

2006 TAX RETURN

Government Copy

Client: I-9539

Prepared for: ANAND NIDAMANURU
3406 78TH STREET CT
MOLINE, IL 61265

Prepared by: Laxmi P Palaypu
IBSN INC
3406 78TH STREET CT
MOLINE, IL 61265
(866) 4276829

Date: June 9, 2007

Comments:

Route to: _____

CLIENT I-9539

**IBSN INC
3406 78TH STREET CT
MOLINE, IL 61265
(866) 4276829**

June 9, 2007

ANAND NIDAMANURU
C/O IBSN INC
3406 78TH STREET CT
MOLINE, IL 61265

Dear Anand,

Enclosed for your review and filing are the following:

Form 1040NR	2006 U.S. Nonresident Alien Income Tax Return
Form IL-1040	2006 Illinois Individual Income Tax Return
Form 1NPR	2006 Wisconsin NR and PY Resident

Each tax return or form listed above should be filed in accordance with the enclosed filing instructions.

Please be sure to call if you have any questions.

Sincerely,

Laxmi P Palaypu

2006

Federal Filing Instructions

Client I-9539

ANAND NIDAMANURU

337-04-3179

6/09/07

01:43AM

FORM TO FILE:

Form 1040NR - 2006 U.S. Nonresident Alien Income Tax Return

SIGNATURE:

Sign and date Form 1040NR, page 2.

PAYMENT:

No payment is required.

REFUND:

The refund of \$1,427 will be directly deposited into your bank account.

WHEN TO FILE:

On or before April 17, 2007.

WHERE TO FILE:

Internal Revenue Service
Austin, TX 73301-0215

U.S. Nonresident Alien Income Tax Return

For the year January 1 - December 31, 2006, or other tax year

OMB No. 1545-0074

2006

beginning , 2006, and ending , 20

Please
print
or
type.

Your first name ANAND	MI NIDAMANURU	Last name NIDAMANURU	Identifying number (see instructions) 337-04-3179
Present home address (number, street, and apt no., or rural route). If you have a P.O. box, see instructions. Apartment No. 3406 78TH STREET CT			Check if: <input checked="" type="checkbox"/> Individual Estate or Trust
City, town or post office. If you have a foreign address, see instructions. MOLINE, IL 61265			For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see instructions.
Country ▶ USA		Of what country were you a citizen or national during the tax year? ▶ INDIA	
Give address outside the United States to which you want any refund check mailed. If same as above, write 'Same.'		Give address in the country where you are a permanent resident . If same as above, write 'Same.'	
Same		Same	

Attach
Forms
W-2 here.Also
attach
Form(s)
1099-R if
tax was
withheld.

Filing Status and Exemptions for Individuals (see instructions)				7a	7b
Filing status. Check only one box (1-6 below).				Yourself	Spouse
1	<input type="checkbox"/>	Single resident of Canada or Mexico, or a single U.S. national			
2	<input checked="" type="checkbox"/>	Other single nonresident alien		X	
3	<input type="checkbox"/>	Married resident of Canada or Mexico, or a married U.S. national	If you check box 7b, enter your spouse's identifying number. ▶		
4	<input type="checkbox"/>	Married resident of the Republic of Korea (South Korea)			
5	<input type="checkbox"/>	Other married nonresident alien			
6	<input type="checkbox"/>	Qualifying widow(er) with dependent child (see instructions)			
Caution: Do not check box 7a if your parent (or someone else) can claim you as a dependent. Do not check box 7b if your spouse had any U.S. gross income.				No. of boxes checked on 7a and 7b	1
7c Dependents: (see instructions)				No. of children on 7c who:	
(1) First name Last name				• lived with you	
				• did not live with you due to divorce or separation	
				Dependents on 7c not entered above	
				Add numbers entered on lines above	1
d Total number of exemptions claimed					

Income
Effectively
Connected
With U.S.
Trade/
BusinessEnclose,
but
do not
attach,
any
payment.

8	Wages, salaries, tips, etc. Attach Form(s) W-2	8	11,932.
9a	Taxable interest	9a	
b	Tax-exempt interest. Do not include on line 9a.	9b	
10a	Ordinary dividends	10a	
b	Qualified divs (see instrs)	10b	
11	Taxable refunds, credits, or offsets of state and local income taxes (see instructions)	11	
12	Scholarship and fellowship grants. Attach Form(s) 1042-S or required statement (see instructions)	12	
13	Business income or (loss). Attach Schedule C or C-EZ (Form 1040).	13	
14	Capital gain or (loss). Att Sch D (Form 1040) if reqd. If not reqd, check here.	14	
15	Other gains or (losses). Attach Form 4797.	15	
16a	IRA distributions	16a	
		16b Taxable amount	
17a	Pensions and annuities	17a	
		17b Taxable amount	
18	Rental real estate, royalties, partnerships, trusts, etc. Attach Schedule E (Form 1040).	18	
19	Farm income or (loss). Attach Schedule F (Form 1040).	19	
20	Unemployment compensation	20	
21	Other income. List type and amount (see instructions)	21	
22	Total income exempt by a treaty from page 5, Item M.	22	
23	Add lines 8, 9a, 10a, 11-15, 16b, and 17b-21. This is your total effectively connected income	23	11,932.
24	Archer MSA deduction. Attach Form 8853	24	
25	Health savings account deduction. Attach Form 8889	25	
26	Moving expenses. Attach Form 3903	26	
27	Self-employed SEP, SIMPLE, and qualified plans	27	
28	Self-employed health insurance deduction (see instructions)	28	
29	Penalty on early withdrawal of savings	29	
30	Scholarship and fellowship grants excluded	30	
31	IRA deduction (see instructions)	31	
32	Student loan interest deduction (see instructions)	32	
33	Domestic production activities deduction. Attach Form 8903	33	
34	Add lines 24 through 33	34	0.
35	Subtract line 34 from line 23. Enter here and on line 36. This is your adjusted gross income	35	11,932.

Tax and Credits	36	Amount from line 35 (adjusted gross income)	36	11,932.
	37	Itemized deductions from page 3, Schedule A, line 17. Std. Ded. Allowed Under	37	5,150.
	38	Subtract line 37 from line 36. US-India Income Tax Treaty	38	6,782.
	39	Exemptions (see instructions)	39	3,300.
	40	Taxable income. Subtract line 39 from line 38. If line 39 is more than line 38, enter -0-	40	3,482.
	41	Tax (see instructions). Check if any tax is from: a <input type="checkbox"/> Form(s) 8814 b <input type="checkbox"/> Form 4972	41	348.
	42	Alternative minimum tax (see instructions). Attach Form 6251	42	0.
	43	Add lines 41 and 42	43	348.
	44	Foreign tax credit. Attach Form 1116, if required	44	
	45	Credit for child and dependent care expenses. Attach Form 2441	45	
	46	Retirement savings contributions credit. Attach Form 8880	46	
	47	Residential energy credits. Attach Form 5695	47	
	Other Taxes	48	Child tax credit (see instrs). Attach Form 8901 if required	48
49		Credits from: a <input type="checkbox"/> Form 8396 b <input type="checkbox"/> Form 8839 c <input type="checkbox"/> Form 8859	49	
50		Other credits. Check applicable box(es): a <input type="checkbox"/> Form 3800 b <input type="checkbox"/> Form 8801 c <input type="checkbox"/> Form	50	
51		Add lines 44 through 50. These are your total credits	51	
52		Subtract line 51 from line 43. If line 51 is more than line 43, enter -0-	52	348.
53		Tax on income not effectively connected with a U.S. trade or business from page 4, line 89	53	
54		Social security and Medicare tax on tip income not reported to employer. Attach Form 4137	54	
55		Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required	55	
56		Transportation tax (see instructions)	56	
57		Household employment taxes. Attach Schedule H (Form 1040)	57	
Pay-ments	58	Add lines 52 through 57. This is your total tax	58	348.
	59	Federal income tax withheld from Forms W-2, 1099, 1042-S, etc	59	1,775.
	60	2006 estimated tax payments & amount applied from 2005 rtn	60	
	61	Excess social security and tier 1 RRTA tax withheld (see instructions)	61	
	62	Additional child tax credit. Attach Form 8812	62	
	63	Amount paid with Form 4868 (request for extension)	63	
	64	Other payments from: a <input type="checkbox"/> Form 2439 b <input type="checkbox"/> Form 4136 c <input type="checkbox"/> Form 8885	64	
	65	Credit for amount paid with Form 1040-C	65	
	66	U.S. tax withheld at source from page 4, line 86	66	
	67	U.S. tax withheld at source by partnerships under section 1446:		
	a	From Form(s) 8805	67a	
	b	From Form(s) 1042-S	67b	
	68	U.S. tax withheld on dispositions of U.S. real property interests:		
a	From Form(s) 8288-A	68a		
b	From Form(s) 1042-S	68b		
69	Credit for federal telephone excise tax paid. Attach Form 8913 if required	69		
70	Add lines 59 through 69. These are your total payments	70	1,775.	
Refund	71	If line 70 is more than line 58, subtract line 58 from line 70. This is the amount you overpaid	71	1,427.
	72a	Amt of ln 71 you want refunded to you. If Fm 8888 is att, ck here	72a	1,427.
	b	Routing number 075911988 c Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings		
Direct deposit? See instructions	d	Account number 1252286818		
	73	Amount of line 71 you want applied to your 2007 estimated tax	73	
Amount You Owe	74	Amount you owe. Subtract line 70 from line 58. For details on how to pay, see instructions	74	
	75	Estimated tax penalty. Also include on line 74	75	
Third Party Designee	Do you want to allow another person to discuss this return with the IRS (see instructions)? <input checked="" type="checkbox"/> Yes. Complete the following. <input type="checkbox"/> No			
	Designee's name	Preparer	Phone number	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

SOFTWARE ENGINEER

Paid Preparer's Use Only

Preparer's signature

Laxmi P Palaypu

Date

6/09/07

Check if self-employed

Preparer's SSN or PTIN

P00398566

Firm's name (or yours if self-employed), address, and ZIP code

IBSN INC

3406 78TH STREET CT

MOLINE, IL 61265

EIN 04-3634467

Phone no. (866) 4276829

Tax on Income Not Effectively Connected With a U.S. Trade or Business

Attach Forms 1042-S, SSA-1042S, RRB-1042S, or similar form.

Nature of income	(a) U.S. tax withheld at source	Enter amount of income under the appropriate rate of tax (see instructions)				
		(b) 10%	(c) 15%	(d) 30%	(e) Other (specify)	
					%	%
76 Dividends paid by:						
a U.S. corporations.						
b Foreign corporations.						
77 Interest:						
a Mortgage.						
b Paid by foreign corps.						
c Other.						
78 Industrial royalties (patents, trademarks, etc).						
79 Motion picture or TV copyright royalties.						
80 Other royalties (copyrights, recording, publishing, etc).						
81 Real property income and natural resources royalties.						
82 Pensions and annuities.						
83 Social security benefits.						
84 Gains (include capital gain from line 92 below).						
85 Other (specify) ▶ See Statement 2						
86 Total U.S. tax withheld at source. Add column (a) of lines 76a through 85. Enter the total here and on Form 1040NR, line 66. ▶						
87 Add lines 76a thru 85 in cols (b) - (e)	87					
88 Multiply line 87 by rate of tax at top of each column	88					
89 Tax on income not effectively connected with a U.S. trade or business. Add columns (b) through (e) of line 88. Enter the total here and on Form 1040NR, line 53. ▶						89

Capital Gains and Losses from Sales or Exchanges of Property

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.

90 (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)
91 Add columns (f) and (g) of line 90.					91	
92 Capital gain. Combine columns (f) and (g) of line 91. Enter the net gain here and on line 84 above (if a loss, enter -0-) ▶						92

Other Information (If an item does not apply to you, enter 'N/A'.)**A** What country issued your passport?INDIA**B** Were you ever a U.S. citizen? ☐ Yes ☒ No**C** Give the purpose of your visit to the United States ▶EMPLOYMENT**D** Type of entry visa. ☐ H1B

and current nonimmigrant status and date of change

(see instrs) ▶ N/A**E** Date you entered the United States (see instructions)▶ 3/06/05**F** Did you give up your permanent residence as an immigrant in the United States this year? ☐ Yes ☒ No**G** Dates you entered and left the United States during the year. Residents of Canada or Mexico entering and leaving the United States at frequent intervals, give name of country only. ▶DATE OF ENTRY-01/01/2006.DATE OF EXIT- 03/14/2006.**H** Give number of days (including vacation and nonwork days) you were present in the United States during:2004 N/A, 2005 49, and 2006 72.**I** If you are a resident of Canada, Mexico, or the Republic of Korea (South Korea), or a U.S. national, did your spouse contribute to the support of any child claimed on Form 1040NR, line 7c? ☐ Yes ☒ NoIf 'Yes,' enter amount ▶ \$ N/A

If you were a resident of the Republic of Korea (South Korea) for any part of the tax year, enter in the space below your total foreign source income not effectively connected with a U.S. trade or business. This information is needed so that the exemption for your spouse and dependents residing in the United States (if applicable) may be allowed in accordance with Article 4 of the income tax treaty between the United States and the Republic of Korea (South Korea).

Total foreign source income not effectively connected with a U.S. trade or business ▶ \$ N/A

J Did you file a U.S. income tax return for any year before 2006? ☒ Yes ☐ No

If 'Yes,' give the latest year and form number ▶

2005, 1040 NR**K** To which Internal Revenue office did you pay any amounts claimed on Form 1040NR, lines 60, 63, and 65? N/A**L** Have you excluded any gross income other than foreign source income not effectively connected with a U.S. trade or business? ☐ Yes ☒ No

If 'Yes,' show the amount, nature, and source of the excluded income. Also, give the reason it was excluded. (Do not include amounts shown in item M.) ▶

N/A**M** If you are claiming the benefits of a U.S. income tax treaty with a foreign country, give the following information. See the instructions for additional information.• Country ▶ INDIA (UNDER ARTICLE 21 (2))

• Type and amount of effectively connected income exempt from tax. Also, identify the applicable tax treaty article. Do not enter exempt income on lines 8, 9a, 10a, 11-15, 16b, or 17b-21 of Form 1040NR:

For 2006 (also, include this exempt income on line 22 of Form 1040NR) ▶

N/AFor 2005 ▶ N/A

• Type and amount of income not effectively connected that is exempt from or subject to a reduced rate of tax. Also, identify the applicable tax treaty article:

For 2006 ▶

N/AFor 2005 ▶ N/A

• Were you subject to tax in that country on any of the income you claim is entitled to the treaty benefits? ☐ Yes ☒ No

• Did you have a permanent establishment or fixed base (as defined by the tax treaty) in the United States at any time during 2006? ☐ Yes ☒ No

N If you file this return to report community income, give your spouse's name, address, and identifying number.N/A**O** If you file this return for a trust, does the trust have a U.S. business? ☐ Yes ☒ No

If 'Yes,' give name and address ▶

P Is this an 'expatriation return' (see instructions)? ☐ Yes ☒ No

If 'Yes,' you must attach an annual information statement.

Q During 2006, did you apply for, or take other affirmative steps to apply for, lawful permanent resident status in the United States or have an application pending to adjust your status to that of a lawful permanent resident of the United States? ☐ Yes ☒ No

If 'Yes,' explain ▶

R Check this box if you have received compensation income of \$250,000 or more and you are using an alternative basis to determine the source of this compensation income (see instructions) ☐

2006

Federal Statements

Page 1

Client I-9539

ANAND NIDAMANURU

337-04-3179

6/09/07

01:43AM

Statement 1
Form 1040-NR
Wage Schedule

<u>Taxpayer - Employer</u>	<u>Wages</u>	<u>Federal W/H</u>	<u>FICA</u>	<u>Medi- care</u>	<u>State W/H</u>	<u>Local W/H</u>
INFOSYS TECHNOLOGIES LTD	11,932.	1,775.	740.	173.	518.	
Grand Total	<u>11,932.</u>	<u>1,775.</u>	<u>740.</u>	<u>173.</u>	<u>518.</u>	<u>0.</u>

Statement 2
Form 1040NR, Line 85
Other Income

<u>Nature of Income</u>	<u>(a) US Tax W/H</u>	<u>(b) 10%</u>	<u>(c) 15%</u>	<u>(d) 30%</u>	<u>(e) %</u>
GENERAL LIMITATION INCOME					
Total	<u>\$ 0.</u>	<u>\$ 0.</u>	<u>\$ 0.</u>	<u>\$ 0.</u>	<u>\$ 0.</u>

2006 TAX RETURN

Illinois Individual

Client: I-9539

Prepared for: ANAND NIDAMANURU
3406 78TH STREET CT
MOLINE, IL 61265

Prepared by: Laxmi P Palaypu
IBSN INC
3406 78TH STREET CT
MOLINE, IL 61265
(866) 4276829

Date: June 9, 2007

Comments:

Route to: _____

2006

Illinois Filing Instructions

Client I-9539

ANAND NIDAMANURU

337-04-3179

6/09/07

01:43AM

FORM TO FILE:

Form IL-1040 - 2006 Illinois Individual Income Tax Return

SIGNATURE:

Sign and date Form IL-1040 at the bottom of page 2.

PAYMENT:

No payment is required.

REFUND:

The refund of \$26 will be directly deposited into your bank account.

WHEN TO FILE:

On or before April 17, 2007.

WHERE TO FILE:

Illinois Department of Revenue
Springfield, IL 62719-0001



Illinois Department of Revenue

2006 Form IL-1040**Individual Income Tax Return** or for fiscal year ending

2007

Step 1: Personal Information

337-04-3179

ANAND NIDAMANURU

3406 78TH STREET CT

MOLINE, IL 61265

C Filing status (see instructions)

Single or head of household



Married filing jointly



Married filing separately



Widowed

Step 2: Income

- 1 Federal adjusted gross income from your U.S. 1040, Line 37; U.S. 1040A, Line 21; U.S. 1040EZ, Line 4. **1** 11,932.
- 2 Federally tax-exempt interest and dividend income from your U.S. 1040 or 1040A, Line 8b; or U.S. 1040EZ. **2** _____
- 3 Other additions to your income. **Attach** Schedule M. **3** _____
- 4 Add Lines 1 through 3. This is your total income. **4** 11,932.

Step 3: Base Income

- 5 Income received from Social Security benefits and certain retirement plans if included in Step 2, Line 1. **Attach** federal page 1. **5** _____
- 6 Military pay earned if included in Step 2, Line 1. **Attach** military W-2. **6** _____
- 7 Illinois Income Tax overpayment included in U.S. 1040, Line 10. **7** _____
- 8 U.S. Treasury bonds, bills, notes, savings bonds, and U.S. agency interest from U.S. 1040, Schedule B, or U.S. 1040A, Schedule 1. **8** _____
- 9 Other subtractions to your income. **Attach** Schedule M. **9** _____
- Check if Line 9 includes any amount from Schedule 1299-C. ☐
- 10 Add Lines 5 through 9. This is the total of your subtractions. **10** _____
- 11 Subtract Line 10 from Line 4. This is your Illinois **base income**. **11** 11,932.

Step 4: Exemptions

See instructions before completing Line 12.

- 12a Number of exemptions from your federal return. 1 x \$2,000 **a** 2,000.
- b If someone else claimed you or your spouse as a dependent on their return, see instructions to figure the number to enter here. x \$2,000 **b** _____
- c Check if 65 or older: ☐ You + ☐ Spouse = x \$1,000 **c** _____
- d Check if legally blind: ☐ You + ☐ Spouse = x \$1,000 **d** _____
- Add Lines a through d. This is your total Illinois exemption allowance. **12** 2,000.

Step 5: Net Income

- 13 **Residents only:** Subtract Line 12 from Line 11. This is your net income. **13** _____
- Skip Line 14.*
- 14 **Nonresidents and part-year residents only:**
- Check the box that applies to you during the year 2006. ☒ Nonresident ☐ Part-year resident, and enter the Illinois base income from Schedule NR. **Attach** Schedule NR. **14** 5,118.

Step 6: Tax

- 15 **Residents:** Multiply Line 13 by 3% (.03). Enter the result here. This is your **tax**. **15** 128.
- Nonresidents and part-year residents:** Enter the tax from Schedule NR. **This amount may not be less than zero.**

This form is authorized as outlined by the Illinois Income Tax Act. Disclosure of this information is REQUIRED. Failure to provide information could result in a penalty. This form has been approved by the Forms Management Center. IL-492-0065

STAPLE W 2 AND 1099 FORMS HERE

STAPLE YOUR CHECK HERE

16 Tax amount from Page 1, Step 6, Line 15. 16 128.

Step 7: Payments and Credits

Nonresidents
may not
claim a credit
on
Lines 19, 20,
or 21.

The total of
Lines 19,
20b, and 21b
may not
exceed the
tax amount
on Line 16.

17 Illinois Income Tax withheld. **Attach** W-2 and 1099 forms. 17 154.

18 Estimated payments from Forms IL-505-I and IL-1040-ES including overpayment applied from 2005 return. 18

19 Income tax paid to another state while an Illinois resident. **Attach** Schedule CR and other states' returns. 19

20 Illinois Property Tax credit. **Complete the PT Worksheet in instructions.**
PT Worksheet Line 3 amount. 20a
PT Worksheet Line 8 amount. 20b

21 K-12 education expense credit. **Complete ED Worksheet in instructions or Schedule ED. Attach** receipt or Schedule ED.
ED Worksheet or Schedule ED Line 1 amount. 21a
ED Worksheet or Schedule ED Line 10 amount. 21b

22 Earned Income Credit. **Complete EIC Worksheet in instructions.**
EIC Worksheet Line 1 amount. 22a
EIC credit amount from the EIC worksheet. 22b
Check if you have a qualifying child (living with you) born after 12/31/88 ☐

23 Income tax credit amount from Schedule 1299-C. **Attach** Schedule 1299-C. 23

24 Add Lines 17, 18, 19, 20b, 21b, 22b, and 23. This is the total of your payments and credits. 24 154.

Step 8: Overpayment or Tax Due

25 If Line 24 is greater than Line 16, subtract Line 16 from Line 24. This is your **overpayment**. 25 26.

26 If Line 16 is greater than Line 24, subtract Line 24 from Line 16. This is your **tax due**. 26

Step 9: Penalty

27 Late-payment penalty for underpayment of estimated tax. 27

a Check if you annualized your income on Form IL-2210, Step 6, or if you are 65 or older and permanently living in a nursing home. **Attach** Form IL-2210. ☐

b Check if at least two-thirds of your federal gross income is from farming. ☐

Step 10: Donations Any donation will reduce your refund or increase the amount you owe

Make 'Giving'
Easy!

28 Amount you wish to donate to one or more of the following voluntary contribution funds:

Wildlife	a	Multiple Sclerosis	f	Pet Population	k
Child Abuse	b	Military Family	g	Energy Assistance	l
Alzheimer's	c	Lou Gehrig's	h	Heartsaver AED	m
Homeless	d	IL Veterans' Home	i		
Breast Cancer	e	Diabetes	j		

Add Lines a through m. This is your donations total. 28

29 Add Line 27 and Line 28. This is your total penalty and donations. 29

Step 11: Refund or Amount You Owe

Direct
Deposit ▶

See
instructions
for payment
options.

30 If you have an overpayment on Line 25 and this amount is greater than Line 29, subtract Line 29 from Line 25. 30 26.

31 Amount from Line 30 that you want applied to your 2007 estimated tax. 31

32 Subtract Line 31 from Line 30. This is your **refund**. 32 26.

33 Complete to direct deposit your refund
Routing number 075911988 ☒ Checking or ☐ Savings
Account number 1252286818

34 If you have tax due on Line 26, add Lines 26 and 29. **or** If you have an overpayment on Line 25 and this amount is less than Line 29, subtract Line 25 from Line 29. This is the **amount you owe**. 34

Step 12: Sign and Date

Under penalties of perjury, I state that I have examined this return and, to the best of my knowledge, it is true, correct, and complete.

Your signature	Date	Daytime phone number	Your spouse's signature	Date
Laxmi P Palaypu	6/09/07	(866) 4276829	04-3634467	
Paid preparer's signature	Date	Preparer's phone number	Preparer's FEIN, SSN, or PTIN	

IBSN INC 3406 78TH STREET CT MOLINE, IL 61265

If no payment enclosed, mail to: ILLINOIS DEPARTMENT OF REVENUE SPRINGFIELD, IL 62719-0001

If payment enclosed, mail to: ILLINOIS DEPARTMENT OF REVENUE SPRINGFIELD, IL 62726-0001

DR _____ AP _____ CA DE EL EV LP ME MO PR RM RR TT TV WA WT WV ZZ



Illinois Department of Revenue

2006 Schedule NR**Nonresident and Part-Year Resident Computation of Illinois Tax****Step 1: Provide the following information****Attach to your Form IL-1040**
Attachment No. 2

1 ANAND NIDAMANURU
Your first name and initial Spouse's first name (and last name if different) Your last name

2a 337-04-3179 b _____
Your Social Security number Your spouse's Social Security number

3 Were you, or your spouse if 'married filing jointly,' a full-year resident of Illinois during the tax year?
☐ Yes ☒ No If you answered 'Yes,' you cannot use this form (see instructions).

4 If you, or your spouse if 'married filing jointly,' were a part-year resident during the tax year, tell us your residency dates for 2006.

a I lived in **Illinois** from _____ to _____ I lived in _____ from _____ to _____
Month Day Year Month Day Year State Month Day Year Month Day Year

b My spouse lived in **Illinois** from _____ to _____ My spouse lived in _____ from _____ to _____
Month Day Year Month Day Year State Month Day Year Month Day Year

5 If you were a resident of any of the states listed below during the tax year, check the appropriate state.
☐ Iowa ☐ Kentucky ☐ Michigan ☒ Wisconsin

6 If you earned income or filed an income tax return for the tax year in a state other than those listed above, enter the two-letter abbreviation of that state.

Step 2: Complete Form IL-1040

Complete Lines 1 through 12 of your Form IL-1040, Individual Income Tax Return, as if you were a full-year Illinois resident. Then, complete the remainder of this schedule following the instructions for your residency. **Attach Schedule NR to your Form IL-1040.**

Step 3: Figure the Illinois portion of your federal adjusted gross income

Enter the amounts from your federal return in Column A. Before completing Column B, read the Column B instructions.

		Column A Federal Total	Column B Illinois Portion
I N C O M E	7 Wages, salaries, tips, etc. (federal Form 1040 or 1040A, Line 7; 1040EZ, Line 1).....	7 <u>11,932.</u>	<u>5,118.</u>
	8 Taxable interest income (federal Form 1040 or 1040A, Line 8a; 1040EZ, Line 2).....	8 _____	_____
	9 Ordinary dividend income (federal Form 1040 or 1040A, Line 9a).....	9 _____	_____
	10 Taxable refunds, credits, or offsets of state and local income tax (federal Form 1040, Line 10).....	10 _____	_____
	11 Alimony received (federal Form 1040, Line 11).....	11 _____	_____
	12 Business income or loss (federal Form 1040, Line 12).....	12 _____	_____
	13 Capital gain or loss (federal Form 1040, Line 13 or 1040A, Line 10).....	13 _____	_____
	14 Other gains or losses (federal Form 1040, Line 14).....	14 _____	_____
	15 Taxable IRA distributions (federal Form 1040, Line 15b; or 1040A, Line 11b).....	15 _____	_____
	16 Taxable pensions and annuities (federal Form 1040, Line 16b; or 1040A, Line 12b).....	16 _____	_____
	17 Rents, royalties, partnerships, S corporations, estates, and trusts (federal Form 1040, Line 17).....	17 _____	_____
	18 Farm income or loss (federal Form 1040, Line 18).....	18 _____	_____
	19 Unemployment compensation, Alaska Permanent Fund dividends, and jury duty fees (federal Form 1040, Line 19; 1040A, Line 13; 1040EZ, Line 3).....	19 _____	_____
	20 Taxable Social Security benefits (federal Form 1040, Line 20b; or 1040A, Line 14b).....	20 _____	_____
	21 Other income (federal Form 1040, Line 21). Include winnings from the Illinois State Lottery as Illinois income in Column B.....	21 _____	_____
	22 Add Column B, Lines 7 through 21. This is the Illinois portion of your federal total income.....	22 _____	<u>5,118.</u>

Continue with Step 3 on Page 2

Step 3: Continued

		Column A Federal Total	Column B Illinois Portion
23	Enter the Illinois portion of your federal total income from Page 1, Step 3, Line 22	23	5,118.
24	Deduction for Archer MSA (federal Form 1040, Line 23)	24	
25	Certain business expenses of reservists, performing artists, and fee-based government officials (federal Form 1040, Line 24)	25	
26	Deduction for health savings account (federal Form 1040, Line 25)	26	
27	Moving expenses (federal Form 1040, Line 26)	27	
28	Deduction for one-half of self-employment tax (federal Form 1040, Line 27)	28	
29	Self-employed (SEP), SIMPLE, and qualified plans (federal Form 1040, Line 28)	29	
30	Self-employed health insurance deduction (federal Form 1040, Line 29)	30	
31	Penalty on early withdrawal of savings (federal Form 1040, Line 30; or 1040A, Line 16)	31	
32	Alimony paid (federal Form 1040, Line 31a)	32	
33	Total IRA deduction (federal Form 1040, Line 32; or 1040A, Line 17)	33	
34	Deduction for student loan interest (federal Form 1040, Line 33; or 1040A, Line 18)	34	
35	Deduction for jury duty pay (federal Form 1040, Line 34; or 1040A, Line 19)	35	
36	Domestic production activities deduction (federal Form 1040, Line 35)	36	
37	Other adjustments (see instructions)	37	
38	Add Column B, Lines 24 through 37. This is the Illinois portion of your federal adjustments to income	38	
39	Enter your adjusted gross income as reported on your federal Form 1040, Line 37; 1040A, Line 21; 1040EZ, Line 4	39 11,932.	
40	Subtract Line 38 from Line 23. This is the Illinois portion of your federal adjusted gross income	40	5,118.

Step 4: Figure your Illinois additions and subtractions

In Column A, enter the total amounts from your Form IL-1040. You must read the instructions for Column B to properly complete this step.

		Column A Form IL-1040 Total	Column B Illinois Portion
41	Federally tax-exempt interest income (Form IL-1040, Line 2)	41	
42	Other additions (Form IL-1040, Line 3)	42	
43	Add Column B, Lines 40, 41, and 42. This is the Illinois portion of your total income	43	5,118.
44	Federally taxed Social Security and retirement income (Form IL-1040, Line 5)	44	
45	Military pay earned and included in your adjusted gross income (Form IL-1040, Line 6)	45	
46	Illinois Income Tax overpayment included on your U.S. 1040, Line 10 (Form IL-1040, Line 7)	46	
47	U.S. Treasury bonds, bills, notes, savings bonds, and U.S. agency interest (Form IL-1040, Line 8)	47	
48	Other subtractions (Form IL-1040, Line 9)	48	
49	Add Column B, Lines 44 through 48. This is the total of your Illinois subtractions	49	

Step 5: Figure your Illinois income and tax

50	Subtract Line 49 from Line 43. If Line 49 is larger than Line 43, enter zero. This is your Illinois base income	50	5,118.
	Enter this amount on your Form IL-1040, Line 14. If Line 50 is zero, skip Lines 51 through 55, and enter '0' on Line 56.		
51	Enter the base income from Form IL-1040, Line 11	51 11,932.	
52	Divide Line 50 by Line 51 (carry to three decimal places). Enter the appropriate decimal. If Line 50 is greater than Line 51, enter 1.000	52 0.429	
53	Enter your exemption allowance from your Form IL-1040, Line 12	53 2,000.	
54	Multiply Line 53 by the decimal on Line 52. This is your Illinois exemption allowance	54	858.
55	Subtract Line 54 from Line 50. This is your Illinois net income	55	4,260.
56	Multiply the amount on Line 55 by 3% (.03). This amount may not be less than zero. This is your tax. Enter this amount on your Form IL-1040, Line 15.	56	128.

This form is authorized as outlined by the Illinois Income Tax Act. Disclosure of this information is REQUIRED. Failure to provide information could result in a penalty. This form has been approved by the Forms Management Center. IL-492-0098

2006 TAX RETURN

Wisconsin Individual

Client: I-9539

Prepared for: ANAND NIDAMANURU
3406 78TH STREET CT
MOLINE, IL 61265

Prepared by: Laxmi P Palaypu
IBSN INC
3406 78TH STREET CT
MOLINE, IL 61265
(866) 4276829

Date: June 9, 2007

Comments:

Route to: _____

2006

Wisconsin Filing Instructions

Client I-9539

ANAND NIDAMANURU

337-04-3179

6/09/07

01:43AM

FORM TO FILE:

Form 1NPR - 2006 Wisconsin Nonresident and Part-Year Resident

SIGNATURE:

Sign and date Form 1NPR on page 4.

PAYMENT:

No payment is required.

REFUND:

You will receive a refund of \$50.

WHEN TO FILE:

On or before April 17, 2007.

WHERE TO FILE:

Wisconsin Department of Revenue
P.O. Box 59
Madison, WI 53785-0001

1NPR

Nonresident & part-year resident

Wisconsin
income tax

2006

Check box
if this is an
amended
return . . . ☐For the year Jan 1 - Dec 31, 2006,
or other tax year

beginning _____, 2006

ending _____, 2006

Your social security number

337-04-3179

Spouse's social security number

Your legal last name

NIDAMANURU

Legal first name

ANAND

M.I.

If a joint return, spouse's legal last name

Spouse's legal first name

M.I.

Home address (number and street)

3406 78TH STREET CT

City or post office

MOLINE

State

IL

ZIP Code

61265

State election campaign fund

If you want \$1 to go to the State Election Campaign

Fund, check box(es). ☐ You ☐ Your spouse

Checking the box(es) will not change your tax or refund

Tax district

Check proper box and fill in name of Wisconsin city, village, or town, and the county in which you lived at the end of 2006 or before leaving Wisconsin (non-residents leave blank).

Fill in ☐ City ☐ Village ☐ Townname of
city, village,
or town

County of _____

School district Fill in
your school district
number (see instructions)

Filing status

☒ SingleSpecial
Conditions☐ Married filing joint return (even if only one had income)☐ Married filing separate return. Fill in spouse's full name here ▼

Fill in spouse's SSN above. _____

☐ Head of household (with qualifying person) (see instructions)Also, check here if married. ☐

Resident status Check the box(es) that applies

☐ Full-year resident of Wisconsin☒ Nonresident of Wisconsin; Resident of _____ (state)☐ Part-year resident of Wisconsin from _____ to _____ (month/day)**NOTE** If you changed your legal residence from Wisconsin to another state during 2006, complete the residence questionnaire in the instructions.

Income

A Federal column

B Wisconsin column

1	Wages, salaries, tips, etc (see instructions)	1	11,932 .	6,814 .
2	Taxable interest (see instructions)	2	.	.
3	Ordinary dividends (see instructions)	3	.	.
4	Taxable refunds, credits, or offsets of state and local income taxes (from federal Form 1040, line 10)	4	.	Not taxable
5	Alimony received (from federal Form 1040, line 11)	5	.	.
6	Business income or (loss) (from federal Form 1040, line 12)	(6)	.	.
7	Capital gain or (loss) (see instructions)	7	.	.
8	Other gains or (losses) (from federal Form 1040, line 14)	8	.	.
9	IRA distributions (see instructions)	9	.	.
10	Pensions and annuities (see instructions)	10	.	.
11	Rental real estate, royalties, partnerships, S corporations, trusts, etc. (from federal Form 1040, line 17)	(11)	.	.
12	Farm income or (loss) (from federal Form 1040, line 18)	(12)	.	.
13	Unemployment compensation (see instructions)	13	.	.
14	Social security benefits (see instructions)	14	.	.
15	Other income (see instructions)	15	.	.
16	Add lines 1 through 15	16	11,932 .	6,814 .

Adjustments to Income

		A Federal column	B Wisconsin column
17 Archer MSA deduction (see instructions)	17	.	.
18 Certain business expenses of reservists, performing artists, and fee-basis government officials (see instructions)	18	.	.
19 Health savings account deduction (see instructions)	19	Not deductible for Wisconsin	
20 Moving expenses (see instructions)	20	.	.
21 One-half of self-employment tax (from federal Form 1040, line 27)	21	.	.
22 Self-employed SEP, SIMPLE, and qualified plans (see instructions)	22	.	.
23 Self-employed health insurance deduction (see instructions)	23	.	.
24 Penalty on early withdrawal of savings (from federal Form 1040, line 30)	24	.	.
25 Alimony paid (from federal Form 1040, line 31a)	25	.	.
26 IRA deduction (see instructions)	26	.	.
27 Student loan interest deduction (see instructions)	27	.	.
28 Jury duty pay you gave to your employer (see instructions)	28	.	.
29 Domestic production activities deduction (see instructions)	29	.	.
30 Other adjustments included in federal Form 1040, line 36 (list type and amount) _____	30	.	.
31 Total adjustments to income. Add lines 17 through 30.	31	.	.

Adjusted Gross Income

32 Wisconsin income. Subtract line 31, column B from line 16, column B.	32		6,814 .
33 Federal income. Subtract line 31, column A from line 16, column A	33	11,932 .	
34 Divide line 32 by line 33. Carry the decimal to four places. If the amount on line 32 is more than the amount on line 33, fill in 1.00. (See instructions).	34		0.5711

Tax Computation

35 Fill in the larger of Wisconsin income from line 32, column B or federal income from line 33, column A. But , if Wisconsin income from line 32 is zero or less, fill in 0 (zero)	35	11,932 .
36a If you (or your spouse) can be claimed as a dependent on anyone else's return, check this box and see the 'Exception' in the instructions for line 36c on page 20	36 a	<input type="checkbox"/>
36b Aliens (see instructions to determine if you must check this box)	36 b	<input checked="" type="checkbox"/>
36c Find the standard deduction for amount on line 33 using table in instructions.	36 c	.
37 Subtract line 36c from line 35. If line 36c is more than line 35, fill in 0 (zero).	37	11,932 .
38a Deduction for exemptions (from line 6 of Exemption Worksheet, page 21)	38 a	700 .
38b Fill in number of dependents (do not count yourself or your spouse).	38 b	.
38c If you (or your spouse if filing jointly) were age 65 or over, check here.	38 c	<input type="checkbox"/> You <input type="checkbox"/> Spouse
39 Subtract line 38a from line 37. If line 38a is more than line 37, fill in 0 (zero).	39	11,232 .
40 Tax (see table in instructions)	40	550 .
41 Itemized deduction credit. Complete Schedule 1 (page 4, Form 1NPR).	41	.
42 School property tax credit (Part-year and full-year residents only)		
a Rent paid in 2006 — heat included _____		
Rent paid in 2006 — heat not included _____	42a	.
b Property taxes paid on home in 2006 _____	42b	.
43 Add credits lines 41, 42a, and 42b.	43	.
44 Subtract line 43 from line 40. If line 43 is more than line 40, fill in 0 (zero).	44	550 .
45 Fill in ratio from line 34.	45	x 0.5711 .
46 Multiply line 44 by ratio on line 45.	46	314 .



Name(s) as shown on Form 1NPR

Your social security number

ANAND NIDAMANURU

337-04-3179

47	Fill in amount from line 46	47	314 .
48	Armed forces member credit (Full-year Wisconsin residents only)	48	.
49	Historic rehabilitation credits	49	.
50	Working families tax credit (Full-year Wisconsin residents only)	50	.
51	Add lines 48, 49, and 50	51	.
52	Subtract line 51 from line 47. If line 51 is more than line 47, fill in 0 (zero)	52	314 .
53	Alternative minimum tax. Enclose Schedule MT	53	.
54	Add lines 52 and 53	54	314 .
55	Married couple credit. Complete Schedule 2 (page 4, Form 1NPR)	55	.
56	Other credits		
	a Sch. MS	e Sch. VC (Part I)	.
	b Sch. DI	f Sch. VC (Part II)	.
	c Sch. DC	g Sch. OS	.
	d Sch. TC		.
	h Total (add lines a through g)	56h	.
57	Add lines 55 and 56h	57	.
58	Subtract line 57 from line 54. If line 57 is more than line 54, fill in 0 (zero). This is your net tax	58	314 .
59	Recycling surcharge. Enclose Schedule RS	59	.
60	Sales and use tax due on out-of-state purchases (see instructions)	60	.
61	Donations (decreases refund or increases amount owed)		
	• Endangered resources	a	.
	• Packers football stadium	b	.
	• Breast cancer research	c	.
	• Veterans trust fund	d	.
	• Multiple sclerosis	e	.
	• Firefighters memorial	f	.
	• Prostate cancer research	g	.
	Total (add lines a through g)	61h	.
62	Penalties on IRAs, other retirement plans, MSAs, etc (see instrs)	x .33 =	62
63	Credit repayments and other penalties (see instrs)	63	.
64	Add lines 58 through 63	64	314 .



Payments and Credits

65	Wisconsin income tax withheld. Enclose readable withholding statements	65	364 .
66	2006 Wisconsin estimated tax paid and amount applied from 2005 return	66	.
67	Earned income credit. (Full-year Wisconsin residents only)		
	Number of qualifying children		
	Federal credit	x % =	67
68	Farmland preservation credit. (Full-year Wisconsin residents only)	68	.
69	Repayment credit	69	.
70	Homestead credit. (Full-year Wisconsin residents only)	70	.
71	Farmland tax relief credit (Full-year Wisconsin residents only)		
	Fill in property taxes on farmland	x .23 =	71
72	Eligible veterans and surviving spouses property tax credit	72	.
73	Add lines 65 through 72	73	364 .

Refund or Amount You Owe

74	If line 73 is more than line 64, subtract line 64 from line 73. This is the AMOUNT YOU OVERPAID	74	50 .
75	Amount of line 74 you want REFUNDED TO YOU	75	50 .
76	Amount of line 74 to be APPLIED TO YOUR 2007 ESTIMATED TAX	76	.
77	If line 73 is less than line 64, subtract line 73 from line 64. This is the AMOUNT YOU OWE	77	.
78	Underpayment interest. Also include on line 77. <input type="checkbox"/>	78	.

**Third
Party
Designee**

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

☒ **Yes** Complete the following. ☐ **No**

Designee's

name ▶ **Laxmi P Palaypu**

Phone

no. ▶ **8664276829**Personal
identification
number (PIN)▶ **92066***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

Spouse's signature (if filing jointly, BOTH must sign)

Date

Mail your return to: Wisconsin Department of Revenue

For Department Use Only

(if tax is due)

P.O. Box 268

Madison WI 53790-0001

(if refund or no tax due)

P.O. Box 59

Madison WI 53785-0001

R	T	MAN	D	A	C		

04-3634467

IBSN INC

Schedule 1 — Wisconsin Itemized Deduction Credit
(see line 41 instructions)3406 78TH STREET CT
MOLINE, IL 61265

1	Medical and dental expenses from line 4, federal Schedule A. See instructions for exceptions.	1	.
2	Interest paid from line 14, federal Schedule A. See instructions for exceptions.	2	.
3	Gifts to charity from line 18, federal Schedule A. See instructions for exceptions.	3	.
4	Add lines 1 through 3.	4	.
5a	Wisconsin standard deduction from Form 1NPR, line 36c.	5a	.
5b	Ratio from Form 1NPR, line 34.	5b	X 0.5711
5c	Multiply line 5a by ratio on line 5b. Fill in the result on line 5c.	5c	.
6	Subtract line 5c from line 4. If line 5c is more than line 4, fill in 0 (zero).	6	0 .
7	Rate of credit is .05 (5%).	7	x .05
8	Multiply line 6 by line 7. Fill in here and on line 41 of Form 1NPR.	8	.

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.	1	.
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.	2	.
3	Combine lines 1 and 2. This is your total Wisconsin earned income.	3	.
4	Add amounts on Form 1NPR, lines 18, 22, 26, and 30, column B. Fill in the total of these adjustments that apply to you or your spouse's income.	4	.
5	Subtract line 4 from line 3. This is your qualified earned income.	5	.
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	.
7	Rate of credit is .03 (3%).	7	x .03
8	Multiply line 6 by line 7. Round the result and fill in here and on line 55 of Form 1NPR. Do not fill in more than \$480.	8	.



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, enclose an additional sheet describing your particular circumstances.

NAME(S) ANAND NIDAMANURU

SOCIAL SECURITY NO. 337-04-3179

Please ☒ one: (If married and checking a different box for husband and wife, indicate (H) or (W) next to the appropriate box)

☐ Full-year Wisconsin resident; did not change domicile from Wisconsin during 2006.

☒ Changed legal residence from Wisconsin during 2006; have not moved back to Wisconsin.

☐ Changed legal residence from Wisconsin during or before 2006; have moved back to Wisconsin.

☒ Changed legal residence to Wisconsin from IL (state) on _____ (date) during 2006; 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 2006. Resident of _____

(Nonresident alien; please indicate country)

If you changed your legal residence from Wisconsin during 2005 or 2006 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 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 2006 tax returns, please explain. _____

U.S. Nonresident Alien Income Tax Return

For the year January 1 - December 31, 2006, or other tax year

OMB No. 1545-0074

beginning , 2006, and ending , 20

2006

Please
print
or
type.

Your first name ANAND	MI	Last name NIDAMANURU	Identifying number (see instructions) 337-04-3179
Present home address (number, street, and apt no., or rural route). If you have a P.O. box, see instructions. Apartment No. 3406 78TH STREET CT			Check if: <input checked="" type="checkbox"/> Individual Estate or Trust
City, town or post office. If you have a foreign address, see instructions. MOLINE, IL 61265			For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see instructions.
Country ▶ USA		Of what country were you a citizen or national during the tax year? ▶ INDIA	
Give address outside the United States to which you want any refund check mailed. If same as above, write 'Same.'		Give address in the country where you are a permanent resident . If same as above, write 'Same.'	
Same		Same	

Attach
Forms
W-2 here.Also
attach
Form(s)
1099-R if
tax was
withheld.

Filing Status and Exemptions for Individuals (see instructions)					7a	7b
Filing status. Check only one box (1-6 below).					Yourself	Spouse
1	<input type="checkbox"/>	Single resident of Canada or Mexico, or a single U.S. national				
2	<input checked="" type="checkbox"/>	Other single nonresident alien			X	
3	<input type="checkbox"/>	Married resident of Canada or Mexico, or a married U.S. national	If you check box 7b, enter your spouse's identifying number. ▶			
4	<input type="checkbox"/>	Married resident of the Republic of Korea (South Korea)				
5	<input type="checkbox"/>	Other married nonresident alien				
6	<input type="checkbox"/>	Qualifying widow(er) with dependent child (see instructions)				
Caution: Do not check box 7a if your parent (or someone else) can claim you as a dependent.						No. of boxes checked on 7a and 7b ▶ 1
Do not check box 7b if your spouse had any U.S. gross income.						No. of children on 7c who: • lived with you ▶ 0 • did not live with you due to divorce or separation ▶ 0
7c Dependents: (see instructions)					Dependents on 7c not entered above. ▶ 0	
(1) First name Last name					Add numbers entered on lines above. ▶ 1	
(2) Dependent's identifying number						
(3) Dependent's relationship to you						
(4) <input checked="" type="checkbox"/> if qualifying child for child tax credit (see instr)						
d Total number of exemptions claimed						

Income
Effectively
Connected
With U.S.
Trade/
BusinessEnclose,
but
do not
attach,
any
payment.

8	Wages, salaries, tips, etc. Attach Form(s) W-2	8	11,932.	
9a	Taxable interest	9a		
b	Tax-exempt interest. Do not include on line 9a.	9b		
10a	Ordinary dividends	10a		
b	Qualified divs (see instrs)	10b		
11	Taxable refunds, credits, or offsets of state and local income taxes (see instructions)	11		
12	Scholarship and fellowship grants. Attach Form(s) 1042-S or required statement (see instructions)	12		
13	Business income or (loss). Attach Schedule C or C-EZ (Form 1040).	13		
14	Capital gain or (loss). Att Sch D (Form 1040) if reqd. If not reqd, check here. <input type="checkbox"/>	14		
15	Other gains or (losses). Attach Form 4797.	15		
16a	IRA distributions	16a		
		16b Taxable amount	16b	
17a	Pensions and annuities	17a		
		17b Taxable amount	17b	
18	Rental real estate, royalties, partnerships, trusts, etc. Attach Schedule E (Form 1040).	18		
19	Farm income or (loss). Attach Schedule F (Form 1040).	19		
20	Unemployment compensation	20		
21	Other income. List type and amount (see instructions)	21		
22	Total income exempt by a treaty from page 5, Item M.	22		
23	Add lines 8, 9a, 10a, 11-15, 16b, and 17b-21. This is your total effectively connected income	23	11,932.	
24	Archer MSA deduction. Attach Form 8853	24		
25	Health savings account deduction. Attach Form 8889	25		
26	Moving expenses. Attach Form 3903	26		
27	Self-employed SEP, SIMPLE, and qualified plans	27		
28	Self-employed health insurance deduction (see instructions)	28		
29	Penalty on early withdrawal of savings	29		
30	Scholarship and fellowship grants excluded	30		
31	IRA deduction (see instructions)	31		
32	Student loan interest deduction (see instructions)	32		
33	Domestic production activities deduction. Attach Form 8903	33		
34	Add lines 24 through 33	34	0.	
35	Subtract line 34 from line 23. Enter here and on line 36. This is your adjusted gross income	35	11,932.	

Tax and Credits	36	Amount from line 35 (adjusted gross income)	36	11,932.
	37	Itemized deductions from page 3, Schedule A, line 17. Std. Ded. Allowed Under	37	5,150.
	38	Subtract line 37 from line 36. US-India Income Tax Treaty	38	6,782.
	39	Exemptions (see instructions)	39	3,300.
	40	Taxable income. Subtract line 39 from line 38. If line 39 is more than line 38, enter -0-	40	3,482.
	41	Tax (see instructions). Check if any tax is from: a <input type="checkbox"/> Form(s) 8814 b <input type="checkbox"/> Form 4972	41	348.
	42	Alternative minimum tax (see instructions). Attach Form 6251	42	0.
	43	Add lines 41 and 42	43	348.
	44	Foreign tax credit. Attach Form 1116, if required	44	
	45	Credit for child and dependent care expenses. Attach Form 2441	45	
	46	Retirement savings contributions credit. Attach Form 8880	46	
	Other Taxes	47	Residential energy credits. Attach Form 5695	47
48		Child tax credit (see instrs). Attach Form 8901 if required	48	
49		Credits from: a <input type="checkbox"/> Form 8396 b <input type="checkbox"/> Form 8839 c <input type="checkbox"/> Form 8859	49	
50		Other credits. Check applicable box(es): a <input type="checkbox"/> Form 3800 b <input type="checkbox"/> Form 8801 c <input type="checkbox"/> Form	50	
51		Add lines 44 through 50. These are your total credits	51	
52		Subtract line 51 from line 43. If line 51 is more than line 43, enter -0-	52	348.
53		Tax on income not effectively connected with a U.S. trade or business from page 4, line 89	53	
54		Social security and Medicare tax on tip income not reported to employer. Attach Form 4137	54	
55		Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required	55	
56		Transportation tax (see instructions)	56	
57		Household employment taxes. Attach Schedule H (Form 1040)	57	
Pay-ments		58	Add lines 52 through 57. This is your total tax	58
	59	Federal income tax withheld from Forms W-2, 1099, 1042-S, etc	59	1,775.
	60	2006 estimated tax payments & amount applied from 2005 rtn	60	
	61	Excess social security and tier 1 RRTA tax withheld (see instructions)	61	
	62	Additional child tax credit. Attach Form 8812	62	
	63	Amount paid with Form 4868 (request for extension)	63	
	64	Other payments from: a <input type="checkbox"/> Form 2439 b <input type="checkbox"/> Form 4136 c <input type="checkbox"/> Form 8885	64	
	65	Credit for amount paid with Form 1040-C	65	
	66	U.S. tax withheld at source from page 4, line 86	66	
	67	U.S. tax withheld at source by partnerships under section 1446: a From Form(s) 8805 b From Form(s) 1042-S	67a 67b	
	68	U.S. tax withheld on dispositions of U.S. real property interests: a From Form(s) 8288-A b From Form(s) 1042-S	68a 68b	
	Refund	69	Credit for federal telephone excise tax paid. Attach Form 8913 if required	69
70		Add lines 59 through 69. These are your total payments	70	1,775.
71		If line 70 is more than line 58, subtract line 58 from line 70. This is the amount you overpaid	71	1,427.
Amount You Owe	72a	Amt of ln 71 you want refunded to you. If Fm 8888 is att, ck here <input type="checkbox"/>	72a	1,427.
		b Routing number 075911988 c Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings		
		d Account number 1252286818		
Third Party Designee	73	Amount of line 71 you want applied to your 2007 estimated tax	73	
	74	Amount you owe. Subtract line 70 from line 58. For details on how to pay, see instructions	74	
Sign Here	75	Estimated tax penalty. Also include on line 74	75	
	Do you want to allow another person to discuss this return with the IRS (see instructions)? <input checked="" type="checkbox"/> Yes. Complete the following. <input type="checkbox"/> No			
Preparer's Signature	Designee's name Preparer		Phone number	
	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
Paid Preparer's Use Only	Your occupation in the United States SOFTWARE ENGINEER	
	Preparer's signature Laxmi P Palaypu	Date 6/09/07
	Firm's name (or yours if self-employed), address, and ZIP code IBSN INC 3406 78TH STREET CT MOLINE, IL 61265	Check if self-employed <input checked="" type="checkbox"/> Preparer's SSN or PTIN P00398566
	EIN 04-3634467	Phone no. (866) 4276829

Tax on Income Not Effectively Connected With a U.S. Trade or Business

Attach Forms 1042-S, SSA-1042S, RRB-1042S, or similar form.

Nature of income	(a) U.S. tax withheld at source	Enter amount of income under the appropriate rate of tax (see instructions)				
		(b) 10%	(c) 15%	(d) 30%	(e) Other (specify)	
					%	%
76 Dividends paid by:						
a U.S. corporations.						
b Foreign corporations.						
77 Interest:						
a Mortgage.						
b Paid by foreign corps.						
c Other.						
78 Industrial royalties (patents, trademarks, etc).						
79 Motion picture or TV copyright royalties.						
80 Other royalties (copyrights, recording, publishing, etc).						
81 Real property income and natural resources royalties.						
82 Pensions and annuities.						
83 Social security benefits.						
84 Gains (include capital gain from line 92 below).						
85 Other (specify) ▶ See Statement 2						
86 Total U.S. tax withheld at source. Add column (a) of lines 76a through 85. Enter the total here and on Form 1040NR, line 66. ▶						
87 Add lines 76a thru 85 in cols (b) - (e)	87					
88 Multiply line 87 by rate of tax at top of each column	88					
89 Tax on income not effectively connected with a U.S. trade or business. Add columns (b) through (e) of line 88. Enter the total here and on Form 1040NR, line 53. ▶						89

Capital Gains and Losses from Sales or Exchanges of Property

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.

90 (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)
91 Add columns (f) and (g) of line 90.	91					
92 Capital gain. Combine columns (f) and (g) of line 91. Enter the net gain here and on line 84 above (if a loss, enter -0-). ▶						92

Other Information (If an item does not apply to you, enter 'N/A'.)**A** What country issued your passport?INDIA**B** Were you ever a U.S. citizen? ☐ Yes ☒ No**C** Give the purpose of your visit to the United States ▶EMPLOYMENT**D** Type of entry visa. ☐ H1B

and current nonimmigrant status and date of change

(see instrs) ▶ N/A**E** Date you entered the United States (see instructions)▶ 3/06/05**F** Did you give up your permanent residence as an immigrant in the United States this year? ☐ Yes ☒ No**G** Dates you entered and left the United States during the year. Residents of Canada or Mexico entering and leaving the United States at frequent intervals, give name of country only. ▶DATE OF ENTRY-01/01/2006.DATE OF EXIT- 03/14/2006.**H** Give number of days (including vacation and nonwork days) you were present in the United States during:2004 N/A, 2005 49, and 2006 72.**I** If you are a resident of Canada, Mexico, or the Republic of Korea (South Korea), or a U.S. national, did your spouse contribute to the support of any child claimed on Form 1040NR, line 7c? ☐ Yes ☒ NoIf 'Yes,' enter amount ▶ \$ N/A

If you were a resident of the Republic of Korea (South Korea) for any part of the tax year, enter in the space below your total foreign source income not effectively connected with a U.S. trade or business. This information is needed so that the exemption for your spouse and dependents residing in the United States (if applicable) may be allowed in accordance with Article 4 of the income tax treaty between the United States and the Republic of Korea (South Korea).

Total foreign source income not effectively connected with a U.S. trade or business ▶ \$ N/A

J Did you file a U.S. income tax return for any year before 2006? ☒ Yes ☐ No

If 'Yes,' give the latest year and form number ▶

2005, 1040 NR**K** To which Internal Revenue office did you pay any amounts claimed on Form 1040NR, lines 60, 63, and 65? N/A**L** Have you excluded any gross income other than foreign source income not effectively connected with a U.S. trade or business? ☐ Yes ☒ No

If 'Yes,' show the amount, nature, and source of the excluded income. Also, give the reason it was excluded. (Do not include amounts shown in item M.) ▶

N/A**M** If you are claiming the benefits of a U.S. income tax treaty with a foreign country, give the following information. See the instructions for additional information.• Country ▶ INDIA (UNDER ARTICLE 21 (2))

• Type and amount of effectively connected income exempt from tax. Also, identify the applicable tax treaty article. Do not enter exempt income on lines 8, 9a, 10a, 11-15, 16b, or 17b-21 of Form 1040NR:

For 2006 (also, include this exempt income on line 22 of Form 1040NR) ▶

N/AFor 2005 ▶ N/A

• Type and amount of income not effectively connected that is exempt from or subject to a reduced rate of tax. Also, identify the applicable tax treaty article:

For 2006 ▶

N/AFor 2005 ▶ N/A

• Were you subject to tax in that country on any of the income you claim is entitled to the treaty benefits? ☐ Yes ☒ No

• Did you have a permanent establishment or fixed base (as defined by the tax treaty) in the United States at any time during 2006? ☐ Yes ☒ No

N If you file this return to report community income, give your spouse's name, address, and identifying number.N/A**O** If you file this return for a trust, does the trust have a U.S. business? ☐ Yes ☒ No

If 'Yes,' give name and address ▶

P Is this an 'expatriation return' (see instructions)? ☐ Yes ☒ No

If 'Yes,' you must attach an annual information statement.

Q During 2006, did you apply for, or take other affirmative steps to apply for, lawful permanent resident status in the United States or have an application pending to adjust your status to that of a lawful permanent resident of the United States? ☐ Yes ☒ No

If 'Yes,' explain ▶

R Check this box if you have received compensation income of \$250,000 or more and you are using an alternative basis to determine the source of this compensation income (see instructions) ☐

2006

Federal Statements

Page 1

Client I-9539

ANAND NIDAMANURU

337-04-3179

6/09/07

01:43AM

Statement 1
Form 1040-NR
Wage Schedule

<u>Taxpayer - Employer</u>	<u>Wages</u>	<u>Federal W/H</u>	<u>FICA</u>	<u>Medi- care</u>	<u>State W/H</u>	<u>Local W/H</u>
INFOSYS TECHNOLOGIES LTD	11,932.	1,775.	740.	173.	518.	
Grand Total	<u>11,932.</u>	<u>1,775.</u>	<u>740.</u>	<u>173.</u>	<u>518.</u>	<u>0.</u>

Statement 2
Form 1040NR, Line 85
Other Income

<u>Nature of Income</u>	<u>(a) US Tax W/H</u>	<u>(b) 10%</u>	<u>(c) 15%</u>	<u>(d) 30%</u>	<u>(e) %</u>
GENERAL LIMITATION INCOME					
Total	<u>\$ 0.</u>	<u>\$ 0.</u>	<u>\$ 0.</u>	<u>\$ 0.</u>	<u>\$ 0.</u>