PAPER CLIP withholding statements here

Nonresident & part-year resident

For the year Jan. 1-Dec. 31, 2022, or other tax year							
beginning	, 2022	ending		, 20			
Complete form using F	BL ACK INK						

.00	Wisconsin income tax	beginning			,		
37	Check here if this is an amended retu	rn ▶ Complete	Complete form using BL				
STAP	Your legal last name TOMAR	Legal first name HARSH		M.I.	Your		
O NOT	If a joint return, spouse's legal last name	Spouse's legal first name		M.I.	Spou		
	Home address (number and street). If you have	a PO Boy see page 1/	Ant no		Tax		

neok nere ii tilis is an amenaea rett			IIIbiere	1011111	Janing	DEACK INK
our legal last name Legal first i		t name		M.I.	Your social security number	
OMAR	HARS	H				739482967
a joint return, spouse's legal last name	legal first name		M.I.	Spouse's social security number		
ome address (number and street). If you have 2125, ARROWOOD GLEN [see page 1	4	Apt. no.		Tax district Check below then fill in either the name of the Wisconsin
ity or post office IOUSTON	State Zip code TX 77077				city, village, or town, and the county in which you lived at the end of 2022 or before leaving Wisconsin (nonresidents leave blank).	
oreign Country	Foreign province/state/county			.y	City Village Towr	
ling status	Foreign postal code				or town	
✓ Single						County of ▶
Married filing joint return (even if only one had income)	name			School district number See page 57		

	(even if only one had income)	Legal last	name		School district number See page 57	
Married filing separate return. Fill in spouse's SSN above and full name here		Legal first name M.I.		M.I.	Special conditions	
	Head of household, NOT married (see page 15)			\uparrow	Form 804 filed with return (see pa	ige 12)
Head of household, married (see page 15) If married, fill in spouse's SSN above and full name						

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Resident status	Check the status	that applies
V		

|--|

	Full-year resident of Wisconsin		
Х.	 Nonresident of Wisconsin: state of residence	TX	(2-letter state abbreviation

 \Box	Nonresident of Wisconsin; state of res	siden	ce <u> </u>	<u>A</u> (2-le	etter	state	abbi	reviation)
	Part-year resident of Wisconsin from				to				
		mm	dd	уууу		mm	dd	уууу	

Note: Complete residence questionnaire, page 59.

Inc	'/\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	MMAS ENTS	A. Federal column	B. Wisconsin column
1	Wages, salaries, tips, etc. (see page 17)	1	21635.00	14868.00
2	Taxable interest (see page 18)	2	.00	.00
3	Ordinary dividends (see page 18)	3	.00	.00
4	Taxable refunds, credits, or offsets of state and local income taxes (from line 1 of federal Schedule 1 (Form 1040)	4	.00	.00
5	Alimony received (see page 19)	5	.00	.00
6	Business income or (loss) (see page 19)	6	.00	.00
7	Capital gain or (loss) (see page 20)	7	.00	.00
8	Other gains or (losses) (see page 20)	8	.00	.00
9	IRA distributions (see page 20)	9	.00	0.00
10	Pensions and annuities (see page 21)	10	.00	0.00
11	Rental real estate, royalties, partnerships, S corporations, trusts, et (see page 21)	c. 11	.00	.00
12	Farm income or (loss) (see page 22)	12	.00	.00
13	Unemployment compensation (see page 22)	13	.00	.00
14	Social security benefits (see page 22)	14	.00	.00
<u>15</u>	Other income (see page 22). Include Schedule M if line 15b has an amo	unt . 15	.00	.00
<u>16</u>	Combine lines 1 through 15	16	21635.00	14868.00

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A Federal column S. Wisconsin column	2022	Form 1NPR	Name HARSH TOMAR	SSN 7394829	67 Page 2 of 4
Feducator expenses (see page 23)	Adj	ustments to	Income	. Federal column	B. Wisconsin column
Cartain business expenses of reservists, performing artists, and fee-basis government officials (see page 23) 18 0.0 0.00 19 Health savings account deduction (see page 23) 19 0.0 0.00 0.00 0.00 0.00 0.00 0.00 0.	-			.00	.00.
Moving expenses for members of the armed forces (see page 23) 20		Certain busi	ness expenses of reservists, performing artists, and	.00	
21 Deductible part of self-employment tax (see page 24) 21 0.0 0.00	<u>19</u>	Health savin	gs account deduction (see page 23) 19	.00	.00.
22 Self-employed SEP, SIMPLE, and qualified plans (see page 24) 22	20	Moving expe	enses for members of the armed forces (see page 23) 20	.00	.00
23 Self-employed health insurance deduction (see page 25) . 230000 24 Penalty on early withdrawal of savings (see page 25)240000 25 Allmony paid (see page 25)250000 26 IRA deduction (see page 25)250000 27 Student loan interest deduction (see page 26)	21	Deductible p	art of self-employment tax (see page 24) 21	.00	.00
24 Penalty on early withdrawal of savings (see page 25) . 240000 25 Alimony paid (see page 25)	22	Self-employe	ed SEP, SIMPLE, and qualified plans (see page 24) 22	.00	.00
25 Alimony paid (see page 25)	23	Self-employe	ed health insurance deduction (see page 25) 23	.00	.00
25 Alimony paid (see page 25)	24	Penalty on e	arly withdrawal of savings (see page 25)	.00	.00
26 IRA deduction (see page 25) 26 .00 .00 27 Student loan interest deduction (see page 26) 27 .00 .00 28 Other adjustments (see page 26). Include Schedule M if line 28b has an amount 28 .00 .00 29 Total adjustments to income. Add lines 17 through 28 .29 .00 .00 Adjusted Gross Income 30 Wisconsin income. Subtract line 29, column A from line 16, column A .30 14868.00 31 Federal income. Subtract line 29, column A from line 16, column A .31 21635.00 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) .32 .6872 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 lin 0 (zero) .33 .21635.00 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 34 or page 28 .34a .34a .34a .34b .34b .34b .34b .34a .34a .34b .34b .34b .34b .34b	25	-			.00
27 Student loan interest deduction (see page 26) .00	26				.00
28	27		_		.00
29 Total adjustments to income. Add lines 17 through 28	28				.00.
Adjusted Gross Income 30 Wisconsin income. Subtract line 29, column B from line 16, column B 30 14868.00 31 Federal income. Subtract line 29, column A from line 16, column A 31 21635.00 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) 32 6872 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 34a 34a 34b Aliens (see page 27 to determine if you must check line 34b) 34b 34b Aliens (see page 27 to determine if you must check line 34b) 34b 34c 11219.00 35 Subtract line 34c from line 33c is more than line 33, fill in 0 (zero) 35 10416.00 36 Exemptions (Caution: see page 28) a Fill in exemptions allowed 1 x \$700 36a 700.00 b Check if 65 or older You +	_	•			
30 Wisconsin income. Subtract line 29, column B from line 16, column B 30 14868.00 31 Federal income. Subtract line 29, column A from line 16, column A 31 21635.00 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) 32 6872 32 Tax Computation 31 Till 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 21635.00 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 34b 34c 11219.00 34b Aliens (see page 27 to determine if you must check line 34b) 34b 34c 11219.00 35 Subtract line 34c from line 33. If line 34c is more than line 33, fill in 0 (zero) 35 10416.00 35 Subtract line 34c from line 33. If line 34c is more than line 33, fill in 0 (zero) 35 10416.00 36 Exemptions (Caution: see page 28) a Fill in exemptions allowed 1 x \$700 36a 700.00 b Check if 65 or older You + Spouse = x \$250 36b 36c 700.00 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 9716.00 38 345.00 39 Itemized deduction credit. Complete Schedule 1 (page 4, Form 1NPR) 39		-		.00	
Tederal income. Subtract line 29, column A from line 16, column A					14868 00
2			_	21635.00	
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)	_	Divide line 3	0 by line 31. Carry the decimal to four places. If amount		.6872
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)					
Column A. But, if Wisconsin income from line 30 is zero or less, fill in 0 (zero) 33 21635.00		-			
34b Aliens (see page 27 to determine if you must check line 34b) 34b 34c 34b 34c 34b 34c 34b 34c 34c 34b 34c 34c 34b 34c 34c 34b 3		column A. B	ut, if Wisconsin income from line 30 is zero or less, fill in 0 (zero)		21635.00
34c Find the standard deduction for amount on line 31 using table on page 48 34c 11219.00 35 Subtract line 34c from line 33. If line 34c is more than line 33, fill in 0 (zero) 35 10416.00 36 Exemptions (Caution: see page 28)	<u>34a</u>	If you (or you and see the	ur spouse) can be claimed as a dependent on anyone else's returr "Exception" in the instructions for line 34c on page 28	n, check here	а
35 Subtract line 34c from line 33. If line 34c is more than line 33, fill in 0 (zero) 35 10416.00 36 Exemptions (Caution: see page 28) a Fill in exemptions allowed	<u>34b</u>	Aliens (see p	page 27 to determine if you must check line 34b)	34	
Exemptions (Caution: see page 28) a Fill in exemptions allowed	<u>34c</u>	Find the star	ndard deduction for amount on line 31 using table on page 48	34	c 11219.00
a Fill in exemptions allowed 1 x \$700 .36a 700.00 b Check if 65 or older You + Spouse = 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 9716.00 38 Tax (see table on page 50) 38 345.00 39 Itemized deduction credit. Complete Schedule 1 (page 4, Form 1NPR) 39 .00 40 Additional child and dependent care tax credit Federal credit .00 .00 Federal credit .00 x 50% = 40 .00 41 School property tax credits (part-year and full-year residents only) Find credit from table page 32 Rent paid in 2022—heat included Rent paid in 2022—heat not included Property taxes paid on home in 2022 b Property taxes paid on home in 2022 42 Add credits on lines 39, 40, 41a, and 41b <	<u>35</u>	Subtract line	34c from line 33. If line 34c is more than line 33, fill in 0 (zero) $$.		10416.00
b Check if 65 or olderYou +Spouse =x \$25036b .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 9716.00 38 Tax (see table on page 50) .38 345.00 39 Itemized deduction credit. Complete Schedule 1 (page 4, Form 1NPR) .39 .00 40 Additional child and dependent care tax credit Federal credit .00 .00 41 School property tax credits (part-year and full-year residents only) .00 .00 a Rent paid in 2022—heat included Rent paid in 2022—heat not included Rent paid in 2022—heat not included	<u>36</u>			700.00	
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 9716.00 38 Tax (see table on page 50) 38 345.00 39 Itemized deduction credit. Complete Schedule 1 (page 4, Form 1NPR) 39 .00 40 Additional child and dependent care tax credit Federal credit .00 Federal credit ▶ .00 x 50% = 40 .00 41 School property tax credits (part-year and full-year residents only) a Rent paid in 2022—heat included .00 Rent paid in 2022—heat not included .00 Find credit from table page 32 .41a .00 b Property taxes paid on home in 2022 .00 Find credit from table page 33 .41b .00 42 Add credits on lines 39, 40, 41a, and 41b .00 .00 43 Subtract line 42 from line 38. If line 42 is more than line 38, fill in 0 (zero) .43 345.00					
37 Subtract line 36c from line 35. If line 36c is more than line 35, fill in 0 (zero) 38 Tax (see table on page 50) 39 Itemized deduction credit. Complete Schedule 1 (page 4, Form 1NPR) 39 40 Additional child and dependent care tax credit Federal credit					700 00
38 Tax (see table on page 50) 38 345.00 39 Itemized deduction credit. Complete Schedule 1 (page 4, Form 1NPR) 39 .00 40 Additional child and dependent care tax credit Federal credit .00 x 50% = 40 .00 41 School property tax credits (part-year and full-year residents only) a Rent paid in 2022-heat included .00 redit from table page 32 .00 Rent paid in 2022-heat not included .00 redit from table page 33 .41b .00 42 Add credits on lines 39, 40, 41a, and 41b .00 43 Subtract line 42 from line 38. If line 42 is more than line 38, fill in 0 (zero) .43 345.00	27	_			
39 Itemized deduction credit. Complete Schedule 1 (page 4, Form 1NPR) 39					
Additional child and dependent care tax credit Federal credit		•	,		343.00
Federal credit .				.00	
School property tax credits (part-year and full-year residents only) a Rent paid in 2022–heat included	<u>40</u>		•		
a Rent paid in 2022-heat included .00 Rent paid in 2022-heat not included Find credit from table page 32 41a .00 b Property taxes paid on home in 2022 .00 Find credit from table page 33 41b .00 42 Add credits on lines 39, 40, 41a, and 41b .00 43 Subtract line 42 from line 38. If line 42 is more than line 38, fill in 0 (zero) .00				.00	
Be property taxes paid on home in 2022 100 Find credit from table page 33 41b 100 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) 43 345.00	<u>41</u>		00) Find and the		
b Property taxes paid on home in 2022 .00 Find credit from table page 33 41b .00 42 Add credits on lines 39, 40, 41a, and 41b .00 43 Subtract line 42 from line 38. If line 42 is more than line 38, fill in 0 (zero) .43 345.00				.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) 43 345.00			Find gradit from		
43 Subtract line 42 from line 38. If line 42 is more than line 38, fill in 0 (zero)	42				.00
					



2022 Form 1NPR Page **3 of 4**

	e(s) shown on Form 1NPR ARSH TOMAR	Your social securit	ty number 67
46	Fill in amount from line 45	46	237.00
47	Working families tax credit. (Full-year Wisconsin residents only) 47	.00	
48	Married couple credit. Complete Schedule 2 (page 4, Form 1NPR) 48		
49	Nonrefundable credits from Schedule CR, line 34. Include Schedule CR 49		
50	Net income tax paid to another state. Include Schedule OS	.00	
<u>51</u>	Add lines 47 through 50	51	.00
<u>52</u>	Subtract line 51 from line 46. If line 51 is more than line 46, fill in 0 (zero). This is your r	et tax . 52	237.00
<u>53</u>	Sales and use tax due on internet, mail order, or other out-of-state purchases (see pag If you certify that no sales or use tax is due, check here		.00
54	Donations (decreases refund or increases amount owed)		
-	a Endangered resources .00 e Military family relief	.00	
	b Cancer research		
	c Veterans trust fund g Red Cross WI Disaster Relief		
	d Multiple sclerosis		
	Total (add lines a through		.00
<u>55</u>	Penalties on IRAs, other retirement plans, MSAs, etc. (see page 37) .00	x .33 = 55	.00
<u>56</u>	Other penalties (see page 38)	56	.00
<u>57</u>	Add lines 52 through 56	57	237.00
<u>58</u> <u>59</u>			
61	Farmland preservation credit. a. Schedule FC, line 17		
_	b. Schedule FC-A, line 13 61b		
62	Repayment credit	.00	
1	Homestead credit. (Full-year Wisconsin residents only)		
64	Eligible veterans and surviving spouses property tax credit 64		
65	Refundable credits from Schedule CR, line 40		
66	AMENDED RETURN ONLY – amount previously paid (see page 44) 66		
<u>67</u>	Add lines 58 through 66	539.00	
<u>68</u>	AMENDED RETURN ONLY – amount previously refunded (see page 44) . 68	.00	
<u>69</u>	Subtract line 68 from line 67	69	539.00
Ref	fund or Amount You Owe		
l	If line 69 is more than line 57, subtract line 57 from line 69. This is the AMOUNT OVERF	AID 70	302.00
1	Amount of line 70 you want REFUNDED TO YOU		
I	Amount of line 70 to be APPLIED TO YOUR 2023 ESTIMATED TAX 72	_	



2022	Form 1NPR	Paper clip a copy of y tax return and sched			N 739482967	Page 4 of 4
73	If line 69 is less	han line 57, subtract line (69 from line 57 ·	Γhis is the AMOU	NT UNDERPAID 73	.00
74	Underpayment i	nterest. Fill in exception co	ode – see Sch. U →		74	.00
75		74. This is the AMOUNT				
76	Interest (see pag	e 47)			76	.00
Thi		allow another person to discus	ss this return with the d	epartment <i>(see pag</i>		olete the following. X No
Pai Des	Designee Designee	s	Phor no.)		Personal identification number (PIN)	▶
					number (PIN)	
Und	er penalties of law, I	declare that this return and a	ll attachments are tru	e, correct, and cor	mplete to the best of m	y knowledge and belief.
Sig	Your signature			Date	Wisconsin Identity	Protection PIN (7 characters)
her	e					
Si~	Spouse's signa	ture (if filing jointly, BOTH must	sign)	Date	Wisconsin Identity	Protection PIN (7 characters)
Sig her	re •					
		sconsin Identity Protection PII	N if you received one for	om the departmen	it (see page 47).	
Mail	your return to: Wise	consin Department of Revenu	ue			
	(if tax is due)	,	nd or no tax due)			
	PO Box 268 Madison WI 5379		3ox 59 ison WI 53785-0001			
_	exceptions Interest paid from Gifts to charity fro	I expenses from federal So federal Schedule A (Form m federal Schedule A (Fo om federal Schedule A (Fo	n 1040). See instruc rm 1040). See instr	tions for exceptions for exceptions for exceptions for exceptions	ons	2 .00 3 .00
5	Add lines 1 throug	h 4				5
6	Wisconsin standa	rd deduction from Form 1	NPR, line 34c			
		m line 5. If line 6 is more t		,		
		5 (5%)				8 <u>x .05</u>
9	Multiply line 7 by I	ine 8. Fill in here and on li	ne 39 of Form 1NP	R		9 9
Sc.	hodulo 2 – Ma	rried Couple Cred	it Marcha alaimanda	un la constanción de		ana tavahla hu Miasanin
	Wages, salaries, t Do not include def	ips, etc., included in colun erred compensation (ever	nn B of line 1 on Fo n though reported o	rm 1NPR. n a W-2) or	(A) YOURSELF	(B) YOUR SPOUSE
•		ps or fellowships not repo				.00
2	and F (Form 1040)	from self-employment fron , Schedule K-1 (Form 106 rned income included in c	5), and any other ta	xable self-	.(.00
3	Combine lines 1 a	nd 2. This is your total Wi	sconsin earned inc	ome 3	.(.00
<u>4</u>		orm 1NPR, lines 18, 22, 2 stments that apply to your				.00
5	•	m line 3. This is your qual	•			.00
6	Compare the amo	unt in columns (A) and (B) ere. If more than \$16,000,) of line 5. Fill in the fill in \$16,000		6	.00
7		3 (3%)				
	Multiply line 6 by I	ine 7. Round the result an than \$480	d fill in here and on	line 48 of Form	1NPR.	

