## **8879** Form

(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

Submission Identification Number (SID)		
Taxpayer's name	Social securit	y number
PRAMOD REDDY DHARMA	803-91-	-1795
Spouse's name	Spouse's soc	ial security number
NIKHILA DUBBAKA	007-23-	-4599
Part I Tax Return Information — Tax Year Ending December 31, 2023	Enter year you a	re authorizing.)
Enter whole dollars only on lines 1 through 5.		
Note: Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.		
1 Adjusted gross income		141,466.
<b>2</b> Total tax		<b>2</b> 15,644.
3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099		<b>3</b> 19,610.
4 Amount you want refunded to you		<b>4</b> 3,966.
5 Amount you owe		5
Part II Taxpayer Declaration and Signature Authorization (Be sure you ge	et and keep a copy	y of your return)
my knowledge and belief, it is true, correct, and complete. I further declare that the amounts in Pareturn (original or amended) I am now authorizing. I consent to allow my intermediate service provide to send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reasc for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I author Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution acc payment of my federal taxes owed on this return and/or a payment of estimated tax, and the financia authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancella business days prior to the payment (settlement) date. I also authorize the financial institutions involve taxes to receive confidential information necessary to answer inquiries and resolve issues related personal identification number (PIN) below is my signature for the income tax return (original or ame Electronic Funds Withdrawal Consent.	r, transmitter, or electron for rejection of the traize the U.S. Treasury are count indicated in the tall institution to debit the terminate the authorization requests must be ded in the processing of to the payment. I furt	onic return originator (ERO) ansmission, (b) the reason of its designated Financial ax preparation software for entry to this account. This ation. To revoke (cancel) at the electronic payment of her acknowledge that the
Taxpayer's PIN: check one box only		
	enerate my PIN $\frac{1}{2}$	1 7 9 5
ERO firm name	Ent	ter five digits, but n't enter all zeros
signature on the income tax return (original or amended) I am now authorizing.	-	
I will enter my PIN as my signature on the income tax return (original or amended if you are entering your own PIN <b>and</b> your return is filed using the Practitioner P below.		
Your signature ▶ D	ate▶	
Spouse's PIN: check one box only		
	enerate my PIN 3	4 5 9 9 as my
ERO firm name signature on the income tax return (original or amended) I am now authorizing.		ter five digits, but n't enter all zeros
I will enter my PIN as my signature on the income tax return (original or amended if you are entering your own PIN <b>and</b> your return is filed using the Practitioner P below.		
Spouse's signature ▶ D	ate ▶	
Practitioner PIN Method Returns Only—continue	below	
Part III Certification and Authentication — Practitioner PIN Method Only		
ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN.		6 0 8 2 7 1 er all zeros
I certify that the above numeric entry is my PIN, which is my signature for the electronic individual i authorized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I a requirements of the Practitioner PIN method and <b>Pub. 1345</b> , Handbook for Authorized IRS <i>e-file</i> Provi	am submitting this retu	ırn in accordance with the
ERO's signature ▶ D	ate ▶	
FRO Must Retain This Form — See Instruct		

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

2023

OMB No. 1545-007

IRS Use Only-Do not write or staple in this space

For the year Jar	n. 1–De	c. 31, 2023, or other tax year beginning		, 2023, end	ding		,:	20	See se	parate instructions.
Your first name	and m	iddle initial	Last n	ame					Your so	ocial security number
PRAMOD E	SEDD	Y	DHA	RMA						
		s first name and middle initial	1						1	
NIKHILA			DUB	RAKA					1 -	-
	(numb	er and street). If you have a P.O. box, see					Ap	t. no.		
1539 WES	ЗТ С	ORRAL ROAD							1	. •
		ice. If you have a foreign address, also co	mplete	spaces below.	Sta	ite	ZIP cod	е	1 '	• • •
PHOENIX				•	$ _{A_7}$	7	8504	1	1 -	•
Foreign country	y name			Foreign province/state/o						•
										You Spouse
Filing Status	. [	Single				Head of he	ousehol	d (HOH)	-	
-		Married filing jointly (even if only o	ne had	income)				,		
•		Married filing separately (MFS)		,		☐ Qualifying	survivir	ıg spouse	(QSS)	
one sexi	lf <sup>,</sup>	• • • • •	e name	of your spouse. If you	u che					ild's name if the
		ialifying person is a child but not you								
	A+ -		-! /							
							•	•		
	_						:1) ? (366	IIISII UCIIC	)115.)	res
	_	<u>—</u>		<del>_</del> '		•				
Deduction	Ш	Spouse itemizes on a separate retur	n or yo	ou were a dual-status	alleri	l				
Age/Blindness	s You	: Were born before January 2, 1	959	Are blind Spo	ouse	: 🗌 Was bor	n before	e January	2, 1959	☐ <b>I</b> s blind
Dependent	<b>s</b> (see	instructions):		(2) Social security	,	(3) Relationsh	<sub>iip</sub> (4)	Check the I	box if qual	lifies for (see instructions):
If more	<b>(1)</b> F	First name Last name		number		to you		Child tax	credit	Credit for other dependents
than four										
•	e —									
and check	. —									
here L										
Income	1a	Total amount from Form(s) W-2, b	ox 1 (s	ee instructions) .					. 18	156,889.
Attach Form(s)	b	Household employee wages not re	eported	d on Form(s) W-2.					. 1k	o
W-2 here. Also	С	Tip income not reported on line 1a	a (see ii	nstructions)					. 10	<b>&gt;</b>
attach Forms	d	• •		, , , ,	nstru	uctions)			. 10	t t
1099-R if tax	е	•		•					. 16	э
was withheld.	f								. 11	f
,	g	•							. 19	
Check only one box.  Digital At Assets exc Standard Deduction  Age/Blindness Yo Dependents (see If more than four dependents, see instructions and check here	h	Other earned income (see instruct					· ·		. 11	1 0.
instructions.	i	, ,	see ins	MA						
	z		1							0.00
		· —								-
in required.		·				-				
Standard	_	<u> </u>								
Deduction for—	_									
		•					t		·   61	)
separately,		=				•			H F	
Married filing										
surviving spouse,			Last name							
Check only one box.  If you qua  Digital At any Assets excha  Standard Deduction Spendents (see in If more than four dependents, see instructions and check here	•									
			•	•						
If you checked				,	,				<b>—</b>	
Standard			ion irol	III FOITH 6990 OF FORM	099					
			ro or lo	ss enter -0 - This is w		tavable incom				

Form 1040 (2023	3)								Page <b>2</b>
Tax and	16	Tax (see instructions). Check	if any from Form	(s): <b>1</b> 881	4 <b>2</b> 🗌 4972	з 🗌		16	15,644.
Credits	17	Amount from Schedule 2, lir					•	17	
	18	Add lines 16 and 17						18	15,644.
	19	Child tax credit or credit for	other dependent	ts from Sched	ule 8812			19	
	20	Amount from Schedule 3, lir	ne 8					20	
	21	Add lines 19 and 20						21	
	22	Subtract line 21 from line 18	B. If zero or less,	enter -0				22	15,644.
	23	Other taxes, including self-e	employment tax,	from Schedule	e 2, line 21			23	0.
	24	Add lines 22 and 23. This is	your <b>total tax</b>					24	15,644.
Payments	25	Federal income tax withheld							
-	а	Form(s) W-2				<b>25a</b> 19	610		
	b	Form(s) 1099				25b			
	С	Other forms (see instruction	s)			25c			
	d	Add lines 25a through 25c						25d	19,610.
If you have a	26	2023 estimated tax paymen	ts and amount a	pplied from 20	22 return			26	
qualifying child,	27	Earned income credit (EIC)			No .	27			
attach Sch. EIC.	28	Additional child tax credit fro	m Schedule 8812			28			
	29	American opportunity credit	from Form 8863	s, line 8 .     .		29			
	30	Reserved for future use .				30			
	31	Amount from Schedule 3, lir	ne 15			31			
	32	Add lines 27, 28, 29, and 31	. These are your	total other pa	ayments and refu	ndable credits		32	
	33	Add lines 25d, 26, and 32. T	hese are your <b>to</b>	tal payments				33	19,610.
Refund	34	If line 33 is more than line 24	4, subtract line 2	4 from line 33.				34	3,966.
	35a	Amount of line 34 you want	refunded to you	ı. If Form 8888	is attached, chec	k here	. 🗆	35a	3,966.
Direct deposit?	b	Routing number 0 4 4	0 0 0 0	3   7		_	Savings		
See instructions.	d	Account number 9 2 5	5 1 7 5	9 8					
	36	Amount of line 34 you want	applied to your	2024 estimate	ed tax	36			
Amount	37	Subtract line 33 from line 24	. This is the <b>amo</b>	ount you owe	1				
You Owe		For details on how to pay, g	o to www.irs.gov	//Payments or	see instructions.			37	
	38	Estimated tax penalty (see in	nstructions) .			38			
<b>Third Party</b>		you want to allow another	person to disc	cuss this retu	rn with the IRS?				_
Designee	ins	structions							<b>⋉</b> No
	De nai	signee's		Phone no.			onal iden ber (PIN)	tification	
Cian		der penalties of perjury, I declare t	hat I have examined		accompanying sched		. ,	the hest	of my knowledge and
Sign		lief, they are true, correct, and com							
Here	Yo	ur signature		Date	Your occupation		l If th	ne IRS se	nt you an Identity
							Pro	tection P	IN, enter it here
Joint return?					SOFTWARE D	EVELOPER	`	e inst.)	
See instructions. Keep a copy for	Sp	ouse's signature. If a joint return,	<b>both</b> must sign.	Date	Spouse's occupation	on			nt your spouse an
your records.					STORE ASSC		niity Prot e inst.)	ection PIN, enter it here	
		one no. (516) 728-061	6	Email address	PRAMODO3.NI			,	
		one no. (516) 728-061 eparer's name	Preparer's signat		FVWINDD03.MI	Date	PTIN		Check if:
Paid		i PRIYA RAM SAGAR GUPTA TALLAM	1 '		GUPTA TALLAM	03/07/2024	P0208	27702	Self-employed
Preparer			l .	ARDAC MAN	GOLIA TALLAM	03/01/2024	<u>'                                      </u>		
Use Only		m's name GLOBAL TA	XES LLC Y CT E BRU	MCMTCV N	T 00016				(678) 965-9522
	Fir	m's address 245 ROONE	T CI E DRU	TADMICK N	7 000TP		Firr	n's EIN	<u>84-3171965</u>

#### **SCHEDULE 1** (Form 1040)

### **Additional Income and Adjustments to Income**

OMB No. 1545-0074

Department of the Treasury Internal Revenue Service

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.

Attachment Sequence No. **01** Your social security number

PRAM.	OD REDDY DHARMA & NIKHILA DUBBAKA		803-9	1-17	95
Par	t I Additional Income				
1	Taxable refunds, credits, or offsets of state and local income taxes			1	
2a	Alimony received			2a	
b	Date of original divorce or separation agreement (see instructions):				
3	Business income or (loss). Attach Schedule C			3	
4	Other gains or (losses). Attach Form 4797			4	
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Atta	ch Schedi	ule E	5	-15 <b>,</b> 802.
6	Farm income or (loss). Attach Schedule F			6	
7	Unemployment compensation			7	
8	Other income:				
а	Net operating loss	<b>8a</b> (	)		
b		8b			
С	Cancellation of debt	8c			
d		8d (	)		
е		8e			
f	Income from Form 8889	8f			
g	Alaska Permanent Fund dividends	8g			
h	, ,, ,	8h			
i	Prizes and awards	8i			
j	Activity not engaged in for profit income	8j			
k		8k			
I	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				
	· · · · · · · · · · · · · · · · · · ·	8m			
	·	8n			
0		80			
p	· · · · · · · · · · · · · · · · · · ·	8p			
q		8q 8r			
r	Scholarship and fellowship grants not reported on Form W-2	or			
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				
	·	8t			
u		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 <b>additional income</b> . Enter	here and	on Form		
	1040, 1040-SR, or 1040-NR, line 8			10	<del>-</del> 15,802.

Page 2 Schedule 1 (Form 1040) 2023

Par	II Adjustments to Income				
11	Educator expenses			11	
12	Certain business expenses of reservists, performing artists, and fee-			t 🗌	
	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 8I 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				
		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	0415			
	· · · · · · · · · · · · · · · · · · ·	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			
	Housing deduction from Form 2555	24i 24j		_	
j k	Excess deductions of section 67(e) expenses from Schedule K-1 (Form	24)			
ĸ		24k			
z	Other adjustments. List type and amount:	24K			
_	other adjustifients, 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			26	
	BAA		/23/24 PRO		e 1 (Form 1040) 2023
	DAA	INEV UZ	LUIZTINO		(

#### **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,

Attachment

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

Sequence No. 13

OMB No. 1545-0074

Name(s) shown on return Your social security number PRAMOD REDDY DHARMA & NIKHILA DUBBAKA 803-91-1795 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. Did you make any payments in 2023 that would require you to file Form(s) 1099? See instructions . . . . . ☐ Yes 
☒ No ☐ Yes ☐ No 1a Physical address of each property (street, city, state, ZIP code) MANIKANTANAGAR, NEAR PALLAVI MODEL HIGH SCHOOL, BODUPPAL, HYDERABAD IN 500092 PLOT NO 90, ROAD NO-3, STREET NO-17, Α В С 1b Type of Property For each rental real estate property listed **Fair Rental Personal Use** QJV (from list below) above, report the number of fair rental and Days Days personal use days. Check the QJV box only Α Α 365 0 if you meet the requirements to file as a В В qualified joint venture. See instructions. С C Type of Property: 1 Single Family Residence 3 Vacation/Short-Term Rental 5 Land 7 Self-Rental 8 Other (describe) 2 Multi-Family Residence 4 Commercial 6 Royalties **Properties:** С Income: Α В 3 500. Rents received . 4 Royalties received 4 Expenses: 5 5 Advertising 6 Auto and travel (see instructions) 6 7 7 849. Cleaning and maintenance . . . . 8 Commissions 8 9 Insurance . . . . . 9 10 10 Legal and other professional fees 11 Management fees . . . . . . . . . . . . . . . . . 11 1,249. 12 12 Mortgage interest paid to banks, etc. (see instructions) 13 13 4,278. 14 Repairs . . . . . . . . . . . . 14 15 Supplies . . . . . . . 15 5,678. 16 16 3,000. 17 Utilities . . . . . . . . 17 1,248. 18 Depreciation expense or depletion . . . . . . . 18 19 19 Total expenses. Add lines 5 through 19 . . . . . 20 20 16,302. 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 . . . . . . . . . . . . . . . . . -15,802.21 22 Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions) . . . . . . . . 22 15,802. 23a Total of all amounts reported on line 3 for all rental properties 23a 500. 23b Total of all amounts reported on line 4 for all royalty properties c Total of all amounts reported on line 12 for all properties 23c Total of all amounts reported on line 18 for all properties 23d 16,302. 23e Total of all amounts reported on line 20 for all properties 24 Income. Add positive amounts shown on line 21. Do not include any losses 24 25 15,802. 25 Losses. Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here 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 ... -15,802. Arizona Form AZ-8879

### E-file Signature Authorization (Arizona Forms 140, 140A, 140EZ, 140NR and 140PY)

2023

Do not mail this form to the Arizona D	epartment of Revenue.	The ERO must retain this document a minimum of four years.
Your First Name and Initial	Last Name	Your Social Security Number*
PRAMOD REDDY	DHARMA	Enter 803   91   1795
Your Spouse's First Name and Initial (if filed joint)	Last Name	Spouse's Social Security No.*
NIKHILA	DUBBAKA	007   23   4599
PART 1 – PURPOSE ( <u>If you are e-filing a</u>	Small Business Incon	<u>ne Tax Return, also complete Form AZ-8879 SBI</u> ) <sup>*Do Not Truncate</sup>
	RO) to affirm that the taxpa	electronic income tax return.  Iyer wishes to use the taxpayer's electronic 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.
,	981 00	Foreign Account Deposit/Debit: See instructions below.
2 Balance Of Tax	20 00	TYPE OF ACCOUNT    X   Checking   Savings
3 Arizona Income Tax Withheld	25 <b>00</b>	E chicoking E cavings
Check box 4 or box 5:  4☑ REFUND: Enter the amount of refund		ACCOUNT NUMBER  9 2 5 5 1 7 5 9 8
5 AMOUNT YOU OWE: Enter the amount on		00 DIRECT DEBIT REQUEST DATE DIRECT DEBIT PAYMENT AMOUNT
3 AMOUNT 100 CWE. Enter the amount ow	-eu	\$ .00
Box 4 Checkbox – Refund: You are due a refund provided on your tax return. Your refund amount account listed in the Financial Institution Information Box 5 Checkbox – Amount You Owe: You of information provided on your tax return. You have for payment. The payment will be withdrawn from date listed in the Financial Institution Information States	will be deposited in the on Section (Part 3). we taxes based on the re elected to direct debit the account and on the	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 you 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 SIGNATU	IRE AUTHORIZATION	(Sign only after completing Part 2)
Under penalties of perjury, I declare that I have electronic Arizona individual income tax return and and statements for the year ending December 31, my knowledge and belief, it is true, correct, and cothat the amounts of Arizona adjusted gross incincome tax withheld, and refund (or amount own amounts shown on the copy of my electronic Ari 6a I consent that my refund be directly depose electronic portion of my 2023 Arizona individual If I have filed a joint return, this is an irrethe other spouse as an agent to receive the 6b I do not want direct deposit of my refund refund.  6c I authorize the Arizona Department of R designated Financial Agent to initiate a desitt of the state of the	accompanying schedules 2023, and to the best of mplete. I further declare ome, total tax, Arizona ed) listed above are the zona income tax return. ited as designated in the vidual income tax return. evocable appointment of the refund.  or I am not receiving a evenue (ADOR) and its ACH electronic funds	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 consent to my ERO or OLSP sending such information to ADOR through a transmitter. I consent to ADOR sending my ERO, OLSP and/or transmitte an acknowledgement of receipt of transmission and an indication o 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 o 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
withdrawal (direct debit) entry to the final indicated in the tax preparation software for taxes owed on this return. I also authorized involved in the processing of the electron receive confidential information necessary resolve issues related to the payment.  If I have filed a balance due return, I understand the receive full and timely payment of my tax liability	r payment of my Arizona the financial institutions nic payment of taxes to to answer inquiries and hat if the ADOR does not by April 15, 2024, I will	(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 unde
remain liable for the tax liability and all applicable. When electronically filing my federal and state to that if there is an error on my federal return, my rejected.	x returns, I understand	penalties of perjury that to the best of my knowledge and belief the return is true, correct and complete.
YOUR PEN AND INK SIGNATURE		DATE
YOUR PEN AND INK SIGNATURE		D/ II L

SPOUSE'S PEN AND INK SIGNATURE

DATE

폴			140NR Nonresident Po	ersonal Ind	come Ta	ax Return		20	)23
RETUR	826		Check box 82F f filing under extension OR FISCAL YEAR BEGINNIN		12.0.2.5	3 I AND ENDIN	G L I		
			f filing under extension OR FISCAL YEAR BEGINNIN First Name and Middle Initial	Last Name	1210121	O AND LINDIN			Security Number
픋			MOD REDDY	DHARMA		Ent	or .	3 <sub>1</sub> 9	•
TO THE	_		se's First Name and Middle Initial (if box 4 or 6 checked)	Last Name		you	110	l l	cial Security No.
			HILA	DUBBAKA		SS	N(S)		3 <sub>1</sub> 4599
≅	_		nt Home Address - number and street, rural route	DOBBING	Apt. No.	Da	ytime Phone		
<b>ANY ITEMS</b>			9 WEST CORRAL ROAD		7.01.1101	94	•	•	,
Ź	=		Fown or Post Office State	ZIP Code					ear(s) (if different)
		•	ENIX AZ	85041					97
STAPLE	一	4	■ Married filing joint return       4a  Injured Spouse Prote		ornovmont	REVENUE US	E ONLY. DO NO	OT MAR	K IN THIS AREA.
ĭ	STATUS	5	Head of household: Enter name of qualifying child or depend		еграуттети	88R			
<u></u>	ST/	3	Head of flouseriold. Effer flame of qualifying child of depend	ient on next line.					
NOT	FILING	6	Married filing separate return: Enter spouse's name and So	ocial Security Numb	er above				
Δ	분	7	Single	icial Occurry Numb	ci above.				
_	NS								
	EXEMPTIONS	8	Age 65 or over (you and/or spouse) If completing lines 8			<sub>81P</sub> PM		80R R	CVD
	MP	9	Blind (you and/or spouse)	a and 10b, comple	ete line 59.				
	EXE	10a	Dependents: Under age of 17. 10b Depende	ents: Age 17 and	over.				
		11-13	B Residency Status (check one): 11 X Nonresident 12 1	Nonresident Activ	ve Military 1	I3□ Composite	- Return (see	instruct	ions - nage 29)
			(Box 10a and 10b): Dependent Information. See instruction				<u> </u>		page 20)
			(a)	(b)	(c)	(d)	(e)		(f)
				CIAL SECURITY	RELATIONSH	IIP NO. OF MONT	Dependent included i	Age ✓	if you did not claim this person on your ederal return due to
	ents		(Do not list yourself or spouse.)	NUMBER		LIVED IN YOU HOME IN 202	N	2 f	ederal return due to educational credits
	end	40					(30x 10u) (3x		
	Dependents	10c 10d					ᆉ	ᆉ	
NR.		10a 10e					+ $+$ $+$ $+$ $+$ $+$ $+$ $+$ $+$ $+$ $+$ $+$ $+$	計	ᆸ
		10e						$\exists$ $\vdash$	
7			Check box 14 if married and you are the spouse of an active of	dutv militarv mer	nber	2023 FED	ERAL	202	3 ARIZONA
lace any required federal and AZ schedules or other documents after Form 140NR			who qualifies for relief under the Military Spouses Residency			Amount from Fe			e Amount Only
		15	Wages, salaries, tips, etc		T I	<b>15</b> 156	5,889 <b>00</b>		981 00
		16	Interest			16	379 <b>00</b>		0 00
ij		17	Dividends			17	00		00
S	лe	18	Arizona income tax refunds			18	00		00
en	ō		Business income or (loss) from federal Schedule C			19	00		00
E	na -	20	Gains or (losses) from federal Schedule D. See instructions for A	ARIZONA column		20	00		00
00	Arizona	21	Rents, royalties, partnerships, estates, trusts, small business corporation	ions from federa <b>l</b> S	chedule E	<b>21</b> -15	5,802 <b>00</b>		0 00
ت م	⋖		Other income reported on your federal return. Include your over		ī	22	00		0 00
the the			Total income: Add lines 15 through 22		Г		<u>,466 00</u>		981 00
<u>_</u>			Other federal adjustments: Include your own schedule		T I	24	00		00
S 0			Federal adjusted gross income: Subtract line 24 from line 23 in th		_	'	<u>, 466 00 </u>		001 00
<u>=</u>			Arizona gross income: Subtract line 24 from line 23 in the ARIZON						981 00
g			Arizona income ratio: Divide line 26 by line 25, and enter the res  Small Business Income: 28S  check the box if you are filing Form 140N						0.007
당			Modified Arizona gross income. Subtract line 28 from 26						981 00
ZS	Suc		Total depreciation included in Arizona gross income						00
Υp	Additions		Partnership Income adjustment. See instructions						00
an	Ad		Other Additions to Income. Complete Other Additions to Arizo						00
<u>ē</u>			Subtotal: Add lines 29, 30, 31 and 32. Enter the total						981 00
ger	2		Total Arizona sourced net capital gain or (loss). See instructions				00		
Ę	page		Total net short-term capital gain or (loss) included on line 20, A			35	00		
eq.	on		Total net long-term capital gain or (loss) included on line 20, AF			36	00		
₫	ont	3	Net long-term capital gain from assets acquired after Decemb			37	00		
req	ت ا		Multiply line 37 by 25% (.25) and enter the result						00
2	ons	39	Net capital gain derived from investment in qualified small bus	siness			39		00
e e	actior	40	Recalculated Arizona depreciation				Г		00
ace	Subtra	41	Partnership Income adjustment. See instructions						00
_	(O)	42	Cubtract lines 20 through 44 from line 22. Enter the difference	_			40		001 00

FOR CALENDAR YEAR

 

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	Your	Name (as shown on page 1) Your Social Security N	lumber				
	PR	AMOD REDDY DHARMA & NIKHILA DUBBAKA 803-91-179	5				
	43	Interest on U.S. obligations such as U.S. savings bonds and treasury bills	43		00		
Subtractions cont. from page 1	44	Agricultural crops contributed to Arizona charitable organizations			00		
btrac	45	Other Subtractions from Income: Complete Other Subtractions from Arizona Gross Income schedule on page 6			00		
Su cont.	46	Subtract lines 43, 44 and 45 from line 42. Enter the difference		981 0			
	47	Age 65 or over: Multiply the number in box 8 by \$2,100	00				
S	48	Blind: Multiply the number in box 9 by \$1,500	00	1			
Exemptions	49	Other Exemptions: See instructions49E Multiply the number in box 49E by \$2,300 49	00				
em	50	Add lines 47, 48, and 49. Enter the total	00				
ũ	51	Multiply line 50 by the Arizona ratio on line 27	51	C	00		
	52	Arizona adjusted gross income: Subtract line 51 from line 46. If less than zero, enter "0"			00		
	53	Deductions: Check box and enter amount. See instructions		194 0			
	54	If you checked box 53S and claim charitable contributions, check 54C Complete page 3. See instructions			00		
×	55	Arizona taxable income: Subtract lines 53 and 54 from line 52. If less than zero, enter "0"		787 <b>c</b>			
of Tax	56	Tax: Mulitply line 55 by 2.5% (.025). Enter the result	56	20 0	00		
e S	57	Tax from recapture of credits from Arizona Form 301, Part 2, line 31	57		00		
Balance	58	Subtotal of tax: Add lines 56 and 57. Enter the total	58	20 0			
ĕ	59	Dependent Tax Credit. See instructions	59		00		
	60	Nonrefundable credits from Arizona Form 301, Part 2, line 62			00		
	61	Balance of tax: Subtract lines 59 and 60 from line 58. If the sum of lines 59 and 60 is more than line 58, enter "0"	61	20 0	00		
nd	62	2023 AZ income tax withheld		25 0	00		
nts a Cred	6	2023 AZ estimated tax payments. 63a 00 Claim of Right 63b 00 Add 63a and 63b.	63c		00		
/mei	64	2023 AZ extension payment (Form 204)	64		00		
Total Payments and Refundable Credits	65	Other refundable credits: Check the box(es) and enter the total amount	65		00		
Tota Ref	6	Total payments and refundable credits: Add lines 62 through 65. Enter the total	66	25 0	<u>00</u>		
	6	TAX DUE: If line 61 is larger than line 66, subtract line 66 from line 61. Enter amount of tax due. Skip lines 68, 69 and 70	67		<u>00</u>		
Tax Due or Overpayment	68	<b>OVERPAYMENT:</b> If line 66 is larger than line 61, subtract line 61 from line 66. Enter amount of overpayment	68	5 0	<u>00</u>		
Jue	69	Amount of line 68 to be applied to 2024 estimated tax	69		<u>00</u>		
Tax [	70	Balance of overpayment: Subtract line 69 from line 68. Enter the difference		5 C	<u>00</u>		
٥	71 -	- 81 Voluntary Gifts to: Solutions Teams Assigned to Schools71 00 Arizona Wildlife	_				
ifts		Child Abuse Prevention	_				
<u>ق</u>		Neighbors Helping Neighbors76 00 Special Olympics	_				
ınta		I Didn't Pay Enough Fund79 00 Sustainable State Parks and Road Fund80 00 Spay/Neuter of Animals 81 00	)				
Voluntary Gifts	82	Political Party (if amount is entered on line 75 - check only one): 821 Democratic 822 Libertarian 823 Republican		1			
	83	Estimated payment penalty	83		00		
alty	84	841 Annualized/Other 842 Farmer or Fisherman 843 Form 221 included					
Pena							
	85	Add lines 71 through 81 and 83. Enter the total			00		
	86	Add lines 71 through 81 and 83. Enter the total	86	5 (			
r	85 86	Add lines 71 through 81 and 83. Enter the total	86				
nd or nt Owed	86	Add lines 71 through 81 and 83. Enter the total	86				
Refund or nount Owed	85 86 87	Add lines 71 through 81 and 83. Enter the total	86	5 0	00		
Refund or Amount Owed	86	Add lines 71 through 81 and 83. Enter the total	86	5 0			
Refund or Amount Owed	86	Add lines 71 through 81 and 83. Enter the total	86 ] . 87	5 0	00		
Refund or Amount Owed	86	Add lines 71 through 81 and 83. Enter the total	86 ] 87	5 C	00		
Refund or Amount Owed	86	Add lines 71 through 81 and 83. Enter the total	86 ] 87	5 C	00		
	86	Add lines 71 through 81 and 83. Enter the total	86 87 nowled	dge and belief, they as any knowledge.	00		
	86	Add lines 71 through 81 and 83. Enter the total	86 87 nowled	dge and belief, they as any knowledge.	00		
	86	Add lines 71 through 81 and 83. Enter the total	86 87 Inowled	dge and belief, they as any knowledge.	00		
	86	Add lines 71 through 81 and 83. Enter the total	86 87 Inowledarer ha	dge and belief, they as any knowledge.	00		
	86	Add lines 71 through 81 and 83. Enter the total	86 87 Inowledarer ha	dge and belief, they as any knowledge.	00		
SIGN HERE	87	Add lines 71 through 81 and 83. Enter the total	86 87 Inowledarer ha	dge and belief, they as any knowledge.	00		
SIGN HERE	87	REFUND: Subtract line 85 from line 70. If less than zero, enter amount owed on line 87.  Direct Deposit of Refund: Check box 86A if your deposit will be ultimately placed in a foreign account; see instructions. 86A  ROUTING NUMBER O 4 4 0 0 0 0 3 7 Pay 2 5 5 1 7 5 9 8  AMOUNT OWED: Add lines 67 and 85. Make check payable to Arizona Department of Revenue; write your SSN, 140NR on payment.  Under penalties of perjury, I declare that I have read this return and any documents with it, and to the best of my k true, correct and complete. Declaration of preparer (other than taxpayer) is based on all information of which prepared the pate of	86 87 Inowledarer ha ELOF	dge and belief, they as any knowledge.	00		
SIGN HERE	87	Add lines 71 through 81 and 83. Enter the total	86 87 Snowledarer ha ELOF ATE	dge and belief, they as any knowledge.	00		
SIGN HERE	87	Add lines 71 through 81 and 83. Enter the total  REFUND: Subtract line 85 from line 70. If less than zero, enter amount owed on line 87.  Direct Deposit of Refund: Check box 86A if your deposit will be ultimately placed in a foreign account; see instructions. 86A  ROUTING NUMBER ACCOUNT NUM	86 87 Snowledarer har YELOF ATE N	dge and belief, they as any knowledge.	00		
ľ	87	Add lines 71 through 81 and 83. Enter the total  REFUND: Subtract line 85 from line 70. If less than zero, enter amount owed on line 87.  Direct Deposit of Refund: Check box 86A if your deposit will be ultimately placed in a foreign account; see instructions. 86A  ROUTING NUMBER O 4 4 0 0 0 0 0 3 7  AMOUNT OWED: Add lines 67 and 85. Make check payable to Arizona Department of Revenue; write your SSN, 140NR on payment.  Under penalties of perjury, I declare that I have read this return and any documents with it, and to the best of my k true, correct and complete. Declaration of preparer (other than taxpayer) is based on all information of which prepared with the part of the prepared with the propagation of the prepared with the propagation of the prepared with the prepared wit	86 87 Snowledarer har ELOF ATE N	dge and belief, they as any knowledge.	00		

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 140NR.

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.

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