

For the year Jan. 1-Dec. 31, 2017, or other tax year

Check here if an amended return beginning _____, 2017 ending _____, 20____.

Note
 DO NOT STAPLE
 See page 6 before assembling return

Your legal last name YETTIKADI	Legal first name MADDULETY SWAMY	M.I.	Your social security number 822103226
If a joint return, spouse's legal last name	Spouse's legal first name	M.I.	Spouse's social security number
Home address (number and street). If you have a PO Box, see page 11. 86 REA AVE		Apt. no.	Tax district Check below then fill in either the name of city, village, or town and the county in which you lived at the end of 2017. <input type="checkbox"/> City <input type="checkbox"/> Village <input checked="" type="checkbox"/> Town City, village, or town MIDLAND PARK County of BARRON School district number See page 57 0308
City or post office MIDLAND PARK		State NJ	
Filing status Check <input checked="" type="checkbox"/> below <input checked="" type="checkbox"/> Single <input type="checkbox"/> Married filing joint return <input type="checkbox"/> Married filing separate return. Fill in spouse's SSN above and full name here <input type="checkbox"/> Head of household (see page 12). Also, check here if married...			Special conditions <input type="checkbox"/>
Legal last name Legal first name M.I.		If married, fill in spouse's SSN above and full name here	

Use BLACK Ink ● **Print numbers like this → 0 1 2 3 4 5 6 7 8 9** **Not like this → 0147** ● **NO COMMAS; NO CENTS**

1	Federal adjusted gross income (see page 12)	1	23852.00
	Form W-2 wages included in line 1	▶	23852.00
2	State and municipal interest (see page 13)	2	.00
3	Capital gain/loss addition (see page 14)	3	.00
4	Other additions } Fill in code number and amount, see page 14. } Fill in total other additions on line 4.	4	.00
	_____ .00 _____ .00 _____ .00 _____ .00		.00
5	Add the amounts in the right column for lines 1 through 4	5	23852.00
6	Taxable refund of state income tax (from Form 1040, line 10) ...	6	.00
7	United States government interest	7	.00
8	Unemployment compensation (see page 16)	8	.00
9	Social security adjustment (see page 17)	9	.00
10	Capital gain/loss subtraction (see page 17)	10	.00
11	Other subtractions } Fill in code number and amount, see page 17. } Fill in total other subtractions on line 11.	11	.00
	_____ .00 _____ .00 _____ .00		.00
	_____ .00 _____ .0000
12	Add lines 6 through 11	12	.00
13	Subtract line 12 from line 5. This is your Wisconsin income	13	23852.00

PAPER CLIP payment here



I-010i

NO COMMAS; NO CENTS

14	Wisconsin income from line 13	14	23852.00
15	Standard deduction. See table on page 55, OR <input type="checkbox"/> If someone else can claim you (or your spouse) as a dependent, see page 29 and check here <input type="checkbox"/>	15	9325.00
16	Subtract line 15 from line 14. If line 15 is larger than line 14, fill in 0	16	14527.00
17	Exemptions (Caution: See page 30)		
a	Fill in exemptions from your federal return <u>1</u> x \$700	17a	700.00
b	Check if 65 or older <input type="checkbox"/> You + <input type="checkbox"/> Spouse = <input type="checkbox"/> x \$250	17b	.00
c	Add lines 17a and 17b	17c	700.00
18	Subtract line 17c from line 16. If line 17c is larger than line 16, fill in 0. This is taxable income	18	13827.00
19	Tax (see table on page 48)	19	602.00
20	Itemized deduction credit. Enclose Schedule 1, page 4	20	.00
21	Armed forces member credit (must be stationed outside U.S. See page 32)	21	.00
22	School property tax credit		
a	Rent paid in 2017—heat included <u>.00</u> } Find credit from table page 33	22a	.00
	Rent paid in 2017—heat not included <u>.00</u> }		
b	Property taxes paid on home in 2017 <u>.00</u> Find credit from table page 34	22b	.00
23	Working families tax credit (see page 35)	23	0.00
24	Certain nonrefundable credits from line 11 of Schedule CR	24	.00
25	Add credits on lines 20 through 24	25	0.00
26	Subtract line 25 from line 19. If line 25 is larger than line 19, fill in 0	26	602.00
27	Alternative minimum tax. Enclose Schedule MT	27	.00
28	Add lines 26 and 27	28	602.00
29	Married couple credit. Enclose Schedule 2, page 4	29	.00
30	Other credits from Schedule CR, line 35	30	.00
31	Net income tax paid to another state. Enclose Schedule OS <input type="checkbox"/>	31	.00
32	Add lines 29, 30, and 31	32	.00
33	Subtract line 32 from line 28. If line 32 is larger than line 28, fill in 0. This is your net tax	33	602.00
34	Sales and use tax due on Internet, mail order, or other out-of-state purchases (see page 38) If you certify that no sales or use tax is due, check here <input checked="" type="checkbox"/>	34	.00
35	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)	35i	.00
36	Penalties on IRAs, retirement plans, MSAs, etc. (see page 39) <u>.00</u> x .33 =	36	.00
37	Other penalties (see page 40)	37	.00
38	Add lines 33, 34, 35i, 36 and 37	38	602.00



Name(s) shown on Form 1 MADDULETY SWAMY YETTIKADI	Your social security number 822103226
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NO COMMAS; NO CENTS

39 Amount from line 38	39		602.00
40 Wisconsin tax withheld. Enclose withholding statements	40	1410.00	
41 2017 estimated tax payments and amount applied from 2016 return	41	.00	
42 Earned income credit. Number of qualifying children ..			
Federal credit.00 x % =	42	.00	
43 Farmland preservation credit. a Schedule FC, line 17	43a	.00	
b Schedule FC-A, line 13	43b	.00	
44 Repayment credit (see page 42)	44	.00	
45 Homestead credit. Enclose Schedule H or H-EZ.	45	.00	
46 Eligible veterans and surviving spouses property tax credit . . .	46	.00	
47 Other credits from Schedule CR, line 40. Enclose Schedule CR	47	.00	
48 AMENDED RETURN ONLY—Amounts previously paid (see page 44)	48	.00	
49 Add lines 40 through 48	49	1410.00	
50 AMENDED RETURN ONLY—Amounts previously refunded (see page 44)	50	.00	
51 Subtract line 50 from line 49	51	1410.00	
52 If line 51 is larger than line 39, subtract line 39 from line 51. This is the AMOUNT YOU OVERPAID	52	808.00	
53 Amount of line 52 you want REFUNDED TO YOU	53	808.00	
54 Amount of line 52 you want APPLIED TO YOUR 2018 ESTIMATED TAX	54	0.00	
55 If line 51 is smaller than line 39, subtract line 51 from line 39. This is the AMOUNT YOU OWE . Paper clip payment to front of return	55	.00	
56 Underpayment interest. Fill in exception code—See Sch. U <input type="text"/>	56	.00	
Also include on line 55 (see page 46)			

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)	<table style="width:100%; height: 20px; border-collapse: collapse;"> <tr> <td style="width:25%; border: 1px solid black;"></td> <td style="width:25%; border: 1px solid black;"></td> <td style="width:25%; border: 1px solid black;"></td> <td style="width:25%; border: 1px solid black;"></td> </tr> </table>				

Paper clip copies of your federal income tax return and schedules to this return. Assemble your return (pages 1-4) and withholding statements in the order listed on page 6.

Sign here

Under penalties of law, I declare that this return and all attachments are true, correct, and complete to the best of my knowledge and belief.

Your signature	Spouse's signature (if filing jointly, BOTH must sign)	Date	Daytime phone
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I-010ai

Mail your return to: Wisconsin Department of Revenue
If tax due.....PO Box 268, Madison WI 53790-0001
If refund or no tax due.....PO Box 59, Madison WI 53785-0001
If homestead credit claimed.....PO Box 34, Madison WI 53786-0001



Schedule 1 – Itemized Deduction Credit (see page 30)

1	Medical and dental expenses from line 4 of federal Schedule A. See instructions for exceptions	1	.00
2	Interest paid from lines 10-12 and 14 of federal Schedule A. Do not include interest paid to purchase a second home located outside Wisconsin or a residence which is a boat. Also, do not include interest paid to purchase or hold U.S. government securities and interest from a tax-option (S) corporation if claimed as a subtraction	2	.00
3	Gifts to charity from line 19 of federal Schedule A. See instructions for exceptions	3	.00
4	Casualty losses from line 28 of federal Schedule A, <u>only</u> if the loss is directly related to a federally-declared disaster	4	.00
5	Add lines 1 through 4	5	.00
6	Fill in your standard deduction from line 15 on page 2 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 20 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 36)

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

	(A) YOURSELF	(B) SPOUSE		
1	Taxable wages, salaries, tips, and other employee compensation. Do NOT include deferred compensation, interest, dividends, pensions, unemployment compensation, or other unearned income	1	.00	.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	2	.00	.00
3	Combine lines 1 and 2. This is earned income	3	.00	.00
4	Add the amounts from federal Form 1040, lines 24, 28 and 32, plus repayment of supplemental unemployment benefits, and contributions to secs. 403(b) and 501(c)(18)(D) pension plans, included in line 36, and any Wisconsin disability income exclusion. Fill in the total of these adjustments that apply to your or your spouse's income	4	.00	.00
5	Subtract line 4 from line 3. This is qualified earned income. If less than zero, fill in 0	5	.00	.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	.00	.00
7	Rate of credit is .03 (3%).	7	x .03	
8	Multiply line 6 by line 7. Fill in here and on line 29 on page 2 of Form 1	8	.00	Do not fill in more than \$480.



Part I - Personal Information

Taxpayer:

First Name MADDULETY SWAMY
Middle Initial
Last Name YETTIKADI
Suffix
Social Security No. 822-10-3226
Date of Birth 08/17/1991 Age 26
Date of Death
Daytime Phone/Ext
Extension
Home Phone
Print this phone number on the forms Home Taxpayer work Spouse work

Spouse:

First Name
Middle Initial
Last Name
Suffix
Social Security No.
Date of Birth Age
Date of Death
Daytime Phone/Ext
Extension

Street Address . . . 86 REA AVE Apartment
City Midland Park State . . . NJ ZIP Code 07432
Foreign Country . . .

Tax and School District information (Wisconsin residents):

Use City name, above, for the tax district name
 Town of County BARRON
 Village of] Midland Park School district number 0308
 City of

Special Conditions:

Special Conditions
Special Conditions Special Conditions based
Special Conditions on the indiv entries
Special Conditions in table to left

Part II - Main Form

Form 1: Resident Tax Return (Long form) ▶
 Form 1A: Resident Tax Return (Short form) ▶
 Form 1NPR: Nonresident and Part-Year Resident Tax Return (select residency below) . . . ▶
TP SP (TP - Taxpayer, SP - Spouse: Form 1NPR filers only)
 Full year resident of Wisconsin
 Nonresident of Wisconsin - state of residence to
 Part-year resident of Wisconsin from (MM/DD/YY) to
Nonresident/Part-Year Resident allocations on Form 1NPR Worksheet ▶

Part III - Filing Status

Single
 Married filing joint return
 Married filing separate return
 Married filing separate or head of household and lived with spouse during the year
 Head of household Married
Qual First name MI Last Name Suff

Part IV - Other Information

Claimed as a Dependent

Taxpayer claimed as a dependent on someone else's tax return
 Spouse claimed as a dependent on someone else's tax return

Wisconsin Earned Income Credit:

Children qualifying for Wisconsin Earned Income Credit:
Number from federal return 0
Federal Earned Income Credit from Form 1040, 1040A or 1040EZ

Use Tax:

Check the box to certify that no sales or use tax is due.

Underpayment Penalty:

Allow the Wisconsin Department of Revenue to calculate the underpayment penalty on Schedule U

Farmer/Fishermen:

At least 2/3 of your total gross income was from farming or fishing
 Will file your return and pay all tax due by March 1, 2018

Form 1099-G: Go Paperless

Check this box to acknowledge that the Wisconsin Department of Revenue will no longer mail the Form 1099-G which is used when preparing the federal income tax return, if you itemize deductions and receive a state income tax refund. You will have access to the online Form 1099-G on the department's secure, confidential website at revenue.wi.gov.

Check the box if you would like to receive 1099-G availability notification e-mail from Wisconsin Department of Revenue

E-mail address that will receive 1099-G notification
Taxpayer's email address

Nonresident Business Apportionment:

Select the apportionment method (See Tax Help):

QuickZoom to Form A-1, Apportionment Data for Single Factor Formulas ▶
 QuickZoom to Form A-2, Apportionment Data for Multiple Factor Formulas ▶

Part V - Special Credits

Supplement to the Federal Historic rehabilitation credit from Schedule HR ▶ _____
State Historic rehabilitation credit from Schedule HR ▶ _____

Part VI - Electronic Filing Information

New! State e-file disclosure consent:

By using a computer system and software to prepare and transmit my client's return electronically, I consent to the disclosure of all information pertaining to my use of the system and software to create my client's return and to the electronic transmission of my client's tax return to the Wisconsin Department of Revenue, as applicable by law.

[X] The state return will be filed electronically.

Electronic PDF Attachments

PDF's that you have selected to attach to your state e-file return are listed below.

Table with 2 columns: Description, Filename. Contains 3 empty rows for listing attachments.

EF Status Dates:

Enter the date return was EFiled _____
Date return was accepted by the state _____
Enter the date Form W-RA was mailed to the state (if needed) _____
Enter the date Form EPV Electronic Filing payment voucher was given to client _____

QuickZoom to Form W-RA Additional Information SmartWorksheet ▶ _____

Part VII - Direct Deposit Information or Electronic Funds Withdrawal Information

See Tax Help for Refund Expectation

Yes No
[X] Use direct deposit for state tax refund (Electronic Filing Only)
Use electronic funds withdrawal for state tax payment (EF Only)

Bank Information:

For either of above options, fill out information below:

Name of Financial Institution . . US BANK
Account type Checking [X] Savings
Routing number 101000187
Account number 145573289215

International ACH Transaction:

Yes No
[] [X] Will the funds for this refund (or payment) go to (or come from) an account outside the U.S.?

Enter the payment date to withdraw from the account above _____
State balance-due amount from this return _____

Part VIII - Paid Preparer and Third Party Designee Information

Enter Preparer Code from Firm/Preparer Info 1
Name GLOBAL TAXES LLC
Address 2530 Pebble Creek Ln
City Cumming State . . GA ZIP Code . . . 30041

Do you want to allow another person to discuss this return with Wisconsin Department of Revenue?

[] Yes, the Third Party Designee below
[X] No

[] [] May the State discuss return with preparer?

Designee's name (Limited to 22 characters)
Designee's phone number
Personal identification number (Limited to 5 characters)

Part IX - Extension Status

Yes No
[] [X] Has the tax return due date been extended?
Extended due date

QuickZoom to Form 1-ES, Extension Payment Voucher ▶ _____

QuickZoom to Form 1 ▶ _____ **QuickZoom** to Form 1NPR ▶ _____
QuickZoom to Form 1A ▶ _____ **QuickZoom** to Schedule FC ▶ _____

Tax Payments Worksheet

2017

▶ Keep for your records

Name MADDULETY SWAMY YETTIKADI	Social Security Number 822-10-3226
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Tax Payments for the Current Year

		State	
		Date	Payment
1	First Payment		
2	Second Payment		
3	Third Payment		
4	Fourth Payment		
Additional Payments			
5	Payment		
	Payment		
	Payment		
	Payment		
	Payment		
6	Overpayment from previous year applied to current year	6	
7	Amount paid with current year extension	7	
8	Total tax payments	8	

Income Taxes Withheld for the Current Year

9	State withholding on Forms W-2	9	1,410.
10	State withholding on Forms W-2G	10	
11	State withholding on Forms 1099-R	11	
12 a	State withholding on Forms 1099-MISC	12 a	
b	State withholding on Forms 1099-G	b	
c	State withholding on Forms 1099-K	c	
13	Other state tax withholding	13	
14	Total income tax withheld	14	1,410.
15	Date return will be filed and balance paid	15	