Form 8879
(Rev. January 2021)

Department of the Treasury Internal Revenue Service

IRS e-file Signature Authorization

ERO must obtain and retain completed Form 8879. ► Go to www.irs.gov/Form8879 for the latest information.

Submission Identification Number (SID)

Тахрау	er's name	Social security	y number	
CHA	YA SHETTIHALLIPAPAREDDY	207-97-	2594	
Spouse	's name	Spouse's socia	al security number	
Par	Tax Return Information – Tax Year Ending December 31, 2022 (Enter	r year you ar	re authorizing.)	
Enter	whole dollars only on lines 1 through 5.			
Note:	Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.			
1	Adjusted gross income		1 105,	,721.
2	Total tax	[2 16,	,102.
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099	[3 22,	,018.
4	Amount you want refunded to you	[4 5,	,916.
5	Amount you owe		5	

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

Under penalties of periury. I declare that I have examined a copy of the income tax return (original or amended) I am now authorizing, and to the best of my knowledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I above are the amounts from the income tax return (original or amended) I am now authorizing. 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 the income tax return (original or amended) I am now authorizing and, if applicable, my Electronic Funds Withdrawal Consent.

Taxpayer's PIN: check one box only

X	l authorize	GLOBAL TAXES LLC	to enter or generate my P
	rautionze		

7	2	5	9	4	
Ent don	as my				

ERO firm name signature on the income tax return (original or amended) I am now authorizing.

I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. 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 mv Enter five digits, but don't enter all zeros

ERO firm name signature on the income tax return (original or amended) I am now authorizing.

I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. 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.	2	2	I				6 all zer	 9	89	

I certify that the above numeric entry is my PIN, which is my signature for the electronic individual income tax return (original or amended) I am now authorized to file for tax year indicated above 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 🕨							
-	Must Retain This Form — See Instructions t This Form to the IRS Unless Requested T							
For Denominary Deduction Act Nation and your		Earm 8870 (Pay 01 2021)						

For Paperwork Reduction Act Notice, see your tax return instructions. BAA

E1040		rtment of the Treasury-Internal Revenue Servi 5. Individual Income Tax		Irn	202	2	OMB No. 1545	-0074	IRS Use C)nly—E	o not w	rite or staple	in this space.	
Filing Status Check only one box.	lf yo	Single D Married filing jointly u checked the MFS box, enter the na on is a child but not your dependent	ame of ye	our spou	separately (N use. If you ch VEMMENTH	necke	ed the HOH or				spou	lifying surv use (QSS) name if th	0	
Your first name	and mi	ddle initial	Last nan	ne						Y	our so	cial securit	y number	
CHAYA			SHET	TIHAL	LIPAPAR	EDD	Ϋ́			2	07-9	97-2594	4	
If joint return, sp	ouse's	first name and middle initial	Last nan							s	Spouse's social security number			
										7	53-2	19-224	9	
Home address (numbe	r and street). If you have a P.O. box, see	instructio	ns.				A	Apt. no.	Р	reside	ntial Election	on Campaign	
5550 E D	EER	VALLEY DR 126										nere if you,		
-		ce. If you have a foreign address, also co	mplete sp	aces bel	ow.	Stat	te	ZIP c	ode				tly, want \$3	
PHOENIX						AZ		850	54		0	this tuna. ow will not	Checking a change	
Foreign country	name		F	oreign pr	ovince/state/c	count	у	Foreig	n postal co			or refund.	0	
							-					You	Spouse	
Digital	At an	y time during 2022, did you: (a) rece	eive (as a	a rewarc	l, award, or	payn	nent for prope	rty or	services);	or (b) sell,			
Assets	exch	ange, gift, or otherwise dispose of a	a digital a	asset (or	a financial i	ntere	est in a digital	asset)	? (See ins	tructi	ons.)	Yes	X No	
Standard	Som	eone can claim: 🗌 You as a de	pendent		Your spouse	e as a	a dependent							
Deduction	<u> </u>	Spouse itemizes on a separate return	n or you	were a	dual-status a	alien								
Age/Blindness	You:	Were born before January 2, 1	958	Are bl	ind Spo	use:	: 🗌 Was bor	n befo	ore Januar	v 2. 1	958	🗌 ls bl	ind	
Dependents				-	Social security		(3) Relationsh			, ,			instructions):	
•		rst name Last name		(2)	number		to you		Child tax		· · ·		ner dependents	
lf more than four	(1)	Lasthanio								7				
dependents,									Ľ	1		[
see instructions	;								Ľ	1		[
and check here									Ľ	1		[
	1a	Total amount from Form(s) W-2, be	ov 1 (see	instruc	tions)					_	1a	11	 L8,121.	
Income	b	Household employee wages not re	•		,					•	1b		10,121.	
Attach Form(s)	c	Tip income not reported on line 1a								•	10			
W-2 here. Also	d	Medicaid waiver payments not rep								•	1d			
attach Forms W-2G and	e	Taxable dependent care benefits f			, ,	1011 0		• •		•	1e			
1099-R if tax	f	Employer-provided adoption bene				•		• •		•	1f			
was withheld.	g					•		• •		•	1g			
lf you did not get a Form	9 h	Other earned income (see instructi						• •		•	1h		0.	
W-2, see	i	Nontaxable combat pay election (s	,							•			<u> </u>	
instructions.	z	Add lines 1a through 1h		10110110)		•					1z	11	18,121.	
Attach Sch. B	2a		2a		· · · · ·	h Та	axable interes			•	2b			
if required.	3a	· ·	3a				rdinary divide			•	3b			
	4a		4a				axable amoun			•	4b			
Standard	-5a		5a				axable amoun			•	5b			
Deduction for –	5a 6a		6a				axable amoun			•	6b			
Single or	c	If you elect to use the lump-sum elect		othod				ι		÷	00			
Married filing separately,	7	Capital gain or (loss). Attach Scher				•	,	• •			7			
\$12,950Married filing	8	Other income from Schedule 1, line		•				• •			8		L2,400.	
jointly or	9							• •		•	9			
Qualifying spouse,	9 10	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, Adjustments to income from Scher						• •		•	10)5,721.	
\$25,900		-			· · · ·			• •		·				
 Head of household, 	11	Subtract line 10 from line 9. This is Standard deduction or itemized	•	-	-			• •		•	11)5,721.	
\$19,400	12	Qualified business income deduction				'	 5 A	• •		•	12		L2,950.	
 If you checked any box under 	13 14				SSO OF FORM	0993	J-A	• •		•	13		2 050	
Standard Deduction,	14 15	Add lines 12 and 13 Subtract line 14 from line 11. If zer			 .Ο ₋ This is		 avable incom			•	14		<u>L2,950.</u>	
see instructions.	15		0 01 1885	, enter -	0 1115 IS Y	our t				•	15	<u> </u>	92,771.	

For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate instructions.

Form **1040** (2022)

Form 1040 (2022	2)								Page
Tax and	16	Tax (see instructions). Check	if any from Form	(s): 1 🗌 881	4 2 4972	3		16	16,102.
Credits	17	Amount from Schedule 2, lin	ne3					17	
	18	Add lines 16 and 17						18	16,102.
	19	Child tax credit or credit for	other dependen	ts from Sched	ule 8812			19	
	20	Amount from Schedule 3, lin	ne8					20	
	21	Add lines 19 and 20						21	
	22	Subtract line 21 from line 18	. If zero or less,	enter -0				22	16,102.
	23	Other taxes, including self-e	mployment tax,	from Schedule	e 2, line 21 .			23	0.
	24	Add lines 22 and 23. This is	your total tax					24	16,102.
Payments	25	Federal income tax withheld	from:						
-	а	Form(s) W-2				25a 22	2,018.		
	b	Form(s) 1099				25b			
	с	Other forms (see instructions	s)			25c			
	d	Add lines 25a through 25c						25d	22,018.
If you have a	26	2022 estimated tax payment	ts and amount a	pplied from 20	21 return .			26	
qualifying child,	27	Earned income credit (EIC)				27			
attach Sch. EIC.	28	Additional child tax credit from	m Schedule 8812			28			
	29	American opportunity credit	from Form 8863	8, line 8		29			
	30	Reserved for future use .				30			
	31	Amount from Schedule 3, lin	ne 15			31			
	32	Add lines 27, 28, 29, and 31	. These are your	total other pa	ayments and ref	undable credits		32	
	33	Add lines 25d, 26, and 32. T	hese are your to	tal payments				33	22,018.
Refund	34	If line 33 is more than line 24	1, subtract line 2	4 from line 33.	This is the amou	nt you overpaid		34	5,916.
neruna	35a	Amount of line 34 you want	refunded to you	. If Form 8888	is attached, che	ck here	. 🗆	35a	5,916.
Direct deposit?	b	Routing number 0 2 1	2 0 0 3	39	c Type: 🛛 🗙	Checking	Savings		
See instructions.	d	Account number 3 8 1	0 5 0 0	2 5 2 2	2 0 0				
	36	Amount of line 34 you want a	applied to your	2023 estimate	edtax	36			
Amount	37	Subtract line 33 from line 24	. This is the amo	ount you owe					
You Owe		For details on how to pay, g						37	
	38	Estimated tax penalty (see ir	nstructions) .			38			
Third Party	Do	you want to allow another	person to disc	cuss this retu	rn with the IRS?	See			
Designee	ins	structions				🗌 Yes. C	omplete l	below.	X No
		signee's		Phone			onal identi	fication	
		me		no.			ber (PIN)		
Sign		der penalties of perjury, I declare t lief, they are true, correct, and com							
Here		ur signature		Date	Your occupation				nt you an Identity
	10			Duic					IN, enter it here
Joint return?					SOFTWARE 1	ENGINEER	(see	inst.)	
See instructions.	Sp	ouse's signature. If a joint return, t	ooth must sign.	Date	Spouse's occupat	ion			nt your spouse an
Keep a copy for your records.								tity Prote inst.)	ection PIN, enter it her
			0				,		
		one no. (203)491-671 eparer's name	8 Preparer's signat	Email address	CHAYAMESI	2@GMAIL.CON	1 PTIN		Check if:
Paid								0700	Self-employed
Preparer		I PRIYA RAM SAGAR GUPTA TALLAM		KAM SAGAR	GUPIA TALLAM	02/03/2023	P0208		
Use Only		m's name GLOBAL TAX			T 00016				678)965-9522
		m's address 245 ROONE	Y CT E BRU	INSWICK N			Firm	's EIN	88-2145487
1 to to www.ire a	OV/FOR	n 11/11) tor instructions and the late	et intormation			DEV 04/20/22 DDO			Eorm 1141 (202

Go to *www.irs.gov/Form1040* for instructions and the latest information.

REV 01/28/23 PRO BAA

Form **1040** (2022)

SCHEDULE	1
(Form 1040)	

Internal Revenue Service

Additional Income and Adjustments to Income

Attach to Form 1040, 1040-SR, or 1040-NR.

Go to www.irs.gov/Form1040 for instructions and the latest information.

OMB No. 1545-0074 2022

Department of the Treasury Attachment Sequence No. **01**

Name(s) shown on Form 1040, 1040-SR, or 1040-NR	Your social security number
CHAYA SHETTIHALLIPAPAREDDY	207-97-2594
Part I Additional Income	

1	Taxable refunds, credits, or offsets of state and local income taxes		1	
2a	Alimony received		2a	
b	Date of original divorce or separation agreement (see instructions):			
3	Business income or (loss). Attach Schedule C		3	
4	Other gains or (losses). Attach Form 4797	4		
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Atta		5	-12,400.
6	Farm income or (loss). Attach Schedule F		6	
7	Unemployment compensation		7	
8	Other income:			
а	Net operating loss	8a (
b	Gambling	8b		
С	Cancellation of debt	8c		
d	Foreign earned income exclusion from Form 2555	8d (
е	Income from Form 8853	8e		
f	Income from Form 8889	8f		
g	Alaska Permanent Fund dividends	8g		
h	Jury duty pay	8h		
i	Prizes and awards	8i		
j	Activity not engaged in for profit income	8j		
k	Stock options	8k		
1	Income from the rental of personal property if you engaged in the rental			
	for profit but were not in the business of renting such property	81		
m	Olympic and Paralympic medals and USOC prize money (see			
	instructions)	8m		
n	Section 951(a) inclusion (see instructions)	8n		
ο	Section 951A(a) inclusion (see instructions)	80		
р	Section 461(I) excess business loss adjustment	8p		
q	Taxable distributions from an ABLE account (see instructions)	8q		
r	Scholarship and fellowship grants not reported on Form W-2	8r		
s	Nontaxable amount of Medicaid waiver payments included on Form			
	1040, line 1a or 1d	8s (
t	Pension or annuity from a nonqualifed deferred compensation plan or			
	a nongovernmental section 457 plan	8t		
u	Wages earned while incarcerated	8u		
z	Other income. List type and amount:			
		8z		
9	Total other income. Add lines 8a through 8z		9	
10	Combine lines 1 through 7 and 9. Enter here and on Form 1040, 1040-SR		10	-12,400.

For Paperwork Reduction Act Notice, see your tax return instructions.

Schedule 1 (Form 1040) 2022

Par	II Adjustments to Income				
11	Educator expenses		 	11	
12	Certain business expenses of reservists, performing artists, and fee		rernmen	ıt 🗌	
	officials. Attach Form 2106		 	12	
13	Health savings account deduction. Attach Form 8889				
14	Moving expenses for members of the Armed Forces. Attach Form 3903		 	14	
15	Deductible part of self-employment tax. Attach Schedule SE				
16	Self-employed SEP, SIMPLE, and qualified plans				
17	Self-employed health insurance deduction		 	17	
18	Penalty on early withdrawal of savings				
19a	Alimony paid				
b	Recipient's SSN				
C	Date of original divorce or separation agreement (see instructions):			-	
20	IRA deduction				
21	Student loan interest deduction				
22	Reserved for future use				
23	Archer MSA deduction			23	
24	Other adjustments:		 		
 a	Jury duty pay (see instructions)	24a			
b	Deductible expenses related to income reported on line 8l from the				
	rental of personal property engaged in for profit	24b			
с	Nontaxable amount of the value of Olympic and Paralympic medals				
•	and USOC prize money reported on line 8m	24c			
d	Reforestation amortization and expenses	24d			
e	Repayment of supplemental unemployment benefits under the Trade				
•	Act of 1974	24e			
f	Contributions to section 501(c)(18)(D) pension plans	24f			
q	Contributions by certain chaplains to section 403(b) plans	24g			
·	Attorney fees and court costs for actions involving certain unlawful				
	discrimination claims (see instructions)	24h			
i	Attorney fees and court costs you paid in connection with an award				
•	from the IRS for information you provided that helped the IRS detect				
	tax law violations	24i			
i	Housing deduction from Form 2555	24j			
k	Excess deductions of section 67(e) expenses from Schedule K-1 (Form	,			
~	1041)	24k			
z	Other adjustments. List type and amount:				
-		24z			
25	Total other adjustments. Add lines 24a through 24z		 	25	
26	Add lines 11 through 23 and 25. These are your adjustments to income				
	Form 1040 or 1040-SR, line 10, or Form 1040-NR, line 10a				
		· ·	 		

	DULE E		Supplemental Income and Loss									OMB No. 1545-0074		
(Form	1040)	(From r	ental real	estate, royalties, partners	hips, S	corporati	ions, es	2022						
Departm	ent of the Treasury			Attach to Form 1040,				Attachment						
	Revenue Service		Go to	www.irs.gov/ScheduleE for	r instru	uctions an	d the la	Sequence No. 13						
()	shown on return			_							al security			
_	A SHETTIHA					. 102				207-9	7-2594			
Part	Note: If yo	ou are in tl	he busine	Rental Real Estate an ss of renting personal proper rm 4835 on page 2, line 40.	ty, use	Schedule	c . See	e instru	ctions. If you	are an indi	vidual, rep	ort farn	ı	
Α				22 that would require you	to file	Form(s) 1	099? \$	See ins	structions .		. 🗌 Ye	es X	No	
				quired Form(s) 1099?								_	No	
1a				erty (street, city, state, ZI										
Α	GANESH NA			VANSATALIPURAM 7			N 50	0070						
B		01111 00						0070						
C														
1b						isted Fair Rental Perso					nal Use	•	N/	
	(from list below) above, report the number of fair r				rental	and			Days	Da	iys	QJV		
Α	if you meet the requirements to fi						Α		365		0]	
В	aualified joint venture. See instruct						В]	
С			quaino				С]	
	of Property:							_						
	Single Family R			Vacation/Short-Term Ren	tal	5 Land			Self-Rental	、				
2	Multi-Family Re	sidence	4	Commercial		6 Roya	alties	8	Other (desc	ribe)				
									Propert	ies:				
Incom	ie:						Α		В			С		
3					3		6	00.						
4	Royalties rece	ived			4									
Expen														
5					5									
6		-		s)	6									
7	•				7		1,5	00.						
8					8									
9 10				· · · · · · · · · · · · · · · · · · ·	9 10									
11					11		1 3	00.						
12				s, etc. (see instructions)	12		±,3	00.						
13		-			13									
14					14		3,2	00.						
15	a				15			00.						
16	Taxes				16									
17	Utilities				17		4,0	00.						
18	Depreciation e	xpense	or deplet	ion	18									
19	Other (list)				19									
20	Total expense	s. Add lir	nes 5 thro	ough 19	20		13,0	00.						
21				ts) and/or 4 (royalties). If										
				s to find out if you must			10 4	0.0						
~~					21		-12,4	00.						
22				ss after limitation, if any,	22	(12,40		()	(١	
23a		-		line 3 for all rental prope		N	±2,4(23a	1	600.	\)	
20a b		-		line 4 for all royalty prop				23b						
c		-		line 12 for all properties				23c						
d				line 18 for all properties				23d						
e				line 20 for all properties				23e	13	3,000.				
24				shown on line 21. Do no						. 24				
25		-		line 21 and rental real estat		-		Enter to	otal losses he	ere 25	(12,40)0.)	
26	Total rental re	eal estat	te and ro	oyalty income or (loss).	Comb	ine lines a	24 and	25. E	inter the resu	ult				

here. If Parts II, III, IV, and line 40 on page 2 do not apply to you, also enter this amount on Schedule 1 (Form 1040), line 5. Otherwise, include this amount in the total on line 41 on page 2 For Paperwork Reduction Act Notice, see the separate instructions.

-12,400.

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E-file Signature Authorization (Arizona Forms 140, 140A, 140EZ, 140NR and 140PY)

Do not mail this form to the Arizona Department of Revenue. The ERO must retain this document a minimum of four years.

Your First Name and Initial	Last Name		Your Social Security Number*
СНАУА	SHETTIHALLIPAPAREDDY	Enter	207 97 2594
Your Spouse's First Name and Initial (if filed joint)	Last Name	your SSN(s).	Spouse's Social Security No.*

PART 1 – PURPOSE (If you are e-filing a Small Business Income Tax Return, also complete Form AZ-8879 SBI)*Do Not Truncate

• To certify the truthfulness, correctness, and completeness of the taxpayer's electronic income tax return.

• To authorize the Electronic Return Originator (ERO) to affirm that the taxpayer wishes to use the taxpayer's electronic signature to the taxpayer's federal individual income tax return as the taxpayer's signature to the taxpayer's electronic Arizona individual income tax return.

PART 2 – TAX RETURN INFO	RMATION		PART 3 – FINANCIAL INSTITUTION INFORMATION					
			Must be preser	nt when reque	esting direct debit or deposit.			
1 Arizona Adjusted Gross Income	105,721 00		Foreign Ac	count Deposit	t/Debit: See instructions below.			
2 Balance Of Tax	2,642 00		TYPE OF ACCOUNT					
3 Arizona Income Tax Withheld	4,954 00		🛛 Checking	Savings	0 2 1 2 0 0 3 3 9			
Check box 4 <u>or</u> box 5:			ACCOUNT NUMBER					
4 REFUND: Enter the amount of	2,31200	3 8 1 0 5	0 0 2 5	2 2 0				
5 AMOUNT YOU OWE: Enter th	e amount owed	00	DIRECT DEBIT REQU	JEST DATE	\$			

Box 4 Checkbox – Refund: You are due a refund based on the information provided on your tax return. Your refund amount will be deposited in the account listed in the Financial Institution Information Section (Part 3).

Box 5 Checkbox – Amount You Owe: You owe taxes based on the information provided on your tax return. You have elected to direct debit for payment. The payment will be withdrawn from the account and on the date listed in the Financial Institution Information Section (Part 3).

Foreign Account Deposit/Debit Checkbox: Check the "Foreign Account Deposit/Debit" box if your deposit will be ultimately placed in or come from a foreign account. If you check this box, do not enter your account numbers. If this box is checked, we will not direct deposit or debit your account. If you are due a refund, we will send you a check instead. If you owe tax, you must mail a check to the Arizona Department of Revenue, PO Box 29085, Phoenix, AZ 85038-9085.

PART 4 – DECLARATION AND SIGNATURE AUTHORIZATION (Sign only after completing Part 2)

Under penalties of perjury, I declare that I have examined a copy of my electronic Arizona individual income tax return and accompanying schedules and statements for the year ending December 31, 2022, and to the best of my knowledge and belief, it is true, correct, and complete. I further declare that the amounts of Arizona adjusted gross income, total tax, Arizona income tax withheld, and refund (or amount owed) listed above are the amounts shown on the copy of my electronic Arizona income tax return.

- **6a** X I consent that my refund be directly deposited as designated in the electronic portion of my 2022 Arizona individual income tax return. If I have filed a joint return, this is an irrevocable appointment of the other spouse as an agent to receive the refund.
- **6b** I do not want direct deposit of my refund or I am not receiving a refund.
- **6c** ☐ I authorize the Arizona Department of Revenue (ADOR) 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 Arizona taxes owed on this return. 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.

If I have filed a balance due return, I understand that if the ADOR does not receive full and timely payment of my tax liability by April 18, 2023, I will remain liable for the tax liability and all applicable interest and penalties. When electronically filing my federal and state tax returns, I understand that if there is an error on my federal return, my state return will also be rejected.

I consent to my Electronic Return Originator (ERO) or On-Line Service Provider (OLSP) sending my electronic Arizona individual income tax return and accompanying schedules and statements to ADOR, and I consent to my ERO or OLSP sending such information to ADOR through a transmitter. I consent to ADOR sending my ERO, OLSP and/or transmitter an acknowledgement of receipt of transmission and an indication of whether or not the transmission of my return is accepted and, if the return is rejected, the reason(s) for the rejection. If the processing of my return or refund is delayed, I authorize ADOR to disclose to my ERO, OLSP and/ or transmitter the reason(s) for the delay, or when the refund was sent. If ADOR contacts my ERO for a copy of my return, any documents or schedules to my return, and/or this authorization form, I authorize my ERO to release copies of the requested documents to ADOR.

I authorize GLOBAL TAXES LLC

(ELECTRONIC RETURN ORIGINATOR)

to make the election that I want my electronic signature to my electronic federal individual income tax return to serve as my signature to my electronic Arizona individual income tax return for the year ending December 31, 2022. I understand that when my ERO makes the election that my electronic signature to my federal individual income tax return will serve as my signature to my Arizona individual income tax return. I will have signed my Arizona individual income tax return and declared under penalties of perjury that to the best of my knowledge and belief the return is true, correct and complete.

ERE	→		DATE	
SE SIGN HERE	→	YOUR PEN AND INK SIGNATURE	DATE	
PLEASE		SPOUSE'S PEN AND INK SIGNATURE	DATE	

TOT First Name and Middle Initial (Dox 4 or 6 checkor) Last Name (Dox 2 + 2 + 2 + 2 + 2 + 2 + 2 + 2 + 2 + 2	RETURN.				Arizona Form 140	F	Resident F	Persor	nal Inco	ome Tax	Return	F	· ·	ENDAR YEAR
Charling She Littraduit/PAREDD1 Your She Littraduit/PAREDD1 Spouse's First Name and Middle Initial (if box 4 or 6 checked) Last Name Your 73 19 2249 Spouse's Social Security N Current Home Address - number and street, rural route Apt. No. Daytime Phone (with area code) [2] 550 E DEER VALLEY DR 126 EM (17) Social Security N EM (17) Social Security N Daytime Phone (with area code) [3] PHOENIX A.Z 85054 EM (17) Social Security N EM (17) Social Security N [3] PHOENIX A.Z 85054 Issee (17) Social Security N EM (17) Social Security N [3] PHOENIX A.Z 85054 Issee (17) Social Security Number above. Issee (17) Social Security Number above. Issee (17) Social Security Number above. [3] PM Bilind (you and/or spouse) Issee (17) Social Security Number above. Issee (18) Social Security Number above. [4] Married filing parents and grandparents Social Security Number above. If completing lines (18) and 108, also complete lines 38) Social Security Number above. Issee (18) Social Security No. Issee (18) Social Security No. [6] Married filing pa	REI	32F	\Box_i	Chec f filii	k box 82F ng under extensi	ion OR FISCA	CAL YEAR BEGINNING 2_0_2_2				GLI			
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1 SAINATH VEMMENTHALA 753 19 2249 Current Home Address - number and street, rural route Apt. No. Daytime Phone (with area code) 2 5550 E DEER VALLEY DR 126 Daytime Phone (with area code) 3 PHOENIX AZ 85054 4 Married filing joint return 4al Injured Spouse Protection of Joint Overpayment Revenue Use on Last Four Prior Vera(s) (fildifferent 5 Head of household. Enter name of qualifying child or dependent on next line: Revenue use only. Do NOT MARK IN THIS AREA 6 Married filing separate return. Enter spouse's name and Social Security Number above. Revenue use only. Do NOT MARK IN THIS AREA 8 Age 65 or over (you and/or spouse) If completing lines 8, 9, and 11a, also complete line 43. Revenue use only. Do NOT MARK IN THIS AREA 8 Age 65 or over (you and/or spouse) If completing lines 8, 9, and 11a, also complete line 43. Revenue use only. Do NOT MARK IN THIS AREA 9 Blind (you and/or spouse) If completing lines 8, 9, and 11a, also complete line 43. Revenue use only. Do NOT MARK IN THIS AREA 10a Dependents: Under age of 17. 10b Dependents: Age 17 and over. (f) 10a Ges 10a and 10b): Dependent Information. See instructions. For more space, check the box	2					dla Initial (if hay 4 a	or 6 chockod)			LIPAPAREI	DDY you			
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15 Non-Arizona municipal interest. 15 0 16 Partnership Income adjustment. See instructions 16 0 17 Total federal depreciation 17 0 18 Other Additions to Income: Complete Other Additions to Arizona Gross Income schedule on page 5. 18 0 19 Subtotal: Add lines 14 through 18 and enter the total 19 105, 721 0 20 Total net capital gain or (loss). See instructions 21 00 20 Total net short-term capital gain or (loss). See instructions 22 00 21 Total net long-term capital gain or (loss). See instructions 22 00 23 Net long-term capital gain from assets acquired after December 31, 2011. See instructions. 23 0 24 Multiply line 23 by 25% (.25) and enter the result 24 0 0 24 Multiply line 23 by 25% (.25) and enter the result 24 0 0 25 Net capital gain - qualified small business. 25 0 26 26 Recalculated Arizona depreciation 26 0 27 28 0 29 Exclusion for retired/retainer pay uniform ser	m	SL												
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2 Pay received for being an active service member. 32	any			()/R						-				00
33 Net operating loss adjustment	ce ?			n All h	undarasiyos dayasadi seber	KIL-UKGOUNY (RYLANGA)G	na nechina noch							00
34 Contributions: 34a 529 plans 00 34b 529A (ABLE) 00 add 34a and 34b. 34c 01	Pla													00

ſ	Your	Name (as shown on page 1)		Your Social Securi	ty Number			
	CHA	AYA SHETTIHALLIPAPAREDDY		207-97-25	594			
ľ	35	Subtract lines 24 through 34c from line 19	1		35	105,721		
	36	Other Subtractions from Income. Complete Other Subtraction from Arizona Gross I				2007/22	00	
	37	Subtract line 36 from line 35. Enter the difference				105,721		
suo						100,721	00	
Ipti	38	5					00	
Exemptions	39				00			
ш	40	Other Exemptions. See instructions40E Multiply the number in box 40E by \$2,					00	
	41	Qualifying parents and grandparents: Multiply the number in box 11a by \$10,000				105,721		
-	42	Arizona adjusted gross income: Subtract lines 38 through 41 from line 37. If less than z				12,950		
	43	Deductions: Check box and enter amount. See instructions				12,950	1	
	44	If you checked box 43 S and claim charitable contributions, check 44 C Complete p				92,771	00	
of Tax	45	Arizona taxable income: Subtract lines 43 and 44 from line 42. If less than zero, enter "0"				2,642	-	
	46	Compute the tax using amount on line 45 and Tax Tables X and Y or Optional Tax Ta				2,042		
Balance	47					2 642		
Bal	48	Subtotal of tax: Add lines 46 and 47. Enter the total				2,642		
	49	Dependent Tax Credit. See instructions						
	50	Family income tax credit (from the worksheet - see instructions)					00	
	51	Nonrefundable Credits from Arizona Form 301, Part 2, line 64				2 640		
ъ.,	<u>52</u>	Balance of tax: Subtract lines 49, 50 and 51 from line 48. If the sum of lines 49, 50 and 51 income tax withheld				<u>2,642</u> 4,954		
s and edits	53	2022 AZ income tax withheld		00 Add 54a and		т, эр4		
e Cr	54						00	
Total Payments and Refundable Credits	55 56						00	
efun	56						00	
μœ	57	Property Tax Credit from Arizona Form 140PTC					00	
÷	58 50	Other refundable credits: Check the box(es) and enter the total amount				4,954		
Tax Due or Overpayment	<u>59</u>	Total payments and refundable credits: Add lines 53 through 58. Enter the total				1,001		
Tax Due Verpayn	60 61	TAX DUE: If line 52 is larger than line 59, subtract line 59 from line 52. Enter amount of tax d	-			2,312	_	
Ove	61 62	0					00	
	62 63					2,312	-	
Voluntary Gifts		Solutions Teams	ona Wildlife		00	2,512	100	
л С	04		ical Gift		00			
unt			rans' Donations F		00			
20			//Neuter of Anima		00			
2	75	Political Party (if amount is entered on line 68 - check only one): 751 Democratic 752		75 3 Republica				
enalty		Estimated payment penalty					00	
Ъ		771 Annualized/Other 772 Farmer or Fisherman 773 Form 221 included					100	
		Add lines 64 through 74 and 76; enter the total			78		00	
ved	79					2,312		
Refund or Amount Owed		Direct Deposit of Refund: Check box 79A if your deposit will be ultimately placed in a foreign				, -	100	
Refu		C Checking or ROUTING NUMBER			- I			
٩ ٩		98 Savings 0 2 1 2 0 0 3 3 9 3 8 1 0 5 0 0 2			┘			
	80	AMOUNT OWED: Add lines 60 and 78. Make check payable to Arizona Department of Re and include with your return					00	
							100	
		Under penalties of perjury, I declare that I have read this return and any documents v	with it, and to	the best of my	knowledge ar	nd belief, they ar	e	
		true, correct and complete. Declaration of preparer (other than taxpayer) is based on	all information	on of which prep	parer has any	knowledge.		
HERE	→							
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PLEASE				SELF-EMPLOYED)		-	
Ш		245 ROONEY CT		88-2145487				
٩		PAID PREPARER'S STREET ADDRESS	EPARER'S TIN		-			
		E BRUNSWICK NJ 08816)965-952		_	
		PAID PREPARER'S CITY STATE ZIP CODE		PAID PRE	EPARER'S PHON			
		e also sending a payment, mail to Arizona Department of Revenue, PO Box 52016, Phoenix, AZ 85072-20						
1£ \ //	ni are	e not sending a payment, mail to Arizona Department of Revenue, PO Box 52138, Phoenix, AZ 85072-21	138 (PO Box 292	205, Phoenix, AZ 8	5038-9205 if you	r return has a barco	de).	