

For the year Jan. 1–Dec. 31, 2023, or other tax year beginning , 2023, ending , 20 See separate instructions.

Your first name and middle initial RAVI TEJA Last name VANAM Your social security number 842 89 5731

If joint return, spouse's first name and middle initial CHAITANYA Last name MANCHIKATLA Spouse's social security number 986 99 2754

Home address (number and street). If you have a P.O. box, see instructions. 8939 W OREGON AVE Apt. no. Presidential Election Campaign

City, town, or post office. If you have a foreign address, also complete spaces below. GLENDALE AZ 85305 Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund.

Foreign country name Foreign province/state/county Foreign postal code You Spouse

Filing Status Single Married filing jointly (even if only one had income) Married filing separately (MFS) Head of household (HOH) Qualifying surviving spouse (QSS)

Digital Assets At any time during 2023, did you: (a) receive (as a reward, award, or payment for property or services); or (b) sell, exchange, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? (See instructions.) Yes 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, 1959 Are blind Spouse: Was born before January 2, 1959 Is blind

Table with 5 columns: (1) First name, Last name, (2) Social security number, (3) Relationship to you, (4) Check the box if qualifies for (see instructions): Child tax credit, Credit for other dependents

Income section table with columns 1a-1z and 1a-1z. Includes rows for Total amount from Form(s) W-2, Household employee wages, Tip income, Medicaid waiver payments, Taxable dependent care benefits, Employer-provided adoption benefits, Wages from Form 8919, Other earned income, Nontaxable combat pay election, Add lines 1a through 1h.

Table with columns 2a-2b, 3a-3b, 4a-4b, 5a-5b, 6a-6b. Includes rows for Tax-exempt interest, Qualified dividends, IRA distributions, Pensions and annuities, Social security benefits, Taxable interest, Ordinary dividends, Taxable amount.

Table with columns 7-15. Includes rows for Capital gain or (loss), Additional income from Schedule 1, Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income, Adjustments to income from Schedule 1, Subtract line 10 from line 9. This is your adjusted gross income, Standard deduction or itemized deductions (from Schedule A), Qualified business income deduction from Form 8995 or Form 8995-A, Add lines 12 and 13, Subtract line 14 from line 11. If zero or less, enter -0-. This is your taxable income.

Table with columns for line numbers (16-24), descriptions (Tax and Credits), and amounts. Total tax is 18,458.

Table for Payments (lines 25-33). Includes federal income tax withheld (29,968) and total payments (29,968).

Table for Refund (lines 34-36). Shows overpaid amount of 11,510 and amount applied to 2024 estimated tax.

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

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

Sign Here section with declaration and signature fields for taxpayer and spouse.

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

**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

2023

Attachment
Sequence No. **01**

Name(s) shown on Form 1040, 1040-SR, or 1040-NR
RAVI TEJA VANAM & CHAITANYA MANCHIKATLA

Your social security number
842-89-5731

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	-13,116.
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 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 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. This is your additional income . Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8		10	-13,116.

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

Schedule 1 (Form 1040) 2023

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, 1040-SR, or 1040-NR, line 10		26

**SCHEDULE E
(Form 1040)**

Department of the Treasury
Internal Revenue Service

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

OMB No. 1545-0074

2023
Attachment
Sequence No. **13**

Name(s) shown on return

RAVI TEJA VANAM & CHAITANYA MANCHIKATLA

Your social security number

842-89-5731

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 2023 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 F.NO.412,DEVI GARDEN APTS HYDERABAD,HABSIGUDA TELANGANA IN 500007

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	3 648.		
4 Royalties received	4		
Expenses:			
5 Advertising	5		
6 Auto and travel (see instructions)	6		
7 Cleaning and maintenance	7 2,784.		
8 Commissions	8		
9 Insurance	9		
10 Legal and other professional fees	10		
11 Management fees	11 2,532.		
12 Mortgage interest paid to banks, etc. (see instructions)	12		
13 Other interest	13		
14 Repairs	14 2,697.		
15 Supplies	15 2,941.		
16 Taxes	16		
17 Utilities	17 2,810.		
18 Depreciation expense or depletion	18		
19 Other (list) _____	19		
20 Total expenses. Add lines 5 through 19	20 13,764.		
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 -13,116.		
22 Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions)	22 (13,116.)		
23a Total of all amounts reported on line 3 for all rental properties	23a 648.		
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 13,764.		
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 (13,116.)		
26 Total rental real estate and royalty income or (loss). Combine lines 24 and 25. Enter the result here. If Parts II, III, and 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 -13,116.		

For Paperwork Reduction Act Notice, see the separate instructions.

NPA

-13,116.

Schedule E (Form 1040) 2023

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 RAVI TEJA	Last Name VANAM	Enter your SSN(s).	Your Social Security Number* 842 89 5731
Your Spouse's First Name and Initial (if filed joint) CHAITANYA	Last Name MANCHIKATLA		Spouse's Social Security No.* 986 99 2754

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	152,445	00
2 Balance Of Tax	3,119	00
3 Arizona Income Tax Withheld ...	3,049	00

Check box 4 or box 5:

4 <input type="checkbox"/> REFUND: Enter the amount of refund.....	00
5 <input checked="" type="checkbox"/> AMOUNT YOU OWE: Enter the amount owed.....	70 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
<input type="checkbox"/> Checking <input type="checkbox"/> Savings	

ACCOUNT NUMBER

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, 2023, 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 2023 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 15, 2024, 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, 2023. 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	→	YOUR PEN AND INK SIGNATURE	DATE
	→	SPOUSE'S PEN AND INK SIGNATURE	DATE

DO NOT STAPLE ANY ITEMS TO THE RETURN.

Arizona Form 140PY

Part-Year Resident Personal Income Tax Return

FOR CALENDAR YEAR 2023

82F Check box 82F if filing under extension OR FISCAL YEAR BEGINNING 2, 0, 2, 3 AND ENDING 66F

Personal information section including name, address, and social security numbers.

Filing status section with options for Married, Head of household, etc.

Exemptions section for age 65+, blind, dependents, etc.

Residency Status (check one): 12 Part-Year Resident Other than Active Military

Table for dependent information with columns for name, SSN, relationship, and months lived in Arizona.

Table for qualifying parents and grandparents with columns for name, SSN, relationship, and age.

Dates of Arizona residency: From 0, 3, 1, 0, 1, 2, 0, 2, 3 to 1, 2, 1, 3, 1, 2, 0, 2, 3

Main income tax calculation table with columns for 2023 Federal and 2023 Arizona amounts.

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

Arizona Income Exemptions 8, 9, and 11a - Dependents 10a and 10b Subtractions - cont. on page 2 Additions

Your Name (as shown on page 1) **RAVI TEJA VANAM & CHAITANYA MANCHIKATLA** Your Social Security Number **842-89-5731**

Subtractions cont. from page 1	40	Recalculated Arizona depreciation	40		00				
	41	Contributions to: 41a 529 College Savings Plans <input type="text"/> 00 41b 529A (ABLE accounts) <input type="text"/> 00 add 41a and 41b...	41c		00				
	42	Interest on U.S. obligations such as U.S. savings bonds and treasury bills	42		00				
	43	U.S. Social Security or Railroad Retirement Act benefits included in your Arizona income	43		00				
	44	Other Subtractions from Income. Complete <i>Other Subtractions from Arizona Gross Income</i> schedule on page 6	44		00				
Exemptions	45	Subtract lines 40 through 44 from line 39. Enter the difference	45	152,445	00				
	46	Age 65 or over: Multiply the number in box 8 by \$2,100	46		00				
	47	Blind: Multiply the number in box 9 by \$1,500	47		00				
	48	Other Exemptions. See instructions. 48E <input type="text"/> Multiply the number in box 48E by \$2,300	48		00				
	49	Qualifying parents and grandparents: Multiply the number in box 11a by \$10,000	49		00				
	50	Add lines 46 through 49. Enter the total	50		00				
Balance of Tax	51	Multiply line 50 by the Arizona income ratio on line 27	51		00				
	52	Arizona adjusted gross income: Subtract line 51 from line 45. If less than zero, enter "0"	52	152,445	00				
	53	Deductions: Check box and enter amount. See instructions. 53I <input type="checkbox"/> ITEMIZED 53S <input checked="" type="checkbox"/> STANDARD	53	27,700	00				
	54	If you checked box 53S and claim charitable contributions check 54C <input type="checkbox"/> Complete page 3. See instructions	54		00				
	55	Arizona taxable income: Subtract lines 53 and 54 from line 52. If less than zero, enter "0"	55	124,745	00				
	56	Tax: Multiply line 55 by 2.5% (.025). Enter the result	56	3,119	00				
	57	Tax from recapture of credits from Arizona Form 301, Part 2, line 31	57		00				
	58	Subtotal of tax: Add lines 56 and 57. Enter the total	58	3,119	00				
	59	Dependent Tax Credit. See instructions	59		00				
	60	Family income tax credit (from the worksheet - see instructions)	60		00				
Total Payments and Refundable Credits	61	Nonrefundable credits from Arizona Form 301, Part 2, line 62	61		00				
	62	Balance of tax: Subtract lines 59, 60 and 61 from line 58. If the sum of lines 59, 60 and 61 is more than line 58, enter "0"	62	3,119	00				
	63	2023 AZ income tax withheld	63	3,049	00				
	64	2023 AZ estimated tax payments. 64a <input type="text"/> 00 Claim of Right 64b <input type="text"/> 00 Add 64a and 64b.	64c		00				
	65	2023 AZ extension payment (Form 204)	65		00				
	66	Increased Excise Tax Credit (from the worksheet - see instructions)	66		00				
	67	Other refundable credits: Check the box(es) and enter the total amount. 671 <input type="checkbox"/> 308-I 672 <input type="checkbox"/> 334 673 <input type="checkbox"/> 349	67		00				
	68	Total payments and refundable credits: Add lines 63 through 67. Enter the total	68	3,049	00				
Tax Due or Overpayment	69	TAX DUE: If line 62 is larger than line 68, subtract line 68 from line 62. Enter amount of tax due. Skip lines 70, 71 and 72	69		70				
	70	OVERPAYMENT: If line 68 is larger than line 62, subtract line 62 from line 68. Enter amount of overpayment	70		00				
	71	Amount of line 70 to be applied to 2024 estimated tax	71		00				
	72	Balance of overpayment: Subtract line 71 from line 70. Enter the difference	72		00				
Voluntary Gifts	73 - 83 Voluntary Gifts to:								
		Solutions Teams Assigned to Schools	73	<input type="text"/> 00	Arizona Wildlife	74	<input type="text"/> 00		
	Child Abuse Prevention	75	<input type="text"/> 00	Domestic Violence Services	76	<input type="text"/> 00	Political Gift	77	<input type="text"/> 00
	Neighbors Helping Neighbors	78	<input type="text"/> 00	Special Olympics	79	<input type="text"/> 00	Veterans' Donations Fund	80	<input type="text"/> 00
	I Didn't Pay Enough Fund	81	<input type="text"/> 00	Sustainable State Parks and Road Fund	82	<input type="text"/> 00	Spay/Neuter of Animals	83	<input type="text"/> 00
	84	Political Party (if amount is entered on line 77- check only one): 841 <input type="checkbox"/> Democratic 842 <input type="checkbox"/> Libertarian 843 <input type="checkbox"/> Republican							
	85	Estimated payment penalty	85						00
	86	861 <input type="checkbox"/> Annualized/Other 862 <input type="checkbox"/> Farmer or Fisherman 863 <input type="checkbox"/> Form 221 included							
Refund or Amount Owed	87	Add lines 73 through 83 and 85; enter the total	87						00
	88	REFUND: Subtract line 87 from line 72. If less than zero, enter amount owed on line 89	88						00
	Direct Deposit of Refund: Check box 88A if your deposit will be ultimately placed in a foreign account; see instructions. 88A <input type="checkbox"/>								
	<input checked="" type="checkbox"/> C <input type="checkbox"/> Checking or ROUTING NUMBER <input type="text"/>			ACCOUNT NUMBER <input type="text"/>					
	<input type="checkbox"/> S <input type="checkbox"/> Savings								
89	AMOUNT OWED: Add lines 69 and 87. Make check payable to Arizona Department of Revenue; write your SSN on payment.	89							70

PLEASE SIGN HERE

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.

YOUR SIGNATURE _____ DATE _____ SOFTWARE DEVELOPER
OCCUPATION

SPOUSE'S SIGNATURE _____ DATE _____ HOME MAKER
SPOUSE'S OCCUPATION

SYAM PRIYA RAM SAGAR GUPTA TALLAM 01052024 GLOBAL TAXES LLC
PAID PREPARER'S SIGNATURE DATE FIRM'S NAME (PREPARER'S IF SELF-EMPLOYED)

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

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

Your First Name and Middle Initial 1 RAVI TEJA		Last Name VANAM	Enter your SSN(s).	Your Social Security Number 842 89 5731
Spouse's First Name and Middle Initial 1 CHAITANYA		Last Name MANCHIKATLA		Spouse's Social Security No. 986 99 2754
Current Home Address - number and street, rural route 2 8939 W OREGON AVE			Apt. No.	Daytime Phone (with area code) 94 (573) 579-0267
City, Town or Post Office 3 GLENDALE	State AZ	ZIP Code 85305	REVENUE USE ONLY. DO NOT MARK IN THIS AREA. 88	

Please indicate the filing status below:

- Married filing joint return
- Head of household: Enter name of qualifying child or dependent on next line.

- Married filing separate return: Enter spouse's name and Social Security Number above.
- Single

81 PM	80 RCVD
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Enter the amount of payment enclosed..... \$

70	00
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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.