



New York State E-File Signature Authorization for Tax Year 2022 For Forms IT-201, IT-201-X, IT-203, IT-203-X, IT-214, and NYC-210

Electronic return originator (ERO): Do **not** mail this form to the Tax Department. Keep it for your records.

	pouse's name (jointly filed return only)
SAMIR V SONI PA	PARITA S SONI

Purpose

Form TR-579-IT must be completed to authorize an ERO to e-file a personal income tax return and to transmit bank account information for the electronic funds withdrawal.

General instructions

Taxpayers must complete Part B before the ERO transmits the taxpayer's electronically filed Forms IT-201, Resident Income Tax Return, IT-201-X, Amended Resident Income Tax Return, IT-203, Nonresident and Part-Year Resident Income Tax Return. IT-203-X. Amended Nonresident and Part-Year Resident Income Tax Return, IT-214, Claim for Real Property Tax Credit, and NYC-210, Claim for New York City School Tax Credit. Note that an electronic signature can be used as described in TSB-M-20(1)C, (2)I, E-File Authorizations (TR-579 forms) for Taxpayers Using a Paid Preparer for Electronically Filed Tax Returns.

For returns filed jointly, both spouses must complete and sign Form TR-579-IT.

EROs must complete Part C prior to transmitting electronically filed income tax returns (Forms IT-201, IT-201-X, IT-203, IT-203-X, IT-214, and NYC-210).

Both the paid preparer and the ERO are required to sign Part C. However, an individual performing as both the paid preparer and the ERO is only required to sign as the paid preparer. It is not necessary to include the ERO signature in this case. Note that an alternative signature can be used as described in Publication 58, Information for Income Tax Return Preparers, available on our website.

This form is not required for electronically filed Form IT-370, Application for Automatic Six-Month Extension of Time to File for Individuals. See Form TR-579.1-IT, New York State Taxpayer Authorization for Electronic Funds Withdrawal for Tax Year 2022 Form IT-370 and Tax Year 2023 Form IT-2105.

Part	Δ _	Tax	return	infor	mation
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1	Federal adjusted gross income (from applicable line)	1.		761964.
	Refund	2.	Π	
3	Amount you owe	3.		4970.
	Financial institution routing number	4.	Π	
5	Financial institution account number	5.	Π	
6	Account type: Personal checking Personal savings Business checking Business savir	าgs		

Part B – Declaration of taxpayer and authorizations for Forms IT-201, IT-201-X, IT-203, IT-203-X, IT-214, and NYC-210

Under penalty of perjury, I declare that I have examined the information on my 2022 New York State electronic personal income tax return, including any accompanying schedules, attachments, and statements, and certify that my electronic return is true, correct, and complete. The ERO has my consent to send my 2022 New York State electronic return to New York State through the Internal Revenue Service (IRS). In addition, by using a computer system and software to prepare and transmit my form electronically, I consent to the disclosure to New York State of all information pertaining to the transmission of my tax form electronically. I understand that by executing this Form TR-579-IT, I am authorizing the ERO to sign and file this return on my behalf and agree that the ERO's submission of my personal income tax return to the

IRS, together with this authorization, will serve as the electronic signature for the return and any authorized payment transaction. If I am paying my New York State personal income taxes due by electronic funds withdrawal, I certify that the account holder has authorized the New York State Tax Department and its designated financial agents to initiate an electronic funds withdrawal from the financial institution account indicated on my 2022 electronic return, and authorized the financial institution to withdraw the amount from that account. As New York does not support International ACH Transactions (IAT), I attest the source for these funds is within the United States. I understand and agree that I may revoke this authorization for payment only by contacting the Tax Department no later than two (2) business days prior to the payment date.

Taxpayer's signature	Date
Spouse's signature (jointly filed return only)	Date

Part C – Declaration of electronic return originator (ERO) and paid preparer

Under penalty of perjury, I declare that the information contained in this 2022 New York State electronic personal income tax return is the information furnished to me by the taxpayer. If the taxpayer furnished me a completed paper 2022 New York State return signed by a paid preparer, I declare that the information contained in the taxpayer's 2022 New York State electronic return is identical to that contained in the paper copy of the return. If I am the paid preparer, under penalty of perjury I declare that I have examined this 2022 New York State electronic personal income tax return, and, to the best of my knowledge and belief, the return is true, correct, and complete. I have based this declaration on all information available to me.

Do not mail Form TR-579-IT to the Tax Department:

EROs must keep this form for three years and present it to the Tax Department upon request.

ERO's signature	Print name GLOBAL TAXES LLC	Date
Paid preparer's signature	Print name SYAM PRIYA RAM SAGAR GUPTA TALLAM	Date 03312023

Department of Taxation and Finance

Nonresident and Part-Year Resident

IT-203

Income Tax Return New York State • New York City • Yonkers • MCTMT

a	.t	tions Form IT 20	22.1			and	ending			
or help completing your re our first name and middle initial	Your last name (for a joint ret			Vou	r date of birth (mmd	(diana)	Your Soci	ial Security nu	mher	
		um, enter spouse's name	on line below)	Tou			Tour ooci	-		
AMIR V oouse's first name and middle initial	SONI Speugo's last name							587101759 ocial Security number		
ARITA S	SONI			Spo	0414198		Spouses	2809163	•	
ARTIA 5 ailing address (see instructions) (nu					Apartment numb		New York	State county		
925 E ROTATION DR	uniber and street or FO Box)				Apartment num)CI		Cotate county	or residence	
ity, village, or post office	State	ZIP code	Country				NR School di	istrict name		
ESA	AZ	85212	,	, сп	I A MIT C			Strict Harrie		
ದ್ದಾನ axpayer's permanent home addre			UNITED		City, village, or p	nost office	NR			
xpayer a permanent nome addre	as (see manuchons) (no. and sir	cet of rural route,	tparament no.		Oity, village, or p	ost omoc	I	School district code number		
ate ZIP code C	Country				Decedent	Taxpayer	's date of d	death Spouse	's date of de	
			D2	Yonk	information cers part-year	residen	te only:			
Filing			DZ		oid you receive		_	rebate \Box		
status Married	I filing joint ratura			` '	redit? (see instru			I	No L	
(mark an ② 🗙 Married	l filing joint return oth spouses' Social Security nu	ımbers above)			•	,				
X in one	filing senarate return			(2) E	inter the amour	nt				
box): 3 Married (enter bo	filing separate return th spouses' Social Security number 1	mbers above)	Е	New	York City par	t-year re	sidents o	only		
④ Head o	of household (with qualifyin	g person)			lumber of mont	_		-	2	
⑤ Qualify	ing surviving spouse			` '	lumber of month NY City in 202	-	•			
Did you itemize your deduc			F T		r your 2-chara e(s) if applicat					
federal income tax return?	······································	res 🔀 No L	」 G		York State pa					
Can you be claimed as a de	ependent on another				r the date you	-		·		
taxpayer's federal return?		∕es ∐ No 🔼	<u>-</u>		it of NYS (mmd					
Did you have a financial acc foreign country?		/es No X			he last day of the last in NYS					
NATIONAL PROPERTY NATIONAL PROPERTY NATIONAL PROPERTY NATIONAL PROPERTY NATIONAL PROPERTY NATIONAL PROPERTY NA				,	ived outside N` IYS sources du				[
				,	ived outside N` IYS sources du					
DOMESTICAL DESCRIPTION OF THE BOOK OF	IIII		Н	Did y	ou or your spo	use mai	ntain	Г		
				_	s, complete Form			_		
Dependent information First name and middle initial	Last name	Relatio	onship		Social Secu	rity numk	per	Date of bir	th (mmddyyy)	
	00177		•					0105		
IARA S	SONI	DAUGHTE	R		66891	9024		0127	2020	
more than 6 dependents, mark	an X in the box.									
203001223555 		For office use of	nly							

REV 01/27/23 PRO

Federal amount

687101759

Federal income and adjustments Whole dollars only Whole dollars only 756230.00 140330.00 1 Wages, salaries, tips, etc. 1 1 Taxable interest income 2 12101.00 2 915.00 3 3 Ordinary dividends00 Taxable refunds, credits, or offsets of state and local 4 4 .00 income taxes (also enter on line 24)00 5 .00 5 .00 5 Alimony received 0.00 6 Business income or loss (submit a copy of federal Sch. C, Form 1040) 6 6 .00 7 -3000.00 7 .00 7 Capital gain or loss (if required, submit a copy of federal Sch. D, Form 1040) Other gains or losses (submit a copy of federal Form 4797) 8 .00 8 .00 Taxable amount of IRA distributions. Beneficiaries: mark **X** in box 9 9 .00 .00 Taxable amount of pensions/annuities. Beneficiaries: mark **X** in box 10 10 .00 .00 Rental real estate, royalties, partnerships, S corporations, -4282.00 trusts, etc. (submit a copy of federal Schedule E, Form 1040) 11 11 .00 12 Rental real estate included in line 11 (federal amount) 12. 4042.00 **13** Farm income or loss (submit a copy of federal Sch. F, Form 1040) 13 13 .00 .00 Unemployment compensation..... 14 .00 14 .00 Taxable amount of Social Security benefits (also enter on line 26) 15 .00 15 .00 Other income | Identify: 16 .00 16 .00 Add lines 1 through 11 and 13 through 16 17 140330.00 761964.00 17 Total federal adjustments to income Identify: 18 .00 18 .00 19 761964.00 19 140330.00 19 Federal adjusted gross income (subtract line 18 from line 17) ... 19a Recomputed federal adjusted gross income (see Line 19a worksheets) | 19a 761964.00 19a 140330.00 **New York additions** 20 Interest income on state and local bonds and obligations (but not those of New York State or its localities) 20 .00 20 .00 21 Public employee 414(h) retirement contributions 21 .00 21 .00 **22** Other (Form IT-225, line 9) 22 22 .00 .00 23 140330.00 23 Add lines 19a through 22 761964.00 **New York subtractions** 24 Taxable refunds, credits, or offsets of state and local income taxes (from line 4)00 24 .00 25 Pensions of NYS and local governments and the federal government 25 .00 25 .00 **26** Taxable amount of Social Security benefits (from line 15) 26 .00 26 .00 27 Interest income on U.S. government bonds 27 27 .00 .00 Pension and annuity income exclusion 28 .00 28 .00 Other (Form IT-225, line 18) 29 29 29 .00 .00 Add lines 24 through 2900 30 761964.00 140330.00 New York adjusted gross income (subtract line 30 from line 23) 31 31





32 Enter the amount from line 31, Federal amount column

761964.00

New York State amount

REV 01/27/23 PRO

SAMIR V AND PARITA S SONI

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Standard deduction or itemized deduction

33	Enter your standard deduction or your itemized deduction (from Form IT-196).		
	Mark an X in the appropriate box: X Standard - or - Itemized	33	16050.00
34	Subtract line 33 from line 32 (if line 33 is more than line 32, leave blank)	34	745914.00
35	Dependent exemptions (enter the number of dependents listed in Item I; see instructions)	35	1 000.00
36	New York taxable income (subtract line 35 from line 34)	36	744914.00
Ta	x computation, credits, and other taxes		
37	New York taxable income (from line 36)	37	744914.00
38	New York State tax on line 37 amount	38	51027.00
39	New York State household credit	39	.00.
40	Subtract line 39 from line 38 (if line 39 is more than line 38, leave blank)	40	51027.00
41	New York State child and dependent care credit	41	.00.
42	Subtract line 41 from line 40 (if line 41 is more than line 40, leave blank)	42	51027.00
43	New York State earned income credit	43	.00
4.4	Dood tox (authorat line 42 from line 40 if line 42 is many than line 40 Japan blank)	44	51027.00
44	Base tax (subtract line 43 from line 42; if line 43 is more than line 42, leave blank)	44	31027.00
15	Income New York State amount from line 31 Federal amount from line 31		Round result to 4 decimal places
45	percentage 140330.00 ÷ 761964.00 =	45	0.1842
	140330.00	45	0.1042
46	Allocated New York State tax (multiply line 44 by the decimal on line 45)	46	9399.00
	New York State nonrefundable credits (Form IT-203-ATT, line 8)	47	.00
	Subtract line 47 from line 46 (if line 47 is more than line 46, leave blank)	48	9399.00
	Net other New York State taxes (Form IT-203-ATT, line 33)	49	.00
	Total New York State taxes (add lines 48 and 49)	50	9399.00
	ew York City and Yonkers taxes, credits, and surcharges, and MCTMT		3333100
$\overline{}$		1	
	Part-year New York City resident tax (Form IT-360.1) 51	,	See instructions to compute
52	Part-year resident nonrefundable New York City		New York City and Yonkers
	child and dependent care credit		taxes, credits, and surcharges, and MCTMT.
	Subtract line 52 from 51	ļ	surcharges, and MCTMT.
52 b	MCTMT net		
	earnings base 52b .00	1	
	: MCTMT		
	Yonkers nonresident earnings tax (Form Y-203)	ļ	
54	Part-year Yonkers resident income tax surcharge	1	
	(Form IT-360.1)		
55	Total New York City and Yonkers taxes / surcharges and MCTMT (add lines 52a, and 52c through 54)	55	.00
56	Sales or use tax (Do not leave blank.)	56	0.00
57	Voluntary contributions (Form IT-227, Part 2, line 1)	57	.00
	Total New York State, New York City, Yonkers, and sales or use taxes, MCTMT,		
	and voluntary contributions (add lines 50, 55, 56, and 57)	58	9399.00





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59 E	Enter amount from line 58					59	9399.00
Pay	yments and refundable credits						
60	Part-year NYC school tax credit (fixed amount) (also complete E on front)	60			.00	1	If applicable, complete
	NYC school tax credit (rate reduction amount)	60a			.00		Form(s) IT-2 and/or IT-1099-R
	Other refundable credits (Form IT-203-ATT, line 17)	61			.00		and submit them with your
	Total New York State tax withheld	62			1662.00	1	return.
	Total New York City tax withheld				2767.00	-	Do not send federal
	Total Yonkers tax withheld					-	Form W-2 with your return.
	Total estimated tax payments/amount paid with Form IT-370				.00	-	
	Total payments and refundable credits (add lines 60 thro					66	4429.00
$\overline{}$		ugii o	0)			00	1127.00
Yo	ur refund, amount you owe, and account information						
67	Amount overpaid (if line 66 is more than line 59, subtract line	e 59 fi	rom line 66) .			67	.00
68	Amount of line 67 available for refund (subtract line 69 from	m line	67)			68	.00
	TIP: Use this amount to check your refund status online.						
68a	Amount of line 68 that you want to deposit into a NYS 529 account	(Form	IT-195, line 4)	(also subm	it Form IT-195)	68a	.00
68b	Total refund after NYS 529 account deposit (subtract line 68	8a froi	m line 68)			68b	.00
70 71 72 73		69 6 from mail 71 72 withdoor go	line 73) - 0 Iline 59). To 73 and 74. I it with your rawal.	pay by e f you pa return unt outsi	.00	70	See instructions for the proper assembly of your return.
da	Third-party Signee? (see instr.) Print designee's name		Desi	gnee's ph	one number		Personal identification number (PIN)
	_ ` _′		()			
Yes							
	and propared made compress	YTPRII			▼ Taxpa	yer(s) must sign here ▼
Prep	parer's signature AM PRIYA RAM SAGAR GUP SYAM PRIYA RAM	SV C	AD CIID	Your sig	nature		
Firm	's name (or yours, if self-employed) Preparer's PT	IN or S	SSN	Your occ			
GL Addr		082°			WARE ENG		ER pation (if joint return)
	843	1719		Opouse	o orginature allu	Jooup	PHYSICIAN
	5 ROONEY CT	ate		Date			Daytime phone number
E	BRUNSWICK NJ 08816	033	12023	F	~~		(919)449 7542

See instructions for where to mail your return.

Email: SAMIRSPARITA@GMAIL.COM



E BRUNSWICK NJ 08816 Email: SYAM@GTAXFILE.COM





Department of Taxation and Finance

Summary of W-2 Statements

New York State • New York City • Yonkers

Do not detach or separate the W-2 Records below. File Form IT-2 as an entire page with your return. See instructions on the back.

W-2 Record 1		Employer's information yer's name							
	. DAT	A CORE SYSTE	MS 1	INC					
Box a Employee's Social Security number for this W-2 Record		yer's address (number a							
687101759	1 -	0 JFK BOULEV			z 624				
Box b Employer identification number (EIN)		O OFK BOOLEV.	AIND	50111	State	ZIP co	ode	Country	
232535214	1 -	LADELPHIA			PA		19102		
Box 1 Wages, tips, other compensation	Box 12a /			Code		 ox 14a A			Description
69763.00	DOX 12u /	43	00	CI		7. 1-10 /	unoun	.00	Doddiption
Box 8 Allocated tips	Box 12b A		.00	Code	Bo	x 14b A	Amount	.00	Description
.00	DOX 125 /		.00			7 1-10 7	anoant	.00	Boodiption
Box 10 Dependent care benefits	Box 12c A		.00	Code	Bo	x 14c A	mount	.00	Description
.00			.00		Ē			.00	
Box 11 Nonqualified plans	Box 12d A		.00	Code	Bo	x 14d A	Amount	.00	Description
.00			.00		Ē			.00	2 000.11.01.1
.00			.00		_			.00	
Box 13 Statutory employee Retire	ement plan	Third-party sick							Corrected (W-2c)
NY State information: Box 15a	NUX	Box 16a NYS wages,	tips, e		Box	17a NY	S income tax with		
NY State	NIY			.00				.00	
Other state information: Box 15b		Box 16b Other state v			Вох	17b Oth	ner state income tax		
other state	AZ		69'	763.00			188	32.00	
	18 Local w	ages, tips, etc.		Вох	19 Loc	al incom	e tax withheld		Box 20 Locality name
nformation (see instr.):		.00	Loc	ality a			.00	Locality a	
Locality b		.00		ality b			.00	Locality b	
W-2 Record 2 Box a Employee's Social Security number or this W-2 Record	. PUL	yer's name MONARY CONSU	LTAN						
		ver's address (number a	nd stree		C				
ZXUY1639U	1 -	yer's address (number al		et)					
280916390 Box b Employer identification number (EIN)	675	yer's address (number al		et)		ZIP co	ode	Country	
Box b Employer identification number (EIN)	675 City	0 E BAYWOOD 2		et)	101 State			Country	
Box b Employer identification number (EIN) 860392561	675 City	0 E BAYWOOD A		STE 4	101 State AZ	85	206-1749	Country	Description
Box b Employer identification number (EIN) 860392561 Box 1 Wages, tips, other compensation	675 City	0 E BAYWOOD A	AVE	et)	101 State AZ		206-1749		Description
Box b Employer identification number (EIN) 860392561 Box 1 Wages, tips, other compensation 479064.00	675 City MES	0 E BAYWOOD A		STE 4	101 State AZ	85 x 14a A	206-1749 Amount	Country .00	
Box b Employer identification number (EIN) 860392561 Box 1 Wages, tips, other compensation 479064.00 Box 8 Allocated tips	675 City	O E BAYWOOD A Amount	.00	STE 4	101 State AZ	85	206-1749 Amount	.00	Description Description
860392561 860392561 Box 1 Wages, tips, other compensation 479064.00 Box 8 Allocated tips .00	675 City MES Box 12a A	O E BAYWOOD A Amount	AVE	STE 4 Code Code	State AZ Bo	85 ox 14a A	206-1749 Amount		Description
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860392561 860392561 30x 1 Wages, tips, other compensation 479064.00 30x 8 Allocated tips .00 30x 10 Dependent care benefits .00	675 City MES Box 12a A	O E BAYWOOD A Amount Amount	.00	Code Code Code	AZ BC BC	85 ox 14a A	206-1749 Amount Amount	.00	Description
Box b Employer identification number (EIN) 860392561 Box 1 Wages, tips, other compensation 479064.00 Box 8 Allocated tips .00 Box 10 Dependent care benefits .00 Box 11 Nonqualified plans	675 City MES Box 12a A Box 12b A	A E BAYWOOD A A Amount Amount Amount	.00 .00	STE 4 Code Code	AZ BC BC	85 ox 14a A ox 14b A	206-1749 Amount Amount	.00	Description Description
Box b Employer identification number (EIN) 860392561 Box 1 Wages, tips, other compensation 479064.00 Box 8 Allocated tips .00 Box 10 Dependent care benefits .00 Box 11 Nonqualified plans .00	675 City MES Box 12a A Box 12b A	O E BAYWOOD A Amount Amount Third-party sick	.00 .00 .00	Code Code Code Code	Bo Bo Bo	85 ox 14a A ox 14b A ox 14c A	206-1749 Amount Amount Amount	.00	Description Description
860392561 860392561 30x 1 Wages, tips, other compensation 479064.00 30x 8 Allocated tips .00 30x 10 Dependent care benefits .00 30x 11 Nonqualified plans .00 30x 13 Statutory employee Retire	675 City MES Box 12a A Box 12b A Box 12c A	Amount Amount Amount	.00 .00 .00	Code Code Code Code	Bo Bo Bo	85 ox 14a A ox 14b A ox 14c A	206-1749 Amount Amount	.00	Description Description Description
860392561 30x 1 Wages, tips, other compensation 479064.00 30x 8 Allocated tips .00 30x 10 Dependent care benefits .00 30x 11 Nonqualified plans .00 30x 13 Statutory employee Retire NY State information: Box 15a NY State	Box 12b A Box 12c A Box 12d A Box 12d A	O E BAYWOOD Amount Amount Third-party sick Box 16a NYS wages, Box 16b Other state v	.00 .00 .00 .00 cpay tips, e	Code Code Code Code Code Code Code Code	Box	85 x 14a A x 14b A x 14c A x 14d A	206-1749 Amount Amount Amount	.00 .00 .00 .00	Description Description Description
860392561 860392561 30x 1 Wages, tips, other compensation 479064.00 30x 8 Allocated tips .00 30x 10 Dependent care benefits .00 30x 11 Nonqualified plans .00 30x 13 Statutory employee Retire	Box 12b A Box 12c A Box 12d A Box 12d A	O E BAYWOOD Amount Amount Third-party sick Box 16a NYS wages, Box 16b Other state v	.00 .00 .00 .00 cpay tips, e	Code Code Code Code Code Code Code Code	Box	85 x 14a A x 14b A x 14c A x 14d A	206-1749 Amount Amount Amount Canonic tax withless are state income tax	.00 .00 .00 .00	Description Description Description
860392561 860392561 Box 1 Wages, tips, other compensation 479064.00 Box 8 Allocated tips .00 Box 10 Dependent care benefits .00 Box 11 Nonqualified plans .00 Box 13 Statutory employee Retire NY State information: Box 15a NY State Other state information: Box 15b other state NYC and Yonkers Box Box	Box 12b A Box 12d A Box 12d A Box 12d A	O E BAYWOOD Amount Amount Third-party sick Box 16a NYS wages, Box 16b Other state v	.00 .00 .00 .00 cpay tips, e	Code Code Code Code Code Code Code Code	Box	85 x 14a A x 14b A x 14c A x 14d A 17a NY	206-1749 Amount Amount Amount Canonic tax withless are state income tax	.00 .00 .00 .00 meld .00 withheld	Description Description Description
Box b Employer identification number (EIN) 860392561 Box 1 Wages, tips, other compensation 479064.00 Box 8 Allocated tips .00 Box 10 Dependent care benefits .00 Box 11 Nonqualified plans .00 Box 13 Statutory employee Retire NY State information: Box 15a NY State Other state information: Box 15b other state	Box 12b A Box 12d A Box 12d A Box 12d A	Amount Amount Third-party sick Box 16a NYS wages, Box 16b Other state v	.00 .00 .00 .00 tips, e	Code Code Code Code Code Code Code Code	Box	85 x 14a A x 14b A x 14c A x 14d A 17a NY	206-1749 Amount Amount S income tax withlese state income tax 1293	.00 .00 .00 .00 meld .00 withheld	Description Description Corrected (W-2c) Box 20 Locality name







Department of Taxation and Finance

Summary of W-2 Statements

New York State • New York City • Yonkers

enarate the W-2 Records below. File Form IT-2 as an entire page with your return. See instructions on the back

o not detach of separate the W		Employer's information	-2 as an	entile p	age with your retur	II. OCC IIISI	ructions on the back.
N-2 Record 1	Emplo	yer's name					
Box a Employee's Social Security number	HOR	IZON HEALTHCARE	SERV	ICES,	INC		
or this W-2 Record	Emplo	yer's address (number and stre	eet)				
687101759		ENN PLAZA EAST					
Sox b Employer identification number (EIN)	City			State	ZIP code	Country	
220999690	NEW	ARK		NJ	07105-2248		
Sox 1 Wages, tips, other compensation	Box 12a /	Amount	Code	Вох	14a Amount		Description
140330.00		446.00	C			213.00	NJ FLI
Sox 8 Allocated tips	Box 12b /	Amount	Code	Вох	14b Amount		Description
.00		12957 .00	AA			169.00	UI/WF/SWF
sox 10 Dependent care benefits	Box 12c /	Amount	Code	Вох	14c Amount		Description
.00		19194.00	DD			.00	
ox 11 Nonqualified plans	Box 12d /	Amount	Code	Вох	14d Amount		Description
.00.		.00				.00	
ox 13 Statutory employee Retire	ment plan	X Third-party sick pay					Corrected (W-2c)
		Box 16a NYS wages, tips,	etc.	Box 1	17a NYS income tax wit	hheld	. , _
IY State information: Box 15a NY State	NIY		330.00	1		62.00	
		Box 16b Other state wages			17b Other state income ta		
Other state information: Box 15b other state	NJ		501.00		57	00.08	
other state							
	18 Local w	ages, tips, etc.	Bo	x 19 Loca	I income tax withheld		Box 20 Locality name
formation (see instr.):		71267 .00 Lo	cality a		2767.00	Locality a	NYC
Locality b		.00 Lo	cality b		.00.	Locality b	
ox a Employee's Social Security number rthis W-2 Record		IR SONI yer's address (number and stre	not)				
687101759		5 E ROTATION DR	,				
ox b Employer identification number (EIN)	City	J E KOTATION DR	•	State	ZIP code	Country	
860960545	MES	7\		AZ	85212	Country	
ox 1 Wages, tips, other compensation	Box 12a A		Code		14a Amount		Description
67073.00	BUX 124 /	53.00	Code	B07	t 14a Amount	.00	Description
ox 8 Allocated tips	Box 12b A		Code	Box	c 14b Amount	.00	Description
.00	20% 1207	.00			/ tilloulit	.00	2 docupation
ox 10 Dependent care benefits	Box 12c A		Code	Box	(14c Amount	.00	Description
.00		.00			, unio with	.00	
ox 11 Nonqualified plans	Box 12d A		Code	Box	c 14d Amount	.00	Description
.00		.00				.00	
.50		.00		L		100	
ox 13 Statutory employee Retire	ment plan	Third-party sick pay					Corrected (W-2c)
		Box 16a NYS wages, tips,	etc.	Box 1	17a NYS income tax wit	hheld	
Y State information: Box 15a NY State	NIY		.00			.00	
		Box 16b Other state wages			17b Other state income ta		
other state information: Box 15b other state	AZ	67	073.00		18	11.00	
25. 54.6							
YC and Yonkers Box formation (see instr.):	18 Local w	ages, tips, etc.	Bo	x 19 Loca	I income tax withheld	_	Box 20 Locality name
Locality a		.00 Lo	cality a		.00.	Locality a	
Locality b		.00 Lo	cality b		.00	Locality b	





2022 NJ-1040NR

New Jersey Nonresident Income Tax Return

For Privacy Act Notification, See Instructions

1555

NJ-1040NR 2022 Page 1



040NV01220

For Taxable Year January 1, 2022 – December 31, 2022 or Other Tax Year Beginning _______, 2022 Ending _______, 2023

Your Social Security Number 687101759

 $Last\ Name,\ First\ Name,\ Initial\ (\textit{Joint filers enter first name and middle initial of each}.\ Enter\ spouse/CU\ partner\ last\ name\ only\ if\ different.)$

SONI SAMIR V & PARITA S

Spouse's/CU Partner's Social Security Number

280916390

State of Residency (outside NJ)

Home Address (Number and Street, incl. apt. # or rural route)

ARIZONA 9925 E ROTATION DR

Driver's License # (Voluntary) State City, Town, Post Office State ZIP Code D0.794.7460 AZ MESA AZ 85212

This is an amended return

Federal extension application attached or enter confirmation number

The address above is a foreign address

Your address has changed

Death certificate for deceased taxpayer is attached (See instructions page 9)

I authorize the Division of Taxation to discuss my return and enclosures with my preparer

NJ Residency Status
If you were a New Jersey resident for ANY part of the tax year,

give the period of New Jersey residency.

Do you want to designate \$1 of your taxes for this fund? If joint

return, does your spouse/CU partner want to designate \$1? Note: If you check the "Yes" box(es), it will not increase your tax or

reduce your refund.

From: To:

Yes Yes No No



Gubernatorial

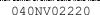
Elections Fund



NJ-1040NR

NJ-1040NR 2022 Page 2

Filing Status



Taxable pensions, annuities, and IRA distributions/withdrawals

Alimony and separate maintenance payments received

TOTAL INCOME (Add lines 15 through 26)

Other - State Nature and Source

Distributive Share of Partnership Income (Schedule NJ-BUS-1, Part III, line 4)
Net pro rata share of S Corporation Income (Schedule NJ-BUS-1, Part IV, line 4)

Name(s) as shown on Form NJ-1040NR

SONI SAMIR V & PARITA S

Your Social Security Number 687101759

1555

0

143501 .

(Che	eck only ONE box)									
1. 2. 3. 4.	X Married/CU Couple, filing joint return Married/CU Partner, filing separate return Head of Household	Name and SSN of	Spouse/CU Partne	er						
5.	Qualifying Widow(er)/Surviving CU Partner									
Exe	emptions									
	Regular Self	Spouse/CU	J Partner	Domestic	6.	2				
7.	Age 65 or over Self	Spouse/CU	J Partner	Partner	7.					
8.	Blind or Disabled Self	Spouse/CU	J Partner		8.					
9.	Veteran Exemption Self	Spouse/CU	J Partner						9.	
10.	Number of your qualified dependent children						10.	1		
11.	Number of other dependents						11.			
12.	Dependents attending colleges (See Instructions)				12.					
13.	For line $13a-Add$ lines $6,7,8,$ and $12.$ For line $13b-Add$ lines For line $13c-$ Enter amount from line $9.$	10 and 11.			13a.	2	13b.	1	13c.	
Dep	pendent Information									
14.	Dependent's Last Name, First Name, Middle Initial	De	pendent's Social S	Security Number		Birth Y	Year			
	a. SONI KIARA		8919024	•		202	0			
	b									
	c									
	d									
			COL. A - AMO	OUNT OF GROSS INC	OME (EVERYV	VHERE) C	OL. B - AMOUN	IT FROM N	EW JERSEY SOUR	.C
15.	Wages, salaries, tips, and other employee compensation		15.	14	3501		15.		143501	L
	Check box if you completed lines 69 through 75									
16.	Interest		16.		27		16.		()
17.	Dividends		17.		915		17.		()
18.	Net profits from business (Schedule NJ-BUS-1, Part I, line 4)		18.		0		18.		()
19.	Net gains or income from disposition of property (From line 68	3)	19.		0		19.		()
20.	Net gains or income from rents, royalties, patents, and copyrigh	nts (Schedule NJ-BUS-1, Part II	, line 4) 20.		4042		20.		()
21.	Net gambling winnings (See Instructions)		21.				21.			

22.

24.

26.

27.

3750 .

152235

24.

26.

27.

22.

23.

24.

25.

26.

Name(s) as shown on Form NJ-1040NR
SONI SAMIR V & PARITA S

Your Social Security Number 687101759

1555

NJ-1040NR 2022 Page 3

040NV03220

28a.	Pension/Retirement Exclusion (See Instructions)	28a.			
28b.	Other Retirement Income Exclusion (See Worksheet and Instructions)	28b.			28b.
28c.	Total Exclusion Amount (Add line 28a and line 28b)	28c.			28c.
29.	Gross Income (Subtract line 28c from line 27)	29.	152235		29. 143501
30.	Total Exemption Amount (See Instructions)	30.	3500		
31.	Medical Expenses (See Worksheet and Instructions)	31.			
32.	Alimony and separate maintenance payments	32.			
33.	Qualified Conservation Contribution	33.			
34.	Health Enterprise Zone Deduction	34.			
35.	Alternative Business Calculation Adjustment (Schedule NJ-BUS-2, line 11)	35.	0		
36.	Organ/Bone Marrow Donation Deduction (See instructions)	36.			
37a.	NJBEST Deduction	37a.			
37b.	NJCLASS Deduction	37b.			
37c.	NJ Higher Education Tuition Deduction	37c.			
38.	Total Exemptions and Deductions (Add lines 30 through 37c)	38.	3500		
39.	Taxable Income (Subtract line 38 from line 29, column A)	39.	148735		
40.	Tax on amount on line 39 (From Tax Table)	40.	5443		
41.	Income Percentage B. (line 29) / A. (line 29) = 94.26 %				
42.	New Jersey Tax (Multiply amount from line 40 by income percentage from line 41)				42. 5131 .
43.	Sheltered Workshop Tax Credit (Enclose GIT-317. See Instructions)				43.
44.	Gold Star Family Counseling Credit (See Instructions)				44.
45.	Credit for Employer of Organ/Bone Marrow Donor (See instructions)				45.
46.	Total Credits (Add lines 43, 44, and 45)				46.
47.	Balance of Tax After Credits (Subtract line 46 from line 42)				47. 5131 .
48.	Interest on Underpayment of Estimated Tax.				48.
	Check box if Form NJ-2210NR is enclosed				
49.	Total Tax Due (Add line 47 and line 48)				49. 5131 •
50.	Total New Jersey Income Tax Withheld (From enclosed Forms W-2 and 1099) (Part-year nonresidents, see instructions)	50.	5780	•	
51.	New Jersey Estimated Tax Payments/Credit from 2021 return	51.			Also enter on line 51:
52.	Tax paid on your behalf by Partnership(s)	52.			 Payments made in connection with sale of NJ real property
53.	Excess NJ UI/WF/SWF Withheld (Enclose Form NJ-2450)	53.			 Payments by S corporation for
54.	Excess NJ Disability Insurance Withheld (Enclose Form NJ-2450)	54.			nonresident shareholder
55.	Excess NJ Family Leave Insurance Withheld (Enclose Form NJ-2450)	55.			
56.	Pass-Through Business Alternative Income Tax Credit (See instructions)	56.			



Name(s) as shown on Form NJ-1040NR $\label{eq:sonion} \mbox{SONI SAMIR V \& PARITA S}$

Your Social Security Number 687101759

1555

NJ-1040NR 2022 Page 4

040NV04220

57.	Total Payments/Credits (Add lines 50 through 56)				57.	5780 .
58.	If line 57 is less than line 49, you have tax due. Subtract If you owe tax, you can still make a donation on line 61.		nter the amount you owe		58.	•
59.	If line 57 is more than line 49, you have an overpaymen	e 57 and enter the overpayment		59.	649 .	
60.	Amount from line 59 you want to credit to your 2023 tax	K			60.	
61.	Amount you want to credit to:					
	(A) N.J. Endangered Wildlife Fund		61A.		NOTE:	
	(B) N.J. Children's Trust Fund		61B.		An entry on lines 60 through 61F w reduce your tax refund	
	(C) N.J. Vietnam Veterans' Memorial Fund		61C.	•	reduce your and re	rand
	(D) N.J. Breast Cancer Research Fund		61D.			
	(E) U.S.S. N.J. Educational Museum Fund		61E.			
	(F) Designated Contribution	Code	61F.	•		
62.	Total Adjustments to Tax Due/ Overpayment (Add lines	60 through 61F)			62.	
63.	Balance due (If line 58 is more than zero, add line 58 an	d 62)			63.	•
64.	Refund amount (If line 59 is more than zero, subtract lin	e 62 from line 59)			64.	649 .

Under penalties of perjury, I my knowledge and belief, it information of which the pre	Pay amount on line 63 in full. Write Social Security number(s) on check or money order and make payable to:						
Your Signature	Date		>Spouse's/CU	J Partner's Signature (if filing jointly, BOTH must sign)	State of New Jersey - TGI Division of Taxation Revenue Processing Center PO Box 244 Trenton, NJ 08646-0244		
Paid Preparer's Signature				Federal Identification Number	11chton, 143 00040-0244		
SYAM PRIYA	RAM SAGAR	GUPTA	TALLAM	P02082703	You can also make a payment on our website: nj.gov/taxation		
				Firm's Federal Employer Identification Number			
Firm's Name GLOBAL	TAXES LLC			84-3171965			

Name(s) as shown on Form NJ-1040NR Your Social Security Number SONI SAMIR V & PARITA S 687101759 **Net Gains or Income From** List the net gains or income, less net loss, derived from the sale, exchange, or other Part I disposition of property including real or personal whether tangible or intangible as reported **Disposition of Property** on federal Schedule D. (e) Cost or other (b) Date basis as adjusted (f) Gain or (loss) (c) Date sold (a) Kind of property and description (d) Gross sales price aguired (Mo., day, yr.) (see instructions) (d less e) (Mo., day, yr.) and expense of sale 65. Wealthfront Broker 01/01/2022 12/31/2022 13590 -427 14017 FIDELITY BROKERAGE 01/01/2022 12/31/2022 129519 150608 -21089 12/31/2022 129645 129392 Wealthfront Broker 01/01/2022 253 01/01/2022 12/31/2022 Wealthfront Broker 2537 2565 -28 12/31/2022 01/01/2022 7079 615 Wealthfront Broker 6464 66. Capital Gains Distribution...... 66 67. Other Net Gains..... 67. 68. Net Gains (Add lines 65, 66, and 67) (Enter here and on line 19) (If loss, enter zero) Allocation of Wage and Salary (See instructions if compensation depends entirely on volume of business Income Earned Partly Inside and Part II transacted or if other basis of allocation is used.) **Outside New Jersey** 69. Amount reported on line 15 in column A required to be allocated 70. Total days in taxable year 70. 71. Deduct nonworking days (Sundays, Saturdays, holidays, sick leave, vacation, etc.) 71. 72. 72. Total days worked in taxable year (subtract line 71 from line 70) 73. Deduct days worked outside New Jersey..... 73. 74. Days worked in New Jersey (subtract line 73 from line 72)..... 75. Allocation Formula (Include this amount on (Enter amount from line 69) (Salary earned inside N.J.) line 15, col. B) Allocation of Business Part III (See instructions if other than Formula Basis of allocation is used.) Income to New Jersey Business Allocation Percentage (From Schedule NJ-NR-A) Enter below the line number and amount of each item of business income reported in column A that is required to be allocated and multiply by allocation percentage to determine amount of income from New Jersey sources. From Line No. ______ \$ _____x _____ x ______ = \$ _____ From Line No. _____ \$ ____ x ____ % = \$ _____ From Line No. _____ \$ ____ x _____ % = \$ ___

Schedule NJ-BUS-1 (Form NJ-1040NR)

New Jersey Gross Income Tax Business Income Summary Schedule

Pá	art Net Profits From Busine	SS		Lis	t the net prof	fit (lo	ss) from busir	ness(es). S	See Instructions.	
	Business Name				curity Number eral EIN	r/		Profit or	(Loss)	
1.	PHYSICIAN		280916	390	0				0.	
2.										
3.										
4.	Net Profit or (Loss). (Add lines 1, 2, and 3 line 18, column A. If loss, enter zero on lir			on		4.			0.	
Pa	Net Gains or Income art II From Rents, Royalties, Patents, and Copyrights	i	form of Type	of r	ents, royaltie Property:	s, pa		pyrights. S	ived from or in the instructions. -Copyrights	he
	Source of Income or Loss. If rental real e enter physical address of property.	state,			rity Number/ ral EIN		ype – Enter number from list above	Inc	come or (Loss)	
1.	2658 S REAVIS FALLS RD		687101	75	9		1		4,387.	
2.	3053 E SUNRISE PL		687101			\top	1		-345.	
3.										
4.	Net Income or (Loss). (Add lines 1, 2, and (Enter here and on line 20, column A. If lo		er zero on	line	20, column	A.)	4.		4,042.	
Pa	art III Distributive Share of Pa	rtners	hip Inco	me	Э		the distributiv n partnership(income (loss) tructions.	
	Partnership Name	Fed	eral EIN		Share of Partnersh Income or (Loss)		on your b	f tax paid behalf by erships Share of Pa Through Busi Alternative Ind Tax		ess
1.	The Clarks Landing Fund I, LP 3	64716	5555		3,750.					
2.										
3.				T						
4.	Distributive Share of Partnership Income or (Lo (Add lines 1, 2, and 3.) (Enter here and on line If loss, enter zero on line 23, column A.)	23, colu	ımn A.		3 , 750					
5.	Total Share of tax paid on your behalf by Partn 2, and 3.) Enter total here and include on line 5		(Add lines 1,	,						
6.	Total Share of Pass-Through Business Alternat lines 1, 2, and 3.) (Enter here and include on lines 1, 2, and 3.)		me Tax (Add	d						
Pa	art IV Net Pro Rata Share of S	Corp	ooration	Ind	come		the pro rata s) from S corpo		ome (usable See instructions	S
	S Corporation Name	Fe	deral EIN				S Corporation able Loss)	Share of Pass-Through Business Alternative Income Tax		
1.										
2.										
3.										
4.	Net Pro Rata Share of S Corporation Income of (Add lines 1, 2, and 3.) (Enter here and on line If loss, enter zero on line 24, column A.)		ımn A.	4.						
5.	Total Share of Pass-Through Business Alternati									
	(Add lines 1, 2, and 3.) (Enter here and include	on line 5	00.)	5.						

Name(s) as shown on Form NJ-1040NR	Social Security Number
SONI SAMIR V & PARITA S	687-10-1759

Schedule NJ-BUS-2 (Form NJ-1040NR)

New Jersey Gross Income Tax Alternative Business Calculation Adjustment

2022

			Column A	Column B					
Par	Part I Income (Loss)		Reportable Regular Business Income			Alternative Business Income (Loss)			
1.	Net Profits From Business	1a.	0.		1b.	0.			
2.	Net Gain or Income From Rents, Royalties, Patents, and Copyrights	2a.	4,042.		2b.	4,042.			
3.	Distributive Share of Partnership Income	3a.	3,750.		3b.	3,750.			
4.	Net Pro Rata Share of S Corporation Income	4a.	0.		4b.	0.			
5.	Loss Carryforward From Tax Year 2021				5b.	()		
6.	Totals	6a.	7,792.		6b.	7,792.			
Par	t II Adjustment Calculation								
7.	Total Regular Business Income	7.	7,792.						
8.	Total Alternative Business Income/(Loss) (If loss, enter zero)	8.	7,792.						
9.	Business Increment (Subtract line 8 from line 7)	9.	0.						
10.	Adjustment Percentage	10.	(0.50					
11.	Alternative Business Calculation Adjustment (line 9 x 0.50)	11.	0.						
Par	t III Loss Carryforward to Tax Year 202	3							
12.	Loss Carryforward to Tax Year 2023				12.	()		

Instructions

Line 1a. Line 1b.	Enter the amount from line 18, column A, Form NJ-1040NR.
	Enter the amount from Part I, line 4, Schedule NJ-BUS-1 (Form NJ-1040NR).
Line 2a.	Enter the amount from line 20, column A, Form NJ-1040NR.
Line 2b.	Enter the amount from Part II, line 4, Schedule NJ-BUS-1 (Form NJ-1040NR).
Line 3a.	Enter the amount from line 23, column A, Form NJ-1040NR.
Line 3b.	Enter the amount from Part III, line 4, Schedule NJ-BUS-1 (Form NJ-1040NR).
Line 4a.	Enter the amount from line 24, column A, Form NJ-1040NR.
Line 4b.	Enter the amount from Part IV, line 4, Schedule NJ-BUS-1 (Form NJ-1040NR).
Line 5b.	Enter the amount from line 12 of your 2021 Schedule NJ-BUS-2 (Form NJ-1040NR).
Line 6a.	Enter the total of lines 1a through 4a.
Line 6b.	Enter the total of lines 1b through 5b, netting gains with losses.
Line 7.	Enter the amount from line 6a of this schedule.
Line 8.	Enter the amount from line 6b of this schedule. If loss, enter zero here.
Line 9.	Subtract line 8 from line 7. If the result is zero, enter zero on line 11 and on line 35 of Form NJ-1040NR, and continue with line 12.
Line 10.	The adjustment percentage for Tax Year 2022 is 50% (0.50).
Line 11.	Multiply the amount on line 9 by 50% (0.50). Enter here and on line 35 of Form NJ-1040NR.
Line 12.	If the amount on 6b is a loss, enter the amount of the loss on this line. Otherwise, enter zero.

RETURN			140	Resident Personal Income Tax Return					2022		
	82F		Check box 82F f filing under extension	OR FISCAL Y	EAR BEGINNI	NG L	2 0 2 2	AND ENDING			. 66F
ANY ITEMS TO THE	,	Your I	First Name and Middle Initial			Last Name		Ente	Your	Social Security N	Number
0	1		MIR V			SONI		your	68	7 10 17	759
Ĕ	_	Spous	se's First Name and Middle Initia	al (if box 4 or 6	checked)	Last Name		SSN(Snou	se's Social Secu	rity No.
ž	1		RITA S			SONI			28	0 91 63	
Ë			nt Home Address - number and	street, rural ro	ute		Apt. No.			(with area code)
≥	2		25 E ROTATION DR	Ctata		710.0-	-1-		(919) 44	9-7542 ir Prior Year(s) (if d	ifforont\
	[3]	ME S	Town or Post Office	State AZ		ZIP C o 8521		Last Names Use	d in Last Fou	ir Prior Year(s) (if d	<u> </u>
글	┰							REVENUE USE	ONLY, DO NO	OT MARK IN THIS	97 AREA
DO NOT STAPLE	FILING STATUS	5 6	Married filing joint return Head of household. Enter Married filing separate ret	name of qualifyi	ng child or depen	dent on next line		88			
<u> </u>	正	7	Single	d. Do madamu		-					
			♦ Enter the number claime								
	ڡ	8	Age 65 or over (you and/o	·			complete lines 38, complete line 49.	81 PM		80 RCVD	
	and 10b	9	Blind (you and/or spouse)				,	0.1		00	
		10a 11a	Dependents: Under age of Qualifying parents and gra		b Depend	dents: Age 17 a	and over.				
	10a	- i i u	(Box 10a and 10b): Depende		See instruction	ons For more	e space check t	the box \square and	complete r	page 4 Part 1	
	- Dependents		(a) FIRST AND LAS (Do not list yourself	T NAME		(b) CIAL SECURITY NO	(c)	(d)	(e)	t Age in: 2	on your n due to
	1 a	10c	KIARA S SON	I	66	8-91-9024	Daughter	12			
	and ,	10d									
	o, a	10e									
_:	, 8		(Box 11a): Qualifying parents	and grandpar	ents. See insti	ructions. For n	nore space, ched	k the box 🗌 and	d complete	page 4, Part 2.	
ents after Form 140.	Exemptions		(a) FIRST AND LAS (Do not list yourself		soc	(b) CIAL SECURITY NO	(c) D. RELATIONSHI	P NO. OF MONTHS LIVED IN YOUR HOME IN 2022	(e) IF AGE 69 OVER		
Ę		11b					+		⊢井		
sai		11c			fodovol votuvo	`	<u> </u>		42	761 , 96	34 00
ä			Federal adjusted gross incomes mall Business Income: 135 Ct	` •		•				701,30	00
	S		Modified federal adjusted gross	•	•					761,96	
ਤੁ	Additions		Non-Arizona municipal interest								00
ĕ	ddi		Partnership Income adjustment								00
<u>p</u> e			Total federal depreciation							23,63	
ğ		18	Other Additions to Income: Cor	mplete Other A	dditions to Ariz	ona Gross Inc	ome schedule or	n page 5	18		00
schedules or other docum			Subtotal: Add lines 14 through 18							785 , 60	00 00
ë E			Total net capital gain or (loss).						000 00		
o			Total net short-term capital gain						263 00		
ਨੁ			Total net long-term capital gain						587 00		
AZ s			Net long-term capital gain from						0 00		0 00
		2 This	Multiply line 23 by 25% (.25) ar box may be blank or may contain a	orinted barcode o	of data from vour			lified small busines			00 00
au	ջ		NET DE VIERDITATION DIE NICHTEN	A HOLD BY A CONTRACT OF THE PARTY OF THE PAR		M.				23,63	
ਰ	Subtractions					/ <u></u> /		depreciationdjustment		23,03	00
g	otrac					UD BIIIII		ations			00
فَ	Suk					/ (36, 181		tate or local govt. pe			00
red						FL BIIII		tate of local govt. per tainer pay uniform se			00
₫						7681111		or Railroad Retirem			00
ē			ar y congress progress (a processor), mang maka kiting pilatah dipilatah baba kiting kiting kiting kiting kit Palatah kiting pilatah kiting kiting kiting pilatah kiting kiting pilatah baba kiting kiting kiting kiting kit				·-	erican Indians			00
5			▗▗▗▗▗▗▗▗▗▗▗▗ ▘▞▄▆▗▙▆▗▙▆▗▙▆▗▙▆▗▙▆▗▙▆▗▙▆▗		ver mar mar menter fra fr	O4 B		an active service me			00
Place any required federal and						33 Ne	et operating loss ad	justment	33		00
ac			CONTRACTOR OF THE STREET STREET OF THE STREET		y na pro proxi e lingi ().	34 Co	ontributions: 34 a 529	plans	00		
ے						341	529A (ABLE)	00 add 34a	and 24h 34C		00

ADOR 10413 (2 1555 AZ Form 140 (2022) REV 02/04/23 PRO Page 1 of 6

	Your	Name (as shown on page 1)	Your Social Securit	ty Number						
	SAN	MIR V & PARITA S SONI	687-10-17	759						
		Subtract lines 24 through 34c from line 19			761,964					
	35	Other Subtractions from Income. Complete Other Subtraction from Arizona Gross Income sche			701,004	0				
	36				761,964					
ons	37	Subtract line 36 from line 35. Enter the difference			701/301	0				
ğΕ	38	Age 65 or over: Multiply the number in box 8 by \$2,100				0				
Exemptions	39	Blind: Multiply the number in box 9 by \$1,500				0				
ш	40	Other Exemptions. See instructions40E Multiply the number in box 40E by \$2,300		I		$\overline{}$				
	41	Qualifying parents and grandparents: Multiply the number in box 11a by \$10,000			761,964	0				
	42	Arizona adjusted gross income: Subtract lines 38 through 41 from line 37. If less than zero, enter "0"				$\overline{}$				
	43	Deductions: Check box and enter amount. See instructions		I .	27,050	$\overline{}$				
	44	If you checked box 43 S and claim charitable contributions, check 44 C Complete page 3. See in		I .	724 014	0				
Balance of Tax	45	Arizona taxable income: Subtract lines 43 and 44 from line 42. If less than zero, enter "0"			734,914	$\overline{}$				
ō	46	Compute the tax using amount on line 45 and Tax Tables X and Y or Optional Tax Tables			21,654	$\overline{}$				
uce	47	Tax from recapture of credits from Arizona Form 301, Part 2, line 32		I .		00				
3a la	48	Subtotal of tax: Add lines 46 and 47. Enter the total			21,654	$\overline{}$				
-	49	Dependent Tax Credit. See instructions			0	0				
	50	Family income tax credit (from the worksheet - see instructions)		50		0				
	51	Nonrefundable Credits from Arizona Form 301, Part 2, line 64		51	8,066	$\overline{}$				
	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	line 48, enter "0".	52	13,588					
and dits	53	2022 AZ income tax withheld			16,628	0				
Cred	54	2022 AZ estimated tax payments54a 00 Claim of Right 54b	00 Add 54a and	54b. 54c		0				
yme ble	55	2022 AZ extension payment (Form 204)		55		0				
Total Payments and Refundable Credits	56	Increased Excise Tax Credit (from the worksheet - see instructions)		56		0				
Tota Refu	57	Property Tax Credit from Arizona Form 140PTC		57		0				
-	58	Other refundable credits: Check the box(es) and enter the total amount	308-I 582	<u>349</u> 58		0				
řĔ	59	Total payments and refundable credits: Add lines 53 through 58. Enter the total			16,628	00				
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								
erpa	61	OVERPAYMENT: If line 59 is larger than line 52, subtract line 52 from line 59. Enter amount of overpayment		3,040	00					
ő	62	Amount of line 61 to be applied to 2023 estimated tax				00				
Ś	6	Balance of overpayment: Subtract line 62 from line 61. Enter the difference			3,040	_				
Voluntary Gifts		- 74 Voluntary Gifts to: Solutions Teams Assigned to Schools 64 00 Arizona Wildlife		00						
ary	-	Child Abuse Prevention 66 00 Domestic Violence Services 67 00 Political Gift		00						
<u>=</u>				00						
8		Neighbors Helping Neighbors 69 00 Special Olympics		00						
ج.	75	Political Party (if amount is entered on line 68 - check only one): 751 Democratic 752 Libertarian	753 Republica							
Penalty				76		00				
Pe	77	Estimated payment penalty		/ 6		100				
				70		00				
_ B	78 70	Add lines 64 through 74 and 76; enter the total			3,040					
Refund or Amount Owed	79	Direct Deposit of Refund: Check box 79 A if your deposit will be ultimately placed in a foreign account ; se	e instructions. 79	79	3,040	100				
afur J		— CXI Checking or ROUTING NUMBER ACCOUNT NUMBER		_						
₹ <u>%</u>		98 S Savings 0 5 3 0 0 0 1 9 6 2 3 7 0 0 6 4 2 3 2 4 7								
	80	AMOUNT OWED: Add lines 60 and 78. Make check payable to Arizona Department of Revenue; write	our SSN on paym	ent;		Π				
		and include with your return		80		00				
_					11 1: 6 ()	_				
		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 informat				€				
١		tide, correct and complete. Decial attornor preparer (other than taxpayer) is based on all information	on or willon prep	Jai Ci Tias ai	iy kilowledge.					
HERE	→		SOFTWARE E	NCINEED						
			CCUPATION	NGINEEN		-				
SIGN	→	1	PHYSICIAN							
			POUSE'S OCCUPATI	ION		-				
H.C		SYAM PRIYA RAM SAGAR GUPTA TALLAM 03312023 GLOBAL TAXES I	LC							
PLEASE	i	PAID PREPARER'S SIGNATURE DATE FIRM'S NAME (PREPARER'S)		-				
		245 ROONEY CT	84-3	171965						
P		PAID PREPARER'S STREET ADDRESS		EPARER'S TIN		-				
		E BRUNSWICK NJ 08816	(678)965-95	22					
		PAID PREPARER'S CITY STATE ZIP CODE		PARER'S PHO		-				

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
SAMIR V & PARITA S SONI	687-10-1759

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.

	(a)	(b)	(c)	(d)	(6	e)	(f)
	FIRST AND LAST NAME (Do not list yourself or spouse.)			NO. OF MONTHS LIVED IN YOUR HOME IN 2022	✓ Depen includ	dent Age led 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							
10n							
10 _o							
10 _p							

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 qualifying parents and grandparents information used to compute your allowable exemption on page 2, line 41.									
		(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			
11 d										
11e										
11 _f										
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 C (see instru		✓ 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.

Arizona Form

Nonrefundable Individual Tax Credits and Recapture for Forms 140, 140PY, 140NR and 140X

2022

Include with your return.

For the calendar	year 2022 or fiscal year beginning	. 1	$\perp 12.0.2.2 \perp \text{and ending} \perp$. 1	. 1	١.		Ι.
i di liib balbiluai	Veal 2022 of listal Veal Deuli II III u	1 1		1 1	1	1 1	1 1	

Your Name as shown on Form 140, 140PY, 140NR or 140X	Your Social Security Number
SAMIR V SONI	687 10 1759
Spouse's Name as shown on Form 140, 140PY, 140NR or 140X (if a joint return)	Spouse's Social Security Number
PARITA S SONI	280 91 6390

				(a) Current Year Credit	(b) Available Carryover	(c) Total Available Credit (a) + (b)	it
1	Military Reuse Zone Credit Form 30	3 ▶	1				00
2	Credit for Increased Research Activities – Individuals Form 308-	l ▶ 🔝	2				00
3	Credit for Taxes Paid to Another State or Country Form 30	▶ _ :	3	8,066		8,066	00
4	Credit for Solar Energy Devices Form 31	> ▶	4				00
5	Agricultural Water Conservation System Credit Form 31:	2 ▶!	5				00
6	Credit for Solar Hot Water Heater Plumbing Stub Outs and						
	Electric Vehicle Recharge Outlets Form 319	9 ▶ 🔼	6				00
7	Credit for Contributions to Qualifying Charitable Organizations Form 32	1 ▶ 📑	7				00
8	Credit for Contributions Made or Fees Paid to Public Schools Form 32	2 ▶ _ 8	8				00
9	Credit for Contributions to Private School Tuition Organizations Form 32	3 ▶	9				00
10	Agricultural Pollution Control Equipment Credit Form 32	5 ▶ 10	0				00
11	Credit for Donation of School Site Form 33	1 ▶ <u>1</u>	1				00
12	Credit for Employing National Guard Members Form 33:	3 ▶ 1:	2				00
13	Credit for Business Contributions by an S Corporation to						
	School Tuition Organizations - Individual Form 335-	I ▶ <u>1</u> :	3				0
14	Credit for Solar Energy Devices – Commercial and						
	Industrial Applications Form 33	3 ▶ <u>1</u>	4				0
15	Credit for Investment in Qualified Small Businesses Form 33	3 ▶ 1	5				0
16	Credit for Donations to the Military Family Relief Fund Form 34) ▶ 1	6				00
17	Credit for Business Contributions by an S Corporation to School						
	Tuition Organizations for Displaced Students or Students with						
	Disabilities - Individual Form 341-	I ▶ 1	7				00
18	Renewable Energy Production Tax Credit Form 34	3 ▶ 18	8				00
19	Credit for New Employment Form 34		9				00
20	Additional Credit for Increased Research Activities for						
	Basic Research Payments Form 34	6 ▶ 20	0				00
21	Credit for Contributions to Certified School Tuition Organizations						
	(for contributions that exceed the allowable credit on Arizona Form 323). Form 34	3 ▶ 2	1				00
22	Credit for Contributions to Qualifying Foster Care Charitable						
	Organizations Form 35.	2 ▶ 2	2				00
23	Healthy Forest Production Tax Credit Form 35						00
24	Affordable Housing Tax Credit Form 35						00
25	Credit for Entity-Level Income Tax						0
26	Reserved						

You must include Form 301 and the corresponding credit form(s) for IMPORTANT which you computed your credit(s) with your individual income tax return.

ADOR 10127 (22) 1555 REV 02/04/23 PRO

Your Social Security Number Your Name (as shown on page 1) 687-10-1759 SAMIR V & PARITA S SONI Part 2 Application of Tax Credits and Recapture: Enter tax, recapture tax, and tax credits used this taxable year. 28 Tax from Form 140, line 46; or Form 140PY, line 56; or Form 140NR, line 56; or 21,654 00 Form 140X, line 37..... 28 29 Tax from Recapture of Credit for Qualified Facilities from Form 349, Part 7, line 19..... 00 30 Tax from Recapture of Credit for Affordable Housing from Form 354, Part 2, line 12....... 00 32 Recapture Total: Add lines 29 and 30. Enter here and on Form 140, line 47; or Form 140PY, line 57; or Form 140NR, line 57; or Form 140X, line 38..... 32 00 33 21,654 00 33 Subtotal: Add lines 28 and 32..... 34 Family Income Tax Credit from Form 140, line 50; or Form 140PY, line 60; or Form 140X, box 40a; plus Dependent 0 00 Tax Credit from Form 140, line 49; or Form 140PY, line 59; or Form 140NR, line 59; or Form 140X, box 40b...... 34 21,654 00 Subtract line 34 from line 33. Enter the difference. If less than zero, enter "0"..... 35 Nonrefundable Tax Credits Used This Taxable Year: Enter amounts actually used from Part 1 00 36 Military Reuse Zone Credit Form 306 ▶ 36 00 37 8,066 00 Credit for Taxes Paid to Another State or Country......Form 309 ▶ 38 39 00 Agricultural Water Conservation System CreditForm 312 ▶ 40 00 Credit for Solar Hot Water Heater Plumbing Stub Outs and 00 00 42 Credit for Contributions to Qualifying Charitable Organizations......Form 321 ▶ 42 Credit for Contributions Made or Fees Paid to Public Schools......Form 322 ▶ 43 00 00 Credit for Contributions to Private School Tuition Organizations......Form 323 ▶ 44 00 00 00 47 Credit for Employing National Guard Members...... Form 333 ▶ 47 Credit for Business Contribution by an S Corporation to 00 School Tuition Organizations - Individual Form 335-I ▶ 48 49 Credit for Solar Energy Devices – Commercial and Industrial ApplicationsForm 336 ▶ 49 00 00 51 Credit for Donations to the Military Family Relief Fund: Enter the smaller of 0 00 Form 301, Part 1, line 16 or Part 2, line 33......Form 340 ▶ 51 52 Credit for Business Contributions by an S Corporation to School Tuition 00 Organizations for Displaced Students or Students with Disabilities - Individual.. Form 341-I > 52 00 00 Credit for New Employment.......Form 345 ▶ 55 Additional Credit for Increased Research Activities for Basic Research Payments .. Form 346 ▶ 00 56 Credit for Contributions to Certified School Tuition Organizations 00 (for contributions that exceed the maximum allowable credit on Arizona Form 323) .. Form 348 ▶ 56 Credit for Contributions to Qualifying Foster Care Charitable Organizations......Form 352 ▶ 00 57 00 Healthy Forest Production Tax Credit......Form 353 ▶ 58 59 Affordable Housing Tax Credit.......Form 354 ▶ 00 00 60 Reserved 8,066 00 62 Tax credits used from Form 301: Add lines 36 through 60. 62

ADOR 10127 (22) 1555 AZ Form 301 (2022) REV 02/04/23 PRO Page 2 of 2

Tax credits used from Form 301-SBI, line 69.

Total Tax Credits Used: add lines 62 and 63. Enter this amount on Form 140, line 51; or Form 140PY, line 61; or

Form 140NR, line 60, or Form 140X, line 41. Total credits used cannot be more than line 35......

00

8,066 00

63

SCHEDULE A (Form 1040)

Itemized Deductions

Go to www.irs.gov/ScheduleA for instructions and the latest information. Attach to Form 1040 or 1040-SR.

Department of the Treasury Internal Revenue Service

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

Caution: If you are claiming a net qualified disaster loss on Form 4684, see the instructions for line 16.

Attachment Sequence No. **07**

Your social security number

OMB No. 1545-0074

SAMIR V &	PΑ	RITA S SONI		68	7 –	10-1759
Medical		Caution: Do not include expenses reimbursed or paid by others.				
and	1	Medical and dental expenses (see instructions)	1			
Dental	2	Enter amount from Form 1040 or 1040-SR, line 11 2				
Expenses	3	Multiply line 2 by 7.5% (0.075)	3			
		Subtract line 3 from line 1. If line 3 is more than line 1, enter -0			4	
Taxes You		State and local taxes.				
Paid		a State and local income taxes or general sales taxes. You may include				
		either income taxes or general sales taxes on line 5a, but not both. If				
		you elect to include general sales taxes instead of income taxes,				
			5a	27,219		
	ı	State and local real estate taxes (see instructions)	5b	3,113		
	(State and local personal property taxes	5с			
	(d Add lines 5a through 5c	5d	30,332		
		Enter the smaller of line 5d or \$10,000 (\$5,000 if married filing				
		separately)	5e	10,000		
	6	Other taxes. List type and amount:				
			6			
	7	Add lines 5e and 6			7	10,000
Interest		Home mortgage interest and points. If you didn't use all of your home				
You Paid		mortgage loan(s) to buy, build, or improve your home, see				
Caution: Your		instructions and check this box				
mortgage interest deduction may be		a Home mortgage interest and points reported to you on Form 1098.				
limited. See		See instructions if limited	8a	17,050		
instructions.	ı	Home mortgage interest not reported to you on Form 1098. See				
		instructions if limited. If paid to the person from whom you bought the				
		home, see instructions and show that person's name, identifying no.,				
		and address	8b			
	(Points not reported to you on Form 1098. See instructions for special				
		rules	8c			
	(d Reserved for future use	8d			
	(e Add lines 8a through 8c	8e	17 , 050		
		Investment interest. Attach Form 4952 if required. See instructions .	9			
	10	Add lines 8e and 9	<u> </u>		10	17,050
Gifts to	11	Gifts by cash or check. If you made any gift of \$250 or more, see				
Charity		instructions	11			
Caution: If you made a gift and	12	Other than by cash or check. If you made any gift of \$250 or more,				
got a benefit for it,			12			
see instructions.		, , ,	13			
		Add lines 11 through 13			14	ł
Casualty and	15					
Theft Losses		disaster losses). Attach Form 4684 and enter the amount from line 18				
		instructions			15	5
Other	16	Other—from list in instructions. List type and amount:				
Itemized						
Deductions					16	j
Total	17	Add the amounts in the far right column for lines 4 through 16. Also, e				
Itemized		Form 1040 or 1040-SR, line 12			17	7 27,050
Deductions	18	If you elect to itemize deductions even though they are less than your s				
		check this box		🖂		

Arizona Schedul

Itemized Deduction AdjustmentsFor Full-Year Residents Filing Form 140

2022

27**,**050 **00**

Include with your return.

You	r Name as shown on Form 140	Your Social S	Security No	umber
	MIR V SONI	687	10	1759
Spo	ouse's Name as shown on Form 140 (if filing joint)	Spouse's So	cial Securi	ty Number
PAI	RITA S SONI	280	91	6390
To it	temize on your Arizona return, you must first complete a federal Schedule A even if you did not ite	mize on vol	ır federal	return. Use
	m 140 Schedule A to adjust the amount shown on the federal Schedule A. Complete Form 140 Sc			
	nges to the amount shown on the federal Schedule A. See instructions for details.	noddio, t o r	, , cu	ar o maning
<u> </u>				
Adjı	ustment to Medical and Dental Expenses			
1	Medical and dental expenses	00		
2	Medical expenses allowed to be taken as a federal itemized deduction	00		
3	If line 1 is the same as or more than line 2, subtract line 2 from line 1; otherwise, go to line 4		3	00
4	If line 2 is more than line 1, subtract line 1 from line 2		I	00
•	II III Z Io more than iii e 1, east act iii e 1 nom iii e 2			00
Adjı	ustment to Interest Deduction			
5	If you received a federal credit for interest paid on mortgage credit certificates (from federal Fo	rm 8396).		
	enter the amount of mortgage interest you paid for 2022 that is equal to the amount of y			
	federal credit		5	00
Adjı	ustments to Charitable Contributions			
6	Amount of charitable contributions for which you are claiming a credit under Arizona law	6	3	00
	, c			
Adjı	ustment to State Income Taxes			
7	Amount of state income taxes deducted on the federal Schedule A that are for contributions to a	charity for		
	which an Arizona credit was received. If your tax deductions were limited on your federal Schedule A	complet		
	the worksheet on page 2 to determine the adjustment on this line	7	7	00
Oth	er Adjustments			
8	Amount allowed as a federal itemized deduction that relates to income not subject to Arizona tax		3	00
	,			
Adjı	usted Itemized Deductions			
9	Add the amounts on lines 3 and 5	00		
10	Add the amounts on lines 4, 6, 7, and 8	00		
11	Total federal itemized deductions allowed to be taken on federal return	, 050 00		
12		00		
13	Add lines 11 and 12	, 050 00		
14	Enter the amount from line 10 above14	00		
15	Arizona itemized deductions: Subtract line 14 from line 13. Enter the difference here. Also, enter	er the		



You must include a copy of federal Form 1040, Schedule A with your return if you itemize your deductions.

ADOR 10571 (22) PAGE 1 of 2 REV 02/04/23 PRO 1555

Your Name (as shown on page 1)	Your Social Security Number
SAMIR V SONI	687 10 1759

2022 Form 140 Schedule A Adjustment to State Income Taxes

Arizona Revised Statutes § 43-1042 was amended to require taxpayers to reduce the amount of itemized deductions for amounts used to claim an Arizona credit even if the amount was deducted on the federal return as state income taxes paid rather than as charitable contributions.

If you claimed income taxes on your federal 1040 Schedule A, complete the following worksheet to determine the amount of your adjustment to enter on page 1, line 7.

1 A	Total state income taxes on the federal Schedule A before applying the federal limitations	1A	00
2A	Amount included in the line 1A for which you claimed an Arizona credit	2A	00
3A	Subtract line 2A from line 1A. Enter the difference	3A	00
4A	Limit from federal Schedule A. Enter \$10,000 (\$5,000 if married filing separate)	4A	00
5A	Enter the smaller of line 3A or 4A	5A	00
6A	Enter total state income taxes claimed on federal Schedule A (after limitation)	6A	00
7 A	Subtract line 5A from line 6A. This is the amount of your Arizona adjustment.		
	Enter the amount on page 1, line 7	7A	00

ADOR 10571 (22) 1555 AZ Schedule A (2022) REV 02/04/23 PRO PAGE 2 of 2

Arizona Form 309

Credit for Taxes Paid to Another State or Country for Forms 140, 140NR, 140PY and 140X

F	or the calendar year 202	2 or fiscal year	beginning	<u> 2,0,2,2</u> ar	nd ending			
Your Na	me as shown on Form 140, 140	NR, 140PY, or 140	ΟX		Your Soc	cial Secu	ırity Number	
	V SONI				68		10 1759	
	s Name as shown on Form 140	, 140NR, 140PY, c	r 140X (if joint return)		'		Security Number	
PARIT	A S SONI				28	0	91 6390	
Part 1	Computation of Incor	me Subject to	Tax by Both Arizon	na and the Othe	er State or Co	untry l	During 2022	
A. Othe	er State: If claiming a credit							
	See last page of the	ne instructions fo	or a list of state abbrev	iations	L	$N_{I}J_{I}$		
B. Othe	er Country: If claiming a cre	-	·	•				
	If claiming a cre	edit for taxes pai	d to more than one co	untry, see instructi	ons.			
			(a)	(b)			(c)	-
1	Description of income item(s).		(2)	(5)			(0)	_
-	List each income item	WAGES						
	separately. Do <i>not</i> include any							
	income item reported on your							
	small business income tax return.							
								-
_	Amount of income from iter	m listed	(a)	(b)			(c)	T
2	on line 1 reportable to both							
	and the other state or coun		143,501 00	\$	00	\$;	00
			.			_		
3	Portion of income on line 2							
	included in Arizona adjuste							
	gross income	3 \$	143,501 00	\$	00	\$		00
	Dtiti							
4	Portion of income on line 2 included in the other state of							
	country's equivalent of Ariz							
	adjusted gross income		143 , 501 00	\$	00	\$;	00
			3, 3 0	<u> </u>		Ť		
5	Income subject to tax by bo	oth						
	Arizona and the other state							
	country. Enter the smaller of							
•	amount entered on line 3 o		143,501 00	\$ tm:	[00]	\$	<u> </u>	00
6	Total income subject to tax (b), and (c). Include total fr			-	, ,	6 \$	143,501	00
	(b), and (c). Include total in	om additional sc	inedules. Il less than i	zero, enter o . Se	ee iiisii uolioiis	0 2	143,301	- 100
Part 2	Computation of Othe	r State or Coເ	intry Tax Credit	Lines 10 and 15: E	nter decimal am	ount to	four places. (x.x	xxx)
	(Read specific line instructi	ons for Part 2 be	efore completing this p	art.)				
7	,						21,654	\neg
8	Amount from Part 1, line 6.						143,501	
9	Entire income upon which						761,964	
10	Divide the amount on line 8	-	•	- '		. 10	0.1883	
11 12	Multiply the amount on line Income tax paid to: Name or					_ 12b	4,077 5,131	
13	Amount from Part 1, line 6.						143,501	\neg
14	Entire income upon which of					14	143,501	
15	Divide the amount on line 1	13 by the amoun	t on line 14. <i>(cannot b</i>	e greater than one	e)		1.0000	
16	Multiply the amount on line					. 16	5,131	00
17	Allowable credit for taxes p			-	-			
	more than one state or cou	-				4-	4 000	
	Also, enter this amount on	Arizona Form 30	וו, raπ ו, ilne 3, colun	nn (a)		17	4,077	TUU

Your Name (as shown on page 1)	Your Social Security Number
SAMIR V & PARITA S SONI	687-10-1759

Schedule of Income Allocation

Complete this schedule only if you are an Arizona resident who is also considered to be a resident of another state under the laws of that other state (dual resident); otherwise, skip this schedule. See pages 2 and 5 of the instructions.

		(a) Amount reported on your 202 federal income tax return		(b) Amount entered in column (a) reported on your 2022 Arizona income tax return		(c) Amount entered in column (a) reporte on your 2022 retur filed to your statutor state of residence	n	(d) Amount entered in column (c) that would I sourced to your statute state of residence as income of a nonreside of that state	ory
1	Wages, salaries, tips, etc	\$	00	\$	00	\$	00	 \$ 	0
2	Interest	\$	00	\$	00	\$	00	\$	
3	Dividends	\$	00	\$	00	\$	00	\$	0
4	Business income or (loss) from federal Schedule C	\$	00	\$	00	\$	00	\$	00
	Gains or (losses) from federal Schedule D	\$	00	\$	00	\$	00	\$	0
6	Rents, royalties, partnerships, estates, trusts, small business corporations from federal Schedule E	\$	00	\$	00	\$	00	\$	
7	Other income reported on your federal return	\$	00	\$	00	\$	00	\$	00
8	Total Income: Add lines 1 through 7.	\$	00	\$	00	\$	00	\$	00
	_		,						
9	Other federal adjustments: List on line	es 9a through 9c:			I				
9a		\$	00	\$	00	\$	00	\$	00
9b		\$	00	\$	00	\$	00	\$	0
9с		\$	00	\$	00	\$	00	\$	00
9d	Total adjustments: Add lines 9a through 9c for each column	\$	00	\$	00	\$	00	\$	0
1	Adjusted Gross Income: Subtract line 9d from line 8 for each column	\$	00	\$	00	 	00	\$	00

1555 REV 02/04/23 PRO

Arizona Form 309

Credit for Taxes Paid to Another State or Country for Forms 140, 140NR, 140PY and 140X $\,$

2022

F	For the calendar year 2022 o	r fiscal year	beginning	2,0,2,2	and ending			
Your Na	me as shown on Form 140, 140NR,	140PY, or 140	ΟX		Your So	cial Secu	rity Number	
	V SONI				68		10 1759	
	s Name as shown on Form 140, 140)NR, 140PY, d	r 140X (if joint return)			Security Number	
PARIT.	A S SONI				28	0	91 6390	
Part 1	Computation of Income	Subject to	Tax by Both Ari	zona and the Ot	her State or Co	untry [During 2022	
A. Othe	er State: If claiming a credit for							
	See last page of the ir	nstructions fo	or a list of state abb	reviations	L	N Y		
B. Othe	er Country: If claiming a credit	•		•				
	If claiming a credit	for taxes pai	d to more than one	country, see instru	ctions.			
			(a)	(b)			(c)	
1	Description of income item(s).		(a)	(5)			(0)	
•	List each income item	AGES						
	separately. Do <i>not</i> include any							
	income item reported on your							
	small business income tax return.							
			(a)	(b)		(c)	1
2	Amount of income from item lis							
	on line 1 reportable to both Arize		140 220 00					00
	and the other state or country	2 \$	140,330 00	\$	00	\$		00
3	Portion of income on line 2							
3	included in Arizona adjusted							
	gross income	3 \$	140,330 00	\$	00	\$		00
	3							
4	Portion of income on line 2							
	included in the other state or							
	country's equivalent of Arizona							
	adjusted gross income	4 \$	140,330 00	\$	00	\$		00
_								
5	Income subject to tax by both Arizona and the other state or							
	country. Enter the smaller of the	_						
	amount entered on line 3 or line		140,330 00	\$	00	\$		00
6	Total income subject to tax in b		. , , , , , ,		,,,,,			
	(b), and (c). Include total from			-			140,330	0
	_							
Part 2	_				Enter decimal am	ount to	four places. (x.x	XXX)
_	(Read specific line instructions					_	01 65	
_	Arizona tax liability less any cre			•			21,654	
8 9	Amount from Part 1, line 6 Entire income upon which Arizo						140,330	
10	Divide the amount on line 8 by						761,964 0.1842	
11	Multiply the amount on line 7 b						3,989	
12	Income tax paid to: Name of oth						9,399	
13	Amount from Part 1, line 6						140,330	
14	Entire income upon which other		•	•		. 14	140,330	
15	Divide the amount on line 13 by	-		-	•	15	1.0000	_
16	Multiply the amount on line 12	-				. 16	9,399	00
17	Allowable credit for taxes paid			•	-			
	more than one state or country	, see instruct	uons. ⊏nter the sm	ianei oi iine 11 of Ilf	ie io on line i/.			

Your Name (as shown on page 1)	Your Social Security Number
SAMIR V & PARITA S SONI	687-10-1759

Schedule of Income Allocation

Complete this schedule only if you are an Arizona resident who is also considered to be a resident of another state under the laws of that other state (dual resident); otherwise, skip this schedule. See pages 2 and 5 of the instructions.

		(a) Amount reported on your 2022 federal income tax return		(b) Amount entered in column (a) reported on your 2022 Arizona income tax return		(c) Amount entered in column (a) reporte on your 2022 retur filed to your statutor state of residence	n	(d) Amount entered in column (c) that would sourced to your statute state of residence as income of a nonreside of that state	ory
1	Wages, salaries, tips, etc	\$	00	\$	00	\$	00	\$	00
2	Interest	\$	00	\$	00	\$	00	\$	00
3	Dividends	\$	00	\$	00	\$	00	\$	00
4	Business income or (loss) from federal Schedule C	\$	00	\$	00	\$	00	\$	00
5 6	Gains or (losses) from federal Schedule D	\$	00	\$	00	\$	00	\$	00
	estates, trusts, small business corporations from federal Schedule E	\$	00	\$	00	\$	00	\$	0
7	Other income reported on your federal return	\$	00	\$	00	\$	00	\$	00
8	Total Income: Add lines 1 through 7.	\$	00	\$	00	\$	00	\$	00
9	Other federal adjustments: List on lines 9a through 9c:								
9a		\$	00	\$	00	\$	00	\$	0
9b		\$	00	\$	00	\$	00	\$	0
9с		\$	00	\$	00	\$	00	\$	00
9d	Total adjustments: Add lines 9a through 9c for each column	\$	00	\$	00	\$	00	\$	00
	Adjusted Gross Income: Subtract line 9d from line 8 for each column	\$	00	\$	00	\$	00	\$	00

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