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

IIILEIIIAII	levellue Selvice					
Submi	ssion Identification Number (SID)					
Taxpaye	r's name	Social securi	ty numl	per		
CHA	YA SHETTIHALLIPAPAREDDY	207-97	-259	4		
Spouse'		Spouse's so	cial sec	urity nu	ımber	
Part		year you a	are au	thoriz	zing.)	
	whole dollars only on lines 1 through 5.					
	Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.		1.	1		
1	Adjusted gross income		1			241.
2	Total tax		2			983.
3 4	Federal income tax withheld from Form(s) W-2 and Form(s) 1099		3			403.
4 5	Amount you want refunded to you		5		2,	420.
Part		eep a cor		our i	returi	n)
	penalties of perjury, I declare that I have examined a copy of the income tax return (original or amended)					
to send for any Agent t paymer authoriz paymer busines taxes to persona	original or amended) I am now authorizing. I consent to allow my intermediate service provider, transmit my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejected delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U. o initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the indicated at the parameter (IN) below is my signature for the income tax return (original or amended) I are indicated at the indicated at the income indicated at the indicated at the income indicated at the indicated at the income indicated at the income indicated at the ind	ction of the t S. Treasury a cated in the t in to debit the the authorizests must b processing of ayment. I fur	ransmister ax prepare entry ation. The receipt of the elther action.	ssion, design paration this to this for revolved no ectron sknowless	(b) the ated F account oke (can later iic payledge to the account of the account	e reason inancial ware for int. This ancel) a than 2 ment of that the
	nic Funds Withdrawal Consent.					
	yer's PIN: check one box only	7	2 !	5 9	4	
×	I authorize GLOBAL TAXES LLC to enter or generate in the state of the	ř Er	ter five		but	as my
	signature on the income tax return (original or amended) I am now authorizing.	do	n't ente	r all ze	eros	
	I will enter my PIN as my signature on the income tax return (original or amended) I am not if you are entering your own PIN and your return is filed using the Practitioner PIN methology.					
Your s	ignature ▶ Date ▶					
Snous	e's PIN: check one box only					
Opous	I authorize to enter or generate	ny DINI				as my
	ERO firm name	-	ter five	diaits.		as my
	signature on the income tax return (original or amended) I am now authorizing.		n't ente			
	I will enter my PIN as my signature on the income tax return (original or amended) I am notifyou are entering your own PIN and your return is filed using the Practitioner PIN method below.		_			_
Spous	e's signature ▶ Date ▶					
	Practitioner PIN Method Returns Only—continue below					
Part	Certification and Authentication — Practitioner PIN Method Only					
FRO's	EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN. 2 2	2 4 9	6 0	8 2	2 7	1
		Don't en				
authoriz	that the above numeric entry is my PIN, which is my signature for the electronic individual income ta zed to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am subm ments of the Practitioner PIN method and Pub. 1345 , Handbook for Authorized IRS <i>e-file</i> Providers of In	tting this ret	urn in a	accord	lanće ν	
ERO's	signature ▶ Date ▶					
	ERO Must Retain This Form — See Instructions					
	Don't Submit This Form to the IRS Unless Requested To D	o So				

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



£1040		artment of the Treasury-Internal Revenue Servi		ırn 🥳	20 2 :	3	OMB No. 1545	-0074	IRS Use	Only-	-Do not w	rite or sta	ple in this s	space.
For the year Jar	n. 1–Dec	c. 31, 2023, or other tax year beginning			, 2023, end	ing			, 20		See se	oarate i	nstructio	ons.
Your first name	and m	iddle initial	Last nan	ne							Your so	cial sec	urity num	nber
CHAYA			SHET	TIHALLI	IPAPAR	EDI	Υ				207	97	2594	
If joint return, s	pouse's	s first name and middle initial	Last nan								Spouse'		security r	number
											753	19	2249	
Home address	(numbe	er and street). If you have a P.O. box, see	instructio	ns.				A	Apt. no.		Preside	ntial Ele	ction Car	mpaign
_17528 N	51	ST											ou, or you	
City, town, or p	ost offi	ice. If you have a foreign address, also co	mplete sp	aces below		Sta	te	ZIP c	ode		•	•	jointly, wa nd. Check	
SCOTTSDA	ALE					AZ	ĭ	852	54		•		not chang	•
Foreign country	y name		F	oreign provi	nce/state/c	count	у	Foreig	ın postal c	ode	your tax	or refu	_	Spouse
Filing Status	. [Single					Head of he	ouseh	old (HOH	 				
_	, <u> </u>	Married filing jointly (even if only o	ne had ir	ncome)						,				
Check only one box.	×	Married filing separately (MFS)		,			☐ Qualifying	surviv	ing spou	use (C	QSS)			
	lf y	you checked the MFS box, enter the	name of	f your spou	use. If you	ı che	cked the HOF	l or Q	SS box,	enter	the chi	ld's na	me if the	<u>;</u>
	qu	ıalifying person is a child but not you	ır depend	dent: SAI	NATH V	EMM	ENTHALA							
). or (h) sell								
Digital Assets		nange, or otherwise dispose of a dig										□ Ye	es 🔀 N	No
Standard		neone can claim: You as a de					a dependent	, ,			,			
Deduction		 Spouse itemizes on a separate retur	•											
A ara /Dlindnaa								n bofe	ara lanu		1050		ام مالم	
		: Were born before January 2, 1	959 _	Are blind	•			14					s blind	
Dependent		instructions): First name Last name			ial security ımber		(3) Relationsh to you	· 1					r other dep	-
If more than four	(1)	Last Harrie		110			to you		1		, u.i.	0.00		
dependents,										=			\dashv	
see instruction	s								[=			\dashv	
and check here \Box] —								[_			一	
Income	1a	Total amount from Form(s) W-2, b	ox 1 (see	instructio	ns)						1a		120,5	32.
	b	Household employee wages not re	•		,						1b			
Attach Form(s) W-2 here. Also	С	Tip income not reported on line 1a	a (see ins	tructions)							1c			
attach Forms	d	Medicaid waiver payments not rep	orted on	Form(s) W	V-2 (see ir	nstru	ctions)				1d			
W-2G and 1099-R if tax	е	Taxable dependent care benefits f	rom Forr	m 2441, lin	e 26 .						1e			
was withheld.	f	Employer-provided adoption bene	fits from	Form 8839	9, 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 instruct	,					, .			1h	\perp		0.
instructions.	i	Nontaxable combat pay election (s	see instru	uctions) .			<u>1</u> i						4.6.5	
	Z	Add lines 1a through 1h									1z		120,5	32.
Attach Sch. B	2a	· —	2a				axable interest				2b			
if required.	3a		3a				rdinary divide				3b			
Standard	4a		4a				axable amoun				4b			
Deduction for—	5a	-	5a				axable amoun				5b			
Single or Married filing	6a	,	6a	nothod at			axable amoun	ι		· .	6b			
separately, \$13,850	C 7	If you elect to use the lump-sum e		•	`	•	,				1 7			
Married filing	7 8	Capital gain or (loss). Attach Schell Additional income from Schedule		•	•					. ∟	8	+	-12,2	91
jointly or Qualifying	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7,	•								9	+	$\frac{-12,2}{108,2}$	
surviving spouse, \$27,700	10	Add lines 12, 20, 30, 40, 50, 60, 7, Adjustments to income from Sche		•							10	+	100,2	
Head of	11	Adjustments to income from Schedule 1, line 26						11	+	108,2	241			
household, \$20,800	12	Standard deduction or itemized	•	-							12	+		544.
If you checked any box under	13	Qualified business income deduct		•		,					13			
Standard Deduction,	14										14		1,6	544.
see instructions.	15	Subtract line 14 from line 11. If zer							=	•	15		106 5	

Form 1040 (2023	3)								Page 2
Tax and	16	Tax (see instructions). Check	if any from Form	ı(s): 1 881	4 2 4972	3 🗌		16	18,983.
Credits	17	Amount from Schedule 2, lir	те 3					17	
	18	Add lines 16 and 17						18	18,983.
	19	Child tax credit or credit for	other dependent	ts from Sched	ule 8812			19	
	20	Amount from Schedule 3, lir	ne 8					20	
	21	Add lines 19 and 20						21	
	22	Subtract line 21 from line 18	. If zero or less,	enter -0				22	18,983.
	23	Other taxes, including self-e	mployment tax,	from Schedule	e 2, line 21 .			23	0.
	24	Add lines 22 and 23. This is	your total tax					24	18,983.
Payments	25	Federal income tax withheld							
_	а	Form(s) W-2				25a 23	L,403.		
	b	Form(s) 1099				25b			
	С	Other forms (see instruction	s)			25c			
	d	Add lines 25a through 25c						25d	21,403.
If you have a	26	2023 estimated tax paymen	ts and amount a	pplied from 20)22 return			26	
qualifying child,	27	Earned income credit (EIC)				27			
attach Sch. EIC.	28	Additional child tax credit from	m Schedule 8812	2		28			
	29	American opportunity credit	from Form 8863	3, line 8		29			
	30	Reserved for future use .				30			
	31	Amount from Schedule 3, lir							
	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	21,403.
Refund	34	If line 33 is more than line 24	1, subtract line 2	4 from line 33.	This is the amou	nt you overpaid		34	2,420.
	35a								2,420.
Direct deposit?	b	Routing number 0 5 1				Checking	Savings		
See instructions.	d	Account number 4 3 5	0 3 5 1	6 7 7 9	9 0				
	36	Amount of line 34 you want	applied to your	2024 estimate	ed tax	36			
Amount	37	Subtract line 33 from line 24	. This is the am o	ount you owe					
You Owe		For details on how to pay, g	o to <i>www.irs.go</i> v	v/Payments or	see instructions			37	
	38	Estimated tax penalty (see in	nstructions) .			38			
Third Party		you want to allow another	•			_			
Designee							•		⊠ No
		signee's me		Phone no.			sonal identi iber (PIN)	fication	
Sign		der penalties of perjury, I declare t	hat I have examined		accompanying sche			he best	of my knowledge and
_		lief, they are true, correct, and com							, ,
Here	Yo	ur signature	1	Date	Your occupation		If the	IRS se	nt you an Identity
					·				IN, enter it here
Joint return?					SOFTWARE			inst.)	
See instructions. Keep a copy for	Sp	ouse's signature. If a joint return,	ooth must sign.	Date	Spouse's occupa	tion	Iden	tity Prote	nt your spouse an ection PIN, enter it here
your records.							(see	inst.)	
		one no. (203)491-671		Email address	CHAYAMES1	2@GMAIL.CO			
Paid	Pre	eparer's name	Preparer's signat	ture		Date	PTIN		Check if:
Preparer	SYAM	M PRIYA RAM SAGAR GUPTA TALLAM	SYAM PRIYA	RAM SAGAR	GUPTA TALLAM	02/26/2024	P0208	2703	Self-employed
Preparer Use Only	Fir	Firm's name GLOBAL TAXES LLC					Phor	ne no. (678)965-9522
	Fir	m's address 245 ROONE	Y CT E BRU	NSWICK N	J 08816		Firm	's EIN	84-3171965

SCHEDULE 1 (Form 1040)

Additional Income and Adjustments to Income

OMB No. 1545-0074

2023

Attachment
Sequence No. 01

Department of the Treasury Internal Revenue Service

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

CHAYA SHETTIHALLIPAPAREDDY

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

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

	Sequence No. 01
Your soc	ial security number
207-97	-2594

Par	t 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. Atta	ach Schedule E .	5	-12,291.
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. This is your additional income. Enter			
	1040, 1040-SR, or 1040-NR, line 8		10	-12,291.

Page **2** Schedule 1 (Form 1040) 2023

Par	t II Adjustments to Income				
11	Educator expenses			11	
12	Certain business expenses of reservists, performing artists, and fee	e-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	· <u> </u>			
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)	24a			
b	Deductible expenses related to income reported on line 8l from the				
	rental of personal property engaged in for profit	24b			
С	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			
е	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	041			
	1041)	24k			
Z	Other adjustments. List type and amount:				
05		24z		0.5	
25 06	Total other adjustments. Add lines 24a through 24z			25	
26	Add lines 11 through 23 and 25. These are your adjustments to income Form 1040, 1040-SR, or 1040-NR, line 10			06	
				26	
	BAA	REV 02/	16/24 PRO	Scnedu	ile 1 (Form 1040) 2023

SCHEDULE A (Form 1040)

Itemized Deductions

Attach to Form 1040 or 1040-SR.

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

OMB No. 1545-0074

2023
Attachment Sequence No. 07

Department of the Treasury Internal Revenue Service

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						cial security number
CHAYA SHE	ΓΤΙ	HALLIPAPAREDDY				20	7 – 9	97-2594
Medical and Dental Expenses	2	Caution: Do not include expenses reimbursed or paid by others. Medical and dental expenses (see instructions) Enter amount from Form 1040 or 1040-SR, line 11 2 Multiply line 2 by 7.5% (0.075)	3				4	
Taxes You Paid	b c c	State and local taxes. 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	5a 5b 5c 5d	1	L,644 _,644	1.		
		Other taxes. List type and amount:	6					
Interest You Paid Caution: Your mortgage interest deduction may be limited. See instructions.	8 a a b c c c c c c c c c c c c c c c c c	Add lines 5e and 6	8a 8b 8c 8d 8e 9				7	1,644.
Gifts to Charity Caution: If you made a gift and got a benefit for it, see instructions.	11 12 13	Gifts by cash or check. If you made any gift of \$250 or more, see instructions	11 12 13				14	
Casualty and Theft Losses		Casualty and theft loss(es) from a federally declared disaster (other disaster losses). Attach Form 4684 and enter the amount from line 1 instructions	r tha 8 of	an net qu that form	ualifie m. Se	d e	15	
Other Itemized Deductions	16	Other—from list in instructions. List type and amount:					16	
Total Itemized		Add the amounts in the far right column for lines 4 through 16. Also, e Form 1040 or 1040-SR, line 12				n .	17	1,644.
Deductions	18	If you elect to itemize deductions even though they are less than your check this box			uction .	_		

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.

OMB No. 1545-0074

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

CHAY	A SHETTIHALL	IPAF	PAREDDY						207	-97-259	4
Part	Note: If you a	re in t	s From Rental Real Estate a he business of renting personal prop s from Form 4835 on page 2, line 40	ertv. use	yalties Schedule	c . See	instru	ctions. If you a	re an i	individual, re	port farm
			ents in 2023 that would require yo								es 🛛 No
B I	f "Yes," did you or	will y	ou file required Form(s) 1099?							<u> </u>	es 🗌 No
1a	Physical address	s of ea	ach property (street, city, state, Z	ZIP code	e)						
Α	GANESH NAGAI	R CO	LONY VANASTHALIPURAM T	CELANC	GANA IN	1 5000	070				
В											
С											
1b	Type of Property (from list below)	2	For each rental real estate propabove, report the number of fai	ir rental	and		Fa	ir Rental Days	Per	sonal Use Days	QJV
Α	3		personal use days. Check the (Α		365		0	
В			if you meet the requirements to qualified joint venture. See insti			В					
С			qualified joint venture. Occ mon	ractions	J.	С					
1	of Property: Single Family Resid Multi-Family Resid		e 3 Vacation/Short-Term Re 4 Commercial	ental	5 Lanc 6 Roya		-	Self-Rental Other (descr			
								Propertie	es:		
Incom						Α	0.0	В			С
3				3		- 6	00.				
4 Exper		u		4							
Expei 5				5							
6			structions)	6							
7			ince	7		1,2	35				
8				8		1,2	55.				
9				9							
10			sional fees	10							
11				11		1,0	0.0				
12			to banks, etc. (see instructions)	12		1,0	00.				
13		•		13							
14				14		3,5	15.				
15				15		2,7					
16	* *			16							
17	Utilities			17		4,3	95.				
18	Depreciation expe	ense (or depletion	18							
19				19							
20	Total expenses. A	Add Iir	nes 5 through 19	20		12,8	91.				
21	result is a (loss), s	see in	ne 3 (rents) and/or 4 (royalties). If structions to find out if you must	I .		-12,2	91.				
22			estate loss after limitation, if any, tructions)	, 22	(12,29	1.)	()()
23a	Total of all amour	nts rep	ported on line 3 for all rental prop	perties			23a		600).	
b	Total of all amour	nts rep	ported on line 4 for all royalty pro	perties			23b				
С	Total of all amour	nts rep	ported on line 12 for all properties	s			23c				
d			oorted on line 18 for all properties				23d				
е			oorted on line 20 for all properties				23e	12	,891		
24			amounts shown on line 21. Do n e		-				_	24	
25	•	-	ses from line 21 and rental real esta							25 (12,291.)
26			e and royalty income or (loss)								
			d IV, and line 40 on page 2 do n 0), line 5. Otherwise, include this						- 1	26	-12,291.

E-file Signature Authorization

2023

(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** CHAYA SHETTIHALLIPAPAREDDY 207 i 97 i 2594 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. 108,241 00 1 Arizona Adjusted Gross Income ☐ Foreign Account Deposit/Debit: See instructions below. 2 Balance Of Tax 2,360 00 ROUTING NUMBER 1,644 00 ☐ Checking ☐ Savings 3 Arizona Income Tax Withheld ... ACCOUNT NUMBER Check box 4 or box 5: 00 **4** ■ **REFUND**: Enter the amount of refund...... 716 00 DIRECT DEBIT REQUEST DATE DIRECT DEBIT PAYMENT AMOUNT **5** ■ **AMOUNT YOU OWE:** Enter the amount owed....... 00 Box 4 Checkbox - Refund: You are due a refund based on the information Foreign Account Deposit/Debit Checkbox: Check the "Foreign Account Deposit/Debit" box if your deposit will be ultimately placed in or come provided on your tax return. Your refund amount will be deposited in the account listed in the Financial Institution Information Section (Part 3). from a foreign account. If you check this box, do not enter your account numbers. If this box is checked, we will not direct deposit or debit your Box 5 Checkbox - Amount You Owe: You owe taxes based on the information provided on your tax return. You have elected to direct debit account. If you are due a refund, we will send you a check instead. If you owe tax, you must mail a check to the Arizona Department of Revenue. for payment. The payment will be withdrawn from the account and on the PO Box 29085, Phoenix, AZ 85038-9085. date listed in the Financial Institution Information Section (Part 3). PART 4 – DECLARATION AND SIGNATURE AUTHORIZATION (Sign only after completing Part 2) I consent to my Electronic Return Originator (ERO) or On-Line Service Under penalties of perjury, I declare that I have examined a copy of my Provider (OLSP) sending my electronic Arizona individual income tax electronic Arizona individual income tax return and accompanying schedules return and accompanying schedules and statements to ADOR, and I and statements for the year ending December 31, 2023, 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 income tax withheld, and refund (or amount owed) listed above are the an acknowledgement of receipt of transmission and an indication of whether or not the transmission of my return is accepted and, if the return amounts shown on the copy of my electronic Arizona income tax return. is rejected, the reason(s) for the rejection. If the processing of my return **6a** I consent that my refund be directly deposited as designated in the or refund is delayed, I authorize ADOR to disclose to my ERO, OLSP and/ electronic portion of my 2023 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** 🛛 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 I authorize GLOBAL TAXES LLC designated Financial Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account (ELECTRONIC RETURN ORIGINATOR) indicated in the tax preparation software for payment of my Arizona taxes owed on this return. I also authorize the financial institutions to make the election that I want my electronic signature to my electronic involved in the processing of the electronic payment of taxes to federal individual income tax return to serve as my signature to my receive confidential information necessary to answer inquiries and electronic Arizona individual income tax return for the year ending December 31, 2023. 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 15, 2024, I will have signed my Arizona individual income tax return and declared under remain liable for the tax liability and all applicable interest and penalties. penalties of perjury that to the best of my knowledge and belief the return When electronically filing my federal and state tax returns, I understand is true, correct and complete. that if there is an error on my federal return, my state return will also be rejected. PLEASE SIGN HERE YOUR PEN AND INK SIGNATURE DATE

DATE

SPOUSE'S PEN AND INK SIGNATURE

RETURN.	Arizona Form 140 Resident Personal Income Tax Return						FO	FOR CALENDAR YEAR 2023			
	82F		Check box 82F f filing under extension	OR FISCAL YEAR BEGINNI	NG I I I I	12,0,2,3	AND ENDING		1 1	. 66F	
	,		First Name and Middle Initial		Last Name			Your S	ocial Security N	umber	
TO THE	1		AYA		SHETTIHAL	LIPAPARED	DDY Enter	207	ı 97 ı 25	94	
		Spou	se's First Name and Middle Initi	al (if box 4 or 6 checked)	Last Name		your SSN(s	Spouse	e's Social Securi	ty No.	
DO NOT STAPLE ANY ITEMS	1		INATH		VEMMENTHA			753		49	
μ	_		ent Home Address - number and	l street, rural route		Apt. No.	I—	me Phone (\	with area code)		
≥.	2		528 N 51 ST				94				
Ź	$\overline{}$	-	Town or Post Office	State	ZIP Code	•	Last Names Used	in Last Four	Prior Year(s) (if dif	ferent)	
쁫.	3 10	SC	OTTSDALE	AZ	85254					97	
₹	TATUS	4	Married filing joint return	4a Injured Spouse Prot	ection of Joint O	verpayment	REVENUE USE O	NLY. DO NO	I MARK IN THIS A	AREA.	
ည	STA	5	Head of household. Enter	name of qualifying child or depen	dent on next line.		<u> </u>				
9		_	\								
0	FILING	6	_	turn. Enter spouse's name and S	ocial Security Num	ber above.					
Ω		7		ed. Do not put a check mark	,						
	EXEMPTIONS	8		or spouse) If completing lines 8,		mnlete lines 38					
	IFI	9	Blind (you and/or spouse	1 00 144 5 11			81 PM		80 RCVD		
	EM	10a	Dependents: Under age of	· —	dents: Age 17 an	d over.	<u> </u>				
		11a	Qualifying parents and gr								
			(Box 10a and 10b): Depende	ent Information. See instruction	ons. For more s	pace, check th	e box 🔲 and c	omplete pa	ge 4, Part 1.		
			(a)	ST NAME OF	(b)	(c)	(d) NO. OF MONTHS	(e) ✓ Dependent A	ge (f)	at alaim	
	nts		FIRST AND LAS (Do not list yourself		OCIAL SECURITY NUMBER	RELATIONSHIP	LIVED IN YOUR	included in:	this person	on your	
	nde						HOME IN 2023	1 2 Box 10a) (Box	é educationa		
	Dependents	10c									
		10d							<u> </u>		
		10e						<u> </u>			
·.	_		(Box 11a): Qualifying parents	s and grandparents. See instr							
or other documents after Form 140	Qualifying Parentsand Grandparents		(a) FIRST AND LAS	ST NAME SC	(b) OCIAL SECURITY	(c)	(d) NO. OF MONTHS	(e) ∕ IE AGE 65 (OR (f) ✓ IF DIE	=D	
Ξ	arent		(Do not list yourself		NUMBER		LIVED IN YOUR HOME IN 2023	OVER	IN 2023		
Ē	ing F andpa						TIOME IN 2023				
ēr	ualify G	11b									
aĘ	0	11c								T	
nts			Federal adjusted gross incom					I	108,241	100	
nel			Small Business Income: 138 cl						100 241	00	
ij	-		Modified federal adjusted gross					I	108,241		
မ	ons		Non-Arizona municipal interest Partnership Income adjustment							00	
Jer	ğ		Total federal depreciation							00	
ᇹ	ĕ		Other Additions to Income: Co							00	
0		19	Subtotal: Add lines 14 through 1	8 and enter the total				19	108,241	00	
schedules			Total net capital gain or (loss).				I	00			
μğ			Total net short-term capital gair				I	00			
ç			Total net long-term capital gain					00			
SZ			Net long-term capital gain from							100	
J AZ			Multiply line 23 by 25% (.25) ar					I		00	
anc			Net capital gain derived from in							00	
<u></u>	ctions		Recalculated Arizona depreciate Partnership Income adjustment							00	
der	btract		Interest on U.S. obligations suc							00	
ě	Subf		Exclusion for federal, Arizona s							00	
ed	•		Exclusion for benefits, annuities	- · · · · · · · · · · · · · · · · · · ·						00	
Ē			U.S. Social Security or Railroad					I		00	
ē			Certain wages of American Ind							00	
any required federal and		32	Pay received for active service	as a member of the reserves,	national guard o	or the U.S. arme	d forces	32		00	
ē.			Net operating loss adjustment.							00	
lace		34	Contributions to: 34a 529 College	Savings Plans 00 ;	·	counts)	00 add 34a and	d 34b 34c	108 241	00	

ſ	Your	Name (as shown on page 1)	Your Social Security Number	er
	CHA	AYA SHETTIHALLIPAPAREDDY	207-97-2594	
ŀ				
	36	Other Subtractions from Income. Complete Other Subtraction from Arizona Gross Income sched		100 011
	37	Subtract line 36 from line 35. Enter the difference		108,241 00
us	38	Age 65 or over: Multiply the number in box 8 by \$2,100		00
Exemptions	39	Blind: Multiply the number in box 9 by \$1,500	39	00
em	40	Other Exemptions. See instructions40E Multiply the number in box 40E by \$2,300		
ũ	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".		108,241 00
	43	Deductions: Check box and enter amount. See instructions		13,850 00
	44	If you checked box 43 S and claim charitable contributions, check 44 C Complete page 3. See in		00
	45	Arizona taxable income: Subtract lines 43 and 44 from line 42. If less than zero, enter "0"		94,391 00
ă	46	Tax: Multiply line 45 by 2.5% (.025). Enter the result	46	2,360 00
of T	47	Tax from recapture of credits from Arizona Form 301, Part 2, line 31		00
Se	48	Subtotal of tax: Add lines 46 and 47. Enter the total	48	2,360 00
Balance of Tax	49	Dependent Tax Credit. See instructions		00
ω	50	Family income tax credit (from the worksheet - see instructions)		00
	51	Nonrefundable Credits from Arizona Form 301, Part 2, line 62	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	2,360 00
	53	2023 AZ income tax withheld		
	54	2023 AZ estimated tax payments 54a 00 Claim of Right 54b	00 Add 54a and 54b. 54 0	
and	55	2023 AZ extension payment (Form 204)		00
Cre	56	Increased Excise Tax Credit (from the worksheet - see instructions)		00
yme	57	Property Tax Credit from Arizona Form 140PTC		00
Total Payments and Refundable Credits	58	Other refundable credits: Check the box(es) and enter the total amount		00
Ref.	59	Total payments and refundable credits: Add lines 53 through 58. Enter the total	59	
	60	TAX DUE: If line 52 is larger than line 59, subtract line 59 from line 52. Enter amount of tax due. Skip lines	61, 62 and 63 60	716 00
er t	61	OVERPAYMENT: If line 59 is larger than line 52, subtract line 52 from line 59. Enter amount of overpayment		00
aym a	62	Amount of line 61 to be applied to 2024 estimated tax		00
Tax Due or Overpayment	63	Balance of overpayment: Subtract line 62 from line 61. Enter the difference		00
۲ó	64	- /4 Voluntary Gifts to: Assigned to Schools64 UU Arizona Wildlife		
ts		Child Abuse Prevention		
/ Gifts		Neighbors Helping Neighbors 69 O Special Olympics		
ntary		I Didn't Pay Enough Fund72 00 Sustainable State Parks and Road Fund		
Voluntary		Political Party (if amount is entered on line 68 - check only one): 751 Democratic 752 Libertarian		
		Estimated payment penalty	76	00
Ę		771 Annualized/Other 772 Farmer or Fisherman 773 Form 221 included		
Penalty		Add lines 64 through 74 and 76; enter the total		00
	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		00
Refund or Amount Owed		CD Checking or ROUTING NUMBER ACCOUNT NUMBER	instructions. 79A	
۾ کِ ا		98 S Savings		
Sefu	80	AMOUNT OWED: Add lines 60 and 78. Make check payable to Arizona Department of Revenue; write y	our SSN on payment;	
Am		and include with your return	80	716 00
	l	Inder penalties of perjury, I declare that I have read this return and any documents with it, and t	o the best of my knowle	edge and belief, they are
	tr	rue, correct and complete. Declaration of preparer (other than taxpayer) is based on all information	n of which preparer has	any knowledge.
W ₂	→			
Ш			OFTWARE ENGINE CUPATION	EER
エ	ĭ	OUR SIGNATURE DATE OC	CUPATION	
Z	→			
SIGN HERE	_	POUSE'S SIGNATURE DATE SPO	DUSE'S OCCUPATION	
		SYAM PRIYA RAM SAGAR GUPTA TALLAM 02262024 GLOBAL TAXES LI		
PLEASE		AID PREPARER'S SIGNATURE DATE FIRM'S NAME (PREPARER'S IF		
Щ		245 ROONEY CT	84-317196	5
П	P	AID PREPARER'S STREET ADDRESS	PAID PREPARER'S 1	
		E BRUNSWICK NJ 08816	(678)965-	9522
	_	AID PREPARER'S CITY STATE ZIP CODE	PAID PREPARER'S F	

If you are sending a payment with this return, mail to Arizona Department of Revenue, PO Box 52016, Phoenix, AZ 85072-2016. Include the payment with Form 140. If you are expecting a refund or owe no tax, or owe tax but are not sending a payment, mail to Arizona Department of Revenue, PO Box 52138, Phoenix, AZ 85072-2138.

ADOR 10413 (23) 1555 AZ Form 140 (2023) REV 01/13/24 PRO Page 2 of 6

Arizona Form
AZ-140V

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

EPV 2023

Your First Name and Middle Initial		Last Name				Social Securit	y Number
1 CHAYA		SHETTIHALL	IPAPARE	DDY	Enter 2	07 г 97 г	2594
Spouse's First Name and Middle In	tial	Last Name			your Spo	use's Social S	ecurity No.
1					SSN(s).	1 1	-
Current Home Address - number ar	d street, rural route		Apt. No.		Daytime Phone	e (with area co	de)
2 _{17528 N 51 ST}					94		
City, Town or Post Office	State	ZIP Code		I—	JE USE ONLY. DO	NOT MARK IN	THIS AREA.
3 SCOTTSDALE	AZ	85254		88			
Please indicate the filing state ☐ Married filing joint return ☐ Head of household: Enter na ☐ Married filing separate return	ame of qualifying child or d		nher ahove				
☐ Single	The Enter Spouse 5 hame a	and docial decumy wan	ibel above.	81 PM		80 RCVD	
Enter the amount of paymen	t enclosed					\$	716 00

If you are mailing this payment

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

- ✓ Do not send cash.
- ✓ Make your check or money order payable to Arizona Department of Revenue.
- ✓ Write your SSN, "2023 Tax" and 140 on your payment.
- ✓ Include your payment with this form.
- ✓ **Mail to** Arizona Department of Revenue, PO Box 29085, Phoenix, AZ 85038-9085.

If you are making an electronic payment

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

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

NOTE: To avoid interest and penalties you must pay the full amount of your tax by April 15, 2024. You will not receive an additional notice from the Arizona Department of Revenue unless an error exists with your return.

ADOR 10944 (23) 1555 REV 01/13/24 PRO

140ES "	ıdıvıduai Esti	mated inc	ome ra	x Payment	2024
This estimated payment is for tax year Your First Name and Middle Initial	ending Decemb	oer 31, 2024, o Last Name	or for tax	year ending:	Your Social Security Numbe
1 CHAYA		SHETTIHAL	Ι.ΤΡΆΡΑΙ	REDDY Enter	207 97 2594
Spouse's First Name and Middle Initial (if filing	joint)	Last Name		your	Spouse's Social Security No
1				SSN(s)	
Current Home Address - number and street, ru	ıral route		Apt. No.	95. Filing Status. Must be 95a Married filing joint re	the same as Form 140, 140NR or 140PY eturn 95c Head of Household
2 17528 N 51 ST City, Town or Post Office	State	ZIP Code		95b Married filing separa	ate return 95d Single
3 SCOTTSDALE	AZ	85254		88	LI. DO NOT MARK IN THIS AREA
94 Your Daytime Phone (with area code):	AZ	03231			
Check if this payment is on behalf of	a Nonresident C	omposite retu	rn - 140N	R	
DO NOT USE THIS FORM TO MAK					
 Use this form only for mailing estimate 	ated payments.				
1 Payment: You must round your estimate	ed payment to a wi	hole dollar (no	cents).	81 PM	80 RCVD
Enter the amount of payment enclosed		\$	79 00	<u> - </u>	30
2 Check only one box for the quarter for v					
Do not select more than one quarter. You			each gua	nrter for which a pay	ment is made.
·			70.0		
Payment for calendar year filers are due					
1st Quarter – January to March Due	date is April 15 , 20 2	24. 			
2nd Quarter – April to June Due date		411 Jan- 47 000		41-1	
Because June 15, 2024 falls on a we			4 to make	tnis payment.	
3rd Quarter – July to September Due Because September 15, 2024 falls or	•		nher 16 20	24 to make this nav	ment
	· •	<u> </u>	10, 20	24 to make this pay	
4th Quarter – October to December	Due date is Januar y	y 15, 2025.			
Payment for fiscal year filers are due as	follows:				
1st Quarter – 15th day of the fourth me	onth of the current fi	scal year.			
2nd Quarter – 15th day of the sixth mo	onth of the current fis	scal year.			
3rd Quarter – 15th day of the ninth mo	onth of the current fis	cal year.			
4th Quarter – 15th day of the first mon	th of the next fiscal y	/ear.			
If any of the due da the required payment for					
		manight on the	c rickt bu	Sinces day ronown	ig that day.
If you are mailing this paymen		he cure that w			
To ensure proper application of ✓ Complete and submit t				ae in half	
✓ Make your check or mo					
✓ Write your SSN, "Tax Y			•	or revenue.	
✓ If payment is made on			•	ırn, write "Compos	ite 140NR",
"Tax Year 2024" and th					,
✓ Include your payment					
✓ Mail to Arizona Depart					
Be sure to review your estimated	income and adjus	st your paymen	ts as nece	ssary during the ye	ear.
If you are making an electroni	c payment				
				k or credit card	!
America	n Express ♦ Visa www.	a ♥ Discover of AZTaxes.go		aster Caru	
	Make a Payment"	and select "14	0ES" as th		
✓ Do not m	ail this form. We	will apply this p	payment t	o your account.	

140ES III	idividuai Esti	imated inco	ome ra	x Payment	2024		
This estimated payment is for tax year Your First Name and Middle Initial	r ending Decemb	oer 31, 2024, o	or for tax	year ending:	Your Social Security Numbe		
1 CHAYA		SHETTIHAL	T.TPAPAF	REDDY Enter	207 97 2594		
Spouse's First Name and Middle Initial (if filing	g joint)	Last Name		your	Spouse's Social Security No.		
1				SSN(s).			
Current Home Address - number and street, ru	ural route		Apt. No.	95. Filing Status. Must be t 95a Married filing joint re	he same as Form 140, 140NR or 140PY turn 95c Head of Household		
2 17528 N 51 ST	Chata	710.0-4-		95b Married filing separa			
City, Town or Post Office 3 SCOTTSDALE	State AZ	ZIP Code 85254		88	LY. DO NOT MARK IN THIS AREA		
94 Your Daytime Phone (with area code):	AL	03234					
Check if this payment is on behalf of	a Nonresident C	Composite retu	rn - 140N	R			
DO NOT USE THIS FORM TO MAKE							
Use this form only for mailing estimates	ated payments.						
1 Payment: You must round your estimate	ed payment to a w	hole dollar (no c	ents).	81 PM	80 RCVD		
Enter the amount of payment enclosed		s 1	79 00	011	[60]		
			100				
2 Check only one box for the quarter for v Do not select more than one quarter. You			each cua	uter for which a nav	ment is made		
·			caon qua	rici for willon a pay	ment is made.		
Payment for calendar year filers are du	e as follows:						
1st Quarter – January to March Due	date is April 15, 20	24.					
2nd Quarter – April to June Due date	•						
Because June 15, 2024 falls on a wo			4 to make	this payment.			
3rd Quarter – July to September Du	•		-l 40 00	04.4			
Because September 15, 2024 falls of	n a weekend, you n	ave until Septem	16, 20	24 to make this payr	nent.		
4th Quarter – October to December	Due date is Januar	y 15, 2025.					
Payment for fiscal year filers are due as	s follows:						
1st Quarter – 15th day of the fourth m		scal year.					
2nd Quarter – 15th day of the sixth mo	onth of the current fis	scal year.					
3rd Quarter – 15th day of the ninth mo	onth of the current fis	scal year.					
4th Quarter – 15th day of the first mor	nth of the next fiscal	year.					
If any of the due dates fall on a Saturday, Sunday, or legal holiday, you may make the required payment for that quarter by midnight on the next business day following that day.							
		nianight on the	e next bus	siness day followir	ig that day.		
If you are mailing this payme							
To ensure proper application of this payment, be sure that you:							
	 ✓ Complete and submit this form in its entirety. Do not cut this page in half. ✓ Make your check or money order payable to Arizona Department of Revenue. ✓ Write your SSN, "Tax Year 2024" and "140ES" on your payment. ✓ If payment is made on hebalf of a Nonresident Composite return, write "Composite 140NB" 						
· '							
	√ If payment is made on behalf of a Nonresident Composite return, write "Composite 140NR", "Tax Year 2024" and the entity's EIN on your payment.						
✓ Include your payment with this form.							
✓ Mail to Arizona Depart	Mail to Arizona Department of Revenue, PO Box 29085, Phoenix, AZ 85038-9085. Be sure to review your estimated income and adjust your payments as necessary during the year. If you are making an electronic payment						
Be sure to review your estimated							
If you are making an electron							
	this estimated in Express • Vis			k or credit card!	!		
America	•	a ♥ Discover (.AZTaxes.go)		aster Caru			
	`Make a Payment"	and select "140	DES" as th				
✓ Do not m	ail this form. We	will apply this p	ayment to	o your account.			

STAPLE ANY ITEMS TO THE FORM.		Arizona Form 140ES	Individual Estir	FOR CALENDAR YEAR 2024					
뷛	This estimated payment is for tax year ending December 31, 2024, or for tax year ending:								
<u> </u>		r First Name and Middle Initial	ax year ending December	Last Name	or ior lax	year ending:	Your Social Security Number		
<u>.</u> ∑	_	AYA		.EDDY Enter	207 97 2594				
ᆵᅩ		use's First Name and Middle Initia	Last Name		your	Spouse's Social Security No.			
Ţſ	1					SSN(s).			
₹ .		rent Home Address - number and	street, rural route		Apt. No.	95. Filing Status. Must be t 95a Married filing joint re	the same as Form 140, 140NR or 140PY eturn 95c Head of Household		
ΞŢ		528 N 51 ST Town or Post Office	State	ZIP Code		95b Married filing separa	ate return 95d Single LY. DO NOT MARK IN THIS AREA.		
₹ S	•	OTTSDALE	AZ	85254		88	LI. DO NOT MARK IN THIS AREA.		
<u>–</u> –				03231		_			
2 E									
1	_	ment: You must round your	• •			81 PM	80 RCVD		
	Ent	er the amount of payment en	closed	5 1	79 00				
2	2 Check only one box for the quarter for which this payment is made. Do not select more than one quarter. You must submit a separate form for each quarter for which a payment is made. Payment for calendar year filers are due as follows:								
		1st Quarter – January to Marc		4.					
		2nd Quarter – April to June Due date is June 15, 2024 .							
	Because June 15, 2024 falls on a weekend, you have until June 17, 2024 to make this payment. 3rd Quarter – July to September Due date is September 15, 2024.								
	Because September 15, 2024 falls on a weekend, you have until September 16, 2024 to make this payment.								
	4th Quarter – October to December Due date is January 15, 2025 .								
	Payment for fiscal year filers are due as follows: 1st Quarter – 15th day of the fourth month of the current fiscal year.								
		2nd Quarter – 15th day of the sixth month of the current fiscal year.							
		3rd Quarter – 15th day of the ninth month of the current fiscal year.							
		4th Quarter – 15th day of the first month of the next fiscal year.							
		If any of the due dates fall on a Saturday, Sunday, or legal holiday, you may make the required payment for that quarter by midnight on the next business day following that day.							
	If you are mailing this payment:								
		To ensure proper application of this payment, be sure that you:							
		✓ Complete and submit this form in its entirety. Do not cut this page in half.							
		✓ Make your check or money order payable to Arizona Department of Revenue.							
		✓ Write your SSN, "Tax Year 2024" and "140ES" on your payment.							
		✓ If payment is made on behalf of a Nonresident Composite return , write "Composite 140NR", "Tax Year 2024" and the entity's EIN on your payment.							
		✓ Include your payment with this form.							
		✓ Mail to Arizona Department of Revenue, PO Box 29085, Phoenix, AZ 85038-9085.							
		Be sure to review your estimated income and adjust your payments as necessary during the year.							
		If you are making an electronic payment							
	You can make this estimated payment by eCheck or credit card! American Express ♦ Visa ♦ Discover Card ♦ MasterCard www.AZTaxes.gov Click on "Make a Payment" and select "140ES" as the Payment Type. Do not mail this form. We will apply this payment to your account.								

THE FORM.		Arizona Form 140ES	Individual Esti	Individual Estimated Income Tax Payment					
Ϊ	Т	This estimated payment is for to	ax year ending Decemb	er 31, 2024, d	or for tax	year ending: ∟			
2	_	Your First Name and Middle Initial		Last Name		Enter	Your Social Security Number		
MS	_			SHETTIHAL	LIPAPAF	REDDY	207 97 2594		
ANY ITEMS	: 1	Spouse's First Name and Middle Initia	l (if filing joint)	Last Name		SSN(s).	Spouse's Social Security No.		
		Current Home Address - number and	street, rural route		Apt. No.	95. Filing Status. Must be the 95a Married filing joint retu	e same as Form 140, 140NR or 140PY		
Ę		17528 N 51 ST				95b Married filing separate	return 95d Single		
STAPLE	_	City, Town or Post Office	State	ZIP Code		REVENUE USE ONL'	Y. DO NOT MARK IN THIS AREA.		
Ţ	_	SCOTTSDALE	AZ	85254		_			
	94	Your Daytime Phone (with area of				_			
00	STO	• DO NOT USE THIS FORM	TO MAKE DELINQUENT I						
	4	■ Use this form only for mailing	Jse this form only for mailing estimated payments.						
		Payment: You must round your e				81 PM	80 RCVD		
		Enter the amount of payment en	closed	1	79 00				
2 Check only one box for the quarter for which this payment is made. Do not select more than one quarter. You must submit a separate form for each quarter for which a payment is made.									
		Payment for calendar year filers		F 4. 4. 4. 4. 4. 4. 4. 4. 4. 4. 4. 4. 4.		а рау			
		1st Quarter – January to March		4.					
2nd Quarter – April to June Due date is June 15, 2024.									
Because June 15, 2024 falls on a weekend, you have until June 17, 2024 to make this payment. 3rd Quarter – July to September Due date is September 15, 2024. Because September 15, 2024 falls on a weekend, you have until September 16, 2024 to make this payment.									
							ent.		
		4th Quarter – October to December Due date is January 15, 2025.							
Payment for fiscal year filers are due as follows: 1st Quarter – 15th day of the fourth month of the current fiscal year.									
2nd Quarter – 15th day of the sixth month of the current fiscal year.									
3rd Quarter – 15th day of the ninth month of the current fiscal year.									
4th Quarter – 15th day of the first month of the next fiscal year.									
		nake g that day.							
		If you are mailing this p	payment:						
To ensure proper application of this payment, be sure that you: ✓ Complete and submit this form in its entirety. Do not cut this page in half. ✓ Make your check or money order payable to Arizona Department of Revenue. ✓ Write your SSN, "Tax Year 2024" and "140ES" on your payment. ✓ If payment is made on behalf of a Nonresident Composite return, write "Composite 140NR", "Tax Year 2024" and the entity's EIN on your payment. ✓ Include your payment with this form. ✓ Mail to Arizona Department of Revenue, PO Box 29085, Phoenix, AZ 85038-9085. Be sure to review your estimated income and adjust your payments as necessary during the year.									
							re 140NR",		
							ar.		
	If you are making an electronic payment								
	You can make this estimated payment by eCheck or credit card! American Express ♦ Visa ♦ Discover Card ♦ MasterCard www.AZTaxes.gov								
✓ Click on "Make a Payment" and select "140ES" as the Payment Type.									
			not mail this form. We v						