

For the year Jan. 1-Dec. 31, 2023, or other tax year

Check here if an amended return  beginning \_\_\_\_\_, 2023 ending \_\_\_\_\_, 20\_\_\_\_.

**Note**

DO NOT STAPLE

See page 5 before assembling return

Your legal last name <b>TOMAR</b>	Legal first name <b>HARSH</b>	M.I.	Your social security number <b>739482967</b>
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. <b>829 E MANOR CIRCLE</b>		Apt. no.	
City or post office <b>MILWAUKEE</b>		State <b>WI</b>	Zip code <b>53217</b>
<b>Filing status</b> Check <input checked="" type="checkbox"/> below <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 ..... ▶		<b>Tax district</b> 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 ▶ <b>MILWAUKEE</b>  <b>County of</b> ▶ <b>MILWAUKEE</b>  <b>School district number</b> See page 45 <b>3619</b>	
<input type="checkbox"/> Head of household, NOT married (see page 13).  <input type="checkbox"/> Head of household, married (see page 13).		<b>Special conditions</b> <input type="checkbox"/>  <input type="checkbox"/> Form 804 filed with return (see page 10)	
Legal last name Legal first name M.I.		If married, fill in spouse's SSN above and full name here	

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

<b>1</b>	Federal adjusted gross income from Form 1040, line 11 .....	<b>1</b>	69861.00
<b>2</b>	Adjustments to federal adjusted gross income from <i>Schedule I</i> , line 3 (see page 13) .....	<b>2</b>	0.00
<b>3</b>	Add lines 1 and 2. This is your federal adjusted gross income for Wisconsin purposes .....	<b>3</b>	69861.00
	Form W-2 wages included in line 3 .....		72319.00
<b>4</b>	Total additions to income from Schedule AD, line 33. <b>Include Schedule AD</b> (see page 14) .	<b>4</b>	.00
<b>5</b>	Add lines 3 and 4 .....	<b>5</b>	69861.00
<b>6</b>	Total subtractions from income from Schedule SB, line 50. <b>Include Schedule SB</b> (see page 14) Enter as a positive number .....	<b>6</b>	.00
<b>7</b>	Subtract line 6 from line 5. This is your Wisconsin income. ....	<b>7</b>	69861.00
<b>8</b>	Standard deduction. See table on page 35, <b>OR</b> ▼ If someone else can claim you (or your spouse) as a dependent, see page 15 and check here ▶ <input type="checkbox"/>	<b>8</b>	6598.00
<b>9</b>	Subtract line 8 from line 7. If line 8 is larger than line 7, fill in 0 .....	<b>9</b>	63263.00
<b>10</b>	<b>Exemptions (Caution: See page 15)</b>		
<b>a</b>	Fill in exemptions allowed ..... <u>1</u> x \$700 ..	<b>10a</b>	700.00
<b>b</b>	Check if 65 or older <input type="checkbox"/> You + <input type="checkbox"/> Spouse = _____ x \$250 ..	<b>10b</b>	.00
<b>c</b>	Add lines 10a and 10b .....	<b>10c</b>	700.00

PAPER CLIP payment here



**NO COMMAS; NO CENTS**

<b>11</b>	Subtract line 10c from line 9. If line 10c is larger than line 9, fill in 0. This is taxable income . . .	<b>11</b>	<u>62563.00</u>
<b>12</b>	Tax (see table on page 38) . . . . .	<b>12</b>	<u>2942.00</u>
<b>13</b>	Itemized deduction credit. Include Schedule 1, page 4 . . . . .	<b>13</b>	<u>.00</u>
<b>14</b>	Additional child and dependent care tax credit (see page 17)		
	Federal credit from Form 2441 . . . . . $\blacktriangleright$ <u>.00</u> x 50% =	<b>14</b>	<u>.00</u>
<b>15</b>	School property tax credit		
<b>a</b>	Rent paid in 2023 – heat included <u>.00</u> } Find credit from table page 19 .	<b>15a</b>	<u>290.00</u>
	Rent paid in 2023 – heat not included <u>9600.00</u> }		
<b>b</b>	Property taxes paid on home in 2023 <u>.00</u> Find credit from table page 20 .	<b>15b</b>	<u>.00</u>
<b>16</b>	Working families tax credit (see page 20) . . . . .	<b>16</b>	<u>.00</u>
<b>17</b>	Married couple credit. Include Schedule 2, page 4 . . . . .	<b>17</b>	<u>.00</u>
<b>18</b>	Nonrefundable credits from line 34 of Schedule CR . . . . .	<b>18</b>	<u>.00</u>
<b>19</b>	Net income tax paid to another state. Include Schedule OS . . . . . <input type="checkbox"/>	<b>19</b>	<u>.00</u>
<b>20</b>	Add lines 13 through 19 . . . . .	<b>20</b>	<u>290.00</u>
<b>21</b>	Subtract line 20 from line 12. If line 20 is larger than line 12, fill in 0. This is your net tax . . . . .	<b>21</b>	<u>2652.00</u>
<b>22</b>	Sales and use tax due on internet, mail order, or other out-of-state purchases (see page 23) <b>22</b> <u>.00</u>		
	If you certify that no sales or use tax is due, check here $\blacktriangleright$ <input checked="" type="checkbox"/> <u>X</u>		
<b>23</b>	Donations (decreases refund or increases amount owed)		
<b>a</b>	Endangered resources <u>.00</u>	<b>e</b>	Military family relief . . . . . <u>.00</u>
<b>b</b>	Cancer research . . . . . <u>.00</u>	<b>f</b>	Second Harvest/Feeding Amer. <u>.00</u>
<b>c</b>	Veterans trust fund . . . . . <u>.00</u>	<b>g</b>	Red Cross WI Disaster Relief <u>.00</u>
<b>d</b>	Multiple sclerosis . . . . . <u>.00</u>	<b>h</b>	Special Olympics Wisconsin <u>.00</u>
	Total (add lines a through h) . . . $\blacktriangleright$	<b>23i</b>	<u>.00</u>
<b>24</b>	Penalties on IRAs, retirement plans, MSAs, etc. (see page 25) . . . <u>.00</u> x .33 =	<b>24</b>	<u>.00</u>
<b>25</b>	Other penalties (see page 25) . . . . .	<b>25</b>	<u>.00</u>
<b>26</b>	Add lines 21, 22, 23i, 24, and 25 . . . . .	<b>26</b>	<u>2652.00</u>
<b>27</b>	Wisconsin tax withheld. Include withholding statements . . . . .	<b>27</b>	<u>3530.00</u>
<b>28</b>	2023 estimated tax payments and amount applied from 2022 return. . .	<b>28</b>	<u>.00</u>
<b>29</b>	Earned income credit. Number of qualifying children $\blacktriangleright$ <u>    </u>		
	Federal credit. . . . . <u>.00</u> x <u>    </u> % = . . . . .	<b>29</b>	<u>.00</u>
<b>30</b>	Farmland preservation credit. <b>a</b> Schedule FC, line 17. . . . .	<b>30a</b>	<u>.00</u>
	<b>b</b> Schedule FC-A, line 13 . . . . .	<b>30b</b>	<u>.00</u>
<b>31</b>	Repayment credit (see page 27) . . . . .	<b>31</b>	<u>.00</u>



Name(s) shown on Form 1 <b>HARSH TOMAR</b>	Your social security number <b>739482967</b>
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		<b>NO COMMAS; NO CENTS</b>
<b>32</b>	Homestead credit. Include Schedule H or H-EZ . . . . .	<b>32</b> _____ .00
<b>33</b>	Eligible veterans and surviving spouses property tax credit . .	<b>33</b> _____ .00
<b>34</b>	Refundable credits from Schedule CR, line 40. Include Schedule CR	<b>34</b> _____ .00
<b>35</b>	AMENDED RETURN ONLY—Amounts previously paid (see page 31)	<b>35</b> _____ .00
<b>36</b>	Add lines 27 through 35 . . . . .	<b>36</b> _____ 3530.00
<b>37</b>	AMENDED RETURN ONLY—Amounts previously refunded (see page 31)	<b>37</b> _____ .00
<b>38</b>	Subtract line 37 from line 36 . . . . .	<b>38</b> _____ 3530.00
<b>39</b>	If line 38 is larger than line 26, subtract line 26 from line 38. This is the <b>AMOUNT YOU OVERPAID</b> . . . . .	<b>39</b> _____ 878.00
<b>40</b>	Amount of line 39 you want <b>REFUNDED TO YOU</b> . . . . .	<b>40</b> _____ 878.00
<b>41</b>	Amount of line 39 you want <b>APPLIED TO YOUR 2024 ESTIMATED TAX</b> . . . . .	<b>41</b> _____ 0.00
<b>42</b>	If line 38 is smaller than line 26, subtract line 38 from line 26. This is the <b>AMOUNT YOU UNDERPAID</b> . . . . .	<b>42</b> _____ .00
<b>43</b>	Underpayment interest. Fill in exception code-See Sch. U _____	<b>43</b> _____ .00
<b>44</b>	Add lines 42 and 43. This is the <b>AMOUNT YOU OWE</b> . Paper clip payment to front of return	<b>44</b> _____ .00
<b>45</b>	Interest (see page 34) . . . . .	<b>45</b> _____ .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) ▶ 

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**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)
		7139985172	_____

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**



