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 | number | |
| SUMANTH THANEERU | 823-33- | 0573 | |
| Spouse's name | Spouse's socia | al security number | |
| ANUSHA GOKA | 164-29- | -7090 | |
| Part I Tax Return Information — Tax Year Ending December 31, 2022 (Enter | er year you ar | e authorizing.) | |
| Enter whole dollars only on lines 1 through 5. | - | | |
| Note: Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank. | | | |
| 1 Adjusted gross income | | 1 173, | 317. |
| 2 Total tax | | 2 21, | 661. |
| 3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099 | | 3 27, | 744. |
| 4 Amount you want refunded to you | | 4 6, | 083. |
| 5 Amount you owe | | 5 | |
| Part II Taxpayer Declaration and Signature Authorization (Be sure you get and | keep a copy | of your returi | n) |
| 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 institution 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 rebusiness days prior to the payment (settlement) date. I also authorize the financial institutions involved in that 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 electronic pection of the trail. J.S. Treasury and dicated in the tation to debit the authorizate the authorizate processing of payment. I furth | nic return originator ansmission, (b) the dist designated F x preparation softwentry to this accountion. To revoke (careceived no later the electronic paymer acknowledge to ansmission.) | or (ERO) e reason inancial ware for int. This ancel) a than 2 ment of that the |
| Taxpayer's PIN: check one box only | | | |
| ▼ I authorize GLOBAL TAXES LLC to enter or generate | my PIN 3 | 0 5 7 3 | as my |
| ERO firm name signature on the income tax return (original or amended) I am now authorizing. | Ente | er five digits, but 't enter all zeros | ao 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 ► | | | |
| Spouse's PIN: check one box only | | | |
| · — | e my PIN 9 | 7 0 9 0 | 00 m)/ |
| ★ I authorize GLOBAL TAXES LLC to enter or generate ■ ERO firm name | , – | er five digits, but | as my |
| signature on the income tax return (original or amended) I am now authorizing. | | 't enter 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 | | 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 retur | n in accordance v | |
| 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

OMB No. 1545-0074

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

| Check only | | | | ed filing separately | | _ | | · | | spou | se (QS | S) | - |
|-------------------------------|---------------|--|-------------------|-----------------------------|--------|-----------------|-----------|-----------|----------|-------------|-----------------------|-------------|--------------|
| one box. | | u checked the MFS box, enter the r on is a child but not your dependen | | our spouse. If you | check | red the HOH or | r QSS bo | ox, ente | er the o | child's | name if | the o | qualifying |
| Your first name | | | Last na | me | | | | | Y | our soc | ial secu | ıritv r | number |
| SUMANTH | | | | EERU | | | | | | 823-33-0573 | | | |
| | pouse's | first name and middle initial | Last na | | | | | | | | | | ity number |
| ANUSHA | | | GOKA | | | | | | | | 19-70 | | ., |
| | (numbe | er and street). If you have a P.O. box, see | | | | | Ap | t. no. | | | | | Campaign |
| | | LAND AVE | | | | | ' | | - 1 | | ere if yo | | |
| | | ce. If you have a foreign address, also co | omplete s | paces below. | Sta | ate | ZIP coc | le | | | | | , want \$3 |
| GILBERT | | | | | A | Z | 8529 | 7 | | _ | this fund w will n | | ecking a |
| Foreign countr | y name | | F | oreign province/stat | e/coun | ty | Foreign | postal co | | | or refur | | 9 |
| | | | | | | | | | | | You | ı [| Spouse |
| Digital Assets | | ny time during 2022, did you: (a) rec ange, gift, or otherwise dispose of | | | | | | | | | ☐ Ye: | | ⊠ No |
| Standard | | eone can claim: You as a de | | | | a dependent | asset): | (000 111 | Structi | 0113.) | | | |
| Deduction | | Spouse itemizes on a separate return | • | | | | | | | | | | |
| Age/Blindnes | s You: | ☐ Were born before January 2, 1 | 958 | Are blind S | pouse | : Was bo | rn before | e Janua | ıry 2, 1 | 958 | ☐ Is | blinc | ł |
| Dependent | s (see | instructions): | | (2) Social secur | ity | (3) Relationsh | nip (4) | Check th | ne box | f qualifi | es for (s | e ins | structions): |
| If more | (1) Fi | rst name Last name | | number | | to you | | Child ta | | it (| Credit for | other | dependents |
| than four dependents, | NEI | L ATHARV THANEERU | | 828-25-38 | 80 | Son | | | × | | | <u> </u> | |
| see instruction | s | | | | | | | | <u> </u> | | | ᆜ | |
| and check | , — | | | | | | | | | | | ᆜ | |
| here | | | | | | | | L | | | 1 | | |
| Income | 1a | Total amount from Form(s) W-2, b | , | , | | | | | | 1a | | T./ 6 | ,238. |
| Attach Form(s) | b | Household employee wages not r | | | | | | | | 1b | | — | |
| W-2 here. Also | C | Tip income not reported on line 1a (see instructions) | | | | | | | 1c | | | | |
| attach Forms W-2G and | d | Medicaid waiver payments not reported on Form(s) W-2 (see instructions) | | | | | | | 1d | | | | |
| 1099-R if tax | e • | Taxable dependent care benefits from Form 2441, line 26 | | | | | | | 1e | | | | |
| was withheld. | f | | | | | | | | | | | | |
| If you did not get a Form | g h | Wages from Form 8919, line 6. Other earned income (see instruct | | | | | | | | 1g 1h | | | 0. |
| W-2, see | i | Nontaxable combat pay election (| , | | | | | | | 111 | | | 0. |
| instructions. | z | Add lines 1a through 1h | 300 111311 | detions) | | | | | | 1z | | 176 | ,238. |
| Attach Sch. B | | | 2a | | h T | axable interes | t | | | 2b | | | 7230. |
| if required. | 3a | · - | 3a | 78. | | Ordinary divide | | | | 3b | | | 78. |
| | 4a | IRA distributions | 4a | | | axable amoun | | | | 4b | | | |
| Standard | 5a | | 5a | | | axable amoun | | | | 5b | | | |
| Deduction for — | 6a | _ | 6a | | b T | axable amoun | t | | | 6b | | | |
| Single or Married filing | С | If you elect to use the lump-sum e | election r | method, check her | e (see | instructions) | | | . 🗆 | | | | |
| separately, \$12,950 | 7 | Capital gain or (loss). Attach Sche | dule D if | required. If not re | quired | , check here | | | | 7 | | -3 | ,000. |
| Married filing | 8 | Other income from Schedule 1, lir | ne 10 . | | | | | | | 8 | | | 1. |
| jointly or Qualifying | 9 | Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7 | , and 8. | This is your total i | ncom | e | | | | 9 | | 173 | ,317. |
| surviving spouse, \$25,900 | 10 | Adjustments to income from Sche | edule 1, l | ine 26 | | | | | | 10 | | | |
| Head of | 11 | Subtract line 10 from line 9. This is | s your a c | djusted gross inc | ome | | | | | 11 | | 17 <u>3</u> | ,317. |
| household, \$19,400 | 12 | Standard deduction or itemized | deducti | i ons (from Schedu | le A) | | | | | 12 | | 25 | ,900. |
| If you checked | 13 | Qualified business income deduct | tion from | Form 8995 or For | m 899 | 95-A | | | | 13 | | | |
| any box under Standard | 14 | Add lines 12 and 13 | | | | | | | | 14 | | 25 | ,900. |
| Deduction, see instructions. | 15 | Subtract line 14 from line 11. If ze | ro or less | s, enter -0 This is | your | taxable incom | пе . | | | 15 | | 147 | ,417. |
| | | | | | | | | | | | | | |

| Form 1040 (2022 | 2) | | | | | | | | Page 2 |
|------------------------------------|---------|---|-----------------------|--------------------|-----------------------|-----------------------|--------------|--------------------|---------------------------|
| Tax and | 16 | Tax (see instructions). Check | if any from Form | ı(s): 1 881 | 4 2 🗌 4972 | 3 🗌 | | 16 | 23,661. |
| Credits | 17 | Amount from Schedule 2, line | e3 | | | | | 17 | |
| | 18 | Add lines 16 and 17 | | | | | | 18 | 23,661. |
| | 19 | Child tax credit or credit for o | other dependent | ts from Sched | ule 8812 | | | 19 | 2,000. |
| | 20 | Amount from Schedule 3, line | e8 | | | | | 20 | |
| | 21 | Add lines 19 and 20 | | | | | | 21 | 2,000. |
| | 22 | Subtract line 21 from line 18. | . If zero or less, | enter -0 | | | | 22 | 21,661. |
| | 23 | Other taxes, including self-er | mployment tax, | from Schedule | e 2, line 21 . | | | 23 | 0. |
| | 24 | Add lines 22 and 23. This is | your total tax | | | | | 24 | 21,661. |
| Payments | 25 | Federal income tax withheld | | | | | | | , |
| , | а | Form(s) W-2 | | | | 25a 27 | 7,744. | | |
| | b | Form(s) 1099 | | | | 25b | | | |
| | С | Other forms (see instructions | 3) | | | 25c | | | |
| | d | Add lines 25a through 25c | , | | | | | 25d | 27,744. |
| | 26 | 2022 estimated tax payment | | | | | | 26 | , |
| If you have a qualifying child, | 27 | Earned income credit (EIC) | | | | 27 | | | |
| attach Sch. EIC. | 28 | Additional child tax credit from | | | | 28 | | | |
| | 29 | American opportunity credit | | | | 29 | | | |
| | 30 | Reserved for future use | | • | | 30 | | | |
| | 31 | Amount from Schedule 3, line | | | | 31 | | | |
| | 32 | Add lines 27, 28, 29, and 31. | 32 | | | | | | |
| | 33 | Add lines 27, 28, 29, and 31. These are your total other payments and refundable credits Add lines 25d, 26, and 32. These are your total payments | | | | | | | 27,744. |
| | 34 | If line 33 is more than line 24 | | | | | | 33 | 6,083. |
| Refund | 35a | Amount of line 34 you want | 35a | 6,083. | | | | | |
| Direct deposit? | b | Routing number 1 2 2 | | | | | Savings | Jour | |
| See instructions. | d | Account number 4 5 7 | | | | | | | |
| | 36 | Amount of line 34 you want a | | | | 36 | | | |
| Amount | | • | | | | 30 | | | |
| You Owe | 37 | Subtract line 33 from line 24. For details on how to pay, go | | | | | | 37 | |
| | 38 | Estimated tax penalty (see in | _ | • | | 38 | | 31 | |
| Third Party | | you want to allow another | | | | | | | |
| Designee | | tructions | • | | | | omplete b | elow. | X No |
| 200.900 | De | signee's | | Phone | | | onal identif | | _ |
| | nar | | | no. | | num | ber (PIN) | | |
| Sign | | der penalties of perjury, I declare the | | | | | | | |
| Here | bel | ief, they are true, correct, and comp | olete. Declaration of | of preparer (othe | r than taxpayer) is b | ased on all informati | 1 | | , , |
| 11010 | Yo | ur signature | | Date | Your occupation | | | nt you an Identity | |
| l-i-t0 | | | | | SOFTWARE | ENCTNEED | (see | | PIN, enter it here |
| Joint return? See instructions. | Sn | ouse's signature. If a joint return, b | oth must sign | Date | Spouse's occupa | | ` | | nt your spouse an |
| Keep a copy for | Ор | ouse's signature. If a joint return, b | Ott mast sign. | Date | ороазе з оссара | lion | | | ection PIN, enter it here |
| your records. | | | | | SOFTWARE | (see | nst.) | | |
| | Ph | one no. (480)527-1905 | 5 | Email address | SUMANTH34 | 3@GMAIL.COM | 1 | | |
| Daid | Pre | parer's name | Preparer's signat | ure | | Date | PTIN | | Check if: |
| Paid | SYAM | PRIYA RAM SAGAR GUPTA TALLAM | SYAM PRIYA | RAM SAGAR | GUPTA TALLAM | 02/24/2023 | P02082 | 2703 | Self-employed |
| Preparer | Fire | m's name GLOBAL TAX | KES LLC | | | · | | | (678)965-9522 |
| Use Only | Fire | m's address 245 ROONE | | NSWICK N | J 08816 | | Firm' | s EIN | 84-3171965 |
| Go to www.irs.go | ov/Forn | n1040 for instructions and the lates | st information. | | BAA | REV 02/17/23 PRO | | | Form 1040 (2022) |

SCHEDULE 1 (Form 1040)

Additional Income and Adjustments to Income

OMB No. 1545-0074 9000

Department of the Treasury Internal Revenue Service

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

Attach to Form 1040, 1040-SR, or 1040-NR. Go to www.irs.gov/Form1040 for instructions and the latest information.

| Your soci | ial security number |
|-----------|--------------------------------------|
| | Attachment Sequence No. 01 |
| | |

| SUMA | NTH THANEERU & ANUSHA GOKA | | 823-33-0 | 573 |
|------|--|--------------|------------|-----|
| Par | t I Additional Income | | | |
| 1 | Taxable refunds, credits, or offsets of state and local income taxes | | 1 | |
| 2a | Alimony received | | 2 a | |
| b | Date of original divorce or separation agreement (see instructions): | | | |
| 3 | Business income or (loss). Attach Schedule C | | | |
| 4 | Other gains or (losses). Attach Form 4797 | | | |
| 5 | Rental real estate, royalties, partnerships, S corporations, trusts, etc. Atta | ach Schedule | E . 5 | |
| 6 | Farm income or (loss). Attach Schedule F | | | |
| 7 | Unemployment compensation | | | |
| 8 | Other income: | | | |
| а | Net operating loss | 8a (|) | |
| b | Gambling | 8b | | |
| С | Cancellation of debt | 8c | | |
| d | Foreign earned income exclusion from Form 2555 | 8d (|) | |
| е | Income from Form 8853 | 8e | | |
| f | Income from Form 8889 | 8f | | |
| g | Alaska Permanent Fund dividends | 8g | | |
| h | Jury duty pay | 8h | | |
| i | Prizes and awards | 8i | | |
| j | Activity not engaged in for profit income | 8j | | |
| k | Stock options | 8k | | |
| - 1 | Income from the rental of personal property if you engaged in the rental | | | |
| | for profit but were not in the business of renting such property | 81 | | |
| m | Olympic and Paralympic medals and USOC prize money (see | | | |
| | instructions) | 8m | | |
| n | Section 951(a) inclusion (see instructions) | 8n | | |
| 0 | Section 951A(a) inclusion (see instructions) | 80 | | |
| р | Section 461(I) excess business loss adjustment | 8p | | |
| q | Taxable distributions from an ABLE account (see instructions) | 8q | | |
| r | Scholarship and fellowship grants not reported on Form W-2 | 8r | | |
| S | Nontaxable amount of Medicaid waiver payments included on Form | | | |
| | 1040, line 1a or 1d | 8s (|) | |
| t | Pension or annuity from a nonqualifed deferred compensation plan or | | | |
| | a nongovernmental section 457 plan | 8t | | |
| u | Wages earned while incarcerated | 8u | | |
| Z | | | | |
| | Other Income from box 3 of 1099-Misc 1. | 8z | 1. | Į. |
| 9 | Total other income. Add lines 8a through 8z | | 9 | 1. |

Combine lines 1 through 7 and 9. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8

Page **2** Schedule 1 (Form 1040) 2022

| Par | t II Adjustments to Income | | | |
|-----|--|---|--------|-----------------------|
| 11 | Educator expenses | | 11 | |
| 12 | Certain business expenses of reservists, performing artists, and fee-basis gover | | | |
| | officials. Attach Form 2106 | | 12 | |
| 13 | Health savings account deduction. Attach Form 8889 | | 13 | |
| 14 | Moving expenses for members of the Armed Forces. Attach Form 3903 | | 14 | |
| 15 | Deductible part of self-employment tax. Attach Schedule SE | | 15 | |
| 16 | Self-employed SEP, SIMPLE, and qualified plans | | 16 | |
| 17 | Self-employed health insurance deduction | | 17 | |
| 18 | Penalty on early withdrawal of savings | | 18 | |
| 19a | Alimony paid | | 19a | |
| b | Recipient's SSN | | | |
| С | Date of original divorce or separation agreement (see instructions): | | | |
| 20 | IRA deduction | | 20 | |
| 21 | Student loan interest deduction | | 21 | |
| 22 | Reserved for future use | | 22 | |
| 23 | Archer MSA deduction | | 23 | |
| 24 | Other adjustments: | | | |
| a | Jury duty pay (see instructions) | | - | |
| b | Deductible expenses related to income reported on line 8l from the | | | |
| _ | rental of personal property engaged in for profit | | - | |
| С | Nontaxable amount of the value of Olympic and Paralympic medals and USOC prize money reported on line 8m | | | |
| ٨ | Reforestation amortization and expenses | | - | |
| d | Repayment of supplemental unemployment benefits under the Trade | | - | |
| е | Act of 1974 | | | |
| f | Contributions to section 501(c)(18)(D) pension plans | | - | |
| g | Contributions by certain chaplains to section 403(b) plans | | | |
| _ | Attorney fees and court costs for actions involving certain unlawful | | - | |
| | discrimination claims (see instructions) | | | |
| i | Attorney fees and court costs you paid in connection with an award | | - | |
| • | from the IRS for information you provided that helped the IRS detect | | | |
| | tax law violations | | | |
| j | Housing deduction from Form 2555 | | | |
| k | Excess deductions of section 67(e) expenses from Schedule K-1 (Form | | | |
| | 1041) | | | |
| Z | Other adjustments. List type and amount: | | | |
| | 24z | | | |
| 25 | Total other adjustments. Add lines 24a through 24z | | 25 | |
| 26 | Add lines 11 through 23 and 25. These are your adjustments to income. Enter here | | | |
| | Form 1040 or 1040-SR, line 10, or Form 1040-NR, line 10a | | 26 | |
| | BAA REV 02/17/23 PR |) | Schedu | le 1 (Form 1040) 2022 |

SCHEDULE D (Form 1040)

Capital Gains and Losses

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

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

OMB No. 1545-0074

Attachment Sequence No. 12

Department of the Treasury Use Form 8949 to list your transactions for lines 1b, 2, 3, 8b, 9, and 10. Internal Revenue Service Name(s) shown on return Your social security number 823-33-0573 SUMANTH THANEERU & ANUSHA GOKA Did you dispose of any investment(s) in a qualified opportunity fund during the tax year? If "Yes," attach Form 8949 and see its instructions for additional requirements for reporting your gain or loss. Short-Term Capital Gains and Losses - Generally Assets Held One Year or Less (see instructions) Part I See instructions for how to figure the amounts to enter on the (h) Gain or (loss) (g) Adjustments Subtract column (e) lines below. Proceeds Cost to gain or loss from from column (d) and This form may be easier to complete if you round off cents to Form(s) 8949, Part I, combine the result (sales price) (or other basis) whole dollars. line 2. column (a) with column (a) 1a Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b . **1b** Totals for all transactions reported on Form(s) 8949 with Box A checked 20,292. 37,106. 2,040. -14,774. Totals for all transactions reported on Form(s) 8949 with Box B checked 3 Totals for all transactions reported on Form(s) 8949 with Box C checked Short-term gain from Form 6252 and short-term gain or (loss) from Forms 4684, 6781, and 8824 4 Net short-term gain or (loss) from partnerships, S corporations, estates, and trusts from 5 Short-term capital loss carryover. Enter the amount, if any, from line 8 of your Capital Loss Carryover 6 7 Net short-term capital gain or (loss). Combine lines 1a through 6 in column (h), If you have any longterm capital gains or losses, go to Part II below. Otherwise, go to Part III on the back 7 -14,774.Part II Long-Term Capital Gains and Losses—Generally Assets Held More Than One Year (see instructions) See instructions for how to figure the amounts to enter on the (g) (h) Gain or (loss) Adjustments Subtract column (e) (d) (e) lines below. Proceeds to gain or loss from from column (d) and Cost This form may be easier to complete if you round off cents to (sales price) (or other basis) Form(s) 8949, Part II, combine the result whole dollars. line 2. column (a) with column (a) 8a Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b . 8b Totals for all transactions reported on Form(s) 8949 with 28,014. 11,017. 1,302. -15,695. Totals for all transactions reported on Form(s) 8949 with Box E checked 10 Totals for all transactions reported on Form(s) 8949 with 11 Gain from Form 4797, Part I; long-term gain from Forms 2439 and 6252; and long-term gain or (loss) 11 12 Net long-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1 12 13 14 Long-term capital loss carryover. Enter the amount, if any, from line 13 of your Capital Loss Carryover

15 Net long-term capital gain or (loss). Combine lines 8a through 14 in column (h). Then, go to Part III

14

15

-15,695.

Schedule D (Form 1040) 2022 Page 2

Part III **Summary** -30,469. 16 Combine lines 7 and 15 and enter the result 16 • If line 16 is a gain, enter the amount from line 16 on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 17 below. • If line 16 is a loss, skip lines 17 through 20 below. Then, go to line 21. Also be sure to complete • If line 16 is zero, skip lines 17 through 21 below and enter -0- on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 22. 17 Are lines 15 and 16 both gains? ☐ **Yes.** Go to line 18. No. Skip lines 18 through 21, and go to line 22. 18 If you are required to complete the 28% Rate Gain Worksheet (see instructions), enter the amount, if any, from line 7 of that worksheet 18 19 If you are required to complete the Unrecaptured Section 1250 Gain Worksheet (see instructions), enter the amount, if any, from line 18 of that worksheet . 19 20 Are lines 18 and 19 both zero or blank and you are not filing Form 4952? ☐ Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 16. Don't complete lines 21 and 22 below. □ No. Complete the Schedule D Tax Worksheet in the instructions. Don't complete lines 21 and 22 below. If line 16 is a loss, enter here and on Form 1040, 1040-SR, or 1040-NR, line 7, the smaller of: 21 • The loss on line 16; or 21 3,000.) • (\$3,000), or if married filing separately, (\$1,500) Note: When figuring which amount is smaller, treat both amounts as positive numbers. Do you have qualified dividends on Form 1040, 1040-SR, or 1040-NR, line 3a? 22 X Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 16. No. Complete the rest of Form 1040, 1040-SR, or 1040-NR.

Sales and Other Dispositions of Capital Assets

Go to www.irs.gov/Form8949 for instructions and the latest information.

OMB No. 1545-0074 Attachment

Social security number or taxpayer identification number

823-33-0573

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

SUMANTH THANEERU & ANUSHA GOKA

File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D.

Sequence No. 12A

| Before you check Box A, B, or C belo statement will have the same informa broker and may even tell you which b | tion as Form 1 | er you receive 1099-B. Either | ed any Form(s) 109 will show whether | 99-B or substitute er your basis (usua | statement(s |) from your broke t) was reported to | r. A substitute the IRS by your |
|---|---|--|---|--|---|---|---|
| Part I Short-Term. Transinstructions). For low Note: You may agg reported to the IRS Schedule D, line 1a | ng-term tra regate all s and for whi | nsactions, s hort-term tr ich no adjus | see page 2. ansactions rep stments or cod | oorted on Form les are required | (s) 1099-E d. Enter th | showing basi e totals directly | s was / on |
| You must check Box A, B, or C to complete a separate Form 8949, program for one or more of the boxes, com (A) Short-term transactions (B) Short-term transactions (C) Short-term transactions | page 1, for ea uplete as mar reported on reported on | ach applicabl ny forms with Form(s) 1099 Form(s) 1099 | le box. If you have the same box of the same box of the same box of the same box of the | ve more short-te checked as you r sis was reported | rm transact need. to the IRS red to the IF | tions than will fit (see Note above RS | on this page |
| (a) Description of property | (b) Date acquired | (c) Date sold or | (d) Proceeds | (e) Cost or other basis See the Note below | W See the separate instructions. | | (h) Gain or (loss) Subtract column (e) |
| (Example: 100 sh. XYZ Ćo.) | (Mo., day, yr.) | disposed of (Mo., day, yr.) | (sales price) (see instructions) | and see Column (e) in the separate instructions. | (f) Code(s) from instructions | (g) Amount of adjustment | from column (d) and combine the result with column (g). |
| Robinhood Securities LLC | 01/01/22 | 12/31/22 | 19,747. | 36,940. | W | 2,040. | -15,153. |
| Robinhood Crypto LLC | 01/01/22 | 12/31/22 | 545. | 166. | | | 379. |
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| | | | | | | | |
| O Tabala Addilla | (-1) (-1) (-1) | 1 (1-) (1) | | | | | |
| 2 Totals. Add the amounts in columns | s (a), (e), (g), and | ı (n) (subtract | l | I | | | 1 |

Note: If you checked Box A above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See Column (g) in the separate instructions for how to figure the amount of the adjustment.

20,292.

negative amounts). Enter each total here and include on your Schedule D, line 1b (if Box A above is checked), line 2 (if Box B above is checked), or line 3 (if Box C above is checked) .

37,106.

REV 02/17/23 PRO

Form 8949 (2022) Attachment Sequence No. 12A Page 2

Name(s) shown on return. Name and SSN or taxpayer identification no. not required if shown on other side SUMANTH THANEERU & ANUSHA GOKA

Social security number or taxpayer identification number

823-33-0573

Before you check Box D, E, or F below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check.

Part II

Long-Term. Transactions involving capital assets you held more than 1 year are generally long-term (see instructions). For short-term transactions, see page 1.

Note: You may aggregate all long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 8a; you aren't required to report these transactions on Form 8949 (see instructions).

You *must* check Box D, E, *or* F below. Check only one box. If more than one box applies for your long-term transactions, complete a separate Form 8949, page 2, for each applicable box. If you have more long-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

| X (D) Long-term transactions☐ (E) Long-term transactions☐ (F) Long-term transactions | reported on | Form(s) 1099 | -B showing bas | | | | e) |
|---|---|--------------------------------|-------------------------------------|--|--|--|---|
| 1 (a) Description of property | (b) Date acquired | (c) Date sold or | (d) (d) Proceeds S | (e) Cost or other basis See the Note below | Adjustment, i If you enter an enter a c See the sep | (h) Gain or (loss) Subtract column (e) | |
| (Example: 100 sh. XYZ Ćo.) | (Mo., day, yr.) | disposed of (Mo., day, yr.) | (sales price) (see instructions) | and see Column (e) in the separate instructions. | (f) Code(s) from instructions | (g) Amount of adjustment | from column (d) and combine the result with column (g). |
| Robinhood Securities LLC | 01/01/22 | 12/31/22 | 11,017. | 28,014. | W | 1,302. | -15,695. |
| | | | | | | | |
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| | | | | | | | |
| 2 Totals. Add the amounts in columns negative amounts). Enter each total Schedule D, line 8b (if Box D above above is checked), or line 10 (if Box I above is checked). | I here and inc is checked), lir | lude on your ne 9 (if Box E | 11,017. | 28,014. | | 1,302. | -15,695. |

Note: If you checked Box D above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See *Column* (g) in the separate instructions for how to figure the amount of the adjustment.

SCHEDULE 8812 (Form 1040)

Credits for Qualifying Children and Other Dependents

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

OMB No. 1545-0074

Attachment Sequence No. **47**

Department of the Treasury Internal Revenue Service

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

| iairie |) shown of return | | i oui sociai s | ecurity number |
|--------|--|-------------|----------------|----------------|
| UMA | NTH THANEERU & ANUSHA GOKA | 8 | 323-33-0 | 0573 |
| Pai | t I Child Tax Credit and Credit for Other Dependents | | | |
| 1 | Enter the amount from line 11 of your Form 1040, 1040-SR, or 1040-NR | | . 1 | 173,317. |
| 2a | Enter income from Puerto Rico that you excluded | | | |
| b | Enter the amounts from lines 45 and 50 of your Form 2555 | | 0. | |
| c | Enter the amount from line 15 of your Form 4563 | | | |
| d | Add lines 2a through 2c | | . 2d | 0. |
| 3 | Add lines 1 and 2d | | . 3 | 173,317. |
| 4 | Number of qualifying children under age 17 with the required social security number 4 | | 1 | |
| 5 | Multiply line 4 by \$2,000 | | . 5 | 2,000. |
| 6 | Number of other dependents, including any qualifying children who are not under age | | | |
| | 17 or who do not have the required social security number | | 0 | |
| | Caution: Do not include yourself, your spouse, or anyone who is not a U.S. citizen, U.S. national, or U.S. | J.S. reside | nt | |
| | alien. Also, do not include anyone you included on line 4. | | | |
| 7 | Multiply line 6 by \$500 | | . 7 | |
| 8 | Add lines 5 and 7 | | . 8 | 2,000. |
| 9 | Enter the amount shown below for your filing status. | | | |
| | • Married filing jointly—\$400,000 | | | |
| | • All other filing statuses—\$200,000 \int | | . 9 | 400,000. |
| 10 | Subtract line 9 from line 3. | | | |
| | • If zero or less, enter -0 | | | |
| | • If more than zero and not a multiple of \$1,000, enter the next multiple of \$1,000. For | | | |
| | example, if the result is \$425, enter \$1,000; if the result is \$1,025, enter \$2,000, etc. | | . 10 | 0. |
| 11 | Multiply line 10 by 5% (0.05) | | | 0. |
| 12 | Is the amount on line 8 more than the amount on line 11? | | . 12 | 2,000. |
| | No. STOP. You cannot take the child tax credit, credit for other dependents, or additional child | d tax cred | lit. | |
| | Skip Parts II-A and II-B. Enter -0- on lines 14 and 27. | | | |
| | Yes. Subtract line 11 from line 8. Enter the result. | | | |
| 13 | Enter the amount from the Credit Limit Worksheet A | | | 23,661. |
| 14 | Enter the smaller of line 12 or 13. This is your child tax credit and credit for other dependents . | | . 14 | 2,000. |
| | Enter this amount on Form 1040, 1040-SR, or 1040-NR, line 19. | | | |
| | If the amount on line 12 is more than the amount on line 14, you may be able to take the | additiona | al child ta | x credit |
| | on Form 1040, 1040-SR, or 1040-NR, line 28. Complete your Form 1040, 1040-SR, or | 1040-NR | through 1 | ine 27 |

(also complete Schedule 3, line 11) before completing Part II-A.

BAA

Schedule 8812 (Form 1040) 2022

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

Investment Interest Expense Deduction

Go to www.irs.gov/Form4952 for the latest information. Attachment Sequence No. **51** Attach to your tax return.

OMB No. 1545-0191

Identifying number

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

| SUMA | ANTH THANEERU & ANUSHA GOKA | 823-33 | -0573 |
|--------|---|--------|-------------------------|
| Par | Total Investment Interest Expense | | |
| 1 | Investment interest expense paid or accrued in 2022 (see instructions) | . 1 | 951. |
| 2 | Disallowed investment interest expense from 2021 Form 4952, line 7 | . 2 | |
| 3 | Total investment interest expense. Add lines 1 and 2 | . 3 | 951. |
| Part | Net Investment Income | | |
| 4a | Gross income from property held for investment (excluding any net gain from | | |
| | the disposition of property held for investment) | 8. | |
| b | Qualified dividends included on line 4a | 8. | |
| С | Subtract line 4b from line 4a | . 4c | 0. |
| d | Net gain from the disposition of property held for investment 4d | | |
| е | Enter the smaller of line 4d or your net capital gain from the disposition of property held for investment. See instructions | | |
| f | Subtract line 4e from line 4d | . 4f | 0. |
| g | Enter the amount from lines 4b and 4e that you elect to include in investment income. See instruction | | |
| h | Investment income. Add lines 4c, 4f, and 4g | | 0. |
| 5 | Investment expenses (see instructions) | | |
| 6 | Net investment income. Subtract line 5 from line 4h. If zero or less, enter -0 | | 0. |
| Part | | , | |
| 7 | Disallowed investment interest expense to be carried forward to 2023. Subtract line 6 from lin | ne | |
| | 3. If zero or less, enter -0 | . 7 | 951. |
| 8 | Investment interest expense deduction. Enter the smaller of line 3 or line 6. See instructions . | . 8 | 0. |
| For Pa | aperwork Reduction Act Notice, see page 4. BAA REV 02/17/23 PRO | | Form 4952 (2022) |

Form **8889**

Department of the Treasury

Health Savings Accounts (HSAs)

Attach to Form 1040, 1040-SR, or 1040-NR. Go to www.irs.gov/Form8889 for instructions and the latest information.

OMB No. 1545-0074

2022
Attachment
Sequence No. 52

Internal Revenue Service Go to www
Name(s) shown on Form 1040, 1040-SR, or 1040-NR

ANUSHA GOKA

Social security number of HSA beneficiary. If both spouses have HSAs, see instructions. 164-29-7090

| Befo | re you begin: Complete Form 8853, Archer MSAs and Long-Term Care Insurance Contracts, i | f requ | ired. |
|------|--|---------|------------------|
| Part | HSA Contributions and Deduction. See the instructions before completing this part. If and both you and your spouse each have separate HSAs, complete a separate Part I for | | |
| 1 | Check the box to indicate your coverage under a high-deductible health plan (HDHP) during 2022. | _ | |
| | See instructions | ∐ Se | lf-only 🗵 Family |
| 2 | HSA contributions you made for 2022 (or those made on your behalf), including those made by the unextended due date of your tax return that were for 2022. Do not include employer contributions, contributions through a cafeteria plan, or rollovers. See instructions | 2 | 0. |
| 3 | If you were under age 55 at the end of 2022 and, on the first day of every month during 2022, you were, or were considered, an eligible individual with the same coverage, enter \$3,650 (\$7,300 for family coverage). All others , see the instructions for the amount to enter | 3 | 7,300. |
| 4 | Enter the amount you and your employer contributed to your Archer MSAs for 2022 from Form 8853, lines 1 and 2. If you or your spouse had family coverage under an HDHP at any time during 2022, also include any amount contributed to your spouse's Archer MSAs | 4 | 0 |
| 5 | Subtract line 4 from line 3. If zero or less, enter -0 | 5 | 7,300. |
| 6 | Enter the amount from line 5. But if you and your spouse each have separate HSAs and had family | 5 | 7,300. |
| O | coverage under an HDHP at any time during 2022, see the instructions for the amount to enter | 6 | 7,300. |
| 7 | If you were age 55 or older at the end of 2022, married, and you or your spouse had family coverage | | ,,,,,,, |
| • | under an HDHP at any time during 2022, enter your additional contribution amount. See instructions. | 7 | |
| 8 | Add lines 6 and 7 | 8 | 7,300. |
| 9 | Employer contributions made to your HSAs for 2022 | | , |
| 10 | Qualified HSA funding distributions | | |
| 11 | Add lines 9 and 10 | 11 | 400. |
| 12 | Subtract line 11 from line 8. If zero or less, enter -0 | 12 | 6,900. |
| 13 | HSA deduction. Enter the smaller of line 2 or line 12 here and on Schedule 1 (Form 1040), Part II, line 13 | 13 | 0. |
| | Caution: If line 2 is more than line 13, you may have to pay an additional tax. See instructions. | | |
| Part | II HSA Distributions. If you are filing jointly and both you and your spouse each have separate Part II for each spouse. | arate I | HSAs, complete |
| 14a | Total distributions you received in 2022 from all HSAs (see instructions) | 14a | |
| b | Distributions included on line 14a that you rolled over to another HSA. Also include any excess contributions (and the earnings on those excess contributions) included on line 14a that were | | |
| | withdrawn by the due date of your return. See instructions | 14b | |
| C | Subtract line 14b from line 14a | 14c | |
| 15 | Qualified medical expenses paid using HSA distributions (see instructions) | 15 | |
| 16 | Taxable HSA distributions. Subtract line 15 from line 14c. If zero or less, enter -0 Also, include this amount in the total on Schedule 1 (Form 1040), Part I, line 8f | 16 | |
| 17a | If any of the distributions included on line 16 meet any of the Exceptions to the Additional 20% Tax (see instructions), check here | | |
| b | Additional 20% tax (see instructions). Enter 20% (0.20) of the distributions included on line 16 that are subject to the additional 20% tax. Also, include this amount in the total on Schedule 2 (Form 1040), Part II, line 17c | 17b | |
| Part | Income and Additional Tax for Failure To Maintain HDHP Coverage. See the instruct completing this part. If you are filing jointly and both you and your spouse each have sep complete a separate Part III for each spouse. | | |
| 18 | Last-month rule | 18 | |
| 19 | Qualified HSA funding distribution | 19 | |
| 20 | Total income. Add lines 18 and 19. Include this amount on Schedule 1 (Form 1040), Part I, line 8f . | 20 | |
| 21 | Additional tax. Multiply line 20 by 10% (0.10). Include this amount in the total on Schedule 2 (Form | | |
| | 1040) Part II, line 17d | 21 | |

(Rev. November 2022)

Department of the Treasury Internal Revenue Service

Taxpayer name(s) shown on return

Paid Preparer's Due Diligence Checklist

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

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

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

Taxpayer identification number

| SUMA | ANTH THANEERU & ANUSHA GOKA | 823-33-057 | 3 | | |
|---------|---|---|------------|-----|-----------------|
| Prepare | 's name | Preparer tax identification | ation numb | oer | |
| SYAN | M PRIYA RAM SAGAR GUPTA TALLAM | P02082703 | | | |
| Part | · | | | | |
| | check the appropriate box for the credit(s) and/or HOH filing status claimed on the retibenefit(s) claimed (check all that apply). | | the rel | | arts I-V HOH |
| 1 | Did you complete the return based on information for the applicable tax year provided or reasonably obtained by you? (See instructions if relying on prior year earned income.) | | Yes | No | N/A |
| 2 | If credits are claimed on the return, did you complete the applicable EIC and/or C worksheets found in the Form 1040, 1040-SR, 1040-NR, 1040-PR, 1040-SS, or Scheol 1040) instructions, and/or the AOTC worksheet found in the Form 8863 instruction worksheet(s) that provides the same information, and all related forms and schedules claimed? | X | | | |
| 3 | Did you satisfy the knowledge requirement? To meet the knowledge requirement, you rethe following. Interview the taxpayer, ask questions, and contemporaneously document the taxpayer determine that the taxpayer is eligible to claim the credit(s) and/or HOH filing status. | | | | |
| | • Review information to determine that the taxpayer is eligible to claim the credit(s) are status and to figure the amount(s) of any credit(s) | | X | | |
| 4 | Did any information provided by the taxpayer or a third party for use in preparing information reasonably known to you, appear to be incorrect, incomplete, or inconsist answer questions 4a and 4b. If " No ," go to question 5.) | stent? (If "Yes," | | × | |
| а | Did you make reasonable inquiries to determine the correct, complete, and consistent in | formation? . | | | |
| b | Did you contemporaneously document your inquiries? (Documentation should include you asked, whom you asked, when you asked, the information that was provided, and information had on your preparation of the return.) | the impact the | | | |
| 5 | Did you satisfy the record retention requirement? To meet the record retention require keep a copy of your documentation referenced in question 4b, a copy of this Form 886 applicable worksheet(s), a record of how, when, and from whom the information used t 8867 and any applicable worksheet(s) was obtained, and a copy of any document(s) taxpayer that you relied on to determine eligibility for the credit(s) and/or HOH filing state the amount(s) of the credit(s) | 7, a copy of any o prepare Form provided by the atus or to figure | × | | |
| | List those documents provided by the taxpayer, if any, that you relied on: | | | | |
| 6 | Did you ask the taxpayer whether he/she could provide documentation to substantiate credit(s) and/or HOH filing status and the amount(s) of any credit(s) claimed on the return is selected for audit? | return if his/her | X | | |
| 7 a | Did you ask the taxpayer if any of these credits were disallowed or reduced in a previous (If credits were disallowed or reduced, go to question 7a; if not, go to question 8.) Did you complete the required recertification Form 8862? | year? | X | | |
| 8 | If the taxpayer is reporting self-employment income, did you ask questions to prepare correct Schedule C (Form 1040)? | a complete and | | | |

| Form 88 | 867 (Rev. 11-2022) | | | Page 2 |
|---------|--|----------------------|-------------------|----------------------|
| Part | Due Diligence Questions for Returns Claiming EIC (If the return does not claim EIC, go | to Part | III.) | |
| 9a | Have you determined that the taxpayer is eligible to claim the EIC for the number of qualifying children | Yes | No | N/A |
| | claimed, or is eligible to claim the EIC without a qualifying child? (If the taxpayer is claiming the EIC | | | |
| | and does not have a qualifying child, go to question 10.) | | | |
| b | Did you ask the taxpayer if the child lived with the taxpayer for over half of the year, even if the taxpayer has supported the child the entire year? | | | |
| С | Did you explain to the taxpayer the rules about claiming the EIC when a child is the qualifying child of | | | |
| Ū | more than one person (tiebreaker rules)? | | | |
| Part | Due Diligence Questions for Returns Claiming CTC/ACTC/ODC (If the return does not | claim C | CTC, A | CTC, |
| | or ODC, go to Part IV.) | | | |
| 10 | Have you determined that each qualifying person for the CTC/ACTC/ODC is the taxpayer's dependent who is | Yes | No | N/A |
| | a citizen, national, or resident of the United States? | × | | |
| 11 | Did you explain to the taxpayer that he/she may not claim the CTC/ACTC if the child has not lived with the taxpayer for over half of the year, even if the taxpayer has supported the child, unless the child's | | | |
| | custodial parent has released a claim to exemption for the child? | × | П | |
| 12 | Did you explain to the taxpayer the rules about claiming the CTC/ACTC/ODC for a child of divorced or | | | |
| | separated parents (or parents who live apart), including any requirement to attach a Form 8332 or similar | | | |
| _ | statement to the return? | X | | |
| Part | The state of the s | | | |
| 13 | Did the taxpayer provide substantiation for the credit, such as a Form 1098-T and/or receipts for the quatuition and related expenses for the claimed AOTC? | alified | Yes | No |
| Part | | s an to | DPart | VI) |
| 14 | Have you determined that the taxpayer was unmarried or considered unmarried on the last day of the tax | | Yes | No |
| | and provided more than half of the cost of keeping up a home for the year for a qualifying person? | | | |
| Part | VI Eligibility Certification | | | |
| | You will have complied with all due diligence requirements for claiming the applicable credit(s) and on the return of the taxpayer identified above if you: | or HOI | H filing | status |
| | A. Interview the taxpayer, ask adequate questions, contemporaneously document the taxpayer's responsing your notes, review adequate information to determine if the taxpayer is eligible to claim the credit(status and to figure the amount(s) of the credit(s); | nses on s) and/o | the ret or HOH | turn or filing |
| | B. Complete this Form 8867 truthfully and accurately and complete the actions described in this checkled credit(s) claimed and HOH filing status, if claimed; | ist for a | ny app | licable |
| | C. Submit Form 8867 in the manner required; and | | | |
| | D. Keep all five of the following records for 3 years from the latest of the dates specified in the Form 880 Document Retention. | 67 instr | uctions | under |
| | 1. A copy of this Form 8867. | | | |
| | 2. The applicable worksheet(s) or your own worksheet(s) for any credit(s) claimed. | | | |
| | Copies of any documents provided by the taxpayer on which you relied to determine the taxpayer credit(s) and/or HOH filing status and to figure the amount(s) of the credit(s). | 's eligib | ility for | the |
| | A record of how, when, and from whom the information used to prepare this form and the application obtained. | ble wor | ksheet(| s) was |
| | A record of any additional information you relied upon, including questions you asked and the tax determine the taxpayer's eligibility for the credit(s) and/or HOH filing status and to figure the amount | oayer's int(s) of | respon the cre | ises, to edit(s). |
| | If you have not complied with all due diligence requirements, you may have to pay a penalty for eac related to a claim of an applicable credit or HOH filing status (see instructions for more information | h failur). | e to co | mply |
| 15 | Do you certify that all of the answers on this Form 8867 are, to the best of your knowledge, true, correct complete? | | Yes | No |

REV 02/17/23 PRO

E-file Signature Authorization

2022

(Arizona Forms 140, 140A, 140EZ, 140NR and 140PY) Do not mail this form to the Arizona Department of Revenue. The ERO must retain this document a minimum of four years. Your First Name and Initial Last Name Your Social Security Number* **Enter** SUMANTH THANEERU 823 33 ı 0573 vour Your Spouse's First Name and Initial (if filed joint) Last Name Spouse's Social Security No.* SSN(s). 29 ı GOKA 7090 ANUSHA 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. 173,317 00 1 Arizona Adjusted Gross Income ☐ Foreign Account Deposit/Debit: See instructions below. 2 Balance Of Tax 4,046 00 ROUTING NUMBER 3,281 00 ☐ Checking ☐ Savings 3 Arizona Income Tax Withheld... ACCOUNT NUMBER Check box 4 or box 5: 00 **4** ■ **REFUND**: Enter the amount of refund...... 765 00 DIRECT DEBIT REQUEST DATE DIRECT DEBIT PAYMENT AMOUNT 5 ★ AMOUNT YOU OWE: Enter the amount owed....... 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** 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** X I do not want direct deposit of my refund or I am not receiving a to release copies of the requested documents to ADOR. 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 | | | rsonal Inco | ome Tax I | Return | FOR CALENDAR YEAR 2022 |
|--------------------------------|----------------|---|--|---|------------------------------|--------------------------|------------------------------------|--|
| | 82F | | Check box 82F f filing under extension | OR FISCAL YEAR BEGINNIN | NG L L L | 12,0,2,2 | AND ENDING | |
| 된 인 | | | First Name and Middle Initial | | Last Name | | Enter | Your Social Security Number |
| 0 | 1 | | MANTH | | THANEERU | | your | 823 33 0573 |
| S | 1 | • | se's First Name and Middle Initia | al (if box 4 or 6 checked) | Last Name | | SSN(s). | Spouse's Social Security No. |
| ANY ITEMS | ᆖ | | USHA ent Home Address - number and | street rural route | GOKA | Apt. No. | Daytime F | 164 29 7090 Phone (with area code) |
| ≒ | 2 | | 54 S PORTLAND AVE | otroot, rarai routo | | 7 tpt. 140. | |))527-1905 |
| ¥ | <u> </u> | | Town or Post Office | State | ZIP Code | | | ast Four Prior Year(s) (if different) |
| Щ | 3 | GII | LBERT | AZ | 85297 | | | 97 |
| DO NOT STAPLE | FILING STATUS | 5 6 | Married filing separate ret | 4a Injured Spouse Prote name of qualifying child or depend urn. Enter spouse's name and So | dent on next line: | | REVENUE USE ONLY. | DO NOT MARK IN THIS AREA. |
| Φ | 正 | 7 | Single▶ Enter the number claime | d. Do not put a chack mark | | | | |
| | ı | 8 | Age 65 or over (you and/o | | | nnlete lines 38 | | |
| | 10b | 9 | Blind (you and/or spouse) | 20 and 44 Faulines | | mplete line 49. | 81 PM | 80 RCVD |
| | and 1 | 10a | Dependents: Under age o | | ents: Age 17 and | l over. | | |
| | 10a a | 11a | Qualifying parents and gra | andparents | | | | |
| | nts 1 | | (Box 10a and 10b): Depende | ent Information. See instruction | ns. For more s | pace, check tl | he box and comp | olete page 4, Part 1. |
| | - Dependents | | FIRST AND LAS (Do not list yourself | | (b) IAL SECURITY NO. | RELATIONSHIF | NO. OF MONTHS IN YOUR HOME IN 2022 | y if you did not claim this person on your federal return due to educational credits |
| | 1 _a | 10c | NEIL ATHARV THA | NEERU 828 | 3-25-3880 | Son | | |
| | and | 10d | I | | | | <u> </u> | |
| | 8, 9, | 10e | · | | | | _ _ | |
| after Form 140. | Exemptions | | (Box 11a): Qualifying parents (a) FIRST AND LAS (Do not list yourself | T NAME SOC | (b) IAL SECURITY NO. | (c) RELATIONSHIF | (d) | (e) (f) |
| 돈 | | 11b | | | | | | |
| aft | ļ | 11c | | | | | | |
| nts | | | Federal adjusted gross incom | | | | | |
| | | | Small Business Income: 138 ch | | | | | |
| AZ schedules or other docume | Additions | | Modified federal adjusted gross Non-Arizona municipal interest. | | | | | |
| ခ | ddit | | Partnership Income adjustment | | | | | |
| þ | ٩ | | Total federal depreciation | | | | | |
| ğ | | | Other Additions to Income: Cor | | | | | . 18 00 |
| S O | | | Subtotal: Add lines 14 through 18 | | | | | 173,317 00 |
| 음 | | | Total net capital gain or (loss). | | | | | |
| ed | | | Total net short-term capital gain Total net long-term capital gain | | | | | |
| Sch | | | Net long-term capital gain from | | | | | 00 |
| ΑZ | | 24 | Multiply line 23 by 25% (25) an | d enter the result | | | | . 24 0 00 |
| | | This b | box may be blank or may contain a p | orinted barcode of data from your r | eturn. 1. 1 25 Net ca | apital gain - qual | ified small business | 25 |
| <u>=</u> | ions | ı III Y | | | | | depreciation | |
| <u>e</u> : | Subtractions | | | (* 1948) 1 1944 1840 20 1840 20 1840 20 1840 20 20 20 20 20 20 20 | Xemiliii | | ljustment | |
| မ ွ | Sub | | PLACE DE LOS PEROS PROFESANDOS PARA PRODUCTOR PROFESANDOS PROFESAN | | 9 | | tionsate or local govt. pensions | |
| ēd | | | (| | 0 | | ainer pay uniform services. | |
| ፷ | | | | ************************************** | AC III II II II | | r Railroad Retirement Ac | |
| ē | | | | | | | rican Indians | 31 00 |
| ž | | | | | K BUILL | | an active service member. | |
| Place any required federal and | | | MARIAYAD ITO DADAD YARAD EKABIRAT HADA | PANEZARYL LOGISCY IN ALLIA FY, (H. | 33 Net o | perating loss adj | ustment | ¬ |
| <u> a</u> | | | | | l | butions: 34 a 529 | <u> </u> | 0 |
| _ | - 1 | | | | I 34b 52 | 9A (ABLE) | 00 add 34a and 34b | b. 34 c 00 |

| | Your | Name (as shown on page 1) | Your Social Securi | ity Number | | \neg | | |
|---------------------------------|----------|---|--------------------|---------------|---------------|---------------|--|--|
| | SUN | MANTH THANEERU & ANUSHA GOKA | 823-33-0 | 573 | | | | |
| | 25 | Subtract lines 24 through 34c from line 19 | | 25 | 173,317 | | | |
| | 35 | Other Subtractions from Income. Complete Other Subtraction from Arizona Gross Income sched | | | 173,317 | 0 | | |
| | 36 | | | | 173,317 | - | | |
| Suc | 37 | Subtract line 36 from line 35. Enter the difference | | | 1/3,31/ | | | |
| ğ | 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 | | | |
| Ú | 40 | Other Exemptions. See instructions40E Multiply the number in box 40E by \$2,300 | | | | 0 | | |
| | 41 | Qualifying parents and grandparents: Multiply the number in box 11a by \$10,000 | | | 150 015 | 0 | | |
| | 42 | Arizona adjusted gross income: Subtract lines 38 through 41 from line 37. If less than zero, enter "0". | | | 173,317 | | | |
| | 43 | Deductions: Check box and enter amount. See instructions | | | 25,900 | | | |
| | 44 | If you checked box 43 S and claim charitable contributions, check 44 C Complete page 3. See in | structions | 44 | | 0 | | |
| ă, | 45 | Arizona taxable income: Subtract lines 43 and 44 from line 42. If less than zero, enter "0" | | 45 | 147,417 | | | |
| Ę | 46 | Compute the tax using amount on line 45 and Tax Tables X and Y or Optional Tax Tables | | 46 | 4,146 | $\overline{}$ | | |
| Balance of Tax | 47 | Tax from recapture of credits from Arizona Form 301, Part 2, line 32 | | 47 | | 0 | | |
| alar | 48 | Subtotal of tax: Add lines 46 and 47. Enter the total | | 48 | 4,146 | 0 | | |
| ã | 49 | Dependent Tax Credit. See instructions | | 49 | 100 | 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 | | 0 | | |
| | 52 | Balance of tax: Subtract lines 49, 50 and 51 from line 48. If the sum of lines 49, 50 and 51 is greater than | line 48, enter "0" | 52 | 4,046 | 0 | | |
| ts a | 53 | 2022 AZ income tax withheld | | | 3,281 | | | |
| ts a | 54 | 2022 AZ estimated tax payments 54a 00 Claim of Right 54b | 00 Add 54a and | | | 0 | | |
| Payments and indable Credits | 55 | 2022 AZ extension payment (Form 204) | | | | 00 | | |
| Total Paymer Refundable | 56 | Increased Excise Tax Credit (from the worksheet - see instructions) | | | | 00 | | |
| otal | 57 | Property Tax Credit from Arizona Form 140PTC | | | | 00 | | |
| | 58 | ···· | | | | 00 | | |
| _ t | 59 | | | | | | | |
| 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 | | | 3,281 765 | | | |
| rpa) | 61 | OVERPAYMENT: If line 59 is larger than line 52, subtract line 52 from line 59. Enter amount of overpayme | | | | 00 | | |
| S a | 62 | Amount of line 61 to be applied to 2023 estimated tax | | | | 00 | | |
| | 63 | Balance of overpayment: Subtract line 62 from line 61. Enter the difference | | | | 00 | | |
| Voluntary Gifts | | Solutions Teams | | 00 | | | | |
| چ | 04 | | | 00 | | | | |
| nut | | | | 00 | | | | |
| ٥ | | Sustainable State Parks | | 00 | | | | |
| _ | | | | | | | | |
| Penalty | | Political Party (if amount is entered on line 68 - check only one): 751 Democratic 752 Libertarian | 753 Republic | | | _ | | |
| - Pe | 76 | Estimated payment penalty | | 76 | | 00 | | |
| | | 771 ☐ Annualized/Other 772 ☐ Farmer or Fisherman 773 ☐ Form 221 included | | _ | | 0.0 | | |
| ğ | 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 | | | | 00 | | |
| i i | | C Checking or ROUTING NUMBER ACCOUNT NUMBER | , motractions. 737 | _ | | | | |
| 8 E | | 98 S Savings | | | | | | |
| ` | 80 | AMOUNT OWED: Add lines 60 and 78. Make check payable to Arizona Department of Revenue; write y | our SSN on paym | nent; | | Г | | |
| | | and include with your return | | 80 | 765 | 00 | | |
| _ | | | | | | | | |
| | | 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- | | | | ' | | |
| ١ | | itue, correct and complete. Declaration of preparer (other than taxpayer) is based on all information | on or writer pre | parei nas an | y Kilowieuge. | | | |
| | → | | OFTWARE E | MCTMEED | | | | |
| HERE | | | CCUPATION E | NGINEER | | - | | |
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| SIGN | → | S | OFTWARE E | NGINEER | | | | |
| ∣တ | | SPOUSE'S SIGNATURE DATE SF | OUSE'S OCCUPAT | ION | | • | | |
| 兴 | | SYAM PRIYA RAM SAGAR GUPTA TALLAM 02242023 GLOBAL TAXES L | LC | | | | | |
| PLEASE | | PAID PREPARER'S SIGNATURE DATE FIRM'S NAME (PREPARER'S IF | |) | | ۱ ا | | |
| | | 245 ROONEY CT | 84-3 | 171965 | | - [| | |
| ᆸ | | PAID PREPARER'S STREET ADDRESS | | EPARER'S TIN | | ۱ ٔ | | |
| | | E BRUNSWICK NJ 08816 | (678 |)965-952 | 22 | | | |
| | | PAID PREPARER'S CITY STATE ZIP CODE | | EPARER'S PHON | | ٠ | | |

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 |
|--------------------------------|-----------------------------|
| SUMANTH THANEERU & ANUSHA GOKA | 823-33-0573 |

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 | 5) | (f) |
|-----------------|---|---------------------|--------------|--|----------------|----------------|--|
| | FIRST AND LAST NAME (Do not list yourself or spouse.) | SOCIAL SECURITY NO. | RELATIONSHIP | NO. OF MONTHS LIVED IN YOUR HOME IN 2022 | ✓ Depen includ | dent Age | 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 qualityii | ig parents and grandpa | arents information used | i to compute your a | ilowabie exemplion c | ni page 2, iiie 4 i. | |
|-----------------|----------------------|------------------------------------|-------------------------|---------------------|--|------------------------|-------------------|
| | (a) | | (b) | (c) | (d) | (e) | (f) |
| | | D LAST NAME ourself 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 OR OVER (see instructions) | | ✓ AGE 65 OR OVER (see instructions) | | ✓ STILLBORN CHILD IN 2022 |
| | | | C1 | C2 | | | |
| 1 | | | | | | | |
| 2 | | | | | | | |
| 3 | | | | | | | |
| 4 | | | | | | | |
| 5 | | | | | | | |
| 6 | | | | | | | |
| 7 | | | | | | | |
| 8 | | | | | | | |
| 9 | | | | | | | |
| 10 | | | | | | | |

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

Arizona Form
AZ-140V

Arizona Individual Income Tax Payment Voucher for Electronic Filing of Form 140, 140PY or 140NR

EPV 2022

| Your First Name and Middle Initial | | Last Name | | | You | ır Social Secı | urity Number |
|--|-----------------------------|-----------|-------------|-------|------------------|---------------------|-------------------|
| 1 SUMANTH | | THANEERU | | | | 823 33 | _l 0573 |
| Spouse's First Name and Middle Init | ial | Last Name | | | your Spo | ouse's Social | l Security No. |
| 1 ANUSHA | | GOKA | | | SSN(s). | 164 29 | _l 7090 |
| Current Home Address - number and | d street, rural route | | Apt. No. | | Daytime Phon | ne (with area | code) |
| 2 4154 S PORTLAND AVE | | | | | 94 (480)5 | 27-1905 | |
| City, Town or Post Office | State | ZIP Code | | | E USE ONLY. DO | O NOT MARK | IN THIS AREA. |
| 3 GILBERT | AZ | 85297 | | 88 | | | |
| Please indicate the filing statu ☑ Married filing joint return ☐ Head of household: Enter na ☐ Married filing separate return | me of qualifying child or d | | nber above. | | | | |
| Single | | | | 81 PM | | 80 RC\ | /D |
| Enter the amount of paymen | t enclosed | | | | | \$ | 765 00 |

If you are mailing this payment

To ensure proper application of this payment, be sure that you:

- ✓ Do not send cash.
- ✓ Make your check or money order payable to Arizona Department of Revenue.
- ✓ Write your SSN, "2022 Tax" and 140 on your payment.
- ✓ Include your payment with this form.
- ✓ **Mail to** Arizona Department of Revenue, PO Box 29085, Phoenix, AZ 85038-9085.

If you are making an electronic payment

You can make this 140V payment by eCheck or credit card! American Express ♦ Visa ♦ Discover Card ♦ MasterCard www.AZTaxes.gov

- ✓ Click on "Make a Payment" and select "140V" as the Payment Type.
- ✓ Do not mail this form. We will apply this payment to your account.

NOTE: To avoid interest and penalties you must pay the full amount of your tax by April 18, 2023. You will not receive an additional notice from the Arizona Department of Revenue unless an error exists with your return.

ADOR 10944 (22) 1555 REV 02/04/23 PRO

| THE FORM. | | Arizona Form 140ES | FOR CALENDAR YEAR 2023 | | | | |
|------------------|--|---|---|---------------------|-----------------|-------------------------|--------------------------------|
| 뿓 | Τŀ | his estimated payment is for tax | vear ending Decemb | er 31 2023 <i>(</i> | or for tax ve | ear ending: । | 2.0 |
| 2 | | Your First Name and Middle Initial | t your onaing Docomia | Last Name | or to tax y | | Your Social Security Number |
| | 1 | SUMANTH | | THANEERU | | Enter | 823 33 0573 |
| | <u>—</u> s | Spouse's First Name and Middle Initial | (if filing joint) | Last Name | | your | Spouse's Social Security No. |
| ANY ITEMS | 1 | ANUSHA | | GOKA | | SSN(s) | 164 29 7090 |
| - | C | Current Home Address - number and st | reet, rural route | | Apt. No. | | ne Phone (with area code) |
| Ä | | 4154 S PORTLAND AVE | | | | | 80)527-1905 |
| ¥ | | City, Town or Post Office | State | ZIP Code | | | NLY. DO NOT MARK IN THIS AREA. |
| ī | 3 (| GILBERT | AZ | 85297 | | [88] | |
| DO NOT STAPLE | STOF | Check if this payment is on beh DO NOT USE THIS FORM TO Use this form only for mailing Payment: You must round your es | D MAKE DELINQUENT II estimated payments. | NCOME TAX F | PAYMENTS. | | |
| | | • | | | | 81 PM | 80 RCVD |
| | E | Enter the amount of payment enc l | osed | 5 1 | 92 00 | | |
| | | Check only one box for the quarted Do not select more than one quarted Payment for calendar year filers at a late 1 at 1 | er. You must submit a se are due as follows: | parate form for | each quarte | Ler for which a pay | yment is made. |
| | | Ist Quarter – January to March Because April 15, 2023 falls on a Sat | | | ave until Tuesd | ay, April 18, 2023 to n | nake this payment. |
| | | 2nd Quarter – April to June D | ue date is June 15, 2023. | | | | |
| | | 3rd Quarter – July to September | Due date is September | 15, 2023. | | | |
| | 4th Quarter – October to December Due date is January 15, 2024. Because Monday, January 15, 2024 is a holiday, you have until Tuesday, January 16, 2024 to make this payment. | | | | | | |
| | F | Payment for fiscal year filers are | due as follows: | | | | |
| | | 1st Quarter – 15th day of the fo | urth month of the current fis | cal year. | | | |
| | | 2nd Quarter – 15th day of the si | xth month of the current fisc | cal year. | | | |
| | | 3rd Quarter – 15th day of the ni | nth month of the current fisc | cal year. | | | |
| | | 4th Quarter – 15th day of the fir | st month of the next fiscal y | ear. | | | |
| | | the required paymer | lue dates fall on a Satu It for that quarter by m | | | | |
| | | If you are mailing this pa | | | | | |
| | | To ensure proper applica | | | | | |
| | | · · | bmit this form in its enti | • | | | |
| | | ✓ Make your check | or money order payable | to Arizona De | partment of | Revenue. | |
| | | ✓ Write your SSN, | "Tax Year 2023" and "14 | 0ES" on your p | oayment. | | |
| | | ✓ If payment is made on behalf of a Nonresident Composite return , write "Composite 140NR", "Tax Year 2023" and the entity's EIN on your payment. | | | | | |
| | | ✓ Include your pay | ment with this form. | | | | |
| | | ✓ Mail to Arizona [| Department of Revenue, F | PO Box 29085, | Phoenix, AZ | 85038-9085. | |
| | | Be sure to review your esting | mated income and adjust | your paymen | ts as necess | ary during the y | ear. |
| | | If you are making an ele | ctronic payment | | | | |
| | | | nake this estimated nerican Express ♦ Visa www. | | Card ♦ Mas | | l! |
| | | ✓ Clic | k on "Make a Payment" a | | | Payment Type. | |

| THE FORM. | | Arizona Form 140ES | FOR CALENDAR YEAR 2023 | | | | |
|------------------|--------|--|--|--------------------------|------------------------|-------------------------|--|
| 뿚 | This e | estimated payment is for tax | vear ending Decemb | er 31 2023 i | or for tax ve | ear ending: . | |
| 2 | | First Name and Middle Initial | your origing Docorrib | Last Name | or for tax ye | | Your Social Security Number |
| | 1 SUM | IANTH | | THANEERU | | Enter | 823 33 0573 |
| ANY ITEMS | _ | se's First Name and Middle Initial (i | f filing joint) | Last Name | | your SSN(s | Spouse's Social Security No. |
| ≥ | 1 ANU | | | GOKA | A 4 N | · · | 164 29 / 1090 |
| | | nt Home Address - number and str 4 S PORTLAND AVE | eet, rurai route | | Apt. No. | | me Phone (with area code) 480)527-1905 |
| APL | | Town or Post Office | State | ZIP Code | | | ONLY. DO NOT MARK IN THIS AREA. |
| ST | ` | BERT | AZ | 85297 | | 88 | |
| DO NOT STAPLE | STOP : | pck if this payment is on beha DO NOT USE THIS FORM TO Use this form only for mailing e ment: You must round your est | MAKE DELINQUENT I | NCOME TAX F | PAYMENTS. | 81 PM | 80 RCVD |
| | Ente | r the amount of payment encl | sed |) | 92 00 | | |
| | Do n | ck only one box for the quarter ot select more than one quarter ment for calendar year filers an 1st Quarter – January to March | e due as follows: | parate form fo | each quarte | er for which a pa | ayment is made. |
| | | Because April 15, 2023 falls on a Satu | | deral holiday, you l | ave until Tuesd | ay, April 18, 2023 to | make this payment. |
| | X | 2nd Quarter – April to June Du | e date is June 15, 2023. | | | | |
| | | 3rd Quarter – July to September | Due date is September | 15, 2023. | | | |
| | | 4th Quarter – October to December Because Monday, January 15, 2024 is | | • | 024 to make this | payment. | |
| | Payn | nent for fiscal year filers are d | ue as follows: | | | | |
| | | 1st Quarter – 15th day of the fou | rth month of the current fis | cal year. | | | |
| | | 2nd Quarter – 15th day of the six | th month of the current fisc | cal year. | | | |
| | | 3rd Quarter – 15th day of the nin | th month of the current fisc | cal year. | | | |
| | | 4th Quarter – 15th day of the firs | t month of the next fiscal y | ear. | | | |
| | | the required paymen | ue dates fall on a Satu c for that quarter by m | | | | |
| | | If you are mailing this pay | | ho au == +1+ | | | |
| | | To ensure proper applicat | | | | in half | |
| | | | mit this form in its enti- | • | | | |
| | | | or money order payable Tax Year 2023" and "14 | | | Nevellue. | |
| | | ✓ If payment is mad | le on behalf of a Nonre nd the entity's EIN on y | sident Comp | | 1 , write "Compo | osite 140NR", |
| | | | nent with this form. | our payment | | | |
| | | | epartment of Revenue, F | PO Box 29085. | Phoenix. A7 | 85038-9085. | |
| | | Be sure to review your estim | | | | | year. |
| | | If you are making an elec | - | | | | |
| | | You can m | ake this estimated erican Express ♦ Visa | ♦ Discover AZTaxes.go | Card ♦ Mas v | sterCard | d! |

| THE FORM. | | Arizona Form 140ES | Individual Esti | FOR CALENDAR YEAR 2023 | | | | | | |
|---|--|--|--|------------------------|--------------|---------------|--|--|--|--|
| 뿚 | This e | estimated payment is for tax | mated payment is for tax year ending December 31, 2023, or for tax year ending | | | | | | | |
| 2 | | First Name and Middle Initial | year enang Become | Last Name | 51 101 tax y | | Your Social Security Number | | | |
| | | ANTH | | THANEERU | | Enter | 823 33 05/3 | | | |
| ANY ITEMS | | se's First Name and Middle Initial (| f filing joint) | Last Name | | your SSN(| Spouse's Social Security No. | | | |
| ≥ | 1 ANU | SHA nt Home Address - number and str | and mural route | GOKA | Ant No | | 164 29 7090 me Phone (with area code) | | | |
| | | 4 S PORTLAND AVE | eet, rurai route | | Apt. No. | | 480)527-1905 | | | |
| APL | | Town or Post Office | State | ZIP Code | | | ONLY. DO NOT MARK IN THIS AREA. | | | |
| ST | _ ` | BERT | AZ | 85297 | | 88 | | | | |
| DO NOT STAPLE | STOP : | DO NOT USE THIS FORM TO USE this form only for mailing on the mail to the mail | INCOME TAX PAYMENTS. | | 81 PM | 80 RCVD | | | | |
| | Ente | r the amount of payment encl | osed | 5 1 | 92 00 | | <u> </u> | | | |
| | Do n | heck only one box for the quarter for which this payment is made. o not select more than one quarter. You must submit a separate form for each quarter for which a payment is made. ayment for calendar year filers are due as follows: 1st Quarter – January to March Due date is April 15, 2023. Received April 15, 2023 fellows and April 17, 2023 is a federal beliefely and beginning the payment. | | | | | | | | |
| | Because April 15, 2023 falls on a Saturday and April 17, 2023 is a federal holiday, you have until Tuesday, April 18, 2023 to make this payment. | | | | | | | | | |
| 2nd Quarter – April to June Due date is June 15, 2023. 3rd Quarter – July to September Due date is September 15, 2023. 4th Quarter – October to December Due date is January 15, 2024. Because Monday, January 15, 2024 is a holiday, you have until Tuesday, January 16, 2024 to make this payment. | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| Payment for fiscal year filers are due as follows: | | | | | | | | | | |
| 1st Quarter – 15th day of the fourth month of the current fiscal | | | cal year. | al year. | | | | | | |
| | | 2nd Quarter – 15th day of the six | th month of the current fisc | cal year. | | | | | | |
| | | 3rd Quarter – 15th day of the nir | th month of the current fisc | cal year. | | | | | | |
| | | 4th Quarter – 15th day of the firs | t month of the next fiscal y | ear. | | | | | | |
| | | If any of the due dates fall on a Saturday, Sunday, or legal holiday, you may make the required payment for that quarter by midnight on the next business day following that day. If you are mailing this payment: | | | | | | | | |
| | | | | | | | | | | |
| To ensure proper application of this payment, be sure that you: Complete and submit this form in its entirety. Do not cut this page in half. | | | | | | | | | | |
| | | | | • | | | | | | |
| ✓ Make your check or money order payable to Arizona Department of Revenue. ✓ Write your SSN, "Tax Year 2023" and "140ES" on your payment. | | | | | | | | | | |
| write your SSN, Tax Year 2023 and 140ES on your payment. If payment is made on behalf of a Nonresident Composite return, write "Composite 140I "Tax Year 2023" and the entity's EIN on your payment. | | | | | | | osite 140NR", | | | |
| ✓ Include your payment with this form. | | | | | | | | | | |
| ✓ Mail to Arizona Department of Revenue, PO Box 29085, Phoenix, AZ 85038-9085. | | | | | | | | | | |
| Be sure to review your estimated income and adjust your payments as necessary during the year | | | | | | year. | | | | |
| If you are making an electronic payment | | | | | | | | | | |
| | | d! | | | | | | | | |
| | | ✓ Click | k on "Make a Payment" a | and select "14 | OES" as the | Payment Type. | | | | |

| THE FORM. | | Arizona Form 140ES | Individual Esti | FOR CALENDAR YEAR 2023 | | | | | | |
|--|--|--|-------------------------------------|------------------------------|---------------|---------------|--|--|--|--|
| 뿓 | This 4 | stimated payment is for tax year ending December 31, 2023, or for tax year ending | | | | | | | | |
| 2 | | First Name and Middle Initial | year chaing Decemb | Last Name | or for tax yo | | Your Social Security Number | | | |
| | | ANTH | | THANEERU | | Enter | 823 33 0573 | | | |
| ANY ITEMS | _ | se's First Name and Middle Initial (| f filing joint) | Last Name | | your SSN(s | Spouse's Social Security No. | | | |
| ≥ | 1 ANU | | and minutes | GOKA | And No | | 164 29 7090 | | | |
| | | nt Home Address - number and str 4 S PORTLAND AVE | eet, rurai route | | Apt. No. | | me Phone (with area code) 480)527-1905 | | | |
| APL | | Town or Post Office | State | ZIP Code | | | NLY. DO NOT MARK IN THIS AREA. | | | |
| ST | ` | BERT | AZ | 85297 | | 88 | | | | |
| DO NOT STAPLE | STOP : | cck if this payment is on behand DO NOT USE THIS FORM TO Use this form only for mailing enternal to the country of the country | MAKE DELINQUENT I | INCOME TAX PAYMENTS. | | 81 PM | 80 RCVD | | | |
| | Ente | r the amount of payment encl | osed | 5 1 | 92 00 | | | | | |
| | Do n | peck only one box for the quarter for which this payment is made. onot select more than one quarter. You must submit a separate form for each quarter for which a payment is made. yment for calendar year filers are due as follows: 1st Quarter – January to March Due date is April 15, 2023. | | | | | | | | |
| | Because April 15, 2023 falls on a Saturday and April 17, 2023 is a federal holiday, you have until Tuesday, April 18, 2023 to make this payment. | | | | | | | | | |
| 2nd Quarter – April to June Due date is June 15, 2023 . | | | | | | | | | | |
| □ 3rd Quarter – July to September Due date is September 15, 2023. □ 4th Quarter – October to December Due date is January 15, 2024. Because Monday, January 15, 2024 is a holiday, you have until Tuesday, January 16, 2024 to make this payment. | | | | | | | | | | |
| | | | | | | | | | | |
| Payment for fiscal year filers are due as follows: | | | | | | | | | | |
| 1st Quarter – 15th day of the fourth month of the current fiscal year. | | | cal year. | | | | | | | |
| | | 2nd Quarter – 15th day of the six | th month of the current fisc | cal year. | | | | | | |
| | | 3rd Quarter – 15th day of the nir | th month of the current fisc | cal year. | | | | | | |
| | | 4th Quarter – 15th day of the firs | t month of the next fiscal y | ear. | | | | | | |
| | | If any of the due dates fall on a Saturday, Sunday, or legal holiday, you may make the required payment for that quarter by midnight on the next business day following that day. | | | | | | | | |
| If you are mailing this payment: | | | | | | | | | | |
| To ensure proper application of this payment, be sure that you: ✓ Complete and submit this form in its entirety. Do not cut this page in half. ✓ Make your check or money order payable to Arizona Department of Revenue. ✓ Write your SSN, "Tax Year 2023" and "140ES" on your payment. ✓ If payment is made on behalf of a Nonresident Composite return, write "Composite 140" | | | | | | | | | | |
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| | | | | | | | site 140NR" | | | |
| | Site 140MK, | | | | | | | | | |
| ✓ Include your payment with this form. | | | | | | | | | | |
| ✓ Mail to Arizona Department of Revenue, PO Box 29085, Phoenix, AZ 85038-9085. | | | | | | | | | | |
| Be sure to review your estimated income and adjust your payments as necessary during the year. | | | | | | | /ear. | | | |
| If you are making an electronic payment | | | | | | | | | | |
| | d! | | | | | | | | | |
| | | ✓ Click | on "Make a Payment" a | AZTaxes.go and select "14 | | Payment Type. | | | | |