Form PV voucher at the bottom

2023 Form PV

Use of the personalized Form PV voucher below will ensure that your tax payment willbe 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

Make your check payable to Wisconsin Department of Revenue and mail your voucher to: PO Box 3028

Milwaukee WI 53201-3028

	1				
Your legal last name	Your legal first name and initial	Your social security number			
-					
TUMMALA	ARITESH REDDY	784499155			
Spouse's legal last name	Spouse's legal first name and initial	Spouse's so	cial security number		
CHAMAKURA	SNEHA	880139727			
Legal name of trust	of trust FEIN				
Logar name of tract					
Home address (number and street or rural route)			Telephone number		
828 OLD TIMBER PAS	SS	(704) 4886496			
City or post office		State	Zip code		
VERONA		WI	53593		

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Check the box below which applies to you.			
X Individual			
Individual - Amended			
Trust			
Trust -Amended			
Estate (Enter decedent's social security number)			
Estate - Amended			
Amount of Payment			

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Please do not staple your payment to this voucher

834.00

7	Wisco	nsin
	Wiscon income	e tax

income tax	F	or the ye	ar Jan.	1-Dec	c. 31, 2023, or other tax ye	ear
Check here if an amended retur		•			, 2023 ending	
Your legal last name TUMMALA	Legal first name ARITESH REDDY			M.I.	Your social security number 784499155	
lf a joint return, spouse's legal last name CHAMAKURA	Spouse's legal first no	ame		M.I.	Spouse's social security number 880139727	Г
Home address (number and street). If you have 828 OLD TIMBER PASS	ave a PO Box, see page 12	O Box, see page 12. Apt. no.			Tax district Check below then fill in	oither the name of the
City or post office VERONA	State WI				city, village, or town and t lived at the end of 2023.	
Single City, village.					Village Towr	
Married filing separate return		Legal last name			County of ▶ DANE	
Fill in spouse's SSN above and full name here	Legal first name			M.I.	School district number	See page 453269
Head of household, NOT man (see page 13).	ried		\uparrow		Special conditions	
Head of household, married (see page 13).	If married, fill i SSN above an	If married, fill in spouse's SSN above and full name here			Form 804 filed with ret	urn (see page 10)
Use BLACK lnk • Print numbers like this \rightarrow 0 23 4 5 6 7 8 9 Not like this \rightarrow 0 1 4 7 • Not like this \rightarrow 0 1 2 8 0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1					e this $\rightarrow \emptyset 147$ • NO	COMMAS; NO CENTS
1 Federal adjusted gross income from Form 1040, line 11					135406.00	
2 Adjustments to federal adjusted gross income from <i>Schedule I</i> , line 3 (see page 13)						0.00
3 Add lines 1 and 2. This is your federal adjusted gross income for Wisconsin purposes 3					sin purposes 3	135406.00
Form W-2 wages included in I	ne 3)		103650.00	
4 Total additions to income from Schedule AD, line 33. Include Schedule AD (see page 14) . 4					AD (see page 14) . 4	.00
5 Add lines 3 and 4					5	135406.00
6 Total subtractions from income from Schedule SB, line 50. Include Schedule SB (see page 14) Enter as a positive number					ule SB (see page 14)	.00.
7 Subtract line 6 from line 5. This is your Wisconsin income				7	135406.00	
8 Standard deduction. See table on page 35, OR \checkmark					2121.00	
9 Subtract line 8 from line 7. If line 8 is larger than line 7, fill in 0				9	133285.00	
10 Exemptions (Caution: See page 15)						
a Fill in exemptions allowed .	a Fill in exemptions allowed					
b Check if 65 or older Y	ou + Spouse =	:	x \$250	10	.00	





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		NO COMINAS, NO CENTS
11	Subtract line 10c from line 9. If line 10c is larger than line 9, fill in 0. This is taxable income 11_	131885.00
12	Tax (see table on page 38)	6493.00
13	Itemized deduction credit. Include Schedule 1, page 4	
14	Additional child and dependent care tax credit (see page 17)	
	Federal credit from Form 2441	
15	School property tax credit	
	5 ()	
	Rent paid in 2023 – heat included Find credit from table page 19 . 15a 00	
	b Property taxes paid on home in 202300 Find credit from table page 20 . 15b 00	
16	Working families tax credit (see page 20)	
17	Married couple credit. Include Schedule 2, page 4	
18	Nonrefundable credits from line 34 of Schedule CR	
19	Net income tax paid to another state. Include Schedule OS 1900	
20	Add lines 13 through 19	480.00
21	Subtract line 20 from line 12. If line 20 is larger than line 12, fill in 0. This is your net tax 21 _	6013.00
22	Sales and use tax due on internet, mail order, or other out-of-state purchases (see page 23) 22_ If you certify that no sales or use tax is due, check here	.00
23	Donations (decreases refund or increases amount owed)	
	a Endangered resources00 e Military family relief00	
	b Cancer research	
	c Veterans trust fund g Red Cross WI Disaster Relief00	
	d Multiple sclerosis	
	Total (add lines a through h) > 23i	.00
24	Penalties on IRAs, retirement plans, MSAs, etc. (see page 25) 00 x .33 = 24 _	.00
25	Other penalties (see page 25)	.00
26	Add lines 21, 22, 23i, 24, and 25	6013.00
27	Wisconsin tax withheld. Include withholding statements	
28	2023 estimated tax payments and amount applied from 2022 return 28 00	
29	Earned income credit. Number of qualifying children	
	Federal ———	
		
30	Farmland preservation credit. a Schedule FC, line 17	
	b Schedule FC-A, line 13	
31	Repayment credit (see page 27) 31	



Name	e(s) shown on Form 1				Your so	cial security nun	nber
AR	RITESH REDDY TUMMALA & SN	IEHA CHAMAKUR	Ą		7844	499155	
					<u>N</u>	O COMMAS;	NO CENTS
32	Homestead credit. Include Schedule H or	H-EZ	32).	0		
33	Eligible veterans and surviving spouses p	roperty tax credit .	33	.0	0		
34	Refundable credits from Schedule CR, line 40). Include Schedule CR	34).	0		
35	AMENDED RETURN ONLY-Amounts prev	viously paid (see page 31)	35).	0		
36	Add lines 27 through 35		36	5179.0	0		
37	AMENDED RETURN ONLY-Amounts previous	ously refunded (see page 31)	37).	0		
38	Subtract line 37 from line 36				38		5179.0
39	If line 38 is larger than line 26, subtract lir This is the AMOUNT YOU OVERPAID .	ne 26 from line 38.			39		.0
40	Amount of line 39 you want REFUNDED	TO YOU			40		0.0
41	Amount of line 39 you want APPLIED TO YOUR 2024 ESTIMATED 1	Γ ΑΧ	41 _	0 .	00		
42	If line 38 is smaller than line 26, subtract This is the AMOUNT YOU UNDERPAID	line 38 from line 26.			42		834.0
43	Underpayment interest. Fill in exception cod	de-See Sch. U			43		.0
	Add lines 42 and 43. This is the AMOUN						
45	Interest (see page 34)				45		.0
Thir	rd Do you want to allow another person to discus	ss this return with the depar	tment (se	ee page 34)? , , Ye	S Comp	lete the followin	g. X N
Part		Phon no.	Э	Persor	nal	•	
	Paper clip copies of your federal Assemble your return (pages 1 gn here Under penalties of law, I declare that this return telepatrics	-4) and withholding	ng sta	tements in the o	rder li	isted on p	e and belief.
rour s	signature		aytime Pl		iaentity	Protection PIN	(/ cnaracters
Spous	se's signature (if filing jointly, BOTH must sign)		ytime Pl	886496		Protection PIN	— — I (7 character
,	5 (5,, = - · · · · · · · · · · · · · · · · · ·		,				
l-010ai	Caution: Only enter a Wisconsin Ide	entity Protection PIN if you	ı receive	ed one from the departm	ent (see	page 34).	
If ta	your return to: Wisconsin Depa ax duePO Box 268, I efund or no tax duePO Box 59, M		1				

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If homestead credit claimed......PO Box 34, Madison WI 53786-0001



NO COMMAS; NO CENTS

Schedule 1 - Itemized Deduction Credit (see page 16)

Name ARITESH REDDY TUMMALA & SNEHA C

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). Do not include interest paid to purchase a second home located outside Wisconsin or a residence which is a boat. Als do not include interest paid to purchase or hold U.S. government securities and interest fr a tax-option (S) corporation if claimed as a subtraction	om	.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
<u>5</u> Add lines 1 through 4	5	.00
6 Fill in your standard deduction from line 8 on page 1 of Form 1	6	.00
7 Subtract line 6 from line 5. If line 6 is more than line 5, fill in 0	7	0 .00
8 Rate of credit is .05 (5%)	8	x .05
9 Multiply line 7 by line 8. Fill in here and on line 13 on page 2 of Form 1	9	.00

You must submit this page with Form 1 if you claim either of these credits



Schedule 2 – Married Couple Credit When Both Spouses Are Employed (see page 21)

When completing this schedule, be sure to fill in your income in column (A) and your spouse's income in column (B)

		(A) YOURS	SELF	(B) SPOUSE
1	Taxable wages, salaries, tips, and other employee compensatio Do NOT include deferred compensation, interest, dividends, pensions, unemployment compensation, or other unearned income 1	103	3650. 00	
2	C, C-EZ, and F (Form 1040), Schedule K-1 (Form 1065),		00	24170.00
	and any other taxable self-employment or earned income 2		.00	34170.00
3	Combine lines 1 and 2. This is earned income	103	8650.00	34170.00
4	Add the amounts from federal Schedule 1 (Form 1040), lines 12, 16, 20, 24e, 24f, and 24g, and any Wisconsin disability incom exclusion. Fill in the total of these adjustments that apply to you or your spouse's income		.00	
5	Subtract line 4 from line 3. This is qualified earned income. If less than zero, fill in 0	103	3650.00	34170.00
6	Compare the amounts in columns (A) and (B) of line 5. Fill in the smaller amount here. If more than \$16,000, fill in \$16,000.	6	1	.6000.00
7	Rate of credit is .03 (3%)	7		x .03
8	Multiply line 6 by line 7. Fill in here and on line 17 on page 2 of Form	1		Do not fill in more than \$480.

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