

DO NOT STAPLE ANY ITEMS TO THE RETURN.

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

1 Your First Name and Middle Initial SRIKAR REDDY Last Name MUTYALA Your Social Security Number 850 27 8592
Spouse's First Name and Middle Initial (if box 4 or 6 checked) Last Name Enter your SSN(s) Spouse's Social Security No.

2 Current Home Address - number and street, rural route Apt. No. Daytime Phone (with area code)
2800 S HIGHLAND MESA RD 5-204 94 (928) 221-8343
3 City, Town or Post Office State ZIP Code Last Names Used in Last Four Prior Year(s) (if different)
Flagstaff AZ 86001 97

FILING STATUS
4 Married filing joint return 4a Injured Spouse Protection of Joint Overpayment
5 Head of household. Enter name of qualifying child or dependent on next line:
6 Married filing separate return. Enter spouse's name and Social Security Number above.
7 Single
8 Age 65 or over (you and/or spouse) If completing lines 8, 9, and 11a, also complete lines 38, 39, and 41. For lines 10a and 10b, also complete line 49. 81 PM
9 Blind (you and/or spouse) 80 RCVD
10a Dependents: Under age of 17. 10b Dependents: Age 17 and over.
11a Qualifying parents and grandparents

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

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

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

Table with 6 columns: (a) FIRST AND LAST NAME, (b) SOCIAL SECURITY NO., (c) RELATIONSHIP, (d) NO. OF MONTHS LIVED IN YOUR HOME IN 2022, (e) IF AGE 65 OR OVER, (f) IF DIED IN 2022. Rows 11b, 11c.

Table with 3 columns: Line number, Description, Amount. Rows 12-24 including Federal adjusted gross income, Small Business Income, Modified federal adjusted gross income, Non-Arizona municipal interest, Partnership Income adjustment, Total federal depreciation, Other Additions to Income, Subtotal, Total net capital gain or (loss).

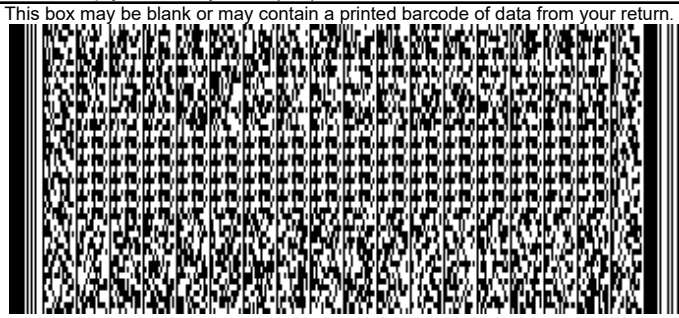


Table with 3 columns: Line number, Description, Amount. Rows 25-34 including Net capital gain - qualified small business, Recalculated Arizona depreciation, Partnership Income adjustment, Interest on U.S. obligations, Exclusion for fed., AZ state or local govt. pensions, U.S. Social Security or Railroad Retirement Act, Certain wages of American Indians, Pay received for being an active service member, Net operating loss adjustment, Contributions: 34a 529 plans, 34b 529A (ABLE) add 34a and 34b.

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

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

Additions

Subtractions

Your Name (as shown on page 1) **SRIKAR REDDY MUTYALA** Your Social Security Number **850-27-8592**

Exemptions	35	Subtract lines 24 through 34c from line 19.....	35	11,812	00
	36	Other Subtractions from Income. Complete <i>Other Subtraction from Arizona Gross Income</i> schedule on page 6.....	36		00
	37	Subtract line 36 from line 35. Enter the difference	37	11,812	00
	38	Age 65 or over: Multiply the number in box 8 by \$2,100.....	38		00
	39	Blind: Multiply the number in box 9 by \$1,500	39		00
Balance of Tax	40	Other Exemptions. See instructions..... 40E <input type="checkbox"/> Multiply the number in box 40E by \$2,300.....	40		00
	41	Qualifying parents and grandparents: Multiply the number in box 11a by \$10,000.....	41		00
	42	Arizona adjusted gross income: Subtract lines 38 through 41 from line 37. If less than zero, enter "0".....	42	11,812	00
	43	Deductions: Check box and enter amount. See instructions..... 43I <input type="checkbox"/> ITEMIZED ... 43S <input checked="" type="checkbox"/> STANDARD	43	12,950	00
	44	If you checked box 43S and claim charitable contributions, check 44C <input type="checkbox"/> Complete page 3. See instructions.....	44		00
	45	Arizona taxable income: Subtract lines 43 and 44 from line 42. If less than zero, enter "0".....	45	0	00
	46	Compute the tax using amount on line 45 and Tax Tables X and Y or Optional Tax Tables.....	46	0	00
	47	Tax from recapture of credits from Arizona Form 301, Part 2, line 32	47		00
	48	Subtotal of tax: Add lines 46 and 47. Enter the total	48	0	00
	49	Dependent Tax Credit. See instructions	49		00
Total Payments and Refundable Credits	50	Family income tax credit (from the worksheet - see instructions)	50		00
	51	Nonrefundable Credits from Arizona Form 301, Part 2, line 64.....	51		00
	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	0	00
	53	2022 AZ income tax withheld.....	53	147	00
	54	2022 AZ estimated tax payments.. 54a <input type="text" value="00"/> Claim of Right 54b <input type="text" value="00"/> Add 54a and 54b. 54c	54		00
	55	2022 AZ extension payment (Form 204)	55		00
	56	Increased Excise Tax Credit (from the worksheet - see instructions)	56	25	00
	57	Property Tax Credit from Arizona Form 140PTC	57		00
	58	Other refundable credits: Check the box(es) and enter the total amount..... 581 <input type="checkbox"/> 308-I 582 <input type="checkbox"/> 349	58		00
	59	Total payments and refundable credits: Add lines 53 through 58. Enter the total.....	59	172	00
Tax Due or Overpayment	60	TAX DUE: If line 52 is larger than line 59, subtract line 59 from line 52. Enter amount of tax due. Skip lines 61, 62 and 63.....	60		00
	61	OVERPAYMENT: If line 59 is larger than line 52, subtract line 52 from line 59. Enter amount of overpayment.....	61	172	00
	62	Amount of line 61 to be applied to 2023 estimated tax.....	62		00
Voluntary Gifts	63	Balance of overpayment: Subtract line 62 from line 61. Enter the difference	63	172	00
	64 - 74 Voluntary Gifts to:				
		Solutions Teams Assigned to Schools..... 64	<input type="text" value="00"/>	Arizona Wildlife..... 65	<input type="text" value="00"/>
		Child Abuse Prevention..... 66	<input type="text" value="00"/>	Domestic Violence Services..... 67	<input type="text" value="00"/>
		Neighbors Helping Neighbors..... 69	<input type="text" value="00"/>	Special Olympics..... 70	<input type="text" value="00"/>
		I Didn't Pay Enough Fund..... 72	<input type="text" value="00"/>	Sustainable State Parks and Road Fund..... 73	<input type="text" value="00"/>
			<input type="text" value="00"/>	Political Gift..... 68	<input type="text" value="00"/>
			<input type="text" value="00"/>	Veterans' Donations Fund..... 71	<input type="text" value="00"/>
			<input type="text" value="00"/>	Spay/Neuter of Animals.. 74	<input type="text" value="00"/>
	Penalty	75	Political Party (if amount is entered on line 68 - check only one): 751 <input type="checkbox"/> Democratic 752 <input type="checkbox"/> Libertarian 753 <input type="checkbox"/> Republican		
76		Estimated payment penalty	76		00
77		771 <input type="checkbox"/> Annualized/Other 772 <input type="checkbox"/> Farmer or Fisherman 773 <input type="checkbox"/> Form 221 included			
Refund or Amount Owed	78	Add lines 64 through 74 and 76; enter the total.....	78		00
	79	REFUND: Subtract line 78 from line 63. If less than zero, enter amount owed on line 80	79	172	00
	Direct Deposit of Refund: Check box 79A if your deposit will be ultimately placed in a foreign account ; see instructions. 79A <input type="checkbox"/>				
	<input checked="" type="checkbox"/> C Checking or <input type="checkbox"/> S Savings	ROUTING NUMBER	ACCOUNT NUMBER		
	<input type="text" value="98"/>	<input type="text" value="122100024"/>	<input type="text" value="790130311"/>		
80	AMOUNT OWED: Add lines 60 and 78. Make check payable to Arizona Department of Revenue; write your SSN on payment; and include with your return	80		00	

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

PLEASE SIGN HERE

YOUR SIGNATURE _____ DATE _____ **STUDENT** OCCUPATION _____

SPOUSE'S SIGNATURE _____ DATE _____ SPOUSE'S OCCUPATION _____

SYAM PRIYA RAM SAGAR GUPTA TALLAM 04172023 GLOBAL TAXES LLC
 PAID PREPARER'S SIGNATURE DATE FIRM'S NAME (PREPARER'S IF SELF-EMPLOYED)

245 ROONEY CT 84-3171965
 PAID PREPARER'S STREET ADDRESS PAID PREPARER'S TIN

E BRUNSWICK NJ 08816 (678)965-9522
 PAID PREPARER'S CITY STATE ZIP CODE PAID PREPARER'S PHONE NUMBER