Internal Revenue Service

IRS e-file Signature Authorization

OMB No. 1545-0074

Social accurity number

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

Submission Identification Number (SID)

Taypayar'a nama

Taxpayer S hame	Social security number							
ADARSH KUMAR REDDY PIDAPARTHY	517-57-9722							
Spouse's name	Spouse's social security number							
Part I Tax Return Information – Tax Year Ending December 31, 2022 (Enter	r year you are 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	1 121,134.							
2 Total tax	2 19,800.							
3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099	3 23,567.							
4 Amount you want refunded to you	. 4 3,767.							
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

				FBO firm name		Er
×	l authorize	GLOBAL	TAXES	LLC	to enter or generate my PIN	_
			-			1.7

7	9	7	2	2	
Ent don	as my				

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 signa	ature 🕨 🛛 Da	ate 🕨	•				 		
	Practitioner PIN Method Returns Only—continue	bel	ow						
Part III Ce	ertification and Authentication – Practitioner PIN Method Only								
ERO's EFIN/P	IN. Enter your six-digit EFIN followed by your five-digit self-selected PIN.	2	2			6 all ze	 9	8	9

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 ►								
ERO Mus Don't Submit Th	Do So								
For Denerwork Deduction Act Nation and your toy w		C Earm 8870 (Bay, 01 2021)							

For Paperwork Reduction Act Notice, see your tax return instructions. BAA REV 02/10/23 PRO

E1040		artment of the Treasury—Internal Revenue Servi S. Individual Income Tax		_m 202	2	OMB No. 1545	-0074	IRS Use (Dnly—D	o not w	rite or staple i	n this space.		
Filing Status	X S	Single Married filing jointly	Married	filing separately (N	/IFS)	Head of	house	hold (HOH	l)		ifying surv ıse (QSS)	iving		
one box.		u checked the MFS box, enter the n on is a child but not your dependent	,	ur spouse. If you cl	neck	ed the HOH or	QSS	box, ente	r the c	child's	name if th	e qualifying		
Your first name	and mi	ddle initial	Last name	e					Y	our so	cial securit	y number		
ADARSH K	UMA	R REDDY	PIDAP.	ARTHY						517-57-9722				
If joint return, spouse's first name and middle initial Last name Spo									Spouse's social security number					
Home address	(numbe	er and street). If you have a P.O. box, see	instruction	s.			A	Apt. no.	P	resider	ntial Electio	on Campaign		
1080 ENG	LISE	H IVY DRIVE									ere if you,			
City, town, or p	ost offic	ce. If you have a foreign address, also co	omplete spa	ices below.	Sta	te	ZIP c	ode				tly, want \$3 Checking a		
PROSPER					ТХ	2	750	78		0	ow will not	•		
Foreign country	name		For	reign province/state/o	count	у	Foreig	n postal co	de yo	our tax	or refund.	_		
											You	Spouse		
Digital	At ar	ny time during 2022, did you: (a) rec	eive (as a	reward, award, or	payr	nent for prope	rty or	services);	or (b)	sell,	_			
Assets	exch	ange, gift, or otherwise dispose of a	a digital as	set (or a financial i	ntere	est in a digital	asset)	? (See ins	structi	ons.)	Yes	X No		
Standard	Som	eone can claim: 🗌 You as a de	pendent	Your spouse	e as	a dependent								
Deduction	<u> </u>	Spouse itemizes on a separate retur	n or you w	vere a dual-status a	alien									
Age/Blindness	You:	Were born before January 2, 1	958 🗌	Are blind Spo	ouse	Was bor		ore Janua			🗌 Is bli	-		
Dependents	s (see	instructions):		(2) Social security		(3) Relationsh	ip (4) Check th	e box i	f qualif	ies for (see	instructions):		
If more	(1) Fi	irst name Last name		number		to you		Child ta	x cred	it	Credit for other dependents			
than four														
dependents, see instructions														
and check												<u> </u>		
here											[
Income	1a ⊾	Total amount from Form(s) W-2, b	•	,					• •	1a 1b	13	36,971.		
Attach Form(s)	b	Household employee wages not re Tip income not reported on line 1a					• •		• •	10				
W-2 here. Also	C d		•	,			• •		• •	1d	-			
attach Forms W-2G and	d		Medicaid waiver payments not reported on Form(s) W-2 (see instructions)											
1099-R if tax	e				•		• •		• •	1e				
was withheld.	f	Employer-provided adoption bene		,	·		• •		• •	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	,		•	· · · ·			• •	1h		0.		
instructions.	i	Nontaxable combat pay election (s	see instruc	ctions)	•	1 i					1.2	0.0.71		
			· · ·				• •		• •	1z	13	36,971.		
Attach Sch. B	2a	· · -	2a			axable interest			• •	2b				
if required.	<u>3a</u>		3a			rdinary divide			• •	3b				
	4a		4a			axable amoun			• •	4b				
Standard Deduction for –	5a		5a			axable amoun			• •	5b				
Single or	6a	, _	6a			axable amoun	t			6b				
Married filing separately,	с	If you elect to use the lump-sum e		-	•	,	• •			_				
\$12,950	7	Capital gain or (loss). Attach Sche					• •			7				
• Married filing 8 Other income from Schedule 1, line 10								8		5,837.				
Qualifying spouse,	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7		•			• •		• •	9	12	21,134.		
									10					
Head of <u>11</u> Subtract line 10 from line 9. This is your adjusted gross income								11		21,134.				
\$19,400	12	Standard deduction or itemized					• •			12		12,950.		
 If you checked any box under 	13	Qualified business income deduct			899	5-A	• •		• •	13				
Standard	14	Add lines 12 and 13					• •		• •	14		2,950.		
Deduction, see instructions.	15	Subtract line 14 from line 11. If zer	ro or less,	enter -0 This is y	our i	axable incom	ie .			15	10	08,184.		
)														

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

Form **1040** (2022)

Form 1040 (2022	2)									Page 2
Tax and	16	Tax (see instructions). Check	if any from Form	(s): 1 🗌 881	4 2 4972	3		16	19,	800.
Credits	17	Amount from Schedule 2, lin	ne3					17		
	18	Add lines 16 and 17						18	19,	800.
	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	19,	800.
	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	19,	800.
Payments	25	Federal income tax withheld								
-	а	Form(s) W-2				25a 23	8,567.			
	b	Form(s) 1099				25b				
	с	Other forms (see instructions	s)			25c				
	d	Add lines 25a through 25c						25d	23,	567.
If you have a	26	2022 estimated tax payment	ts and amount a	pplied from 20	21 return			26		
If you have a l qualifying child,	27	Earned income credit (EIC)			No .	27				
attach Sch. EIC.	28	Additional child tax credit from				28				
	29	American opportunity credit	from Form 8863	3, line 8		29				
	30	Reserved for future use .				30				
	31	Amount from Schedule 3, lir				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	23,	567.
Refund	34	If line 33 is more than line 24	4, subtract line 2	4 from line 33.	This is the amou	nt you overpaid		34	3,	767.
neiuliu	35a	Amount of line 34 you want	refunded to you	J. If Form 8888	3 is attached, che	ck here	. 🗆	35a	3,	767.
Direct deposit?	b	Routing number 1 0 1					Savings			
See instructions.	d	Account number 1 4 5								
	36	Amount of line 34 you want a	applied to your	2023 estimate	ed tax	36				
Amount	37	Subtract line 33 from line 24	. This is the amo	ount vou owe						
You Owe	•	For details on how to pay, g						37		
	38	Estimated tax penalty (see in	nstructions) .			38				
Third Party	Do	you want to allow another				' See				
Designee		structions	•				omplete l	below.	× No	
-		signee's		Phone			onal identi	fication		
	nai	ne		no.		num	ber (PIN)			
Sign		der penalties of perjury, I declare t								
Here		ief, they are true, correct, and com	ipiete. Declaration (1	aseu on an imornau	1			0
	Yo	ur signature		Date	Your occupation				nt you an Ider IN, enter it he	
Joint return?					SOFTWARE :	DEVELOPER		inst.)		
See instructions.	Sp	ouse's signature. If a joint return, I	both must sign.	Date	Spouse's occupat	tion	If the	IRS ser	nt your spouse	e an
Keep a copy for your records.							Iden	tity Prote	ection PIN, en	
your records.							(inst.)		
		one no. (937)239-917		Email address	adarshkumar	.py@gmail.co				
Paid		eparer's name	Preparer's signat			Date	PTIN		Check if:	
Preparer	SYAM	I PRIYA RAM SAGAR GUPTA TALLAM	SYAM PRIYA	RAM SAGAR	GUPTA TALLAM	02/23/2023	P0208	2703	Self-em	ployed
Use Only	Fir	m's name GLOBAL TA					Phor	ne no. (678)965-	-9522
	Fir	m's address 245 ROONE	Y CT E BRU	NSWICK N	J 08816		Firm	's EIN	84-317	/1965
Go to www.irs.ge	ov/Forn	n1040 for instructions and the late	st information.		BAA	REV 02/10/23 PRO			Form 10	40 (2022)

SCHEDULE	1
(Form 1040)	

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

Attachment Sequence No. **01**

Department of the Treasury Internal Revenue Service Name(s) shown on Form 1040, 1040-SR, or 1040-NR Your social security number

ADAR	SH_KUMAR REDDY PIDAPARTHY	517-5	7-97	22	
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. Attac	h Schedule	eΕ.	5	-15,837.
6	Farm income or (loss). Attach Schedule F.			6	
7	Unemployment compensation			7	
8	Other income:				
а	Net operating loss	a ()		
b	Gambling	b			
С	Cancellation of debt	lc			
d	Foreign earned income exclusion from Form 2555 8	d ()		
е	Income from Form 8853	le			
f		Bf			
g	Alaska Permanent Fund dividends	g			
h	Jury duty pay	h			
i	Prizes and awards	Bi			
j	Activity not engaged in for profit income	Bj			
k	Stock options	3k			
1	Income from the rental of personal property if you engaged in the rental				
		31			
m	Olympic and Paralympic medals and USOC prize money (see				
		m			
n		in 📃			
0		lo			
р		ip 📃			
q		p			
r		Br			
S	Nontaxable amount of Medicaid waiver payments included on Form				
		Bs ()		
t	Pension or annuity from a nonqualifed deferred compensation plan or				
		Bt			
u		lu			
z	Other income. List type and amount:				
-		3z			
9	Total other income. Add lines 8a through 8z			9	1 = 0.0 =
10	Combine lines 1 through 7 and 9. Enter here and on Form 1040, 1040-SR, c	or 1040-NR		10	-15,837.
⊢or Pa	perwork Reduction Act Notice, see your tax return instructions			Sobodul	a 1 (Earm 1040) 2022

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

Schedule 1 (Form 1040) 2022

Parl	II Adjustments to Income						-	
11	Educator expenses					11		
12	Certain business expenses of reservists, performing artists, and fee	-basi	s aov	vernme	ent 🗌			
	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						9a		
b	Recipient's SSN							
	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		
3	Archer MSA deduction					23		
24	Other adjustments:			• •	· F			
		24a						
	Deductible expenses related to income reported on line 81 from the							
~		24b						
с	Nontaxable amount of the value of Olympic and Paralympic medals							
Ŭ	and USOC prize money reported on line 8m	24c						
d		24d						
	Repayment of supplemental unemployment benefits under the Trade	210						
C	Act of 1974	24e						
f	Contributions to section 501(c)(18)(D) pension plans	24f						
		24g						
	Attorney fees and court costs for actions involving certain unlawful	<u></u>						
		24h						
;	Attorney fees and court costs you paid in connection with an award	<u></u>						
	from the IRS for information you provided that helped the IRS detect							
	tax law violations	24i						
i	Housing deduction from Form 2555	24j						
	Excess deductions of section 67(e) expenses from Schedule K-1 (Form	<u>-</u>						
n		24k						
z	Other adjustments. List type and amount:							
2		24z						
5	Total other adjustments. Add lines 24a through 24z					25		
.5 26	Add lines 11 through 23 and 25. These are your adjustments to income					2.5		
.0	Form 1040 or 1040-SR, line 10, or Form 1040-NR, line 10a					26		
	BAA		02/10/23				le 1 (Form 1040	

SCHE (Form	DULE E 1040)	(From	rental real estate	Supplemental					trusts, REMI	Cs, etc.)	OMB N	No. 1545-0074		
	ent of the Treasury Revenue Service			ttach to Form 1040, s.gov/ScheduleE for					formation		Attachment Sequence No. 13			
	shown on return		40 10 11 11 11		moure					Your soci				
.,	SH KUMAR R	ו עממי	στηδοδρτην								7-972			
Part				I Real Estate an	d Po	valties				517 5	1 714	2		
rait	Note: If yo	u are in t	the business of re	nting personal proper 5 on page 2, line 40.			e C. See	e instru	ctions. If you	are an indi [,]	vidual, re	port farm		
A C				would require you	to file	Form(s) 1	099? 5	See ins	structions .		. 🗌 Y	es 🛛 No		
B li	"Yes," did you	or will y	ou file required	Form(s) 1099?							. 🗌 Y	es 🗌 No		
1a	Physical addr	ess of e	each property (st	reet, city, state, ZIF										
Α	BAHUBALIN	AGAR, J	JALAHALLI B	ANGALORE KARN	IATAK	KA IN 5	6001	3						
В														
С														
1b	Type of Prope (from list below			al real estate prope the number of fair i				Fa	ir Rental Days	Persor Da		QJV		
Α	3	· ·		days. Check the QJ			Α		365		0			
В	-			e requirements to fi			В				-			
С		_	qualified joint	venture. See instru	ctions	S.	C							
	of Property:						•							
	Single Family R	esidenc	e 3 Vacatio	on/Short-Term Rent	tal	5 Land	I	7	Self-Rental					
	Multi-Family Re					6 Roya	alties		Other (desc	ribe)				
								Ŭ						
-							-		Propert	ies:				
Incom							Α		В			С		
3					3		6	00.						
4		ved.			4									
Expen														
5	•				5									
6		•	,		6									
7	•				7		1,0	00.						
8					8									
9					9									
10	-	-			10									
11	-				11		7	50.						
12	00		, ,	(see instructions)	12									
13					13									
14					14			00.						
15					15		2,9	60.						
16					16									
17					17			00.						
18	•	xpense	or depletion .		18		4,7	27.						
19	Other (list)				19		1.0.1	2.1						
20	-		-	9	20		16,4	37.						
21				l/or 4 (royalties). If										
				nd out if you must	0.1		-15,8	27						
00					21		-13,0	57.						
22				r limitation, if any,	22	(15,83	37.)	()	(
23a				for all rental proper				23a		600.				
b				for all royalty prope	erties			23b						
С				2 for all properties				23c						
d														
е				0 for all properties				23e	10	5,437.				
24		-		n on line 21. Do no t		-								
25				and rental real estat							(15,837.		
26				income or (loss). (on page 2 do not a										

For Paperwork Reduction	Act Notice, se	ee the separate	instructions.
i of i upor morne moudouon	,,	so ano ooparate	

Schedule 1 (Form 1040), line 5. Otherwise, include this amount in the total on line 41 on page 2 . NPA

Schedule E (Form 1040) 2022

26

-15,837.

-15,837.

na Form	E-file Signature Authorization
8879	(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*
ADARSH KUMAR REDDY	PIDAPARTHY	Enter	517 57 9722
Your Spouse's First Name and Initial (if filed joint)	l ast 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 INFOR		PART 3 – FINANCIAL INSTITUTION INFORMATION					
_			Must be preser	nt when reque	esting direct debit or deposit.		
1 Arizona Adjusted Gross Income	121,134 00		Foreign Acc	count Deposit	/Debit: See instructions below.		
2 Balance Of Tax	3,101 00		TYPE OF ACCOUNT		ROUTING NUMBER		
3 Arizona Income Tax Withheld	3,698 <mark>00</mark>		🔀 Checking	Savings	1010000187		
Check box 4 <u>or</u> box 5:			ACCOUNT NUMBER				
4 REFUND: Enter the amount of r	597 00	1 4 5 5 7	3 4 9 6	7 5 2			
5 AMOUNT YOU OWE: Enter the amount owed		00	DIRECT DEBIT REQU	IEST 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.

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

RETURN.				Arizona Form 140	F	Resident	Perso	nal Inco	ome Tax	Return		-	022	
REI	32F		Chec f filin	k box 82F g under extensi	ion OR FISCA	L YEAR BEGI	NNING (12.0.2.2	AND ENDI				66F
TO THE	_	Your First Name and Middle Initial Las ADARSH KUMAR REDDY PII				La	st Name		Fi	You You	r Socia	al Security Nu	mber	
5	1					DAPARTH	Y		5 Jur 5	17				
	1	Spous	se′s⊦	irst Name and Midd	dle Initial (if box 4 c	or 6 checked)	Las	st Name		S	SN(s).	use's S	Social Security	y No.
Ξī		Curre	nt Ho	me Address - numb	per and street, rura	l route			Apt. No.	D	aytime Phon	e (with	area code)	
ANY ITEMS	2			ENGLISH IVY							4 (937)2			
	_	City, Town or Post Office State ZIP Code La					Last Names Used in Last Four Prior Year(s) (if different)				erent)			
DO NOT STAPLE	3	PR	OSPI		T			75078						97
TAF	FILING STATUS	4	_	Married filing joint r	-	jured Spouse I			/erpayment	88	SE ONLY. DO		RK IN THIS AI	KEA.
T S	STA	5		Head of household	 Enter name of qua 	lifying child or de	ependent o	on next line:						
ž	ŊŊ	6		Married filing separ	rate return. Enter s	pouse's name ar	nd Social :	Security Num	per above.					
20	ΕĽ	7	\times	Single										
				Enter the number	-	put a check m	nark.							
	٩	8		Age 65 or over (you	• • •	If completing lin 39, and 41. For I				81 PM		80	RCVD	
	ld 10b	9 10a		Blind (you and/or s Dependents: Unde	. ,			Age 17 and						
	9	11a		Qualifying parents	0		Jendento	ngo n and						
			(Bo	x 10a and 10b): D		ion. See instru							1	
	- Dependents			FIRSTA	(a) ND LAST NAME			(b) ECURITY NO.	(c) RELATIONSHI	(d) P NO. OF MON	(e) THS ✓ Depende	nt Age	(f) fi you did no	t claim
	epe			(Do not list	yourself or spouse.)					LIVED IN YO HOME IN 20		2	this person on federal return d educational cr	lue to
	11a - D	100									(Box 10a)	Box 10b)		Juito
	and 11	10c 10d										H		
	9, ar	10e												
	1s 8,		(Bo	x 11a): Qualifying	parents and grand	parents. See i	instructio	ns. For moi	e space, chec	k the box 🗌	and complet	e page	4, Part 2.	
after Form 140	Exemptions			FIRSTA	(a) ND LAST NAME			(b) ECURITY NO.	(c) RELATIONSHI	(d) P NO. OF MON	(e) THS ✔ IF AGE		(f) ✓ IF DIED	IN
E	Exem				yourself or spouse.)					LIVED IN YO HOME IN 20	UR OV		2022	
£			_		1							1		
fte		11b 11c												
ts a	ľ			ral adjusted gross	s income (from yo	our federal ret	urn)			/	12		121,134	00
				Business Income: 135										00
cun	ons			fied federal adjusted	-								121,134	
бþ	Additions			Arizona municipal ir ership Income adju										00
her	◄			federal depreciation									4,727	
rot		18	Other	Additions to Incom	ne: Complete Othe	er Additions to	Arizona	Gross Incom	e schedule or	n page 5	18			00
S 0	-			otal: Add lines 14 thi									125,861	00
lule				net capital gain or (net short-term capi							00	1		
hec				net long-term capita							00	7		
SC				ong-term capital gai							0 00			
IAZ	-	24	Multip	oly line 23 by 25% (ay be blank or may co	ntain a printed haraa	do of data from y	our roturn						0	00
				ay be blank of may co					apital gain - qua culated Arizona				4,727	00
ral	Quirted tederal and construction of the second seco				ership Income a				7,727	00				
ede	lbtra		80	li sussi si dan s					st on U.S. obliga					00
d fe	ร		NΨ.	. WA WA WA WA WA WA WA WA KANA AMAM	18.18.18.18.18.18. 18.18.18.18.18.18.1	an ar hi da na da na da na An ar hi da na da na da		29a Exclus	sion for fed., AZ s	tate or local govt	. pensions. 29a	ı		00
lire			181						sion for retired/ret					00
eq1			Шh.		RATE URA DALITA				Social Security of in wages of Ame					00
л			(YK	BULLING AVENUE					ceived for being					00
e a			V EN	ROSTINE ANALOS IN SAN	ngaliya karanya 30	HARGE AN AND A		33 Net o	perating loss ad	justment				00
Place any required federal and AZ schedules or other docume									ibutions: 34 a 529	·	00			
<u>а</u> –			- 4044	3 (22)			475	a4b 52	9A (ABLE)	00 add	34a and 34b. 34C		3 PRO Page	00

)	/our l	Name (as shown on page 1)	Your Social Security N	umber		
i	ADA	RSH KUMAR REDDY PIDAPARTHY	517-57-9722	2		
	35	Subtract lines 24 through 34c from line 19	35	121,134	1 O	
	36	Other Subtractions from Income. Complete Other Subtraction from Arizona Gross Income sched			0	
G	37	Subtract line 36 from line 35. Enter the difference			121,134	
ion	38	Age 65 or over: Multiply the number in box 8 by \$2,100				0
mpt	39	Blind: Multiply the number in box 9 by $$1,500$				0
Exemptions	40	Other Exemptions. See instructions40E Multiply the number in box 40E by \$2,300				0
	41	Qualifying parents and grandparents: Multiply the number in box 11a by \$10,000				0
	42	Arizona adjusted gross income: Subtract lines 38 through 41 from line 37. If less than zero, enter "0".			121,134	
	43	Deductions: Check box and enter amount. See instructions			12,950	
	44	If you checked box 43S and claim charitable contributions, check 44C Complete page 3. See in:			i	0
×	45	Arizona taxable income: Subtract lines 43 and 44 from line 42. If less than zero, enter "0"			108,184	
of Tax	46	Compute the tax using amount on line 45 and Tax Tables X and Y or Optional Tax Tables			3,101	
	47	Tax from recapture of credits from Arizona Form 301, Part 2, line 32				C
Balance	48	Subtotal of tax: Add lines 46 and 47. Enter the total			3,101	
Ba	49	Dependent Tax Credit. See instructions			0,101	
	50	Family income tax credit (from the worksheet - see instructions)				C
	51	Nonrefundable Credits from Arizona Form 301, Part 2, line 64				0
	52	Balance of tax: Subtract lines 49, 50 and 51 from line 48. If the sum of lines 49, 50 and 51 is greater than			3,101	
2 0	53	2022 AZ income tax withheld			3,698	
Credits	54	2022 AZ estimated tax payments54a 00 Claim of Right 54b	00 Add 54a and 54b			0
ole C	55	2022 AZ extension payment (Form 204)				0
Refundable Crec	56	Increased Excise Tax Credit (from the worksheet - see instructions)				0
Sefu	57	Property Tax Credit from Arizona Form 140PTC				0
- 112	58	Other refundable credits: Check the box(es) and enter the total amount				0
ŧ	59	Total payments and refundable credits: Add lines 53 through 58. Enter the total		_	3,698	
paymen	60	TAX DUE: If line 52 is larger than line 59, subtract line 59 from line 52. Enter amount of tax due. Skip lines 6				0
	61	OVERPAYMENT: If line 59 is larger than line 52, subtract line 52 from line 59. Enter amount of overpayme			597	
ð		Amount of line 61 to be applied to 2023 estimated tax) 0
S	63	Balance of overpayment: Subtract line 62 from line 61. Enter the difference			597	
Gifts	64 -	74 Voluntary Gifts to: Solutions Teams Assigned to Schools				
tary		Child Abuse Prevention	68 00)		
Voluntary		Neighbors Helping Neighbors 69 00 Special Olympics 70 00 Veterans' Donations Fi)		
×		I Didn't Pay Enough Fund	s 74 00)		
₹	75	Political Party (if amount is entered on line 68 - check only one): 751 Democratic 752 Libertarian	753 Republican			
enalty	76	Estimated payment penalty		. 76		0
•	77	771 Annualized/Other 772 Farmer or Fisherman 773 Form 221 included				
-	78	Add lines 64 through 74 and 76; enter the total		. 78		0
Amount Owed	79	REFUND: Subtract line 78 from line 63. If less than zero, enter amount owed on line 80		. 79	597	7 0
n t		Direct Deposit of Refund: Check box 79A if your deposit will be ultimately placed in a foreign account; see	instructions. 79A			
D L L		S Savings Routing nomber 1 0 1 0 1 8 7 3 4 9 6 7 5 2				
٩	80	AMOUNT OWED: Add lines 60 and 78. Make check payable to Arizona Department of Revenue; write y	our SSN on payment;			Т
I		and include with your return		. 80		0
		Jnder penalties of perjury, I declare that I have read this return and any documents with it, and to rue, correct and complete. Declaration of preparer (other than taxpayer) is based on all information				e
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HERE	→	S	OFTWARE DEV	ELOPER		
Ξ	Ī	/OUR SIGNATURE DATE OC	CUPATION			-
7	→					
Sec. 1	_	SPOUSE'S SIGNATURE DATE SF	OUSE'S OCCUPATION			_
ш						
EASE		SYAM PRIYA RAM SAGAR GUPTA TALLAM 02232023 GLOBAL TAXES LI PAID PREPARER'S SIGNATURE DATE FIRM'S NAME (PREPARER'S IF				_
щ		245 ROONEY CT	1965			
РГ		AID PREPARER'S STREET ADDRESS	PAID PREPAR			-
		E BRUNSWICK NJ 08816	(678)9	65-9522	2	
			· · · · · · · · · · · · · · · · · · ·			
	_	PAID PREPARER'S CITY STATE ZIP CODE	PAID PREPAR	RER'S PHONE	NUMBER	