## 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.

OMB No. 1545-0074

IIICIIIai	nevertue del vice					
Subm	ission Identification Number (SID)					
Taxpaye	er's name	Social secur	rity numb	per		
VEN:	KAT REDDY GODUMAGADDA	079-49	9-387	0		
Spouse	's name	Spouse's social security number				
Part		er year you	are au	thorizing.	)	
	whole dollars only on lines 1 through 5.					
	Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.		1 4 1	J 7.0	006	
1	Adjusted gross income		1		,086.	
2	Total tax		2		,505.	
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099		3		,212.	
4 5	Amount you want refunded to you		5	1	<u>,707.</u>	
Part		keep a co		our retu	rn)	
	penalties of perjury, I declare that I have examined a copy of the income tax return (original or amende					
to send for any Agent in payme authori payme busines taxes to person	(original or amended) I am now authorizing. I consent to allow my intermediate service provider, transic my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for receipt in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account in to fmy federal taxes owed on this return and/or a payment of estimated tax, and the financial institution is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminant, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation resist days prior to the payment (settlement) date. I also authorize the financial institutions involved in the receive confidential information necessary to answer inquiries and resolve issues related to the all identification number (PIN) below is my signature for the income tax return (original or amended) I	ejection of the U.S. Treasury dicated in the tion to debit the tet the authorize quests must be processing of payment. I fu	transmis and its of tax preperently to eation. To be received the elerther ac	ssion, (b) the designated paration softo this according to this according to revoke (eved no late ectronic parknowledge	ne reason Financial tware for bunt. This cancel) a er than 2 syment of that the	
	nic Funds Withdrawal Consent.					
×		my PINI	3   8	3 7 0	as my	
	ERO firm name signature on the income tax return (original or amended) I am now authorizing.	´ E		digits, but r all zeros	as my	
			.i	ما ما ماه ما مم		
L	I will enter my PIN as my signature on the income tax return (original or amended) I am if you are entering your own PIN <b>and</b> your return is filed using the Practitioner PIN met below.					
Yours	signature ▶ Date ▶					
Snous	se's PIN: check one box only	_				
Г	I authorize to enter or generate	my DINI			as my	
	ERO firm name	_	nter five	digits, but	asiny	
	signature on the income tax return (original or amended) I am now authorizing.			r all zeros		
	I will enter my PIN as my signature on the income tax return (original or amended) I am if you are entering your own PIN <b>and</b> your return is filed using the Practitioner PIN met below.					
Spous	e's signature ▶ Date ▶					
	Practitioner PIN Method Returns Only—continue below	N				
Part	III Certification and Authentication — Practitioner PIN Method Only					
ERO's	<b>EFIN/PIN.</b> Enter your six-digit EFIN followed by your five-digit self-selected PIN. 2	2 2 4 9	6 6	1 9 8	9	
		Don't er	iter all ze	eros		
authori	y that the above numeric entry is my PIN, which is my signature for the electronic individual income zed to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am subsments of the Practitioner PIN method and <b>Pub. 1345,</b> Handbook for Authorized IRS e-file Providers of	mitting this re	turn in a	accordance		
FRO's	s signature ▶ Date ▶					
	ERO Must Retain This Form — See Instructions					
	Don't Submit This Form to the IRS Unless Requested To	Do So				

# E1040 Department of the Treasury—Internal Revenue Service U.S. Individual Income Tax Return

2022

OMB No. 1545-0074

IRS Use Only-Do not write or staple in this space.

Filing Status Check only one box.	If yo	Single Married filing jointly u checked the MFS box, enter the non is a child but not your dependent	ame of y	ed filing separately (	. ,	_		`	,	spou	ifying surv se (QSS) name if th	Ü	
Your first name	and mi	ddle initial	Last nar	me					Y	our soc	cial securit	y number	
VENKAT I	REDD'	<i>I</i>	GODU	MAGADDA					0	079-49-3870			
If joint return, s	pouse's	first name and middle initial	Last nar	me					SI	Spouse's social security number			
Home address	(numbe	er and street). If you have a P.O. box, see	instruction	ons.			Aı	ot. no.	P	Presidential Election Campaign			
1100 E BELL RD							'				eck here if you, or your		
City, town, or post office. If you have a foreign address, also c			mplete s	paces below.	Sta	te	ZIP co	de				tly, want \$3	
Phoenix											this fund. ( w will not	Checking a	
Foreign country name			F	Foreign province/state				postal co			or refund.	0	
				- '			_				You	Spouse	
Digital		ny time during 2022, did you: (a) rec	`				•	,.	` '		Yes	⊠ No	
Assets		ange, gift, or otherwise dispose of a		<u>-</u> _			assey	(See IIIs	structi	0115.)			
Standard Deduction		eone can claim:	•			a dependent							
Deduction	<u> </u>	spouse iternizes on a separate retur	ii or you	were a duar-status	alleri								
Age/Blindnes	s You:	☐ Were born before January 2, 1	958	Are blind Sp	ouse	: Was bor			•		ls bli		
Dependent	s (see	instructions):		(2) Social securit	ty	(3) Relationsh	nip (4)	Check the	e box i	f qualifi	es for (see	instructions):	
If more	(1) Fi	rst name Last name		number		to you		Child ta	x cred	it (	Credit for other dependent		
than four												<u> </u>	
dependents, see instruction	s ——							L					
and check	, —							<u>L</u>					
here	]												
Income	1a	Total amount from Form(s) W-2, b	,	,						1a	8	33 <b>,</b> 836.	
A44(-)	b	Household employee wages not re	•	, ,						1b			
Attach Form(s) W-2 here. Also	С	Tip income not reported on line 1a	`	,						1c			
attach Forms	d								1d				
W-2G and 1099-R if tax	е	Taxable dependent care benefits t		•						1e			
was withheld.	f	Employer-provided adoption bene	fits from	n Form 8839, line 29	9.					1f			
If you did not	g	Wages from Form 8919, line 6.								1g			
get a Form W-2, see	h	Other earned income (see instruct	,				. i			1h		0.	
instructions.	i	Nontaxable combat pay election (	see instr	ructions)		<u>1i</u>						22 026	
	<u>z</u>	Add lines 1a through 1h			 					1z	+ 8	33,836.	
Attach Sch. B if required.	2a	. –	2a			axable interest				2b			
ii required.	3a		3a			rdinary divide			•	3b	+		
	4a	_	4a			axable amoun				4b	_		
Standard Deduction for—	5a	<u> </u>	5a 6a			axable amoun				5b 6b	_		
Single or	6a	If you elect to use the lump-sum e		nothed shock hard		axable amoun				OD			
Married filing separately,	7	•		•	`	,				7	1		
\$12,950 Married filing	8	Capital gain or (loss). Attach Schedule D if required. If not required, check here						8	+	-7 <b>,</b> 750.			
jointly or	9					9		76 <b>,</b> 086.					
Qualifying surviving spouse,	10	•							10	+ '	<u> </u>		
\$25,900 • Head of	11								11	+ -	76,086.		
household,	12									12		L2,950.	
\$19,400 If you checked	13	Qualified business income deduct		`	,					13	+	<u>.                                    </u>	
any box under Standard	14	Add lines 12 and 13								14	1	L2,950.	
Deduction,	15	Subtract line 14 from line 11. If zer								15		53,136.	
see instructions.	1			, , , , , , , , , , , , , , , , , , , ,	,				•			-,	

Form 1040 (2022	2)						_		Page 2
Tax and	16	Tax (see instructions). Check	if any from Form	(s): <b>1</b> 881	4 <b>2</b> 🗌 4972	3 🗌		16	9,505.
Credits	17	Amount from Schedule 2, lin	ne 3					17	
	18	Add lines 16 and 17						18	9,505.
	19	Child tax credit or credit for	other dependent	ts from Sched	ule 8812			19	
	20	Amount from Schedule 3, lin	ne 8					20	
	21	Add lines 19 and 20						21	
	22	Subtract line 21 from line 18	. If zero or less,	enter -0				22	9,505.
	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 <b>total tax</b>					24	9,505.
Payments	25	Federal income tax withheld							
-	а	Form(s) W-2				<b>25a</b> 1	1,212.		
	b	Form(s) 1099				25b			
	С	Other forms (see instructions	s)			25c			
	d	Add lines 25a through 25c						25d	11,212.
If you have a	26	2022 estimated tax paymen	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	2		28			
	29	American opportunity credit	from Form 8863	3, 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 re	fundable credits		32	
	33	Add lines 25d, 26, and 32. T	hese are your <b>to</b>	tal payments				33	11,212.
Refund	34	If line 33 is more than line 24	1, subtract line 2	4 from line 33.	This is the amo	unt you <b>overpaid</b>		34	1,707.
neiuna	35a	Amount of line 34 you want			is attached, ch	eck here	🗆	35a	1,707.
Direct deposit?	b	Routing number 0 1 1	9 0 0 2	5 4	<b>c</b> Type:	Checking	Savings		
See instructions.	d	Account number 3 8 5	0 2 1 7	8 7 2 8	3 9				
	36	Amount of line 34 you want	applied to your	2023 estimate	ed tax	36			
Amount You Owe	37	Subtract line 33 from line 24 For details on how to pay, g						37	
	38	Estimated tax penalty (see in	_	-		1 1		01	
Third Party		you want to allow another							
Designee		structions	•				Complete b	selow.	× No
	De	signee's		Phone			rsonal identif		
	naı	me		no.		nur	mber (PIN)		
Sign		der penalties of perjury, I declare tief, they are true, correct, and com							
Here	Your signature Date Your occupation								nt you an Identity IN, enter it here
Joint return?		SOFTWARE ENGINEER (see in							
See instructions.	Sp								nt your spouse an
Keep a copy for your records.								-	ection PIN, enter it here
your rooordo.							(see		
		one no. (475) 239-078		Email address	REDDYVENKA	T187@GMAIL.C			01 1 1
Paid		eparer's name	Preparer's signat			Date	PTIN	0 - 0 -	Check if:
Preparer		I PRIYA RAM SAGAR GUPTA TALLAM		RAM SAGAR	GUPTA TALLA	M 01/06/2023			Self-employed
Use Only		m's name GLOBAL TA							(678) 965-9522
	Fir	m's address 245 ROONE	Y CT E BRU	NSWICK N	J 08816		Firm	's EIN	88-2145487
Go to www.irs.g	ov/Forn	n1040 for instructions and the late	st information.		BAA	REV 01/02/23 PRO			Form 1040 (2022)

## SCHEDULE 1 (Form 1040)

### **Additional Income and Adjustments to Income**

OMB No. 1545-0074

2022
Attachment
Sequence No. 01

Department of the Treasury Internal Revenue Service

Name(s) shown on Form 1040, 1040-SR, or 1040-NR

VENKAT REDDY GODUMAGADDA

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

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

Your social security number 079-49-3870

Par	t 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	ich Schedule E .	5	-7 <b>,</b> 750.
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		
į	Prizes and awards	8i	-	
j	Activity not engaged in for profit income	8j	-	
k	Stock options	8k	-	
ı	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	-	
0	Section 951A(a) inclusion (see instructions)	80		
p	Section 461(I) excess business loss adjustment	8p	-	
q	Scholarship and fellowship grants not reported on Form W-2	8q 8r	-	
r	Nontaxable amount of Medicaid waiver payments included on Form	OI	-	
S	1040, line 1a or 1d	8s ( )		
t	Pension or annuity from a nonqualified deferred compensation plan or	05 ( )		
	a nongovernmental section 457 plan	8t		
u	Wages earned while incarcerated	8u	-	
z		00		
~	other meetine. 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.		_	-7,750.

Schedule 1 (Form 1040) 2022 Page **2** 

Par	t II Adjustments to Income			
11	Educator expenses		11	
12	Certain business expenses of reservists, performing artists, and fee-	-basis government		
	officials. Attach Form 2106		12	
13	Health savings account deduction. Attach Form 8889		13	
14	Moving expenses for members of the Armed Forces. Attach Form 3903		14	
15	Deductible part of self-employment tax. Attach Schedule SE		15	
16	Self-employed SEP, SIMPLE, and qualified plans		16	
17	Self-employed health insurance deduction		17	
18	Penalty on early withdrawal of savings		18	
19a	Alimony paid		19a	
b	Recipient's SSN			
С	Date of original divorce or separation agreement (see instructions):			
20	IRA deduction		20	
21	Student loan interest deduction		21	
22	Reserved for future use		22	
23	Archer MSA deduction		23	
24	Other adjustments:			
а	Jury duty pay (see instructions)	24a		
b	Deductible expenses related to income reported on line 8l from the			
	, , , , , , , , , , , , , , , , , , , ,	24b		
С	Nontaxable amount of the value of Olympic and Paralympic medals			
		24c		
d	' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '	24d		
е	Repayment of supplemental unemployment benefits under the Trade			
		24e		
f	· // // /	24f		
g	, , , , , , , , , , , , , , , , , , , ,	24g		
h	Attorney fees and court costs for actions involving certain unlawful			
	` ,	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		
j	Housing deduction from Form 2555	24j		
k	Excess deductions of section 67(e) expenses from Schedule K-1 (Form			
		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	. Enter here and on		
	Form 1040 or 1040-SR, line 10, or Form 1040-NR, line 10a		26	

#### **SCHEDULE E** (Form 1040)

#### Supplemental Income and Loss

(From rental real estate, royalties, partnerships, S corporations, estates, trusts, REMICs, etc.)

Department of the Treasury Internal Revenue Service

Attach to Form 1040, 1040-SR, 1040-NR, or 1041, Go to www.irs.gov/ScheduleE for instructions and the latest information. Attachment Sequence No. 13

OMB No. 1545-0074

Name(s) shown on return Your social security number 079-49-3870 VENKAT REDDY GODUMAGADDA Part I Income or Loss From Rental Real Estate and Royalties Note: If you are in the business of renting personal property, use Schedule C. See instructions. If you are an individual, report farm rental income or loss from Form 4835 on page 2, line 40. Did you make any payments in 2022 that would require you to file Form(s) 1099? See instructions . If "Yes." did you or will you file required Form(s) 1099? 1a Physical address of each property (street, city, state, ZIP code) HAYATHANAGAR HYDERABAD TELANGANA IN 501505 Α В C 1b Type of Property **Fair Rental Personal Use** For each rental real estate property listed QJV (from list below) above, report the number of fair rental and **Davs Davs** personal use days. Check the QJV box only Α Α 365 0 if you meet the requirements to file as a В В qualified joint venture. See instructions. C C Type of Property: 3 Vacation/Short-Term Rental 1 Single Family Residence 5 Land 7 Self-Rental 8 Other (describe) 2 Multi-Family Residence 4 Commercial 6 Royalties **Properties:** Α В C Income: 3 450. 4 Royalties received 4 **Expenses:** 5 5 Advertising 6 Auto and travel (see instructions) 6 800. 7 Cleaning and maintenance. 7 8 Commissions 8 9 9 Insurance . . 10 10 Legal and other professional fees 11 Management fees . . . . . . . . . 11 1,200. 12 Mortgage interest paid to banks, etc. (see instructions) 12 13 13 1,800. 14 14 Repairs . . . 2,100. 15 Supplies 15 16 16 Taxes 17 17 2,300. 18 18 Depreciation expense or depletion . . . . . . . . 19 19 20 20 8,200. Total expenses. Add lines 5 through 19 . . . . . . 21 Subtract line 20 from line 3 (rents) and/or 4 (royalties). If result is a (loss), see instructions to find out if you must 21 -7,750. 22 Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions) . . . . . . . . . 7,750.) 450. Total of all amounts reported on line 3 for all rental properties Total of all amounts reported on line 4 for all royalty properties 23b Total of all amounts reported on line 12 for all properties 23c 23d Total of all amounts reported on line 18 for all properties 8,200. Total of all amounts reported on line 20 for all properties 23e 24 **Income.** Add positive amounts shown on line 21. **Do not** include any losses 24 25 Losses. Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here 25 7,750. Total rental real estate and royalty income or (loss). Combine lines 24 and 25. Enter the result 26 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

26

-7**,**750.

SPOUSE'S PEN AND INK SIGNATURE

# **E-file Signature Authorization**

2022

(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\* **Enter** VENKAT REDDY GODUMAGADDA 49 ı 3870 vour Your Spouse's First Name and Initial (if filed joint) Last Name Spouse's Social Security No.\* SSN(s). 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 INFORMATION PART 3 - FINANCIAL INSTITUTION INFORMATION Must be present when requesting direct debit or deposit. 76,086 **00** 1 Arizona Adjusted Gross Income ☐ Foreign Account Deposit/Debit: See instructions below. 2 Balance Of Tax ..... 1,759 00 ROUTING NUMBER 2,264 00 ☑ Checking 1 9 0 ■ Savings 3 Arizona Income Tax Withheld ... ACCOUNT NUMBER Check box 4 or box 5: 3 8 5 0 2 1 7 8 7 2 8 505 00 9 **4** ■ **REFUND**: Enter the amount of refund...... DIRECT DEBIT REQUEST DATE იი DIRECT DEBIT PAYMENT AMOUNT **5** ■ **AMOUNT YOU OWE**: Enter the amount owed....... 00 Box 4 Checkbox - Refund: You are due a refund based on the information Foreign Account Deposit/Debit Checkbox: Check the "Foreign Account provided on your tax return. Your refund amount will be deposited in the Deposit/Debit" box if your deposit will be ultimately placed in or come account listed in the Financial Institution Information Section (Part 3) 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 Box 5 Checkbox - Amount You Owe: You owe taxes based on the information provided on your tax return. You have elected to direct debit 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. for payment. The payment will be withdrawn from the account and on the PO Box 29085, Phoenix, AZ 85038-9085. date listed in the Financial Institution Information Section (Part 3). PART 4 - DECLARATION AND SIGNATURE AUTHORIZATION (Sign only after completing Part 2) I consent to my Electronic Return Originator (ERO) or On-Line Service Under penalties of perjury, I declare that I have examined a copy of my Provider (OLSP) sending my electronic Arizona individual income tax electronic Arizona individual income tax return and accompanying schedules return and accompanying schedules and statements to ADOR, and I and statements for the year ending December 31, 2022, and to the best of consent to my ERO or OLSP sending such information to ADOR through a my knowledge and belief, it is true, correct, and complete. I further declare transmitter. I consent to ADOR sending my ERO, OLSP and/or transmitter that the amounts of Arizona adjusted gross income, total tax, Arizona an acknowledgement of receipt of transmission and an indication of income tax withheld, and refund (or amount owed) listed above are the whether or not the transmission of my return is accepted and, if the return amounts shown on the copy of my electronic Arizona income tax return. is rejected, the reason(s) for the rejection. If the processing of my return **6a** X I consent that my refund be directly deposited as designated in the or refund is delayed, I authorize ADOR to disclose to my ERO, OLSP and/ electronic portion of my 2022 Arizona individual income tax return. or transmitter the reason(s) for the delay, or when the refund was sent. If I have filed a joint return, this is an irrevocable appointment of If ADOR contacts my ERO for a copy of my return, any documents or the other spouse as an agent to receive the refund. schedules to my return, and/or this authorization form, I authorize my ERO **6b**  $\prod$  I do not want direct deposit of my refund or I am not receiving a to release copies of the requested documents to ADOR. refund 6c I authorize the Arizona Department of Revenue (ADOR) and its designated Financial Agent to initiate an ACH electronic funds I authorize GLOBAL TAXES LLC withdrawal (direct debit) entry to the financial institution account (ELECTRONIC RETURN ORIGINATOR) indicated in the tax preparation software for payment of my Arizona taxes owed on this return. I also authorize the financial institutions to make the election that I want my electronic signature to my electronic involved in the processing of the electronic payment of taxes to federal individual income tax return to serve as my signature to my receive confidential information necessary to answer inquiries and electronic Arizona individual income tax return for the year ending December 31, 2022. I understand that when my ERO makes the election resolve issues related to the payment. that my electronic signature to my federal individual income tax return will If I have filed a balance due return, I understand that if the ADOR does not serve as my signature to my Arizona individual income tax return, I will receive full and timely payment of my tax liability by April 18, 2023, I will have signed my Arizona individual income tax return and declared under remain liable for the tax liability and all applicable interest and penalties. penalties of perjury that to the best of my knowledge and belief the return When electronically filing my federal and state tax returns, I understand is true, correct and complete. that if there is an error on my federal return, my state return will also be rejected. PLEASE SIGN HERE YOUR PEN AND INK SIGNATURE DATE

DATE

RETURN			140 Resident Personal Income Tax						1	202		
RET	82F		Check box 82F f filing under extension	」AND ENDING								
	,		First Name and Middle Initial			ast Name			Your	Social Secu		
<b>ANY ITEMS TO THE</b>	1	VEI	NKAT REDDY		G	Enter 079 49 38						
$\Xi$	;	Spous	se's First Name and Middle Initia	al (if box 4 or 6 checked		Last Name SSN(s). Spouse's Social Section						
SE	1											
Ζ	_		ent Home Address - number and	street, rural route		·	Apt. No.			(with area c	code)	
≽	2		00 E BELL RD						(475) 239			
	$\overline{}$	•	Town or Post Office	State		ZIP Code		Last Names Use	d in Last Fou	r Prior Year(s)	``	
芦	3		oenix	AZ		85022		REVENUE USE	ONLY DO NO	T MADY IN	97	
DO NOT STAPLE	FILING STATUS	5 6	Head of household. Enter  Married filing separate retu	name of qualifying child or	dependen	t on next line:		88	ONLY. DO NO	JI WARK IN	THIS AREA.	
$\Box$	ш	7	<ul><li>✓ Single</li><li>✓ Enter the number claimed</li></ul>	d. Do not put a check	mark							
		8	Age 65 or over (you and/o			and 11a, also com	nlete lines 38.	1				
	9	9	Blind (you and/or spouse)			and 10b, also con	-	81 PM		80 RCVD	)	
	and 10b	10a	Dependents: Under age of	f 17. <b>10b</b> D	ependent	ts: Age 17 and	over					
		11a	Qualifying parents and gra		орончон	io. rigo ir ana	0.01.					
	s 10a		(Box 10a and 10b): Depende	ent Information. See ins	structions	. For more sp	ace, check t	he box 🔲 and	complete p	age 4, Part	1.	
	11a - Dependents		(a) FIRST AND LAS (Do not list yourself		SOCIAL	(b) SECURITY NO.	(c) RELATIONSHII	(d) P NO. OF MONTHS LIVED IN YOUR HOME IN 2022	(e) Dependent included i  (Box 10a) (Box	n: this po	(f) ou did not claim erson on your il return due to ational credits	
	11a	10c								]		
	and	10d	d							]		
	တ်	10e	)									
_:	8		(Box 11a): Qualifying parents	and grandparents. Se	e instruct	ions. For mor	e space, chec	k the box 🔲 and	d complete	page 4, Part	<b>2</b> .	
ents after Form 140.	Exemptions		(a) FIRST AND LAS (Do not list yourself		SOCIAL	(b) SECURITY NO.	(c) RELATIONSHII	(d) P NO. OF MONTHS LIVED IN YOUR HOME IN 2022	(e) IF AGE 65 OVEF		(f) IF DIED IN 2022	
ter		11b	·								<u> </u>	
æ		11c	<del>-</del>							7.0	00000	
nts			Federal adjusted gross incom							/ 6	,086 00	
			Small Business Income: 13S ch	,						76	,086 <b>00</b>	
ᇙ	Additions		Modified federal adjusted gross  Non-Arizona municipal interest.						<b>I</b>	70	00	
용	g		Partnership Income adjustment.								00	
ē	٨		Total federal depreciation								00	
ਝ			Other Additions to Income: Con								00	
schedules or other docum			Subtotal: Add lines 14 through 18					. •		76	,086 00	
<u>8</u>		20	Total net capital gain or (loss).	See instructions			2	.0	00			
큣		21	Total net short-term capital gain	or (loss). See instruction				:1	00			
ä		22	Total net long-term capital gain of	or (loss). See instructions			2	.2	00			
S			Net long-term capital gain from						0 00			
YZ		24	Multiply line 23 by 25% (.25) an box may be blank or may contain a p	d enter the result							0 00	
and	ø		No rough the blank of may contain a p		n your retu			lified small busines	1		00	
ਛ	ij				000000			depreciation			00	
ē	trac							djustment			00	
Ę	Subtractions							ations ate or local govt. pe	1		00	
eq								aile or local govi. pel ainer pay uniform se			00	
≒			NO A LA CAMPAN (ALL SALE LA SALE SALE SALE SALE SALE SAL	\$\cdot\\\ \alpha\cdot\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\				amer pay uniform se or Railroad Retirem			00	
řeq			KAYADAN MAHAMA BAYADAN BAYADAN KATADAN KATADAN BAYADAN BAYADAN BAYADAN BAYADAN BAYADAN BAYADAN BAYADAN BAYADAN		/ <b>MANIMS</b>		-	erican Indians			00	
Place any required federal and								an active service me	1		00	
ā			PARENTH NATIONAL PROFITS PARENTAL PROFITS	JAKO MATANI BATANIAN BANDA SANDA	WAR HOTE	33 Net operating loss adjustment					00	
ace							butions: <b>34</b> a 529		00			
Ĕ							ΔΑ (ΔΒΙ ΕΥ		and 34h 34C		00	

	Your	Name (as shown on page 1)	Number	ımber		
	VEI	NKAT REDDY GODUMAGADDA	079-49-387	70		
	35	Subtract lines 24 through 34c from line 19		35	76 <b>,</b> 086 <b>0</b> 0	
	36	Other Subtractions from Income. Complete Other Subtraction from Arizona Gross Income schere			00	
	37	Subtract line 36 from line 35. Enter the difference			76 <b>,</b> 086 <b>0</b> 0	
ons	3	Age 65 or over: Multiply the number in box 8 by \$2,100			00	
npti	39	Blind: Multiply the number in box 9 by \$1,500			00	
Exemptions	40	Other Exemptions. See instructions40E Multiply the number in box 40E by \$2,300			00	
ш	41	Qualifying parents and grandparents: Multiply the number in box 40£ by \$2,500			00	
	42				76,086 00	
	43	Arizona adjusted gross income: Subtract lines 38 through 41 from line 37. If less than zero, enter "0".  Deductions: Check box and enter amount. See instructions	<b>I</b>	12,950 00		
	44	If you checked box 43S and claim charitable contributions, check 44C Complete page 3. See in			0(	
J	45	Arizona taxable income: Subtract lines 43 and 44 from line 42. If less than zero, enter "0"		63,136 00		
Balance of Tax	46	Compute the tax using amount on line 45 and Tax Tables X and Y or Optional Tax Tables			1,759 00	
e o	4	Tax from recapture of credits from Arizona Form 301, Part 2, line 32		<b>I</b>	0(	
anc	4 48	Subtotal of tax: Add lines 46 and 47. Enter the total			1,759 <b>0</b> 0	
Bal	49	Dependent Tax Credit. See instructions			0(	
	5	Family income tax credit (from the worksheet - see instructions)			00	
	5 51	Nonrefundable Credits from Arizona Form 301, Part 2, line 64			00	
	52				1,759 <b>0</b> 0	
T5 (0		Balance of tax: Subtract lines 49, 50 and 51 from line 48. If the sum of lines 49, 50 and 51 is greater than			2,264 00	
Total Payments and Refundable Credits	53	2022 AZ income tax withheld	00 Add 54a and 5	53	2,204 00	
	54				00	
	55	2022 AZ extension payment (Form 204)			00	
	56	,			00	
	57	Property Tax Credit from Arizona Form 140PTC  Other refundable credits: Check the box(es) and enter the total amount			00	
ţ	58				2,264 00	
Tax Due or Overpayment	59	Total payments and refundable credits: Add lines 53 through 58. Enter the total		2,204 00		
	60	TAX DUE: If line 52 is larger than line 59, subtract line 59 from line 52. Enter amount of tax due. Skip lines			505 <b>0</b> 0	
	61	<b>OVERPAYMENT:</b> If line 59 is larger than line 52, subtract line 52 from line 59. Enter amount of overpayments			0 00	
		Amount of line 61 to be applied to 2023 estimated tax			505 <b>0</b> 0	
Voluntary Gifts	63	Balance of overpayment: Subtract line 62 from line 61. Enter the difference			303 J <b>U</b>	
	64	- 74 Voluntary Gifts to:  Assigned to Schools 64 00 Arizona Wildlife		)0 )0		
ırt		Child Abuse Prevention		00		
ಶ		- Sustainable State Parks		00		
_		I Didn't Pay Enough Fund72 00 and Road Fund				
enalty		• •	753 Republican		00	
Pe		Estimated payment penalty		76	100	
				70	00	
_ be		Add lines 64 through 74 and 76; enter the total			505 <b>0</b> 0	
Refund or Amount Owed	79	<b>Direct Deposit of Refund:</b> Check box 79 <b>A</b> if your deposit will be ultimately placed in a <b>foreign account</b> ; se	e instructions. <b>79A</b>	<sup>79</sup>	303] <b>0</b> (	
efur		CM Checking or ROUTING NUMBER ACCOUNT NUMBER		_		
Am A		98 S Savings 0 1 1 9 0 0 2 5 4 3 8 5 0 2 1 7 8 7 2 8 9				
	80	<b>AMOUNT OWED:</b> Add lines 60 and 78. Make check payable to Arizona Department of Revenue; write y			00	
,		and include with your return		80	00	
	_	Under penalties of perjury, I declare that I have read this return and any documents with it, and to	the best of my kr	nowledge a	nd helief they are	
		true, correct and complete.  Declaration of preparer (other than taxpayer) is based on all informati				
ш			,	Ü		
	→	S	OFTWARE EN	GINEER		
HERE		YOUR SIGNATURE DATE O	CCUPATION			
Z	<b>→</b>					
SIGN						
			POUSE'S OCCUPATION	N		
PLEASE		SYAM PRIYA RAM SAGAR GUPTA TALLAM 01062023 GLOBAL TAXES L PAID PREPARER'S SIGNATURE DATE FIRM'S NAME (PREPARER'S I				
M		`	•	45405		
7		245 ROONEY CT PAID PREPARER'S STREET ADDRESS	88-21	45487 ARER'S TIN		
		E BRUNSWICK NJ 08816 PAID PREPARER'S CITY STATE ZIP CODE	(678) 965-9522 PAID PREPARER'S PHONE NUMBER			

If you are also sending a payment, mail to Arizona Department of Revenue, PO Box 52016, Phoenix, AZ 85072-2016 (PO Box 29204, Phoenix, AZ 85038-9204 if your return has a barcode). If you are not sending a payment, mail to Arizona Department of Revenue, PO Box 52138, Phoenix, AZ 85072-2138 (PO Box 29205, Phoenix, AZ 85038-9205 if your return has a barcode).