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

OMB No. 1545-0074

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

Filing Status	X S	Single Married filing jointly	Marri	ed filing separately	(MFS)	Head of	hous	ehold (HOH)		ifying survi ise (QSS)	ving	
Check only one box.	If vo	u checked the MFS box, enter the r	name of	vour spouse. If vou	ı check	ed the HOH or	r QSS	box, ente	r the c			e aualifvina	
		on is a child but not your depender		,									
Your first name	and mi	ddle initial	Last na	_ast name							cial security	number	
SHASHIDE	IAR		NANI	DADAPU					7	730-91-8854			
		first name and middle initial	Last na									rity number	
-													
Home address	(numbe	r and street). If you have a P.O. box, se	e instructi	ons.				Apt. no.	Pr	esider	ntial Election	n Campaign	
5359 W	HACE	CAMORE DR									ere if you, o	,	
		ce. If you have a foreign address, also c	omplete s	spaces below.	Sta	te	ZIP	code			if filing joint		
PHOENIX					AZ	i	85	083			this fund. C ow will not c		
Foreign country	/ name			Foreign province/state	te/count	у	Fore	ign postal co			or refund.	3.	
											You	Spouse	
Digital	At an	y time during 2022, did you: (a) red	ceive (as	a reward, award,	or payn	nent for prope	rty o	r services);	or (b)	sell,			
Assets		ange, gift, or otherwise dispose of									Yes	⊠ No	
Standard	Som	eone can claim:	ependen	t	use as	a dependent							
Deduction		Spouse itemizes on a separate retu	rn or you	u were a dual-statu	ıs alien								
Age/Rlindness	. Vou	Were born before January 2,	1958 Г	Are blind S	pouse	. □ Was hou	rn he	fore Janua	n/2 1	958	☐ Is blir	nd	
			1000 [(2) Social secu	•	(3) Relationsh			, ,		ies for (see in		
Dependents		rst name Last name		number	rity	to you	iib	Child ta		· 1		er dependents	
If more than four	(1)	Last Harris						Offilia tax creat		Todic Orodicio di		7	
dependents,									<u>-</u> 1			<u>-</u>	
see instructions and check	s ——								<u>-</u>				
here												<u></u>	
Incomo	1a	Total amount from Form(s) W-2, k	oox 1 (se	e instructions) .						1a	12	7,039.	
Income	b	Household employee wages not i	•	,						1b		.,	
Attach Form(s)	С									1c			
W-2 here. Also attach Forms	d								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 benefits 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 instruc	tions)							1h		0.	
W-2, see instructions.	i	Nontaxable combat pay election	axable combat pay election (see instructions)										
motractions.	z								1z	12	7,039.		
Attach Sch. B	2a	Tax-exempt interest	2a		b Ta	axable interes	t			2b			
if required.	3a	Qualified dividends	3a			rdinary divide				3b			
	4a	IRA distributions	4a		b Ta	axable amoun	t.			4b			
Standard	5a	Pensions and annuities	5a		b Ta	axable amoun	t.			5b			
Deduction for— Single or	6a	Social security benefits	6a		b Ta	axable amoun	t.		<u>.</u>	6b			
Married filing separately,	С	If you elect to use the lump-sum		•	•	,							
\$12,950	7	Capital gain or (loss). Attach Sche		f required. If not re	quired,	check here				7			
Married filing jointly or	8	Other income from Schedule 1, lin								8		1,407.	
Qualifying	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7	7, and 8.	This is your total i	income					9	11	5,632.	
surviving spouse, \$25,900	10	Adjustments to income from Scho	•							10	1		
Head of household,	11	Subtract line 10 from line 9. This	•							11		5,632.	
\$19,400	12	Standard deduction or itemized		•	,		•			12	1 1	2,950.	
If you checked any box under	13	Qualified business income deduc								13			
Standard Deduction,	14	Add lines 12 and 13								15		<u>2,950.</u>	
see instructions.	15	Subtract line 14 from line 11. If zero or less, enter -0 This is your taxable income									1 10	2,682.	

Form 1040 (2022	2)								Page 2
Tax and	16	Tax (see instructions). Check if any	from Form	n(s): 1 881	4 2 4972	3 🗌		. 16	18,479.
Credits	17	Amount from Schedule 2, line 3						. 17	
	18	Add lines 16 and 17						. 18	18,479.
	19	Child tax credit or credit for other	dependen	its from Schedi	ule 8812			. 19	
	20	Amount from Schedule 3, line 8						. 20	
	21	Add lines 19 and 20						. 21	
	22	Subtract line 21 from line 18. If zer	o or less,	enter -0				. 22	18,479.
	23	Other taxes, including self-employ	ment tax,	from Schedule	2, line 21 .			. 23	0.
	24	Add lines 22 and 23. This is your to	otal tax					. 24	18,479.
Payments	25	Federal income tax withheld from:							
-	а	Form(s) W-2				25a	24,69	95.	
	b	Form(s) 1099				25b			
	С	Other forms (see instructions) .				25c			
	d	Add lines 25a through 25c						. 25d	24,695.
If	26	2022 estimated tax payments and	amount a	applied from 20	21 return			. 26	
If you have a qualifying child,	27	Earned income credit (EIC)				27			
attach Sch. EIC.	28	Additional child tax credit from Sche				28			
	29	American opportunity credit from I	orm 8865	3, line 8		29			
	30	Reserved for future use				30			
	31	Amount from Schedule 3, line 15				31			
	32	Add lines 27, 28, 29, and 31. Thes	. 32						
	33	Add lines 25d, 26, and 32. These a	are your tc	tal payments				. 33	24,695.
Refund	34	If line 33 is more than line 24, subt	ract line 2	24 from line 33.	This is the amo	unt you overp	aid .	. 34	6,216.
neiulia	35a	Amount of line 34 you want refund	ded to you	u . If Form 8888	is attached, ch	eck here .		35a	6,216.
Direct deposit?	b	Routing number 1 2 2 1 0) 1 7	0 6	c Type:	X Checking	Savi	ngs	
See instructions.	d	Account number 4 5 7 0 2	2 8 1	9 1 3 7					
	36	Amount of line 34 you want applie	d to your	2023 estimate	ed tax	36			
Amount	37	Subtract line 33 from line 24. This	is the am	ount vou owe.					
You Owe		For details on how to pay, go to w	. 37						
	38	Estimated tax penalty (see instruct	ions) .			38			
Third Party	Do	you want to allow another person	on to disc	cuss this retur	n with the IRS	S? See		·	
Designee ²	ins	tructions				🗌 Y e	s. Comp	ete below.	X No
		signee's		Phone				dentification	
	naı			no.			number (F		
Sign		der penalties of perjury, I declare that I hat ef, they are true, correct, and complete. I							
Here		ır signature		Date	Your occupation				nt you an Identity
	10	ar signature		Date	Tour occupation				IN, enter it here
Joint return?					SOFTWARE	ENGINEER		(see inst.)	
See instructions. Keep a copy for	Sp	ouse's signature. If a joint return, both m	ust sign.	Date	Spouse's occup		nt your spouse an		
your records.									ection PIN, enter it here
,		(000)001 1000			G176 4 4 6177			(see inst.)	
		one no. (928)221–1293		Email address	SN644@NAU	J.EDU Date	PTI	NI	Check if:
Paid		. '	rer's signat		CIIDMA MATTA				l <u> </u>
Preparer		PRIYA RAM SAGAR GUPTA TALLAM SYAM		KAM SAGAR	GUPTA TALLA	M 02/01/20	123 PO:	2082703	Self-employed
Use Only									(678)965-9522
				INSWICK NO				Firm's EIN	88-2145487
Go to www.irs.go	ov/Forn	11040 for instructions and the latest infor	mation.		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

SHASHIDHAR NANDADAPU

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.

Your social security number 730-91-8854

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. Atta	ach Schedule E .	5	-11,407.
6	Farm income or (loss). Attach Schedule F		6	
7	Unemployment compensation		7	
8	Other income:			
а	Net operating loss	8a ())	
b	Gambling	8b		
C	Cancellation of debt	8c		
d	Foreign earned income exclusion from Form 2555	8d ())	
е	Income from Form 8853	8e		
f	Income from Form 8889	8f		
g	Alaska Permanent Fund dividends	8g		
h	Jury duty pay	8h		
i	Prizes and awards	8i		
j	Activity not engaged in for profit income	8j		
k	Stock options	8k		
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	81	_	
m	Olympic and Paralympic medals and USOC prize money (see			
	instructions)	8m	-	
n	Section 951(a) inclusion (see instructions)	8n	-	
0	Section 951A(a) inclusion (see instructions)	80	-	
р	Section 461(I) excess business loss adjustment	8p	-	
q	Taxable distributions from an ABLE account (see instructions)	8q	-	
r	Scholarship and fellowship grants not reported on Form W-2	8r	-	
S	Nontaxable amount of Medicaid waiver payments included on Form			
	1040, line 1a or 1d	8s ()	4	
t	Pension or annuity from a nonqualifed deferred compensation plan or			
	a nongovernmental section 457 plan	8t	-	
u	Wages earned while incarcerated	8u		
Z	Other income. List type and amount:	0-		
0	Total other income. Add lines On through On	8z		
9 10	Total other income. Add lines 8a through 8z		9	-11,407.
IU	Combine lines i unough / and a. Enter here and on Form 1040, 1040-5K.	, 01 1040-1115, 11116 8	10	-11,4U/.

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.

2022	
Attachment Sequence No. 13	

Your social security number

SHASHIDHAR NANDADAPU 730-91-8854 Part I **Income or Loss From Rental Real Estate and Royalties** Note: If you are in the business of renting personal property, use Schedule C. See instructions. If you are an individual, report farm rental income or loss from Form 4835 on page 2, line 40. Did you make any payments in 2022 that would require you to file Form(s) 1099? See instructions 1a Physical address of each property (street, city, state, ZIP code) ADITHYANAGAR, VIDHYANAGAR KARIMNAGAR TELANGANA IN 505001 Α В C 1b Type of Property **Fair Rental Personal Use** For each rental real estate property listed QJV (from list below) above, report the number of fair rental and **Davs Davs** personal use days. Check the QJV box only Α Α 365 0 if you meet the requirements to file as a В В qualified joint venture. See instructions. С C Type of Property: 3 Vacation/Short-Term Rental 1 Single Family Residence 7 Self-Rental 5 Land 8 Other (describe) 2 Multi-Family Residence 4 Commercial 6 Royalties **Properties:** Α В C Income: 3 550. 4 Royalties received 4 **Expenses:** 5 5 Advertising 6 Auto and travel (see instructions) 6 7 Cleaning and maintenance. 7 1,946. 8 Commissions 8 9 9 Insurance . . 10 10 Legal and other professional fees 11 Management fees 11 1,543. 12 Mortgage interest paid to banks, etc. (see instructions) 12 13 13 3,396. 14 14 Repairs . . . 15 Supplies 15 2,786. 16 16 Taxes 17 17 2,286. 18 18 Depreciation expense or depletion 19 19 Other (list) 20 20 Total expenses. Add lines 5 through 19 11,957. 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 -11,407. 22 Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions) 11,407.) 550. 23a Total of all amounts reported on line 3 for all rental properties Total of all amounts reported on line 4 for all royalty properties 23b Total of all amounts reported on line 12 for all properties 23c 23d Total of all amounts reported on line 18 for all properties 11,957. Total of all amounts reported on line 20 for all properties 23e 24 **Income.** Add positive amounts shown on line 21. **Do not** include any losses 24 25 Losses. Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here 25 11,407. Total rental real estate and royalty income or (loss). Combine lines 24 and 25. Enter the result 26 here. If Parts II, III, IV, and line 40 on page 2 do not apply to you, also enter this amount on Schedule 1 (Form 1040), line 5. Otherwise, include this amount in the total on line 41 on page 2 -11,407.

Form **8582**

Passive Activity Loss Limitations

See separate instructions.
Attach to Form 1040, 1040-SR, or 1041.

Go to www.irs.gov/Form8582 for instructions and the latest information.

OMB No. 1545-1008

2022

Attachment Sequence No. 858

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

Identifying number

SHAS	SHIDHAR NANDADAPU				730)-91-	-8854
Par	t I 2022 Passive Activity Loss	3			•		
	Caution: Complete Parts IV ar	nd V before comple	eting Part I.				
	Real Estate Activities With Active Parance for Rental Real Estate Activities			ive participation,	see Special		
1a b c d	Activities with net income (enter the a Activities with net loss (enter the amore Prior years' unallowed losses (enter the Combine lines 1a, 1b, and 1c	unt from Part IV, co ne amount from Pa	olumn (b)) art IV, column (c))	1b (0.	1d	-11,407.
	her Passive Activities						
	Activities with net income (enter the a Activities with net loss (enter the amor Prior years' unallowed losses (enter the	unt from Part V, co	olumn (b)) art V, column (c))	2b (2c ()	2d	
3	Combine lines 1d and 2d. If this line i all losses are allowed, including any losses on the forms and schedules no	prior year unallowe				3	-11,407.
Cautio	If line 3 is a loss and: • Line 1d is a l • Line 2d is a l on: If your filing status is married filing	oss (and line 1d is	**			vear.	do not complete
	. Instead, go to line 10.	,		ο ρ ουσο οπο τική τι		,,	
Par	t II Special Allowance for Rer	ntal Real Estate	Activities With	Active Particip	oation		
	Note: Enter all numbers in Par	t II as positive amo	ounts. See instruct	tions for an exam	ple.		
4	Enter the smaller of the loss on line 1	d or the loss on lin	e3			4	11,407.
5	Enter \$150,000. If married filing separ	ately, see instructi	ons	5	150,000.		
6	Enter modified adjusted gross income	e, but not less than	zero. See instruc	tions 6	127,039.		
	Note: If line 6 is greater than or equal on line 9. Otherwise, go to line 7.	to line 5, skip line	s 7 and 8 and ent	er -0-			
7	Subtract line 6 from line 5			7	22,961.		
8	Multiply line 7 by 50% (0.50). Do not en					8	11,481.
9						9	11,407.
Pari		10 1 1				40	
10	Add the income, if any, on lines 1a an					10	0.
11	Total losses allowed from all passiv out how to report the losses on your to					11	11,407.
Pari	Complete This Part Before		 a. 1b. and 1c. S				11,107.
	·	Currer	· ·	Prior years	Ove	rall ga	ain or loss
	Name of activity	(a) Net income (line 1a)	(b) Net loss (line 1b)	(c) Unallowed loss (line 1c)	(d) Gair	ı	(e) Loss
ADI	ΓΗΥΑΝAGAR, VIDHYANAGAR	0.	11,407.				11,407.
		l l		I			

11,407.

0.

BAA

Total. Enter on Part I, lines 1a, 1b, and 1c

Form 8582 (2022) Page **2**

Part V Complete This Part Befor	e P	art I, Lines 2	a, 2b,	and 2c. S	ee instrud	ctions.			•	
Name of activity		Currer	nt year		Prior y	ears	Overa	ain or loss		
Marile of activity	(a) Net income (line 2a)		(b) Net loss (line 2b)		(c) Unallowed loss (line 2c)		(d) Gain		(e) Loss	
Total. Enter on Part I, lines 2a, 2b, and 2c										
Part VI Use This Part if an Amour	nt Is	Shown on F	Part II,	Line 9. S	ee instruc	tions.				
Name of activity	Form o and lin to be re		rm or schedule and line number be reported on be instructions) (a)		(b) Ratio		(c) Special allowance		(d) Subtract column (c) from column (a).	
ADITHYANAGAR, VIDHYANAGAR		E Ln 22		11,407.	1.0000	0000	11,40	7.	0.	
Total				11,407.	1.00	0	11,40	7.	0.	
Allocation of Orlanowed L	.05			5.						
Name of activity	Form or sche and line nun to be reporte (see instruct		mber ed on (a) L		Loss ((b) Ratio (c		(c) Unallowed loss	
Total							1.00			
Part VIII Allowed Losses. See instr						1		l		
Name of activity		Form or sche and line nun to be reporte (see instruct	nber ed on	(a) l	_oss	(b) Ur	(b) Unallowed loss		c) Allowed loss	
		l								
Total										

RETURN.			140 Resident Personal Income Tax I												FOR CALENDAR YEAR 2022			
M	82F		heck be	ox 82F Inder extens	ion	OR FISC	AL YEAR BE	GINNIN	ING L , , 2,0,2,2 AND ENDING L									
ሦ	,			e and Middle Ir					Last	Name			Enter	Your Social Security Number				
0	1		ASHIDE						NAN	DADAPU	J		vour		30 _L	91 8	854	
ANY ITEMS TO THE	1			Name and Mid		`		I)	Last	Name		SSN(s). Spouse's Social Security No.						
Щ				Address - numl		d street, rur	al route				Apt. No.		Daytime Phone (with area code)					
⋛	2	535 City T		HACKAMORI ost Office	E DR	9	tate			ZIP Code	2	I ast Name		928)22			different)	
	ß	•	DENIX	ost Onice			AZ			85083	•	Laot Hame	st Names Used in Last Four Prior Year(s) (if different) 97					
DO NOT STAPLE	ING STATUS	4 5 6						REVENUE 88	USEC	DNLY. DO I	NOT MA	RK IN THIS	S AREA.					
2	FILIN	7	X Sin							-								
	10b	8 9		e 65 or over (yo		' '					mplete lines 38, omplete line 49.	81 PM			80	RCVD		
	and	10a 11a	Dep	pendents: Unde alifying parents	er age o	of 17.		epend	ents: A	ge 17 an	d over.							
	6		-	and 10b): D				structio	ns. Fo	or more s	pace, check t	the box \square	and c	complete	page 4	1. Part 1.		
	- Dependents			FIRST A	(a) ND LA	ST NAME f or spouse.)			(b)	URITY NO.	(c) RELATIONSHII	(d)	ONTHS YOUR	(e) Depende include 1 (Box 10a)	nt Age d in:	if you did this persor federal retueducations	d not claim n on your irn due to	
	11a	10c]	
	and	10d												_	屵	<u> </u>]	
	8, 9,	10e												ш	<u> Ц</u>	<u> </u>		
after Form 140.	Exemptions		(BOX 11		(a) ND LA	ST NAME f or spouse.)	арагента. Ос		(b)		(c) RELATIONSHII	(d)	ONTHS YOUR	(e) ✓ IF AGE OVI	65 OR	√ (f) ✓ IF DI 202	IED IN	
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a#E	ļ	11c]	
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Jer	⋖			eral depreciatio													00	
₹				•					ona Gross Income schedule on								00	
20		19	Subtotal	: Add lines 14 th	rough 1	8 and enter	the total							19		115,6	32 00	
<u>es</u>		20	Total net	capital gain or	(loss).	See instruct	tions				2	20		00				
ᅙ				short-term cap	_							1		00	7			
ਤੱ ਹ				long-term capit	_							1		00	7			
Z				term capital ga										0 00			0 00	
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큥			MILLS					NEW DO	<u>i, </u>		Social Security o						00	
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Place any required federal and											ributions: 34 a 529 29A (ABLE)		add 34a a	00 and 34b. 34 C			00	

	Your	Name (as shown on page 1)	Your Social Security	y Number		
	SHA	ASHIDHAR NANDADAPU	730-91-88	354		
Ì	35	Subtract lines 24 through 34c from line 19		35	115,632	П
	36	Other Subtractions from Income. Complete Other Subtraction from Arizona Gross Income schee				0
	37	Subtract line 36 from line 35. Enter the difference			115,632	+-
ons	38	Age 65 or over: Multiply the number in box 8 by \$2,100			110,001	0
npti	39	Blind: Multiply the number in box 9 by \$1,500				0
Exemptions	40	Other Exemptions. See instructions40E Multiply the number in box 40E by \$2,300				0
ш						0
	41	Qualifying parents and grandparents: Multiply the number in box 11a by \$10,000			115,632	$\overline{}$
	42	Arizona adjusted gross income: Subtract lines 38 through 41 from line 37. If less than zero, enter "0".			12,950	
	43	Deductions: Check box and enter amount. See instructions			12,750	0
	44	If you checked box 43 S and claim charitable contributions, check 44 C Complete page 3. See in		102,682	+-	
of Tax	45	Arizona taxable income: Subtract lines 43 and 44 from line 42. If less than zero, enter "0"			2,937	$\overline{}$
o e	46	Compute the tax using amount on line 45 and Tax Tables X and Y or Optional Tax Tables			2,931	-
Balance	47	Tax from recapture of credits from Arizona Form 301, Part 2, line 32			2 027	0
Bal	48	Subtotal of tax: Add lines 46 and 47. Enter the total			2,937	$\overline{}$
	49	Dependent Tax Credit. See instructions				0
	50	Family income tax credit (from the worksheet - see instructions)				0
	51	Nonrefundable Credits from Arizona Form 301, Part 2, line 64				0
	52	Balance of tax: Subtract lines 49, 50 and 51 from line 48. If the sum of lines 49, 50 and 51 is greater than			2,937	$\overline{}$
Payments and Indable Credits	53	2022 AZ income tax withheld			3,430	$\overline{}$
ents Cre	54	2022 AZ estimated tax payments 54a 00 Claim of Right 54b	00 Add 54a and			0
Total Paymer Refundable	55	2022 AZ extension payment (Form 204)				0
al Pa	56	Increased Excise Tax Credit (from the worksheet - see instructions)				0
Ref.	57	Property Tax Credit from Arizona Form 140PTC				0
	58	Other refundable credits: Check the box(es) and enter the total amount	308-I 58 2	<u>349</u> 58		0
or ent	59	Total payments and refundable credits: Add lines 53 through 58. Enter the total		59	3,430	1
Tax Due or Overpayment	60	TAX DUE: If line 52 is larger than line 59, subtract line 59 from line 52. Enter amount of tax due. Skip lines	61, 62 and 63	60		0
	61	OVERPAYMENT: If line 59 is larger than line 52, subtract line 52 from line 59. Enter amount of overpayment			493	$\overline{}$
. 0	62	Amount of line 61 to be applied to 2023 estimated tax		62		0
tts.	63	Balance of overpayment: Subtract line 62 from line 61. Enter the difference		63	493	0
Voluntary Gifts	64	- 74 Voluntary Gifts to: Solutions Teams Assigned to Schools64 00 Arizona Wildlife		00		
ıtar		Child Abuse Prevention		00		
n o		Neighbors Helping Neighbors 69 00 Special Olympics		00		
>		I Didn't Pay Enough Fund72 00 Sustainable State Parks and Road Fund73 00 Spay/Neuter of Anima	ls 74	00		
Ę.	75	Political Party (if amount is entered on line 68 - check only one): 751 Democratic 752 Libertarian	753 Republica	n		
enalty	76	Estimated payment penalty		76		0
п.	77	771 Annualized/Other 772 Farmer or Fisherman 773 Form 221 included				
_	78	Add lines 64 through 74 and 76; enter the total		78		0
Refund or Amount Owed	79	REFUND: Subtract line 78 from line 63. If less than zero, enter amount owed on line 80		. <u></u> 79	493	0
발		Direct Deposit of Refund: Check box 79A if your deposit will be ultimately placed in a foreign account; see	e instructions. 79A	·U		
Refi		CXI Checking or		1		
₹		AMOUNT OWED: Add lines 60 and 78. Make check payable to Arizona Department of Revenue; write y		J		
	80	and include with your return	' '	· ·		0
		•				
			the best of my l	knowledge a	and belief, they are	9
		true, correct and complete. Declaration of preparer (other than taxpayer) is based on all informati	on of which prep	arer has an	y knowledge.	
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			POUSE'S OCCUPATION	JIN		
PLEASE		SYAM PRIYA RAM SAGAR GUPTA TALLAM PAID PREPARER'S SIGNATURE 02012023 DATE GLOBAL TAXES L FIRM'S NAME (PREPARER'S II				-
E		· · · · · · · · · · · · · · · · · · ·	·	1 4 5 4 0 5		
7		245 ROONEY CT PAID PREPARER'S STREET ADDRESS		145487 PARER'S TIN		-
					2.2	
		E BRUNSWICK NJ 08816 PAID PREPARER'S CITY STATE ZIP CODE) 965–95: PARER'S PHOI		-

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).