type="radio"/>		<input type="radio"/>
22 Reserved for future use. 22			
23 Archer MSA deduction. 23	<input type="radio"/>		

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Section C – Adjustments to Income Continued		A Federal Amounts (taxable amounts from your federal tax return)	B Subtractions See instructions	C Additions See instructions
24	Other adjustments:			
a	Jury duty pay 24a	<input type="radio"/>		
b	Deductible expenses related to income reported on line 8l from the rental of personal property engaged in for profit. 24b	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c	Nontaxable amount of the value of Olympic and Paralympic medals and USOC prize money reported on line 8m 24c	<input type="radio"/>	<input type="radio"/>	
d	Reforestation amortization and expenses. 24d	<input type="radio"/>	<input type="radio"/>	
e	Repayment of supplemental unemployment benefits under the federal Trade Act of 1974 24e	<input type="radio"/>		
f	Contributions to IRC Section 501(c)(18)(D) pension plans 24f	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g	Contributions by certain chaplains to IRC Section 403(b) plans 24g	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h	Attorney fees and court costs for actions involving certain unlawful discrimination claims 24h	<input type="radio"/>		
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	<input type="radio"/>	<input type="radio"/>	
j	Housing deduction from federal Form 2555 24j	<input type="radio"/>	<input type="radio"/>	
k	Excess deductions of IRC Section 67(e) expenses from federal Schedule K-1 (Form 1041) 24k	<input type="radio"/>		
z	Other adjustments. List type and amount.			
<input type="radio"/>	_____ 24z	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
25	Total other adjustments. Add line 24a through line 24z 25	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
26	Add line 11 through line 23 and line 25 in columns A, B, and C. See instructions 26	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
27	Total. Subtract line 26 from line 10 in columns A, B, and C. See instructions 27	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
		107978		1460

REV 02/02/24 PRO

Part II Adjustments to Federal Itemized Deductions

Check the box if you did NOT itemize for federal but will itemize for California

	A Federal Amounts (from federal Schedule A (Form 1040))	B Subtractions See instructions	C Additions See instructions
Medical and Dental Expenses See instructions.			
1 Medical and dental expenses <input checked="" type="radio"/> _____ 1			
2 Enter amount from federal Form 1040 or 1040-SR, line 11.. <input checked="" type="radio"/> <u>107978</u> 2			
3 Multiply line 2 by 7.5% (0.075) <input checked="" type="radio"/> <u>8098</u> 3			
4 Subtract line 3 from line 1. If line 3 is more than line 1, enter 0 <input checked="" type="radio"/> 4			<input checked="" type="radio"/>
Taxes You Paid			
5 a State and local income tax or general sales taxes. .5a <input checked="" type="radio"/> <u>8596</u> <input checked="" type="radio"/> <u>8596</u>	<u>8596</u>	<u>8596</u>	
b State and local real estate taxes5b <input checked="" type="radio"/>			
c State and local personal property taxes5c <input checked="" type="radio"/>			
d Add line 5a through line 5c.5d <input checked="" type="radio"/> <u>8596</u>	<u>8596</u>		
e Enter the smaller of line 5d or \$10,000 (\$5,000 if married filing separately) in column A. Enter the amount from line 5a, column B in line 5e, column B. Enter the difference from line 5d and line 5e, column A in line 5e, column C5e <input checked="" type="radio"/> <u>8596</u> <input checked="" type="radio"/> <u>8596</u> <input checked="" type="radio"/> <u>0</u>	<u>8596</u>	<u>8596</u>	<u>0</u>
6 Other taxes. List type <input checked="" type="radio"/> _____ 6 <input checked="" type="radio"/>			<input checked="" type="radio"/>
7 Add line 5e and line 6. 7 <input checked="" type="radio"/> <u>8596</u> <input checked="" type="radio"/> <u>8596</u> <input checked="" type="radio"/> <u>0</u>	<u>8596</u>	<u>8596</u>	<u>0</u>
Interest You Paid			
8 a Home mortgage interest and points reported to you on federal Form 10988a <input checked="" type="radio"/>			<input checked="" type="radio"/>
b Home mortgage interest not reported to you on federal Form 10988b <input checked="" type="radio"/>			<input checked="" type="radio"/>
c Points not reported to you on federal Form 1098. .8c <input checked="" type="radio"/>			<input checked="" type="radio"/>
d Reserved for future use8d			
e Add line 8a through line 8c.8e <input checked="" type="radio"/>		<input checked="" type="radio"/>	<input checked="" type="radio"/>
9 Investment interest. 9 <input checked="" type="radio"/>		<input checked="" type="radio"/>	<input checked="" type="radio"/>
10 Add line 8e and line 9. 10 <input checked="" type="radio"/>		<input checked="" type="radio"/>	<input checked="" type="radio"/>

REV 02/02/24 PRO

Part II Adjustments to Federal Itemized Deductions Continued	A Federal Amounts (from federal Schedule A (Form 1040))	B Subtractions See instructions	C Additions See instructions
Gifts to Charity			
11 Gifts by cash or check. 11	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
12 Other than by cash or check. 12	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
13 Carryover from prior year. 13	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
14 Add line 11 through line 13 14	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
Casualty and Theft Losses			
15 Casualty or theft loss(es) (other than net qualified disaster losses). Attach federal Form 4684. See instructions . . 15	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
Other Itemized Deductions			
16 Other—from list in federal instructions. 16	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
17 Add lines 4, 7, 10, 14, 15, and 16 in columns A, B, and C. 17	<input checked="" type="radio"/> 8596	<input checked="" type="radio"/> 8596	<input checked="" type="radio"/> 0
18 Total. Combine line 17 column A less column B plus column C	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/> 0
Job Expenses and Certain Miscellaneous Deductions			
19 Unreimbursed employee expenses: job travel, union dues, job education, etc. Attach federal Form 2106 if required. See instructions	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
20 Tax preparation fees	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
21 Other expenses: investment, safe deposit box, etc. List type.	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/> 0
22 Add line 19 through line 21	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/> 0
23 Enter amount from federal Form 1040 or 1040-SR, line 11	<input checked="" type="radio"/> 107978	<input checked="" type="radio"/>	<input checked="" type="radio"/>
24 Multiply line 23 by 2% (0.02). If less than zero, enter 0.	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/> 2160
25 Subtract line 24 from line 22. If line 24 is more than line 22, enter 0.	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/> 0
26 Total Itemized Deductions. Add line 18 and line 25	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/> 0
27 Other adjustments. See instructions. Specify.	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
28 Combine line 26 and line 27.	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/> 0
29 Is your federal AGI (Form 540, line 13) more than the amount shown below for your filing status?			
Single or married/RDP filing separately			\$237,035
Head of household			\$355,558
Married/RDP filing jointly or qualifying surviving spouse/RDP.			\$474,075
No. Transfer the amount on line 28 to line 29.			
Yes. Complete the Itemized Deductions Worksheet in the instructions for Schedule CA (540), line 29.	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/> 0
30 Enter the larger of the amount on line 29 or your standard deduction shown below:			
Single or married/RDP filing separately. See instructions			\$5,363
Married/RDP filing jointly, head of household, or qualifying surviving spouse/RDP			\$10,726
Transfer the amount on line 30 to Form 540, line 18.	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/> 5363

2023 Other State Tax Credit

S

Attach to Form 540, Form 540NR, or Form 541.

Name(s) as shown on your California tax return ELTON BIBIANO RODRIGUES	SSN, ITIN, or FEIN 820158107
---	---------------------------------

Part I Double-Taxed Income (Read specific line instructions for Part I before completing.)

(a) Income item(s) description	(b) Double-taxed income taxable by California	(c) Double-taxed income taxable by other state
<input checked="" type="radio"/> WAGES, SALARIES, TIPS	<input checked="" type="radio"/> 2737	<input checked="" type="radio"/> 2737
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
1 Total double-taxed income	<input checked="" type="radio"/> 2737	<input checked="" type="radio"/> 2737

Part II Figure Your Other State Tax Credit (Read specific line instructions for Part II before completing.)

2 California tax liability. See instructions	<input checked="" type="radio"/> 2	6188	00
3 Double-taxed income taxable by California. Enter the amount from Part I, line 1, column (b)	<input checked="" type="radio"/> 3	2737	00
4 California adjusted gross income. See instructions	<input checked="" type="radio"/> 4	109438	00
5 Divide line 3 by line 4. Do not enter more than 1.0000.	<input checked="" type="radio"/> 5	0.0250	
6 Multiply line 2 by line 5.	<input checked="" type="radio"/> 6	155	00
7 Income tax liability paid to other state (use state's abbreviation) <input checked="" type="radio"/> WI See instructions	<input checked="" type="radio"/> 7	132	00
8 Double-taxed income taxable by other state. Enter the amount from Part I, line 1, column (c)	<input checked="" type="radio"/> 8	2737	00
9 Adjusted gross income taxable by other state. See instructions.	<input checked="" type="radio"/> 9	2737	00
10 Divide line 8 by line 9. Do not enter more than 1.0000.	<input checked="" type="radio"/> 10	1.0000	
11 Multiply line 7 by line 10.	<input checked="" type="radio"/> 11	132	00
12 Other state tax credit. Enter the smaller of line 6 or line 11. Use credit code 187 . See instructions	<input checked="" type="radio"/> 12	132	00

REV 02/02/24 PRO

2023 Passive Activity Loss Limitations

3801

Attach to Form 540, Form 540NR, Form 541, or Form 100S.

Name(s) as shown on tax return ELTON BIBIANO RODRIGUES	SSN, ITIN, FEIN, or CA corporation no. 820158107
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Part I 2023 Passive Activity Loss

See the instructions for Part IV and Part VI for federal Form 8582, Passive Activity Loss Limitations, before completing Part I.
Be sure to use California amounts.

Rental Real Estate Activities with Active Participation

1a Activities with net income from Part IV, column (a)	<input checked="" type="radio"/>	1a		00	
1b Activities with net loss from Part IV, column (b)	<input checked="" type="radio"/>	1b	()	00	
1c Prior year unallowed losses from Part IV, column (c)	<input checked="" type="radio"/>	1c	()	00	
1d Combine line 1a, line 1b, and line 1c	<input checked="" type="radio"/>	1d		00	

All Other Passive Activities

2a Activities with net income from Part V, column (a)	<input checked="" type="radio"/>	2a	0	00	
2b Activities with net loss from Part V, column (b)	<input checked="" type="radio"/>	2b	(-19263)	00	
2c Prior year unallowed losses from Part V, column (c)	<input checked="" type="radio"/>	2c	()	00	
2d Combine line 2a, line 2b, and line 2c	<input checked="" type="radio"/>	2d		-19263	00
3 Combine line 1d and line 2d. If the result is net income or zero, see the instructions for line 3. If line 3 and line 1d are losses, go to line 4. Otherwise, enter -0- on line 9 and go to line 10. See instructions.	<input checked="" type="radio"/>	3		-19263	00

Part II Special Allowance for Rental Real Estate Activities with Active Participation

Enter all numbers in Part II as positive amounts. See instructions.

4 Enter the smaller of losses from line 1d or line 3	<input checked="" type="radio"/>	4			00
5 Enter \$150,000. If married/RDP filing a separate tax return, see instructions.	<input checked="" type="radio"/>	5			00
6 Enter federal modified adjusted gross income, but not less than zero. See instructions. If line 6 is greater than or equal to line 5, skip line 7 and line 8, enter -0- on line 9, and then go to line 10. Otherwise, go to line 7	<input checked="" type="radio"/>	6			00
7 Subtract line 6 from line 5	<input checked="" type="radio"/>	7			00
8 Multiply line 7 by 50% (.50). Do not enter more than \$25,000	<input checked="" type="radio"/>	8			00
9 Enter the smaller of line 4 or line 8	<input checked="" type="radio"/>	9		0	00

Part III Total Losses Allowed

10 Add the income, if any, from line 1a and line 2a and enter the total.	<input checked="" type="radio"/>	10		0	00
11 Total losses allowed from all passive activities for 2023. Add line 9 and line 10. See the instructions on Page 2 to find out how to report the losses on your tax return.	<input checked="" type="radio"/>	11		0	00

REV 02/02/24 PRO

Name as Shown on Return
 ELTON BIBIANO RODRIGUES

Social Security No.
 820-15-8107

Line 1a – Wages, Salaries, Tips, Etc.

	(B) Subtractions	(C) Additions
1 Excess reimbursements from Form 2106 included in wage income		
2 Active duty military pay		
3 HSA employer contributions		1460
4 Paid Family Leave Insurance (PFL) benefits I confirm that the PFL amount above is accurate <input type="checkbox"/>		
5 Excess moving reimbursements		
Total adjustments to wages, salaries, tips, etc. Enter here and on Schedule CA (540/540NR), line 1a		1460

Line 1h – Wages, Salaries, Tips, Etc.

	(B) Subtractions	(C) Additions
1 Sick pay received under the Federal Insurance Contributions Act and Railroad Retirement Act		
2 Income exempted by U.S. tax treaties (unless specifically exempt for state purposes also)		
3 Exclusion for compensation from exercising a California Qualified Stock Option (CQSO).		
4 Ridesharing fringe benefit differences		
5 Employer-provided adoption benefits income exclusions.		
6 Native American income (Form 3504)		
7 Clergy housing exclusion. This is the amount entered on W-2s a as smallest of amount spent or fair rental value. b Enter the amount spent on qual. housing expenses _____		
8 Other (itemize): a _____ b _____ c _____ d _____		
Total adjustments to wages, salaries, tips, etc. Enter here and on Schedule CA (540/540NR), line 1h		

Line 4 – IRA, Pensions, and Annuities

IRA's	(B) Subtractions	(C) Additions
1 Other (itemize): a _____ b _____ c _____ d _____		
Total adjustments to IRA distributions. Enter here and on Schedule CA (540/540NR), line 4		
Pensions and Annuities	(B) Subtractions	(C) Additions
1 Form 1099-R, Railroad Retirement Benefits Check here to confirm the Tier 2 RRB above is correct <input type="checkbox"/>		
2 Other (itemize): a _____ b _____ c _____ d _____		
Total adjustments to pensions and annuities. Enter here and on Schedule CA (540/540NR), line 5.		



California Passive Activity Worksheet (See General Instructions for Step 1.)

Use this worksheet to figure California income (loss) from passive activities **before** application of passive activity loss (PAL) rules.

(a) Passive Activity Enter a description of the activity	(b) Federal Schedule Enter the name of the federal form or schedule on which you reported the activity	(c) California Schedule Enter the name of the California form or schedule, if any, used to calculate the California adjustment	(d) Federal Amount Enter your current year federal net income (loss) before application of the PAL rules	(e) California Adjustment Enter any adjustment resulting from differences in federal and California law	(f) California Amount Combine column (d) and column (e)
B-403,SHIV SHAKTI CHS	SCH E	N/A	-19263	0	-19263

California Adjustment Worksheets (See General Instructions for Step 4.)

Use these worksheets to figure your California adjustments **after** application of the PAL rules.

(a) Activities Enter a description of the activity. Group activities by the federal schedules on which they were reported	(b) Passive or Nonpassive Enter the character of the activity as passive or nonpassive for California purposes	(c) California Amount Enter the California net income (loss) from the activity after application of the PAL rules	(d) Federal Amount Enter the federal net income (loss) from the activity after application of the PAL rules	(e) California Adjustment Subtract the Total amount of column (d) from the Total amount of column (c) and enter the difference in column (e) below. Individuals should transfer this amount to Schedule CA (540 or 540NR) as follows:
---	--	---	---	---

(a) Schedule C Activities	(b) Passive or Nonpassive	(c) California Amount	(d) Federal Amount	(e) California Adjustment
				If the amount below is positive , transfer the amount to Sch. CA (540), Part I or Sch. CA (540NR), Part II, Section B, line 3, column C.
				If the amount below is negative , transfer the amount to Sch. CA (540), Part I or Sch. CA (540NR), Part II, Section B, (as a positive amount) line 3, column B.
Total		1(c)	1(d)*	1(e)

(a) Schedule E Activities	(b) Passive or Nonpassive	(c) California Amount	(d) Federal Amount	(e) California Adjustment
				If the amount below is positive , transfer the amount to Sch. CA (540), Part I or Sch. CA (540NR), Part II, Section B, line 5, column C.
				If the amount below is negative , transfer the amount to Sch. CA (540), Part I or Sch. CA (540NR), Part II, Section B, (as a positive amount) line 5, column B.
Total		2(c)	2(d)**	2(e)

(a) Schedule F Activities	(b) Passive or Nonpassive	(c) California Amount	(d) Federal Amount	(e) California Adjustment
				If the amount below is positive , transfer the amount to Sch. CA (540), Part I or Sch. CA (540NR), Part II, Section B, line 6, column C.
				If the amount below is negative , transfer the amount to Sch. CA (540), Part I or Sch. CA (540NR), Part II, Section B, (as a positive amount) line 6, column B.
Total		3(c)	3(d)***	3(e)

* This amount should be the same as the amount reported on Sch. CA (540), Part I or Sch. CA (540NR), Part II, Section B, line 3, column A.
 ** This amount should be the same as the amount reported on Sch. CA (540), Part I or Sch. CA (540NR), Part II, Section B, line 5, column A.
 *** This amount should be the same as the amount reported on Sch. CA (540), Part I or Sch. CA (540NR), Part II, Section B, line 6, column A.

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.



2023
 Form **PV**

Wisconsin Payment Voucher

REV 02/15/24 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 RODRIGUES	Your legal first name and initial ELTON BIBIANO	Your social security number 820158107
Spouse's legal last name	Spouse's legal first name and initial	Spouse's social security number
Legal name of trust	FEIN	
Home address (number and street or rural route) 4762 TILLY DRIVE		Telephone number (608)9825794
City or post office FOLSOM	State CA	Zip code 95630

- 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
 \$ 98.00

Please do not staple your payment to this voucher

Nonresident & part-year resident Wisconsin income tax

For the year Jan. 1-Dec. 31, 2023, or other tax year beginning _____, 2023 ending _____, 20____.

Check here if this is an amended return [] Complete form using BLACK INK

NOTE

DO NOT STAPLE

PAPER CLIP withholding statements here

Your legal last name RODRIGUES, Legal first name ELTON BIBIANO, M.I., Your social security number 820158107

Home address (number and street). If you have a PO Box, see page 14 4762 TILLY DRIVE, Apt. no., City or post office FOLSOM, State CA, Zip code 95630

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

Resident status Check the status that applies You Spouse [] Full-year resident of Wisconsin, [X] Nonresident of Wisconsin; state of residence CA (2-letter state abbreviation)

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



Note: Complete residence questionnaire, page 60

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 include Wages, salaries, tips, etc. (107978.00), Taxable interest (.00), Ordinary dividends (.00), etc.

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		2737.00
31	Federal income. Subtract line 29, column A from line 16, column A	107978.00	
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)		.0253

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	107978.00
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	2038.00
35	Subtract line 34c from line 33. If line 34c is more than line 33, fill in 0 (zero)	35	105940.00
36	Exemptions (Caution: see page 28)		
a	Fill in exemptions allowed <u>1</u> x \$700	36a	700.00
b	Check if 65 or older <input type="checkbox"/> You + <input type="checkbox"/> Spouse = <u> </u> x \$250	36b	.00
c	Add lines 36a and 36b	36c	700.00
37	Subtract line 36c from line 35. If line 36c is more than line 35, fill in 0 (zero)	37	105240.00
38	Tax (see table on page 51)	38	5205.00
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 <u> </u> x 50% =	40	.00
41	School property tax credits (part-year and full-year residents only)		
a	Rent paid in 2023—heat included <u>.00</u>	} Find credit from table page 32	41a .00
	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 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	5205.00
44	Fill in ratio from line 32	44	.0253
45	Multiply line 43 by ratio on line 44	45	132.00

Name(s) shown on Form 1NPR ELTON BIBIANO RODRIGUES		Your social security number 820158107
46	Fill in amount from line 45	46 <u>132.00</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>.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>.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>132.00</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) $.00 \times .33 =$	55 <u>.00</u>
56	Other penalties (see page 38)	56 <u>.00</u>
57	Add lines 52 through 56	57 <u>132.00</u>

Payments and Credits

58	Wisconsin income tax withheld. Include readable withholding statements	58 <u>34.00</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 <input type="checkbox"/> Federal credit $.00 \times \text{ } \% =$	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>34.00</u>
68	AMENDED RETURN ONLY – amount previously refunded (see page 44)	68 <u>.00</u>
69	Subtract line 68 from line 67	69 <u>34.00</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	<u>98.00</u>
74	Underpayment interest. Fill in exception code – see Sch. U → _____	74	<u>.00</u>
75	Add lines 73 and 74. This is the AMOUNT YOU OWE	75	<u>98.00</u>
76	Interest (see page 47)	76	<u>.00</u>

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

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	<u>.00</u>	<u>.00</u>
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	<u>.00</u>	<u>.00</u>
3	Combine lines 1 and 2. This is your total Wisconsin earned income	3	<u>.00</u>	<u>.00</u>
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	<u>.00</u>	<u>.00</u>
5	Subtract line 4 from line 3. This is your qualified earned income	5	<u>.00</u>	<u>.00</u>
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	<u>.00</u>	<u>.00</u>
7	Rate of credit is .03 (3%)	7	<u>x .03</u>	
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	<u>.00</u>	

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) ELTON BIBIANO RODRIGUESSOCIAL SECURITY NUMBER 820158107

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

You Spouse

- | | | |
|-------------------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Full-year Wisconsin resident; did not change domicile from Wisconsin during 2023. |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Changed legal residence from Wisconsin during 2023; have not moved back to Wisconsin. |
| <input type="checkbox"/> | <input type="checkbox"/> | Changed legal residence from Wisconsin during or before 2023; have moved back to Wisconsin. |
| <input type="checkbox"/> | <input type="checkbox"/> | 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. |
| <input type="checkbox"/> | <input type="checkbox"/> | 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. _____