(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

Submission Identification Number (SID)		•	
Taxpayer's name	Social security	y number	
SHARATH GOPALAKRISHNA	698-10-		
Spouse's name	'	al security number	
DEEPTHI MURALIDHARA NAGA	935-96-		
	nter year you ar	re 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.		ا ا ع	269.
<ul><li>1 Adjusted gross income</li></ul>		1 25,1 2	0.
3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099			827.
4 Amount you want refunded to you		2,	327.
5 Amount you owe		5	<u> </u>
Part II Taxpayer Declaration and Signature Authorization (Be sure you get an	d keep a copy	y of your return	n)
Under penalties of perjury, I declare that I have examined a copy of the income tax return (original or amend my knowledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I a return (original or amended) I am now authorizing. I consent to allow my intermediate service provider, trar to send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account payment of my federal taxes owed on this return and/or a payment of estimated tax, and the financial instituanthorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to termin payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation is business days prior to the payment (settlement) date. I also authorize the financial institutions involved in taxes to receive confidential information necessary to answer inquiries and resolve issues related to the personal identification number (PIN) below is my signature for the income tax return (original or amended) Electronic Funds Withdrawal Consent.	above are the amount of the training and the training are u.S. Treasury are indicated in the taution to debit the nate the authorizate arequests must be the processing of the payment. I furtly	ounts from the inco onic return originato ansmission, (b) the nd its designated Fi ax preparation softw entry to this accountion. To revoke (ca received no later the electronic payr her acknowledge ti	ome tax or (ERO) reason inancial ware for int. This ancel) a than 2 ment of that the
Taxpayer's PIN: check one box only			
X I authorize GLOBAL TAXES LLC to enter or general ERO firm name	Ent	4 4 2 4 er five digits, but n't enter all zeros	as my
signature on the income tax return (original or amended) I am now authorizing.			
I will enter my PIN as my signature on the income tax return (original or amended) I ar if you are entering your own PIN and your return is filed using the Practitioner PIN m below.			
Your signature ▶ Date ▶	<b>-</b>		
Spouse's PIN: check one box only  I authorize GLOBAL TAXES LLC to enter or genera  ERO firm name signature on the income tax return (original or amended) I am now authorizing.	Ent	7 2 8 0 er five digits, but	as my
I will enter my PIN as my signature on the income tax return (original or amended) I ar if you are entering your own PIN and your return is filed using the Practitioner PIN m below.			
Spouse's signature ▶ Date ▶			
Practitioner PIN Method Returns Only—continue belo	ow		
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		6 6 1 9 8 er all zeros	9
I certify that the above numeric entry is my PIN, which is my signature for the electronic individual incom authorized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am surrequirements of the Practitioner PIN method and <b>Pub. 1345</b> , Handbook for Authorized IRS e-file Providers of	ubmitting this retu	rn in accordance w	
ERO's signature ▶ Date ▶	•		
ERO Must Retain This Form — See Instructions			

Don't Submit This Form to the IRS Unless Requested To Do So

BAA

# E1040 Department of the Treasury—Internal Revenue Service U.S. Individual Income Tax Return

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 na	ame of y	ed filing separately (M your spouse. If you ch						spou	se (QSS)	_
		on is a child but not your dependent	:									
Your first name	and mi	ddle initial	Last nar	me							ial security	-
SHARATH			GOPA	LAKRISHNA					698-10-4424			
If joint return, sp	oouse's	first name and middle initial	Last nar	me					1 1			urity number
DEEPTHI			MURA	LIDHARA NAGA					9.	35-9	6-7280	)
Home address	(numbe	r and street). If you have a P.O. box, see	instruction	ons.			Ap	ot. no.				n Campaign
5635 E E							10	065			ere if you,	or your tly, want \$3
City, town, or p	ost offic	ce. If you have a foreign address, also co	mplete sp	paces below.	Sta	te	ZIP co					Checking a
SCOTTSDA	LE				AZ	,	8525	54	bc	x belo	w will not	
Foreign country	name		F	Foreign province/state/o	count	У	Foreign	postal co	de yo	ur tax	or refund.	
											You	Spouse
Digital Assets		ny time during 2022, did you: (a) rece ange, gift, or otherwise dispose of a			-		-				Yes	⊠ No
Standard		eone can claim: You as a de										
Deduction		Spouse itemizes on a separate return				•						
Age/Blindness	You:	☐ Were born before January 2, 1	958	Are blind <b>Spo</b>	use	: Was bor					☐ Is bli	
Dependents	s (see	instructions):		(2) Social security		(3) Relationsh	nip (4)	Check the	e box i	f qualifi	es for (see i	instructions):
If more	<b>(1)</b> Fi	rst name Last name		number		to you		Child tax	k credi	t (	Credit for oth	ner dependents
than four	IMP	PANA IYER		744-39-8072	2	Daughter	:	×	:			
dependents, see instructions	s ——								]			
and check									]			
here									]			
Income	1a	Total amount from Form(s) W-2, be	ox 1 (see	e instructions)						1a	2	25,269.
	b	Household employee wages not re		. ,						1b		
Attach Form(s) W-2 here. Also	С	Tip income not reported on line 1a (see instructions)								1c		
attach Forms	d	. , , ,	ments not reported on Form(s) W-2 (see instructions)						1d			
W-2G and 1099-R if tax	е	Taxable dependent care benefits f		•						1e		
was withheld.	f	Employer-provided adoption bene								1f		
If you did not	g	Wages from Form 8919, line 6 .								1g		
get a Form W-2, see	h	Other earned income (see instructi				1				1h		0.
instructions.	i	Nontaxable combat pay election (s	see instr	ructions)		<u>1i</u>						
	Z	Add lines 1a through 1h								1z	2	25,269.
Attach Sch. B	<b>2</b> a	· —	2a			axable interest				2b		
if required.	3a	Qualified dividends	3a		<b>b</b> 0	rdinary divide	nds .			3b		
	4a		4a			axable amoun				4b		
Standard Deduction for—	5a	_	5a			axable amoun				5b		
Single or	6a	,	6a			axable amoun	t		·	6b	-	
Married filing separately,	С	If you elect to use the lump-sum e		,	`	,						
\$12,950	7	Capital gain or (loss). Attach Schee		required. If not requ	ired,	, check here			Ш	7		
Married filing jointly or	8	Other income from Schedule 1, lin								8		
Qualifying	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7,								9	2	25,269.
surviving spouse, \$25,900	10	Adjustments to income from Sche								10	-	
Head of household,	11	Subtract line 10 from line 9. This is	•	-						11		25,269.
\$19,400	12	Standard deduction or itemized								12	2	25 <b>,</b> 900.
If you checked any box under	13	Qualified business income deducti								13		
Standard	14	Add lines 12 and 13								14	2	25,900.
Deduction, see instructions.	15	Subtract line 14 from line 11. If zer	o or less	s, enter -0 This is yo	our <b>t</b>	axable incom	те .			15		0.

Form 1040 (2022	2)									Page <b>2</b>
Tax and	16	Tax (see instructions). Check	if any from Form	(s): <b>1</b> 881	4 <b>2</b> 3 4972	3 🗌			16	0.
Credits	17	Amount from Schedule 2, lir	-						17	
	18	Add lines 16 and 17							18	0.
	19	Child tax credit or credit for	other dependent	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	I. If zero or less,	enter -0					22	0.
	23	Other taxes, including self-e								0.
	24	Add lines 22 and 23. This is								0.
Payments	25	Federal income tax withheld								
,	а	Form(s) W-2				25a	2	,827		
	b	Form(s) 1099				25b		•		
	С	Other forms (see instruction				25c				
	d	Add lines 25a through 25c	,						25d	2,827.
	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 fro				28	1	,500		
	29	American opportunity credit				29		, 500		
	30	Reserved for future use .		-		30				
	31	Amount from Schedule 3, lir				31				
	32	Add lines 27, 28, 29, and 31					o orodite		32	1,500.
	33	Add lines 25d, 26, and 32. T	•	-	-					4,327.
	34	If line 33 is more than line 24							34	4,327.
Refund	35a	Amount of line 34 you want				-	-		35a	4,327.
Direct deposit?		Routing number 1 2 2				_		ا . ماندی		4,527.
See instructions.	b	Account number 4 5 7				Checl	King	Saving	S	
	d	Amount of line 34 you want				-	ᆛ			
A	36	-				36				
Amount You Owe	37	Subtract line 33 from line 24 For details on how to pay, g		•					07	
rou owe	20		_	-		1	 		37	
	38	Estimated tax penalty (see i				38				
Third Party Designee		you want to allow another	•				Yes. Co	amalat	a halow	<b>⋉</b> No
Designee		signee's		Phone				•	ntification	ĭ NO
	nai			no.				oer (PIN		
Sign	Un	der penalties of perjury, I declare	that I have examine	ed this return and	d accompanying sch	nedules	and stateme	nts, and	to the bes	st of my knowledge and
Here	bel	ief, they are true, correct, and com	plete. Declaration	of preparer (othe	r than taxpayer) is b	ased on	all information	on of wh	ich prepar	er has any knowledge.
пеге	Yo	ur signature		Date	Your occupation			lf ·	the IRS se	nt you an Identity
									otection P ee inst.)	IN, enter it here
Joint return? See instructions.				5 .	IT PROJEC		NAGER	`		<u> </u>
Keep a copy for	Sp	ouse's signature. If a joint return,	both must sign.	Date	Spouse's occupat	ion				nt your spouse an ection PIN, enter it here
your records.					HOME MAKE	R			ee inst.)	
	Ph	one no. (602) 481-920	7	Email address	SHARATH.G		ATTL. COM	ī		
		eparer's name	Preparer's signat		011111111111111111111111111111111111111	Date	112.001	PTIN		Check if:
Paid	SYAM	PRIYA RAM SAGAR GUPTA TALLAM	SYAM PRIYA	RAM SAGAR	GUPTA TALLAM	02/2	24/2023	P020	82703	Self-employed
Preparer								(678) 965-9522		
Use Only								rm's EIN	84-3171965	
Go to wave ire a		11040 for instructions and the late				DEV	0/47/00 DDC	1		Form <b>1040</b> (2022)
30 to www.113.90	SVII OIII	770 70 101 mondottons and the late	ot information.		BAA	r∈v 0.	2/17/23 PRO			10111 1040 (2022)

## **SCHEDULE 8812** (Form 1040)

# **Credits for Qualifying Children** and Other Dependents

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

OMB No. 1545-0074

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

Go to www.irs.gov/Schedule8812 for instructions and the latest information.

Attachment Sequence No. **47** Your social security number

SHAR	ATH GOPALAKRISHNA & DEEPTHI MURALIDHARA NAGA	698-10	0-4424
Pai	rt I Child Tax Credit and Credit for Other Dependents		
1	Enter the amount from line 11 of your Form 1040, 1040-SR, or 1040-NR	. 1	25,269.
2a	Enter income from Puerto Rico that you excluded		
b	Enter the amounts from lines 45 and 50 of your Form 2555	0.	
c	Enter the amount from line 15 of your Form 4563		
d	Add lines 2a through 2c	. 20	0.
3	Add lines 1 and 2d	. 3	25,269.
4	Number of qualifying children under age 17 with the required social security number  4	1	
5	Multiply line 4 by \$2,000	. 5	2,000.
6	Number of other dependents, including any qualifying children who are not under age		
	17 or who do not have the required social security number	0	
	Caution: Do not include yourself, your spouse, or anyone who is not a U.S. citizen, U.S. national, or U.S. resid	ent	
	alien. Also, do not include anyone you included on line 4.		
7	Multiply line 6 by \$500		
8	Add lines 5 and 7	. 8	2,000.
9	Enter the amount shown below for your filing status.		
	• Married filing jointly—\$400,000		
	• All other filing statuses—\$200,000 \int \cdots \c	. 9	400,000.
10	Subtract line 9 from line 3.		
	• If zero or less, enter -0		
	• If more than zero and not a multiple of \$1,000, enter the next multiple of \$1,000. For		
	example, if the result is \$425, enter \$1,000; if the result is \$1,025, enter \$2,000, etc.	. 10	Ŭ.
11	Multiply line 10 by 5% (0.05)		<u> </u>
12	Is the amount on line 8 more than the amount on line 11?		2,000.
	No. STOP. You cannot take the child tax credit, credit for other dependents, or additional child tax credit.	edit.	
	Skip Parts II-A and II-B. Enter -0- on lines 14 and 27.  Yes. Subtract line 11 from line 8. Enter the result.		
13		. 13	
13 14	Enter the amount from the <b>Credit Limit Worksheet A</b> Enter the smaller of line 12 or 13. <b>This is your child tax credit and credit for other dependents</b>		Ŭ.
14	Enter this amount on Form 1040, 1040-SR, or 1040-NR, line 19.	. 14	0.
		Lide lee	tow anadit
	If the amount on line 12 is more than the amount on line 14, you may be able to take the <b>addition</b> on Form 1040, 1040-SR, or 1040-NR, line 28. Complete your Form 1040, 1040-SR, or 1040-N		
	(also complete Schedule 3, line 11) before completing Part II-A.	r uiroug	n mie 27
	(also complete Schedule 3, file 11) before completing Part II-A.		

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Schedule 8812 (Form 1040) 2022

Part	II-A Additional Child Tax Credit for All Filers		
Cautio	on: If you file Form 2555, you cannot claim the additional child tax credit.		
15	Check this box if you do not want to claim the additional child tax credit. Skip Parts II-A and II-B. Enter -0- on line	e 27 .	
16a	Subtract line 14 from line 12. If zero, stop here; you cannot take the additional child tax credit. Skip Parts II-A		
	and II-B. Enter -0- on line 27	16a	2,000.
b	Number of qualifying children under 17 with the required social security number: $1 \times \$1,500$ .		
	Enter the result. If zero, <b>stop here</b> ; you cannot claim the additional child tax credit. Skip Parts II-A and II-B.		
	Enter -0- on line 27	16b	1,500.
	<b>TIP:</b> The number of children you use for this line is the same as the number of children you used for line 4.		
17	Enter the <b>smaller</b> of line 16a or line 16b	17	1,500.
18a	Earned income (see instructions)		
b	Nontaxable combat pay (see instructions)		
19	Is the amount on line 18a more than \$2,500?		
	No. Leave line 19 blank and enter -0- on line 20.		
	Yes. Subtract \$2,500 from the amount on line 18a. Enter the result 19 22,769.		
20	Multiply the amount on line 19 by 15% (0.15) and enter the result $\dots \dots \dots \dots \dots \dots \dots \dots \dots$	20	3,415.
	Next. On line 16b, is the amount \$4,500 or more?		
	No. If you are a bona fide resident of Puerto Rico, go to line 21. Otherwise, skip Part II-B and enter the		
	smaller of line 17 or line 20 on line 27.		
	Yes. If line 20 is equal to or more than line 17, skip Part II-B and enter the amount from line 17 on line 27.		
	Otherwise, go to line 21.		
	II-B Certain Filers Who Have Three or More Qualifying Children and Bona Fide Resident	ts of F	uerto Rico
21	Withheld social security, Medicare, and Additional Medicare taxes from Form(s) W-2,		
	boxes 4 and 6. If married filing jointly, include your spouse's amounts with yours. If		
	your employer withheld or you paid Additional Medicare Tax or tier 1 RRTA taxes, see		
	instructions	-	
22	Enter the total of the amounts from Schedule 1 (Form 1040), line 15; Schedule 2 (Form		
22	1040), line 5; Schedule 2 (Form 1040), line 6; and Schedule 2 (Form 1040), line 13 . 22 Add lines 21 and 22	-	
23		-	
24	1040 and 1040-SR filers: Enter the total of the amounts from Form 1040 or 1040-SR, line 27,		
	and Schedule 3 (Form 1040), line 11.		
	1040-NR filers: Enter the amount from Schedule 3 (Form 1040), line 11.		
25	Subtract line 24 from line 23. If zero or less, enter -0	25	
26	Enter the <b>larger</b> of line 20 or line 25	26	
20	Next, enter the smaller of line 26 on line 27.	20	
Part	II-C Additional Child Tax Credit		
27	This is your additional child tax credit. Enter this amount on Form 1040, 1040-SR, or 1040-NR, line 28	27	1 - 500

(Rev. November 2022)

Department of the Treasury Internal Revenue Service

Taxpayer name(s) shown on return

Paid Preparer's Due Diligence Checklist

Earned Income Credit (EIC), American Opportunity Tax Credit (AOTC),
Child Tax Credit (CTC) (including the Additional Child Tax Credit (ACTC) and
Credit for Other Dependents (ODC)), and Head of Household (HOH) Filing Status

To be completed by preparer and filed with Form 1040, 1040-SR, 1040-NR, 1040-PR, or 1040-SS. Go to www.irs.gov/Form8867 for instructions and the latest information.

OMB No. 1545-0074 For tax year 20 Attachment Sequence No. 70

Taxpayer identification number

SHA	RATH GOPALAKRISHNA & DEEPTHI MURALIDHARA NAGA	698-10-442	4		
repare	's name	Preparer tax identifica	ation numb	per	
	PRIYA RAM SAGAR GUPTA TALLAM	P02082703			
Part	·				
	check the appropriate box for the credit(s) and/or HOH filing status claimed on the retubenefit(s) claimed (check all that apply). $\  \  \  \  \  \  \  \  \  \  \  \  \ $	•	the rela		arts I-V HOH
1	Did you complete the return based on information for the applicable tax year provided to reasonably obtained by you? (See instructions if relying on prior year earned income.)		Yes	No	N/A
2	If credits are claimed on the return, did you complete the applicable EIC and/or C worksheets found in the Form 1040, 1040-SR, 1040-NR, 1040-PR, 1040-SS, or Schedi 1040) instructions, and/or the AOTC worksheet found in the Form 8863 instructions worksheet(s) that provides the same information, and all related forms and schedules claimed?	ule 8812 (Form s, or your own	X		
3	3 Did you satisfy the knowledge requirement? To meet the knowledge requirement, you must do both of the following.				
	<ul> <li>Interview the taxpayer, ask questions, and contemporaneously document the taxpayer's determine that the taxpayer is eligible to claim the credit(s) and/or HOH filing status.</li> </ul>	's responses to			
	• Review information to determine that the taxpayer is eligible to claim the credit(s) and status and to figure the amount(s) of any credit(s)		X		
4	Did any information provided by the taxpayer or a third party for use in preparing information reasonably known to you, appear to be incorrect, incomplete, or inconsist answer questions 4a and 4b. If " <b>No</b> ," go to question 5.)	tent? (If "Yes,"		×	
а	Did you make reasonable inquiries to determine the correct, complete, and consistent inf	ormation? .			
b	Did you contemporaneously document your inquiries? (Documentation should include you asked, whom you asked, when you asked, the information that was provided, and information had on your preparation of the return.)	the impact the			
5	Did you satisfy the record retention requirement? To meet the record retention requirement keep a copy of your documentation referenced in question 4b, a copy of this Form 8867 applicable worksheet(s), a record of how, when, and from whom the information used to 8867 and any applicable worksheet(s) was obtained, and a copy of any document(s) p taxpayer that you relied on to determine eligibility for the credit(s) and/or HOH filing state the amount(s) of the credit(s)	, a copy of any o prepare Form provided by the tus or to figure	×		
	List those documents provided by the taxpayer, if any, that you relied on:				
6	Did you ask the taxpayer whether he/she could provide documentation to substantiate excedit(s) and/or HOH filing status and the amount(s) of any credit(s) claimed on the return is selected for audit?	eturn if his/her	×		
7	Did you ask the taxpayer if any of these credits were disallowed or reduced in a previous (If credits were disallowed or reduced, go to question 7a; if not, go to question 8.)	year?	X		
а 8	Did you complete the required recertification Form 8862?	complete and			

Form 88	867 (Rev. 11-2022)			Page 2
Part	Due Diligence Questions for Returns Claiming EIC (If the return does not claim EIC, go	to Part	III.)	
9a	Have you determined that the taxpayer is eligible to claim the EIC for the number of qualifying children	Yes	No	N/A
	claimed, or is eligible to claim the EIC without a qualifying child? (If the taxpayer is claiming the EIC			
h	and does not have a qualifying child, go to question 10.)			
b	has supported the child the entire year?			
С	Did you explain to the taxpayer the rules about claiming the EIC when a child is the qualifying child of			
	more than one person (tiebreaker rules)?			
Part	Due Diligence Questions for Returns Claiming CTC/ACTC/ODC (If the return does not or ODC, go to Part IV.)	claim C	CTC, A	CTC,
10	Have you determined that each qualifying person for the CTC/ACTC/ODC is the taxpayer's dependent who is a citizen, national, or resident of the United States?	Yes	No	N/A
11	Did you explain to the taxpayer that he/she may not claim the CTC/ACTC if the child has not lived with			
	the taxpayer for over half of the year, even if the taxpayer has supported the child, unless the child's			
	custodial parent has released a claim to exemption for the child?	×		
12	Did you explain to the taxpayer the rules about claiming the CTC/ACTC/ODC for a child of divorced or separated parents (or parents who live apart), including any requirement to attach a Form 8332 or similar			
	statement to the return?	×		
Part			Part \	/.)
13	Did the taxpayer provide substantiation for the credit, such as a Form 1098-T and/or receipts for the qua	alified	Yes	No
	tuition and related expenses for the claimed AOTC?			
Part	<b>5</b> \			
14	Have you determined that the taxpayer was unmarried or considered unmarried on the last day of the tax and provided more than half of the cost of keeping up a home for the year for a qualifying person?	c year	Yes	No
Part	1 2 1 1 2 2			
	You will have complied with all due diligence requirements for claiming the applicable credit(s) and on the return of the taxpayer identified above if you:	or HOI	l filing	status
	A. Interview the taxpayer, ask adequate questions, contemporaneously document the taxpayer's respo in your notes, review adequate information to determine if the taxpayer is eligible to claim the credit( status and to figure the amount(s) of the credit(s);	nses on s) and/o	the ret or HOH	turn or filing
	<ul> <li>B. Complete this Form 8867 truthfully and accurately and complete the actions described in this checkled credit(s) claimed and HOH filing status, if claimed;</li> </ul>	ist for a	ny app	licable
	C. Submit Form 8867 in the manner required; and			
	D. Keep all five of the following records for 3 years from the latest of the dates specified in the Form 88 Document Retention.	67 instr	uctions	under
	1. A copy of this Form 8867.			
	2. The applicable worksheet(s) or your own worksheet(s) for any credit(s) claimed.			
	<ol><li>Copies of any documents provided by the taxpayer on which you relied to determine the taxpayer credit(s) and/or HOH filing status and to figure the amount(s) of the credit(s).</li></ol>	's eligib	ility for	the
	<ol><li>A record of how, when, and from whom the information used to prepare this form and the applica obtained.</li></ol>	ble wor	ksheet(	s) was
	<ol><li>A record of any additional information you relied upon, including questions you asked and the tax determine the taxpayer's eligibility for the credit(s) and/or HOH filing status and to figure the amount</li></ol>	oayer's int(s) of	respon the cre	ses, to dit(s).
	If you have not complied with all due diligence requirements, you may have to pay a penalty for eac related to a claim of an applicable credit or HOH filing status (see instructions for more information	h failur ).	e to co	mply
15	Do you certify that all of the answers on this Form 8867 are, to the best of your knowledge, true, correct complete?		Yes	No

REV 02/17/23 PRO

# **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** SHARATH GOPALAKRISHNA т 10 т 4424 vour Your Spouse's First Name and Initial (if filed joint) Last Name Spouse's Social Security No.\* SSN(s). DEEPTHI MURALIDHARA NAGA 96 ı 7280 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. 25,269 00 1 Arizona Adjusted Gross Income ☐ Foreign Account Deposit/Debit: See instructions below. 2 Balance Of Tax ..... 0 00 ROUTING NUMBER 545 00 ☑ Checking 2 1 0 ■ Savings 3 Arizona Income Tax Withheld ... ACCOUNT NUMBER Check box 4 or box 5: 4 5 7 0 4 8 1 2 3 7 4 545 00 **4** ■ **REFUND**: Enter the amount of refund...... DIRECT DEBIT REQUEST DATE DIRECT DEBIT PAYMENT AMOUNT **5** ■ **AMOUNT YOU OWE**: Enter the amount owed....... loo 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** 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 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

DRN.			Arizona Form <b>140</b>	Resident	Perso	nal Inco	ome Tax I	Return	F	or calendar year 2022	
¥	82F		heck box 82F filing under extension	OR FISCAL YEAR BEG	SINNING L		12,0,2,2	J AND ENDING			66F
			First Name and Middle Initial			t Name			Your	Social Security Nu	
O THE	1		ARATH			PALAKRI	SHNA	Ente ——your	60	8   10   442	24
_	_	Spous	se's First Name and Middle Initi	al (if box 4 or 6 checked)	) Las	t Name		SSN	Spous	se's Social Securit	•
IEMS	1		EPTHI nt Home Address - number and	l atmant minal mainta	MUI	RALIDHA	RA NAGA		93.		30
	2		nt Home Address - number and 35 E BELL RD	i street, rurai route			Apt. No. 1065	I—i	ime Pnone (602) 481	(with area code)	
AN	ᆖ		Town or Post Office	State		ZIP Code	1003			r Prior Year(s) (if diffe	erent)
	3	•	OTTSDALE	AZ		85254					97
DO NOT STAPLE	മ് 4 🛛 Married filing joint return			4a Injured Spouse	e Protection	of Joint Ov	erpayment		ONLY. DO NO	OT MARK IN THIS A	REA.
ဢ	STATUS	5	Head of household. Enter	name of qualifying child or	dependent o	n next line:		88			
5	S S										
<u> </u>	FILING	6 7	<ul><li>✓ Married filing separate ref</li><li>✓ Single</li></ul>	turn. Enter spouse's name	and Social S	Security Numb	er above.				
_		Ĺ	<b>♦</b> Enter the number claims	ed. Do not put a check	mark.						
		8	Age 65 or over (you and/o			l 11a, also com	plete lines 38,				
	10b	9	Blind (you and/or spouse)	)	or lines 10a an	d 10b, also co	mplete line 49.	81 PM		80 RCVD	
	and	10a	Dependents: Under age of		ependents:	Age 17 and	over.				
	10a	11a	Qualifying parents and gr		tructions F	Ear mara a	anna ahaak ti	he hey $\square$ and	oomplete n	page 4 Part 1	
	and 11a - Dependents 10a and		(Box 10a and 10b): Depende	ent miornation. See ins		b)	(c)	(d)	(e)	(f)	
	end		FIRST AND LAS (Do not list yourself		SOCIAL SE	CURITY NO.	RELATIONSHIP	NO. OF MONTHS	✓ Dependent included i	this person on	t claim your
	Dep		(Do not list yourself	or spouse.)				HOME IN 2022	1 (Box 10a) (Bo	2 federal return of educational cr	
	1a-	10c	IMPANA IYE	R	744-39	9-8072	Daughter	12			
	and	10d									
	6,6	10e						_			
j.			(Box 11a): Qualifying parents	s and grandparents. See	1	ns. <b>For mor</b> b)	e space, chec	k the box and (d)	d complete (e)	page 4, Part 2.	
after Form 140	Exemptions		FIRST AND LAS			CURITY NO.	RELATIONSHIP	` '	✓ IF AGE 6	5 OR	) IN
	Exe		(Do not list yourself	or spouse.)				HOME IN 2022	OVER	R 2022	
Ϋ́		11b									
att	ı	11c									
nts		12 Federal adjusted gross income (from your federal return)								25 <b>,</b> 269	
			Small Business Income: 13S C							25 <b>,</b> 269	00
ᇙ	dditions		Modified federal adjusted gross Non-Arizona municipal interest							23,203	00
AZ schedules or other docume	√ddii		Partnership Income adjustment						Г		00
the			Total federal depreciation						1		00
<u>.</u>		18	Other Additions to Income: Co	mplete Other Additions to	o Arizona G	Gross Incom	e schedule on	page 5	18	05.000	00
S S			Subtotal: Add lines 14 through 1						19 00	25 <b>,</b> 269	100
≝			Total net capital gain or (loss). Total net short-term capital gair					0	00		
pe			Total net long-term capital gain	·					00		
SC			Net long-term capital gain from						0 00		
X		24	Multiply line 23 by 25% (.25) ar	nd enter the result		_				0	00
and	S	Inis	oox may be blank or may contain a	printed barcode of data from	n your return.			ified small busines			00
<u></u>	Subtractions		CHA CLASS CONTRACTOR CONTRACTOR					depreciationdjustment			00
g	btra							tions	<b>I</b>		00
i te	Su		TILLEDS DE DE DE DE DE DE C			111		ate or local govt. pe			00
<u>ĕ</u>				lako denan, ako denan, lako denan, lako denan, lako denan, lako denan, lako denan, lako denan, lako denan, lako		29b Exclus	ion for retired/reta	ainer pay uniform se	rvices. 29b		00
贲			ORGEN BOOK DE SENDEN DE SENDEN L'ORGEN DE SENDEN D		<b>####</b>	111	-	r Railroad Retirem			00
ج ا						111		rican Indians an active service me			00
an				MY BEARCH LAKEN BOOKS		111		an active service me ustment			00
Place any required federal and							butions: <b>34</b> a 529		00		
_							9A (ABLE)		and 34b. <b>34C</b>		00

	Your	Name (as shown on page 1)	ity Number						
	SHZ	ARATH GOPALAKRISHNA & DEEPTHI MURALIDHARA NAGA	698-10-4	424					
	35	Subtract lines 24 through 34c from line 19		35	25,269	n			
	36	Other Subtractions from Income. Complete Other Subtraction from Arizona Gross Income sche			20,200	0			
	37	Subtract line 36 from line 35. Enter the difference			25,269				
ons	38	Age 65 or over: Multiply the number in box 8 by \$2,100			20,200	0			
Exemptions	39	Blind: Multiply the number in box 9 by \$1,500				0			
xen		Other Exemptions. See instructions40E Multiply the number in box 40E by \$2,300				0			
ш	40	•				0			
	41	Qualifying parents and grandparents: Multiply the number in box 11a by \$10,000			25,269				
	4	rizona 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			25,200				
	43				20,700	0			
	44	If you checked box 43S and claim charitable contributions, check 44C Complete page 3. See in			<u> </u>	0			
Balance of Tax	45	Arizona taxable income: Subtract lines 43 and 44 from line 42. If less than zero, enter "0"				0			
e of	46	Compute the tax using amount on line 45 and Tax Tables X and Y or Optional Tax Tables			0	0			
auc	47	Tax from recapture of credits from Arizona Form 301, Part 2, line 32		0	0				
Bal	48	Subtotal of tax: Add lines 46 and 47. Enter the total		100	$\overline{}$				
	49	Dependent Tax Credit. See instructions			100	$\overline{}$			
	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			545	00			
and	53	2022 AZ income tax withheld.			343	$\overline{}$			
Payments and Indable Credits	54	2022 AZ estimated tax payments <b>54a</b> 00 Claim of Right <b>54b</b>	00 Add 54a and			0			
Total Paymer Refundable	55	2022 AZ extension payment (Form 204)				0			
func a	5	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				0			
Tax Due or Overpayment	59	Total payments and refundable credits: Add lines 53 through 58. Enter the total			545	1			
	60	<b>TAX DUE:</b> If line 52 is larger than line 59, subtract line 59 from line 52. Enter amount of tax due. Skip lines				00			
	61	<b>OVERPAYMENT:</b> If line 59 is larger than line 52, subtract line 52 from line 59. Enter amount of overpayments			545				
٦ و ٦	62					0			
ifts	63				545	0			
Voluntary Gifts	64	- 74 Voluntary Gifts to: Assigned to Schools64 UU Arizona Wildlife		00					
ntar		Child Abuse Prevention		00					
nlo,		Neighbors Helping Neighbors 69 00 Special Olympics		00					
			als <b>74</b>	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		0			
	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			
ام م م	79	REFUND: Subtract line 78 from line 63. If less than zero, enter amount owed on line 80		79	545	0			
Refund or Amount Owed		Direct Deposit of Refund: Check box 79A if your deposit will be ultimately placed in a foreign account; se	e instructions. 79#	<b>*</b> □					
2 E		P88 S ☐ Savings         C M Checking or Savings         ROUTING NUMBER         ACCOUNT NUMBER         ACCOUNT NUMBER         4 5 7 0 4 8 1 2 3 7 4 1		7					
٩	80	AMOUNT OWED: Add lines 60 and 78. Make check payable to Arizona Department of Revenue; write v	our SSN on paym	nent:		Т			
		and include with your return				0			
		Under penalties of perjury, I declare that I have read this return and any documents with it, and to				,			
١		true, correct and complete. Declaration of preparer (other than taxpayer) is based on all information	on of which pre	parer nas any	/ knowleage.				
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S			POUSE'S OCCUPAT			-			
E C		SYAM PRIYA RAM SAGAR GUPTA TALLAM 02242023 GLOBAL TAXES L	LC						
PLEASE		PAID PREPARER'S SIGNATURE DATE FIRM'S NAME (PREPARER'S I		)		-			
		245 ROONEY CT	84-3	171965					
4		PAID PREPARER'S STREET ADDRESS							
		E BRUNSWICK NJ 08816	(678	)965-952	22				
		DAID DEEDADED'S CITY STATE ZID CODE		EDVDED'S DHUV		-			

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).

Your Name (as shown on page 1)	Your Social Security Number
SHARATH GOPALAKRISHNA & DEEPTHI MURALIDHARA NAGA	698-10-4424

# 2022 Form 140 Dependent and Other Exemption Information

## Include page 4 with your return if:

- You are listing additional dependents (for box 10a and 10b) from page 1.
- You are listing additional qualifying parents and grandparents (for box 11a) from page 1.
  - You are claiming Other Exemptions on page 2, line 40.

## Part 1: Dependents (Box 10a and 10b) continued from page 1

Information used to compute your allowable Dependent Tax Credit on page 2, line 49.

**NOTE:** If you have more than three qualifying dependents, you *must* complete Part 1 *and* the worksheet in the instructions, to compute your Dependent Tax Credit on line 49.

	compare your population ran crown on the re-							
	(a)	(b)	(c)	(d)	(€	e)	(f)	
	FIRST AND LAST NAME (Do not list yourself or spouse.)	SOCIAL SECURITY NO.	RELATIONSHIP	NO. OF MONTHS LIVED IN YOUR HOME IN 2022	✓ Dependent Age included in:		✓ IF YOU DID NOT CLAIM THIS PERSON ON YOUR FEDERAL RETURN DUE TO	
					1 (Box 10a)	2 (Box 10b)	EDUCATIONAL CREDITS	
10f								
10g								
10h								
10i								
10j								
10k								
10ı								
10m								
<b>10</b> n								
10 <sub>o</sub>								
10 <sub>p</sub>								

### Part 2: Qualifying parents and grandparents (Box 11a) continued from page 1

Additional qualifying parents and grandparents information used to compute your allowable exemption on page 2, line 41.

	Additional qualityii	ig parents and grandpa	ilenis illioillation useu	i to compute your a	ilowabie exemplion c	ni page 2, iiile 4 i.	
	(a)		(b)	(c)	(d)	(e)	(f)
	FIRST AND LAST NAME (Do not list yourself or spouse.)		SOCIAL SECURITY NO.	RELATIONSHIP	NO. OF MONTHS LIVED IN YOUR HOME IN 2022	✓ IF AGE 65 OR OVER	✓ IF DIED IN 2022
<b>11</b> d							
11e							
11 <sub>f</sub>							
11g							
11h							
11i							

### Part 3: Other Exemptions

Information used to compute your allowable Other Exemptions on page 2, line 40.

	(a)	(b)	(c)		(d)
	FIRST AND LAST NAME (Do not list yourself or spouse.)	SOCIAL SECURITY NO.	✓ AGE 65 OR OVER (see instructions)		✓ STILLBORN CHILD IN 2022
			C1	C2	
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					

Enter the total number of individuals listed in Part 3 in box 40E on page 2, line 40.