## 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

Submissio	on Identification Number (SID)		•			
Taxpayer's n	ame	Social securi	ty numb	er		
GIRISH	GANJI	059-85	-669	9		
Spouse's nar	me	Spouse's soo	ial secu	ırity nun	nber	
Part I	Tax Return Information — Tax Year Ending December 31, 2023 (Ente	_ er year you a	re au	horizi	ng.)	
	le dollars only on lines 1 through 5.				<u> </u>	
Note: For	m 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.					
	justed gross income		1			765.
	tal tax		2			)29.
	deral income tax withheld from Form(s) W-2 and Form(s) 1099		3			)50.
	nount you want refunded to you		4		7,0	)21.
5 Am	Taxpayer Declaration and Signature Authorization (Be sure you get and	keen a con	5 v of v	OUR re	aturn	1
	alties of perjury, I declare that I have examined a copy of the income tax return (original or amended					
for any dela Agent to ini payment of authorizatio payment, I business da taxes to re personal ide	return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for reason processing the return or refund, and (c) the date of any refund. If applicable, I authorize the latitate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account incircular management of estimated tax, and the financial institution is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminar must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation recays prior to the payment (settlement) date. I also authorize the financial institutions involved in the ceive confidential information necessary to answer inquiries and resolve issues related to the entification number (PIN) below is my signature for the income tax return (original or amended) I actually withdrawal Consent.	J.S. Treasury a dicated in the to debit the tethe authoriz quests must be processing opayment. I fur	nd its of ax prepared and its of ax prepared and its of axis of the electric axis of the electric axis of the electric axis of the electric axis of ax	designation to this a revoluted no ectronic knowle	ted Fin softwaccour ke (ca later payndge th	nancial are for it. This ncel) a than 2 nent of nat the
	's PIN: check one box only				$\neg$	
	authorize GLOBAL TAXES LLC to enter or generate	my DIN 5	6 6	9	9 ,	as my
_	ERO firm name  ignature on the income tax return (original or amended) I am now authorizing.	r En		digits, b r all zero	ut	as iliy
☐ I	will enter my PIN as my signature on the income tax return (original or amended) I am if you are entering your own PIN <b>and</b> your return is filed using the Practitioner PIN met below.					
Your signa	ature ▶ Date ▶					
Spouse's	PIN: check one box only	_			_	
· —	authorize to enter or generate	mv PIN				as my
	ERO firm name	En		digits, b	ut	,
	ignature on the income tax return (original or amended) I am now authorizing.			r all zero		
if	will enter my PIN as my signature on the income tax return (original or amended) I am if you are entering your own PIN <b>and</b> your return is filed using the Practitioner PIN methodology.					
Spouse's	signature ▶ Date ▶					
	Practitioner PIN Method Returns Only—continue belov	v				
Part III	Certification and Authentication — Practitioner PIN Method Only					
ERO's EF	IN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN.	$\begin{vmatrix} 2 & 4 & 9 \end{vmatrix}$	6 0	8 2	7	1
		Don't ent	er all ze	ros		
authorized	It the above numeric entry is my PIN, which is my signature for the electronic individual income to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am substance of the Practitioner PIN method and <b>Pub. 1345</b> , Handbook for Authorized IRS e-file Providers of	mitting this reti	urn in a	ccorda	nće w	
ERO's sign	nature ▶ Date ▶					
	ERO Must Retain This Form — See Instructions					
	Don't Submit This Form to the IRS Unless Requested To	Do So				

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



<b>1040</b>	•	artment of the Treasury—Internal Revenue Servi		$_{ m urn}$ $ 2$	023	OMB No. 154	5-0074	IRS Use	Only—I	Do not w	rite or sta	ple in this space.	
For the year Jar	n. 1–Dec	c. 31, 2023, or other tax year beginning		, 2	2023, ending	J		, 20	5	See sep	oarate i	nstructions.	_
Your first name	and m	iddle initial	Last nar	me					·	our so	cial sec	urity number	_
GIRISH			GANJ	I						059	85	6699	
	pouse's	s first name and middle initial	Last nar						-			security numb	eı
Home address	(numbe	er and street). If you have a P.O. box, see	instruction	ons.			,	Apt. no.	F	Preside	ntial Ele	ection Campai	gn
4132 E 2					- 1.		1					ou, or your jointly, want \$3	2
, , ,	ost offi	ice. If you have a foreign address, also co	mplete sp	paces below.		State	ZIP c			•	<b>.</b>	nd. Checking a	
PHOENIX						AZ	850					not change	
Foreign countr	y name			oreign provinc	ce/state/co	inty	Foreig	gn postal co	oae   y	our tax	or refu	_	se
Filing Status	<u> </u>	Single				☐ Head of	househ	old (HOH	1)				_
_	, <u>-</u>	Married filing jointly (even if only o	ne had ir	ncome)			1100001	1014 (1101)	.,				
Check only one box.		Married filing separately (MFS)		,		☐ Qualifyin	a survi	ving spou	ıse (Q	SS)			
one box.	lf v	you checked the MFS box, enter the	name o	f your spous	se. If you c	hecked the HC	H or Q	SS box, e	enter :	the chi	ld's na	me if the	
		ialifying person is a child but not you			•								
Digital	At a	ny time during 2023, did you: (a) rec	eive (as	a reward, aw	vard. or pa	vment for prop	ertv or	services)	: or (b	) sell.			_
Assets		nange, or otherwise dispose of a dig										es 🛛 No	
Standard	Som	neone can claim:	pendent	You	r spouse a	s a dependent							
<b>Deduction</b>		Spouse itemizes on a separate retur	n or you	were a dual	-status ali	en							
Age/Blindnes	s You	: Were born before January 2, 1	959	Are blind	Spou	se: Was bo	orn bef	ore Janua	arv 2.	1959		s blind	
Dependent				<u> </u>	I security	(3) Relations						see instructions	 s):
If more		First name Last name			nber	to you	,p	Child ta		1		r other depender	
than four													
dependents,	_												
see instruction and check	s —												
here													
Income	1a	Total amount from Form(s) W-2, b	ox 1 (see	e instruction:	s)					1a		103,296.	<u>.                                    </u>
Attach Form(s)	b	Household employee wages not re	•	` '	V-2					1b			_
W-2 here. Also	С	Tip income not reported on line 1a	•	•						1c	_		_
attach Forms W-2G and	d	Medicaid waiver payments not rep				tructions)				1d	_		_
1099-R if tax	е	Taxable dependent care benefits f								1e			_
was withheld.	f	Employer-provided adoption bene	fits from	Form 8839,	line 29					1f			_
If you did not get a Form	<b>g</b>	Wages from Form 8919, line 6 .								1g			_
W-2, see	h	Other earned income (see instruct	,				. i ·			1h		0.	<u>.                                    </u>
instructions.	i	Nontaxable combat pay election (s	see instr	uctions) .		🗀	li					102 206	
	<u>z</u>	Add lines 1a through 1h	 o-							1z	_	103,296.	-
Attach Sch. B if required.	2a	· –	2a	6	_	Taxable intere				2b		63.	_
	3a_		3a			Ordinary dividended Taxable amou				3b 4b			_
Standard	4a 5a	_	4a 5a			Taxable amou				5b			_
Deduction for—	6a	_	6a			Taxable amou				6b			_
Single or Married filing	C	,		nethod ched					. i	OD			_
separately, \$13,850	7	,	you elect to use the lump-sum election method, check here (see instructions)							7		-3,000.	_
Married filing jointly or	8	,	litional income from Schedule 1, line 10						8		-19,594.	_	
Qualifying	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7	•							9		80,765.	
surviving spouse, \$27,700	10	Adjustments to income from Sche		-						10			_
Head of household,	11	Subtract line 10 from line 9. This is								11		80,765.	_
\$20,800	12	Standard deduction or itemized	-							12		13,850	
If you checked any box under	13	Qualified business income deduct		•						13	_		_
Standard Deduction,	14									14		13,850.	_
see instructions.	15	Subtract line 1/1 from line 11. If zer					ma			15		66 915	_

Form 1040 (2023	3)							Page <b>2</b>	
Tax and	16	Tax (see instructions). Check if any from For	rm(s): <b>1</b> 881	4 <b>2</b> 4972	3 🗌		16	10,029.	
Credits	17	Amount from Schedule 2, line 3					17		
	18	Add lines 16 and 17					18	10,029.	
	19	Child tax credit or credit for other depende	ents from Sched	ule 8812			19		
	20	Amount from Schedule 3, line 8					20		
	21	Add lines 19 and 20					21		
	22	Subtract line 21 from line 18. If zero or less	s, enter -0				22	10,029.	
	23	Other taxes, including self-employment tax					23	0.	
	24	Add lines 22 and 23. This is your total tax					24	10,029.	
Payments	25	Federal income tax withheld from:							
•	а	Form(s) W-2			<b>25a</b> 17	7,050.			
	b	Form(s) 1099			25b				
	С	Other forms (see instructions)			25c				
	d	Add lines 25a through 25c					25d	17,050.	
If you have a	26	2023 estimated tax payments and amount	applied from 20	022 return			26		
qualifying child,	27	Earned income credit (EIC)		No .	27				
attach Sch. EIC.	28	Additional child tax credit from Schedule 88	12		28				
	29	American opportunity credit from Form 88	63, line 8		29				
	30	Reserved for future use			30				
	31	Amount from Schedule 3, line 15			31				
	32	Add lines 27, 28, 29, and 31. These are yo	ur <b>total other p</b>	ayments and refu	undable credits		32		
	33	Add lines 25d, 26, and 32. These are your	total payments				33	17,050.	
Refund	34	If line 33 is more than line 24, subtract line	24 from line 33	. This is the amou	nt you <b>overpaid</b>		34	7,021.	
	35a	Amount of line 34 you want refunded to y		B is attached, che	ck here	. 🗆	35a	7,021.	
Direct deposit?	b	Routing number 0 7 1 0 0 0 0		<b>c</b> Type:	Checking	Savings			
See instructions.	d	Account number 1 1 0 9 5 5 5	9 6 7						
	36	Amount of line 34 you want applied to you	ır 2024 estimat	ed tax	36				
Amount You Owe	37	Subtract line 33 from line 24. This is the <b>ar</b> For details on how to pay, go to www.irs.g	•				37		
rou Owc	38	Estimated tax penalty (see instructions) .	-				31		
Third Party		you want to allow another person to di							
Designee		structions			_	omplete b	elow.	× No	
3	De	signee's	Phone			onal identif	cation		
_		me	no.			ber (PIN)			
Sign		der penalties of perjury, I declare that I have examir ief, they are true, correct, and complete. Declaratio		, , ,		,		,	
Here				1				nt you an Identity	
	10	ur signature	Date	Your occupation				N, enter it here	
Joint return?				SOFTWARE I	ENGINEER	(see i			
See instructions. Keep a copy for your records.	Sp	ouse's signature. If a joint return, <b>both</b> must sign.	Date	Spouse's occupat	ion		he IRS sent your spouse an entity Protection PIN, enter it here		
		one no. (217)341-8528	Email address	arigairia	n@gmail.cor	,	,		
		eparer's name Preparer's sign		AT TEATT TEL	Date	PTIN		Check if:	
Paid		M PRIYA RAM SAGAR GUPTA SYAM PRI		GAR GUDTA	03/28/2024	P02082	703	Self-employed	
Preparer		m's name GLOBAL TAXES LLC	111 10111 DA	CIIIC GOLIA	05/20/2021			678)965-9522	
Use Only		m's address 245 ROONEY CT E BR	NINSWICK N	T 08816		Firm's		0,0,000 002	
	/=	10406 : I I' I' I'I I'I I'I'	COLVENIT CIT. IN	00010		1 1111113	→ L11V	- 1040	

## 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

GIRISH GANJI

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

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 social security number
059-85-6699

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. Att	ach Schedule E .	5	-19,594
6	Farm income or (loss). Attach Schedule F		6	
7	Unemployment compensation		7	
3	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		
ı	Income from the rental of personal property if you engaged in the rental			
	for profit but were not in the business of renting such property	81		
m	Olympic and Paralympic medals and USOC prize money (see			
	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	
0	Combine lines 1 through 7 and 9. This is your additional income. Ente		۱ 🗆	
	1040, 1040-SR, or 1040-NR, line 8		10	-19.594

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

Par	t II Adjustments to Income				
11	Educator expenses			11	
12	Certain business expenses of reservists, performing artists, and fee-				
	officials. Attach Form 2106			12	
13	Health savings account deduction. Attach Form 8889			13	
14	Moving expenses for members of the Armed Forces. Attach Form 3903			14	
15	Deductible part of self-employment tax. Attach Schedule SE			15	
16	Self-employed SEP, SIMPLE, and qualified plans			16	
17	Self-employed health insurance deduction			17	
18	Penalty on early withdrawal of savings			18	
19a	Alimony paid			19a	
b	Recipient's SSN				
С	Date of original divorce or separation agreement (see instructions):				
20	IRA deduction			20	
21	Student loan interest deduction			21	
22	Reserved for future use			22	
23	Archer MSA deduction			23	
24	Other adjustments:				
а	,	24a		_	
b	Deductible expenses related to income reported on line 8l from the				
		24b		_	
С	Nontaxable amount of the value of Olympic and Paralympic medals				
	· · · · · · · · · · · · · · · · · · ·	24c		_	
d		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		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 <b>adjustments to income</b> Form 1040, 1040-SR, or 1040-NR, line 10	e. Enter	here and on	26	
	·				

## SCHEDULE D (Form 1040)

Department of the Treasury

Internal Revenue Service

### **Capital Gains and Losses**

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

Use Form 8949 to list your transactions for lines 1b, 2, 3, 8b, 9, and 10. Go to www.irs.gov/ScheduleD for instructions and the latest information.

OMB No. 1545-0074

2023

Attachment Sequence No. **12** 

	(s) shown on return			l l		ecurity number
	RISH GANJI	£ al ali.a. a. 41a a 4a			-85-	6699
-	you dispose of any investment(s) in a qualified opportunity es," attach Form 8949 and see its instructions for additional	•	•	_		
Pa	Short-Term Capital Gains and Losses—Ge	nerally Assets I	Held One Year	or Less (se	e ins	tructions)
lines This	instructions for how to figure the amounts to enter on the below.  form may be easier to complete if you round off cents to e dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustmer to gain or loss Form(s) 8949, line 2, colum	from Part I,	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
1a	Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b.					
	Totals for all transactions reported on Form(s) 8949 with <b>Box A</b> checked	4,402.	5,029.	į	517.	-110.
2	Totals for all transactions reported on Form(s) 8949 with <b>Box B</b> checked	2,641.	2,034.			607.
3	Totals for all transactions reported on Form(s) 8949 with <b>Box C</b> checked					
4	Short-term gain from Form 6252 and short-term gain or (le	oss) from Forms 4	684, 6781, and 88	324	4	
5	Net short-term gain or (loss) from partnerships, Schedule(s) K-1	S corporations,		rusts from	5	
6	Short-term capital loss carryover. Enter the amount, if an <b>Worksheet</b> in the instructions	-	our <b>Capital Loss</b>	_	6	( )
7	<b>Net short-term capital gain or (loss).</b> Combine lines 1a term capital gains or losses, go to Part II below. Otherwise			e any long-	7	497.
Pai	t II Long-Term Capital Gains and Losses – Ger	nerally Assets H	leld More Than	One Year	(see i	instructions)
	instructions for how to figure the amounts to enter on the below.	(d) Proceeds	(e) Cost	(g) Adjustmer		(h) Gain or (loss) Subtract column (e)
	form may be easier to complete if you round off cents to e dollars.	(sales price)	(or other basis)	to gain or loss Form(s) 8949, line 2, colum	Part II,	from column (d) and combine the result with column (g)
8a	Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b.					
8b	Totals for all transactions reported on Form(s) 8949 with <b>Box D</b> checked					
9	Totals for all transactions reported on Form(s) 8949 with <b>Box E</b> checked					
10	Totals for all transactions reported on Form(s) 8949 with <b>Box F</b> checked					
11	Gain from Form 4797, Part I; long-term gain from Forms from Forms 4684, 6781, and 8824				11	
	Net long-term gain or (loss) from partnerships, S corporat	ions, estates, and	trusts from Sched	dule(s) K-1	12	
	Capital gain distributions. See the instructions				13	
14	Long-term capital loss carryover. Enter the amount, if any <b>Worksheet</b> in the instructions	=		_	14	( 6,266.)
15	Net long-term capital gain or (loss). Combine lines 8a	through 14 in co	olumn (h). Then, a	o to Part III		

on the back . . .

Schedule D (Form 1040) 2023 Page 2

#### Part III **Summary** 16 Combine lines 7 and 15 and enter the result 16 -5,769. • If line 16 is a gain, enter the amount from line 16 on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 17 below. • If line 16 is a loss, skip lines 17 through 20 below. Then, go to line 21. Also be sure to complete • If line 16 is zero, skip lines 17 through 21 below and enter -0- on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 22. 17 Are lines 15 and 16 both gains? ☐ **Yes.** Go to line 18. No. Skip lines 18 through 21, and go to line 22. 18 If you are required to complete the 28% Rate Gain Worksheet (see instructions), enter the amount, if any, from line 7 of that worksheet . . . . . . . . . . . . . . . . . . 18 19 If you are required to complete the Unrecaptured Section 1250 Gain Worksheet (see instructions), enter the amount, if any, from line 18 of that worksheet . . . 19 20 Are lines 18 and 19 both zero or blank and you are not filing Form 4952? ☐ Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 16. Don't complete lines 21 and 22 below. ☐ No. Complete the Schedule D Tax Worksheet in the instructions. Don't complete lines 21 and 22 below. If line 16 is a loss, enter here and on Form 1040, 1040-SR, or 1040-NR, line 7, the smaller of: 21 • The loss on line 16; or 21 3,000.) • (\$3,000), or if married filing separately, (\$1,500) Note: When figuring which amount is smaller, treat both amounts as positive numbers. Do you have gualified dividends on Form 1040, 1040-SR, or 1040-NR, line 3a? 22 X yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 16. No. Complete the rest of Form 1040, 1040-SR, or 1040-NR.

#### **Sales and Other Dispositions of Capital Assets**

File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D. Go to www.irs.gov/Form8949 for instructions and the latest information.

Attachment

OMB No. 1545-0074

Sequence No. 12A

Internal Revenue Service Name(s) shown on return GIRISH GANJI

Department of the Treasury

Social security number or taxpayer identification number 059-85-6699

Before you check Box A, B, or C below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check.

Short-Term. Transactions involving capital assets you held 1 year or less are generally short-term (see Part I instructions). For long-term transactions, see page 2.

Note: You may aggregate all short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 1a; you aren't required to report these transactions on Form 8949 (see instructions).

You must check Box A. B. or C below. Check only one box. If more than one box applies for your short-term transactions. complete a separate Form 8949, page 1, for each applicable box. If you have more short-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

X (A) Short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see **Note** above)

(B) Short-term transactions reported on Form(s) 1099-B showing basis wasn't reported to the IRS

(C) Short-term transactions	not reported	to you on F	orm 1099-B				
1 (a) Description of property	(b) Date acquired	(c) Date sold or	(d) Proceeds	(d) Cost or other basis Proceeds See the <b>Note</b> below		f any, to gain or loss amount in column (g), ode in column (f). arate instructions.	(h) Gain or (loss) Subtract column (e)
(Example: 100 sh. XYZ Co.)	(Mo., day, yr.)	disposed of (Mo., day, yr.)	(sales price) (see instructions)	and see Column (e) in the separate instructions.	(f) Code(s) from instructions	<b>(g)</b> Amount of adjustment	from column (d) and combine the result with column (g).
Robinhood Securities LLC	01/01/23	12/31/23	4,402.	5,029.	W	517.	-110.
2 Totals. Add the amounts in columns negative amounts). Enter each total Schedule D, line 1b (if Box A above above is checked) or line 2 (if Box A)	al here and inc e is checked), <b>lir</b>	lude on your ne 2 (if Box B	4 402	5 029		517	_110

Note: If you checked Box A above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See Column (g) in the separate instructions for how to figure the amount of the adjustment.

## Form **8949**

#### **Sales and Other Dispositions of Capital Assets**

File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D.

Go to www.irs.gov/Form8949 for instructions and the latest information.

2023
Attachment Sequence No. 12A

OMB No. 1545-0074

Name(s) shown on return
GIRISH GANJI

Department of the Treasury

Social security number or taxpayer identification number 059-85-6699

Before you check Box A, B, or C below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check.

Short-Term. Transactions involving capital assets you held 1 year or less are generally short-term (see instructions). For long-term transactions, see page 2.

**Note:** You may aggregate all short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 1a; you aren't required to report these transactions on Form 8949 (see instructions).

You must check Box A, B, or C below. Check only one box. If more than one box applies for your short-term transactions, complete a separate Form 8949, page 1, for each applicable box. If you have more short-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

(A) Short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see **Note** above)

🗵 (B) Short-term transactions reported on Form(s) 1099-B showing basis wasn't reported to the IRS

(C) Short-term transactions	not reported	i to you on F	01111 1099-0				
(a) Description of property	(b) Date acquired	(c) Date sold or	(d) Proceeds	(e) Cost or other basis See the <b>Note</b> below	If you enter an enter a co	any, to gain or loss amount in column (g), ode in column (f). arate instructions.	(h) Gain or (loss) Subtract column (e)
(Example: 100 sh. XYZ Ćo.)	(Mo., day, yr.)	disposed of (Mo., day, yr.)	(sales price) (see instructions)	and see Column (e) in the separate instructions.	(f) Code(s) from instructions	<b>(g)</b> Amount of adjustment	from column (d) and combine the result with column (g).
Robinhood Crypto LLC	01/01/23	12/31/23	2,641.	2,034.			607.
2 Totals. Add the amounts in columns negative amounts). Enter each total Schedule D, line 1b (if Box A above above is checked) or line 3 (if Box C).	al here and inc is checked), <b>lir</b>	lude on your ne 2 (if Box B	2 641	2 034			607

**Note:** If you checked Box A above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See *Column* (g) in the separate instructions for how to figure the amount of the adjustment.

#### **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

GIR:	ISH GANJI						059-	85-6699	<u> </u>	
Par	Income or Loss From Rental Real Estate an Note: If you are in the business of renting personal proper rental income or loss from Form 4835 on page 2, line 40.			<b>c</b> . See	instru	ctions. If you a	re an inc	dividual, rep	ort farm	
	Did you make any payments in 2023 that would require you									
В	If "Yes," did you or will you file required Form(s) 1099? .							. 🗌 Ye	es 🗌 No	
1a	Physical address of each property (street, city, state, ZII	P code	e)							
Α	Pellakuru Mandal, SPSR Nellore Dist, A	Andhi	ra Prad	desh,	IN	524129				
В										
С										
1b	Type of Property (from list below)  2 For each rental real estate properabove, report the number of fair	nir Rental Days	Perso	QJV						
Α	personal use days. Check the Quif you meet the requirements to			Α		365		0		
В	qualified joint venture. See instru			В						
<u> </u>				С						
1	of Property: Single Family Residence 3 Vacation/Short-Term Ren Multi-Family Residence 4 Commercial	ntal	5 Land 6 Roya	-		Self-Rental Other (descr				
						Properti	es:			
Incor				<u> </u>	<i>C</i> 1	В			С	
3	Rents received	3		5	61.					_
4 Expe	Royalties received	4								
=xpe 5	Advertising	5								
6	Auto and travel (see instructions)	6								
7	Cleaning and maintenance	7		2.4	13.					
8	Commissions	8			<u> </u>					
9	Insurance	9								
10	Legal and other professional fees	10								
11	Management fees	11		1,8	25.					_
12	Mortgage interest paid to banks, etc. (see instructions)	12								
13	Other interest	13								
14	Repairs	14			63.					
15	Supplies	15		3,8	66.					
16	Taxes	16								
17	Utilities	17			12.					
18	Depreciation expense or depletion	18		5,1	76.					
19	Other (list)	19		00 1						
20	Total expenses. Add lines 5 through 19	20		20,1	55.					
21	Subtract line 20 from line 3 (rents) and/or 4 (royalties). If result is a (loss), see instructions to find out if you must file <b>Form 6198</b>	21		-19,5	94.					
22	Deductible rental real estate loss after limitation, if any, on <b>Form 8582</b> (see instructions)	22		19,59		(		)(		
23a	Total of all amounts reported on line 3 for all rental prope	erties			23a		561.			
b	Total of all amounts reported on line 4 for all royalty prop				23b					
С	Total of all amounts reported on line 12 for all properties				23c					
d	Total of all amounts reported on line 18 for all properties				23d		,176.			
е	Total of all amounts reported on line 20 for all properties				23e	20	,155.			
24	Income. Add positive amounts shown on line 21. <b>Do not</b>		-				. 24		40	
25	Losses. Add royalty losses from line 21 and rental real estat							(	19,594.	)
26	Total rental real estate and royalty income or (loss). here. If Parts II, III, and IV, and line 40 on page 2 do no									
	Schedule 1 (Form 1040), line 5. Otherwise, include this a						'' 26		-19.594	

**Investment Interest Expense Deduction** 

Attach to your tax return.

OMB No. 1545-0191 Attachment Sequence No. **51** 

Identifying number

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

Go to www.irs.gov/Form4952 for the latest information.

GIR	ISH GANJI	059	-85-	-6699
Par	Total Investment Interest Expense			
1	Investment interest expense paid or accrued in 2023 (see instructions)		1	1,021.
2	Disallowed investment interest expense from 2022 Form 4952, line 7	[	2	559.
3	Total investment interest expense. Add lines 1 and 2		3	1,580.
Part	Net Investment Income			
4a	Gross income from property held for investment (excluding any net gain from	62		
	the disposition of property held for investment)	63.		
b	Qualified dividends included on line 4a	63.		_
С	Subtract line 4b from line 4a		4c	0.
d	Net gain from the disposition of property held for investment			
е	Enter the smaller of line 4d or your net capital gain from the disposition			
	of property held for investment. See instructions			
f	Subtract line 4e from line 4d	[	4f	0.
g	Enter the amount from lines 4b and 4e that you elect to include in investment income. See instruc	ctions	4g	
h	Investment income. Add lines 4c, 4f, and 4g		4h	0.
5	Investment expenses (see instructions)		5	
6	Net investment income. Subtract line 5 from line 4h. If zero or less, enter -0		6	0.
Part	III Investment Interest Expense Deduction			
7	Disallowed investment interest expense to be carried forward to 2024. Subtract line 6 from	n line		
	3. If zero or less, enter -0		7	1,580.
8	Investment interest expense deduction. Enter the smaller of line 3 or line 6. See instructions		8	0.
For Pa	aperwork Reduction Act Notice, see page 4. BAA REV 03/07/24 PRO			Form <b>4952</b> (2023)

## Form **8582**

**Passive Activity Loss Limitations** 

See separate instructions.
Attach to Form 1040, 1040-SR, or 1041.

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

Go to www.irs.gov/Form8582 for instructions and the latest information.

OMB No. 1545-1008

2023

Attachment
Sequence No. 858

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

Identifying number

GIR:	ISH GANJI					059	-85	-6699
Pa	rt I 2023 Passive Activity Loss	S						
	Caution: Complete Parts IV ar	nd V before compl	eting Part I.					
	al Real Estate Activities With Active Parance for Rental Real Estate Activities			ive participa	tion, see	Special		
1a	Activities with net income (enter the a	mount from Part I	V. column (a)) .	1a		0.		
b	Activities with net loss (enter the amo				( 1	9,594.)		
С	Prior years' unallowed losses (enter the				(	)		
d	Combine lines 1a, 1b, and 1c						1d	-19,594.
All O	her Passive Activities							
2a	Activities with net income (enter the a	mount from Part V	', column (a)) .	2a				
b	Activities with net loss (enter the amo				(	)		
С	Prior years' unallowed losses (enter the				(	)		
d	Combine lines 2a, 2b, and 2c						2d	
3	Combine lines 1d and 2d and subtra					nie lina ie		
0	zero or more, stop here and include							
	prior year unallowed losses entered							
	normally used						3	-19,594.
	If line 3 is a loss and: • Line 1d is a	loss, go to Part II.						
		loss (and line 1d is	zero or more), sk	ip Part II and	l go to li	ne 10.		
Cauti	on: If your filing status is married filing	•	•	-	-		vear.	do not complete
	l. Instead, go to line 10.	, , ,	·	•	,	J	•	•
	t II Special Allowance for Rea	ntal Real Estate	<b>Activities With</b>	Active Par	ticipat	ion		
	Note: Enter all numbers in Par				-			
4	Enter the <b>smaller</b> of the loss on line 1						4	19,594.
5	Enter \$150,000. If married filing separ			5	15	0,000.		
6	Enter modified adjusted gross income	-				0,359.		
-	<b>Note:</b> If line 6 is greater than or equal				1	0,000.		
	on line 9. Otherwise, go to line 7.	ito iiilo o, olup iiilo						
7	Subtract line 6 from line 5			7	4	9,641.		
8	Multiply line 7 by 50% (0.50). <b>Do not</b> e	nter more than \$25					8	24,821.
9	Enter the <b>smaller</b> of line 4 or line 8. If						9	19,594.
Par		inic o moidacs an	y OHD, See mistrac					10,004.
10	Add the income, if any, on lines 1a an	nd 2a and enter the	total				10	0.
11	Total losses allowed from all passiv				 etruetier	oc to find		<u> </u>
• • • • • • • • • • • • • • • • • • • •	out how to report the losses on your t		<b>23.</b> Add iiiles 9 ai	id 10. 3ee iii	Struction	is to iiiu	11	19,594.
Par	t IV Complete This Part Before		a 1h and 1c S	ee instruct	ions			10,004.
ı aı	Complete This Fart Belof		a, ib, and io. c		0113.			
		Currer	nt year	Prior yea	ars	Ove	rall ga	ain or loss
	Name of activity	(a) Nationage	(la) Niat Iana	(a)				
		(a) Net income (line 1a)	(b) Net loss (line 1b)	(c) Unallo		(d) Gair	1	(e) Loss
	lakuru Mandal	0.		1000 (11116				10 504
	lakuru Mandal,	U.	19,594.					19,594.
		I	I	1				I

19,594.

0.

Total. Enter on Part I, lines 1a, 1b, and 1c

Form 8582 (2023) Page **2** 

	-,									. ugo <b>-</b>
Part V	Complete This Part Befor	e P	art I, Lines 2	a, 2b,	<b>and 2c.</b> S	ee instru	ctions.			
			Currer	nt year		Prior y	ears	Overa	ıll ga	ain or loss
	Name of activity	(a	Net income (line 2a)	<b>(b)</b> (li	Net loss ne 2b)	(c) Unal loss (lir		(d) Gain		(e) Loss
	on Part I, lines 2a, 2b, and 2c			· · · · · ·	1:					
Part VI	Use This Part if an Amour	T		art II,	, Line 9. S	ee instrud	ctions.			
	Name of activity	ar to	rm or schedule nd line number be reported on see instructions)	(a	) Loss	( <b>b)</b> Ra	atio	(c) Special allowance		(d) Subtract column (c) from column (a).
Pellakuı	cu Mandal,		E Ln 22		19,594.	1.0000	0000	19,59	4.	0.
Total .					19,594.	1.0	0	19,59	4.	0.
Part VII	Allocation of Unallowed L	.oss			S.					
	Name of activity		Form or sche and line nun to be reporte (see instruct	nber ed on	(a) l	Loss	(	<b>b)</b> Ratio	(c	) Unallowed loss
Total	<u> </u>		· · · · ·					1.00		
Part VIII	Allowed Losses. See instr	ucti			1					
	Name of activity		Form or sche and line nun to be reporte (see instruct	nber ed on	(a) l	Loss	<b>(b)</b> Ur	nallowed loss	(	(c) Allowed loss
Total										

# **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** GIRISH GANJI 059 г 85 г 6699 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. 80,765 00 1 Arizona Adjusted Gross Income ☐ Foreign Account Deposit/Debit: See instructions below. 2 Balance Of Tax ..... 1,673 00 ROUTING NUMBER 1,549 00 ☐ Checking ☐ Savings 3 Arizona Income Tax Withheld ... ACCOUNT NUMBER Check box 4 or box 5: 00 **4** ■ **REFUND**: Enter the amount of refund...... 124 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 an acknowledgement of receipt of transmission and an indication of income tax withheld, and refund (or amount owed) listed above are the whether or not the transmission of my return is accepted and, if the return amounts shown on the copy of my electronic Arizona income tax return. is rejected, the reason(s) for the rejection. If the processing of my return **6a** 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. 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

SPOUSE'S PEN AND INK SIGNATURE

DATE

			Arizona Form 140	Resident P	ersonal Inc	ome Tax	Return	FO	R CALENDAR YEAR 2023	R
Z (	82F		Check box 82F f filing under extension	OR FISCAL YEAR BEGINN	NING L , L ,	12,0,2,3	」AND ENDING ∟			66F
ш.	,		First Name and Middle Initial		Last Name				ocial Security N	umbei
Ξ	1	GII	RISH		GANJI		Enter	059	ı 85 ı 66	599
2	<del>_</del> ;		se's First Name and Middle Initi	al (if box 4 or 6 checked)	Last Name		your		e's Social Secur	
<u>S</u>	1						SSN(s).		1 1	
<u>-</u>	<u> </u>	Curre	ent Home Address - number and	street, rural route		Apt. No.	Daytime	Phone (v	with area code)	
=	2	41	32 E ANDERSON DR				I	7)341		
ξ.	_		Town or Post Office	State	ZIP Code	)	Last Names Used in			fferent)
Ė	3	PHO	OENIX	AZ	85032					97
₹.	<u> </u>	4	Married filing joint return	4a Injured Spouse Pr	otection of Joint O	vernavment	REVENUE USE ONL	Y. DO NO	T MARK IN THIS	AREA.
DO NOT STAPLE ANY ITEMS	STATUS	5	Head of household. Enter	88						
=			Ticad of flouseriold. Effet	name of qualifying child of depo	endent on next line.					
$\geq$	NG	6	Married filing separate ret	turn. Enter spouse's name and	Social Security Num	her ahove				
2	FILING	7	_	turn. Enter spouse's name and	Godal Geculty Null	bei above.				
_		-		ed. Do not put a check ma	rk.					
	0	8	Age 65 or over (you and/o		8, 9, and 11a, also con	mplete lines 38.	1			
	EXEMPTIONS	9	Blind (you and/or spouse)	' '   ' <u>-</u>	s 10a and 10b, also co		81 PM		80 RCVD	
	EM	10a	Dependents: Under age of		ndents: Age 17 and	d over.				
		11a	Qualifying parents and gra							
			(Box 10a and 10b): Depende		tions. For more s	pace, check t	he box 🔲 and com	plete pa	ge 4, Part 1.	
			(a)		(b)	(c)	(d)	(e) ependent A	(f)	
	ts		FIRST AND LAS (Do not list yourself	l l	SOCIAL SECURITY NUMBER	RELATIONSHIP	NO. OF MONTHS ✓ D	included in:	this person	not claim on your
	den		(Se net list yearsen	or operation,			HOME IN 2023	1 2 (10a) (Box		
	Dependents	10c					(80)	10a) (80x	1	
	۵	10d							i	
		10e								
			(Box 11a): Qualifying parents	and grandparents. See ins	structions For mo	re space, chec	k the box  and co	mplete n	age 4 Part 2	
40	and		(a)		(b)	(c)	(d)	(e)	(f)	
orm 1,	Parentsand parents	FIRST AND LAST NAME SOCIAL SECURITY RELATIONSHIP NO. OF MONTHS NUMBER LIVED IN YOUR								
	ng Parent ndparents		(Do not list yourself	or spouse.)			HOME IN 2023		VER IN 2023	
Ĭ.	lifyin Gran	11b								
te	Ona	11c						Ħ		
Sa	Ī		Federal adjusted gross incon	ne (from vour federal retur	n)		-	12	80,765	00
ent			, ,	, ,	•					00
Ĕ			Small Business Income: 138 check the box if you are filing Arizona Form 140-SBI and enter the amount from Form 140-SBI, line 10 13 Modified federal adjusted gross income. Subtract line 13 from line 12						80,765	5 00
20	s		Non-Arizona municipal interest.					I		00
2	Additions	16	6 Partnership Income adjustment. See instructions							00
the	Addi		17 Total federal depreciation						5,176	$\overline{}$
0	`		Other Additions to Income: Cor	•			. •		0= 044	00
d AZ schedules or other documents after Form 140			Subtotal: Add lines 14 through 18						85,941	T   00
			Total net capital gain or (loss).				`	7 00		
			Total net short-term capital gain							
				or (loss). See instructions				0 00		
		23 Net long-term capital gain from assets acquired <i>after</i> December 31, 2011. See instructions. 23  24 Multiply line 23 by 25% (.25) and enter the result							(	00
			Net capital gain derived from in				00			
a	"		Recalculated Arizona depreciat						5,176	$\overline{}$
<u>च</u>	ioi		•						3,11	00
any required federal and	ract		27 Partnership Income adjustment. See instructions       27         28 Interest on U.S. obligations such as U.S. savings bonds and treasury bills       28							00
	inbt		26 Interest on 0.3. congations such as 0.3. savings bonds and treasury bilis							00
	0,		29a Exclusion for benefits, annuities and pensions for retired/retainer pay of the uniformed services							00
			30 U.S. Social Security or Railroad Retirement Act benefits included as income on your federal return (taxable amount)							00
			· ·			-				00
			31 Certain wages of American Indians							00
ā			Net operating loss adjustment.		•					00
Place			Contributions to: 34a 529 College							00
<u>ري</u>			Subtract lines 24 through 34c fr						80,765	$\overline{}$
	,		R 10413 (23) 1555		AZ Form 140 (20				/13/24 PRO Page	

Ī	Your	Name (as shown on page 1)	Your Social Security N	Number		
	GIF	RISH GANJI	059-85-669	9		
ŀ						_
	36	Other Subtractions from Income. Complete Other Subtraction from Arizona Gross Income sche			00 765	00
	37	Subtract line 36 from line 35. Enter the difference			80,765	
Suc	38	Age 65 or over: Multiply the number in box 8 by \$2,100				00
ptio	39	Blind: Multiply the number in box 9 by \$1,500				00
Exemptions	40	Other Exemptions. See instructions40EMultiply the number in box 40E by \$2,300				00
ñ	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"			80,765	
	43	Deductions: Check box and enter amount. See instructions			13,850	
	44	If you checked box 43 <b>S</b> and claim charitable contributions, check 44 <b>C</b> Complete page 3. See i				00
	45	Arizona taxable income: Subtract lines 43 and 44 from line 42. If less than zero, enter "0"			66,915	
ax	46	Tax: Multiply line 45 by 2.5% (.025). Enter the result		46	1,673	
Balance of Tax	47	Tax from recapture of credits from Arizona Form 301, Part 2, line 31		47		00
Ce	48	Subtotal of tax: Add lines 46 and 47. Enter the total		48	1,673	00
alar	49	Dependent Tax Credit. See instructions		49		00
Ö	50	Family income tax credit (from the worksheet - see instructions)		50		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	n line 48, enter "0"	52	1,673	
	53	2023 AZ income tax withheld	<del>;</del>		1,549	00
	54	2023 AZ estimated tax payments <b>54a</b> 00 Claim of Right <b>54b</b>	00 Add 54a and 54	њ. <b>54</b> с		00
its	55	2023 AZ extension payment (Form 204)		55		00
Total Payments and Refundable Credits	56	Increased Excise Tax Credit (from the worksheet - see instructions)				00
men ble (	57	Property Tax Credit from Arizona Form 140PTC		57		00
Pay	58	Other refundable credits: Check the box(es) and enter the total amount	<b>2</b> □ 334 <b>583</b> □ 349	58		00
rotal Refu	59	Total payments and refundable credits: Add lines 53 through 58. Enter the total	<u></u>	59	1,549	00
	60	TAX DUE: If line 52 is larger than line 59, subtract line 59 from line 52. Enter amount of tax due. Skip lines			124	
<b>=</b>	61	OVERPAYMENT: If line 59 is larger than line 52, subtract line 52 from line 59. Enter amount of overpaym				00
e or	62					00
x Du	63	Balance of overpayment: Subtract line 62 from line 61. Enter the difference				00
Tax Due or Overpayment	64	- 74 Voluntary Gifts to: Solutions Teams Assigned to Schools 64 00 Arizona Wildlife				
		Child Abuse Prevention		ō		
Gifts		Neighbors Helping Neighbors <b>69</b> 00 Special Olympics <b>70</b> 00 Veterans' Donations		ō		
		I Didn't Pay Enough Fund72 00 Sustainable State Parks and Road Fund73 00 Spay/Neuter of Anim		_		
Voluntary	75			_		
8		Estimated payment penalty	-	76		00
>		771 ☐ Annualized/Other 772 ☐ Farmer or Fisherman 773 ☐ Form 221 included				
Penalty		Add lines 64 through 74 and 76; enter the total	78		00	
Per		REFUND: Subtract line 78 from line 63. If less than zero, enter amount owed on line 80			00	
		Direct Deposit of Refund: Check box 79A if your deposit will be ultimately placed in a foreign account; se	ee instructions. 79A	<u>"</u> ב		100
or		C Checking or C C Checking or C C C C C C C C C C C C C C C C C C				
in d		98 S Savings Savings				
Refund or Amount Owed	80	<b>AMOUNT OWED:</b> Add lines 60 and 78. Make check payable to Arizona Department of Revenue; write			104	
₹		and include with your return		80	124	00
		Under penalties of perjury, I declare that I have read this return and any documents with it, and				y are
	tr	rue, correct and complete. Declaration of preparer (other than taxpayer) is based on all informati	on of which prepare	er has any kr	nowledge.	
₹ E	<b>→</b>					
Щ	~ ⊽		SOFTWARE ENG	31NEEK		_
I	'	OUR SIGNATURE DATE CO.	CCUPATION			
2	<b>→</b>					
SIC	_	SPOUSE'S SIGNATURE DATE SE	POUSE'S OCCUPATION			_
Ш		SYAM PRIYA RAM SAGAR GUPTA 03282024 GLOBAL TAXES L				
SY		PAID PREPARER'S SIGNATURE  DATE  DATE  DATE  GLOBAL TAXES L  GLOBAL TAXES L  FIRM'S NAME (PREPARER'S II				_
PLEASE SIGN HERE		245 ROONEY CT	P02082	703		
7		PAID PREPARER'S STREET ADDRESS	PAID PREPAR			—
		E BRUNSWICK NJ 08816		965-9522		
İ	_	PAID PREPARER'S CITY STATE ZIP CODE		RER'S PHONE N		—

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