RETURN.			Arizona Form 140	Persor	rsonal Income Tax Return				FOR CALENDAR YEAR 2022		
RE	82F	\Box_{i}^{c}	Check box 82F f filing under extension	OR FISCAL YEAR BEGIN	INING L	6 AND ENDING					66F
뿓			First Name and Middle Initial			ast Name Y				Social Security Nu	ımber
F	1	VAI	MSI RAM		BOG	GINENI		Enter your	81	7 46 089	91
3 TO	_	Spous	se's First Name and Middle Init	Last	Last Name SSN(s).				Spouse's Social Security No.		
ž					GIN	GINJUPALLI			842 74 4408		
ANY ITEMS	_	Current Home Address - number and street, rural route								(with area code)	
≱	2		220 S 48TH ST	State		ZIP Code			619) 937	7 – 8 5 4 6 r Prior Year(s) (if difl	:t\
	3	•	Town or Post Office OENIX	AZ	85044			Last Names Osec	ı III Lası Foui	Prior fear(s) (ii diii	97
DO NOT STAPLE	┪	4	Married filing joint return		taatian		ra un avena a mt	REVENUE USE C	NLY. DO NO	OT MARK IN THIS A	_
STA		5		er name of qualifying child or de			rerpayment	88			
5	STA	Ū	Tread of flouseriold. Ente	in hame of qualitying child of dep	perident on	i ilext iiile.					
ž	FILING STATUS	6	Married filing separate re	eturn. Enter spouse's name an	d Social Se	ecurity Numb	per above.				
20	분	7	Single ◆ Enter the number claimed. Do not put a check mark.								
	q	8	Age 65 or over (you and				nplete lines 38, mplete line 49.			80 RCVD	
	d 10b	9	Blind (you and/or spouse Dependents: Under age	*)	39, and 41. For lines 10a and 10b, also complete line 49. Ob Dependents: Age 17 and over.			01		00	
	ᡖ	10a 11a	Qualifying parents and g		endents. <i>i</i>	age ir and	i over.				
	6		(Box 10a and 10b): Depend		ctions. F	or more s	pace, check th	e box 🔲 and o	omplete p	age 4, Part 1.	
	Dependents		(a)	07.11.15	(b	,	(c)	(d)	(e) ✓ Dependent	Age (f)	
	ben		FIRST AND LA (Do not list yourse	0110111	SOCIAL SEC	JURITT NO.	RELATIONSHIP	NO. OF MONTHS LIVED IN YOUR	included i	n: this person or	your
	- De							HOME IN 2022	1 (Box 10a) (Bo	educational c	
		10c									
	and 11a	10d							ᆛᆛ	╡ ├	
	8, 9,	10e	<u> </u>								
ö.	ons		(Box 11a): Qualifying parent	ts and grandparents. See in	nstruction: (b		e space, check	the box L and	(e)	page 4, Part 2.	
ter Form 140	Exemptions		FIRST AND LA		SOCIAL SEC		RELATIONSHIP	NO. OF MONTHS LIVED IN YOUR	✓ IF AGE 65	OR IF DIE) IN
Drm	Exe		(Do not list yourse	If or spouse.)				HOME IN 2022	OVEF	R 2022	
Ϋ́		11b									
afte		11c									
			Federal adjusted gross inco	me (from your federal retu	ırn)				12	71,353	3 00
or other documents		13	Small Business Income: 13S	check the box if you are filing Arizo	ona Form 14	10-SBI and er	nter the amount fro	m Form 140-SBI, lir	ne 10 13		00
'nμ	Suc	71								71,353	
õ	Additions	15 Non-Arizona municipal interest									00
ē	Ad	16 Partnership Income adjustment. See instructions									00
당		 17 Total federal depreciation									00
ō			Subtotal: Add lines 14 through		71,353	_					
les		20	Total net capital gain or (loss).	See instructions			20)	00		
npe		21	Total net short-term capital gai	n or (loss). See instructions			21		00		
schedules			Total net long-term capital gain						00		
			Net long-term capital gain from Multiply line 23 by 25% (.25) a	•					0 00	(00
φ	-		box may be blank or may contain a			-		ied small business	I		00
an	SI		HV CON HO CON LANGUA DI VARIA RENTRA PER CONTRA PER CONTRA PER CONTRA PER CONTRA PER CONTRA PER CONTRA PER CON DI LANGUA DE CONTRA PER CONTRA P					epreciation			00
ral	Subtraction							djustment			00
ede	ubtra						st on U.S. obligat	28		00	
Ę Ę	σ						29a Exclusion for fed., AZ state or local govt. pensions. 29a				00
Ji re							29b Exclusion for retired/retainer pay uniform services 30 U.S. Social Security or Railroad Retirement A				00
edı											00
any required federal and AZ					31 Certain wages of American Indians					00	
e ar		 Interpretation of the property of				33 Net operating loss adjustment					00
Place							ibutions: 34 a 529 p		00		
ᆸ						34b 52	9A (ABLE)	00 add 34a a	and 34b. 34C		00

	Your	Name (as shown on page 1)	our Social Security N	lumber			
	VAN	MSI RAM BOGGINENI	817-46-089	1			
Exemptions	35	Subtract lines 24 through 34c from line 19	35	71,353	To		
	36	Other Subtractions from Income. Complete Other Subtraction from Arizona Gross Income sched		/	00		
	37		6 from line 35. Enter the difference				
	38	Age 65 or over: Multiply the number in box 8 by \$2,100		38	71,353	00	
	39	Blind: Multiply the number in box 9 by \$1,500				00	
		Other Exemptions. See instructions40E Multiply the number in box 40E by \$2,300		I .		00	
	40	•				00	
	41	Qualifying parents and grandparents: Multiply the number in box 11a by \$10,000			71,353	_	
	42	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		12,950	_		
	43	<u> </u>			12,750	00	
	44	If you checked box 43S and claim charitable contributions, check 44C Complete page 3. See ins			58,403	\neg	
of Tax	45	Arizona taxable income: Subtract lines 43 and 44 from line 42. If less than zero, enter "0"		1,618	\neg		
e of	46	Compute the tax using amount on line 45 and Tax Tables X and Y or Optional Tax Tables		1,010	00		
Balance	47	Tax from recapture of credits from Arizona Form 301, Part 2, line 32		1 610			
Bal	48	Subtotal of tax: Add lines 46 and 47. Enter the total			1,618	\neg	
	49	Dependent Tax Credit. See instructions				00	
	50	Family income tax credit (from the worksheet - see instructions)				00	
	5	Nonrefundable Credits from Arizona Form 301, Part 2, line 64			1 (10	00	
	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			1,618	\neg	
Payments and ndable Credits	53	2022 AZ income tax withheld		I .	2,938	\neg	
ents Cre	54	2022 AZ estimated tax payments54a 00 Claim of Right 54b	00 Add 54a and 54			00	
aym lable	55	2022 AZ extension payment (Form 204)		55 _		00	
Total Pa Refunda	56	Increased Excise Tax Credit (from the worksheet - see instructions)		56		00	
	57	Property Tax Credit from Arizona Form 140PTC				00	
	58	Other refundable credits: Check the box(es) and enter the total amount				00	
or ient	59	Total payments and refundable credits: Add lines 53 through 58. Enter the total			2,938		
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	1, 62 and 63	60 _		00	
Tax Due or Overpayment	61	OVERPAYMENT: If line 59 is larger than line 52, subtract line 52 from line 59. Enter amount of overpayment	nt	61 _	1,320		
	62	Amount of line 61 to be applied to 2023 estimated tax	62 _		00		
fts	63	Balance of overpayment: Subtract line 62 from line 61. Enter the difference		63	1,320	00	
S	64	- 74 Voluntary Gifts to: Solutions Teams Assigned to Schools64 00 Arizona Wildlife		_			
ntar		Child Abuse Prevention		_			
Voluntary Gifts		Neighbors Helping Neighbors 69 00 Special Olympics		_			
_		I Didn't Pay Enough Fund72 00 Sustainable State Parks and Road Fund	s 74 00)			
alty	75	Political Party (if amount is entered on line 68 - check only one): 751 Democratic 752 Libertarian	753 Republican			_	
Penalty	76	Estimated payment penalty	. 76		00		
_	77	771 ☐ Annualized/Other 772 ☐ Farmer or Fisherman 773 ☐ Form 221 included					
-	78	Add lines 64 through 74 and 76; enter the total	78		00		
o e	79	REFUND: Subtract line 78 from line 63. If less than zero, enter amount owed on line 80		79	1,320	00	
Refund or Amount Owed		Direct Deposit of Refund: Check box 79A if your deposit will be ultimately placed in a foreign account; see ROUTING NUMBER ACCOUNT NUMBER	instructions. 79A	1			
mor		98 S ☐ Savings					
⋖	80	AMOUNT OWED: Add lines 60 and 78. Make check payable to Arizona Department of Revenue; write you	our SSN on navment	.		+	
	00	and include with your return				00	
		Under penalties of perjury, I declare that I have read this return and any documents with it, and to				e	
		true, correct and complete. Declaration of preparer (other than taxpayer) is based on all information	n of which prepar	er has an	ny knowledge.		
	→						
PLEASE SIGN HERE	Ι-		DATE SOFTWARE ENG				
		TOUR SIGNATURE DATE OF	COLATION				
	→						
		SPOUSE'S SIGNATURE DATE SP	OUSE'S OCCUPATION			-	
		SYAM PRIYA RAM SAGAR GUPTA TALLAM 03092023 GLOBAL TAXES LI					
		PAID PREPARER'S SIGNATURE DATE FIRM'S NAME (PREPARER'S IF				-	
		245 ROONEY CT	84-317	1965			
П		PAID PREPARER'S STREET ADDRESS	PAID PREPA			-	
		E BRUNSWICK NJ 08816	(678) 9	65-95	22		
		PAID PREPARER'S CITY STATE ZIP CODE			NE NUMBER	-	