

IRS e-file Signature Authorization

2018

Department of the Treasury
Internal Revenue Service

▶ **Return completed Form 8879 to your ERO. (Don't send to the IRS.)**
▶ **Go to www.irs.gov/Form8879 for the latest information.**

Submission Identification Number (SID) ▶

Taxpayer's name VARUN YADAV ALUGADDA	Social security number 822-31-0491
Spouse's name	Spouse's social security number

Part I Tax Return Information – Tax Year Ending December 31, 2018 (Whole dollars only)

1 Adjusted gross income (Form 1040, line 7; Form 1040NR, line 35)	1	15,874.
2 Total tax (Form 1040, line 15; Form 1040NR, line 61)	2	388.
3 Federal income tax withheld from Forms W-2 and 1099 (Form 1040, line 16; Form 1040NR, line 62a)	3	1,529.
4 Refund (Form 1040, line 20a; Form 1040-SS, Part I, line 13a; Form 1040NR, line 73a)	4	1,141.
5 Amount you owe (Form 1040, line 22; Form 1040NR, line 75)	5	

Part II Taxpayer Declaration and Signature Authorization (Be sure you get and keep a copy of your return)

Under penalties of perjury, I declare that I have examined a copy of my electronic individual income tax return and accompanying schedules and statements for the tax year ending December 31, 2018, and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amounts in Part I above are the amounts from my electronic income tax return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution to debit the entry to this account. This authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate the authorization. To revoke (cancel) a payment, I must contact the U.S. Treasury Financial Agent at **1-888-353-4537**. Payment cancellation requests must be received no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I further acknowledge that the personal identification number (PIN) below is my signature for my electronic income tax return and, if applicable, my Electronic Funds Withdrawal Consent.

Taxpayer's PIN: check one box only

I authorize GLOBAL TAXES LLC to enter or generate my PIN as my signature on my tax year 2018 electronically filed income tax return.

1	0	4	9	1
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Enter five digits, but don't enter all zeros

I will enter my PIN as my signature on my tax year 2018 electronically filed income tax return. Check this box **only** if you are entering your own PIN **and** your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Your signature ▶ _____ Date ▶ _____

Spouse's PIN: check one box only

I authorize _____ to enter or generate my PIN as my signature on my tax year 2018 electronically filed income tax return.

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Enter five digits, but don't enter all zeros

I will enter my PIN as my signature on my tax year 2018 electronically filed income tax return. Check this box **only** if you are entering your own PIN **and** your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Spouse's signature ▶ _____ Date ▶ _____

Practitioner PIN Method Returns Only—continue below

Part III Certification and Authentication – Practitioner PIN Method Only

ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN.

5	8	7	2	7	8	1	2	3	4	5
---	---	---	---	---	---	---	---	---	---	---

Don't enter all zeros

I certify that the above numeric entry is my PIN, which is my signature for the tax year 2018 electronically filed income tax return for the taxpayer(s) indicated above. I confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and **Pub. 1345**, Handbook for Authorized IRS e-file Providers of Individual Income Tax Returns.

ERO's signature ▶ _____ Date ▶ _____

ERO Must Retain This Form – See Instructions
Don't Submit This Form to the IRS Unless Requested To Do So

beginning , 2018, and ending , 20

Identifying information section including name (VARUN YADAV, ALUGADDA), address (2616 N FREDRICK AVE, MILWAUKEE WI 53211), and identifying number (822-31-0491).

Filing Status section with checkboxes for Single nonresident alien (checked), Married nonresident alien, and Qualifying widow(er).

Dependents table with columns for name, identifying number, relationship, child tax credit, and credit for other dependents.

Income Effectively Connected With U.S. Trade/Business section (lines 8-23) listing various income sources and totaling to 15,874.

Adjusted Gross Income section (lines 24-35) listing deductions and adjustments, totaling to 15,874.

Tax and Credits section (lines 36-39) listing itemized deductions (12,000) and exemptions.

Tax and Credits (continued)	40	Add lines 37 through 39	40	12,000.
	41	Taxable income. Subtract line 40 from line 36. If zero or less, enter -0-	41	3,874.
	42	Tax (see instr.). Check if any is from Form(s): a <input type="checkbox"/> 8814 b <input type="checkbox"/> 4972 c <input type="checkbox"/>	42	388.
	43	Alternative minimum tax (see instructions). Attach Form 6251	43	
	44	Excess advance premium tax credit repayment. Attach Form 8962	44	
	45	Add lines 42, 43, and 44	45	388.
	46	Foreign tax credit. Attach Form 1116 if required	46	
	47	Credit for child and dependent care expenses. Attach Form 2441	47	
	48	Retirement savings contributions credit. Attach Form 8880	48	
	49	Child tax credit and credit for other dependents (see instructions)	49	
	50	Residential energy credit. Attach Form 5695	50	
	51	Other credits from Form: a <input type="checkbox"/> 3800 b <input type="checkbox"/> 8801 c <input type="checkbox"/>	51	
	52	Add lines 46 through 51. These are your total credits	52	
53	Subtract line 52 from line 45. If zero or less, enter -0-	53	388.	

Other Taxes	54	Tax on income not effectively connected with a U.S. trade or business from page 4, Schedule NEC, line 15	54	
	55	Self-employment tax. Attach Schedule SE (Form 1040)	55	
	56	Unreported social security and Medicare tax from Form: a <input type="checkbox"/> 4137 b <input type="checkbox"/> 8919	56	
	57	Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required	57	
	58	Transportation tax (see instructions)	58	
	59a	Household employment taxes from Schedule H (Form 1040)	59a	
	59b	b Repayment of first-time homebuyer credit from Form 5405. Attach Form 5405 if required	59b	
	60	Taxes from: a <input type="checkbox"/> Form 8959 b <input type="checkbox"/> Instructions; enter code(s)	60	
61	Total tax. Add lines 53 through 60	61	388.	

Payments	62	Federal income tax withheld from:		
	a	Form(s) W-2 and 1099	62a	1,529.
	b	Form(s) 8805	62b	
	c	Form(s) 8288-A	62c	
	d	Form(s) 1042-S	62d	
	63	2018 estimated tax payments and amount applied from 2017 return	63	
	64	Additional child tax credit. Attach Schedule 8812	64	
	65	Net premium tax credit. Attach Form 8962	65	
	66	Amount paid with request for extension to file (see instructions)	66	
	67	Excess social security and tier 1 RRTA tax withheld (see instructions)	67	
	68	Credit for federal tax on fuels. Attach Form 4136	68	
69	Credits from Form: a <input type="checkbox"/> 2439 b <input checked="" type="checkbox"/> Reserved c <input type="checkbox"/> 8885 d <input type="checkbox"/>	69		
70	Credit for amount paid with Form 1040-C	70		
71	Add lines 62a through 70. These are your total payments	71	1,529.	

Refund Direct deposit? See instructions.	72	If line 71 is more than line 61, subtract line 61 from line 71. This is the amount you overpaid	72	1,141.																								
	73a	Amount of line 72 you want refunded to you . If Form 8888 is attached, check here <input type="checkbox"/>	73a	1,141.																								
	b Routing number <table border="1"> <tr><td>1</td><td>1</td><td>1</td><td>0</td><td>0</td><td>0</td><td>0</td><td>2</td><td>5</td></tr> </table> c Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings d Account number <table border="1"> <tr><td>5</td><td>8</td><td>6</td><td>0</td><td>3</td><td>6</td><td>5</td><td>6</td><td>7</td><td>5</td><td>9</td><td>4</td><td></td><td></td><td></td><td></td></tr> </table> e If you want your refund check mailed to an address outside the United States not shown on page 1, enter it here.				1	1	1	0	0	0	0	2	5	5	8	6	0	3	6	5	6	7	5	9	4			
1	1	1	0	0	0	0	2	5																				
5	8	6	0	3	6	5	6	7	5	9	4																	
74	Amount of line 72 you want applied to your 2019 estimated tax	74																										

Amount You Owe	75	Amount you owe. Subtract line 71 from line 61. For details on how to pay, see instructions	75	
	76	Estimated tax penalty (see instructions)	76	

Third Party Designee	Do you want to allow another person to discuss this return with the IRS? See instructions <input type="checkbox"/> Yes. Complete below. <input checked="" type="checkbox"/> No		
	Designee's name ▶	Phone no. ▶	Personal identification number (PIN) ▶

Sign Here Keep a copy of this return for your records.	Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.								
	Your signature ▶	Date	Your occupation in the United States LINUX ADMIN	If the IRS sent you an Identity Protection PIN, enter it here (see instr.) <table border="1"> <tr><td></td><td></td><td></td><td></td><td></td><td></td></tr> </table>					

Paid Preparer Use Only	Print/Type preparer's name APPANA RUPA VENKATA SATYA SAI MANIKUMAR	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN P02090332
	Firm's name ▶ GLOBAL TAXES LLC			Firm's EIN ▶	
	Firm's address ▶ 2530 Pebble Creek Ln Cumming GA 30041			Phone no.	

Schedule A—Itemized Deductions (see instructions)

07

Taxes You Paid	1	State and local income taxes		
	a	State and local income taxes	1a	
	b	Enter the smaller of line 1a and \$10,000 (\$5,000 if married)		1b
Gifts to U.S. Charities	2	Gifts by cash or check. If you made any gift of \$250 or more, see instructions	2	
	3	Other than by cash or check. If you made any gift of \$250 or more, see instructions. You must attach Form 8283 if the amount of your deduction is over \$500	3	
	4	Carryover from prior year	4	
	5	Add lines 2 through 4		5
	6	Casualty and theft loss(es) from a federally declared disaster (other than net qualified disaster losses). Attach Form 4684 and enter the amount from line 18 of that form. See instructions		6
Other Itemized Deductions	7	Other—from list in instructions. List type and amount ► ----- ----- ----- ----- ----- ----- -----		7
	8	Add the amounts in the far right column for lines 1b through 7. Also, enter this amount on Form 1040NR, line 37		8

Schedule NEC—Tax on Income Not Effectively Connected With a U.S. Trade or Business (see instructions)

Nature of income	Enter amount of income under the appropriate rate of tax (see instructions)	Enter amount of income under the appropriate rate of tax (see instructions)				
		(a) 10%	(b) 15%	(c) 30%	(d) Other (specify)	
					%	%
1 Dividends and dividend equivalents:						
a Dividends paid by U.S. corporations	1a					
b Dividends paid by foreign corporations	1b					
c Dividend equivalent payments received with respect to section 871(m) transactions	1c					
2 Interest:						
a Mortgage	2a					
b Paid by foreign corporations	2b					
c Other	2c					
3 Industrial royalties (patents, trademarks, etc.)	3					
4 Motion picture or T.V. copyright royalties	4					
5 Other royalties (copyrights, recording, publishing, etc.)	5					
6 Real property income and natural resources royalties	6					
7 Pensions and annuities	7					
8 Social security benefits	8					
9 Capital gain from line 18 below	9					
10 Gambling—Residents of Canada only. Enter net income in column (c). If zero or less, enter -0-.						
a Winnings _____						
b Losses _____	10c					
11 Gambling winnings—Residents of countries other than Canada. Note: Losses not allowed	11					
12 Other (specify) ▶ _____	12					
13 Add lines 1a through 12 in columns (a) through (d)	13					
14 Multiply line 13 by rate of tax at top of each column	14					
15 Tax on income not effectively connected with a U.S. trade or business. Add columns (a) through (d) of line 14. Enter the total here and on Form 1040NR, line 54 ▶						15

Capital Gains and Losses From Sales or Exchanges of Property

	(a) Kind of property and description (if necessary, attach statement of descriptive details not shown below)	(b) Date acquired (mo., day, yr.)	(c) Date sold (mo., day, yr.)	(d) Sales price	(e) Cost or other basis	(f) LOSS If (e) is more than (d), subtract (d) from (e)	(g) GAIN If (d) is more than (e), subtract (e) from (d)
Enter only the capital gains and losses from property sales or exchanges that are from sources within the United States and not effectively connected with a U.S. business. Do not include a gain or loss on disposing of a U.S. real property interest; report these gains and losses on Schedule D (Form 1040). Report property sales or exchanges that are effectively connected with a U.S. business on Schedule D (Form 1040), Form 4797, or both.							
17	Add columns (f) and (g) of line 16					17 ()	
18	Capital gain. Combine columns (f) and (g) of line 17. Enter the net gain here and on line 9 above (if a loss, enter -0-) ▶					18	

Schedule OI—Other Information (see instructions)

Answer all questions

- A Of what country or countries were you a citizen or national during the tax year? INDIA
B In what country did you claim residence for tax purposes during the tax year? India
C Have you ever applied to be a green card holder (lawful permanent resident) of the United States? Yes No

- D Were you ever:
1. A U.S. citizen? Yes No
2. A green card holder (lawful permanent resident) of the United States? Yes No

If you answer "Yes" to (1) or (2), see Pub. 519, chapter 4, for expatriation rules that apply to you.
E If you had a visa on the last day of the tax year, enter your visa type. If you did not have a visa, enter your U.S. immigration status on the last day of the tax year. F1

F Have you ever changed your visa type (nonimmigrant status) or U.S. immigration status? Yes No
If you answered "Yes," indicate the date and nature of the change.

G List all dates you entered and left the United States during 2018. See instructions.
Note: If you are a resident of Canada or Mexico AND commute to work in the United States at frequent intervals, check the box for Canada or Mexico and skip to item H

Table with 4 columns: Date entered United States mm/dd/yy, Date departed United States mm/dd/yy, Date entered United States mm/dd/yy, Date departed United States mm/dd/yy

H Give number of days (including vacation, nonworkdays, and partial days) you were present in the United States during:
2016 365, 2017 365, and 2018 365

I Did you file a U.S. income tax return for any prior year? Yes No
If "Yes," give the latest year and form number you filed 2017 1040NR

J Are you filing a return for a trust? Yes No
If "Yes," did the trust have a U.S. or foreign owner under the grantor trust rules, make a distribution or loan to a U.S. person, or receive a contribution from a U.S. person? Yes No

K Did you receive total compensation of \$250,000 or more during the tax year? Yes No
If "Yes," did you use an alternative method to determine the source of this compensation? Yes No

L Income Exempt from Tax—If you are claiming exemption from income tax under a U.S. income tax treaty with a foreign country, complete (1) through (3) below. See Pub. 901 for more information on tax treaties.

1. Enter the name of the country, the applicable tax treaty article, the number of months in prior years you claimed the treaty benefit, and the amount of exempt income in the columns below. Attach Form 8833 if required. See instructions.

Table with 4 columns: (a) Country, (b) Tax treaty article, (c) Number of months claimed in prior tax years, (d) Amount of exempt income in current tax year

(e) Total. Enter this amount on Form 1040NR, line 22. Do not enter it on line 8 or line 12.

- 2. Were you subject to tax in a foreign country on any of the income shown in 1(d) above? Yes No
3. Are you claiming treaty benefits pursuant to a Competent Authority determination? Yes No
If "Yes," attach a copy of the Competent Authority determination letter to your return.

- M Check the applicable box if:
1. This is the first year you are making an election to treat income from real property located in the United States as effectively connected with a U.S. trade or business under section 871(d). See instructions.
2. You have made an election in a previous year that has not been revoked, to treat income from real property located in the United States as effectively connected with a U.S. trade or business under section 871(d). See instructions.

Nonresident & part-year resident Wisconsin income tax

For the year Jan. 1-Dec. 31, 2018, or other tax year beginning _____, 2018 ending _____, 20____.

Check here if this is an amended return Complete form using BLACK INK

DO NOT STAPLE PAPER CLIP withholding statements here PAPER CLIP check or money order here

Form with fields for: Your legal last name (ALUGADDA), Legal first name (VARUN YADAV), M.I., Your social security number (822310491), Home address (2616 N FREDRICK AVE), Apt. no. (121), City (MILWAUKEE), State (WI), Zip code (53211), Filing status (Single), Special conditions, Tax district, County of (MILWAUKEE), School district number (2940).

Resident status Check the status that applies

Resident status options: You (Single, Full-year resident of Wisconsin), Spouse (Nonresident of Wisconsin; state of residence, Part-year resident of Wisconsin from mm dd yyyy to mm dd yyyy).



Note: Complete residence questionnaire, page 68.

Table with 4 columns: Income, Print numbers like this (0123456789), NO COMMAS NO CENTS, A. Federal column, B. Wisconsin column. Rows 1-16 detailing income types and amounts.

1-0501 INTUIT

Adjustments to Income		A. Federal column	B. Wisconsin column
17	Educator expenses (see page 33)	.00	.00
18	Certain business expenses of reservists, performing artists, and fee-basis government officials (see page 33)	.00	.00
19	Health savings account deduction (see page 34)	.00	.00
20	Moving expenses for members of the Armed Forces (see page 34)	.00	.00
21	Deductible part of self-employment tax (see page 34)	.00	.00
22	Self-employed SEP, SIMPLE, and qualified plans (see page 34)	.00	.00
23	Self-employed health insurance deduction (see page 35)	.00	.00
24	Penalty on early withdrawal of savings (see page 36)	.00	0.00
25	Alimony paid (see page 36)	.00	.00
26	IRA deduction (see page 37)	.00	.00
27	Student loan interest deduction (see page 37)	.00	.00
28	Reserved for future use	Not deductible for Wisconsin	
29	Other adjustments included on federal Schedule 1 (Form 1040), line 36 (see page 37) (list type and amount)	.00	.00
30	Total adjustments to income. Add lines 17 through 29	.00	0.00
Adjusted Gross Income			
31	Wisconsin income. Subtract line 30, column B from line 16, column B		5874.00
32	Federal income. Subtract line 30, column A from line 16, column A	15874.00	
33	Divide line 31 by line 32. Carry the decimal to four places. If amount on line 31 is more than amount on line 32, fill in 1.0000. (See page 38)	.3700	

Tax Computation			
34	Fill in the larger of Wisconsin income from line 31, column B or federal income from line 32, column A. But , if Wisconsin income from line 31 is zero or less, fill in 0 (zero)	34	15874.00
35a	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 35c on page 38	35a	<input type="checkbox"/>
35b	Aliens (see page 38 to determine if you must check line 35b)	35b	<input type="checkbox"/>
35c	Find the standard deduction for amount on line 32 using table on page 57	35c	10520.00
36	Subtract line 35c from line 34. If line 35c is more than line 34, fill in 0 (zero)	36	5354.00
37	Exemptions (Caution: see page 39)		
a	Fill in exemptions allowed _____ x \$700	37a	.00
b	Check if 65 or older <input type="checkbox"/> You + <input type="checkbox"/> Spouse = _____ x \$250	37b	.00
c	Add lines 37a and 37b	37c	.00
38	Subtract line 37c from line 36. If line 37c is more than line 36, fill in 0 (zero)	38	5354.00
39	Tax (see table on page 60)	39	214.00
40	Itemized deduction credit. Complete Schedule 1 (page 4, Form 1NPR)	40	.00
41	School property tax credits (part-year and full-year residents only)		
a	Rent paid in 2018—heat included .00 } Find credit from table page 42	41a	.00
	Rent paid in 2018—heat not included .00 }		
b	Property taxes paid on home in 2018 .00 } Find credit from table page 43	41b	.00
42	Add credits on lines 40, 41a, and 41b	42	.00
43	Subtract line 42 from line 39. If line 42 is more than line 39, fill in 0 (zero)	43	214.00
44	Fill in ratio from line 33	44	.3700
45	Multiply line 43 by ratio on line 44	45	79.00



Name(s) shown on Form 1NPR VARUN YADAV ALUGADDA	Your social security number 822310491
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46	Fill in amount from line 45	46	<u>79.00</u>
47	Armed forces member credit. (Full-year Wisconsin residents only)	47	<u>.00</u>
48	Working families tax credit. (Full-year Wisconsin residents only)	48	<u>.00</u>
49	Certain nonrefundable credits from line 12 of Schedule CR	49	<u>.00</u>
50	Add lines 47 through 49	50	<u>.00</u>
51	Subtract line 50 from line 46. If line 50 is more than line 46, fill in 0 (zero)	51	<u>79.00</u>
52	Alternative minimum tax. Enclose Schedule MT	52	<u>.00</u>
53	Add lines 51 and 52	53	<u>79.00</u>
54	Married couple credit. Complete Schedule 2 (page 4, Form 1NPR)	54	<u>.00</u>
55	Other credits from Schedule CR, line 35. Enclose Schedule CR	55	<u>.00</u>
56	Net income tax paid to another state. Enclose Schedule OS	56	<u>.00</u>
57	Add lines 54, 55, and 56	57	<u>.00</u>
58	Subtract line 57 from line 53. If line 57 is more than line 53, fill in 0 (zero). This is your net tax	58	<u>79.00</u>
59	Sales and use tax due on Internet, mail order, or other out-of-state purchases (see page 46)	59	<u>.00</u>
	If you certify that no sales or use tax is due, check here <input checked="" type="checkbox"/>		
60	Donations (decreases refund or increases amount owed)		
	a Endangered resources <u>.00</u>	e Military family relief <u>.00</u>	
	b Cancer research <u>.00</u>	f Second Harvest/Feeding Amer. <u>.00</u>	
	c Veterans trust fund <u>.00</u>	g Red Cross WI Disaster Relief <u>.00</u>	
	d Multiple sclerosis <u>.00</u>	h Special Olympics Wisconsin <u>.00</u>	
	Total (add lines a through h) . . . →	60i	<u>.00</u>
61	Penalties on IRAs, other retirement plans, MSAs, etc. (see page 48)	61	<u>.00</u>
62	Other penalties (see page 48)	62	<u>.00</u>
63	Add lines 58 through 62	63	<u>79.00</u>

Payments and Credits

64	Wisconsin income tax withheld. Enclose readable withholding statements	64	<u>281.00</u>
65	2018 Wisconsin estimated tax paid and amount applied from 2017 return	65	<u>.00</u>
66	Earned income credit. (Full-year Wisconsin residents only)		
	Number of qualifying children ▶ <u> </u>		
	Federal credit <u>.00</u> x <u> </u> % =	66	<u>.00</u>
67	Farmland preservation credit. a. Schedule FC, line 17	67a	<u>.00</u>
	b. Schedule FC-A, line 13	67b	<u>.00</u>
68	Repayment credit	68	<u>.00</u>
69	Homestead credit. (Full-year Wisconsin residents only)	69	<u>.00</u>
70	Eligible veterans and surviving spouses property tax credit	70	<u>.00</u>
71	Refundable credits from Schedule CR, line 41	71	<u>.00</u>
72	AMENDED RETURN ONLY – amount previously paid (see page 53)	72	<u>.00</u>
73	Add lines 64 through 72	73	<u>281.00</u>
74	AMENDED RETURN ONLY – amount previously refunded (see page 53)	74	<u>.00</u>
75	Subtract line 74 from line 73	75	<u>281.00</u>

I-050a1



Refund or Amount You Owe

Table with 2 columns: Line number and Amount. Rows include: 76 Amount overpaid 202.00, 77 Amount refunded to you 202.00, 78 Applied to 2019 estimated tax 0.00, 79 Amount you owe .00, 80 Underpayment interest .00.

Third Party Designee section. Do you want to allow another person to discuss this return with the department (see page 56)? [] Yes Complete the following. [X] No. Includes fields for name, phone, and 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 section. Your signature, Spouse's signature (if filing jointly, BOTH must sign), and Date.

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 40 instructions)

Table with 3 columns: Line number, Description, and Amount. Rows include: 1 Medical and dental expenses .00, 2 Interest paid .00, 3 Gifts to charity .00, 4 Casualty losses .00, 5 Add lines 1 through 4 .00, 6 Wisconsin standard deduction .00, 7 Subtract line 6 from line 5 .00, 8 Rate of credit is .05 (5%) x .05, 9 Multiply line 7 by line 8 .00.

Schedule 2 - Married Couple Credit May be claimed only when both spouses have earned income taxable by Wisconsin.

Table with 4 columns: Line number, Description, (A) YOURSELF, and (B) YOUR SPOUSE. Rows include: 1 Wages, salaries, tips, etc. 1 .00 .00, 2 Net profit or (loss) from self-employment 2 .00 .00, 3 Combine lines 1 and 2. This is your total Wisconsin earned income 3 .00 .00, 4 Add amounts on Form 1NPR, lines 18, 22, 26, and 29, column B. Fill in the total of these adjustments that apply to your or your spouse's earned income 4 .00 .00, 5 Subtract line 4 from line 3. This is your qualified earned income 5 .00 .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. 6 .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 54 of Form 1NPR. Do not fill in more than \$480. 8 .00.

