## E 1040 Department of the Treasury—Internal Revenue Service U.S. Individual Income Tax Return

2022

OMB No. 1545-007

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

Check only		Single Married filing jointly		ed filing separately (N	,	_		,	_	spou	lifying su use (QSS	5)	
one box.	-	u checked the MFS box, enter the nation is a child but not your dependent	-	our spouse. Il you c	necke	ea the HOH of	r Q55 i	oox, ente	rtne	crilia s	name II	rne qu	uamying
Your first name			Last na	me					Y	our so	cial secu	ritv nu	mber
RAGHAVEN				AHATULA						178-06-3135			
		s first name and middle initial	Last nai						-		s social s		number
Home address	(numbe	er and street). If you have a P.O. box, see	instruction	ons.			A	pt. no.	P	reside	ntial Elec	tion C	ampaign
	•	NIVERSITY DR						1 .			nere if you		
		ce. If you have a foreign address, also co	mplete s	paces below.	Stat	te		sp code		spouse if filing jointly, want \$			
TEMPE					AZ		852	to go to t			this fund www.ill no		
Foreign country	/ name		F	Foreign province/state/	count	у	Foreig	n postal co			or refun		190
											You		Spouse
Digital Assets		ny time during 2022, did you: (a) reco					-				Yes		No
Standard		eone can claim:  You as a de				a dependent	abboty	(000 111	Judot	10110.)			
Deduction	_	Spouse itemizes on a separate retur		•		и асренает							
Age/Blindness	You:	☐ Were born before January 2, 1	958	Are blind Spo	ouse:	Was bo	rn befo	re Janua	ry 2,	1958	☐ Is I	olind	
Dependents	s (see	instructions):		(2) Social security	,	(3) Relationsh	hip (4)	Check th	e box	if quali	fies for (se	e instr	uctions):
If more	<b>(1)</b> Fi	rst name Last name		number		to you		Child ta	x crec	dit	Credit for	other de	ependents
than four													
dependents, see instructions	3 ——												
and check													
here L										igspace			
Income	1a	Total amount from Form(s) W-2, b	•	,						1a		90,	<u> 199.</u>
Attack Farms(a)	b	Household employee wages not re								1b			
Attach Form(s) W-2 here. Also	C	Tip income not reported on line 1a (see instructions)						1c					
attach Forms	d	Medicaid waiver payments not rep			nstru	ctions)				1d			
W-2G and 1099-R if tax	е	Taxable dependent care benefits f								1e			
was withheld.	f	Employer-provided adoption bene								1f			
If you did not	g	Wages from Form 8919, line 6.								1g			
get a Form W-2, see	h	Other earned income (see instruction	,			1	. i ·			1h	-		0.
instructions.	· ·	Nontaxable combat pay election (s		uctions)		<u>1</u> i	1			-		00	100
Attack Oak D	<u>z</u>	1		· · · · · · · · · · · · · · · · · · ·	 L T	 axable interes				1z		90,	<u> 199.</u>
Attach Sch. B if required.	2a 3a	'	2a 3a			rdinary divide				2b 3b			
	<u> </u>		4a			axable amoun				4b	_		
Standard	<del>та</del> 5а		<del>та</del> 5а			axable amoun			•	5b			
Deduction for—	6a	_	6a			axable amoun				6b			
Single or Married filing	С	If you elect to use the lump-sum e		method check here.					· .	OD			
separately,	7	Capital gain or (loss). Attach Sche			•	,				7	7		
\$12,950 Married filing	8	Other income from Schedule 1, lin								8			728.
jointly or Qualifying	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7,								9			471.
surviving spouse,	10	Adjustments to income from Sche		=						10			
\$25,900 • Head of	11	Subtract line 10 from line 9. This is								11		82,	471.
household, \$19,400	12	Standard deduction or itemized	-	-						12			950.
If you checked	13	Qualified business income deduct	on from	Form 8995 or Form	899	5-A				13			
any box under Standard	14	Add lines 12 and 13								14		12,	950.
Deduction, see instructions.	15	Subtract line 14 from line 11. If zer	o or less	s, enter -0 This is y	our <b>t</b>	axable incom	ne .			15		69,	521.

Form 1040 (2022	<u>(</u> )										Page <b>Z</b>
Tax and	16	Tax (see instructions). Check	if any from Form	(s): <b>1</b> 881	4 <b>2</b> 🗌 4972	3 🗌			16	10	0,913.
Credits	17	Amount from Schedule 2, lin	ne 3						17		
	18	Add lines 16 and 17							18	10	0,913.
	19	Child tax credit or credit for	other dependent	ts from Sched	ule 8812				19		
	20	Amount from Schedule 3, lin	ne 8						20		
	21	Add lines 19 and 20							21		
	22	Subtract line 21 from line 18	B. If zero or less,	enter -0					22	10	0,913.
	23	Other taxes, including self-e	employment tax,	from Schedule	e 2, line 21 .				23		0.
	24	Add lines 22 and 23. This is	your <b>total tax</b>						24	10	0,913.
<b>Payments</b>	25	Federal income tax withheld	d from:								
	а	Form(s) W-2				25a	16	,657.	·		
	b	Form(s) 1099				25b					
	С	Other forms (see instruction	s)			25c					
	d	Add lines 25a through 25c							25d	10	6,657.
If you have a	26	2022 estimated tax paymen	ts and amount a	pplied from 20	21 return				26		
qualifying child,	27	Earned income credit (EIC)				27					
attach Sch. EIC.	28	Additional child tax credit fro	m Schedule 8812			28					
	29	American opportunity credit	from Form 8863	3, line 8		29					
	30	Reserved for future use .				30					
	31	Amount from Schedule 3, lin	ne 15			31					
	32	Add lines 27, 28, 29, and 31	-						32		
	33	Add lines 25d, 26, and 32. T	hese are your to	tal payments					33		6 <b>,</b> 657.
Refund	34	If line 33 is more than line 24				-	•		34		5,744.
	35a	Amount of line 34 you want							35a	,	5,744.
Direct deposit? See instructions.	b	Routing number 1 2 2			<b>c</b> Type:	Checkin	g 🗌	Savings			
See mstructions.	d	Account number 6 7 5									
	36	Amount of line 34 you want	applied to your	2023 estimate	ed tax	36					
Amount You Owe	37	Subtract line 33 from line 24 For details on how to pay, g							37		
	38	Estimated tax penalty (see i	nstructions) .			38					
<b>Third Party</b>		you want to allow another	person to disc	cuss this retu	n with the IRS?						
Designee	ins	structions				L	Yes. Co	omplete	below.	× No	
		signee's me		Phone no.				onal iden oer (PIN)	tification		$\Box$
Sign	Un	der penalties of perjury, I declare lief, they are true, correct, and com		ed this return and			stateme	nts, and t			
Here		•	ipiete. Deciaration (			aseu on an	IIIIOIIIIali			nt you an l	ŭ
	YO	ur signature		Date	Your occupation					IN, enter it	
Joint return?					SOFTWARE DEVELOPER ENGI			,	e inst.)		$\Box$
See instructions. Keep a copy for	Sp	ouse's signature. If a joint return,	both must sign.	Date	Spouse's occupat	tion				nt your spo	
your records.								niity Proti e inst.)	ection Pily,	enter it here	
	Ph	one no. (602) 736-640	1	Email address	SAGAR05091	997@GMA	AIL.CC	)M			
Daid	Pre	eparer's name	Preparer's signat			Date		PTIN		Check if:	
Paid	SYAN	M PRIYA RAM SAGAR GUPTA TALLAM	SYAM PRIYA	RAM SAGAR	GUPTA TALLAM	02/11	/2023	P0208	32703	Self-	employed
Preparer		m's name GLOBAL TA	1							(678) 96	55-9522
Use Only	Fir			JNSWICK NJ 08816				Firm's EIN 84-3171965			

## SCHEDULE 1 (Form 1040)

**Additional Income and Adjustments to Income** 

OMB No. 1545-0074

2022

Attachment Sequence No. 01

Department of the Treasury Internal Revenue Service

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

Go to www.irs.gov/Form1040 for instructions and the latest information.

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

**Your social security number** 178-06-3135

Par	Additional Income			
1	Taxable refunds, credits, or offsets of state and local income taxes		1	
2a	Alimony received		2a	
b	Date of original divorce or separation agreement (see instructions):			
3	Business income or (loss). Attach Schedule C		3	
4	Other gains or (losses). Attach Form 4797		4	
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Atta	ch Schedule E .	5	-7,728.
6	Farm income or (loss). Attach Schedule F		6	
7	Unemployment compensation		7	
8	Other income:			
а	Net operating loss	<b>8a</b> (	)	
b	Gambling	8b		
С	Cancellation of debt	8c		
d		8d (	)	
е		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	'	8k	_	
ı	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			
	,	8m	_	
n	Section 951(a) inclusion (see instructions)	8n	_	
0	\	80	_	
р		8p	-	
q	` ' '	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 (	4	
t	Pension or annuity from a nonqualifed deferred compensation plan or			
	a nongovernmental section 457 plan	8t	-	
u		8u		
Z				
•		8z		
9	Total other income. Add lines 8a through 8z		9	
10	Combine lines 1 through 7 and 9. Enter here and on Form 1040, 1040-SR,	or 1040-NR, line 8	10	-7,728.

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

Par	t II Adjustments to Income			
11	Educator expenses		11	
12	Certain business expenses of reservists, performing artists, and fee-bases			
	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:			
а	Jury duty pay (see instructions)	4a		
b	Deductible expenses related to income reported on line 8l from the			
	rental of personal property engaged in for profit	4b		
С	Nontaxable amount of the value of Olympic and Paralympic medals			
		4c		
d		4d		
е	Repayment of supplemental unemployment benefits under the Trade			
		4e		
f		4f		
g	, , , , , , , , , , , , , , , , , , , ,	4g		
h	Attorney fees and court costs for actions involving certain unlawful			
	discrimination claims (see instructions)	4h		
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	4.		
		4i		
j	<u> </u>	4j		
K	Excess deductions of section 67(e) expenses from Schedule K-1 (Form	41-		
_		4k		
Z	Other adjustments. List type and amount:	4z		
25	Total other adjustments. Add lines 24a through 24z	<del>-</del> -	25	
25 26			25	
26	Add lines 11 through 23 and 25. These are your <b>adjustments to income</b> . E		26	
	Form 1040 or 1040-SR, line 10, or Form 1040-NR, line 10a		26	

## **SCHEDULE E** (Form 1040)

Supplemental Income and Loss

(From rental real estate, royalties, partnerships, S corporations, estates, trusts, REMICs, etc.)

Attachment

OMB No. 1545-0074

Department of the Treasury Internal Revenue Service

Attach to Form 1040, 1040-SR, 1040-NR, or 1041. Go to www.irs.gov/ScheduleE for instructions and the latest information. Sequence No. 13

Name(s) shown on return Your social security number RAGHAVENDRA SAGAR THORAHATULA 178-06-3135 Income or Loss From Rental Real Estate and Royalties Part I Note: If you are in the business of renting personal property, use Schedule C. See instructions. If you are an individual, report farm rental income or loss from Form 4835 on page 2, line 40. Did you make any payments in 2022 that would require you to file Form(s) 1099? See instructions . В If "Yes," did you or will you file required Form(s) 1099? Yes No 1a Physical address of each property (street, city, state, ZIP code) FLAT 101, SAIDEEP HIGHLANDS DARGAMITTA, NELLORE, ANDHRA PRADESH IN 524003 Α В C 1b Type of Property **Fair Rental Personal Use** For each rental real estate property listed QJV (from list below) above, report the number of fair rental and Days **Days** personal use days. Check the QJV box only A Α 365 0 if you meet the requirements to file as a В В qualified joint venture. See instructions. C C Type of Property: 3 Vacation/Short-Term Rental 1 Single Family Residence 7 Self-Rental 5 Land 8 Other (describe) 2 Multi-Family Residence 4 Commercial 6 Royalties **Properties:** 

Incon	ne:		Α		В		С
3	Rents received	3	4	80.			
4	Royalties received	4					
Exper	nses:						
5	Advertising	5					
6	Auto and travel (see instructions)	6					
7	Cleaning and maintenance	7	6	80.			
8	Commissions	8					
9	Insurance	9					
10	Legal and other professional fees	10					
11	Management fees	11	9	27.			
12	Mortgage interest paid to banks, etc. (see instructions)	12					
13	Other interest	13					
14	Repairs	14	2,7				
15	Supplies	15	2,4	15.			
16	Taxes	16					
17	Utilities	17	1,4	40.			
18	Depreciation expense or depletion	18					
19	Other (list)	19					
20	Total expenses. Add lines 5 through 19	20	8,2	08.			
21	Subtract line 20 from line 3 (rents) and/or 4 (royalties). If						
	result is a (loss), see instructions to find out if you must						
	file <b>Form 6198</b>	21	-7,7	28.			
22	Deductible rental real estate loss after limitation, if any,						
	on Form 8582 (see instructions)	22	,		•	)	( )
23a	Total of all amounts reported on line 3 for all rental proper			23a	4	80.	
b	Total of all amounts reported on line 4 for all royalty properties.			23b			
С	Total of all amounts reported on line 12 for all properties						
d	Total of all amounts reported on line 18 for all properties			-			
е	Total of all amounts reported on line 20 for all properties			23e	8,2		
24	<b>Income.</b> Add positive amounts shown on line 21. <b>Do no</b>		•			24	
25	Losses. Add royalty losses from line 21 and rental real estat	e loss	ses from line 22. E	inter to	otal losses here	25	( 7,728.)

Total rental real estate and royalty income or (loss). Combine lines 24 and 25. Enter the result here. If Parts II, III, IV, and line 40 on page 2 do not apply to you, also enter this amount on

26

-7,728.

BAA

RETURN.			Arizona Form 140	ome Tax F	Return	F	for calendar year 2022				
RE	82F		heck box 82F filing under extension	OR FISCAL YEAR BEGINN	IING L		12,0,2,2	AND ENDING			66F
摧	١		First Name and Middle Initial		Last	Name		Entor	Your	Social Security N	umber
10	1		GHAVENDRA SAGAR			RAHATU <b>Name</b>	LA	Enter your	17		
S T0	_	Spous	se's First Name and Middle Init	tial (if box 4 or 6 checked)		SSN(	Spou	se's Social Secur	ity No.		
E	<u> </u>	Curro	nt Home Address - number an	d atroat rural routa	Apt. No.			(with area code)			
۲	2		nt nome Address - number and 60 EAST UNIVERSITY	•	2045	ا—ا	602)73	,			
<b>ANY ITEMS</b>	_		Town or Post Office	State	2045	<u> </u>	,	r Prior Year(s) (if di	fferent)		
Ë	3	TEI	MPE	AZ		85281					97
AP	SI	4	☐ Married filing joint return	4a Injured Spouse Pro	tection	of Joint O	zernavment i	_	ONLY. DO N	OT MARK IN THIS	AREA.
S	TAT	5	Head of household. Ente	er name of qualifying child or depe	ndent on	next line:		88			
<b>DO NOT STAPLE</b>	FILING STATUS										
Õ		6 7	<ul><li>✓ Married filing separate re</li><li>✓ Single</li></ul>	eturn. Enter spouse's name and	Social Se	ecurity Numb	ber above.				
	141	- /		ed. Do not put a check mar	k.						
		8	Age 65 or over (you and/			11a, also con	nplete lines 38,				
	10b	9	Blind (you and/or spouse	39, and 41. For line	s 10a and	10b, also co	mplete line 49.	81 PM		80 RCVD	
	and	10a	Dependents: Under age		ndents: A	Age 17 and	d over.				
	10a	11a	Qualifying parents and g		iono F			a hay $\square$ and a		ana 4 Daré 4	
	ents		(a)	lent Information. See instruct	lons. Fo		(c)	(d)	(e)	(f)	
	Dependents		FIRST AND LA (Do not list yoursel	O 1 117 1111L	CIAL SEC	URITY NO.	RELATIONSHIP	NO. OF MONTHS LIVED IN YOUR	✓ Dependent included	in: this person of	not claim on your
	Dep		(Do not list yourse)	ii or spouse.)				HOME IN 2022	1 (Box 10a) (Bo	2   federal return educational	due to
	11a -	10c									
	and 11a	10d							!		
	8, 9,	10e								<u> </u>	
o.	suc		(Box 11a): Qualifying parent	ts and grandparents. See ins	tructions (b)		re space, check (c)	the box and (d)	complete (e)	page 4, Part 2.	
14	Exemptions		FIRST AND LA	ST NAME SO		IAL SECURITY NO. RELATIONS		NO. OF MONTHS	✓ IF AGE 6	5 OR	
ter Form 140	Exer		(Do not list yourse	If or spouse.)				HOME IN 2022	OVE	₹ 2022	
ř		11b									
afte		11c									
		12	Federal adjusted gross inco	me (from your federal retur				12	82 <b>,</b> 47	1 00	
or other documents			Small Business Income: 138								00
cnu	ons		Modified federal adjusted gros							82,47	
ор	Additions		Non-Arizona municipal interes Partnership Income adjustmen								00
her	⋖		Total federal depreciation						Г		00
ot			Other Additions to Income: Co								00
S 0.	-		Subtotal: Add lines 14 through							82 <b>,</b> 47	1 00
nle			Total net capital gain or (loss).						00		
schedules			Total net short-term capital gain Total net long-term capital gain						00		
sch			Net long-term capital gain from						0 00		
		24	Multiply line 23 by 25% (.25) a	nd enter the result							0 00
пd	[	This	box may be blank or may contain a	printed barcode of data from you	r return.	<b>25</b> Net c	apital gain - qualif	ied small business	s <b>25</b>		00
a a	ions				隊Ш			epreciation	Г		00
Jera	Subtraction		izekte bie hoefte hiz hanke biz					ustment			00
Ę	Sub			.) (C. 40 cm), (C. 40 cm), (C. 40 cm), (C.				ions te or local govt. per			00
red			& treertreereretre					iner pay uniform se	Г		00
any required federal and AZ								Railroad Retireme			00
ř								ican Indians			00
an)								n active service mer			00
Place								stment	33 <u> </u>		00
Pla							ibutions: <b>34</b> a 529 p	00 add 34a a			00

	Your	Name (as shown on page 1)	ımber			
	RAC	GHAVENDRA SAGAR THORAHATULA	178-06-3135	5		
	35	Subtract lines 24 through 34c from line 19	35	82,471	To	
	36	Other Subtractions from Income. Complete Other Subtraction from Arizona Gross Income sched			,	00
	37	Subtract line 36 from line 35. Enter the difference		82,471		
Exemptions	38	Age 65 or over: Multiply the number in box 8 by \$2,100			02,171	00
npti	39	Blind: Multiply the number in box 9 by \$1,500			00	
xer		Other Exemptions. See instructions40E Multiply the number in box 40E by \$2,300		<b>I</b>		00
ш	40	•			00	
	41	Qualifying parents and grandparents: Multiply the number in box 11a by \$10,000			82,471	$\neg$
	42	Arizona adjusted gross income: Subtract lines 38 through 41 from line 37. If less than zero, enter "0".  Deductions: Check box and enter amount. See instructions			12,950	$\rightarrow$
	43 4	If you checked box 43 <b>S</b> and claim charitable contributions, check 44 <b>C</b> Complete page 3. See in		12,750	00	
<b>)</b>	4 45	Arizona taxable income: Subtract lines 43 and 44 from line 42. If less than zero, enter "0"		69,521	$\neg$	
of Tax	45	Compute the tax using amount on line 45 and Tax Tables X and Y or Optional Tax Tables			1,949	$\neg$
		·			1, 343	00
Balance	47	Tax from recapture of credits from Arizona Form 301, Part 2, line 32		47	1,949	
Bal	48				1, 545	00
	49	Dependent Tax Credit. See instructions				00
	50	Family income tax credit (from the worksheet - see instructions)				00
	51	Nonrefundable Credits from Arizona Form 301, Part 2, line 64			1 040	
B "	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			1,949	$\neg$
anc	53	2022 AZ income tax withheld.			2,160	1
Total Payments and Refundable Credits	54	2022 AZ estimated tax payments54a 00 Claim of Right 54b	00 Add 54a and 54b			00
	55	2022 AZ extension payment (Form 204)				00
	56	Increased Excise Tax Credit (from the worksheet - see instructions)				00
Ş Ş	57	Property Tax Credit from Arizona Form 140PTC				00
	58	Other refundable credits: Check the box(es) and enter the total amount			0 160	00
or	59	Total payments and refundable credits: Add lines 53 through 58. Enter the total			2,160	
Due payr	60	<b>TAX DUE: </b> If line 52 is larger than line 59, subtract line 59 from line 52. Enter amount of tax due. Skip lines				00
Tax Due or Overpayment	61	<b>OVERPAYMENT:</b> If line 59 is larger than line 52, subtract line 52 from line 59. Enter amount of overpayme			211	
J	62	Amount of line 61 to be applied to 2023 estimated tax				00
Voluntary Gifts	63	Balance of overpayment: Subtract line 62 from line 61. Enter the difference		1	211	_ 00
<u>~</u>	64	- 74 Voluntary Gifts to: Assigned to Schools64 UU Arizona Wildlife		_		
ınta		Child Abuse Prevention				
Ş		Neighbors Helping Neighbors 69 00 Special Olympics70 00 Veterans' Donations F		7		
		I Didn't Pay Enough Fund <b>72</b> 00 Sustainable State Parks and Road Fund		)]		
Penalty	75	Political Party (if amount is entered on line 68 - check only one): 751 Democratic 752 Libertarian	753 Republican			Т.,
Pen	76	Estimated payment penalty		. 76		00
	77	771 ☐ Annualized/Other 772 ☐ Farmer or Fisherman 773 ☐ Form 221 included				
þ	78	Add lines 64 through 74 and 76; enter the total		. 78	011	00
Refund or Amount Owed	79	REFUND: Subtract line 78 from line 63. If less than zero, enter amount owed on line 80  Direct Deposit of Refund: Check box 79A if your deposit will be ultimately placed in a foreign account; see			211	.  00
unt		CM Checking or ROUTING NUMBER ACCOUNT NUMBER	ilistructions. 19A			
re Amo		98 S Savings 1 2 2 1 0 0 0 2 4 6 7 5 0 1 9 0 1 9				
1	80	AMOUNT OWED: Add lines 60 and 78. Make check payable to Arizona Department of Revenue; write y	our SSN on payment;			Т
		and include with your return				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				е
		tide, correct and complete. Deciaration of preparer (other than taxpayer) is based on an information	on or writer prepare	i iias aii	y knowledge.	
2	<b>→</b>	9	OFTWARE DEV	EI.OPEI	R ENGINE	
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Δ.		PAID PREPARER'S STREET ADDRESS	PAID PREPAR	RER'S TIN		-
		E BRUNSWICK NJ 08816	(678)9			_
		PAID PREPARER'S CITY STATE ZIP CODE	PAID PREPAR	EDIC DUO	UE NUMBER	- 1

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).