

Apr 13, 2017

SAI TEJA GADDIPATI 1978 S 76TH ST WEST ALLIS, Wisconsin 53219

Dear SAI TEJA,

Enclosed please find two copies of your 2016 Wisconsin tax return. We have prepared your return based on the information you provided. File one copy with the state and retain the second copy for your records.

Please review, sign, and date your filing copy on page 4 before mailing.

Please attach copies of your Federal tax return and your payment document(s) (such as W-2, 1042-S, 1099-Misc, etc.) to your Wisconsin return when mail it to the tax authorities.

Include with your Wisconsin tax return, but do not staple or otherwise attach, a check made payable to Wisconsin Department of Revenue in the amount of \$131. Write your name and social security number on the check.

Your tax return must be received by April 18, 2017. We recommend that you mail your Wisconsin return as soon as possible, using the United States Post Office certified mail service or an approved delivery service that will provide proof of your mailing date, to the following:

Wisconsin Department of Revenue PO Box 268 Madison, WI 53790-0001 USA

If you have any questions, please email us at hello@sprintax.com.

Sincerely,

The Sprintax team

Resident status Check the status that applies

PAPER CLIP withholding statements here

Nonresident & part-year resident				For the year Jan. 1-Dec. 31, 2016, or other tax year							
Wisconsin income	tax		be	ginning			, 2016 ending, 20				
Check here if this is an a	amended retu	rn 🕨	_ Co	omplete	form (using	BLACK INK				
Your legal last name Legal first name						M.I.	Your social security number				
GADDIPATI	SAI TEJ	ΙA				745-82-9273					
If a joint return, spouse's lega	Spouse's legal first name					Spouse's social security number					
Home address (number and street). If you have a PO Box, see p				page 7 Apt. no.			Tax district Check below then fill in either the name of Wisconsin cit				
City or post office St			State WI				village, or town, and the county in which you lived at the end of 2016 or before leaving Wisconsin (nonresiden leave blank).				
Filing status	Special conditions	3					City, village,				
Married filing joint return (even if only one had income) Married filing separate return. Fill in spouse's SSN above and full name here						M.I.	or town County of School district number See page 43				
Head of household qualifying person), Also, check here if	(with (see page 8).					1					

You Spouse Full-year resident of Wisconsin XNonresident of Wisconsin; state of residence 99 (2-letter state abbreviation) Part-year resident of Wisconsin from Note: Complete residence questionnaire, page 51. mm уууу

Inc	2 1 2 2 4 5 5 7 9 3 11 	OMMAS CENTS	5	A. Federal column	B. Wisconsin column
1	Wages, salaries, tips, etc. (see page 10)	1	1 _	33078 .00	26890 .00
2	Taxable interest (see page 12)	2	2 _	.00	.00
3	Ordinary dividends (see page 13)	3	3 _	.00	.00
4	Taxable refunds, credits, or offsets of state and local income taxes (from federal Form 1040, line 10)		4 _	.00	Not taxable
<u>5</u>	Alimony received (see page 13)	5	5 _	.00	.00
<u>6</u>	Business income or (loss) (see page 13)	6	6 _	.00	.00
<u>7</u>	Capital gain or (loss) (see page 13)	7	7 _	.00	.00
8	Other gains or (losses) (see page 14)	8	8 _	.00	.00
9	IRA distributions (see page 14)	9	9 _	.00	.00
<u>10</u>	Pensions and annuities (see page 14)	10	0 _	.00	.00
<u>11</u>	Rental real estate, royalties, partnerships, S corporations, trusts, e (see page 15)		1 _	.00	.00
<u>12</u>	Farm income or (loss) (see page 15)	12	2 _	.00	.00
<u>13</u>	Unemployment compensation (see page 16)	13	3 _	.00	.00
14	Social security benefits (see page 16)	14	4 _	.00	Not taxable
<u>15</u>	Other income (see pages 16-23). Enclose Schedule M $\ldots\ldots$	15	5 _	.00	.00
<u>16</u>	Combine lines 1 through 15	16	6 _	33078 .00	26890 .00

Name GADDIPATI SSN 745-82-9273 2016 Form 1NPR Page 2 of 4 A. Federal column B. Wisconsin column Adjustments to Income Certain business expenses of reservists, performing artists, and 18 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 Self-employed SEP, SIMPLE, and qualified plans (see page 23) 22 .00 .00 Self-employed health insurance deduction (see page 24) 23 23 .00 .00 .00 .00 .00 .00 26 .00 .00 27 Not deductible for Wisconsin 28 Domestic production activities deduction (see page 24) 29 Not deductible for Wisconsin 29 Other adjustments included in Form 1040, line 36 (see page 24) 30 .00 .00 (list type and amount) 30 .00 .00 **Adjusted Gross Income** 26890.00 Wisconsin income. Subtract line 31, column B from line 16, column B . 32 Federal income. Subtract line 31, column A from line 16, column A 33 33078.00 Divide line 32 by line 33. Carry the decimal to four places. If amount 0.8129 on line 32 is more than amount on line 33, fill in 1.0000. (See page 25) **Tax Computation** Fill in the larger of Wisconsin income from line 32, column B or federal income from line 33, 33078.00 36a If you (or your spouse) can be claimed as a dependent on anyone else's return, check here 0.00 33078.00 38 Exemptions (Caution: see page 25) **a** Fill in exemptions from your federal return **b** Check if 65 or older You + Spouse = x \$250 . . **38b** 700.00 32378,00 1728,00 Itemized deduction credit. Complete Schedule 1 (page 4, Form 1NPR) 41 42 School property tax credits (part-year and full-year residents only) .00) Find credit from a Rent paid in 2016-heat included .00 } table page 27 42a Rent paid in 2016-heat not included .00 **b** Property taxes paid on home in 2016 table page 28 **42b** _ .00 1728.00 1405.00



2016 Form 1NPR Page **3 of 4**

1	e(s) shown on Form 1NPR DDIPATI	Your social securit	ty number 2-9273
47	Fill in amount from line 46	47	1405 .00
ı	Armed forces member credit. (Full-year Wisconsin residents only) 48		
49	Working families tax credit. (Full-year Wisconsin residents only) 49	.00	
50	Certain nonrefundable credits from line 11 of Schedule CR 50	.00	
51	Add lines 48 through 50	51	.00
<u>52</u>	Subtract line 51 from line 47. If line 51 is more than line 47, fill in 0 (zero)	52	1405 .00
53	Alternative minimum tax. Enclose Schedule MT	53	.00
54	Add lines 52 and 53	54	1405 .00
55	Married couple credit. Complete Schedule 2 (page 4, Form 1NPR) 55	.00	
<u>56</u>	Other credits from Schedule CR, line 35. Enclose Schedule CR	.00	
<u>57</u>	Net income tax paid to another state. Enclose Schedule OS 57	.00	
<u>58</u>	Add lines 55, 56, and 57	58	.00
<u>59</u>	Subtract line 58 from line 54. If line 58 is more than line 54, fill in 0 (zero). This is your new $\frac{1}{2}$	t tax . 59	1405 .00
<u>60</u>	Sales and use tax due on Internet, mail order, or other out-of-state purchases (see page If you certify that no sales or use tax is due, check here		.00.
<u>61</u>	Donations (decreases refund or increases amount owed)		
	a Endangered resources e Military family relief	.00	
	b Cancer research	.00	
	c Veterans trust fund g Red Cross WI Disaster Relief	.00	
	d Multiple sclerosis	.00	
	Total (add lines a through h)	→ 61i	.00
<u>62</u>	Penalties on IRAs, other retirement plans, MSAs, etc. (see page 32) .00 x	.33 = 62	.00
<u>63</u>	Credit repayments and other penalties (see page 32)	63	.00
<u>64</u>	Add lines 59 through 63	64	1405 .00
65 66	with the control of t	.00	
01	Number of qualifying children Federal credit	.00	
68	Farmland preservation credit. a. Schedule FC, line 18 68a	.00	
==	b. Schedule FC-A, line 13 68b	.00	
69	Repayment credit		
70	Homestead credit. (Full-year Wisconsin residents only)	.00	
71	Eligible veterans and surviving spouses property tax credit	.00	
72	Refundable credits from Schedule CR, line 39		
73	AMENDED RETURN ONLY – amount previously paid (see page 36)		
		<u>.00</u> 274 .00	
74	AMENDED RETURN ONLY – amounts previously refunded (see page 36) . 75		
I —	Subtract line 75 from line 74	00 	1274 .00
10	Oubtractime 73 HUIII IIIIE 74		1214.00



Paper clip a copy of your federal income



withholding statements here

PAPER CLIP

PAPER CLIP check or money order here

You Spouse

Nonresident & part-year resident Wisconsin income tax

For the year Jan. 1-Dec. 31, 2016, or other tax year

beginning , 2016 ending , 20 . Check here if this is an amended return ▶ ____ **Complete form using BLACK INK** Your legal last name Legal first name M.I. Your social security number SAI TEJA **GADDIPATI** 745-82-9273 If a joint return, spouse's legal last name Spouse's legal first name Spouse's social security number Home address (number and street). If you have a PO Box, see page 7 Apt. no. Tax district Check below then fill in either the name of Wisconsin city, 1978 S 76TH ST village, or town, and the county in which you lived at the City or post office Zip code end of 2016 or before leaving Wisconsin (nonresidents WI 53219 **WEST ALLIS** Filing status ___ City ___ Village ___ Town Special conditions City, village, X Single or town ___ Married filing joint return Legal last name (even if only one had income) County of ▶ Married filing separate return. Legal first name M.I. Fill in spouse's SSN above School district number See page 43 and full name here

qualifying person), (see page 8).	
Also, check here if married ▶	
Resident status Check the status that applies	

Print numbers like this

___ Head of household (with



	Full-year resid	dent of Wisco	onsın								
X	 Nonresident o	of Wisconsin;	; state of resid	dence	99	_(2-le	etter sta	te ab	brevi	ation)	
	Part-year resi	dent of Wisc	onsin from				to				Note: Complete residence questionnaire, page 51.
			_	mm	dd	уууу		mm	dd	уууу	-

Inc	Not like this $\rightarrow \emptyset 147$ 0 23456789	NO CENTS		A. Federal column	B. Wisconsin column
1	Wages, salaries, tips, etc. (see page 10)		1	33078 .00	26890 .00
2	Taxable interest (see page 12)		2	.00	.00
3	Ordinary dividends (see page 13)		3	.00	.00
4	Taxable refunds, credits, or offsets of state and local income (from federal Form 1040, line 10)		4	.00	Not taxable
5	Alimony received (see page 13)		5	.00	.00
6	Business income or (loss) (see page 13)		6	.00	.00
7	Capital gain or (loss) (see page 13)		7	.00	.00
8	Other gains or (losses) (see page 14)	8	8	.00	.00
9	IRA distributions (see page 14)		9	.00	.00
10	Pensions and annuities (see page 14)	10	0	.00	.00
11	Rental real estate, royalties, partnerships, S corporations, to (see page 15)		1	.00	.00
12	Farm income or (loss) (see page 15)		2	.00	.00
<u>13</u>	Unemployment compensation (see page 16)	13	3	.00	.00
14	Social security benefits (see page 16)	14	4	.00	Not taxable
<u>15</u>	Other income (see pages 16-23). Enclose Schedule M \dots	15	5	.00	.00
<u>16</u>	Combine lines 1 through 15	10	6	33078 .00	26890 .00

Name GADDIPATI SSN 745-82-9273 2016 Form 1NPR Page 2 of 4 A. Federal column B. Wisconsin column Adjustments to Income Certain business expenses of reservists, performing artists, and 18 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 Self-employed SEP, SIMPLE, and qualified plans (see page 23) 22 .00 .00 Self-employed health insurance deduction (see page 24) 23 23 .00 .00 .00 .00 .00 .00 26 .00 .00 27 Not deductible for Wisconsin 28 29 Other adjustments included in Form 1040, line 36 (see page 24) 30 .00 .00 (list type and amount) .00 .00 **Adjusted Gross Income** 26890.00 Wisconsin income. Subtract line 31, column B from line 16, column B . 32 Federal income. Subtract line 31, column A from line 16, column A 33 33078.00 Divide line 32 by line 33. Carry the decimal to four places. If amount 0.8129 on line 32 is more than amount on line 33, fill in 1.0000. (See page 25) **Tax Computation** Fill in the larger of Wisconsin income from line 32, column B or federal income from line 33, 33078.00 36a If you (or your spouse) can be claimed as a dependent on anyone else's return, check here 0.00 33078.00 38 Exemptions (Caution: see page 25) a Fill in exemptions from your federal return **b** Check if 65 or older You + Spouse = x \$250 ..**38b** 700.00 32378,00 1728,00 Itemized deduction credit. Complete Schedule 1 (page 4, Form 1NPR) 41 42 School property tax credits (part-year and full-year residents only) .00) Find credit from a Rent paid in 2016-heat included .00 } table page 27 42a Rent paid in 2016-heat not included .00 **b** Property taxes paid on home in 2016 table page 28 **42b** _ .00 1728.00 1405,00



2016 Form 1NPR Page **3 of 4**

	e(s) shown on Form 1NPR DDIPATI	Your social sect	urity number -82-9273
47	Fill in amount from line 46	47	1405 .00
48	Armed forces member credit. (Full-year Wisconsin residents only) 48	.00	
49	Working families tax credit. (Full-year Wisconsin residents only) 49	.00	
50	Certain nonrefundable credits from line 11 of Schedule CR 50	.00	
51	Add lines 48 through 50	51	.00
52	Subtract line 51 from line 47. If line 51 is more than line 47, fill in 0 (zero)	52	1405 .00
53	Alternative minimum tax. Enclose Schedule MT	53	.00
54	Add lines 52 and 53	54	1405 .00
55	Married couple credit. Complete Schedule 2 (page 4, Form 1NPR) 55	.00	
<u>56</u>	Other credits from Schedule CR, line 35. Enclose Schedule CR	.00	
57	Net income tax paid to another state. Enclose Schedule OS 57	.00	
<u>58</u>	Add lines 55, 56, and 57	58	.00
<u>59</u>	Subtract line 58 from line 54. If line 58 is more than line 54, fill in 0 (zero). This is your net	t tax . 59	1405 .00
<u>60</u>	Sales and use tax due on Internet, mail order, or other out-of-state purchases (see page		.00
l	If you certify that no sales or use tax is due, check here	P	
61	Donations (decreases refund or increases amount owed)	.00	
	a Endangered resources e Military family relief	<u> </u>	
	b Cancer research		
	c Veterans trust fund g Red Cross WI Disaster Relief		
	d Multiple sclerosis		00
	Total (add lines a through h)		
ı	Penalties on IRAs, other retirement plans, MSAs, etc. (see page 32) .00 x		
I —	Credit repayments and other penalties (see page 32)	-	
64	Add lines 59 through 63	64	1405 .00
 Pav	ments and Credits		
, ,	Wisconsin income tax withheld. Enclose readable withholding statements . 65	74 .00	
66	2016 Wisconsin estimated tax paid and amount applied from 2015 return . 66	.00	
67	Earned income credit. (Full-year Wisconsin residents only)		
	Number of qualifying children	00	
	Federal credit	00	
68	Farmland preservation credit. a. Schedule FC, line 18	.00	
	b. Schedule FC-A, line 13	.00	
69	Repayment credit	.00	
70	Homestead credit. (Full-year Wisconsin residents only)		
71	Eligible veterans and surviving spouses property tax credit	.00	
72	Refundable credits from Schedule CR, line 39	.00	
<u>73</u>	AMENDED RETURN ONLY – amount previously paid (see page 36) 73	.00	
74		74 .00	
_	AMENDED RETURN ONLY – amounts previously refunded (see page 36) . 75		
76	Subtract line 75 from line 74	76	1274 .00



016	Form 1NPR	Paper clip	a copy of your fed and schedules to	eral income this return.		SSN	74	5-82-9273	В Р	age 4 of 4
Re	fund or Amount Y	ou Owe		_					·	
77	If line 76 is more	than line 64,	subtract line 64 from	line 76. This is	the AMC	о тиис	VERPAID	77		.00
			EFUNDED TO YOU .							.00
			ED TO YOUR 2017 ES							
			subtract line 76 from li							131.00
			exception code – se					.00		
	Also include on li									
Γhi	ird Do you want to	allow another r	person to discuss this retu	ırn with the denar	ment (se	e nage 38	8)2 V e	S Complete	e the following	No
	rtv		order to disouss this rete			e page oc	Perso		c the following	
	Designee' signee name	'S		Phone no. ▶ ()			fication er (PIN) ▶		
,										
	Vour aignotura	declare that th	is return and all attachn	Spouse's signatur					nowledge an	nd belief.
	ne rour signature			,	(3)	, , , ,		, ,		
/lail	your return to: Wisc	consin Departr		an akua)						
	(if tax is due) PO Box 268		(if refund or no to PO Box 59	ax due)						
	Madison WI 5379	90-0001	Madison WI 5	3785-0001						
30	hedule 1 – Wi	isconsin	temized Deduc	tion Credit	' (coo lir	no 41 in	etructions	.)		
			rom line 4, federal Sc							.00
2			nd 14, federal Sched							.00
3			deral Schedule A. Se							.00
	Casualty losses fr	om line 20, fe	ederal Schedule A on	ly if the loss is	directly	related	to a			
	•									.00
-	_							_		.00
			from Form 1NPR, line							
										.00
,			6b. Fill in the result o ine 6c is more than lir							
2					•					.05
,			ere and on line 41 of							.00
SC	hedule 2 – Ma	arried Cou	uple Credit May	be claimed only	when bot	h spouse				
1			uded in column B of li ensation (even though				(A) YOU	IKSELF	(B) YOUR	R SPOUSE
			hips not reported on			1		.00		.00
2			ployment from federa			-				
			(-1 (Form 1065), and			2		.00		00
2			included in column B your total Wisconsin			-				.00
			ines 18, 22, 26, and 3			-		.00		.00
<u>_</u>			apply to your or your s					.00		.00
5	Subtract line 4 from	m line 3. This	s is your qualified ear	ned income		5		.00		.00
6	Compare the amo	unt in column	ns (A) and (B) of line	5. Fill in the			-		.0	Ω
7			nan \$16,000, fill in \$16						x .03	
			the result and fill in h						X .U3	_
9								3	.0	0

