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

Internal R	evenue Service Go to www.irs.gov/Form8879 for the latest information.				
Submis	ssion Identification Number (SID) 222496202309007obnzf				
Taxpayer	's name	Social securi	ty numbe	r	
SATY	A SAI DEEPAK NAIDU	578-95	-9659		
Spouse's	name	Spouse's soo	ial secur	ity number	
Part	Tax Return Information — Tax Year Ending December 31, 2022 (Ente	r year you a	ro auth	orizina)	
	hole dollars only on lines 1 through 5.	i year you a	ire auti	ionzing.,	<u>'</u>
	Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.				
	Adjusted gross income		111	106	,598.
	Total tax		2		,284.
	Federal income tax withheld from Form(s) W-2 and Form(s) 1099		3		,839.
	Amount you want refunded to you		4		,555.
	Amount you owe		5		, 555.
Part		keep a cop		our retui	rn)
my knoreturn (c to send for any of Agent to paymen authoriz paymen business taxes to persona Electron Taxpay	enalties of perjury, I declare that I have examined a copy of the income tax return (original or amended wledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I abording and belief, it is true, correct, and complete. I further declare that the amounts in Part I abording and belief, it is true, correct, and complete. I further declare that the amounts in Part I abording and belief, it is true, correct, and complete. I further declare that the amounts in Part I abording and belief, it is true, correct, and complete. I further declare that the amounts in Part I abording and belief, it is true, correct, and complete. I further declare that the amounts in Part I abording and belief. I amount to allow my intermediate service provider, transmy return to the IRS and to receive from the IRS (a) an acknowledgement of receive the transmit or receive intermediate. I acknowledgement of receive tax, and the financial institution account incomplete to the payment of estimated tax, and the financial institution in the payment in full force and effect until I notify the U.S. Treasury Financial Agent to terminate, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation received adays prior to the payment (settlement) date. I also authorize the financial institutions involved in the receive confidential information necessary to answer inquiries and resolve issues related to the I identification number (PIN) below is my signature for the income tax return (original or amended) I acknowledgement of the income tax return (original or amended) I amond authorizing. I will enter my PIN as my signature on the income tax return (original or amended) I amond if you are entering your own PIN and your return is filed using the Practitioner PIN methodow.	we are the amnitter, or electricection of the top. I.S. Treasury a dicated in the top ton to debit the ethe authorizates must be processing oppayment. I fur am now authorizate my PIN my PIN my PIN mow authorizi	ounts from conic returns from conic f	om the incrn originate income (b) the estimated it this accoor revoke (ced no late ctronic paynowledge d, if applic 5 9 igits, but all zeros	come tax or (ERO) e reason Financial tware for unt. This cancel) a r than 2 yment of that the able, my as my ox only
Your si	gnature ► Date ►				
Spous	e's PIN: check one box only				
	I authorize to enter or generate	my PIN			as my
	ERO firm name		ter five di		
	signature on the income tax return (original or amended) I am now authorizing.		n't enter		
	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 methodow.				
Spouse	e's signature ▶ Date ▶				
	Practitioner PIN Method Returns Only—continue below	/			
Part I	Certification and Authentication — Practitioner PIN Method Only				
ERO's	EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN. 5 1	8 9 5 Don't ent		1 9 8 os	9
authoriz	that the above numeric entry is my PIN, which is my signature for the electronic individual income to the file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am subments of the Practitioner PIN method and Pub. 1345 , Handbook for Authorized IRS e-file Providers of	nitting this reti	urn in ac	cordance	
ERO's	signature ▶ Date ▶				
	ERO Must Retain This Form — See Instructions	_			
	Don't Submit This Form to the IRS Unless Requested To	Do So			

E1040 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.

Filing Status	s X	Single Married filing jointly	Marrie	ed filing separately (N	(IFS)	Head of	household (HOI	H) [ifying sun	viving	
Check only one box.	•	u checked the MFS box, enter the nation is a child but not your dependent	,	our spouse. If you cl	necke	ed the HOH or	QSS box, ente	er the c		ise (QSS) name if th	ne qualifying	
Your first name			Last nar	me				Y	our so	cial securi	ty number	
SATYA SA	AT DE	ZEPAK	NAID	ŢŢ					578-95-9659			
		s first name and middle initial	Last nar					_	Spouse's social security number			
Home address	(numbe	er and street). If you have a P.O. box, see	instructio	ons.			Apt. no.	Pi	esider	ntial Flection	on Campaign	
	,	A DEL CERRO DR					2096S			ere if you,		
		ce. If you have a foreign address, also co	mplete si	paces below.	Stat	e	ZIP code	sp	ouse	if filing joir	ntly, want \$3	
TEMPE		, , , , , , , , , , , , , , , , , , , ,			AZ		85281		0	this fund. ow will not	Checking a	
Foreign countr	v name		I F	Foreign province/state/o			Foreign postal co			or refund.		
	,			, , , , , , , , , , , , , , , , , , ,		,	3 1			You	Spouse	
Digital		ny time during 2022, did you: (a) rece	,				,	. ,				
Assets		ange, gift, or otherwise dispose of a		<u>_</u>			asset)? (See in	structi	ons.)	∐ Yes	⊠ No	
Standard Deduction		eone can claim:		•		a dependent						
Age/Blindness	s You:	Were born before January 2, 1	958	Are blind Spo	use:	☐ Was bor	n before Janua	ıry 2, 1	958	☐ Is bl	lind	
Dependent	s (see	instructions):		(2) Social security		(3) Relationsh	ip (4) Check th	e box i	f qualif	ies for (see	instructions):	
If more		irst name Last name		number		to you	Child to	ax cred	it	Credit for ot	her dependents	
than four												
dependents, see instruction	s ——											
and check	. —											
here												
Income	1a	Total amount from Form(s) W-2, b	ox 1 (see	e instructions)					1a	1:	16 , 637.	
	b	Household employee wages not re	•	` '					1b			
Attach Form(s) W-2 here. Also	С	Tip income not reported on line 1a	(see ins	structions)					1c			
attach Forms	d	Medicaid waiver payments not rep	orted or	n Form(s) W-2 (see ir	nstru	ctions)			1d			
W-2G and 1099-R if tax	е	Taxable dependent care benefits f	rom For	m 2441, line 26 .					1e			
was withheld.	f	Employer-provided adoption bene	fits from	Form 8839, line 29					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	ons) .						1h		0.	
instructions.	i	Nontaxable combat pay election (s	see instr	ructions)		<u>1i</u>						
	Z	Add lines 1a through 1h							1z	1	16 , 637.	
Attach Sch. B	2a	· -	2a			axable interest			2b			
if required.	<u>3a</u>		3a	332.		rdinary divide			3b		332.	
	4a		4a			axable amoun			4b			
Standard Deduction for—	5a		5a			axable amoun			5b			
Single or	6a	,	6a			axable amoun	t		6b			
Married filing separately,	C	If you elect to use the lump-sum e		·	`	,		. 📙				
\$12,950	7	Capital gain or (loss). Attach Sche						. Ш	7			
 Married filing jointly or 	8	Other income from Schedule 1, lin							8		10,371.	
Qualifying surviving spouse,	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7		•					9	+ 10	06,598.	
\$25,900	10	Adjustments to income from Sche	-						10	1 1	06 500	
 Head of household, 	11	Subtract line 10 from line 9. This is	-						11		06 , 598.	
\$19,400	12	Standard deduction or itemized		`	,				12	+ -	12 , 950.	
If you checked any box under	13	Qualified business income deducti							13	 .	10 050	
Standard Deduction,	14 15	Add lines 12 and 13 Subtract line 14 from line 11. If zer							14		12 , 950.	
see instructions.	15	Subtract line 14 HOIH liftle 11. If Zer	o or iess	o, enter -u THIS IS y	our t a	avanie ilicom	.		15		93,648.	

Form 1040 (2022	2)								Page 2
Tax and	16	Tax (see instructions). Check	if any from Form	(s): 1 881	4 2 4972	3 🗌		16	16,284.
Credits	17	Amount from Schedule 2, lin	ne 3					17	
	18	Add lines 16 and 17						18	16,284.
	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	. If zero or less,	enter -0				22	16,284.
	23	Other taxes, including self-e						23	0.
	24	Add lines 22 and 23. This is	your total tax					24	16,284.
Payments	25	Federal income tax withheld							,
	а	Form(s) W-2				25a 1	8,839.		
	b	Form(s) 1099				25b			
	С	Other forms (see instructions	s)			25c			
	d	Add lines 25a through 25c						25d	18,839.
	26	2022 estimated tax paymen						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	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	. These are your	total other pa	ayments and ref	undable credits		32	
	33	Add lines 25d, 26, and 32. T	hese are your to	tal payments				33	18,839.
Refund	34	If line 33 is more than line 24						34	2,555.
neiulia	35a	Amount of line 34 you want						35a	2,555.
Direct deposit?	b	Routing number 1 2 1				_	Savings		
See instructions.	d	Account number 3 2 5	1 1 3 9	9 6 0 0	0 3 "				
	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	
. 04 0 110	38	Estimated tax penalty (see in	_	-		38		31	
Third Party		you want to allow another							
Designee		,	•				Complete	below.	× No
	De	signee's		Phone		Per	sonal ident	ification	
	naı	me		no.		nun	nber (PIN)		
Sign Here		der penalties of perjury, I declare tief, they are true, correct, and com							
Here	Yo	ur signature		Date	Your occupation				nt you an Identity
								tection P e inst.)	IN, enter it here
Joint return? See instructions.		ouse's signature. If a joint return.	hoth must sign	Date		L ENGINEER	`		t your spouse an
Keep a copy for your records.	Spouse's signature. If a joint return, both must sign.			' ' lo					ection PIN, enter it here
	Ph	one no. (510) 458-100	2	Email address	SATYASAIDEE	PAK.N@GMAIL.C	OM		
D-1-1	Pre	eparer's name	Preparer's signat	ure		Date	PTIN		Check if:
Paid	SYAN	PRIYA RAM SAGAR GUPTA TALLAM	SYAM PRIYA	RAM SAGAR	GUPTA TALLAM	04/02/2023	P0208	2703	Self-employed
Preparer		m's name GLOBAL TA				, , , , , , , , , , , , ,			(678) 965-9522
Use Only			Y CT E BRU	NSWICK N	J 08816			n's EIN	84-3171965
		2 10 110011		J.: _ J.: _ IV			1		01 01/1000

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	Your social security numbe
SATYA SAI DEEPAK NAIDU	578-95-9659
Part I Additional Income	

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	ach Schedule E .	5	-10,371.
6	Farm income or (loss). Attach Schedule F		6	
7	Unemployment compensation		7	
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. List type and amount:			
		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	-10,371.

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-basis gov			
	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)			
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			
d	Reforestation amortization and expenses		-	
е	Repayment of supplemental unemployment benefits under the Trade			
	Act of 1974		-	
f	Contributions to section 501(c)(18)(D) pension plans			
g	Contributions by certain chaplains to section 403(b) plans 24g		-	
h	Attorney fees and court costs for actions involving certain unlawful			
	discrimination claims (see instructions)		-	
- 1	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			
	<u> </u>			
J				
k	Excess deductions of section 67(e) expenses from Schedule K-1 (Form 1041)			
-	Other adjustments. List type and amount:			
Z	04-			
25	Total other adjustments. Add lines 24a through 24z		25	
25 26	Add lines 11 through 23 and 25. These are your adjustments to income . Enter here		23	
20	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.)

Attach to Form 1040, 1040-SR, 1040-NR, or 1041.

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

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

Attachment Sequence No. 13

Your social security number

OMB No. 1545-0074

	YA SAI DEEPAK NAIDU						578-9	5-9659)	
Par	Income or Loss From Rental Real Estate an Note: If you are in the business of renting personal proper rental income or loss from Form 4835 on page 2, line 40.			e C. See	instru	actions. If you	are an indi	vidual, re	port farm	
Α	Did you make any payments in 2022 that would require you	to file	Form(e)	10002 S	eoo in	etructions			oc X N	
	If "Yes," did you or will you file required Form(s) 1099?								es 🗔 N	
					• •		· · ·	<u> </u>	C3 I1	
1a	Physical address of each property (street, city, state, ZIF		<u> </u>							
A	H.NO: 16-6-164, ROAD NO 11 MADHURANAGA	AR CC	OLONY :	KHAMM	AM, I	ELANGANA	IN 50	7002		
B										
C							1			
1b	Type of Property (from list below) 2 For each rental real estate properabove, report the number of fair				Fa	air Rental Days		nal Use ays	QJV	•
Α	personal use days. Check the Q			Α		365		0	ТП	
В	if you meet the requirements to f			В						
С	qualified joint venture. See instru	uctions	5.	С						
Type	of Property:			ı			1			
	Single Family Residence 3 Vacation/Short-Term Ren	ıtal	5 Land	b	7	Self-Rental				
	Multi-Family Residence 4 Commercial		6 Roy	alties	8	Other (desc	ribe)			
	·		,							
						Propert	ies:	1		
Incor				<u> </u>	07	В			С	
3	Rents received	3		/	27.					
4	Royalties received	4								
•	nses:	_								
5	Advertising	5								
6	Auto and travel (see instructions)	6		2 (F 0					
7	Cleaning and maintenance	7		2,6	58.					
8	Commissions	8								
9	Insurance	9								
10	Legal and other professional fees	10								
11	Management fees	11		1,9	52.					
12	Mortgage interest paid to banks, etc. (see instructions)	12								
13	Other interest	13								
14	Repairs	14			01.					
15	Supplies	15		1,7	54.					
16	Taxes	16		4	2.2					
17	Utilities	17		2,4	33.					
18	Depreciation expense or depletion	18								
19	Other (list)	19		11 0	0.0					
20	Total expenses. Add lines 5 through 19	20		11,0	98.					
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 Form 6198	21		- 10,3	71.					
22	Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions)	22	(10,37	1.	()	(,
23a	Total of all amounts reported on line 3 for all rental prope				23a		727.			
b	Total of all amounts reported on line 4 for all royalty prop				23b					
С	Total of all amounts reported on line 12 for all properties				23c					
d	Total of all amounts reported on line 18 for all properties				23d					
е	Total of all amounts reported on line 20 for all properties				23e	11	L,098.			
24	Income. Add positive amounts shown on line 21. Do no						. 24			
25	Losses. Add royalty losses from line 21 and rental real estat				nter t	otal losses he		(10,371	
26	Total rental real estate and royalty income or (loss).								· · · · · · · · · · · · · · · · · · ·	
_•	here. If Parts II, III, IV, and line 40 on page 2 do not Schedule 1 (Form 1040), line 5. Otherwise, include this ar	apply	to you,	also er	nter t	his amount o			-10,37	71
	in it is in it					5 Pago 2	- 20	İ	±0,01	- •

(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

SATY	YA SAI DEEPAK NAIDU	578-95-9659	9				
Preparer	's name	Preparer tax identifica	tion numb	per			
SYAN	M PRIYA RAM SAGAR GUPTA TALLAM	P02082703					
Part							
Please or the	check the appropriate box for the credit(s) and/or HOH filing status claimed on the retubenefit(s) claimed (check all that apply). \square EIC \boxtimes CTC/AC		the rela		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 CTC/ACTC/ODC worksheets found in the Form 1040, 1040-SR, 1040-NR, 1040-PR, 1040-SS, or Schedule 8812 (Form 1040) instructions, and/or the AOTC worksheet found in the Form 8863 instructions, or your own worksheet(s) that provides the same information, and all related forms and schedules for each credit claimed?						
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) and status and to figure the amount(s) of any credit(s)	's responses to	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.)	tent? (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 requirement keep a copy of your documentation referenced in question 4b, a copy of this Form 8867 applicable worksheet(s), a record of how, when, and from whom the information used to 8867 and any applicable worksheet(s) was obtained, and a copy of any document(s) put 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?		×				
7	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.)	year?	×				
а	Did you complete the required recertification Form 8862?						
8	If the taxpayer is reporting self-employment income, did you ask questions to prepare a correct Schedule C (Form 1040)?						

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		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		claim C	TC, 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 a citizen, national, or resident of the United States?	Yes	No	N/A
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?	×		
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?	×		
Part			 Part \	/
13	Did the taxpayer provide substantiation for the credit, such as a Form 1098-T and/or receipts for the qui		Yes	No
	tuition and related expenses for the claimed AOTC?			
Part	Due Diligence Questions for Claiming HOH (If the return does not claim HOH filing statu	s, go to	Part	VI.)
14	Have you determined that the taxpayer was unmarried or considered unmarried on the last day of the tax	x year	Yes	No
<u> </u>	and provided more than half of the cost of keeping up a home for the year for a qualifying person?			
Part				
	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:			
	 A. Interview the taxpayer, ask adequate questions, contemporaneously document the taxpayer's respo in 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/c	the retor HOH	turn or filing
	 B. Complete this Form 8867 truthfully and accurately and complete the actions described in this check credit(s) claimed and HOH filing status, if claimed; 	list 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 88 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.			
	3. 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 applica obtained.	ble worl	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	payer's ınt(s) of	respon the cre	ses, to edit(s).
	If you have not complied with all due diligence requirements, you may have to pay a penalty for each 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	t, and	Yes	No
	complete?		X	

REV 03/22/23 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** SATYA SAI DEEPAK NAIDU 578 95 ı 9659 vour Your Spouse's First Name and Initial (if filed joint) Last Name Spouse's Social Security No.* SSN(s). 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. 116,969 00 1 Arizona Adjusted Gross Income ☐ Foreign Account Deposit/Debit: See instructions below. 2,977 00 2 Balance Of Tax ROUTING NUMBER 6,030 **00** ☐ Checking ■ Savings 1 0 0 3 Arizona Income Tax Withheld ... ACCOUNT NUMBER Check box 4 or box 5: 3 2 5 1 1 3 9 9 6 0 0 3 3,053 00 **4** ■ **REFUND**: Enter the amount of refund...... DIRECT DEBIT REQUEST DATE DIRECT DEBIT PAYMENT AMOUNT **5** ■ **AMOUNT YOU OWE**: Enter the amount owed....... loo 00 Box 4 Checkbox - Refund: You are due a refund based on the information Foreign Account Deposit/Debit Checkbox: Check the "Foreign Account provided on your tax return. Your refund amount will be deposited in the Deposit/Debit" box if your deposit will be ultimately placed in or come account listed in the Financial Institution Information Section (Part 3). from a foreign account. If you check this box, do not enter your account numbers. If this box is checked, we will not direct deposit or debit your Box 5 Checkbox - Amount You Owe: You owe taxes based on the information provided on your tax return. You have elected to direct debit account. If you are due a refund, we will send you a check instead. If you owe tax, you must mail a check to the Arizona Department of Revenue. for payment. The payment will be withdrawn from the account and on the PO Box 29085, Phoenix, AZ 85038-9085. date listed in the Financial Institution Information Section (Part 3). PART 4 - DECLARATION AND SIGNATURE AUTHORIZATION (Sign only after completing Part 2) I consent to my Electronic Return Originator (ERO) or On-Line Service Under penalties of perjury, I declare that I have examined a copy of my Provider (OLSP) sending my electronic Arizona individual income tax electronic Arizona individual income tax return and accompanying schedules return and accompanying schedules and statements to ADOR, and I and statements for the year ending December 31, 2022, and to the best of consent to my ERO or OLSP sending such information to ADOR through a my knowledge and belief, it is true, correct, and complete. I further declare transmitter. I consent to ADOR sending my ERO, OLSP and/or transmitter that the amounts of Arizona adjusted gross income, total tax, Arizona an acknowledgement of receipt of transmission and an indication of income tax withheld, and refund (or amount owed) listed above are the whether or not the transmission of my return is accepted and, if the return amounts shown on the copy of my electronic Arizona income tax return. is rejected, the reason(s) for the rejection. If the processing of my return **6a** X I consent that my refund be directly deposited as designated in the or refund is delayed, I authorize ADOR to disclose to my ERO, OLSP and/ electronic portion of my 2022 Arizona individual income tax return. or transmitter the reason(s) for the delay, or when the refund was sent. If I have filed a joint return, this is an irrevocable appointment of If ADOR contacts my ERO for a copy of my return, any documents or the other spouse as an agent to receive the refund. schedules to my return, and/or this authorization form, I authorize my ERO **6b** \prod I do not want direct deposit of my refund or I am not receiving a to release copies of the requested documents to ADOR. refund 6c I authorize the Arizona Department of Revenue (ADOR) and its designated Financial Agent to initiate an ACH electronic funds I authorize GLOBAL TAXES LLC 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

SPOUSE'S PEN AND INK SIGNATURE

DATE

			140	F	Resident	Perso	nal Inc	ome Tax	Return	Γ,		122	
REL	82F		Check box 82F f filing under extension	OR FISCA	L YEAR BEGI	NNING I		12.0.2.2	」AND ENDING	S , ,	1 1		66F
			First Name and Middle Initial				t Name			Your	Social S	Security Nu	_
O THE	1	SA'	TYA SAI DEEPAK			NA.	IDU		Ente	579	3 1 9	5 ₁ 965	9
	_		se's First Name and Middle Initi	ial (if box 4 c	or 6 checked)		t Name		you	Snous		cial Security	
ĭ ĭ	1								SSN	(S).	1	1	
TEMS T		Curre	ent Home Address - number and	d street, rura	l route	•		Apt. No.	Day	time Phone	(with a	rea code)	
ANY	2	12	15 E VISTA DEL CERF	RO DR				2096S		(510)458			
	_	-	Town or Post Office		ate		ZIP Code		Last Names Use	ed in Last Four	Prior Ye	ear(s) (if diffe	erent)
7	[3]	TE	MPE	A	Z		85281						97
DO NOT STAPLE	FILING STATUS	4 5 6 7	Married filing joint return Head of household. Enter Married filing separate re Single ✓ Enter the number claims	r name of qua	pouse's name a	ependent o	n next line:		REVENUE USE	ONLY. DO NO	JI MARI	K IN THIS AF	KEA.
		8	Age 65 or over (you and/	or spouse)	If completing lin							0) /D	
	6	9	Blind (you and/or spouse)	39, and 41. For	lines 10a an	d 10b, also co	mplete line 49.	81 PM		80 R	CVD	
	bug	10a	Dependents: Under age of		10b Dep	pendents:	Age 17 and	l over.					
	0a	<u>11a</u>	Qualifying parents and gr						<u> </u>				
	ıts 1		(Box 10a and 10b): Depend	ent Informat	ion. See instr		For more s			complete p	age 4,		
	and 11a - Dependents 10a and 10b		(a) FIRST AND LAS (Do not list yourself			•	CURITY NO.	(c) RELATIONSHI	(d) P NO. OF MONTH LIVED IN YOUF HOME IN 2022	S ✓ Dependent	2 1	(f) if you did not this person on federal return d educational cre	your lue to
	1 _a	10c	;										
	bug	10d	I										
	တ်	10e											
	8,		(Box 11a): Qualifying parent	s and grand	parents. See	instructior	ns. For moi	e space, chec	k the box 🗌 ar	d complete	page 4,	Part 2.	
	Exemptions	11b	(a) FIRST AND LAS (Do not list yourself				b) CURITY NO.	(c) RELATIONSHI	(d) P NO. OF MONTH LIVED IN YOUF HOME IN 2022			(f) IF DIED 2022	IN
₽		11c											
Sa			Federal adjusted gross incor	me (from vo	ur federal ret	turn)				12		116 , 969	00
ents				-					rom Form 140-SBI,				00
	S	_	Modified federal adjusted gross									116,969	
ᇙ	dditions		Non-Arizona municipal interest							I .		·	00
ĕ	۸dd		Partnership Income adjustmen										00
he	•	17	Total federal depreciation							17			00
5		18	Other Additions to Income: Co	mplete Othe	er Additions to	Arizona G	Gross Incom	e schedule or	n page 5	18			00
schedules or other docum		19	Subtotal: Add lines 14 through 1	8 and enter th	e total					19		116 , 969	00
<u>ĕ</u>		20	Total net capital gain or (loss).	See instruction	ons			2	20	00			
ᅙ		21	Total net short-term capital gair	n or (loss). S	See instructions			2	21	00			
ĕ		22	Total net long-term capital gain	or (loss). Se	e instructions			2	22	00			
S		l .	Net long-term capital gain from							0 00			
Z		24	Multiply line 23 by 25% (.25) ar	nd enter the	result							0	00
Ē	"		box may be blank or may contain a	printed barcoo	ae of data from y	your return. Mannita ■	-0 11010		lified small busine				00
=	ions				/ 646 , CATONITO (15 / 446 , 15 / 14 4 4 7 17 18 18 18 18 18 18 18 18 18 18 18 18 18 1		11		depreciation				00
eï	ract			机定用多数 化		9.40.44 H	11	•	djustment				00
eg	Subtractions						11		ations				00
<u></u>	S			TELETER			H		tate or local govt. pe				00
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ᇙ					33)) <u>83(</u> [4]/104/1		11	-	or Railroad Retiren				00
<u>></u>					5 <u>41:0%(%%%%</u> %)		11		erican Indians				00
an				gyankana an		妈燃制	11	_	an active service m				00
පු				• 11767 IEEE 6		· rrrane			justment				100
Place any required federal and AZ								ibutions: 34 a 529	 	00 and 34h 34C			00

	Your	Name (as shown on page 1)	Your Social Security	Number		
	SAT	TYA SAI DEEPAK NAIDU	578-95-96	59		
Ì	35	Subtract lines 24 through 34c from line 19		35	116,969	n
	36	Other Subtractions from Income. Complete Other Subtraction from Arizona Gross Income schere				0
	37	Subtract line 36 from line 35. Enter the difference	. •		116,969	
Exemptions	38	Age 65 or over: Multiply the number in box 8 by \$2,100			110/303	0
pt.						0
xen	39	Blind: Multiply the number in box 9 by \$1,500				0
ш	40	Other Exemptions. See instructions40E Multiply the number in box 40E by \$2,300				
	41	Qualifying parents and grandparents: Multiply the number in box 11a by \$10,000			116,969	0
	42	Arizona adjusted gross income: Subtract lines 38 through 41 from line 37. If less than zero, enter "0".				$\overline{}$
	43	Deductions: Check box and enter amount. See instructions			12,950	
	44	If you checked box 43 S and claim charitable contributions, check 44 C Complete page 3. See in			104 010	0
Ĭ	45	Arizona taxable income: Subtract lines 43 and 44 from line 42. If less than zero, enter "0"			104,019	$\overline{}$
Balance of Tax	46	Compute the tax using amount on line 45 and Tax Tables X and Y or Optional Tax Tables			2 , 977	
nce	47	Tax from recapture of credits from Arizona Form 301, Part 2, line 32		47		0
3ala	48	Subtotal of tax: Add lines 46 and 47. Enter the total			2,977	$\overline{}$
ш	49	Dependent Tax Credit. See instructions		49		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	2,977	0
Payments and Indable Credits	53	2022 AZ income tax withheld		53	6,030	0
Cred	54	2022 AZ estimated tax payments54a 00 Claim of Right 54b	00 Add 54a and 5	54b. 54c		0
ble (55	2022 AZ extension payment (Form 204)				0
Pay nda	56	Increased Excise Tax Credit (from the worksheet - see instructions)		56		0
Total Paymer Refundable (57	Property Tax Credit from Arizona Form 140PTC		57		0
	58	Other refundable credits: Check the box(es) and enter the total amount		49 58		0
Tax Due or Overpayment	59	Total payments and refundable credits: Add lines 53 through 58. Enter the total			6,030	$\overline{}$
	60	TAX DUE: If line 52 is larger than line 59, subtract line 59 from line 52. Enter amount of tax due. Skip lines			.,	0
	61	OVERPAYMENT: If line 59 is larger than line 52, subtract line 52 from line 59. Enter amount of overpayments			3,053	
& <u>a</u>	62	Amount of line 61 to be applied to 2023 estimated tax				0
					3,053	1
Voluntary Gifts	63	Solutions Teams		00	3,000	U
5	64			00		
ınta		Child Abuse Prevention				
ğ		Neighbors Helping Neighbors 69 00 Special Olympics		00		
				00		
enalty		Political Party (if amount is entered on line 68 - check only one): 751 Democratic 752 Libertarian	753 Republicar			_
Pen		Estimated payment penalty		76		0
_	77	771 Annualized/Other 772 Farmer or Fisherman 773 Form 221 included				
-	78	Add lines 64 through 74 and 76; enter the total				0
Refund or Amount Owed	79	REFUND: Subtract line 78 from line 63. If less than zero, enter amount owed on line 80		<u></u> . 79	3,053	0
탈		Direct Deposit of Refund: Check box 79A if your deposit will be ultimately placed in a foreign account; se	e instructions. 79A			
2 Ref		98 S Savings				
₹	00	AMOUNT OWED: Add lines 60 and 78. Make check payable to Arizona Department of Revenue; write y		nt.		
	80	and include with your return	, ,	· .		0
		•				
		Under penalties of perjury, I declare that I have read this return and any documents with it, and to	the best of my k	nowledge a	and belief, they are	.
		true, correct and complete. Declaration of preparer (other than taxpayer) is based on all informati	on of which prepa	arer has an	y knowledge.	
믮	→					
一胎	Ι		LECTRICAL	ENGINE	ER	
里		YOUR SIGNATURE DATE O	CCUPATION			
ᅜ	→					
SIGN		CDOLLCE'C CLONATURE	OUEE'S OOG IDATIO	NI.		-
(U			POUSE'S OCCUPATIO	IN		
PLEASE		SYAM PRIYA RAM SAGAR GUPTA TALLAM 04022023 GLOBAL TAXES L				-
M		PAID PREPARER'S SIGNATURE DATE FIRM'S NAME (PREPARER'S I	,	- 40		
۲	١.,	245 ROONEY CT		71965		_
4		PAID PREPARER'S STREET ADDRESS		PARER'S TIN		
		E BRUNSWICK NJ 08816		965-952		-
		PAID PREPARER'S CITY STATE ZIP CODE	PAID PREF	ARER'S PHON	NE NUMBER	

If you are also sending a payment, mail to Arizona Department of Revenue, PO Box 52016, Phoenix, AZ 85072-2016 (PO Box 29204, Phoenix, AZ 85038-9204 if your return has a barcode). If you are not sending a payment, mail to Arizona Department of Revenue, PO Box 52138, Phoenix, AZ 85072-2138 (PO Box 29205, Phoenix, AZ 85038-9205 if your return has a barcode).