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

2022

OMB No. 1545-0074

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

Filing Status Check only one box.	If yo	u checked the MFS box, enter the n	ame of y	ed filing separately (Noor spouse. If you cl					spot	use (QSS)	
		on is a child but not your dependent							L v		
Your first name		ddie initial	Last na								ity number
NISHITHA			MOSA							89-516	
If joint return, s	pouse's	first name and middle initial	Last nai	me					Spouse'	s social se	curity number
Home address	(numbe	r and street). If you have a P.O. box, see	instruction	ons.			Apt. no		Preside	ntial Electi	ion Campaign
6688 JOH	IN H	ICKMAN PKWY					407			nere if you,	
City, town, or p	ost offic	ce. If you have a foreign address, also co	mplete s	paces below.	Stat	е	ZIP code		1 '	0,	ntly, want \$3 Checking a
FRISCO					TX		75034			ow will not	•
Foreign country	y name		F	oreign province/state/o	county	/	Foreign post	al code	your tax	or refund	
										You	Spouse
Digital Assets		ny time during 2022, did you: (a) recange, gift, or otherwise dispose of a								Yes	⊠ No
Standard		eone can claim: You as a de					,: (
Deduction		Spouse itemizes on a separate retur	•			а аоронаон					
Age/Blindness	You:	☐ Were born before January 2, 1	958	Are blind Spc	use:	☐ Was bor	n before Ja	nuary	2, 1958	☐ Is b	lind
Dependents	s (see	instructions):		(2) Social security		(3) Relationsh	ip (4) Ched	k the b	ox if quali	fies for (see	instructions):
If more	•	rst name Last name		number		to you	Chi	ld tax c	redit	Credit for ot	ther dependents
than four											
dependents, see instruction											
and check	5 —										
here]										
Income	1a	Total amount from Form(s) W-2, b	ox 1 (se	e instructions)					. 1a		68,257.
	b	Household employee wages not re	eported	on Form(s) W-2					. 1b		
Attach Form(s) W-2 here. Also	С	Tip income not reported on line 1a	a (see ins	structions)					. 1c	:	
attach Forms	d	Medicaid waiver payments not rep	orted or	n Form(s) W-2 (see in	nstrud	ctions)			. 1d		
W-2G and 1099-R if tax	е	Taxable dependent care benefits f	rom For	m 2441, line 26					. 1e		
was withheld.	f	Employer-provided adoption bene	fits 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	ions) .						. 1h		0.
W-2, see instructions.	i	Nontaxable combat pay election (s	see instr	ructions)		<u>1</u> i					
	Z	Add lines 1a through 1h							. 1z		68,257.
Attach Sch. B	2a	Tax-exempt interest	2a		b Ta	xable interes	t		. 2b		
if required.	3a	Qualified dividends	3a		b Or	dinary divide	nds		. 3b		
	4a	IRA distributions	4a		b Ta	xable amoun	t		. 4b		
Standard	5a	-	5a			xable amoun			. 5b		
Deduction for— Single or	6a	,	6a			xable 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		required. If not requ	iired,	check here			_ 7		
Married filing jointly or	8	Other income from Schedule 1, lin							. 8		-5,091.
Qualifying	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7	-	•					. 9		63,166.
surviving spouse, \$25,900	10	Adjustments to income from Sche							. 10	_	
Head of household.	11	Subtract line 10 from line 9. This is	•	-					. 11		63,166.
\$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		12,950.
Deduction, see instructions.	15	Subtract line 14 from line 11. If zer	ro or less	s, enter -0 This is y	our t a	axable incom	ne		. 15		50,216.

Form 1040 (2022	2)									Page 2
Tax and	16	Tax (see instructions). Check	f any from Form	n(s): 1 881	4 2 4972	3 🗌		. 16	6	,667.
Credits	17	Amount from Schedule 2, line	e3				·	. 17		
	18	Add lines 16 and 17						. 18	6	,667.
	19	Child tax credit or credit for c	other dependen	ts from Sched	ule 8812			. 19		
	20	Amount from Schedule 3, line	e8					. 20		
	21	Add lines 19 and 20						. 21		
	22	Subtract line 21 from line 18.	If zero or less,	enter -0				. 22	6	,667.
	23	Other taxes, including self-er	nployment tax,	from Schedule	e 2, line 21 .			. 23		0.
	24	Add lines 22 and 23. This is y	our total tax					. 24	6	,667.
Payments	25	Federal income tax withheld								
-	а	Form(s) W-2				25a	8,6	89.		
	b	Form(s) 1099				25b				
	С	Other forms (see instructions)			25c				
	d	Add lines 25a through 25c .						. 25d	8	,689.
If you have a	26	2022 estimated tax payments	s and amount a	pplied from 20	21 return			. 26		
qualifying child,	27	Earned income credit (EIC) .				27				
attach Sch. EIC.	28	Additional child tax credit from	n 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, line	e 15			31				
	32	Add lines 27, 28, 29, and 31.	These are your	total other pa	ayments and re	fundable c	redits .	. 32	1	
	33	Add lines 25d, 26, and 32. Th	nese are your to	tal payments				. 33	8	,689.
Refund	34	If line 33 is more than line 24	, subtract line 2	4 from line 33.	This is the amo	unt you ove	rpaid .	. 34	2	,022.
nerana	35a	Amount of line 34 you want r	efunded to you	u. If Form 8888	is attached, ch	eck here .		☐ 35a	2	,022.
Direct deposit?	b	Routing number 1 2 2	1 0 1 7	0 6	c Type:	Checking	Sav	rings		
See instructions.	d	Account number 4 5 7	0 3 1 3	7 7 7 9	9 5					
	36	Amount of line 34 you want a	pplied to your	2023 estimate	ed tax	36				
Amount You Owe	37	Subtract line 33 from line 24. For details on how to pay, go				s		. 37		
	38	Estimated tax penalty (see in	structions) .			38				
Third Party Designee		you want to allow another tructions	•				Yes. Comp	olete below.	X No	
		signee's		Phone				identification		
	nar			no.			number (,		
Sign Here		der penalties of perjury, I declare the ief, they are true, correct, and comp								
11010	Yo	ur signature		Date	Your occupation				ent you an Ide	
Joint return?		Nishither		02/01/2023	FULL TIME		/EE	(see inst.)	PIN, enter it h	ere
See instructions. Keep a copy for your records.	Sp	ouse's signature. If a joint return, b	oth must sign.	Date	Spouse's occupa	ation			ent your spous tection PIN, e	
	———Ph	one no. (520)491-0296	5	Email address	NM867@NAU	I EDII		1		
		eparer's name	Preparer's signat		141100 / @IVA	Date	PT	ΓIN	Check if:	
Paid		PRIYA RAM SAGAR GUPTA TALLAM			מווסדם דמו.ו			2082703	l —	mployed
Preparer		m's name GLOBAL TAX			COLIN INDUA	02/01/	_025 1 0		(678)965	
Use Only		m's address 245 ROONEY		INSWICK N.	J 08816			Firm's EIN		45487
Go to warm inc.		11040 for instructions and the lates				DEV. 24/5 : 1	20 DDC	1		040 (2022)
40 10 WWW.113.90	JVII UIII	TOTO TO INSTRUCTIONS AND THE IALES	r iiiioiiiiatioii.		BAA	REV 01/24/	23 PKU		1-01111	- TU (2022)

SCHEDULE 1 (Form 1040)

Additional Income and Adjustments to Income

OMB No. 1545-0074

2022

Attachment
Soguence No. 01

Department of the Treasury Internal Revenue Service

NISHITHA MOSALI

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

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

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

	Sequence No. 01
Your soc	ial security number
362-89	-5161

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. Attach Schedule E		-5,091.
6	Farm income or (loss). Attach Schedule F	6	
7	Unemployment compensation	7	
8	Other income:		
а	Net operating loss)	
b	Gambling		
С	Cancellation of debt		
d	Foreign earned income exclusion from Form 2555 8d ()	
е	Income from Form 8853		
f	Income from Form 8889		
g	Alaska Permanent Fund dividends		
h	Jury duty pay		
į	Prizes and awards		
j	Activity not engaged in for profit income		
k	Stock options		
ı	Income from the rental of personal property if you engaged in the rental		
	for profit but were not in the business of renting such property 8I		
m	Olympic and Paralympic medals and USOC prize money (see		
	instructions)		
n	Section 951(a) inclusion (see instructions)		
0	Section 951A(a) inclusion (see instructions)		
p	Section 461(I) excess business loss adjustment 8p Taxable distributions from an ABLE account (see instructions) 8q		
q	Taxable distributions from an ABLE account (see instructions) 8q Scholarship and fellowship grants not reported on Form W-2 8r	_	
r	Nontaxable amount of Medicaid waiver payments included on Form		
S	1040, line 1a or 1d	\	
t	Pension or annuity from a nonqualifed deferred compensation plan or	/	
·	a nongovernmental section 457 plan		
u	Wages earned while incarcerated 8u		
z			
~	8z		
9	Total other income. Add lines 8a through 8z	9	
10	Combine lines 1 through 7 and 9. Enter here and on Form 1040, 1040-SR, or 1040-NR, li		-5,091.

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

Par	t II Adjustments to Income			
11	Educator expenses		11	
12	Certain business expenses of reservists, performing artists, and fee-basis governr			
	officials. Attach Form 2106	L	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	L	23	
24	Other adjustments:			
а	Jury duty pay (see instructions)			
b	Deductible expenses related to income reported on line 8l from the			
	rental of personal property engaged in for profit			
С	Nontaxable amount of the value of Olympic and Paralympic medals			
	and USOC prize money reported on line 8m			
d	Reforestation amortization and expenses			
е	Repayment of supplemental unemployment benefits under the Trade			
	Act of 1974			
f	Contributions to section 501(c)(18)(D) pension plans			
g	Contributions by certain chaplains to section 403(b) plans 24g			
h	Attorney fees and court costs for actions involving certain unlawful			
	discrimination claims (see instructions)			
İ	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			
k	Excess deductions of section 67(e) expenses from Schedule K-1 (Form			
_	1041)			
Z	Other adjustments. List type and amount:			
25			25	
25 26	Total other adjustments. Add lines 24a through 24z		25	
26	Add lines 11 through 23 and 25. These are your adjustments to income . Enter here an Form 1040 or 1040-SR, line 10, or Form 1040-NR, line 10a		26	
	roini 1040 oi 1040-on, iiile 10, oi roini 1040-inn, iiile 10a		20	

SCHEDULE E (Form 1040)

Supplemental Income and Loss

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

Attach to Form 1040, 1040-SR, 1040-NR, or 1041.

OMB No. 1545-0074

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

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

s, etc.)	2022							
	Attachment Sequence No. 13							
Your social security number								

NISH	HITHA MOSALI							362-8	9-5161	
Par	Income or	Loss From Rental Real Estat	te and Ro	ovalties			I			
	Note: If you a	are in the business of renting personal r	oroperty, us	e Schedu	le C. See	instruc	tions. If you a	re an indi	vidual, rep	ort farm
		e or loss from Form 4835 on page 2, lin								
		payments in 2022 that would require								
В	f "Yes," did you or	will you file required Form(s) 1099	?						. <u></u> Ye	s No
1a	Physical address	s of each property (street, city, stat	te, ZIP cod	de)						
A	BUDDHA NAGAI	R COLONY, UPPAL HYDERAB.	AD TELA	NGANA	IN 50	0092				
В		, -								
С										
1b	Type of Property	2 For each rental real estate p	oronerty lis	sted		Fai	r Rental	Persor	nal Use	
	(from list below)	above, report the number of					Days		ays	QJV
A	3	personal use days. Check t	he QJV bo	ox only	Α		365		0	
В		if you meet the requirement			В					
С		qualified joint venture. See	instruction	ıs.	С					
	of Property:	ı				l	l			
	Single Family Resid	idence 3 Vacation/Short-Term	n Rental	5 Lan	ıd	7 9	Self-Rental			
	Multi-Family Resid			6 Roy	/alties	8 (Other (descr	ribe)		
							Properti	es:		
Incon					Α	1.0	В			С
3					4	10.				
4		d	4							
Expe			_							
5										
6	•	see instructions)			7	12.				
7	•	intenance			/	12.				
8 9										
10		orefossional foos								
11	-	orofessional fees				46.				
12	_	t paid to banks, etc. (see instructio				40.				
13			· -							
14					1 7	98.				
15					1,3					
16			-							
17			-		1,0	96.				
18		ense or depletion			, -					
19										
20	Total expenses. A	Add lines 5 through 19	20		5,5	01.				
21	Subtract line 20 fr	from line 3 (rents) and/or 4 (royaltie	s). If							
		see instructions to find out if you r								
	file Form 6198 .		21		-5,0	91.				
22	Deductible rental	I real estate loss after limitation, if	any,							
	on Form 8582 (se	ee instructions)	22	(5,09	1.)()	()
23a	Total of all amoun	nts reported on line 3 for all rental μ	oroperties			23a		410.	-	
b		nts reported on line 4 for all royalty		s		23b				
С		nts reported on line 12 for all prope				23c				
d		nts reported on line 18 for all prope				23d				
е		nts reported on line 20 for all prope				23e	5	,501.		
24	•	sitive amounts shown on line 21.		_				. 24		
25		alty losses from line 21 and rental rea							(5,091.
26		estate and royalty income or (lo								
		III, IV, and line 40 on page 2 do n 1040), line 5. Otherwise, include t		-						-5,091.
		,	arrioul		otal Oll II	1 (, i pago L	· ∠n	1	\cup , \cup \supset \bot .

RETURN.			Arizona Form 140NR	Nonresiden	t Pers	onal In	come Ta	ax Retu	ırn	F		1 LENDAR YE	EAR	
	82F		Check box 82F f filing under extension	OR FISCAL YEAR BEGI	INNING L		12.0.2.	2 AND EN	NDING L				. 66F]
뿚	_	Your F	First Name and Middle Initial		Last	Name			Enter			I Security		r
	_		HITHA		MOS	SALI			your	36		89 5		_
ANY ITEMS TO	1		se's First Name and Middle Ir	,	Last	Name			SSN(s).		ı	ocial Sec		۱.
囯		Curre	nt Home Address - number a	and street, rural route			Apt. No.				•	area cod	e)	
₹			8 JOHN HICKMAN PK				407			20)49				_
		-	own or Post Office	State		ZIP Code		Last Nam	es Used in	Last Fou	ır Prior	Year(s) (if		Ĺ
岸	3	FRI	SCO 	TX		75034		1					97	=
₹	SN.	4	Married filing joint retur	n 4a Injured Spouse	Protection	of Joint Ov	erpayment/	REVENU 88R	E USE ONL	Y. DO N	OT MA	RK IN THI	S AREA.	
S	STATUS	5	Head of household: Er	nter name of qualifying child or de	ependent or	next line:		look						
5	8 9													
DO NOT STAPLE	FILING	6	_	return: Enter spouse's name a	nd Social Se	ecurity Numb	per above.							
Δ	ч	7		imed. Do not put a check i	mark.									
	10b	8	Age 65 or over (you an	16), also com	olete lines 47	81P PM			80R	RCVD		-
	and	9	Blind (you and/or spou	and 48. For lin	es 10a and	10b, compl	ete line 59.				النتوا			
	10a	10a	Dependents: Under ag	· —	pendents:	Age 17 and	l over.							
	nts		Residency Status (check	<u></u>		_			:t- D-t-					
	an de	11-13	· · · · · · · · · · · · · · · · · · ·				-						age 29)	-
	Depe		(Box 10a and 10b): Deper	ndent Information. See instr	uctions. F (b		pace, check (c)	the box (nplete (e)	page 4	1. (f)	٦
	9-1		FIRST AND L	•	SOCIAL SEC	•	RELATIONS	IP NO. OF	NONTHS ✓ C	ependen included	t Age	if you di	<i>)</i> d not claim	ı
	and		(Do not list yours	self or spouse.)				LIVED II HOME	INI 2022	1	2	federal reti	urn due to	
	œ								(60	x 10a) (E	OX 10b)	education	7	4
	tion	10c								1	+		┪	\exists
	Exemptions	10d								-	+		┪	\exists
Ä	Ř	10e 10f								it	Ħ		i	1
nts after Form 140NR			Check box 14 if married and	l you are the spouse of an ac	ctive duty r	military mei	mber	2022	FEDERAL		20)22 ARIZ	ONA	٦
Ξ		• •	who qualifies for relief under			-			m Federal F			irce Amour		
<u>.</u>		15	Wages, salaries, tips, etc	• •	•			15	68,25	7 00		3,2	240 00	<u> </u>
erF		16	Interest					16		00			00)
Ħ		17	Dividends					17		00			00)
ţ	ome		Arizona income tax refunds.				t t	18		00			00	
			Business income or (loss) from					19		00			00	
ä	ona Inc		Gains or (losses) from feder					20		00			00	
9	Arizo		Rents, royalties, partnerships, es		•			21	-5,09	00			0 00	
er			Other income reported on your Total income: Add lines 45 the					22	63,16			3 3	0 00 240 00	
Ę			Total income: Add lines 15 thr Other federal adjustments:	· ·			[24	03,10	00		J, 2	00	
schedules or other docume			Federal adjusted gross incor						63,16	-			100	
es (Arizona gross income: Subtr									3,2	240 00	_)
₹			Arizona income ratio: Divid									0.0		
hec		28	Small Business Income: 285	check the box if you are filing Ar	rizona Form	140-SBI and	enter the amour	nt from Form 1	140-SBI, line	10 28			00	
sc		29	Modified Arizona gross incor	ne. Subtract line 28 from 26	<u></u>					29		3,2	240 00)
AZ	Suc	30	Total depreciation included in	Arizona gross income						30			00	
pu	ditic	I his i	box may be blank or may contain	i a printed barcode of data from y	your return. Jaiawat ■ III	31 Partner	ship Income ad	djustment. S	ee instruction	ns 31			00	
a	Addi						dditions to Inco					2 (00	
era	~						tal: Add lines		ınd 32			3,2	240 00	<u>)</u>
Place any required federal and AZ	- cont. on page 2						rced gain/loss			00				
βď	n pa				#W-1		erm gain/loss erm gain/loss			00				
Jire	ıt. o						gain. See instr.			00				
edı	<u>0</u>						line 37 by 259						00	<u> </u>
Σ	- Su				WW.		ital gain from						00	
an	Subtractions		overcoverske kopetage kopenske in fall	(TEKNENGERSENSKERENDERFERTERSE	OVERNI III	I	ulated Arizona	•					00	
€.	btra					41 Partner	ship Income.	See instruction	ons	41			00	<u>)</u>
뜶	Su					42 Subtrac	t lines 38 throu	ıgh 41 from l	ine 33	42		3,2	240 00)

13 (22) AZ Form 140NR (2022)

[Your	Name (as shown on page 1)	our Social Security Nu	umber		
		SHITHA MOSALI	362-89-5161			
ons -	43	Interest on U.S. obligations such as U.S. savings bonds and treasury bills				00
action	44	Agricultural crops contributed to Arizona charitable organizations				00
Subtractions ont. from pag	45	Other Subtractions from Income: Complete Other Subtractions from Arizona Gross Income schero	· -		2 240	00
9 8	46	Subtract lines 43 through 45 from line 42. Enter the difference			3,240	100
	47	Age 65 or over: Multiply the number in box 8 by \$2,100		00		
Exemptions	48	Blind: Multiply the number in box 9 by \$1,500		00		
np E	49	Other Exemptions: See instructions49E Multiply the number in box 49E by \$2,300		00		
že	50	Add lines 47, 48, and 49. Enter the total		00		
ш	51	Multiply line 50 by the Arizona ratio on line 27			2 040	00
	52	Arizona adjusted gross income: Subtract line 51 from line 46. If less than zero, enter "0"			3,240	-
	53	Deductions: Check box and enter amount. See instructions		I .	660	$\overline{}$
	54	If you checked box 53S and claim charitable contributions, check 54C Complete page 3. See in			0.500	00
	55	Arizona taxable income: Subtract lines 53 and 54 from line 52. If less than zero, enter "0"			2,580	-
of Tax	56	Compute the tax using amount from line 55 and Tax TableS X and Y			66	00
	57	Tax from recapture of credits from Arizona Form 301, Part 2, line 32				00
Balance	58	Subtotal of tax: Add lines 56 and 57. Enter the total			66	00
Bal	59	Dependent Tax Credit. See instructions				00
	60	Nonrefundable credits from Arizona Form 301, Part 2, line 64				00
	61	Balance of tax: Subtract lines 59 and 60 from line 58. If the sum of lines 59 and 60 is more than line 58, er			05	00
b s	62	2022 AZ income tax withheld			8 /	00
ts ar	63		00 Add 63a and 63b			00
men Se C	64	2022 AZ extension payment (Form 204)				00
Pay	65	Other refundable credits: Check the box(es) and enter the total amount		I .	0.7	00
Total Payments and Refundable Credits	66	Total payments and refundable credits: Add lines 62 through 65. Enter the total			0 /	00
	67	TAX DUE: If line 61 is larger than line 66, subtract line 66 from line 61. Enter amount of tax due. Skip lines 6			21	00
Tax Due or Overpayment	68	OVERPAYMENT: If line 66 is larger than line 61, subtract line 61 from line 66. Enter amount of overpaymer Amount of line 68 to be applied to 2023 estimated tax			21	00
rpay	69 70	Balance of overpayment: Subtract line 69 from line 68. Enter the difference			21	00
S a		Colutions Tooms		T		100
w	, ,	- 81 Voluntary Gifts to: Assigned to Schools71 Child Abuse Prevention73 OD Domestic Violence Services 74 OD Political Gift		7		
Gifts		Neighbors Helping Neighbors 76 00 Special Olympics 77 00 Veterans' Donations Fu		7		
ar		I Didn't Pay Enough Fund 79 00 Sustainable State Parks and Road Fund		7		
Voluntary	82	Political Party (if amount is entered on line 75 - check only one): 821 Democratic 822 Libertarian 82		_		
8	83	Estimated payment penalty	· · · · · · · · · · · · · · · · · · ·	83		00
₹	84	841 Annualized/Other 842 Farmer or Fisherman 843 Form 221 included				
Penal	85	Add lines 71 through 81 and 83. Enter the total		85		00
8	86	REFUND: Subtract line 85 from line 70. If less than zero, enter amount owed on line 87		86	21	00
ъ		Direct Deposit of Refund: Check box 86A if your deposit will be ultimately placed in a foreign account; see				
o e		C Checking or ROUTING NUMBER ACCOUNT NUMBER				
urt E		98 S Savings 1 2 2 1 0 1 7 0 6 4 5 7 0 3 1 3 7 7 7 9 5				
Refund or Amount Owed	87	AMOUNT OWED: Add lines 67 and 85. Make check payable to Arizona Department of Revenue; write you	r SSN on payment	87		00
			the best form		and halles there	
		Under penalties of perjury, I declare that I have read this return and any documents with it, and to true, correct and complete. Declaration of preparer (other than taxpayer) is based on all informatic				e
					,g	
2	→		JLL TIME EM	PLOYE:	Ε	
뿔		YOUR SIGNATURE DATE OC	CUPATION			
Z	→					
SIGN HERE		SPOUSE'S SIGNATURE DATE SP	OUSE'S OCCUPATION			-
			- ~			
PLEASE		SYAM PRIYA RAM SAGAR GUPTA TALLAM PAID PREPARER'S SIGNATURE 02012023 DATE GLOBAL TAXES L. FIRM'S NAME (PREPARER'S IF				-
E/		245 ROONEY CT	88-21454	.87		
L		PAID PREPARER'S STREET ADDRESS	PAID PREPARER'S			-
		E BRUNSWICK NJ 08816	(678)965			
		PAID PREPARER'S CITY STATE ZIP CODE	PAID PREPARER'S			-

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).