URN			Arizona Form	Part-Year Res	sident Per	rsona	ıl Income	e Tax F	Retur	'n	_	LENDAR YE	AR	
THE RETURN	82F		Check box 82F filling under extension	OR FISCAL YEAR BE			12,0,2,3					023	6	61
픋			First Name and Middle Initial		Last N	ame				You	r Socia	I Security	Numb	e
2	1	NTSI	HITHA		MOSA	T.T			Enter	3	62	89	516	1
	_		use's First Name and Middle Initial (if box 4 or 6 checked) Last Name						your	Spo	-	Social Sec		
ĕ	1			·					SSN(s).			-	
ANY ITEMS	_	Curre	nt Home Address - number an	d street, rural route			Apt. No.		Dayti	me Phon	e (with	area code	e)	_
Ę	2	5250	O S HARDY DR				1073		94	(520)4	91-0	296		
		City, T	own or Post Office	State	Z	ZIP Code		Last Names Used in Last For			our Prior	Year(s) (if	differe	nt
ᇫ	3	TEM	PE	AZ	8	35283							Ŀ	9
ST	TATUS	4	☐ Married filing joint return	4a Injured Spous	e Protection of	Joint O	verpayment		E USE (ONLY. DO	NOT MA	ARK IN THI	S ARE	A
=	TAT	5	Head of household: Enter name of qualifying child or dependent on next line:											
DO NOT STAPLE	၂ဟ													
2	FILING	6	Married filing separate re	eturn: Enter spouse's name	e and Social Secu	urity Numb	ber above.							
	匝	7	Single											
			♦ Enter the number claim				anlata linaa 10	81P PM				IRCVD		_
	10b	8	Age 65 or over (you and	47	l lines 8, 9, and 11a or lines 10a and 10		•	^{46,} 81P 111			80R RCVD			
	and 10b	9 10a	Blind (you and/or spouse Dependents: Under age		ependents: Ag	o 17 one	d aver							
	0a a	11a	Qualifying parents and g		rependents. Ag	e ir aiic	i Over.				_			-
	and 11a - Dependents 10a	12-1			Resident Other	than Act	tive Military	13 🔲 Pa	rt-Year l	Resident	Active	Military		
	nder		(Box 10a and 10b): Dependent											
	eper		(a)		(b)		(c)	(<u></u> d)	, (e)		(f)		
	Ğ		FIRST AND LA (Do not list yourse		SOCIAL SEC		RELATIONS	IP NO. OF	MONTHS N YOUR	✓ Depende include		if you did this persor	on you	ır
	11a	10c	(Do not list yourse	or spouse. _/	NOMBE			HOME	IN 2023	1 (Box 10a) (2 (Box 10b)	federal retu educationa		
	and									\Box				_
>:	3, 9,	10 d												_
٩ ا	ns 8		(Box 11a): Qualifying paren	ts and grandparents. Se		For mo								_
14	ptio		(a) (b) (c) FIRST AND LAST NAME SOCIAL SECURITY RELATIONS					d) MONTHS	(e) ✓ IF AGE		✓ IF D	IED IN		
ents after Form 140PY.	Exemptions 8, 9,		(Do not list yourself or spouse.)			NUMBER		LIVED IN YOUR OVE		ER 2023				
	Ш	11ь]	
te		11c]]	
ā		14	Dates of Arizona residency: From	10,510,112,0,2	_3 to _1, 2	3, 1, 2	. 0 . 2 . 3 .		FEDE		2	023 ARIZO		
달			List other state(s) of residency: TX Amount from Fed									Amount Or		_
ш			Wages, salaries, tips, etc					15	82,	052 00		55,8		
5			Interest				T	16		00)(
용	Arizona Income	17	Dividends				Ī	17		00				<u>)(</u>
Place any required federal and AZ schedules or other docum			Arizona income tax refunds				Г	18		00)()(
			Business income (or loss) from Gains (or losses) from federa					19 20		00)(
			Rents, royalties, partnerships, est					21	-8.	810 00	1		0 0	
			Other income reported on you		•			22		00			0 0	
	Ā		Total income: Add lines 15 thro	-			Г	23	73,	242 00		55,8		
		l	Other federal adjustments: In					24		00			C)(
		25	Federal adjusted gross incom	e: Subtract line 24 from line	e 23 in the FEDE	RAL colur	mn	25	73,	242 00				
		26	Arizona gross income: Subtrac	ct line 24 from line 23 in the	ARIZONA column	1				26	; <u> </u>	55,8		<u>)(</u>
			Arizona income ratio: Divide	1	•							0.	763	
	suc		Small Business income: 28S check the box if you are filing Form 140PY-SBI and enter the amount from Form 140PY-SBI, line 10											<u>)(</u>
	Additions											55,8		
	Ad		Total depreciation included in	-										<u>)(</u>
	2		Other Additions to Income. C									55,8		<u>)(</u>
	page		Subtotal: Add lines 29, 30 and Total Arizona net capital gain							00			000	
	on p		Total Arizona net short-term c							00				
	cont.		Total Arizona net long-term ca							00				
	S - S	l	Net long-term capital gain from							0 00				
	ction		Multiply line 36 by 25% (.25)										()(
	Subtractions		Net capital gain derived from								3		()(
	S	39	Subtract lines 37 and 38 from	line 32 Enter the difference	ence					39		55,8	358 c	70

 39 Subtract lines 37 and 38 from line 32. Enter the difference.
 39 55,858 00

 ADOR 10149 (23)
 AZ Form 140PY (2023)

 REV 01/13/24 PRO
 Page 1 of 6

1	Your I	Number		\neg				
			260 00 51	C 1				
	NIS	SHITHA MOSALI	362-89-51	6 I				
ه ۱	40	Recalculated Arizona depreciation				00		
Subtractions nt. from page 1	41	Contributions to: 41a 529 College Savings Plans 00 41b 529A (ABLE accounts)	00 add 41a and 41b	41c		00		
ract om	42	Interest on U.S. obligations such as U.S. savings bonds and treasury bills		42		00		
Subtrac cont. from	43	U.S. Social Security or Railroad Retirement Act benefits included in your Arizona income		43		00		
9 2	44	Other Subtractions from Income. Complete Other Subtractions from Arizona Gross Income scheen	44		00			
	45	Subtract lines 40 through 44 from line 39. Enter the difference		45	55 , 858	00		
	46	Age 65 or over: Multiply the number in box 8 by \$2,100	16	00				
દ	47	Blind: Multiply the number in box 9 by \$1,500		00				
Ę	48	Other Exemptions. See instructions48E Multiply the number in box 48E by \$2,300		00				
Exemptions	49	Qualifying parents and grandparents: Multiply the number in box 11a by \$10,000		00				
ă	50	Add lines 46 through 49. Enter the total		00				
	51	Multiply line 50 by the Arizona income ratio on line 27			0	00		
	52	Arizona adjusted gross income: Subtract line 51 from line 45. If less than zero, enter "0"		55,858	-			
ŀ	53	Deductions: Check box and enter amount. See instructions			13,850			
	54	If you checked box s3S and claim charitable contributions check s4C Complete page 3. See instru			-,	00		
	55	Arizona taxable income: Subtract lines 53 and 54 from line 52. If less than zero, enter "0"			42,008	+		
×	56	Tax: Multiply line 55 by 2.5% (.025). Enter the result		1,050	-			
Ę Te	57	Tax from recapture of credits from Arizona Form 301, Part 2, line 31			2,000	00		
93	58	Subtotal of tax: Add lines 56 and 57. Enter the total			1,050			
Salance of Tax	50 59	Dependent Tax Credit. See instructions			1,000	00		
å		Family income tax credit (from the worksheet - see instructions)				00		
	60					00		
	61	Nonrefundable credits from Arizona Form 301, Part 2, line 62			1,050	1		
	62	Balance of tax: Subtract lines 59, 60 and 61 from line 58. If the sum of lines 59, 60 and 61 is more than line 2023 AZ income tax withheld			1,117			
and	63	2023 AZ income tax withheld			1,11/	00		
ents	64	• •				00		
ayma	65	2023 AZ extension payment (Form 204)				00		
Total Payments and Refundable Credits	66	Increased Excise Tax Credit (from the worksheet - see instructions)				00		
P S	67 68	Total payments and refundable credits: Add lines 63 through 67. Enter the total			1,117			
=	69	TAX DUE: If line 62 is larger than line 68, subtract line 68 from line 62. Enter amount of tax due. Skip lines 7				00		
Tax Due or Overpayment	70	OVERPAYMENT: If line 68 is larger than line 62, subtract line 62 from line 68. Enter amount of overpaymen			67	00		
x Du	71	Amount of line 70 to be applied to 2024 estimated tax			0 7	00		
Tax	72	Balance of overpayment: Subtract line 71 from line 70. Enter the difference			67	00		
- 40		O-1-45 T		00	0.7	100		
Sifts	. •	- 83 Voluntary Gifts to: Assigned to Schools	77	00				
J.		Neighbors Helping Neighbors 78 00 Special Olympics 79 00 Veterans' Donations Fu		00				
Voluntary G		I Didn't Pay Enough Fund81 00 Spay/Neuter of Animal		00				
9	84	Political Party (if amount is entered on line 77- check only one): 841 Democratic 842 Libertarian 84		<u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>				
	85	Estimated payment penalty		85		00		
Penalty	86							
Pen	87	Add lines 73 through 83 and 85; enter the total	87		00			
	88	REFUND: Subtract line 87 from line 72. If less than zero, enter amount owed on line 89			67	00		
r de		Direct Deposit of Refund: Check box 88A if your deposit will be ultimately placed in a foreign account; see instructions. 88A						
nd of		CM Checking or ROUTING NUMBER ACCOUNT NUMBER						
Refund or Amount Owed		98 S Savings 1 2 2 1 0 1 7 0 6 4 5 7 0 3 1 3 7 7 7 9 5						
Ā	89	AMOUNT OWED: Add lines 69 and 87. Make check payable to Arizona Department of Revenue; write you	our SSN on paymer	nt. 89		00		
Ä	l t	Jnder penalties of perjury, I declare that I have read this return and any documents with it, and to rue, correct and complete. Declaration of preparer (other than taxpayer) is based on all information of which pre	the best of my	knowledge	and belief, they a	re		
出	→ `		wiedge. MPLOYEI					
エ	7	YOUR SIGNATURE DATE OC			-			
SIGN HERE	→_	DROUGEIG CICHATURE			_			
S	5	SPOUSE'S SIGNATURE DATE SPO SYAM PRIYA RAM SAGAR GUPTA TALLAM 02102024 GLOBAL TAXES LI	OUSE'S OCCUPATION	N				
Ш	Ē	PAID PREPARER'S SIGNATURE DATE FIRM'S NAME (PREPARER'S IF				-		
AS	_	245 ROONEY CT	84-3171			_		
PLEASE		PAID PREPARER'S STREET ADDRESS E. DDINGWICK, N.I. 0.9.1.6	PAID PREPARER					
П		E BRUNSWICK NJ 08816 PAID PREPARER'S CITY STATE ZIP CODE	(678) 96 PAID PREPARER		JMBER	_		

If you are sending a payment with this return, mail to Arizona Department of Revenue, PO Box 52016, Phoenix, AZ 85072-2016. Include your payment with return 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.