(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

Subm	ission Identification Number (SID)							
Taxpaye	er's name	Social securi	ty numl	per				
SAI	BHARADWAJ CHEEKOTI	012-99-5059						
Spouse	's name	Spouse's soo	Spouse's social security number					
Part	Tax Return Information — Tax Year Ending December 31, 2022 (Ent	er year you a	re au	thorizina	.)			
	whole dollars only on lines 1 through 5.	, ,	0 0.0.		-/			
	Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.							
1	Adjusted gross income		1	25	,448.			
2	Total tax		2	1	,292.			
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099		3	2	2,996.			
4	Amount you want refunded to you		4	1	,704.			
5	Amount you owe		5					
Part	II Taxpayer Declaration and Signature Authorization (Be sure you get and	l keep a cop	y of y	our retu	ırn)			
my know return of to send for any Agent of payme authori payme busines taxes to person	penalties of perjury, I declare that I have examined a copy of the income tax return (original or amendo by by a control of the income tax return (original or amendo by a control of the income tax return (original or amendo). I am now authorizing. I consent to allow my intermediate service provider, transist my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for redelay 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 the intermediate tax in the initiate of the initiate and in the initiate of the intermediate tax in the initiate of the initiate	ove are the amenitter, or electro- ejection of the to U.S. Treasury andicated in the to tion to debit the atte the authorizate quests must be the processing of a payment. I fur	ounts for the counts of the co	rom the inturn original sion, (b) the designated paration so to this according to revoke wed no late ectronic parknowledge.	come tax ator (ERO) he reason I Financial iftware for ount. This (cancel) a er than 2 ayment of e that the			
	nic Funds Withdrawal Consent. yer's PIN: check one box only							
X		e my PIN	5 (5 9	as my			
	ERO firm name signature on the income tax return (original or amended) I am now authorizing.	ř En		digits, but er all zeros	as my			
	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 and your return is filed using the Practitioner PIN me below.							
Yours	signature ▶ Date ▶							
Spous	se's PIN: check one box only							
	I authorize to enter or generat	e my PIN			as my			
	ERO firm name	_	ter five	digits, but	ao my			
	signature on the income tax return (original or amended) I am now authorizing.	do	n't ente	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 and your return is filed using the Practitioner PIN me below.							
Spous	se's signature ▶ Date ▶							
	Practitioner PIN Method Returns Only—continue belo	w						
Part	III Certification and Authentication — Practitioner PIN Method Only							
ERO's	s EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN.	2 2 4 9 Don't ent	6 6 er all ze	1 9 8	3 9			
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 subsements of the Practitioner PIN method and Pub. 1345 , Handbook for Authorized IRS e-file Providers of	tax return (orig	inal or urn in a	amended) accordance				
ERO's	s signature ► Date ►							
	ERO Must Retain This Form — See Instructions							
	Don't Submit This Form to the IRS Unless Requested To	Do So						

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

2022	
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OMB No. 1545-0074

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

	\mathbf{X}	Single Married filing jointly	Marrie	ed filing separately	(MFS)	Head of	house	hold (HO	H) [lifying surv	/iving
Check only one box.	If vo	u checked the MFS box, enter the n	ame of v	YOUR SHOUSE If YOU	ı check	ed the HOH or	r OSS	hox ent	er the		use (QSS) name if th	ne qualifying
one box.	-	on is a child but not your dependen	-	our spouse. If you	a officient		ı QOO	box, one	01 1110	orma o	TIGITIO II II	o qualifying
Your first name	and mi	iddle initial	Last nar	me						Your so	cial securit	y number
SAIBHARADWAJ				KOTI						012-99-5059		
If joint return, spouse's first name and middle initial				me					_			curity number
Home address (numbe	er and street). If you have a P.O. box, see	instruction	ons.				Apt. no.		Preside	ntial Election	on Campaign
1010 SAN	JAC	CINTO DRIVE #637								Check here if you, or your		
		ce. If you have a foreign address, also co	omplete sp	paces below.	Sta	te	ZIP o			spouse if filing jointly, want \$3 to go to this fund. Checking a		
IRVING					T	Σ	750	063		-	ow will not	•
Foreign country	name		F	oreign province/sta	te/count	ty	Forei	gn postal c			or refund.	
											You	Spouse
Digital	At ar	ny time during 2022, did you: (a) rec	eive (as	a reward, award,	or payr	ment for prope	erty or	services); or ((b) sell,		
Assets	exch	ange, gift, or otherwise dispose of	a digital a	asset (or a financi	al inter	est in a digital	asset)? (See ir	nstruc	ctions.)	Yes	⊠ No
Standard	Som	eone can claim:	ependent	: 🗌 Your spo	use as	a dependent						
Deduction		Spouse itemizes on a separate retur	n or you	were a dual-stati	us alien	l						
Age/Rlindness	You	Were born before January 2, 1	1958 F	Are blind	Spouse	· 🗌 Was hor	rn hef	ore Janu	arv 2	1958	☐ Is bl	ind
	_			(2) Social secu	-	(3) Relationsh				-		instructions):
-	(see instructions): (1) First name Last name			number	iiity	to you	"P	Child 1			•	her dependents
If more than four	(.,							01		Jun]	
dependents,									_		[╡
see instructions and check	; ——											╡──
here												
Incomo	1a	Total amount from Form(s) W-2, b	ox 1 (see	e instructions) .					- -	1a		 25,448.
Income	b	Household employee wages not re	,	,						1b		,
Attach Form(s)	С							1c				
W-2 here. Also attach Forms	d	Medicaid waiver payments not reported on Form(s) W-2 (see instructions)						1d				
W-2G and	е	Taxable dependent care benefits from Form 2441, line 26						1e				
1099-R if tax was withheld.	f	Employer-provided adoption bene	efits from	Form 8839, line	29 .					1f		
If you did not	g	Wages from Form 8919, line 6 .								1g		
get a Form	h	Other earned income (see instruct	tions) .							1h		0.
W-2, see instructions.	i	Nontaxable combat pay election (see instr	uctions)		1i	i					
motractions.	z	Add lines 1a through 1h	. , .							1z	2	25,448.
Attach Sch. B	2a	Tax-exempt interest	2a		b T	axable interes	t.			2b		
if required.	3a	Qualified dividends	3a			rdinary divide				3b		
	4a	IRA distributions	4a		b T	axable amoun	ıt			4b		
Standard	5a	Pensions and annuities	5a		b T	axable amoun	ıt			5b		
• Single or	6a	Social security benefits	6a		b T	axable amoun	ıt			6b		
Married filing	С	If you elect to use the lump-sum election method, check here (see instructions)										
separately, \$12,950	7	Capital gain or (loss). Attach Schedule D if required. If not required, check here							7			
 Married filing jointly or 	8	Other income from Schedule 1, line 10							8			
Qualifying	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7			income	e				9	2	25,448.
surviving spouse, \$25,900	10	Adjustments to income from Sche	•							10		
Head of household	11	Subtract line 10 from line 9. This is	•							11		25,448.
household, \$19,400	12	Standard deduction or itemized		•	,					12		12,950.
If you checked any box under	13	Qualified business income deduct								13		
Standard	14	Add lines 12 and 13								14		L2,950.
Deduction, see instructions.	15	Subtract line 14 from line 11. If zer	ro or less	s, enter -0 This i	s your t	taxable incom	ne .			15		L2,498.

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	1,292.
Credits	17	Amount from Schedule 2, lir	ne 3				[17	
	18	Add lines 16 and 17					[18	1,292.
	19	Child tax credit or credit for	other dependen	ts from Sched	ule 8812		[19	
	20	Amount from Schedule 3, lir	ne 8				[20	
	21	Add lines 19 and 20					[21	
	22	Subtract line 21 from line 18	. If zero or less,	enter -0			[22	1,292.
	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	1,292.
Payments	25	Federal income tax withheld							
,	а	Form(s) W-2				25a 2	,996.		
	b	Form(s) 1099				25b			
	С	Other forms (see instruction				25c			
	d	Add lines 25a through 25c	,				[25d	2,996.
	26	2022 estimated tax paymen					[26	•
If you have a qualifying child,	27	Earned income credit (EIC)				27			
attach Sch. EIC.	28	Additional child tax credit from				28			
	29	American opportunity credit				29	-		
	30	Reserved for future use .		-		30			
	31	Amount from Schedule 3, lir	ne 15			31			
	32	Add lines 27, 28, 29, and 31				ındable credits	[32	
	33	Add lines 25d, 26, and 32. T	•	-	-		<u> </u>	33	2,996.
Defined	34	If line 33 is more than line 24	•					34	1,704.
Refund	35a	Amount of line 34 you want				•	. п Г	35a	1,704.
Direct deposit?	b	Routing number 1 2 2			·	_	Savings		
See instructions.		Account number 4 5 7							
	36	Amount of line 34 you want				36			
Amount	37	Subtract line 33 from line 24							
You Owe		For details on how to pay, g						37	
-	38	Estimated tax penalty (see in				38			
Third Party		you want to allow another structions	•				mplete be	low	X No
Designee		structions		Phone			nal identific		ĭ NO
		me		no.			er (PIN)	allon	
Sign		der penalties of perjury, I declare t							
Here	belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which							•	,
	Your signature Date Your occupation							nt you an Identity IN, enter it here	
Joint return?	Software developer (see Software developer) Software developer (see Spouse's signature. If a joint return, both must sign. Date Spouse's occupation If the					(see ins			
See instructions.									nt your spouse an
Keep a copy for your records.									ection PIN, enter it here
your rooordo.							(see ins	st.)	
		one no. (928)266-702		Email address	CHEEKOTI.SAIBH	ARADWAJ@GMAIL.CO			01 1 1
Paid		eparer's name	Preparer's signat			Date	PTIN		Check if:
Preparer	SYAN	M PRIYA RAM SAGAR GUPTA TALLAM		RAM SAGAR	GUPTA TALLAM	03/04/2023	P020827		Self-employed
Use Only		m's name GLOBAL TA							678)965-9522
			Y CT E BRU	NSWICK N	J 08816		Firm's	EIN	84-3171965
Go to www.irs.g	ov/Forn	m1040 for instructions and the late	st information.		BAA	REV 02/24/23 PRO			Form 1040 (2022)

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** SAIBHARADWAJ CHEEKOTI 012 99 ı 5059 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. 6,600 00 1 Arizona Adjusted Gross Income ☐ Foreign Account Deposit/Debit: See instructions below. 2 Balance Of Tax 0 00 ROUTING NUMBER 10 00 2 1 0 3 Arizona Income Tax Withheld... ACCOUNT NUMBER Check box 4 or box 5: 4 5 7 0 3 1 2 8 0 2 0 6 10|00 **4 REFUND**: Enter the amount of refund..... DIRECT DEBIT REQUEST DATE ไดด 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 Deposit/Debit" box if your deposit will be ultimately placed in or come provided on your tax return. Your refund amount will be deposited in the 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 I authorize GLOBAL TAXES LLC designated Financial Agent to initiate an ACH electronic funds 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

SPOUSE'S PEN AND INK SIGNATURE

_														
THE RETURN			Arizona Form 140PY	Part-Year Resi	dent P	ersona	l Income	е Та	x Retur	n	_	LENDAR YEAR 2022	}	
띧	82F		heck box 82F filing under extension	OR FISCAL YEAR BEGI	INNING L		12101212	<u>2</u> 」AN	D ENDING				. 66F	
芒			First Name and Middle Initial		Last	Name			Fotor	Yo	our Socia	I Security Nu	ımber	
2	1	SAII	BHARADWAJ		CHE	EKOTI			Enter		012	99 50	59	
LEMS		Spous	e's First Name and Middle Initi	al (if box 4 or 6 checked)	Last	Name			your SSN(S).	pouse's S	Social Securit	ty No.	
Щ	1	Currer	nt Home Address - number and	street rural route			Apt. No.				ne (with	area code)		
¥K) SAN JACINTO DRIVE				6				266-7	-		
Έ	_	City, T	own or Post Office	State		ZIP Code		Last	Names Used	l in Last	Four Prior	r Year(s) (if diff	ferent)	
DO NOT STAPLE		IRV	ING	TX		75063							97	
ST	STATUS	4	Married filing joint return	4a Injured Spouse			erpayment	REV 88R	ENUE USE (ONLY. D	O NOT MA	ARK IN THIS A	REA.	
0	STA	5	Head of household: Enter	name of qualifying child or de	ependent or	n next line:		0013						
Z														
<u>ظ</u>	FILING	7	✓ Married filing separate ret✓ Single	urn: Enter spouse's name a	ind Social S	ecurity Numb	er above.							
	1111	,	♦ Enter the number claime	d. Do not put a check n	nark.									
		8	Age 65 or over (you and/o			11a, also com	plete lines 46,	81P	PM		80R	RCVD		
	10	9	Blind (you and/or spouse)	47 and 40 Fax	lines 10a and	l 10b, also cor	nplete line 59.	Г			<u> </u>			
	and	10a	Dependents: Under age of		pendents:	Age 17 and	over.							
	and 11a - Dependents 10a and 10b	11a	Qualifying parents and gra	andparents										
	ents	12-1	3 Residency Status (check	one): 12 🛛 Part-Year Re	esident Oth	ner than Ac	tive Military	13 🗆	Part-Year	Reside	nt Active	Military		
	end		(Box 10a and 10b): Depend	ent Information. See inst				the b		comple		T		
	Dep		(a) FIRST AND LAS	STNAME	•	b) SECURITY	(c) RELATIONSI	IID NO	(d) D. OF MONTHS	√ Depe	(e) ndent Age	(f) ✓ if you did no	ot claim	
	<u>a</u>		(Do not list yourself			BER	INCLATIONS	LI	VED IN YOUR HOME IN 2022	1	uded in: 2	this person or federal return	n your	
	1	40							IONE IN 2022	(Box 10a	a) (Box 10b	educational c	redits	
_	9, ar	10c 10d						+		H	╅	⊢∺		
₹.	8,		(Box 11a): Qualifying parents	s and grandparents. See	instruction	ns Formo	re space, che	ck the	box \square and	d comp	lete page	4 Part 2		
40	ţi		(a)	gp		b)	(c)		(d)	(e) (f)				
ı 1	Exemptions 8,		FIRST AND LAS (Do not list yourself								V IF DIED	O IN		
ents after Form 140PY.	ă		(Do not list yourself	or spouse.)	NOIV	IDLIX			IOME IN 2022					
듄		11b						-			<u>H</u>			
aft		11c	Dates of Arizona residency: From	10.110.112.0.2.2	2 Ito I 0 . 6	5 3 0 2	0.2.2.		2022 FEDE	⊥ RΔI		2022 ARIZON	IΔ	
t			List other state(s) of residency:						ınt from Fede		ll l	Amount Only	.,	
		15	Wages, salaries, tips, etc					15	25,	448	00	6,60	0 00	
AZ schedules or other docum		16	Interest					16			00		00	
용		17	Dividends					17			00		00	
er.	o.	18	Arizona income tax refunds					18			00		00	
슳	ĕ	19	Business income (or loss) from				Ī	19			00		00	
<u>-</u>	a nc	20	,	Schedule D. See instructions for ARIZONA column			Г	20			00		00	
es	Arizona Income	21	Rents, royalties, partnerships, esta		•			21			00 00		00	
ᄪ	Ā	22 23	Other income reported on your Total income: Add lines 15 through				Г	23	25.	448		6,60		
ë		24	Other federal adjustments: Inc	•			Ī	24			00		00	
SC.			Federal adjusted gross income				F		25,	448	-		100	
											26	6,60	0 00	
힏		3								27	0.25	9		
<u>=</u>	S	This	box may be blank or may contain a	printed barcode of data from	your return.	28 Small bi	usiness income: 2	BS	check the box. Se	e instrs.	28		00	
<u>e</u>	Additior	III Y				29 Modified	d AZ gross income	. Subtra	act line 28 from	26	29	6,60		
feo	Adc					30 Total depreciation included in Arizona gross					30		00	
eq	7	N D	andres se eleteces				31 Other Additions to Income. Complete pa 32 Subtotal: Add lines 29, 30 and 31				31		00	
Ė	page 2										32 00	6,60	0 100	
Place anv required federal and	e e						/loss - line 20 ort-term gain/loss				00			
2	cont.						g-term gain/loss				00			
e a	ı						gain (see instruct).			0				
ac	ction		ASK ANGREGOVERSKYRY I SAVERSKY	naverkovite Hoverkovika silo 40		37 Multiply	y line 36 by 25°	% (.25)			37		00	
م	Subtractions						pital gain from	-		ess	38		00	
	S					I 39 Subtra	ct lines 37 and	28 from	n 32		30	6.60	บาทก	

ADOR 10149 (22)

1555

REV 02/04/23 PRO

Page 1 of 6

1	Your N	Name (as shown on page 1)	Your Social Security Number							
	CAT	DUADADNA I GUEEVOUI	012-99-505	0						
		L. Control of the con								
ıs ge 1	40	Recalculated Arizona depreciation			00					
Subtractions nt. from page 1	41	Contributions to: 41a 529 College Savings Plans 00 41b 529A (ABLE accounts) 00			00					
fron	42	Interest on U.S. obligations such as U.S. savings bonds and treasury bills			00					
Suk	43	· · · · · · · · · · · · · · · · · · ·								
8	44	Other Subtractions from Income. Complete Other Subtractions from Arizona Gross Income sched			00					
	45	Subtract lines 40 through 44 from line 39. Enter the difference		45	6,600 00					
	46	Age 65 or over: Multiply the number in box 8 by \$2,100		00						
Suc	47	Blind: Multiply the number in box 9 by \$1,500		00						
Exemptions	48	Other Exemptions. See instructions48E Multiply the number in box 48E by \$2,300 4	8	00						
xen	49	Qualifying parents and grandparents: Multiply the number in box 11a by \$10,000 4		00						
ш	50	Add lines 46 through 49. Enter the total		00	- 1					
	51	Multiply line 50 by the Arizona income ratio on line 27		51	0 00					
	52	Arizona adjusted gross income: Subtract line 51 from line 45. If less than zero, enter "0"			6,600 0 0					
	53	Deductions: Check box and enter amount. See instructions53I ITEMIZED 535	s⊠ STANDARD	53	12,950 0 0					
	54	If you checked box 53S and claim charitable contributions check 54C Complete page 3. See instru	ıctions	54	00					
	55	Arizona taxable income: Subtract lines 53 and 54 from line 52. If less than zero, enter "0"			0 00					
Tax	56	Compute the tax using amount from line 55 and Tax Tables X and Y			0 00					
Balance of Tax	57	Tax from recapture of credits from Arizona Form 301, Part 2, line 32		57	00					
auce	58	Subtotal of tax: Add lines 56 and 57. Enter the total		58	0 00					
Bala	59	Dependent Tax Credit. See instructions			00					
	60	Family income tax credit (from the worksheet - see instructions)		60	40 00					
	61	Nonrefundable credits from Arizona Form 301, Part 2, line 64			00					
	62	Balance of tax: Subtract lines 59, 60 and 61 from line 58. If the sum of lines 59, 60 and 61 is more than line			0 00					
its ind	63	2022 AZ income tax withheld		I	10 00					
orts a	64	· · · · · · · · · · · · · · · · · · ·	00 Add 64a and 64		00					
/mer	65	2022 AZ extension payment (Form 204)		65	00					
Total Payments and Refundable Credits	66	Increased Excise Tax Credit (from the worksheet - see instructions)			00					
Tota Refu	67	Other refundable credits: Check the box(es) and enter the total amount			00					
	_68	Total payments and refundable credits: Add lines 63 through 67. Enter the total		I	10 00					
or nent	69	TAX DUE: If line 62 is larger than line 68, subtract line 68 from line 62. Enter amount of tax due. Skip lines 70			00					
Due	70	OVERPAYMENT: If line 68 is larger than line 62, subtract line 62 from line 68. Enter amount of overpaymen			10 00					
Tax Due or Overpayment		Amount of line 70 to be applied to 2023 estimated tax			00					
0		Balance of overpayment: Subtract line 71 from line 70. Enter the difference.			10 00					
Ħs	73 -	- 83 VOIUNTARY GITTS TO: Assigned to Schools 73 UU Arizona Wildlife		0						
S		Child Abuse Prevention75 00 Domestic Violence Services 76 00 Political Gift								
ntar		Neighbors Helping Neighbors 78 00 Special Olympics 79 00 Veterans' Donations Full Neighbors Helping Neighbors 78 00 Special Olympics 79 00 Veterans' Donations Full Neighbors Helping Neighbors 78 00 Veterans' Donations Full Neighbors Helping Neighbors 79 00 Veterans' Donations Full Neighbors Helping Neighbors 79 00 Veterans' Donations Full Neighbors Helping Neighbors 79 00 Veterans' Donations Full Neighbors Helping Nei		0						
Voluntary G		I Didn't Pay Enough Fund81 00 Sustainable State Parks and Road Fund82 00 Spay/Neuter of Animals		0						
>		Political Party (if amount is entered on line 77- check only one): 841 Democratic 842 Libertarian 843								
<u>₹</u>	85	Estimated payment penalty		85	00					
Penalty	86	861 ☐ Annualized/Other 862 ☐ Farmer or Fisherman 863 ☐ Form 221 included								
	87	Add lines 73 through 83 and 85; enter the total			00					
ъ	88	REFUND: Subtract line 87 from line 72. If less than zero, enter amount owed on line 89		_	10 00					
Refund or Amount Owed		Direct Deposit of Refund: Check box 88Å if your deposit will be ultimately placed in a foreign account; see CM Checking or ROUTING NUMBER ACCOUNT NUMBER	instructions. 88AL	_						
unt un		98 S Savings S								
Amo	89	AMOUNT OWED: Add lines 69 and 87. Make check payable to Arizona Department of Revenue; write yo	ur CCN an nauman		00					
	09	AMOUNT OWED. Add lines 69 and 67. Make check payable to Anzona Department of Revenue, while yo	ur 55N on paymen	i. 09	100					
111	L	Index penalties of periury. I declare that I have read this return and any documents with it and to be	the hest of my k	nowledge a	nd helief they are					
2	_ tr	Inder penalties of perjury, I declare that I have read this return and any documents with it, and to the control of the control of the control of which prepries that I have than taxpayer) is based on all information of which prepries to the control of which prepries that the control of the	parer has any knowl	ledge.	nd belief, they are					
出出	→_		FTWARE DEV	ELOPER						
z	→ ′	OUR SIGNATURE DATE OCC	UPATION							
SIGN HERE		POUSE'S SIGNATURE DATE SPO	USE'S OCCUPATION							
S		SYAM PRIYA RAM SAGAR GUPTA TALLAM 03042023 GLOBAL TAXES LLO								
EASE		AID PREPARER'S SIGNATURE DATE FIRM'S NAME (PREPARER'S IF S 245 ROONEY CT	SELF-EMPLOYED) 84-31719							
A		AID PREPARER'S STREET ADDRESS	PAID PREPARER'S							
 		E BRUNSWICK NJ 08816	(678)965							

PAID PREPARER'S CITY

STATE

ZIP CODE

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).