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** IRUKULAPATI 174 | 29 | 2753 vour Your Spouse's First Name and Initial (if filed joint) Last Name Spouse's Social Security No.* SSN(s). 97 | 9538 ANILKUMAR MABAGAPU 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. 224,102 00 1 Arizona Adjusted Gross Income ☐ Foreign Account Deposit/Debit: See instructions below. 2 Balance Of Tax 4,810 00 TYPE OF ACCOUNT ROUTING NUMBER 5,028 00 ☑ Checking 2 1 0 0 0 2 4 ☐ Savings 3 Arizona Income Tax Withheld... ACCOUNT NUMBER Check box 4 or box 5: 6 3 0 7 8 1 9 3 5 218 00 **4 REFUND**: Enter the amount of refund..... DIRECT DEBIT REQUEST DATE ไดด 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 The payment will be withdrawn from the account and on the PO Box 29085, Phoenix, AZ 85038-9085.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 X I consent that my refund be directly deposited as designated in the or refund is delayed, I authorize ADOR to disclose to my ERO, OLSP and/ electronic portion of my 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** \prod I do not want direct deposit of my refund or I am not receiving a to release copies of the requested documents to ADOR. refund 6c I authorize the Arizona Department of Revenue (ADOR) and its 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

TURN.	Arizona Form 140		140	Resident Personal Income Tax I			Return	FC	2023	AR
REI	82F		Check box 82F f filing under extension	OR FISCAL YEAR BEG	INNING L	12,0,2,3	」AND ENDING ∟			66F
¥			First Name and Middle Initial		Last Name			Your S	Social Security	Number
	1	RO	JA		IRUKULAPA	TI	Enter	174	l 29 2	2753
	_	Spous	se's First Name and Middle In	nitial (if box 4 or 6 checked)	Last Name		your	Spous	e's Social Secu	ırity No.
<u>8</u>	1	AN:	ILKUMAR		MABAGAPU		SSN(s).	815	5 97 9	538
Ξ	_	Curre	nt Home Address - number a	nd street, rural route		Apt. No.	Daytime		with area code))
_	2	228	8 E LEO PL				94 (6 :	23)300	-5894	
Ž		City, 7	Town or Post Office	State	ZIP Code)	Last Names Used in	Last Four	Prior Year(s) (if	different)
ΨÌ	3	CH	ANDLER	AZ	85249					97
DO NOT STAPLE ANY ITEMS		4 Married filing joint return 4a Injured Spouse Protection of Joint Overpayment						LY. DO NO	T MARK IN THIS	AREA.
ST	STATUS	5 Head of household. Enter name of qualifying child or dependent on next line.								
	S									
ž	NG	6	Married filing separate return. Enter spouse's name and Social Security Number above.							
2	FILING	7 Single								
	EXEMPTIONS	8	Age 65 or over (you and	d/or spouse) If completing li	mplete lines 38,	ete lines 38, ete line 49.				
	IPT	9	Blind (you and/or spous	' ' '	lines 10a and 10b, also col	10a and 10b, also complete line 49.			80 RCVD	
	ŒN	10a	1 Dependents: Under age	e of 17. 10b De	pendents: Age 17 and	d over.				
	Ĭ	11a	Qualifying parents and							
			(Box 10a and 10b): Depen	dent Information. See inst	ructions. For more s	pace, check th	ne box 🗌 and cor	nplete pa	ige 4, Part 1.	
			(a)		(b)	(c)	(d)	(e) Dependent A	(f)	
	ıts		FIRST AND LA (Do not list yours		SOCIAL SECURITY NUMBER	RELATIONSHIF	LIVED IN YOUR	included in	this perso	on on your
	ıder		, ,	,			HOME IN 2023	1 ox 10a) (Box	education	nal credits
	Dependents	10c	AARNIK MA	BAGAPU	703-04-6543	Son	12	X C		
	Ŏ	10d								
		10e								
			(Box 11a): Qualifying parer	nts and grandparents. See	instructions. For mo	re space, checl	k the box 🔲 and c	omplete p	age 4, Part 2.	
40	and		(Box 11a): Qualifying parents and grandparents. See instructions. For more space, check the box and complete page 4, Part 2. (a) (b) (c) (d) (e) (f)							
n 1	Parentsand parents		FIRST AND LA (Do not list yours		SOCIAL SECURITY NUMBER		NO. OF MONTHS V	IF AGE 65 OVER	OR V IF □	
5			(=)				HOME IN 2023	OVLIN	111 20	23
fter F	Qualifying Grand	11b						П		İ
	ð	11c								İ
5		12	12 Federal adjusted gross income (from your federal return)							2 00
en		13	13 Small Business Income: 135 check the box if you are filing Arizona Form 140-SBI and enter the amount from Form 140-SBI, line 10 13							00
ᇤ			14 Modified federal adjusted gross income. Subtract line 13 from line 12							02 00
딩	S		I5 Non-Arizona municipal interest							00
ř	Additions	16	6 Partnership Income adjustment. See instructions							00
ᇋ	Add		17 Total federal depreciation							90 00
0	•		18 Other Additions to Income: Complete Other Additions to Arizona Gross Income schedule on page 5							00
any required federal and AZ schedules or other documents after Form 140			Subtotal: Add lines 14 through						238,69	12 00
			Total net capital gain or (loss)					00		
			Total net short-term capital ga					00		
			Total net long-term capital gai Net long-term capital gain fro		0 00					
			Multiply line 23 by 25% (.25)				0 00			
							00			
			25 Net capital gain derived from investment in qualified small business							
	ions		26 Recalculated Arizona depreciation							
	Subtractions		7 Partnership Income adjustment. See instructions							
ĕ	ubt							I .		00
9	S		29a Exclusion for federal, Arizona state or local government pensions (up to \$2,500 per taxpayer)							
⋚			9b Exclusion for benefits, annuities and pensions for retired/retainer pay of the uniformed services							
ed			1 Certain wages of American Indians							
7		32 Pay received for active service as a member of the reserves, national guard or the U.S. armed forces								00
a			Net operating loss adjustmen		•					00
පු			Contributions to: 34a 529 College							00
Place			Subtract lines 24 through 34c						224,10	-
ADOR 10413 (23) 1555 AZ Form 140 (2023)							***************************************			ge 1 of 6
			± J J J							

Yo	our l	lame (as shown on page 1)	Your Social Security Number 174-29-2753						
R	OJ	A IRUKULAPATI & ANILKUMAR MABAGAPU							
	36	Other Subtractions from Income. Complete Other Subtraction from Air	224,102 00						
	37	Subtract line 36 from line 35. Enter the difference							
드	38	Age 65 or over: Multiply the number in box 8 by \$2,100			00				
npti	39 10	Blind: Multiply the number in box 9 by \$1,500			00				
xer 1	10 11	Qualifying parents and grandparents: Multiply the number in box 11a by \$			00				
	11 12	Arizona adjusted gross income: Subtract lines 38 through 41 from line 3			224,102 00				
	+2 43	Deductions: Check box and enter amount. See instructions			27,700 00				
	+3 14	If you checked box 43S and claim charitable contributions, check 44C			00				
	15	Arizona taxable income: Subtract lines 43 and 44 from line 42. If less than			196,402 00				
	16	Tax: Multiply line 45 by 2.5% (.025). Enter the result			4,910 00				
<u>~</u>	17	Tax from recapture of credits from Arizona Form 301, Part 2, line 31			00				
6 0	48	Subtotal of tax: Add lines 46 and 47. Enter the total		4,910 00					
≥	19	Dependent Tax Credit. See instructions		100 00					
Ba ,	50	Family income tax credit (from the worksheet - see instructions)		00					
	51	Nonrefundable Credits from Arizona Form 301, Part 2, line 62		00					
	52	Balance of tax: Subtract lines 49, 50 and 51 from line 48. If the sum of lines			4,810 00				
	53	2023 AZ income tax withheld	-		5,028 00				
	54	2023 AZ estimated tax payments54a 00 Claim of	Right 54b	00 Add 54a and 54b. 54c	00				
ts t	55	2023 AZ extension payment (Form 204)		55	00				
Refundable Credits	56	Increased Excise Tax Credit (from the worksheet - see instructions)		56	00				
용 :	57	Property Tax Credit from Arizona Form 140PTC		57	00				
mda,	58	Other refundable credits: Check the box(es) and enter the total amount	581 308-l 582	2 □ 334 583 □349 58	00				
Ref	59	Total payments and refundable credits: Add lines 53 through 58. Enter	er the total	59	5,028 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	61, 62 and 63 60	00				
달 (31	OVERPAYMENT: If line 59 is larger than line 52, subtract line 52 from line 58			218 00				
ğ (62	Amount of line 61 to be applied to 2024 estimated tax		62	0 00				
Overpayment	33	Balance of overpayment: Subtract line 62 from line 61. Enter the difference			218 00				
δ (64 -	74 Voluntary Gifts to: Solutions Teams Assigned to Schools64	Arizona Wildlife						
ω		Child Abuse Prevention	00 Political Gift						
<u> </u>		Neighbors Helping Neighbors 69 00 Special Olympics	00 Veterans' Donations F						
Voluntary Gifts			Spay/Neuter of Anima						
ē -7	75 Political Party (if amount is entered on line 68 - check only one): 751 Democratic 752 Libertarian 753 Republican								
- 7		Estimated payment penalty		76	00				
₹ 2	77	771 ☐ Annualized/Other 772 ☐ Farmer or Fisherman 773 ☐ Form 221 includ							
<u>a</u>	78	Add lines 64 through 74 and 76; enter the total	21.0 22						
<u>- 7</u>	79	REFUND: Subtract line 78 from line 63. If less than zero, enter amount owed Direct Deposit of Refund: <i>Check box</i> 79 A if your deposit will be ultimately pla		218 00					
bed ed		ROUTING NUMBER ACCOUNT NU	e instructions. 79A						
Ş		98 S Savings 1 2 2 1 0 0 0 2 4 6 3 0 7							
Amount Owed	30	AMOUNT OWED: Add lines 60 and 78. Make check payable to Arizona D	epartment of Revenue; write	our SSN on payment;					
Ā		and include with your return		80	00				
		nder penalties of perjury, I declare that I have read this return and an							
	tr	ue, correct and complete. Declaration of preparer (other than taxpayer	on of which preparer has a	ny knowledge.					
4 4			_		_				
7 7 7		DUR SIGNATURE		OFTWARE ENGINEE CUPATION	iR				
		SON SIGNATURE	0017111011						
25 1			9	OFTWARE ENGINEE	R				
ה ה	SI	POUSE'S SIGNATURE		OUSE'S OCCUPATION					
		SYAM PRIYA RAM SAGAR GUPTA 05112024	GLOBAL TAXES L						
X.	PA	ID PREPARER'S SIGNATURE DATE	FIRM'S NAME (PREPARER'S IF	SELF-EMPLOYED)	_				
PLEASE	_	245 ROONEY CT		84-3171965					
Σ	PA	IID PREPARER'S STREET ADDRESS		PAID PREPARER'S TIN					
		E BRUNSWICK NJ 08816			(678)965-9522				
	P/	AID PREPARER'S CITY STATE	ZIP CODE	PAID PREPARER'S PH	ONE NUMBER				

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) 1.555 AZ Form 140 (2023) REV 01/13/24 PRO Page 2 of 6