(Rev. January 2021)

Department of the Treasury

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

| internal Revenue Service | | |
|---|---|--|
| Submission Identification Number (SID) | | |
| Taxpayer's name | Social security | v number |
| KESH PUN | 350-39- | |
| Spouse's name | | al security number |
| | | |
| Part I Tax Return Information — Tax Year Ending December 31, 2022 | (Enter year you ar | e 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 57,553. |
| 2 Total tax | | 2 5,435. |
| 3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099 | | 3 6,782. |
| 4 Amount you want refunded to you | | 4 1,347. |
| 5 Amount you owe | t and keep a conv | - |
| Under penalties of perjury, I declare that I have examined a copy of the income tax return (original or ar | | <u> </u> |
| to send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reasor for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authoriz Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution accorpayment of my federal taxes owed on this return and/or a payment of estimated tax, and the financial authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to the payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellat business days prior to the payment (settlement) date. I also authorize the financial institutions involved taxes to receive confidential information necessary to answer inquiries and resolve issues related the personal identification number (PIN) below is my signature for the income tax return (original or amendation for the payment (Settlement) and the income tax return (original or amendation for the income tax return (original or amendation) and the settlement of the income tax return (original or amendation). | te the U.S. Treasury are bunt indicated in the tale institution to debit the erminate the authorize ion requests must be d in the processing of to the payment. I furth | nd its designated Financial x preparation software for entry to this account. This tion. To revoke (cancel) a received no later than 2 the electronic payment of the racknowledge that the |
| | | |
| Taxpayer's PIN: check one box only X I authorize GLOBAL TAXES LLC to enter or get | porato my DIN | 8 5 7 1 |
| ERO firm name | Ente | er five digits, but |
| signature on the income tax return (original or amended) I am now authorizing. | don | 't enter all zeros |
| I will enter my PIN as my signature on the income tax return (original or amended) if you are entering your own PIN and your return is filed using the Practitioner PII below. | | |
| Your signature ▶ Da | nte ▶ | |
| Spouse's PIN: check one box only | | |
| ☐ I authorize to enter or ge | nerate my PIN | as my |
| ERO firm name | • — | er five digits, but |
| signature on the income tax return (original or amended) I am now authorizing. | don | 't enter all zeros |
| I will enter my PIN as my signature on the income tax return (original or amended) if you are entering your own PIN and your return is filed using the Practitioner PII below. | | |
| Spouse's signature ▶ Da | ate ▶ | |
| 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 2 4 9 6 Don't ente | 6 6 1 9 8 9 er all zeros |
| I certify that the above numeric entry is my PIN, which is my signature for the electronic individual in authorized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I are requirements of the Practitioner PIN method and Pub. 1345, Handbook for Authorized IRS <i>e-file</i> Providence. | m submitting this retu | rn in accordance with the |
| ERO's signature ▶ Da | ate ▶ | |
| ERO Must Retain This Form — See Instruction | | |

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 | X S | Single Married filing jointly | Marrie | ed filing separately | y (MFS) | ☐ Head of | household (HOH) | | | ng surviv | ving | |
|---|------------|---|-------------|----------------------|------------|-----------------|---------------------|------------|-----------------------------|--------------------|--------------------|--|
| Check only one box. | • | u checked the MFS box, enter the n | , | our spouse. If you | u check | ed the HOH or | QSS box, enter | | | (QSS) me if the | qualifying | |
| | | on is a child but not your dependent | | | | | | 1 | | | | |
| Your first name | and mi | ddle initial | Last nar | me | | | | | Your social security number | | | |
| KESH | | | PUN | | | | | | | -8571 | | |
| If joint return, s | pouse's | first name and middle initial | Last nar | me | | | | Spous | e's so | cial secu | ırity number | |
| Home address | (numbe | er and street). If you have a P.O. box, see | instruction | ons. | | | Apt. no. | Presid | entia | l Election | n Campaign | |
| 1236 SOT | JTH 1 | L3TH AVE | | | | | | Check | Check here if you, or your | | | |
| | | ce. If you have a foreign address, also co | mplete sp | paces below. | Sta | te | ZIP code | | | | y, want \$3 | |
| PHOENIX | | | | | Az | Z | 85007 | | | will not c | hecking a hange | |
| Foreign country | y name | | F | oreign province/sta | te/coun | ty | Foreign postal code | | | refund. | 9- | |
| | | | | | | | | | | You | Spouse | |
| Digital | | ny time during 2022, did you: (a) rec | , | | | | ,. | ` , | _ | | | |
| Assets | | ange, gift, or otherwise dispose of a | | <u>_</u> | | | asset)? (See Inst | ructions. |) L | _ Yes | ⊠ No | |
| Standard Deduction | | eone can claim: | | | | a dependent | | | | | | |
| Age/Blindness | You: | ☐ Were born before January 2, 1 | 958 | Are blind | Spouse | : Was bor | n before January | 2, 1958 | |] Is blin | nd | |
| Dependents | s (see | instructions): | | (2) Social secu | ırity | (3) Relationsh | ip (4) Check the | box if qua | lifies | for (see in | nstructions): | |
| If more | | rst name Last name | | number | , | to you | Child tax | credit | Cre | dit for othe | er dependents | |
| than four | | | | | | | | | | | | |
| dependents, | | | | | | | | | | |] | |
| see instructions and check | s —— | | | | | | | | | |] | |
| here |] | | | | | | | | | | | |
| Income | 1a | Total amount from Form(s) W-2, b | ox 1 (see | e instructions) . | | | | . 1 | а | 63 | 3,703. | |
| | b | Household employee wages not re | eported (| on Form(s) W-2 . | | | | . 1 | b | | | |
| Attach Form(s) W-2 here. Also | С | Tip income not reported on line 1a (see instructions) | | | | | | | | | | |
| attach Forms | d | | | | | | | | | | | |
| W-2G and | е | Taxable dependent care benefits | from For | m 2441, line 26 | | | | . 1 | е | | | |
| 1099-R if tax was withheld. | f | Employer-provided adoption bene | efits from | Form 8839, line | 29 . | | | . 1 | f | | | |
| If you did not | g | Wages from Form 8919, line 6 . | | | | | | . 1 | g | | | |
| get a Form | h | Other earned income (see instruct | ions) . | | | | | . 1 | h | | 0. | |
| W-2, see instructions. | i | Nontaxable combat pay election (| see instr | uctions) | | <u>1</u> i | | | | | | |
| | Z | Add lines 1a through 1h | | | | | | . 1 | z | 63 | 3 , 703. | |
| Attach Sch. B | 2a | Tax-exempt interest | 2a | | | axable interes | | . 2 | b | | | |
| if required. | 3a | Qualified dividends | 3a | | b C | ordinary divide | nds | . 3 | b | | | |
| | 4a | _ | 4a | | | axable amoun | | . 4 | b | | | |
| Standard Deduction for— | 5a | _ | 5a | | | axable amoun | | | b | | | |
| Single or | 6a | , | 6a | | | axable amoun | t | _ 6 | b | | | |
| 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 jointly or | 8 | Other income from Schedule 1, lin | | | | | | _ | 3 | | 6 , 150. | |
| Qualifying | 9 | Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7 | | - | | | | | 9 | 5 | 7 , 553. | |
| surviving spouse, \$25,900 | 10 | Adjustments to income from Sche | | | | | | | 0 | | | |
| Head of household, | 11 | Subtract line 10 from line 9. This is | | | | | | . 1 | | | 7 , 553. | |
| \$19,400 | 12 | Standard deduction or itemized | | , | , | | | | 2 | 12 | 2 , 950. | |
| If you checked any box under | 13 | Qualified business income deduct | | | | | | | 3 | | | |
| Standard Deduction, | 14 | Add lines 12 and 13 | | | | | | _ | 4 5 | | 2 , 950. | |
| see instructions. | 15 | Subtract line 14 from line 11. If zero or less, enter -0 This is your taxable income | | | | | | | | 44 | 4,603. | |

| Form 1040 (2022 | 2) | | | | | | | | Page 2 |
|-------------------------------|---------|--|-------------------------|--------------------|-------------------|------------------------|-----------------|-------------|-----------------------|
| Tax and | 16 | Tax (see instructions). Check | if any from Form | n(s): 1 881 | 4 2 7 4972 | 3 🗍 | | 16 | 5,435. |
| Credits | 17 | Amount from Schedule 2, lin | - | | | | | 17 | |
| 3134113 | 18 | Add lines 16 and 17 | | | | | 🗔 | 18 | 5,435. |
| | 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 | B. If zero or less, | enter -0 | | | | 22 | 5,435. |
| | 23 | Other taxes, including self-e | employment tax, | from Schedule | e 2, line 21 | | | 23 | 0. |
| | 24 | Add lines 22 and 23. This is | your total tax | | | | | 24 | 5,435. |
| Payments | 25 | Federal income tax withheld | | | | | | | · |
| , | а | Form(s) W-2 | | | | 25a 6 | ,782. | | |
| | b | Form(s) 1099 | | | | 25b | | | |
| | С | Other forms (see instruction | s) | | | 25c | | | |
| | d | Add lines 25a through 25c | | | | | 2 | 5d | 6 , 782. |
| If you have a | 26 | 2022 estimated tax paymen | ts and amount a | pplied from 20 |)21 return | | 2 | 26 | |
| qualifying child, | 27 | Earned income credit (EIC) | | | | 27 | | | |
| attach Sch. EIC. | 28 | Additional child tax credit fro | 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 refu | indable credits | ; | 32 | |
| | 33 | Add lines 25d, 26, and 32. T | hese are your to | otal payments | | | (| 33 | 6,782. |
| Refund | 34 | If line 33 is more than line 24 | 4, subtract line 2 | 4 from line 33. | This is the amoun | nt you overpaid | ; | 34 | 1,347. |
| riciana | 35a | Amount of line 34 you want | | | is attached, chec | ck here | . 🗌 🛭 | 5a | 1,347. |
| Direct deposit? | b | Routing number 1 0 1 | | | | Checking S | Savings | | |
| See instructions. | d | Account number 5 1 8 | 0 0 7 9 | 2 3 2 8 | 3 7 | | | | |
| | 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 i | nstructions) . | | | 38 | | | |
| Third Party Designee | | you want to allow another | • | | rn with the IRS? | | mplete belo | ow. 🖸 | × No |
| | | signee's | | Phone | | | nal identificat | tion | |
| | | ne | | no. | | | er (PIN) | | |
| Sign Here | | der penalties of perjury, I declare ief, they are true, correct, and con | | | | | | | |
| 11010 | Yo | ur signature | | Date | Your occupation | | | | ou an Identity |
| Joint return? | | | | | ENGINEERIN | īG | (see inst | | enter it here |
| See instructions. | Sp | ouse's signature. If a joint return, | both must sign. | Date | Spouse's occupati | | If the IRS | S sent y | our spouse an |
| Keep a copy for your records. | · | | Ü | Spood o occupation | | | | Protection: | on PIN, enter it here |
| | Ph | one no. (443) 538-018 | 5 | Email address | KESHMAGAR(| GMAIL.COM | | | |
| Poid | Pre | eparer's name | Preparer's signat | ture | | Date | PTIN | Cł | heck if: |
| Paid | SYAN | I PRIYA RAM SAGAR GUPTA TALLAM | SYAM PRIYA | RAM SAGAR | GUPTA TALLAM | 01/28/2023 | P020827 | 3 <u> </u> | Self-employed |
| Preparer Use Only | Fin | m's name GLOBAL TA | XES LLC | | | | Phone n | o. (67 | 78)965-9522 |
| ———— | Fin | m's address 245 ROONE | Y CT E BRU | NSWICK N | J 08816 | | Firm's E | IN | 88-2145487 |
| Go to www.irs.go | ov/Forn | n1040 for instructions and the late | est information. | | BAA | REV 01/24/23 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 Attach to Form 1040, 1040-SR, or 1040-NR.

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

Name(s) shown on Form 1040, 1040-SR, or 1040-NR Your social security number KESH PUN 350-39-8571 Part I Additional Income 1 1 2a Date of original divorce or separation agreement (see instructions): 3 3 4 4 -6,150. 5 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E . . 5 6 6 7 7 8 Other income: 8a а 8b 8c Foreign earned income exclusion from Form 2555 8d 8e Income from Form 8889 8f Alaska Permanent Fund dividends 8g 8i Activity not engaged in for profit income 8i 8k 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 8m 8n Section 951A(a) inclusion (see instructions) 80 Section 461(I) excess business loss adjustment 8p Taxable distributions from an ABLE account (see instructions) . . . 8q Scholarship and fellowship grants not reported on Form W-2 . . . 8r Nontaxable amount of Medicaid waiver payments included on Form 8s

Combine lines 1 through 7 and 9. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8

8t

8u

u Wages earned while incarcerated

9

Other income. List type and amount:

-6,150.

9

10

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-ba | asis 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) | a | _ | |
| b | Deductible expenses related to income reported on line 8l from the | | | |
| | rental of personal property engaged in for profit | łb | | |
| С | Nontaxable amount of the value of Olympic and Paralympic medals | | | |
| | and USOC prize money reported on line 8m | | - | |
| d | Reforestation amortization and expenses | ła | - | |
| е | Repayment of supplemental unemployment benefits under the Trade Act of 1974 | le | | |
| f | Contributions to section 501(c)(18)(D) pension plans | | | |
| g | Contributions by certain chaplains to section 403(b) plans 24 | łq | | |
| _ | Attorney fees and court costs for actions involving certain unlawful | | | |
| | discrimination claims (see instructions) | h | | |
| 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 | | | |
| j | Housing deduction from Form 2555 | 1j | | |
| k | Excess deductions of section 67(e) expenses from Schedule K-1 (Form | | | |
| | 1041) | łk | | |
| Z | Other adjustments. List type and amount: | | | |
| | 24 | | | |
| 25 | Total other adjustments. Add lines 24a through 24z | | 25 | |
| 26 | Add lines 11 through 23 and 25. These are your adjustments to income . E | | | |
| | 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 Name(s) shown on return

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

Your social security number

OMB No. 1545-0074

| KESF | I PUN | | | | | | 350-3 | 9-8571 | |
|----------------------|---|-----------|------------------|---------------|---------|----------------------------|---------------|----------------|---------|
| Part | Note: If you are in the business of renting personal proper rental income or loss from Form 4835 on page 2, line 40. | ty, use | Schedule | | | | | | |
| | Did you make any payments in 2022 that would require you | | | | | | | | |
| | f "Yes," did you or will you file required Form(s) 1099? . | | | | | | | . ∐ Ye | es U No |
| 1a | Physical address of each property (street, city, state, ZIF | | 1 | | | | | | |
| A_ | BANJARAHILLS HYDERABAD TELANGANA OC 50 | 00045 | | | | | | | |
| В | | | | | | | | | |
| С | T (D) 0 5 1 1 1 1 1 1 1 1 1 | | | | | | | | |
| 1b | (from list below) above, report the number of fair | | | | | ir Rental Days | Persor Da | ıaı Use ıys | QJV |
| Α | personal use days. Check the Qu | | | Α | | 365 | | 0 | |
| В | if you meet the requirements to f qualified joint venture. See instru | | | В | | | | | |
| С | qualified joint ventare. See institu | 10110110. | | С | | | | | |
| 1 | of Property: Single Family Residence 3 Vacation/Short-Term Rent Multi-Family Residence 4 Commercial | tal | 5 Land 6 Roya | | | Self-Rental Other (desc | | | |
| _ | | | | | | Propert | ies: | | |
| Incon | | | | A | - 0 | В | | | С |
| 3 4 | Rents received | 3 | | 4 | 50. | | | | |
| 4 Expe | Royalties received | 4 | | | - | | | | |
| 5 | Advertising | 5 | | | | | | | |
| 6 | Auto and travel (see instructions) | 6 | | | | | | | |
| 7 | Cleaning and maintenance | 7 | | 8 | 00. | | | | |
| 8 | Commissions | 8 | | | | | | | |
| 9 | Insurance | 9 | | | | | | | |
| 10 | Legal and other professional fees | 10 | | | | | | | |
| 11 | Management fees | 11 | | 1,1 | 00. | | | | |
| 12 | Mortgage interest paid to banks, etc. (see instructions) | 12 | | | | | | | |
| 13 | Other interest | 13 | | | | | | | |
| 14 | Repairs | 14 | | 1,3 | 00. | | | | |
| 15 | Supplies | 15 | | 1,5 | 00. | | | | |
| 16 | Taxes | 16 | | | | | | | |
| 17 | Utilities | 17 | | 1,9 | 00. | | | | |
| 18 | Depreciation expense or depletion | 18 | | | | | | | |
| 19 | Other (list) | 19 | | | | | | | |
| 20 | Total expenses. Add lines 5 through 19 | 20 | | 6,6 | 00. | | | | |
| 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 file Form 6198 | 21 | | -6,1 | 50. | | | | |
| 22 | Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions) | 22 (| | 6 , 15 | 0.)(| , |) | (| , |
| 23a | Total of all amounts reported on line 3 for all rental prope | erties | | | 23a | | 450. | | |
| b | Total of all amounts reported on line 4 for all royalty properties. | | | | 23b | | | | |
| С | Total of all amounts reported on line 12 for all properties | | | | 23c | | | | |
| d | Total of all amounts reported on line 18 for all properties | | | | 23d | | | | |
| е | Total of all amounts reported on line 20 for all properties | | | | 23e | (| 5,600. | | |
| 24 | Income. Add positive amounts shown on line 21. Do no | | - | | | | . 24 | | |
| 25 | Losses. Add royalty losses from line 21 and rental real estat | te losse | s from lir | ne 22. E | nter to | tal losses he | ere 25 | (| 6,150. |
| 26 | Total rental real estate and royalty income or (loss). Ohere. If Parts II, III, IV, and line 40 on page 2 do not a Schedule 1 (Form 1040), line 5. Otherwise, include this ar | apply t | to you, | also en | ter th | is amount o | | | -6,150. |

Form **2441**

Child and Dependent Care Expenses

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

Go to www.irs.gov/Form2441 for instructions and the latest information.

OMB No. 1545-0074

Attachment Sequence No. 21

Department of the Treasury Internal Revenue Service Name(s) shown on return

Your social security number

| KESH | I PUN | | | | | | | | | 350- | 39-8 | 571 |
|-------------|-----------------|-------------|---------------------|--------------------------------|--------------------|------------------|--------------------------------|----------------------|---------------------------------------|-----------|---------|--|
| | | | | | | | | | narried filing sep | | | |
| | | | | | | | - | - | et these requirem | | | |
| | | | | | | | | | leemed income o | | | |
| | | d on the i | ncome rules | s listed in the | instructio | ns under If Yo | ou or Your | Spouse I | Nas a Student or | Disable | ed, che | ck this box . |
| Part | | | | | | | | | omplete this pa | | | |
| | If yo | ou have | more tha | n three car | e provid | ers, see the | instruction | ons and | check this bo | Χ. | | <u> U</u> |
| | | | | | | | | | (d) Was the care | | | |
| 1 (a | a) Care provi | der's | (| | ddress | I ZID I-) | (c) Identifyir | | household emplo | | | (e) Amount paid |
| | name | | (number, | street, apt. no., | city, state, a | and ZIP code) | (SSN o | r EIN) | nannies but not da | ycare cer | | (see instructions) |
| | | | | _ | | | | | (see instru | cuoris) | | |
| | | | See W-2 | 2 | | | _ | | ☐Yes | □ N | 0 | |
| AZTEC E | ENGINEERING (| GROUP INC | | | | | | | | | | |
| | | | See W-2 | <u> </u> | | | - | | Yes | □ N | 0 | |
| AZTEC I | ENGINEERING | GROUP INC | | | | | | | | | | |
| | | | | | | | - | | ☐ Yes | □ N | 0 | |
| | | | Did you r | ragaiya | | — No — | (| Complete | e only Part II bel | ow. | | |
| | | den | | eceive re benefits ? | | | | | • | | | |
| | | | | | | — Yes —— | (| Complete | e Part III on page | 2 nex | t. | |
| Cautio | on: If the | care pro | ovider is vo | our househo | old emplo | vee, vou ma | av owe en | nplovme | nt taxes. For de | etails, s | see the | Instructions for |
| | | | | | | | | | | | | 2022 for care to |
| be pro | | | | - | | | | 022. See | the instructions | 3. | | |
| Part | | redit fo | or Child a | nd Depend | dent Car | e Expense | S | | | | | |
| 2 | Information | n about | your qualify | ing person(s |). If you h | ave more thai | n three qua | lifying pe | rsons, see the ins | truction | s and o | check this box 🗌 |
| | | (0) | Ouglifying no | araan'a nama | | | (b) Qualifyin | a noroon'a | (c) Check here | | | ualified expenses incurred and paid |
| | | | Qualifying pe | erson s name | | | (b) Qualifyin social securi | | | | | 022 for the person |
| | F | irst | | | Last | | | | (see instructi | ons) | list | ted in column (a) |
| | | | | | | | | | <u> </u> | | | |
| | | | | | | | | | <u> </u> | | | |
| | A 1 1 11 | | | n (ii o b | | | 000 '(| | | | - | |
| 3 | | | | | | | | | qualifying person unt from line 31 | | | |
| 4 | | - | | - | - | - | | | unit mont line 31 | 3 | | |
| 4 5 | • | | | See instruct | | | | | e was a student | 4 | | |
| 3 | | | | | | | | | · · · · · | 5 | | 0. |
| 6 | | | st of line 3, | • | | ornor trio arri | ount nom | | | 6 | | |
| 7 | | | | | -SB or 10 | 040-NR, line | 11 | . 7 | | | | |
| 8 | | | | | | that applies | | | | | | |
| | If line 7 is | | | If line 7 is | | ar applied | If line 7 is | | | | | |
| | • | But not | Decimal | | But not | Decimal | 1 _ | But not | | | | |
| | | over | amount is | | over | amount is | Over | over | amount is | | | |
| | \$0— 15,000— | 15,000 | .35 .34 | \$25,000- | -27,000 -29,000 | .29 .28 | \$37,000- | -39,000 -41,000 | .23 .22 | | | |
| | 17,000— | | .33 | 1 | -29,000 -31,000 | .28 .27 | 1 | -41,000 -43,000 | .22 .21 | 8 | | X |
| | 19,000— | , | .32 | i i | -31,000 -33,000 | .26 | 1 | -43,000 -No limit | .20 | | | |
| | 21,000 | , | .31 | 1 1 | -35,000 | .25 | 13,000 | | 0 | | | |
| | 23,000 | | .30 | | -37,000 | .24 | | | | | | |
| 9a | | | | al amount or | | | | | | 9a | 1 | |
| b | | • | | | | rksheet A in | the instruc | ctions. E | nter the amount | | | |
| | | | | | | ter -0- on line | | | | 9b | | |
| С | Add lines | 9a and | 9b and ent | er the result | | | | | | 9с | | |
| 10 | Tax liability | y limit. En | ter the amou | unt from the C | redit Limit | Worksheet in t | he instruction | ons 10 |) | | | |
| 11 | | | | | | | | | line 10 here and | | | |
| | on Sched | dule 3 (Fo | orm 1040). | line 2 | | | | | | 11 | | |

____ Page **2**

| Part | III Dependent Care Benefits | | |
|----------------|---|----------------|-----|
| 12 | Enter the total amount of dependent care benefits you received in 2022. Amounts you received as an employee should be shown in box 10 of your Form(s) W-2. Don't include amounts reported as wages in box 1 of Form(s) W-2. If you were self-employed or a partner, include amounts you received under a dependent care assistance program from your sole proprietorship or partnership | 12 | 48. |
| 13 14 | Enter the amount, if any, you carried over from 2020 and/or 2021 and used in 2022. See instructions If you forfeited or carried over to 2023 any of the amounts reported on line 12 or 13, enter the amount. See instructions | 13 | () |
| 15 16 | Combine lines 12 through 14. See instructions | 15 | 48. |
| 17 18 19 | Enter the smaller of line 15 or 16 | | |
| | If married filing jointly, enter your spouse's earned income (if you or your spouse was a student or was disabled, see the instructions for line 5). | | |
| 20 | If married filing separately, see instructions. All others, enter the amount from line 18. Enter the smallest of line 17, 18, or 19 20 48. | | |
| 21 | Enter \$5,000 (\$2,500 if married filing separately and you were required to enter your spouse's earned income on line 19). If you entered an amount on line 13, add it to the \$5,000 or \$2,500 amount you enter on line 21. However, don't enter more than the maximum amount allowed under your dependent care plan. If your dependent care plan uses a non-calendar plan year, see instructions | | |
| 22 | Is any amount on line 12 or 13 from your sole proprietorship or partnership? No. Enter -0 Yes. Enter the amount here | 22 | 0. |
| 23 24 | Subtract line 22 from line 15 | 24 | 0. |
| 25 26 | Excluded benefits. If you checked "No" on line 22, enter the smaller of line 20 or 21. Otherwise, subtract line 24 from the smaller of line 20 or line 21. If zero or less, enter -0 | 25 | 48. |
| | on Form 1040, 1040-SR, or 1040-NR, line 1e | 26 | 0. |
| | To claim the child and dependent care credit, complete lines 27 through 31 below. | | |
| 27 28 29 | Enter \$3,000 (\$6,000 if two or more qualifying persons) | 27 28 29 | 48. |
| 30 31 | Complete line 2 on page 1 of this form. Don't include in column (d) any benefits shown on line 28 above. Then, add the amounts in column (d) and enter the total here | 30 | 10. |
| | | 31 | |

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** PUN 350 39 ı 8571 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. 57,553 00 1 Arizona Adjusted Gross Income ☐ Foreign Account Deposit/Debit: See instructions below. 2 Balance Of Tax 1,206 00 ROUTING NUMBER 401 00 ☐ Checking ■ Savings 3 Arizona Income Tax Withheld ... ACCOUNT NUMBER Check box 4 or box 5: 00 **4** ■ **REFUND**: Enter the amount of refund...... 805 nn DIRECT DEBIT REQUEST DATE 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** 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** 🛛 I do not want direct deposit of my refund or I am not receiving a to release copies of the requested documents to ADOR. 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

SPOUSE'S PEN AND INK SIGNATURE

DATE

| | | | 140 | Reside | ent Per | onal Income Tax Return 2022 | | | 2022 | • | |
|--------------------------|----------------------------------|---|--|-------------------------|------------------|---------------------------------|---------------------------|---|------------------------|------------------------------------|------------------|
| 7 | 82F | | Check box 82F f filing under extension | OR FISCAL YEAR I | BEGINNIN | G.L., L., | 12.0.2.2 | 」AND ENDIN | IG I I I | | 66F |
| | , | | First Name and Middle Initial | 011110071211271111 | | Last Name | 1-1-1- | | Your | Social Security Nu | |
| O I HE | 1 | KE | SH | | | PUN | | | ter 35 | 0 ₁ 39 ₁ 855 | 71 |
| | _ | Spou | pouse's First Name and Middle Initial (if box 4 or 6 checked) | | | | | you | N(s). | se's Social Securit | |
| I E M S | 1 | | | | | | | | | | |
| | | | nt Home Address - number and | street, rural route | | | Apt. No. | | • | (with area code) | |
| ANY | 2 | | 36 SOUTH 13TH AVE | | | | | | (443) 538 | | |
| | _ | - | Town or Post Office | State | | ZIP Code 85007 | | Last Names U | sed in Last Fou | r Prior Year(s) (if diff | erent) |
| Ξ. | [3] T | | OENIX | AZ | | | | REVENUE US | FONLY DO NO | OT MARK IN THIS A | 97 REA |
| DO NOI STAPLE | STATUS | 4 5 | Married filing joint return Head of household. Enter | | | | erpayment | 88 | L ONEI. DO N | | |
| 200 | FILING S | 6 | Married filing separate re | | | | | | | | |
| _ | ш | 7 | ★ Single ★ Enter the number claims | ed. Do not put a chi | eck mark | | | | | | |
| | | 8 | Age 65 or over (you and/o | • | |), and 11a, also con | nplete lines 38. | | | | |
| | 용 | 9 | Blind (you and/or spouse | | | Da and 10b, also co | • | 81 PM | | 80 RCVD | |
| | nd 1 | 10a | Dependents: Under age of | ′ — | Depende | nts: Age 17 and | l over. | | | | |
| |)a aı | 11a | Qualifying parents and gr | | | | | | | | |
| | ts 1(| | (Box 10a and 10b): Depend | ent Information. See | instruction | s. For more s | pace, check t | he box 🔲 an | d complete p | age 4, Part 1. | |
| | and 11a - Dependents 10a and 10b | | (a) FIRST AND LAS | STNAME | SOCIA | (b) L SECURITY NO. | (c) RELATIONSHII | (d) P NO. OF MONT | (e) ✓ Dependent | Age (f) ✓ if you did no | ot claim |
| | ben | | (Do not list yourself | | 000# | E 02001111110. | TREE/THORIGINI | LIVED IN YOU HOME IN 202 | JR Included I | this person or federal return | n your due to |
| | Ä | | | | | | | TIOME IIV 202 | (Box 10a) (Box | i educational c | redits |
| | 13 | 10c | | | | | | | - | _ | |
| | | 10d | | | | | | | | ┽ | |
| | 8, 9, | 10e | | | <u> </u> | – | | | | | |
| Ξ. | ons | | (Box 11a): Qualifying parents | s and grandparents. | See Instru | (b) | e space, cnec | (d) | (e) | page 4, Part 2. | |
| 1 | Exemptions | | FIRST AND LAS | | SOCIA | L SECURITY NO. | RELATIONSHII | | | | O IN |
| atter Form 140. | Exe | | (Do not list yourself | or spouse.) | | | | HOME IN 202 | | 2022 | |
| ř | | 11b | | | | | | | | | |
| Ħ | | 11c | | | | | | | | | |
| S | | | Federal adjusted gross incor | me (from your feder | al return). | | | | 12 | 57 , 553 | 3 00 |
| ents | | | Small Business Income: 135 c | ` • | • | | | | | | 00 |
| | ns | 14 | Modified federal adjusted gross | s income. Subtract li | ne 13 from | line 12 | | | 14 | 57 , 553 | 3 00 |
| <u></u> | dditions | | Non-Arizona municipal interest | | | | | | | | 00 |
| ы Б | Ad | | Partnership Income adjustmen | | | | | | | | 00 |
| Ĕ | | | Total federal depreciation | | | | | | | | 00 |
| | | | Other Additions to Income: Co | • | | | | | | 57 , 553 | 00 |
| S | | | Subtotal: Add lines 14 through 1 Total net capital gain or (loss). | | | | | | 00 | 317333 | 7 100 |
| schedules or other docum | | | Total net short-term capital gair | | | | | | 00 | | |
| ĕ | | | Total net long-term capital gain | | | | | | 00 | | |
| | | | Net long-term capital gain from | | | | | | 0 00 | | |
| K | | 24 | Multiply line 23 by 25% (.25) ar | | | <u></u> | | | 24 | (| 00 |
| 2 | | This | box may be blank or may contain a | printed barcode of data | from your re | turn. ■■IIII 25 Net c | apital gain - qual | lified small busin | ess 25 | | 00 |
| | ions | | | | | | | depreciation | | | 00 |
| e | ract | | | ENTRY BALLOT BEING | | | | djustment | | | 00 |
| eq | Subtractions | | | | HILLIAN | '. | | ations | | | 00 |
| 99 | 0) | | | | FREE | : | | tate or local govt. | ' г | | 00 |
| ב ב | | | var de la company de la co | | PARKIN | | | ainer pay uniform or Railroad Retire | | | 00 |
| ęd | | This box may be blank or may contain a printed barcode of data from your return | | | | | - | erican Indians | | | 00 |
| any required tederal and | | | | PACKALINES LACINATE | M200100 | | | an active service i | | | 00 |
| ā | | | | DAY KARLINI IN ENTALISA | i Maranga (1915) | | | ustment | | | 00 |
| Place | | | | | | | ibutions: 34 a 529 | | 00 | | |
| ₹ | | | | | | | 9A (ABLE) | | 4a and 34h 34 C | | 00 |

| | Your | Name (as shown on page 1) | Your Social Securi | ty Number | | |
|--|----------|---|--------------------|---------------------------------------|-----------------|--------|
| | KES | SH PUN | 350-39-85 | 571 | | |
| | 35 | Subtract lines 24 through 34c from line 19 | | 35 | 57 , 553 | To |
| | 36 | Other Subtractions from Income. Complete Other Subtraction from Arizona Gross Income sched | | | , | 0 |
| | 37 | Subtract line 36 from line 35. Enter the difference | | | 57,553 | |
| ons | 38 | Age 65 or over: Multiply the number in box 8 by \$2,100 | Г | 0,,000 | 0 | |
| Exemptions | 39 | Blind: Multiply the number in box 9 by \$1,500 | | | 0 | |
| xen | 40 | Other Exemptions. See instructions40E Multiply the number in box 40E by \$2,300 | | | | 0 |
| ш | | Qualifying parents and grandparents: Multiply the number in box 10 by \$10,000 | | | | 0 |
| | 41 | | | I | 57,553 | |
| | 42 | Arizona adjusted gross income: Subtract lines 38 through 41 from line 37. If less than zero, enter "0" eductions: Check box and enter amount. See instructions | | | 12,950 | \neg |
| | 43 | <u> </u> | | 12,330 | 0 | |
| | 4 | If you checked box 43S and claim charitable contributions, check 44C Complete page 3. See ins | | | 44,603 | \neg |
| - Fa | 45 | Arizona taxable income: Subtract lines 43 and 44 from line 42. If less than zero, enter "0" | | | 1,206 | \neg |
| Balance of Tax | 46 | Compute the tax using amount on line 45 and Tax Tables X and Y or Optional Tax Tables | | | 1,200 | 0 |
| auc | 47 | Tax from recapture of credits from Arizona Form 301, Part 2, line 32 | | | 1 206 | \neg |
| Bal | 48 | Subtotal of tax: Add lines 46 and 47. Enter the total | | Г | 1,206 | \neg |
| | 49 | Dependent Tax Credit. See instructions | | Г | | 0 |
| | 5 | Family income tax credit (from the worksheet - see instructions) | | | | 0 |
| | 51 | Nonrefundable Credits from Arizona Form 301, Part 2, line 64 | | | 1 006 | 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 | | | 1,206 | \neg |
| and | 53 | 2022 AZ income tax withheld | | | 401 | \neg |
| ents e Cre | 54 | 2022 AZ estimated tax payments 54a 00 Claim of Right 54b | 00 Add 54a and | | | 0 |
| Total Payments and Refundable Credits | 55 | 2022 AZ extension payment (Form 204) | | | | 0 |
| func a | 56 | Increased Excise Tax Credit (from the worksheet - see instructions) | | | | 0 |
| 5 % | 57 | Property Tax Credit from Arizona Form 140PTC | | | | 0 |
| | 58 | Other refundable credits: Check the box(es) and enter the total amount | | | 101 | 00 |
| or Jent | 59 | Total payments and refundable credits: Add lines 53 through 58. Enter the total | | | 401 | \neg |
| Due | 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 | | | 805 | \neg |
| Tax Due or Overpayment | 61 | OVERPAYMENT: If line 59 is larger than line 52, subtract line 52 from line 59. Enter amount of overpayment | | | | 00 |
| 0 | 62 | | | | | 00 |
| ifts | 63 | | | | | 0 |
| Voluntary Gifts | 64 | - 74 Voluntary Gifts to: Assigned to Schools 64 UU Arizona Wildlife | | 00 | | |
| ntar | | Child Abuse Prevention | | 00 | | |
| nlo, | | Neighbors Helping Neighbors 69 00 Special Olympics | | 00 | | |
| | | | s 74 | 00 | | |
| enalty | 75 | Political Party (if amount is entered on line 68 - check only one): 751 Democratic 752 Libertarian | 753 Republic | an | | _ |
| e n | | Estimated payment penalty | | 76 | | 00 |
| _ | 77 | 771 Annualized/Other 772 Farmer or Fisherman 773 Form 221 included | | L | | |
| ъ | 78 | Add lines 64 through 74 and 76; enter the total | | | | 00 |
| Refund or Amount Owed | 79 | REFUND: Subtract line 78 from line 63. If less than zero, enter amount owed on line 80 | | 79 | | 00 |
| ᇍ | | Direct Deposit of Refund: Check box 79A if your deposit will be ultimately placed in a foreign account; see | Instructions. 79# | ` □ | | |
| Re Re | | C Checking or Savings C Savings C Checking or Savings C Checking or Savings C C C C C C C C C C C C C C C C C C C | | 7 I | | |
| ٩ | 80 | AMOUNT OWED: Add lines 60 and 78. Make check payable to Arizona Department of Revenue; write you | our SSN on paym | ient: | | Т |
| I | • | and include with your return | | · · · · · · · · · · · · · · · · · · · | 805 | 0 |
| | | | | | | |
| | | Under penalties of perjury, I declare that I have read this return and any documents with it, and to | | | | е |
| ١ | | true, correct and complete. Declaration of preparer (other than taxpayer) is based on all information | on or which prep | parer nas a | ny knowieage. | |
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| 里 | | | NGINEERIN | G | | - |
| ゠ | | 5/112 | | | | |
| SIGN | → | | | | | |
| S | | SPOUSE'S SIGNATURE DATE SP | ION | | - | |
| E C | | SYAM PRIYA RAM SAGAR GUPTA TALLAM 01282023 GLOBAL TAXES LI | LC . | | | |
| A | | PAID PREPARER'S SIGNATURE DATE FIRM'S NAME (PREPARER'S IF | |) | | - |
| PLEASE | | 245 ROONEY CT | 88-2 | 145487 | | |
| 4 | | PAID PREPARER'S STREET ADDRESS | PAID PRE | EPARER'S TIN | | - |
| | | E BRUNSWICK NJ 08816 | (678 |) 965-95 | 522 | |
| | | DAID DDEDADED'S CITY STATE 7ID CODE | | DVDED'S DRU | | - |

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).

Arizona Form AZ-140V

Arizona Individual Income Tax Payment Voucher for Electronic Filing of Form 140, 140PY or 140NR

EPV **2022**

| Your First Name and Middle Initial | | Last Name | | | Your Social S | Security Number | | | |
|---|-------------------------|------------------------|-------------|----------------|---------------------------|-------------------|--|--|--|
| 1 KESH | | PUN | | Enter | 350 ₁ 3 | 9 8571 | | | |
| Spouse's First Name and Middle Init | ial | Last Name | | your | Spouse's Soc | cial Security No. | | | |
| 1 | | | | SSN(s). | 7 | 1 | | | |
| Current Home Address - number an | d street, rural route | | Apt. No. | Daytime | me Phone (with area code) | | | | |
| 2 1236 SOUTH 13TH AVE | | | | 94 (44 | 43)538-018 | 35 | | | |
| City, Town or Post Office | State | ZIP Code | | REVENUE USE ON | ILY. DO NOT MAF | RK IN THIS AREA. | | | |
| 3 PHOENIX | AZ | 85007 | | 88 | | | | | |
| Please indicate the filing statu ☐ Married filing joint return ☐ Head of household: Enter na ☐ Married filing separate return | | | | | | | | | |
| □ Interned mining departation rotation □ Single □ Sin | ii zinoi opodoco name d | ina costal cocumy real | ibor ubovo. | 81 PM | 80 R | CVD | | | |
| Enter the amount of paymen | t enclosed | | | | \$ | 805 00 | | | |

If you are mailing this payment

To ensure proper application of this payment, be sure that you:

- ✓ Do not send cash.
- ✓ Make your check or money order payable to Arizona Department of Revenue.
- ✓ Wr te your SSN, "2022 Tax" and 140 on your payment.
- ✓ Include your payment with this form.
- ✓ **Mail to** Arizona Department of Revenue, PO Box 29085, Phoenix, AZ 85038-9085.

If you are making an electronic payment

You can make this 140V payment by eCheck or credit card! American Express ♦ Visa ♦ Discover Card ♦ MasterCard www.AZTaxes.gov

- ✓ Click on "Make a Payment" and select "140V" as the Payment Type.
- ✓ Do not mail this form. We will apply this payment to your account.

NOTE: To avoid interest and penalties you must pay the full amount of your tax by April 18, 2023. You will not receive an additional notice from the Arizona Department of Revenue unless an error exists with your return.

ADOR 10944 (22) 1555 REV 01/24/23 PRO