Form **8879**

(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	Social security number				
DIVYA LAKSHMI NARAYANA	681-27-	-0392				
Spouse's name	Spouse's soci	ial secu	rity numbe	er		
ADARSH ZACHARIAH	792-95-	-6021	-			
Part I Tax Return Information — Tax Year Ending December 31, 2022 (Enter	er year you ai	re autl	norizing	J.)		
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.						
1 Adjusted gross income		1	154	1,082.		
2 Total tax		2	19	9,434.		
3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099		3	27	7,285.		
4 Amount you want refunded to you		4	-	7,851.		
5 Amount you owe		5				
Part II Taxpayer Declaration and Signature Authorization (Be sure you get and	keep a copy	y of yo	our retu	ırn)		
my knowledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I aboreturn (original or amended) I am now authorizing. I consent to allow my intermediate service provider, transit to send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for refor 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 in payment of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institut authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to termina payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation re business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the 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) I Electronic Funds Withdrawal Consent.	mitter, or electro ejection of the tra U.S. Treasury ar dicated in the ta ticated in the ta ticated in the ta ticated in the ta te the authoriza quests must be e processing of payment. I furti	enic returnissend its de its d	urn origina sion, (b) the esignated aration so this accontevoke ed no late ctronic possible.	ator (ERO) the reason d Financial oftware for count. This (cancel) a ter than 2 ayment of e that the		
Taxpayer's PIN: check one box only						
▼ I authorize GLOBAL TAXES LLC to enter or generate	a my DINI 7	0 3	9 2	as my		
ERO firm name signature on the income tax return (original or amended) I am now authorizing.	Ent		ligits, but all zeros	as my		
I will enter my PIN as my signature on the income tax return (original or amended) I am if you are entering your own PIN and your return is filed using the Practitioner PIN met below.						
Your signature ▶ Date ▶						
Chausaia Dibb shook and hay only						
Spouse's PIN: check one box only authorize GLOBAL TAXES LLC to enter or generate	e mv PIN 5	6 0	2 1			
X I authorize GLOBAL TAXES LLC to enter or generate		oxdot	$\begin{vmatrix} 2 & 1 \end{vmatrix}$	as my		
signature on the income tax return (original or amended) I am now authorizing.			all zeros			
I will enter my PIN as my signature on the income tax return (original or amended) I am if you are entering your own PIN and your return is filed using the Practitioner PIN met below.						
Spouse's signature ▶ Date ▶						
Practitioner PIN Method Returns Only—continue below	N					
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	2 2 4 9 6 Don't ente	6 6 er all zer		8 9		
I certify that the above numeric entry is my PIN, which is my signature for the electronic individual income authorized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am sub requirements of the Practitioner PIN method and Pub. 1345 , Handbook for Authorized IRS <i>e-file</i> Providers of	mitting this retu	rn in ad	ccordanc			
ERO's signature ▶ Date ▶						
ERO's signature ► Date ► ERO Must Retain This Form — See Instructions						

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

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

2022	
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OMB No. 1545-0074

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

Filing Status Check only	s 🗌 S	Single X Married filing jointly	Marrie	ed filing separately (N	/IFS)	Head of	household (HOH)		alifying s ouse (QS		9
one box.	If yo	u checked the MFS box, enter the na	ame of y	our spouse. If you c	necke	ed the HOH or	QSS box, enter t		•	,	ualifying
	pers	on is a child but not your dependent	:								
Your first name	ddle initial	me				Your social security number			mber		
DIVYA				HMI NARAYANA				681-27-0392			
If joint return, spouse's first name and middle initial				me				Spouse's social security number			number
ADARSH			ZACH	ARIAH				792-	95-60)21	
Home address	(numbe	r and street). If you have a P.O. box, see	instruction	ons.			Apt. no.	Presid	ential Ele	ction Ca	ampaign
_1100 N H	PRIES	ST DR					1119		here if ye	, ,	
City, town, or p	ost offic	ce. If you have a foreign address, also co	mplete spaces below. State Z			ZIP code		e if filing j o this fur			
CHANDLE	3		AZ			85226	_	lliw wol		_	
Foreign country	/ name		F	oreign province/state/	county	/	Foreign postal code	your ta	x or refu	nd.	
									Yo	u 🗌	Spouse
Digital		y time during 2022, did you: (a) rece									No
Assets		ange, gift, or otherwise dispose of a					asset)? (See mstr	uctions.	Ye	<u> </u>	NO
Standard Deduction		eone can claim:		- '		a dependent					
		Were born before January 2, 1			use:	☐ Was bor	n before January	2. 1958		blind	
Dependents	-			(2) Social security		(3) Relationsh	1435 54 4 44				uctions):
•	•	rst name Last name		number		to you	Child tax		1		ependents
If more than four	()										
dependents,										一一	
see instructions and check	s —									一一	
here										一一	
Income	1a	Total amount from Form(s) W-2, be	ox 1 (see	e instructions) .				. 1	a	154,	082.
IIICOIIIE	b	Household employee wages not re	ported	on Form(s) W-2 .				. 1	b		
Attach Form(s)	С	Tip income not reported on line 1a (see instructions)							С		
W-2 here. Also attach Forms	d	Medicaid waiver payments not reported on Form(s) W-2 (see instructions)							d		
W-2G and	е	Taxable dependent care benefits from Form 2441, line 26							е		
1099-R if tax was withheld.	f	Employer-provided adoption bene	fits from	Form 8839, line 29				. 1	f		
If you did not	g	Wages from Form 8919, line 6 .						. 1	g		
get a Form	h	Other earned income (see instruction	ons) .					. 1	h		0.
W-2, see instructions.	i	Nontaxable combat pay election (s	see instr	uctions)		1i					
matructions.	z	Add lines 1a through 1h						. 1	z	154,	082.
Attach Sch. B	2a	Tax-exempt interest	2a		b Ta	axable interest	t	. 2	b		
if required.	3a	Qualified dividends	3a		b O	rdinary divide	nds	. 3	b		
	4a	IRA distributions	4a		b Ta	axable amoun	t	. 4	b		
Standard	5a	Pensions and annuities	5а		b Ta	axable amoun	t	. 5	b		
Deduction for— Single or	6a	Social security benefits	6a		b Ta	axable amoun	t	. 6	b		
Married filing	С	If you elect to use the lump-sum e	lection n	nethod, check here	(see i	nstructions)					
separately, \$12,950	7	Capital gain or (loss). Attach Scheo	dule D if	required. If not requ	iired,	check here			<u> </u>		
Married filing	8	Other income from Schedule 1, lin	hedule 1, line 10					. 8	3		
jointly or Qualifying	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7,	and 8.	This is your total inc	ome			. 9)	154,	082.
surviving spouse, \$25,900	10	Adjustments to income from Sche	dule 1, li	ine 26				. 1	0		
Head of	11	Subtract line 10 from line 9. This is	your ac	djusted gross incor	ne			. 1	1	154,	082.
household, \$19,400	12	Standard deduction or itemized	deducti	ons (from Schedule	A)			. 1	2	<u>25,</u>	900.
If you checked any box under	13	Qualified business income deducti	on from	Form 8995 or Form	8995	5-A		. 1	3		
Standard	14	Add lines 12 and 13						. 1	4		900.
Deduction, see instructions.	15	Subtract line 14 from line 11. If zer	o or less	s, enter -0 This is y	our t a	axable incom	ie	. 1	5	128,	182.

Form 1040 (2022	2)								Page 2
Tax and	16	Tax (see instructions). Check	if any from Form	(s): 1 881	4 2 🗌 4972	3 🗌		16	19,434.
Credits	17	Amount from Schedule 2, lin	e3					17	
	18	Add lines 16 and 17						18	19,434.
	19	Child tax credit or credit for	other dependent	ts from Sched	ule 8812			19	
	20	Amount from Schedule 3, lin	e8					20	
	21	Add lines 19 and 20						21	
	22	Subtract line 21 from line 18	. If zero or less,	enter -0				22	19,434.
	23	Other taxes, including self-e	mployment tax,	from Schedule	2, line 21 .			23	0.
	24	Add lines 22 and 23. This is	your total tax					24	19,434.
Payments	25	Federal income tax withheld							
-	а	Form(s) W-2				25a 2	7,285.		
	b	Form(s) 1099				25b			
	С	Other forms (see instructions	s)			25c			
	d	Add lines 25a through 25c						25d	27,285.
If you have a	26	2022 estimated tax payment	s and amount a	pplied from 20	21 return			26	
qualifying child,	27	Earned income credit (EIC)			No .	27			
attach Sch. EIC.	28	Additional child tax credit from	n Schedule 8812			28			
	29	American opportunity credit	from Form 8863	3, line 8		29			
	30	Reserved for future use .				30			
	31	Amount from Schedule 3, lin	e 15			31			
	32	Add lines 27, 28, 29, and 31	. These are your	total other pa	ayments and ref	undable credits		32	
	33	Add lines 25d, 26, and 32. T	hese are your to	tal payments				33	27,285.
Refund	34	If line 33 is more than line 24	, subtract line 2	4 from line 33.	This is the amou	ınt you overpaid		34	7,851.
riciana	35a	Amount of line 34 you want			is attached, che	eck here		35a	7,851.
Direct deposit?	b	Routing number 0 3 1				Checking	Savings		
See instructions.	d	Account number 3 8 3	0 1 7 5	9 4 5 1	L 4				
	36	Amount of line 34 you want a	applied to your	2023 estimate	ed tax	36			
Amount You Owe	37	Subtract line 33 from line 24 For details on how to pay, go						37	
	38	Estimated tax penalty (see in	nstructions) .			38			
Third Party Designee		you want to allow another tructions	•			_	omplete l	pelow.	⊠ No
		signee's		Phone			onal identi	fication	
	naı			no.			ber (PIN)		
Sign Here		der penalties of perjury, I declare t ief, they are true, correct, and com			, , ,		,		, ,
TICIC	Yo	Your signature		P			Prot	ection P	nt you an Identity IN, enter it here
Joint return?				DATA SCIENTIST				inst.)	
See instructions. Keep a copy for	Sp	ouse's signature. If a joint return, t	ooth must sign.	Date	Spouse's occupa	tion			nt your spouse an ection PIN, enter it here
your records.					STUDENT		I .	inst.)	CLIOIT FIN, enter it here
	———Ph	one no. (267)693-339	5	Email address		OR434@GMAIL.C	L ∩M		
		eparer's name	Preparer's signat	l	DIVIACIIIIIO	Date	PTIN		Check if:
Paid		ATA SAI PAVAN KUMAR DUDIPALLI	,		AR DUDIPALLI		P0247	0833	Self-employed
Preparer		m's name GLOBAL TAX		111A11IA 17OIJ	THE DODIEMENT	. 03/21/2023			678)965-9522
Use Only			Y CT E BRU	NSWICK N.	J 08816			's EIN	88-2145487
Co to warm in -				TIONICK IN		DE\/ 00/:	1 1 11111	J LIIV	Form 1040 (2022)
GO TO WWW.Irs.go	virom	n1040 for instructions and the late	st information.		BAA	REV 03/18/23 PRO			Form 1040 (2022)

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** LAKSHMI NARAYANA 681 27 ı 0392 vour Your Spouse's First Name and Initial (if filed joint) Last Name Spouse's Social Security No.* SSN(s). 95 ı ZACHARIAH 6021 ADARSH 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. 154,082 00 1 Arizona Adjusted Gross Income ☐ Foreign Account Deposit/Debit: See instructions below. 2 Balance Of Tax 3,573 00 TYPE OF ACCOUNT ROUTING NUMBER 0 3 1 4,160 00 ☑ Checking ■ Savings 2 0 2 0 8 4 3 Arizona Income Tax Withheld ... ACCOUNT NUMBER Check box 4 or box 5: 3 8 3 0 1 7 5 9 4 5 587 00 1 4 **4 REFUND**: Enter the amount of refund..... DIRECT DEBIT REQUEST DATE DIRECT DEBIT PAYMENT AMOUNT 5 ☐ AMOUNT YOU OWE: Enter the amount owed....... เกด 00 Box 4 Checkbox - Refund: You are due a refund based on the information Foreign Account Deposit/Debit Checkbox: Check the "Foreign Account Deposit/Debit" box if your deposit will be ultimately placed in or come provided on your tax return. Your refund amount will be deposited in the 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 I authorize GLOBAL TAXES LLC designated Financial Agent to initiate an ACH electronic funds 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

DATE

SPOUSE'S PEN AND INK SIGNATURE

RETURN.			Arizona Form 140 Resident Personal Income Tax Return				Return		CALENDAR YEAR 2022			
R	82F		Check box 82F f filing under extension	OR FISCAL YEAR BEGINN	R BEGINNING L , , 2,0,2,2 AND ENDING							
10 注			First Name and Middle Initial		Last Name		Enter	Your Soc	ial Security Number			
0	1		VYA		LAKSHMI N	ARAYANA	your		27 0392			
		•	se's First Name and Middle Init	ial (if box 4 or 6 checked)	Last Name SSN(Spouse's Social Security No.				
ANY ITEMS	1		ARSH ·nt Home Address - number and	d street rural route	ZACHARIAH	Apt. No.	Daytime		95 6021 h area code)			
≒	2		00 N PRIEST DR	a street, rurai route		1119		7)693-3	,			
¥	_		Town or Post Office	State				ed in Last Four Prior Year(s) (if different				
	3	CHZ	ANDLER	AZ	85226				97			
DO NOT STAPLE	NG STATUS	4 5	_	4a Injured Spouse Pro	ndent on next line:		REVENUE USE ONLY	. DO NOT M	IARK IN THIS AREA.			
2	FILIN	7	Single			bei above.						
				ed. Do not put a check mar								
	ڡ	8	Age 65 or over (you and/	00	8, 9, and 11a, also coi s 10a and 10b, also co	•	81 PM	80	RCVD			
	d 10b	9 10a	Blind (you and/or spouse Dependents: Under age	;)	dents: Age 17 and	-		<u> 0 </u>	2			
	a and	11a	Qualifying parents and gi	·	denis. Age 17 an	a ovor.						
	ts 10a		(Box 10a and 10b): Depend	lent Information. See instruct	ions. For more s	pace, check t	he box 🔲 and com	plete page	4, Part 1.			
	- Dependents		(a) FIRST AND LA (Do not list yoursel	- · · · · · · · -	(b) CIAL SECURITY NO.	(c) RELATIONSHIF	LIVED IN YOUR HOME IN 2022	(e) ependent Age ncluded in: 1 2 10a) (Box 10	(f) ✓ if you did not claim this person on your federal return due to educational credits			
	11a	10c										
	and	10d						<u> </u>	 			
	8, 9,	10e	·				<u> </u>					
after Form 140.	Exemptions		(Box 11a): Qualifying parent (a) FIRST AND LA (Do not list yoursel	ST NAME SO	(b) CIAL SECURITY NO.	(c) RELATIONSHIP	(d)	(e)	(f)			
erF		11b										
aff	- 1	11c										
nts			Federal adjusted gross income						154,082 00			
			Small Business Income: 138						154,082 00			
AZ schedules or other docume	Additions		Modified federal adjusted gros Non-Arizona municipal interesi						134,082 00			
용	ddit		Partnership Income adjustmen						00			
þe	٩		Total federal depreciation						00			
ヹ		18	Other Additions to Income: Co	omplete Other Additions to Ari	zona Gross Incon	<i>ne</i> schedule on	page 5	. 18	00			
S 0			Subtotal: Add lines 14 through 1						154,082 00			
음			Total net capital gain or (loss).					00				
)ed			Total net short-term capital gain Total net long-term capital gain				l l	00				
SC			Net long-term capital gain from					00				
ΑZ		24	Multiply line 23 by 25% (.25) a	nd enter the result				24	0 00			
p		This b	box may be blank or may contain a	printed barcode of data from you	r return. 25 Net o	apital gain - qual	ified small business	25	00			
<u>=</u>	ions				26 Reca		depreciation		00			
<u>=</u>	Subtraction				27 Partn	•	djustment		00			
Ę	Sub			er and a supplication of the supplication of t	28 Intere		ate or local govt. pensions		00			
ēd				(,	29b Exclu		ainer pay uniform services		00			
፹			. And the state of		30 U.S.		r Railroad Retirement A		00			
ē							rican Indians		00			
Sug-					J. L.C.		an active service member.		00			
Эe г			AMPRIANTEMPRATORICA DAGILTAN LAGINAR	FEARING / EVANCES AND STANKE VEN	33 Net o	perating loss adj	ustment	-	00			
Place any required federal and						ributions: 34 a 529 29A (ABLE)	plans 00 add 34a and 34	00	00			
					• 340 32	ON (ADLE)	auu 34a and 34	D. 37 0	100			

	Your	Name (as shown on page 1)	Your Social Secu	rity Number		٦
	DIV	YYA LAKSHMI NARAYANA & ADARSH ZACHARIAH	681-27-0	392		
	35	Subtract lines 24 through 34c from line 19		35	154,082	0
	36	Other Subtractions from Income. Complete Other Subtraction from Arizona Gross Income sche			101,002	0
	37	Subtract line 36 from line 35. Enter the difference			154,082	-
ons	38	Age 65 or over: Multiply the number in box 8 by \$2,100			131,002	0
npti	39	Blind: Multiply the number in box 9 by \$1,500				0
Exemptions	40	Other Exemptions. See instructions40E Multiply the number in box 40E by \$2,300				0
		Qualifying parents and grandparents: Multiply the number in box 40E by \$2,500				0
	41				154,082	-
	42	Arizona 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			25,900	
	43				23,700	0
	44	If you checked box 43 S and claim charitable contributions, check 44 C Complete page 3. See in			128,182	-
of Tax	45	Arizona taxable income: Subtract lines 43 and 44 from line 42. If less than zero, enter "0"			3,573	-
e of	46	Compute the tax using amount on line 45 and Tax Tables X and Y or Optional Tax Tables			3,313	0
Balance	47	Tax from recapture of credits from Arizona Form 301, Part 2, line 32			3,573	$\overline{}$
Bal	48	Subtotal of tax: Add lines 46 and 47. Enter the total			3,313	0
	49	Dependent Tax Credit. See instructions				$\overline{}$
	50	Family income tax credit (from the worksheet - see instructions)				0
	51	Nonrefundable Credits from Arizona Form 301, Part 2, line 64			2 572	-
T	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			3,573	
and	53	2022 AZ income tax withheld.			4,160	$\overline{}$
ents cr	54	2022 AZ estimated tax payments54a 00 Claim of Right 54b	00 Add 54a ar			0
Total Payments and Refundable Credits	55	2022 AZ extension payment (Form 204)				0
fun F	56	Increased Excise Tax Credit (from the worksheet - see instructions)				00
유교	57	Property Tax Credit from Arizona Form 140PTC				00
	58	Other refundable credits: Check the box(es) and enter the total amount			4 160	00
Tax Due or Overpayment	59	Total payments and refundable credits: Add lines 53 through 58. Enter the total			4,160	
Due	60	TAX DUE: If line 52 is larger than line 59, subtract line 59 from line 52. Enter amount of tax due. Skip lines			F 0 F	00
Z ax	61	OVERPAYMENT: If line 59 is larger than line 52, subtract line 52 from line 59. Enter amount of overpayments			587	$\overline{}$
	62	Amount of line 61 to be applied to 2023 estimated tax				00
ifts	63				587	<u>U</u>
Voluntary Gifts	64	- 74 Voluntary Gifts to:Assigned to Schools		00		
ınta		Child Abuse Prevention		00		
Nolu Volu		Neighbors Helping Neighbors 69 00 Special Olympics		00		
				00		
enalty	75	Political Party (if amount is entered on line 68 - check only one): 751 Democratic 752 Libertarian	753 Republic	can		_
Pen		Estimated payment penalty		76		00
	77	771 Annualized/Other 772 Farmer or Fisherman 773 Form 221 included		-		
9	78	Add lines 64 through 74 and 76; enter the total				00
Refund or Amount Owed	79	REFUND: Subtract line 78 from line 63. If less than zero, enter amount owed on line 80	o instructions 70	79	587	00
בַּ בַ		C Checking or ROUTING NUMBER ACCOUNT NUMBER	e instructions. 79	^⊔ ∥		
8 E		98 S Savings 0 3 1 2 0 2 0 8 4 3 8 3 0 1 7 5 9 4 5 1 4				
1	80	AMOUNT OWED: Add lines 60 and 78. Make check payable to Arizona Department of Revenue; write y	our SSN on payr	ment;		Г
		and include with your return		80		0
_						
		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 informati				ٔ ا
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PLEASE		VENKATA SAI PAVAN KUMAR DUDIPALLI 03242023 GLOBAL TAXES L				
X		PAID PREPARER'S SIGNATURE DATE FIRM'S NAME (PREPARER'S I	SELF-EMPLOYED	0)		
"		245 ROONEY CT		2145487		
4		PAID PREPARER'S STREET ADDRESS	PAID PR	REPARER'S TIN		
		E BRUNSWICK NJ 08816		3)965-95		_
		DAID DDEDADED'S CITY STATE ZID CODE	DAID DE	EDVDED'S DRU	ONE NUMBER	

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).