

IRS e-file Signature Authorization

▶ ERO must obtain and retain completed Form 8879.
▶ Go to www.irs.gov/Form8879 for the latest information.

Submission Identification Number (SID) ▶

| | |
|--|---------------------------------------|
| Taxpayer's name HEMANTH SINGH BONDILI | Social security number 862-69-5300 |
| Spouse's name | Spouse's social security number |

Part I Tax Return Information – Tax Year Ending December 31, 2022 (Enter year you are 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 | 88,039. |
| 2 | Total tax | 10,145. |
| 3 | Federal income tax withheld from Form(s) W-2 and Form(s) 1099 | 15,011. |
| 4 | Amount you want refunded to you | 4,866. |
| 5 | Amount you owe | |

Part II Taxpayer Declaration and Signature Authorization (Be sure you get and keep a copy of your return)

Under penalties of perjury, I declare that I have examined a copy of the income tax return (original or amended) I am now authorizing, and to the best of my knowledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I above are the amounts from the income tax return (original or amended) I am now authorizing. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution to debit the entry to this account. This authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate the authorization. To revoke (cancel) a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation requests must be received no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I further acknowledge that the personal identification number (PIN) below is my signature for the income tax return (original or amended) I am now authorizing and, if applicable, my Electronic Funds Withdrawal Consent.

Taxpayer's PIN: check one box only

I authorize GLOBAL TAXES LLC to enter or generate my PIN

| | | | | |
|---|---|---|---|---|
| 9 | 5 | 3 | 0 | 0 |
|---|---|---|---|---|

 as my signature on the income tax return (original or amended) I am now authorizing.

I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box **only** if you are entering your own PIN **and** your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Your signature ▶ B. Hemantth Singh Date ▶ 03-31-2023

Spouse's PIN: check one box only

I authorize _____ to enter or generate my PIN

| | | | | |
|--|--|--|--|--|
| | | | | |
|--|--|--|--|--|

 as my signature on the income tax return (original or amended) I am now authorizing.

I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box **only** if you are entering your own PIN **and** your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Spouse's signature ▶ _____ Date ▶ _____

Practitioner PIN Method Returns Only—continue below

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.

| | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| 5 | 1 | 8 | 9 | 5 | 2 | 3 | 1 | 9 | 8 | 9 |
|---|---|---|---|---|---|---|---|---|---|---|

 Don't enter all zeros

I certify that the above numeric entry is my PIN, which is my signature for the electronic individual income tax return (original or amended) I am now authorized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and **Pub. 1345**, Handbook for Authorized IRS e-file Providers of Individual Income Tax Returns.

ERO's signature ▶ _____ Date ▶ _____

**ERO Must Retain This Form – See Instructions
Don't Submit This Form to the IRS Unless Requested To Do So**

Filing Status [X] Single [] Married filing jointly [] Married filing separately (MFS) [] Head of household (HOH) [] Qualifying surviving spouse (QSS)
Check only one box. If you checked the MFS box, enter the name of your spouse. If you checked the HOH or QSS box, enter the child's name if the qualifying person is a child but not your dependent:

Personal information section including name (HEMANTH SINGH BONDILI), social security number (862-69-5300), and home address (5535 W WESTERN STAR BLVD, LAVEEN, AZ 85339).

Digital Assets At any time during 2022, did you: (a) receive (as a reward, award, or payment for property or services); or (b) sell, exchange, gift, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? [] Yes [X] No

Standard Deduction Someone can claim: [] You as a dependent [] Your spouse as a dependent [] Spouse itemizes on a separate return or you were a dual-status alien

Age/Blindness You: [] Were born before January 2, 1958 [] Are blind Spouse: [] Was born before January 2, 1958 [] Is blind

Table for Dependents with columns for (1) First name, Last name, (2) Social security number, (3) Relationship to you, and (4) Child tax credit/Credit for other dependents.

Main income table with rows 1a through 15, including sub-rows a-i for line 1, and 2a-6b for interest and dividends. Total income is 88,039 and taxable income is 66,113.

Table with columns for line numbers (16-24), descriptions (Tax and Credits), and amounts. Total tax is 10,145.

Table for Payments (lines 25-33). Includes federal income tax withheld (15,011) and total payments (15,011).

Table for Refund (lines 34-36). Shows overpaid amount of 4,866 and amount applied to 2023 estimated tax.

Table for Amount You Owe (lines 37-38). Shows amount you owe and estimated tax penalty.

Third Party Designee section with checkboxes for Yes/No and fields for name, phone, and PIN.

Sign Here section with signature lines for taxpayer (B. Hemant Singh) and spouse, including date and occupation fields.

Paid Preparer Use Only section with fields for preparer name, signature, date, PTIN, firm name, address, and phone number.

**SCHEDULE 1
(Form 1040)**

Department of the Treasury
Internal Revenue Service

Additional Income and Adjustments to Income

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

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

OMB No. 1545-0074

2022
Attachment
Sequence No. **01**

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

Your social security number
862-69-5300

Part I 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. Attach Schedule E | | 5 | -9,300. |
| 6 | Farm income or (loss). Attach Schedule F | | 6 | |
| 7 | Unemployment compensation | | 7 | |
| 8 | Other income: | | | |
| a | Net operating loss | 8a () | | |
| b | Gambling | 8b | | |
| c | Cancellation of debt | 8c | | |
| d | Foreign earned income exclusion from Form 2555 | 8d () | | |
| e | 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 | | |
| l | 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 | 8l | | |
| m | Olympic and Paralympic medals and USOC prize money (see instructions) | 8m | | |
| n | Section 951(a) inclusion (see instructions) | 8n | | |
| o | Section 951A(a) inclusion (see instructions) | 8o | | |
| p | Section 461(l) excess business loss adjustment | 8p | | |
| q | Taxable distributions from an ABL 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 nonqualified 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 | -9,300. |

For Paperwork Reduction Act Notice, see your tax return instructions.

Schedule 1 (Form 1040) 2022

Part II Adjustments to Income

| | | | | |
|------------|--|------------|------------|--|
| 11 | Educator expenses | | 11 | |
| 12 | Certain business expenses of reservists, performing artists, and fee-basis government 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 | | | |
| c | 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) | 24a | | |
| b | Deductible expenses related to income reported on line 8l from the rental of personal property engaged in for profit | 24b | | |
| c | Nontaxable amount of the value of Olympic and Paralympic medals and USOC prize money reported on line 8m | 24c | | |
| d | Reforestation amortization and expenses | 24d | | |
| e | Repayment of supplemental unemployment benefits under the Trade Act of 1974 | 24e | | |
| f | Contributions to section 501(c)(18)(D) pension plans | 24f | | |
| 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) | 24h | | |
| 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 | 24i | | |
| j | Housing deduction from Form 2555 | 24j | | |
| k | Excess deductions of section 67(e) expenses from Schedule K-1 (Form 1041) | 24k | | |
| 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 and on Form 1040 or 1040-SR, line 10, or Form 1040-NR, line 10a | | 26 | |

**SCHEDULE A
(Form 1040)**

Department of the Treasury
Internal Revenue Service

Itemized Deductions

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

Attach to Form 1040 or 1040-SR.

OMB No. 1545-0074

2022

Attachment
Sequence No. **07**

Caution: If you are claiming a net qualified disaster loss on Form 4684, see the instructions for line 16.

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

HEMANTH SINGH BONDILI

Your social security number

862-69-5300

| Medical and Dental Expenses | Caution: Do not include expenses reimbursed or paid by others. | | | | | |
|---|--|----|---------|----|---------|---------|
| | 1 Medical and dental expenses (see instructions) | 1 | | | | |
| | 2 Enter amount from Form 1040 or 1040-SR, line 11 | 2 | | | | |
| | 3 Multiply line 2 by 7.5% (0.075) | 3 | | | | |
| 4 Subtract line 3 from line 1. If line 3 is more than line 1, enter -0- | | | | 4 | | |
| Taxes You Paid | 5 State and local taxes. | | | | | |
| | a State and local income taxes or general sales taxes. You may include either income taxes or general sales taxes on line 5a, but not both. If you elect to include general sales taxes instead of income taxes, check this box <input type="checkbox"/> | 5a | 4,066. | | | |
| | b State and local real estate taxes (see instructions) | 5b | 3,427. | | | |
| | c State and local personal property taxes | 5c | | | | |
| | d Add lines 5a through 5c | 5d | 7,493. | | | |
| | e Enter the smaller of line 5d or \$10,000 (\$5,000 if married filing separately) | 5e | 7,493. | | | |
| | 6 Other taxes. List type and amount: Foreign taxes from interest & dividends | 6 | 11. | | | |
| 7 Add lines 5e and 6 | | | | 7 | 7,504. | |
| Interest You Paid | 8 Home mortgage interest and points. If you didn't use all of your home mortgage loan(s) to buy, build, or improve your home, see instructions and check this box <input type="checkbox"/> | | | | | |
| | a Home mortgage interest and points reported to you on Form 1098. See instructions if limited | 8a | 14,203. | | | |
| | b Home mortgage interest not reported to you on Form 1098. See instructions if limited. If paid to the person from whom you bought the home, see instructions and show that person's name, identifying no., and address | 8b | | | | |
| | c Points not reported to you on Form 1098. See instructions for special rules | 8c | | | | |
| | d Reserved for future use | 8d | | | | |
| | e Add lines 8a through 8c | 8e | 14,203. | | | |
| 9 Investment interest. Attach Form 4952 if required. See instructions | 9 | | | | | |
| 10 Add lines 8e and 9 | | | | 10 | 14,203. | |
| Gifts to Charity | 11 Gifts by cash or check. If you made any gift of \$250 or more, see instructions | 11 | 217. | | | |
| | 12 Other than by cash or check. If you made any gift of \$250 or more, see instructions. You must attach Form 8283 if over \$500. | 12 | | | | |
| | 13 Carryover from prior year | 13 | | | | |
| | 14 Add lines 11 through 13 | | | | 14 | 217. |
| Casualty and Theft Losses | 15 Casualty and theft loss(es) from a federally declared disaster (other than net qualified disaster losses). Attach Form 4684 and enter the amount from line 18 of that form. See instructions | | | | 15 | |
| Other Itemized Deductions | 16 Other—from list in instructions. List type and amount: | | | | 16 | |
| Total Itemized Deductions | 17 Add the amounts in the far right column for lines 4 through 16. Also, enter this amount on Form 1040 or 1040-SR, line 12 | | | | 17 | 21,924. |
| | 18 If you elect to itemize deductions even though they are less than your standard deduction, check this box <input type="checkbox"/> | | | | | |

**SCHEDULE E
(Form 1040)**

Supplemental Income and Loss

OMB No. 1545-0074

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

2022
Attachment
Sequence No. **13**

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.

Name(s) shown on return

HEMANTH SINGH BONDILI

Your social security number

862-69-5300

Part I Income or Loss From Rental Real Estate and Royalties

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.

- A** Did you make any payments in 2022 that would require you to file Form(s) 1099? See instructions Yes No
B 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)

A RAMALINGESWARA PET VIJAYAWADA ANDHRA PRADESH IN 520003

B
C

| 1b Type of Property (from list below) | 2 For each rental real estate property listed above, report the number of fair rental and personal use days. Check the QJV box only if you meet the requirements to file as a qualified joint venture. See instructions. | Fair Rental Days | | Personal Use Days | QJV |
|---------------------------------------|--|------------------|---|-------------------|--------------------------|
| | | A | B | C | |
| A 3 | | 365 | | 0 | <input type="checkbox"/> |
| B | | | | | <input type="checkbox"/> |
| C | | | | | <input type="checkbox"/> |

Type of Property:

- 1 Single Family Residence 3 Vacation/Short-Term Rental 5 Land 7 Self-Rental
 2 Multi-Family Residence 4 Commercial 6 Royalties 8 Other (describe) _____

| Income: | Properties: | | |
|---|----------------------|---|---|
| | A | B | C |
| 3 Rents received | 3 650. | | |
| 4 Royalties received | 4 | | |
| Expenses: | | | |
| 5 Advertising | 5 | | |
| 6 Auto and travel (see instructions) | 6 | | |
| 7 Cleaning and maintenance | 7 950. | | |
| 8 Commissions | 8 | | |
| 9 Insurance | 9 | | |
| 10 Legal and other professional fees | 10 | | |
| 11 Management fees | 11 1,550. | | |
| 12 Mortgage interest paid to banks, etc. (see instructions) | 12 | | |
| 13 Other interest | 13 | | |
| 14 Repairs | 14 2,950. | | |
| 15 Supplies | 15 2,550. | | |
| 16 Taxes | 16 | | |
| 17 Utilities | 17 1,950. | | |
| 18 Depreciation expense or depletion | 18 | | |
| 19 Other (list) _____ | 19 | | |
| 20 Total expenses. Add lines 5 through 19 | 20 9,950. | | |
| 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 -9,300. | | |
| 22 Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions) | 22 (9,300.) | | |
| 23a Total of all amounts reported on line 3 for all rental properties | 23a 650. | | |
| b Total of all amounts reported on line 4 for all royalty properties | 23b | | |
| c 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 | | |
| e Total of all amounts reported on line 20 for all properties | 23e 9,950. | | |
| 24 Income. Add positive amounts shown on line 21. Do not include any losses | 24 | | |
| 25 Losses. Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here | 25 (9,300.) | | |
| 26 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 Schedule 1 (Form 1040), line 5. Otherwise, include this amount in the total on line 41 on page 2 | 26 -9,300. | | |

For Paperwork Reduction Act Notice, see the separate instructions.

Schedule E (Form 1040) 2022

Health Savings Accounts (HSAs)

Department of the Treasury
Internal Revenue Service

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

2022
Attachment
Sequence No. **52**

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

Social security number of HSA beneficiary.
If both spouses have HSAs, see instructions.
862-69-5300

HEMANTH SINGH BONDILI

Before you begin: Complete Form 8853, Archer MSAs and Long-Term Care Insurance Contracts, if required.

Part I HSA Contributions and Deduction. See the instructions before completing this part. If you are filing jointly and both you and your spouse each have separate HSAs, complete a separate Part I for each spouse.

| | | |
|-----------|--|---|
| 1 | Check the box to indicate your coverage under a high-deductible health plan (HDHP) during 2022. See instructions | <input checked="" type="checkbox"/> Self-only <input type="checkbox"/> 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 3,650. |
| 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 3,650. |
| 6 | Enter the amount from line 5. But if you and your spouse each have separate HSAs and had family coverage under an HDHP at any time during 2022, see the instructions for the amount to enter | 6 3,650. |
| 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 0. |
| 8 | Add lines 6 and 7 | 8 3,650. |
| 9 | Employer contributions made to your HSAs for 2022 | 9 675. |
| 10 | Qualified HSA funding distributions | 10 |
| 11 | Add lines 9 and 10 | 11 675. |
| 12 | Subtract line 11 from line 8. If zero or less, enter -0- | 12 2,975. |
| 13 | HSA deduction. Enter the smaller of line 2 or line 12 here and on Schedule 1 (Form 1040), Part II, line 13 Caution: If line 2 is more than line 13, you may have to pay an additional tax. See instructions. | 13 0. |

Part II HSA Distributions. If you are filing jointly and both you and your spouse each have separate HSAs, complete a separate Part II for each spouse.

| | | |
|------------|--|---------|
| 14a | Total distributions you received in 2022 from all HSAs (see instructions) | 14a 70. |
| 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 70. |
| 15 | Qualified medical expenses paid using HSA distributions (see instructions) | 15 70. |
| 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 0. |
| 17a | If any of the distributions included on line 16 meet any of the Exceptions to the Additional 20% Tax (see instructions), check here <input type="checkbox"/> | |
| 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 III Income and Additional Tax for Failure To Maintain HDHP Coverage. See the instructions before completing this part. If you are filing jointly and both you and your spouse each have separate HSAs, 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 |

Qualified Business Income Deduction Simplified Computation

Department of the Treasury
Internal Revenue Service

Attach to your tax return.

Attachment
Sequence No. **55**

Go to www.irs.gov/Form8995 for instructions and the latest information.

Name(s) shown on return

HEMANTH SINGH BONDILI

Your taxpayer identification number

862-69-5300

Note. You can claim the qualified business income deduction **only** if you have qualified business income from a qualified trade or business, real estate investment trust dividends, publicly traded partnership income, or a domestic production activities deduction passed through from an agricultural or horticultural cooperative. See instructions.
Use this form if your taxable income, before your qualified business income deduction, is at or below \$170,050 (\$340,100 if married filing jointly), and you aren't a patron of an agricultural or horticultural cooperative.

| 1 | (a) Trade, business, or aggregation name | (b) Taxpayer identification number | (c) Qualified business income or (loss) |
|-----|---|------------------------------------|---|
| i | | | |
| ii | | | |
| iii | | | |
| iv | | | |
| v | | | |
| 2 | Total qualified business income or (loss). Combine lines 1i through 1v, column (c) | 2 | |
| 3 | Qualified business net (loss) carryforward from the prior year | 3 () | |
| 4 | Total qualified business income. Combine lines 2 and 3. If zero or less, enter -0- | 4 | |
| 5 | Qualified business income component. Multiply line 4 by 20% (0.20) | | 5 |
| 6 | Qualified REIT dividends and publicly traded partnership (PTP) income or (loss) (see instructions) | 6 12. | |
| 7 | Qualified REIT dividends and qualified PTP (loss) carryforward from the prior year | 7 () | |
| 8 | Total qualified REIT dividends and PTP income. Combine lines 6 and 7. If zero or less, enter -0- | 8 12. | |
| 9 | REIT and PTP component. Multiply line 8 by 20% (0.20) | | 9 2. |
| 10 | Qualified business income deduction before the income limitation. Add lines 5 and 9 | | 10 2. |
| 11 | Taxable income before qualified business income deduction (see instructions) | 11 66,115. | |
| 12 | Net capital gain (see instructions) | 12 235. | |
| 13 | Subtract line 12 from line 11. If zero or less, enter -0- | 13 65,880. | |
| 14 | Income limitation. Multiply line 13 by 20% (0.20) | | 14 13,176. |
| 15 | Qualified business income deduction. Enter the smaller of line 10 or line 14. Also enter this amount on the applicable line of your return (see instructions) | | 15 2. |
| 16 | Total qualified business (loss) carryforward. Combine lines 2 and 3. If greater than zero, enter -0- | | 16 (0.) |
| 17 | Total qualified REIT dividends and PTP (loss) carryforward. Combine lines 6 and 7. If greater than zero, enter -0- | | 17 (0.) |

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 HEMANTH SINGH | Last Name BONDILI | Enter your SSN(s). | Your Social Security Number* 862 69 5300 |
| Your Spouse's First Name and Initial (if filed joint) | Last Name | | Spouse's Social Security No.* |

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

| | | |
|--|--------|----|
| 1 Arizona Adjusted Gross Income | 88,039 | 00 |
| 2 Balance Of Tax | 1,847 | 00 |
| 3 Arizona Income Tax Withheld ... | 4,066 | 00 |
| Check box 4 or box 5: | | |
| <input checked="" type="checkbox"/> REFUND: Enter the amount of refund..... | 2,219 | 00 |
| <input type="checkbox"/> AMOUNT YOU OWE: Enter the amount owed | | 00 |

PART 3 – FINANCIAL INSTITUTION INFORMATION

Must be present when requesting direct debit or deposit.

Foreign Account Deposit/Debit: See instructions below.

TYPE OF ACCOUNT ROUTING NUMBER

Checking Savings 1 2 2 1 0 0 0 2 4

ACCOUNT NUMBER

9 3 5 8 3 0 3 2 8

DIRECT DEBIT REQUEST DATE DIRECT DEBIT PAYMENT AMOUNT

\$.00

Box 4 Checkbox – Refund: You are due a refund based on the information provided on your tax return. Your refund amount will be deposited in the account listed in the Financial Institution Information Section (Part 3).

Box 5 Checkbox – Amount You Owe: You owe taxes based on the information provided on your tax return. You have elected to direct debit for payment. The payment will be withdrawn from the account and on the date listed in the Financial Institution Information Section (Part 3).

Foreign Account Deposit/Debit Checkbox: Check the "Foreign Account Deposit/Debit" box if your deposit will be ultimately placed in or come 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 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, PO Box 29085, Phoenix, AZ 85038-9085.**

PART 4 – DECLARATION AND SIGNATURE AUTHORIZATION (Sign only after completing Part 2)

Under penalties of perjury, I declare that I have examined a copy of my electronic Arizona individual income tax return and accompanying schedules and statements for the year ending December 31, 2022, and to the best of my knowledge and belief, it is true, correct, and complete. I further declare that the amounts of Arizona adjusted gross income, total tax, Arizona income tax withheld, and refund (or amount owed) listed above are the amounts shown on the copy of my electronic Arizona income tax return.

- 6a I consent that my refund be directly deposited as designated in the electronic portion of my 2022 Arizona individual income tax return. If I have filed a joint return, this is an irrevocable appointment of the other spouse as an agent to receive the refund.
- 6b I do not want direct deposit of my refund or I am not receiving a refund.
- 6c I authorize the Arizona Department of Revenue (ADOR) and its designated Financial Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of my Arizona taxes owed on this return. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment.

If I have filed a balance due return, I understand that if the ADOR does not receive full and timely payment of my tax liability by April 18, 2023, I will remain liable for the tax liability and all applicable interest and penalties. When electronically filing my federal and state tax returns, I understand that if there is an error on my federal return, my state return will also be rejected.

I consent to my Electronic Return Originator (ERO) or On-Line Service Provider (OLSP) sending my electronic Arizona individual income tax return and accompanying schedules and statements to ADOR, and I consent to my ERO or OLSP sending such information to ADOR through a transmitter. I consent to ADOR sending my ERO, OLSP and/or transmitter an acknowledgement of receipt of transmission and an indication of whether or not the transmission of my return is accepted and, if the return is rejected, the reason(s) for the rejection. If the processing of my return or refund is delayed, I authorize ADOR to disclose to my ERO, OLSP and/or transmitter the reason(s) for the delay, or when the refund was sent. If ADOR contacts my ERO for a copy of my return, any documents or schedules to my return, and/or this authorization form, I authorize my ERO to release copies of the requested documents to ADOR.

I authorize GLOBAL TAXES LLC
(ELECTRONIC RETURN ORIGINATOR)

to make the election that I want my electronic signature to my electronic federal individual income tax return to serve as my signature to my electronic Arizona individual income tax return for the year ending December 31, 2022. I understand that when my ERO makes the election that my electronic signature to my federal individual income tax return will serve as my signature to my Arizona individual income tax return, I will have signed my Arizona individual income tax return and declared under penalties of perjury that to the best of my knowledge and belief the return is true, correct and complete.

| | | |
|--------------------------------|----------------------------|-------------------|
| PLEASE SIGN HERE | → <u>B. Hemant Singh</u> | <u>03-31-2023</u> |
| | YOUR PEN AND INK SIGNATURE | DATE |
| → _____ | _____ | _____ |
| SPOUSE'S PEN AND INK SIGNATURE | DATE | |

DO NOT STAPLE ANY ITEMS TO THE RETURN.

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

Your First Name and Middle Initial: HEMANTH SINGH; Last Name: BONDILI; Your Social Security Number: 862 69 5300

Spouse's First Name and Middle Initial (if box 4 or 6 checked); Last Name; Spouse's Social Security No.

Current Home Address - number and street, rural route: 5535 W WESTERN STAR BLVD; Apt. No.; Daytime Phone (with area code): (575) 313-1517

City, Town or Post Office: LAVEEN; State: AZ; ZIP Code: 85339; Last Names Used in Last Four Prior Year(s) (if different): 97

FILING STATUS: 4 Married filing joint return; 5 Head of household; 6 Married filing separate return; 7 Single (checked)

8 Age 65 or over (you and/or spouse); 9 Blind (you and/or spouse); 10a Dependents: Under age of 17; 10b Dependents: Age 17 and over; 11a Qualifying parents and grandparents

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, (f) if you did not claim this person on your federal return due to educational credits

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

Table with 3 columns: Line number, Description, Amount. Includes lines 12-24 for federal adjusted gross income, net capital gain, and other adjustments.

Table with 3 columns: Line number, Description, Amount. Includes lines 25-34 for various deductions and exclusions.

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) **HEMANTH SINGH BONDILI** Your Social Security Number **862-69-5300**

| | | | | | |
|---------------------------------------|---|---|-----|--------|----|
| Exemptions | 35 | Subtract lines 24 through 34c from line 19..... | 35 | 88,039 | 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 | 88,039 | 00 |
| | 3 | 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 | 88,039 | 00 |
| | 43 | Deductions: Check box and enter amount. See instructions..... 43I <input checked="" type="checkbox"/> ITEMIZED ... 43S <input type="checkbox"/> STANDARD | 43 | 21,924 | 00 |
| | 4 | 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 | 66,115 | 00 |
| | 4 | Compute the tax using amount on line 45 and Tax Tables X and Y or Optional Tax Tables..... | 46 | 1,847 | 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 | 1,847 | 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 |
| | 5 | 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 | 1,847 | 00 |
| | 53 | 2022 AZ income tax withheld..... | 53 | 4,066 | 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 | 54c | | 00 |
| | 55 | 2022 AZ extension payment (Form 204) | 55 | | 00 |
| | 56 | Increased Excise Tax Credit (from the worksheet - see instructions) | 56 | | 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"/> 308-1 582 <input type="checkbox"/> 349 | 58 | | 00 |
| | 5 | Total payments and refundable credits: Add lines 53 through 58. Enter the total..... | 59 | 4,066 | 00 |
| Tax Due or Overpayment | 6 | 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 | 2,219 | 00 |
| | 62 | Amount of line 61 to be applied to 2023 estimated tax..... | 62 | 0 | 00 |
| Voluntary Gifts | 63 | Balance of overpayment: Subtract line 62 from line 61. Enter the difference | 63 | 2,219 | 00 |
| | 64 - 74 | Voluntary Gifts to: | | | |
| | | Solutions Teams Assigned to Schools..... 64 <input type="text" value="00"/> | 64 | 00 | 00 |
| | | Arizona Wildlife..... 65 <input type="text" value="00"/> | 65 | 00 | 00 |
| | | Child Abuse Prevention..... 66 <input type="text" value="00"/> | 66 | 00 | 00 |
| | | Domestic Violence Services..... 67 <input type="text" value="00"/> | 67 | 00 | 00 |
| | | Neighbors Helping Neighbors..... 69 <input type="text" value="00"/> | 69 | 00 | 00 |
| | | Special Olympics..... 70 <input type="text" value="00"/> | 70 | 00 | 00 |
| | | Veterans' Donations Fund..... 71 <input type="text" value="00"/> | 71 | 00 | 00 |
| | | I Didn't Pay Enough Fund..... 72 <input type="text" value="00"/> | 72 | 00 | 00 |
| | Sustainable State Parks and Road Fund..... 73 <input type="text" value="00"/> | 73 | 00 | 00 | |
| | Spay/Neuter of Animals.. 74 <input type="text" value="00"/> | 74 | 00 | 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 | 2,219 | 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 <input type="checkbox"/> Checking or <input type="checkbox"/> S Savings | | | | |
| | ROUTING NUMBER: 1 2 2 1 0 0 0 2 4 | | | | |
| | ACCOUNT NUMBER: 9 3 5 8 3 0 3 2 8 | | | | |
| 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 → B. Hemant Singh YOUR SIGNATURE 03-31-2023 DATE ENGINEER II - POWER OCCUPATION

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

SYAM PRIYA RAM SAGAR GUPTA TALLAM PAID PREPARER'S SIGNATURE 03312023 DATE GLOBAL TAXES LLC FIRM'S NAME (PREPARER'S IF SELF-EMPLOYED)

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

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

**SCHEDULE A
(Form 1040)**

Department of the Treasury
Internal Revenue Service

Itemized Deductions

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

Attach to Form 1040 or 1040-SR.

OMB No. 1545-0074

2022

Attachment
Sequence No. **07**

Caution: If you are claiming a net qualified disaster loss on Form 4684, see the instructions for line 16.

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

HEMANTH SINGH BONDILI

Your social security number

862-69-5300

Medical and Dental Expenses

Caution: Do not include expenses reimbursed or paid by others.

| | | | |
|----------|---|----------|----------|
| 1 | Medical and dental expenses (see instructions) | | 1 |
| 2 | Enter amount from Form 1040 or 1040-SR, line 11 | 2 | |
| 3 | Multiply line 2 by 7.5% (0.075) | | 3 |
| 4 | Subtract line 3 from line 1. If line 3 is more than line 1, enter -0- | | 4 |

Taxes You Paid

| | | | |
|----------|--|-----------|-------|
| 5 | State and local taxes. | | |
| a | State and local income taxes or general sales taxes. You may include either income taxes or general sales taxes on line 5a, but not both. If you elect to include general sales taxes instead of income taxes, check this box <input type="checkbox"/> | 5a | 4,066 |
| b | State and local real estate taxes (see instructions) | 5b | 3,427 |
| c | State and local personal property taxes | 5c | |
| d | Add lines 5a through 5c | 5d | 7,493 |
| e | Enter the smaller of line 5d or \$10,000 (\$5,000 if married filing separately) | 5e | 7,493 |
| 6 | Other taxes. List type and amount: _____ | 6 | 11 |
| 7 | Add lines 5e and 6 | 7 | 7,504 |

Interest You Paid

Caution: Your mortgage interest deduction may be limited. See instructions.

| | | | |
|-----------|---|-----------|--------|
| 8 | Home mortgage interest and points. If you didn't use all of your home mortgage loan(s) to buy, build, or improve your home, see instructions and check this box <input type="checkbox"/> | | |
| a | Home mortgage interest and points reported to you on Form 1098. See instructions if limited | 8a | 14,203 |
| b | Home mortgage interest not reported to you on Form 1098. See instructions if limited. If paid to the person from whom you bought the home, see instructions and show that person's name, identifying no., and address _____ | 8b | |
| c | Points not reported to you on Form 1098. See instructions for special rules | 8c | |
| d | Reserved for future use | 8d | |
| e | Add lines 8a through 8c | 8e | 14,203 |
| 9 | Investment interest. Attach Form 4952 if required. See instructions. | 9 | |
| 10 | Add lines 8e and 9 | 10 | 14,203 |

Gifts to Charity

Caution: If you made a gift and got a benefit for it, see instructions.

| | | | |
|-----------|---|-----------|-----|
| 11 | Gifts by cash or check. If you made any gift of \$250 or more, see instructions | 11 | 217 |
| 12 | Other than by cash or check. If you made any gift of \$250 or more, see instructions. You must attach Form 8283 if over \$500. | 12 | |
| 13 | Carryover from prior year | 13 | |
| 14 | Add lines 11 through 13 | 14 | 217 |

Casualty and Theft Losses

| | | | |
|-----------|--|-----------|--|
| 15 | Casualty and theft loss(es) from a federally declared disaster (other than net qualified disaster losses). Attach Form 4684 and enter the amount from line 18 of that form. See instructions | 15 | |
|-----------|--|-----------|--|

Other Itemized Deductions

| | | | |
|-----------|--|-----------|--|
| 16 | Other—from list in instructions. List type and amount: _____ | 16 | |
|-----------|--|-----------|--|

Total Itemized Deductions

| | | | |
|-----------|--|-----------|--------|
| 17 | Add the amounts in the far right column for lines 4 through 16. Also, enter this amount on Form 1040 or 1040-SR, line 12 | 17 | 21,924 |
| 18 | If you elect to itemize deductions even though they are less than your standard deduction, check this box <input type="checkbox"/> | | |

Include with your return.

| | |
|---|--|
| Your Name as shown on Form 140 HEMANTH SINGH BONDILI | Your Social Security Number 862 69 5300 |
| Spouse's Name as shown on Form 140 (if filing joint) | Spouse's Social Security Number |

To itemize on your Arizona return, you must first complete a federal Schedule A even if you did not itemize on your federal return. Use Form 140 Schedule A to adjust the amount shown on the federal Schedule A. Complete Form 140 Schedule A **only if you are making changes** to the amount shown on the federal Schedule A. See instructions for details.

Adjustment to Medical and Dental Expenses

| | | | |
|--|---|--|----|
| 1 Medical and dental expenses..... | 1 | | 00 |
| 2 Medical expenses allowed to be taken as a federal itemized deduction..... | 2 | | 00 |
| 3 If line 1 is the same as or more than line 2, subtract line 2 from line 1; otherwise, go to line 4 | 3 | | 00 |
| 4 If line 2 is more than line 1, subtract line 1 from line 2 | 4 | | 00 |

Adjustment to Interest Deduction

| | | | |
|---|---|--|----|
| 5 If you received a federal credit for interest paid on mortgage credit certificates (from federal Form 8396), enter the amount of mortgage interest you paid for 2022 that is equal to the amount of your 2022 federal credit..... | 5 | | 00 |
|---|---|--|----|

Adjustments to Charitable Contributions

| | | | |
|--|---|--|----|
| 6 Amount of charitable contributions for which you are claiming a credit under Arizona law | 6 | | 00 |
|--|---|--|----|

Adjustment to State Income Taxes

| | | | |
|--|---|--|----|
| 7 Amount of state income taxes deducted on the federal Schedule A that are for contributions to a charity for which an Arizona credit was received. If your tax deductions were limited on your federal Schedule A complete the worksheet on page 2 to determine the adjustment on this line | 7 | | 00 |
|--|---|--|----|

Other Adjustments

| | | | |
|--|---|--|----|
| 8 Amount allowed as a federal itemized deduction that relates to income not subject to Arizona tax | 8 | | 00 |
|--|---|--|----|

Adjusted Itemized Deductions

| | | | |
|---|----|--------|----|
| 9 Add the amounts on lines 3 and 5..... | 9 | | 00 |
| 10 Add the amounts on lines 4, 6, 7, and 8..... | 10 | | 00 |
| 11 Total federal itemized deductions allowed to be taken on federal return..... | 11 | 21,924 | 00 |
| 12 Enter the amount from line 9 above | 12 | | 00 |
| 13 Add lines 11 and 12..... | 13 | 21,924 | 00 |
| 14 Enter the amount from line 10 above | 14 | | 00 |
| 15 Arizona itemized deductions: Subtract line 14 from line 13. Enter the difference here. Also, enter th amount on Form 140, page 2, line 43. If less than zero, enter "0"..... | 15 | 21,924 | 00 |



You must include a copy of federal Form 1040, Schedule A with your return if you itemize your deductions.

Your Name (as shown on page 1)
HEMANTH SINGH BONDILI

Your Social Security Number
862 69 5300

2022 Form 140 Schedule A Adjustment to State Income Taxes

Arizona Revised Statutes § 43-1042 was amended to require taxpayers to reduce the amount of itemized deductions for amounts used to claim an Arizona credit even if the amount was deducted on the federal return as state income taxes paid rather than as charitable contributions.

If you claimed income taxes on your federal 1040 Schedule A, complete the following worksheet to determine the amount of your adjustment to enter on page 1, line 7.

| | | | |
|-----------|--|-----------|----|
| 1A | Total state income taxes on the federal Schedule A before applying the federal limitations..... | 1A | 00 |
| 2A | Amount included in the line 1A for which you claimed an Arizona credit..... | 2A | 00 |
| 3A | Subtract line 2A from line 1A. Enter the difference..... | 3A | 00 |
| 4A | Limit from federal Schedule A. Enter \$10,000 (\$5,000 if married filing separate).. | 4A | 00 |
| 5A | Enter the smaller of line 3A or 4A..... | 5A | 00 |
| 6A | Enter total state income taxes claimed on federal Schedule A (after limitation)..... | 6A | 00 |
| 7A | Subtract line 5A from line 6A. This is the amount of your Arizona adjustment. Enter the amount on page 1, line 7..... | 7A | 00 |