



STATE OF SOUTH CAROLINA DEPARTMENT OF REVENUE INDIVIDUAL INCOME TAX DECLARATION FOR ELECTRONIC FILING

Form with fields for First name and middle initial, Last name, Your social security number, Spouse's first name, Spouse's social security number, Mailing address, Daytime phone number, City, State, ZIP, Tax Year.

Part I Information from your SC1040, Individual Income Tax Return

Table with 4 columns: Line number, Description, Amount, and Total. Rows include Federal taxable income, SC tax, Use Tax, Total Tax, SC Income Tax Withheld, Refundable credits, Refund, and Balance due.

Part II Bank information for Refund or Balance Due

Form with fields for Routing number (RTN), Bank account number (BAN), and Type of account (Checking/Savings).

For Balance Due:

Form with fields for Payment Withdrawal Date and Payment Withdrawal Amount.

Part III Declaration of taxpayer

- 13. a. I consent for my refund to be directly deposited as designated in Part II. I declare that the information on line 1 through line 8 is correct. I filed a joint return, this is an irrevocable appointment of my spouse as an agent to receive the refund. b. I authorize the South Carolina Department of Revenue (SCDOR) and its designated agents to initiate an ACH Debit request to my bank account...

If the SCDOR does not receive full and timely payment of my tax liability, I understand that I am responsible for the balance due, including all penalties and interest.

I declare that this return and all attachments are true, correct, and complete to the best of my knowledge. This declaration is based on all information of which the preparer has any knowledge.

Do not submit a copy of this form to the SCDOR. Return the signed copy to your paid preparer. Keep a copy with your tax records.

Form with fields for Your signature, Date, Spouse's signature (If married filing jointly, BOTH must sign), and Date.

Part IV Declaration of Electronic Return Originator (ERO) and Paid Preparer

I declare that I have received the above taxpayer's return and the information is complete and accurate to the best of my knowledge. I have obtained the taxpayer's signature on this form before submitting the SC1040 to the SCDOR. I have provided the taxpayer with a copy of all forms and information to be filed with the IRS and the SCDOR and have followed all other requirements described in the IRS Pub. 1345 Authorized IRS e file Providers of Individual Income Tax Returns, and requirements specified by the SCDOR. If I am the preparer, I declare that I have examined the above taxpayer's return and accompanying schedules and statements, and to the best of my knowledge, they are true and complete. This declaration is based on all information of which I have knowledge. I understand I do not mail the SC8453 to the SCDOR. I am required to keep the SC8453 and the supporting documents for three years.

Form for ERO's Use Only with fields for ERO signature, Date, Check if also paid preparer, Check if self-employed, PTIN, Firm name, address, ZIP, FEIN, and Phone.

Form for Paid Preparer's Use Only with fields for Preparer signature, Date, Check if self-employed, PTIN, Firm name, address, ZIP, FEIN, and Phone.

1555



dor.sc.gov

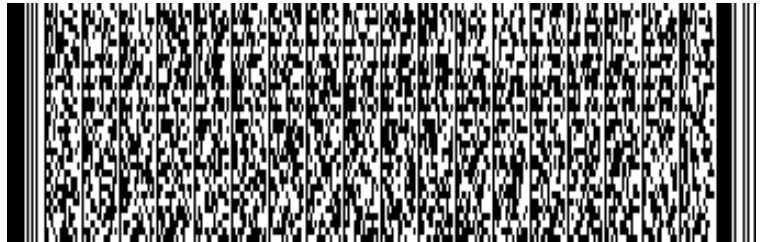


STATE OF SOUTH CAROLINA
DEPARTMENT OF REVENUE

2023 INDIVIDUAL INCOME TAX RETURN

SC1040
(Rev. 4/18/23)
3075

Your Social Security Number			Check if deceased <input type="checkbox"/>
810	84	9449	
Spouse's Social Security Number			Check if deceased <input type="checkbox"/>
811	88	8816	



For the year January 1 - December 31, 2023, or fiscal tax year beginning _____, 2023 and ending _____, 2024

First name and middle initial PRADEEP		Last name SADINENI		Suffix
Spouse's first name, if married filing jointly SUMALATHA		Last name VATTIPALLI		Suffix
Check if new address <input type="checkbox"/>	Mailing address (number and street, PO Box) 2742 MONUMENT POINT CIRCLE			County code 46
City FORT MILL	State SC	ZIP 29715	Daytime phone number with area code (248) 522-6740	
Check if address is outside US <input type="checkbox"/>	Foreign country address including postal code			

- **Amended Return:** Check if this is an Amended Return. (Attach Schedule AMD)
 - Check this box if you are a part-year or nonresident filing an SC Schedule NR
 - Check this box only if you are filing a composite return on behalf of a Partnership or S Corporation. Do not check this box if you are an individual
 - Check this box if you have filed a federal or state extension.
 - Check this box if you served in a military combat zone during the filing period
- Name of the combat zone: _____

CHECK YOUR FEDERAL FILING STATUS	(1) <input type="checkbox"/> Single	(3) <input type="checkbox"/> Married filing separately - enter spouse's SSN: _____
	(2) <input checked="" type="checkbox"/> Married filing jointly	(4) <input type="checkbox"/> Head of household (5) <input type="checkbox"/> Qualifying surviving spouse

Number of dependents claimed on your 2023 federal return 2

Number of dependents claimed that were under the age of 6 years as of December 31, 2023 1

Number of taxpayers age 65 or older as of December 31, 2023 _____

DEPENDENTS

First name	Last name	Social Security Number	Relationship	Date of birth (MM/DD/YYYY)
KARTHIKEYAN	SADINENI	770-91-6646	Son	09/20/2016
RUDHRA	SADINENI	660-64-9414	Son	10/09/2020



INCOME AND ADJUSTMENTS

Your SSN 810-84-9449

2023

1	Enter federal taxable income from your federal form. If zero or less, enter zero here Nonresident filers: complete Schedule NR and enter total from line 48 on line 5 below	1	Dollars	179,362	00
---	---	---	---------	---------	----

ADDITIONS TO FEDERAL TAXABLE INCOME

a	State tax addback, if itemizing on federal return (see instructions)	a	00		
b	Out-of-state losses Type: _____	b	00		
c	Expenses related to National Guard and Military Reserve Income	c	00		
d	Interest income on obligations of states and political subdivisions other than South Carolina	d	00		
e	Other additions to income (attach explanation - see instructions)	e	00		
2	Total additions (add line a through line e)	2			00
3	Add line 1 and line 2 and enter the total here	3			00

SUBTRACTIONS FROM FEDERAL TAXABLE INCOME

f	State tax refund, if included on your federal return	f	00		
g	Total and permanent disability retirement income, if taxed on your federal return	g	00		
h	Out-of-state income/gain (do not include personal service income) Check type of income/gain: <input type="checkbox"/> Rental <input type="checkbox"/> Business <input type="checkbox"/> Other _____	h	00		
i	44% of net capital gains held for more than one year	i	00		
j	Volunteer deductions (see instructions) Type: _____	j	00		
k	Contributions to the SC College Investment Program (Future Scholar) or the SC Tuition Prepayment Program	k	00		
l	Active Trade or Business Income deduction (see instructions)	l	00		
m	Interest income from obligations of the US government	m	00		
n	Certain nontaxable National Guard or Reserve pay	n	00		
o	Social Security and/or railroad retirement, if taxed on your federal return	o	00		
p	Retirement Deduction (see instructions)				
p-1	Taxpayer (date of birth: _____)	p-1	00		
p-2	Spouse (date of birth: _____)	p-2	00		
p-3	Surviving spouse (date of birth of deceased spouse: _____)	p-3	00		
p-4	Military Retirement Deduction (see instructions) Taxpayer (date of birth: _____)	p-4	00		
p-5	Spouse (date of birth: _____)	p-5	00		
p-6	Surviving spouse (date of birth of deceased spouse: _____)	p-6	00		
q	Age 65 and older deduction (see instructions)				
q-1	Taxpayer (date of birth: _____)	q-1	00		
q-2	Spouse (date of birth: _____)	q-2	00		
r	Negative amount of federal taxable income	r	00		
s	Subsistence allowance (multiply _____ days by \$8)	s	00		
t	Dependents under the age of 6 years on December 31 of the tax year	t	00		
u	Consumer Protection Services	u	00		
v	Other subtractions (see instructions)	v	00		
w	South Carolina Dependent Exemption (see instructions)	w	00		
4	Total subtractions (add line f through line w)	4	<		00
5	Residents: subtract line 4 from line 3 and enter the difference. Nonresidents: enter amount from Schedule NR, line 48. If less than zero, enter zero here. This is your SOUTH CAROLINA INCOME SUBJECT TO TAX	5		10,243	00
6	TAX on your South Carolina Income Subject to Tax (see SC1040TT)	6	208	00	
7	TAX on Lump Sum Distribution (attach SC4972)	7		00	
8	TAX on Active Trade or Business Income (attach I-335)	8		00	
9	TAX on excess withdrawals from Catastrophe Savings Accounts	9		00	
10	Add line 6 through line 9 and enter the total here. This is your TOTAL SOUTH CAROLINA TAX	10		208	00



NON-REFUNDABLE CREDITS

Table with 4 columns: Line number, Description, Amount, Total. Rows include Child and Dependent Care, Two Wage Earner Credit, and Total nonrefundable credits.

PAYMENTS AND REFUNDABLE CREDITS

Table with 4 columns: Line number, Description, Amount, Total. Rows include SC income tax withheld, 2023 Estimated Tax payments, and Total refundable credits.

AMENDED RETURN: Use Schedule AMD for line 23 calculation.

Table with 4 columns: Line number, Description, Amount, Total. Rows include Add line 16 through line 22, and adjustments for overpayment/amount due.

AMENDED RETURN: Enter the amount from line 24 on line 30. Enter the amount from line 25 on line 31.

Table with 4 columns: Line number, Description, Amount, Total. Rows include USE TAX due, Amount of line 24 to be credited, and Total Contributions for Check-offs.

REFUND OPTIONS Getting a refund? Direct deposit is fast, accurate, and secure!

35 Select one: [X] Direct Deposit (line 37 required) (for US accounts only) [] Paper Check

PAYMENT OPTIONS Have a balance due? Pay electronically! It's quick and easy!

36 Select one: [] MyDORWAY (pay at dor.sc.gov/pay) [] ACH Debit (enter your US bank information on line 37)

For payments only: Withdrawal Date [] Withdrawal Amount []

37 Type of Account: [X] Checking [] Savings

Routing Number (RTN) [072000805] Bank Account Number (BAN) [375013444401]

I declare that this return and all attachments are true, correct, and complete to the best of my knowledge. If prepared by a person other than the taxpayer, this declaration is based on all information of which the preparer has any knowledge.

Your signature [] Date [] Spouse's signature (if married filing jointly, BOTH must sign) []

I authorize the Director of the SCDOR or delegate to discuss this return, attachments, and related tax matters with the preparer. Yes [] No [X] Preparer's printed name SYAM PRIYA RAM SAGAR GUPTA

Preparer's signature SYAM PRIYA RAM SAGAR GUPTA Date 04-11-2024 Check if self-employed [] PTIN P02082703
Firm name (or yours if self-employed), address, ZIP GLOBAL TAXES LLC 245 ROONEY CT E BRUNSWICK NJ 08816 FEIN 84-3171965
Phone (678) 965-9522

MAIL TO: REFUNDS OR ZERO TAX: SC1040 Processing Center, PO Box 101100, Columbia, SC 29211-0100

BALANCE DUE: Taxable Processing Center, PO Box 101105, Columbia, SC 29211-0105
30753230 REV 03/05/24 PRO

1555



dor.sc.gov

STATE OF SOUTH CAROLINA DEPARTMENT OF REVENUE 2023 NONRESIDENT SCHEDULE

SCHEDULE NR (Rev. 4/12/23) 3081

For the year January 1 - December 31, 2023, or fiscal tax year beginning 2023 and ending 2024

Table with 4 columns: Your name (SADINENI, PRADEEP), Your Social Security Number (810-84-9449), Spouse's first name (SUMALATHA), Spouse's Social Security Number (811-88-8816)

Table with 3 columns: Your dates of SC residency to, Spouse's dates of SC residency to, Schedule NR is for Nonresidents or Part-year residents Attach to completed SC1040.

INCOME AND EXCLUSIONS

Main income table with columns: Line number, Description, Income as Shown on Federal Return (COLUMN A), and South Carolina Income (COLUMN B). Includes lines 1-16 with values like 167,952 and 22,468.

Attach to SC1040

ADJUSTMENTS TO INCOME

Table with 3 columns: Line number, Description, Federal Adjustment, and SC Adjustment. Includes lines 17-21 with values like 0 and 00.

SC adjustment cannot exceed 100% of federal adjustment. Continued on next page.

30811236

REV 03/05/24 PRO



	COLUMN A	COLUMN B
22 Self-employed SEP, SIMPLE, and qualified plans..... 22	00	00
23 Self-employed health insurance deduction 23	00	00
24 Penalty on early withdrawal of savings 24	00	00
25 Alimony paid 25	00	00
26 IRA deduction 26	00	00
27 Student loan interest deduction 27	00	00
28 Other adjustments 28	00	00
29 Reserved 29		
30 Total adjustments: Add line 17 through line 29 30	0 00	0 00
31 Adjusted gross income: Subtract line 30 from line 16 31	207,062 00	22,468 00

SOUTH CAROLINA ADJUSTMENTS

ADDITIONS

32 South Carolina additions 32		00
--------------------------------------	--	----

SUBTRACTIONS

33 South Carolina dependent exemption (see instructions) 33		9,220 00
34 44% of net capital gains held for more than one year 34		00
35 Retirement deduction (see instructions)		
a) Taxpayer (date of birth: _____) 35a		00
b) Spouse (date of birth: _____) 35b		00
c) Surviving spouse (date of birth of deceased spouse: _____) 35c		00
Military retirement deduction (see instructions)		
d) Taxpayer (date of birth: _____) 35d		00
e) Spouse (date of birth: _____) 35e		00
f) Surviving spouse (date of birth of deceased spouse: _____) 35f		00
36 Age 65 and older deduction (see instructions - must be resident for part of the year)		
a) Taxpayer (date of birth: _____) 36a		00
b) Spouse (date of birth: _____) 36b		00
37 Deductions for dependents under 6 years of age on December 31 of the tax year (see instructions - must be resident for part of the year)		
Date of birth: _____ SSN: _____		
Date of birth: _____ SSN: _____ 37		00
38 Contributions to the SC College Investment Program (Future Scholar) or the SC Tuition Prepayment Program 38		00
39 Active Trade or Business Income deduction (see instructions) 39		00
40 Consumer Protection Services 40		00
41 Other subtractions (see instructions) 41		00
42 Total South Carolina subtractions: Add line 33 through line 41..... 42		9,220 00
43 Total South Carolina adjustments: Subtract line 42 from line 32 43		-9,220 00
44 SC modified adjusted gross income: Add Column B, line 31 and line 43 44		13,248 00

45 PRORATION:
Line 31, Column B divided by line 31, Column A = 10.85 % (do not exceed 100%)

46 DEDUCTIONS ADJUSTMENT:
If using the standard deduction, enter the amount from federal form on line 46.
If itemizing, use the Schedule NR instructions, and enter the amount from Part IV on line 46.
Enter the following amounts from the instructions:

Part I (Itemized Deductions) _____
Part II, Worksheet, line 6 (State Taxes) _____
Part III (Other Expenses) _____

46	27,700	00
47	3,005	00
48	10,243	00

47 Allowable deductions: Multiply line 46 by 10.85 % (from line 45)..... 47 < 3,005 00 >
48 South Carolina taxable income: Subtract line 47 from line 44, Column B. Enter the difference here and on the SC1040, line 5. If line 48 is a negative figure, enter zero on the SC1040, line 5..... 48 10,243 00

Attach this form and a complete copy of your federal return to your SC1040. Check the Schedule NR box on the front of the SC1040. Do not submit the Schedule NR separately. We cannot process your return if this form is submitted separately.

< Staple All Pages of Your Return and W-2s Here

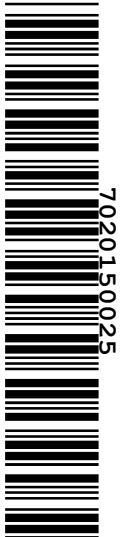
North Carolina Department of Revenue

Amended Return

DOR Use Only

Form header section containing taxpayer information (PRADEEP SADINENI SUMALATHA VATTIPAL), filing status (Married Filing Jointly), and various checkboxes for resident status and education fund contributions.

Table with columns for tax line items (FS, PP, Y, DT, N, OC, N, TPRES, N, SPRES, N, VT, N, SVT, N) and corresponding values for each line item (e.g., 207062, 16, 0, 26C, 0).



Sign Return Below section with checkboxes for Refund Due (checked) and Payment Due, followed by signature lines for the taxpayer and preparer (SYAM PRIYA RAM SAGAR GUPT).

D-400 Line-by-Line Information

6.	Federal Adjusted Gross Income	6.	207062
7.	Additions to Federal Adjusted Gross Income	7.	0
8.	Add Lines 6 and 7	8.	207062
9.	Deductions From Federal Adjusted Gross Income	9.	0
10.	Child Deduction		
	a. Enter the number of qualifying children for whom you were allowed a federal child tax credit	10a.	2
	b. Enter the amount of the child deduction	10b.	0
11.	N.C. Standard Deduction	11.	Y
11.	N.C. Itemized Deduction	11.	N
11.	Deduction amount	11.	25500
12.	a. Add Lines 9, 10b, and 11	12a.	25500
	b. Subtract Line 12a from Line 8	12b.	181562
13.	Part-year Residents and Nonresidents Taxable Percentage	13.	0.0868
14.	N.C. Taxable Income	14.	15760
15.	N.C. Income Tax	15.	749
16.	Tax Credits	16.	0
17.	Subtract Line 16 from Line 15	17.	749
18.	Consumer Use Tax	18.	0
	You certify that no Consumer Use Tax is due		Y
19.	Add Lines 17 and 18	19.	749

North Carolina Income Tax Withheld

20a.	Your tax withheld	20a.	770
20b.	Spouse's tax withheld	20b.	0

Other Tax Payments

21a.	2023 estimated tax	21a.	0
21b.	Paid with extension	21b.	0
21c.	Partnership	21c.	0
21d.	S Corporation	21d.	0
22.	Additional Payments	22.	0
23.	Add Lines 20a through 22	23.	770
24.	Previous Refunds	24.	0
25.	Subtract Line 24 from Line 23	25.	770
26a.	Tax Due	26a.	0
26b.	Penalties	26b.	0
26c.	Interest	26c.	0
26d.	Add Lines 26b and 26c and enter the total on 26d	26d.	0
EU	Exception to Underpayment of Estimated Tax	EU	
26e.	Interest on the Underpayment of Estimated Income Tax	26e.	0
27.	Pay this Amount	27.	0
28.	Overpayment	28.	21

Amount of Refund to Apply to:

29.	Amount of Line 28 to be applied to 2024 Estimated Income Tax	29.	0
30.	N.C. Nongame and Endangered Wildlife Fund	30.	0
31.	N.C. Education Endowment Fund	31.	0
32.	N.C. Breast and Cervical Cancer Control Program	32.	0
33.	Add Lines 29 through 32	33.	0
34.	Amount to be Refunded	34.	21

D-400 Sch PN (50)

8-16-23

2023 Part-Year Resident and Nonresident Schedule
 North Carolina Department of Revenue

DOR
Use
Only

If you enter a taxable percentage on Form D-400, Line 13 because you or your spouse, if married filing jointly, were not full-year residents of North Carolina during tax year 2023, you must attach this schedule to Form D-400. Importantly, you must attach both pages of this schedule to Form D-400. If you do not, the Department may be unable to process your return.

Last Name (First 10 Characters) SADINENI	Your Social Security Number 810849449
---	--

A part-year resident or a nonresident who receives income from N.C. sources must complete this form to determine the percentage of total income from all sources that is subject to N.C. tax. You are a **"part-year resident"** if you moved to N.C. and became a resident during the tax year, or you moved out of N.C. and became a resident of another state during the tax year. You are a **"nonresident"** if you were not a resident of N.C. at any time during the tax year.

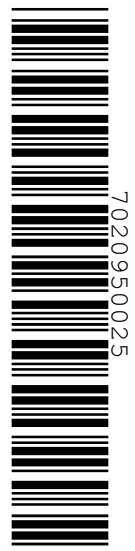
Important: Refer to the Instructions before completing this form.

NRT	N	PYT	Y	10 01 23	12 31 23	22	17973
NRS	N	PYS	Y	10 01 23	12 31 23	23	207062

Part A. Residency Status			
Taxpayer is: (Select applicable box)		Spouse is: (Select applicable box)	
<input type="checkbox"/> Full-Year Resident	<input type="checkbox"/> Nonresident	<input checked="" type="checkbox"/> Part-Year Resident	
Date N.C. residency began	Date N.C. residency ended	Date N.C. residency began	Date N.C. residency ended
10 01 23	12 31 23	10 01 23	12 31 23

If you and your spouse were both full-year residents of N.C., **stop here**; do not complete Parts B and C. Do not attach Schedule PN to Form D-400.

Part B. Allocation of Income for Part-Year Residents and Nonresidents			
Total Income		COLUMN A Total Income from all Sources	COLUMN B Amount of Column A Attributable to N.C.
1. Wages, Salaries, Tips, Etc.	1.	167952	17973
2. Taxable Interest	2.	0	0
3. Taxable Dividends	3.	0	0
4. Taxable Refunds, Credits, or Offsets of State and Local Income Taxes	4.	0	0
5. Alimony Received	5.	0	0
6. Business Income or (Loss)	6.	0	0
7. Capital Gain or (Loss)	7.	-3000	0
8. Other Gains or (Losses)	8.	0	0
9. Taxable Amount of IRA Distributions	9.	0	0
10. Taxable Amount of Pensions and Annuities	10.	42110	0
11. Rental Real Estate, Royalties, Partnerships, S-Corps, Estates, Trusts, Etc.	11.	0	0
12. Farm Income or (Loss)	12.	0	0
13. Unemployment Compensation	13.	0	0
14. Taxable Portion of Social Security and Railroad Retirement Benefits	14.	0	0
15. Other Income	15.	0	0
16. Total Income	16.	207062	17973
North Carolina Adjustments		COLUMN A Amount from Form D-400 Schedule S	COLUMN B Amount of Column A Attributable to N.C.
17. Additions			
a. Interest Income From Obligations of States Other Than N.C.	17a.	0	0
b. Deferred Gains Reinvested Into an Opportunity Fund	17b.	0	0
c. Bonus Depreciation	17c.	0	0
d. IRC Section 179 Expense	17d.	0	0
e. Other Additions to Federal Adjusted Gross Income That Relate to Gross Income	17e.	0	0
18. Total Additions	18.	0	0



Last Name (First 10 Characters) SADINENTI	Your Social Security Number	810849449
--	-----------------------------	-----------

Part B. Allocation of Income for Part-Year Residents and Nonresidents (continued)

	COLUMN A Amount from Form D-400 Schedule S	COLUMN B Amount of Column A Attributable to N.C.
19. Deductions		
a. State or Local Income Tax Refund	19a. 0	0
b. Interest Income From Obligations of the United States or United States' Possessions	19b. 0	0
c. Taxable Portion of Social Security and Railroad Retirement Benefits	19c. 0	0
d. Retirement Benefits Received by Vested N.C. State Government, N.C. Local Government, or Federal Government Retirees, i.e. <i>Bailey Settlement</i>	19d. 0	0
e. Bonus Asset Basis	19e. 0	0
f. Bonus Depreciation	19f. 0	0
g. IRC Section 179 Expense	19g. 0	0
h. Other Deductions From Federal Adjusted Gross Income That Relate to Gross Income	19h. 0	0
20. Total Deductions	20. 0	0
21. Total Income Modified by N.C. Adjustments	21. 207062	17973

Part C. Part-Year Residents and Nonresidents Taxable Percentage

22. Enter the Amount From Column B, Line 21		22. 17973
23. Enter the Amount From Column A, Line 21		23. 207062
24. Part-Year Residents and Nonresident Taxable Percentage		24. 0.0868

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.

▼ cut here ▼

2023
 Form **PV**

Wisconsin Payment Voucher

REV 03/05/24 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 SADINENI	Your legal first name and initial PRADEEP	Your social security number 810849449
Spouse's legal last name VATTIPALLI	Spouse's legal first name and initial SUMALATHA	Spouse's social security number 811888816
Legal name of trust	FEIN	
Home address (number and street or rural route) 2742 MONUMENT POINT CIRCLE	Telephone number (248) 5226740	
City or post office FORT MILL	State SC	Zip code 29715

- 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

\$ 914.00

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

Form fields for personal information: Last name (SADINENI), First name (PRADEEP), Social security number (810849449), Spouse's info (VATTIPALLI, SUMALATHA, 811888816), Home address (2742 MONUMENT POINT CIRCLE), City (FORT MILL), State (SC), Zip code (29715), Tax district (MADISON), County (DANE), School district number (0896), Filing status (Married filing joint return), Resident status (Part-year resident).



Resident status: You Spouse. [X] Full-year resident of Wisconsin. [X] Part-year resident of Wisconsin from 01 01 2023 to 10 01 2023. Note: Complete residence questionnaire, page 60

PAPER CLIP check or money order here

Table with 4 columns: Income, NO COMMAS NO CENTS, A. Federal column, B. Wisconsin column. Rows 1-16 detailing various income types and their federal/wisconsin values.

1-0501

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		135745.00
31 Federal income. Subtract line 29, column A from line 16, column A	207062.00	
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) . . . . .		.6556

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	207062.00
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	0.00
35 Subtract line 34c from line 33. If line 34c is more than line 33, fill in 0 (zero)	35	207062.00
36 Exemptions (Caution: see page 28)		
a Fill in exemptions allowed 4 x \$700	36a	2800.00
b Check if 65 or older <input type="checkbox"/> You + <input type="checkbox"/> Spouse = <input type="checkbox"/> x \$250	36b	.00
c Add lines 36a and 36b	36c	2800.00
37 Subtract line 36c from line 35. If line 36c is more than line 35, fill in 0 (zero)	37	204262.00
38 Tax (see table on page 51)	38	10329.00
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 <input type="checkbox"/> .00 x 50% =	40	.00
41 School property tax credits (part-year and full-year residents only)		
a Rent paid in 2023—heat included00 } Find credit from table page 32	41a	.00
Rent paid in 2023—heat not included00 }		
b Property taxes paid on home in 202300 } 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	10329.00
44 Fill in ratio from line 32	44	.6556
45 Multiply line 43 by ratio on line 44	45	6772.00



Name(s) shown on Form 1NPR PRADEEP SADINENI & SUMALATHA VATTIPALLI	Your social security number 810849449
--	---

46	Fill in amount from line 45	46	6772.00
47	Working families tax credit. (Full-year Wisconsin residents only)	47	0.00
48	Married couple credit. Complete Schedule 2 (page 4, Form 1NPR)	48	480.00
49	Nonrefundable credits from Schedule CR, line 34. Include Schedule CR	49	.00
50	Net income tax paid to another state. Include Schedule OS	50	.00
51	Add lines 47 through 50	51	480.00
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	6292.00
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	.00
54	Donations (decreases refund or increases amount owed)		
	a Endangered resources .00	e Military family relief .00	
	b Cancer research .00	f Second Harvest/Feeding Amer. .00	
	c Veterans trust fund .00	g Red Cross WI Disaster Relief .00	
	d Multiple sclerosis .00	h Special Olympics Wisconsin .00	
	Total (add lines a through h) . . . →		54i .00
55	Penalties on IRAs, other retirement plans, MSAs, etc. (see page 37) $4211.00 \times .33 =$	55	1390.00
56	Other penalties (see page 38)	56	.00
57	Add lines 52 through 56	57	7682.00

Payments and Credits

58	Wisconsin income tax withheld. Include readable withholding statements	58	6768.00
59	2023 Wisconsin estimated tax paid and amount applied from 2022 return	59	.00
60	Earned income credit. (Full-year Wisconsin residents only) Number of qualifying children <input type="text"/> Federal credit <input type="text"/> .00 x <input type="text"/> % =	60	.00
61	Farmland preservation credit. a. Schedule FC, line 17	61a	.00
	b. Schedule FC-A, line 13	61b	.00
62	Repayment credit	62	.00
63	Homestead credit. (Full-year Wisconsin residents only)	63	.00
64	Eligible veterans and surviving spouses property tax credit	64	.00
65	Refundable credits from Schedule CR, line 40	65	.00
66	AMENDED RETURN ONLY – amount previously paid (see page 44)	66	.00
67	Add lines 58 through 66	67	6768.00
68	AMENDED RETURN ONLY – amount previously refunded (see page 44)	68	.00
69	Subtract line 68 from line 67	69	6768.00

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	0.00
71	Amount of line 70 you want REFUNDED TO YOU	71	0.00
72	Amount of line 70 to be APPLIED TO YOUR 2024 ESTIMATED TAX	72	0.00



73	If line 69 is less than line 57, subtract line 69 from line 57 . . . This is the AMOUNT UNDERPAID	73	914.00
74	Underpayment interest. Fill in exception code – see Sch. U → _____	74	.00
75	Add lines 73 and 74. This is the AMOUNT YOU OWE	75	914.00
76	Interest (see page 47)	76	.00

Third Party Designee Do you want to allow another person to discuss this return with the department (see page 47)? **Yes** Complete the following. **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.

Sign here 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) _____

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

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	82670.00	56075.00
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 . . . . .	.00	.00
3 Combine lines 1 and 2. This is your total Wisconsin earned income	82670.00	56075.00
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	0.00	.00
5 Subtract line 4 from line 3. This is your qualified earned income	82670.00	56075.00
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		16000.00
7 Rate of credit is .03 (3%)		x .03
8 Multiply line 6 by line 7. Round the result and fill in here and on line 48 of Form 1NPR. Do not fill in more than \$480		480.00

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) PRADEEP SADINENI & SUMALATHA VATTIPALLI SOCIAL SECURITY NUMBER 810849449

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

You Spouse

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

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

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

Schedule WD

Wisconsin
Department of Revenue

Capital Gains and Losses

◆ Include with Wisconsin Form 1 or 1NPR ◆

2023

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

Your social security number

PRADEEP SADINENI & SUMALATHA VATTIPALLI

810-84-9449

Part I Short-Term Capital Gains and Losses – Assets Held One Year or Less

Note: Round all amounts (use a minus sign (-) for negative amounts)	(d) Proceeds (sales price)	(e) Cost or other basis	(g) Adjustments to gain or loss from Form(s) 8949, Part I, line 2, column (g)	(h) Gain or loss Subtract column (e) from column (d) and combine the result with column (g)
1a Amount from line 1a of Schedule D	.00	.00		.00
1b Amount from line 1b of Schedule D	.00	.00	.00	.00
2 Amount from line 2 of Schedule D	.00	.00	.00	.00
3 Amount from line 3 of Schedule D	.00	.00	.00	.00
4 Short-term gain from Form 6252 and short-term gain or loss from Forms 4684, 6781, and 8824			4	.00
5 Net short-term gain or loss from partnerships, S corporations, estates, and trusts from Schedule(s) K-1			5	.00
6 Adjustment from Wisconsin Schedule T (see Basis Difference in instructions)			6	.00
7 Short-term capital loss carryover from 2022 Wisconsin Schedule WD, line 34. Enter amount as a negative number			7	-5 60 60.00
8 Net short-term capital gain or loss. Combine lines 1a through 7 in column (h)			8	-5 60 60.00

Part II Long-Term Capital Gains and Losses – Assets Held More Than One Year

Note: Round all amounts (use a minus sign (-) for negative amounts)	(d) Proceeds (sales price)	(e) Cost or other basis	(g) Adjustments to gain or loss from Form(s) 8949, Part II, line 2, column (g)	(h) Gain or loss Subtract column (e) from column (d) and combine the result with column (g)
9a Amount from line 8a of Schedule D	.00	.00		.00
9b Amount from line 8b of Schedule D	.00	.00	.00	.00
10 Amount from line 9 of Schedule D	.00	.00	.00	.00
11 Amount from line 10 of Schedule D	.00	.00	.00	.00
12 Gain from Form 4797, Part I; long-term gain from Forms 2439 and 6252; and long-term gain or loss from Forms 4684, 6781, and 8824			12	.00
13 Net long-term gain or loss from partnerships, S corporations, estates, and trusts from Schedule(s) K-1			13	.00
14 Capital gain distributions			14	.00
15 Adjustment from Wisconsin Schedule T (see Basis Difference in instructions)			15	.00
15a Adjustment from Wisconsin Schedule QI. Enter amount as a negative number			15a	.00
16 Long-term capital loss carryover from 2022 Wisconsin Schedule WD, line 39. Enter amount as a negative number			16	-1 83 78.00
17 Net long-term capital gain or loss. Combine lines 9a through 16 in column (h)			17	-1 83 78.00

Go on to Part III →



Name PRADEEP SADINENI & SUMALATHA VATTIPALLI	Social Security Number 810-84-9449
---	---------------------------------------

Part III Summary of Parts I and II (see instructions) - use a minus sign (-) for negative amounts.

18 Combine lines 8 and 17, and fill in the net gain or loss here (if line 18 is a loss, go to line 28)	18	-74438.00
19 Fill in the smaller of line 17 or 18, or -0- if a loss or no entry on line 17	19	.00
20 Fill in 30% of line 19	20	.00
21 Fill in the amount of long-term capital gain from the sale of farm assets listed on Form 8949 and taxable to Wisconsin plus gain from the sale of farm assets that is included on line 12 or 13 of Schedule WD. If zero, skip lines 22 through 25 and fill in the amount from line 20 on line 26	21	.00
22 Gain included in line 17. Do not include any losses in this amount	22	.00
23 Divide line 21 by line 22. Carry the decimal to 4 places	23	_____
24 Multiply line 19 by the decimal amount on line 23	24	.00
25 Fill in 30% of line 24	25	.00
26 Add lines 20 and 25	26	.00
27 Subtract line 26 from line 18	27	.00
28 If line 18 shows a loss, fill in the smaller of:	(a) The loss on line 18,	
	(b) \$3,000/\$1,500 (see instructions), or	
	(c) Wisconsin ordinary income (see instructions)	-3000.00

Note: When figuring whether a, b, or c is smaller, treat all numbers as if they are positive.

Part IV Computation of Wisconsin Adjustment to Income

29 Adjustment (see instructions for Part IV and Schedule I adjustments)		
a Fill in gain from line 7 of federal Form 1040 or 1040-SR, or gain from line 1e of Schedule I, if filed (if a loss, fill in -0-)	29a	0.00
b Fill in gain from Part III, line 27, (if blank, fill in -0-)	29b	.00
c If line 29b is more than 29a, subtract line 29a from line 29b. See instructions on where to enter this amount	29c	.00
d If line 29b is less than 29a, subtract line 29b from line 29a. See instructions on where to enter this amount	29d	.00
e Fill in loss from line 7 of federal Form 1040 or 1040-SR, as a positive amount or the loss from line 2c of Schedule I, if filed (if a gain, fill in -0-)	29e	3000.00
f Fill in loss from Part III, line 28 as a positive amount	29f	.00
g If line 29f is more than 29e, subtract line 29e from line 29f. See instructions for where to enter this amount.	29g	.00
h If line 29f is less than 29e, subtract line 29f from line 29e. See instructions for where to enter this amount	29h	.00

Part V Computation of Capital Loss Carryovers from 2023 to 2024 (Complete this part if the loss on line 18 is more than the loss on line 28.)

30 Fill in loss shown on line 8 as a positive amount. If none, fill in -0- and skip lines 31 through 34	30	56060.00
31 Fill in gain shown on line 17. If that line is blank or shows a loss, fill in -0-	31	0.00
32 Subtract line 31 from line 30	32	56060.00
33 Fill in the smaller of line 28 or line 32, treating both as positive amounts	33	3000.00
34 Subtract line 33 from line 32. This is your short-term capital loss carryover from 2023 to 2024	34	53060.00
35 Fill in loss from line 17 as a positive amount. If none, fill in -0- and skip lines 36 through 39	35	18378.00
36 Fill in gain shown on line 8. If that line is blank or shows a loss, fill in -0-	36	0.00
37 Subtract line 36 from line 35	37	18378.00
38 Subtract line 33 from line 28, treating both as positive amounts. (Note: If you skipped lines 31 through 34, fill in amount from line 28 as a positive amount.)	38	0.00
39 Subtract line 38 from line 37. This is your long-term capital loss carryover from 2023 to 2024	39	18378.00

