

DO NOT STAPLE ANY ITEMS TO THE RETURN.

82F Check box 82F if filing under extension OR FISCAL YEAR BEGINNING 2022 AND ENDING 66F

Your First Name and Middle Initial SURYA SAI SIDDESH Last Name DANDA Your Social Security Number 055 25 0671 Spouse's First Name and Middle Initial (if box 4 or 6 checked) Last Name Spouse's Social Security No.

Current Home Address - number and street, rural route Apt. No. Daytime Phone (with area code) 923 W UNIVERSITY AVE, STERLING P 4-119 94 (928) 600-1068 City, Town or Post Office State ZIP Code Last Names Used in Last Four Prior Year(s) (if different) FLAGSTAFF AZ 86001 97

FILING STATUS 4 Married filing joint return 4a Injured Spouse Protection of Joint Overpayment 5 Head of household. Enter name of qualifying child or dependent on next line: 6 Married filing separate return. Enter spouse's name and Social Security Number above. 7 Single 8 Age 65 or over (you and/or spouse) 9 Blind (you and/or spouse) 10a Dependents: Under age of 17. 10b Dependents: Age 17 and over. 11a Qualifying parents and grandparents

REVENUE USE ONLY. DO NOT MARK IN THIS AREA. 88 81 PM 80 RCVD

(Box 10a and 10b): Dependent Information. See instructions. For more space, check the box and complete page 4, Part 1.

Table with 6 columns: (a) FIRST AND LAST NAME, (b) SOCIAL SECURITY NO., (c) RELATIONSHIP, (d) NO. OF MONTHS LIVED IN YOUR HOME IN 2022, (e) Dependent Age included in: 1 (Box 10a), 2 (Box 10b), (f) IF YOU DID NOT CLAIM THIS PERSON ON YOUR FEDERAL RETURN DUE TO EDUCATIONAL CREDITS

(Box 11a): Qualifying parents and grandparents. See instructions. For more space, check the box and complete page 4, Part 2.

Table with 6 columns: (a) FIRST AND LAST NAME, (b) SOCIAL SECURITY NO., (c) RELATIONSHIP, (d) NO. OF MONTHS LIVED IN YOUR HOME IN 2022, (e) IF AGE 65 OR OVER, (f) IF DIED IN 2022

Table with 3 columns: Line number, Description, Amount. Includes lines 12-24 for federal adjusted gross income, net capital gain, and various deductions.

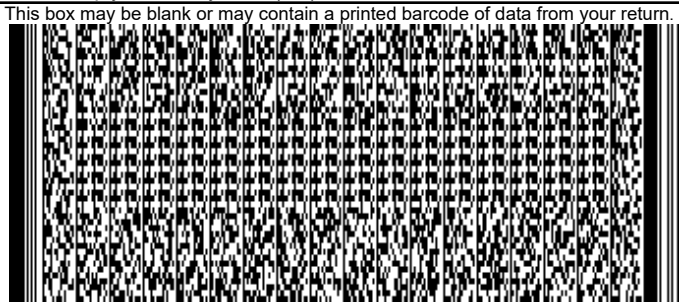


Table with 3 columns: Line number, Description, Amount. Includes lines 25-34 for net capital gain, depreciation, and contributions.

Place any required federal and AZ schedules or other documents after Form 140.

Exemptions 8, 9, and 11a - Dependents 10a and 10b

Additions

Subtractions

Your Name (as shown on page 1) **SURYA SAI SIDDESH DANDA** Your Social Security Number **055-25-0671**

Exemptions	<b>35</b> Subtract lines 24 through 34c from line 19..... <b>35</b>	4,032	00
	<b>36</b> Other Subtractions from Income. Complete <i>Other Subtraction from Arizona Gross Income</i> schedule on page 6..... <b>36</b>		00
	<b>37</b> Subtract line 36 from line 35. Enter the difference ..... <b>37</b>	4,032	00
	<b>38</b> Age 65 or over: Multiply the number in box 8 by \$2,100..... <b>38</b>		00
	<b>39</b> Blind: Multiply the number in box 9 by \$1,500 ..... <b>39</b>		00
Balance of Tax	<b>40</b> Other Exemptions. See instructions..... <b>40E</b> <input type="checkbox"/> Multiply the number in box <b>40E</b> by \$2,300..... <b>40</b>		00
	<b>41</b> Qualifying parents and grandparents: Multiply the number in box 11a by \$10,000..... <b>41</b>		00
	<b>42</b> <b>Arizona adjusted gross income:</b> Subtract lines 38 through 41 from line 37. If less than zero, enter "0"..... <b>42</b>	4,032	00
	<b>43</b> <b>Deductions: Check box and enter amount.</b> See instructions ..... <b>43I</b> <input type="checkbox"/> <b>ITEMIZED</b> ... <b>43S</b> <input checked="" type="checkbox"/> <b>STANDARD</b> <b>43</b>	12,950	00
	<b>44</b> If you checked box <b>43S</b> and claim charitable contributions, check <b>44C</b> <input type="checkbox"/> <b>Complete page 3.</b> See instructions..... <b>44</b>		00
	<b>45</b> Arizona taxable income: Subtract lines 43 and 44 from line 42. If less than zero, enter "0"..... <b>45</b>	0	00
	<b>46</b> Compute the tax using amount on line 45 and Tax Tables X and Y or Optional Tax Tables..... <b>46</b>	0	00
	<b>47</b> Tax from recapture of credits from Arizona Form 301, Part 2, line 32 ..... <b>47</b>		00
	<b>48</b> Subtotal of tax: Add lines 46 and 47. Enter the total ..... <b>48</b>	0	00
	<b>49</b> Dependent Tax Credit. See instructions ..... <b>49</b>		00
Total Payments and Refundable Credits	<b>50</b> Family income tax credit (from the worksheet - see instructions) ..... <b>50</b>	40	00
	<b>51</b> Nonrefundable Credits from Arizona Form 301, Part 2, line 64..... <b>51</b>		00
	<b>52</b> <b>Balance of tax:</b> Subtract lines 49, 50 and 51 from line 48. If the sum of lines 49, 50 and 51 is greater than line 48, enter "0" ..... <b>52</b>	0	00
	<b>53</b> 2022 AZ income tax withheld..... <b>53</b>	32	00
	<b>54</b> 2022 AZ estimated tax payments. <b>54a</b> <input type="text" value="00"/> Claim of Right <b>54b</b> <input type="text" value="00"/> Add 54a and 54b. <b>54c</b>		00
	<b>55</b> 2022 AZ extension payment (Form 204) ..... <b>55</b>		00
	<b>56</b> Increased Excise Tax Credit (from the worksheet - see instructions) ..... <b>56</b>	25	00
	<b>57</b> Property Tax Credit from Arizona Form 140PTC ..... <b>57</b>		00
	<b>58</b> Other refundable credits: Check the box(es) and enter the total amount..... <b>581</b> <input type="checkbox"/> <b>308-I</b> <b>582</b> <input type="checkbox"/> <b>349</b> <b>58</b>		00
	<b>59</b> <b>Total payments and refundable credits:</b> Add lines 53 through 58. Enter the total..... <b>59</b>	57	00
Tax Due or Overpayment	<b>60</b> <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 61, 62 and 63..... <b>60</b>		00
	<b>61</b> <b>OVERPAYMENT:</b> If line 59 is larger than line 52, subtract line 52 from line 59. Enter amount of overpayment..... <b>61</b>	57	00
	<b>62</b> Amount of line 61 to be applied to 2023 estimated tax..... <b>62</b>		00
Voluntary Gifts	<b>63</b> Balance of overpayment: Subtract line 62 from line 61. Enter the difference ..... <b>63</b>	57	00
	<b>64 - 74 Voluntary Gifts to:</b>		
	Solutions Teams Assigned to Schools..... <b>64</b>	<input type="text" value="00"/>	<input type="text" value="00"/>
	Arizona Wildlife..... <b>65</b>	<input type="text" value="00"/>	<input type="text" value="00"/>
	Child Abuse Prevention..... <b>66</b>	<input type="text" value="00"/>	<input type="text" value="00"/>
	Domestic Violence Services..... <b>67</b>	<input type="text" value="00"/>	<input type="text" value="00"/>
	Neighbors Helping Neighbors..... <b>69</b>	<input type="text" value="00"/>	<input type="text" value="00"/>
	Special Olympics..... <b>70</b>	<input type="text" value="00"/>	<input type="text" value="00"/>
	Veterans' Donations Fund..... <b>71</b>	<input type="text" value="00"/>	<input type="text" value="00"/>
	I Didn't Pay Enough Fund..... <b>72</b>	<input type="text" value="00"/>	<input type="text" value="00"/>
Sustainable State Parks and Road Fund..... <b>73</b>	<input type="text" value="00"/>	<input type="text" value="00"/>	
Spay/Neuter of Animals.. <b>74</b>	<input type="text" value="00"/>	<input type="text" value="00"/>	
Penalty	<b>75</b> Political Party (if amount is entered on line 68 - check only one): <b>751</b> <input type="checkbox"/> Democratic <b>752</b> <input type="checkbox"/> Libertarian <b>753</b> <input type="checkbox"/> Republican		
	<b>76</b> Estimated payment penalty ..... <b>76</b>		00
	<b>77</b> <input type="checkbox"/> Annualized/Other <b>772</b> <input type="checkbox"/> Farmer or Fisherman <b>773</b> <input type="checkbox"/> Form 221 included		
Refund or Amount Owed	<b>78</b> Add lines 64 through 74 and 76; enter the total..... <b>78</b>		00
	<b>79</b> <b>REFUND:</b> Subtract line 78 from line 63. If less than zero, enter amount owed on line 80 ..... <b>79</b>	57	00
	<b>Direct Deposit of Refund: Check box 79A</b> if your deposit will be ultimately placed in a <b>foreign account</b> ; see instructions. <b>79A</b> <input type="checkbox"/>		
<input checked="" type="checkbox"/> <b>C</b> Checking or <input type="checkbox"/> <b>S</b> Savings ROUTING NUMBER: <input type="text" value="122101706"/> ACCOUNT NUMBER: <input type="text" value="457047974315"/>			
<b>80</b> <b>AMOUNT OWED:</b> Add lines 60 and 78. Make check payable to Arizona Department of Revenue; write your SSN on payment; and include with your return ..... <b>80</b>		00	

**PLEASE SIGN HERE**

Under penalties of perjury, I declare that I have read this return and any documents with it, and to the best of my knowledge and belief, they are true, correct and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

YOUR SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_ **STUDENT** OCCUPATION

SPOUSE'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_ SPOUSE'S OCCUPATION

SYAM PRIYA RAM SAGAR GUPTA TALLAM  **GLOBAL TAXES LLC**  
 PAID PREPARER'S SIGNATURE DATE FIRM'S NAME (PREPARER'S IF SELF-EMPLOYED)

245 ROONEY CT   
 PAID PREPARER'S STREET ADDRESS PAID PREPARER'S TIN

E BRUNSWICK NJ 08816   
 PAID PREPARER'S CITY STATE ZIP CODE PAID PREPARER'S PHONE NUMBER