Form <b>8879</b>
(Rev. January 2021)
Department of the Treesury

#### epartment 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.

Submission Identification Number (SID)

Taxpayer's name	Social security number
HIRANMAYE SARPANA CHANDU	112-35-4269
Spouse's name	Spouse's social security number
Part I Tax Return Information – Tax Year Ending December 31, 2023 (Enter	r year you are 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.	
<b>1</b> Adjusted gross income	<b>1</b> 75,201.
<b>2</b> Total tax	<b>2</b> 8,810.
<b>3</b> Federal income tax withheld from Form(s) W-2 and Form(s) 1099	<b>3</b> 13,102.
4 Amount you want refunded to you	· · · · <b>4</b> 4,292.
<b>5</b> Amount you owe	5
Part II Taxpayer Declaration and Signature Authorization (Be sure you get and k	keep a copy of your return)

Under penalties of periury. I declare that I have examined a copy of the income tax return (original or amended) I am now authorizing, and to the best of my knowledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I above are the amounts from the income tax return (original or amended) I am now authorizing. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution to debit the entry to this account. This authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate the authorization. To revoke (cancel) a payment, I must contact the U.S. Treasury Financial Agent at **1-888-353-4537**. Payment cancellation requests must be received no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I further acknowledge that the personal identification number (PIN) below is my signature for the income tax return (original or amended) I am now authorizing and, if applicable, my Electronic Funds Withdrawal Consent.

### Taxpayer's PIN: check one box only

X	I authorize	GLOBAL	TAXES	LLC	to enter or generate my PIN
				ERO firm name	

5	4	2	6	9	
Ent don	er fiv i't er	/e di iter a	gits, all ze	but ros	as

my

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) I am now authorizing. Check this box only if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Your signature

Date

### Spouse's PIN: check one box only

I authorize

to enter or generate my PIN

as mv Enter five digits, but don't enter all zeros

ERO firm name 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) I am now authorizing. Check this box only if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Spouse's signature	► Da	ate 🕨					 				
	Practitioner PIN Method Returns Only—continue	bel	ow								
Part III Certific	ication and Authentication – Practitioner PIN Method Only										
ERO's EFIN/PIN. En	nter your six-digit EFIN followed by your five-digit self-selected PIN.	2	2	2		6 nter a		2	7	1	

I certify that the above numeric entry is my PIN, which is my signature for the electronic individual income tax return (original or amended) I am now authorized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and Pub. 1345, Handbook for Authorized IRS e-file Providers of Individual Income Tax Returns.

ERO's signature >	RO's signature ► Date ►									
ERO Must Retain This Don't Submit This Form to the										
For Paperwork Reduction Act Notice, see your tax return instructions	- BAA	REV 01/12/24 PRO	Form 8879 (Rev. 01-2021)							

<b>1040</b>		artment of the Treasury—Internal Revenue Servi <b>S. Individual Income Ta</b> >		turn	202	3	OMB No. 1545	-0074	IRS Use On	ly—Do not v	vrite or st	aple in this space.
For the year Jar	1. 1-Dec	c. 31, 2023, or other tax year beginning			, 2023, end	ing			, 20	See se	parate	instructions.
Your first name	and m	iddle initial	Last	name						Your so	ocial see	curity number
HIRANMAY	ZE SZ	ARPANA	CHA	NDU						112	35	4269
		s first name and middle initial	Last							-		I security numbe
												l
Home address	(numbe	er and street). If you have a P.O. box, see	instruc	ctions.				A	pt. no.	Preside	ntial El	ection Campaigr
183 E BI	IRCH	WOOD PL										ou, or your
		ce. If you have a foreign address, also co	mplete	spaces be	low.	Sta	ate	ZIP co	ode			jointly, want \$3
CHANDLEF	ર					AZ	Z	852	49			nd. Checking a not change
Foreign country	/ name			Foreign p	rovince/state/c	count	ty	Foreig	n postal code		x or refu	0
											<b>Y</b>	ou 🗌 Spouse
Filing Status	; 🛛	Single					Head of he	ouseh	old (HOH)			
Check only		] Married filing jointly (even if only or	ne hao	d income)								
one box.		] Married filing separately (MFS)					Qualifying		• •			
		you checked the MFS box, enter the			pouse. If you	ı che	ecked the HOF	l or Q	SS box, en	ter the ch	ild's na	me if the
	qu	alifying person is a child but not you	ır dep	endent:								
Digital	At ar	ny time during 2023, did you: (a) rece	eive (a	s a reward	d, award, or	payr	ment for prope	rty or :	services); c	or (b) sell,		
Assets		hange, or otherwise dispose of a digi									<b>Y</b>	es 🛛 No
Standard	Som	neone can claim: 🗌 You as a de	pende	ent 🗌	Your spouse	e as	a dependent					
Deduction		Spouse itemizes on a separate retur	n or y	ou were a	dual-status a	alien	ı					
Age/Blindness	s You	: Were born before January 2, 1	959	Are b	lind Spo	ouse	: 🗌 Was bor	n befo	ore January	2, 1959		s blind
Dependents				(2) 9	Social security		(3) Relationsh	14			ifies for	(see instructions):
If more		irst name Last name		(2)	number		to you		Child tax	credit	Credit fo	or other dependents
than four												
dependents,	-											
see instructions and check	s ——											
here	]											
Income	1a	Total amount from Form(s) W-2, be	ox 1 (s	see instruc	ctions)					. 1a	1	94,811.
Attach Form(s)	b	Household employee wages not re	eporte	d on Form	n(s) W-2..					. 1k	)	
W-2 here. Also	С	Tip income not reported on line 1a	a (see i	instructior	ıs)					. 10	;	
attach Forms W-2G and	d	Medicaid waiver payments not rep	ported	on Form(s	s) W-2 (see ir	nstru	uctions)			. 10	1	
1099-R if tax	е	Taxable dependent care benefits f	rom F	orm 2441,	, line 26 .					. 16	•	
was withheld.	f	Employer-provided adoption bene								. 11	:	
lf you did not get a Form	g	Wages from Form 8919, line 6 .				• •				. <u>1</u> ç	1	
W-2, see	h	Other earned income (see instruction	,			• •	· · · ·	· ·		. 11	۱	0.
instructions.	i	Nontaxable combat pay election (s	see ins	structions)	)	• •	<b>1</b> i			_		04 011
		Add lines 1a through 1h			· · · ·	· ·				. 12	-	94,811.
Attach Sch. B if required.	2a	· · -	2a				axable interest			. 2k	_	
	<u>3a</u>		3a				Ordinary divider			. 3t		
Standard	4a 5a		4a				axable amount			. 4k	-	
Deduction for—	5a		5a 6a				axable amouni axable amouni			. 5k		
<ul> <li>Single or Married filing</li> </ul>	6a	,		mothod				ι			,	
separately, \$13,850	с 7	If you elect to use the lump-sum e Capital gain or (loss). Attach Schee				`	,	• •				
<ul> <li>Married filing</li> </ul>	8	Additional income from Schedule		•	•			• •		. 8	_	-19,610.
jointly or Qualifying	9	Additional income from Schedule Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7,	,					• •		. 0		75,201.
surviving spouse, \$27,700	9 10	Add lines 12, 20, 30, 40, 50, 60, 7, Adjustments to income from Sche					• · · · ·	• •		· 9		, , , , 201.
<ul> <li>Head of household,</li> </ul>	11	Subtract line 10 from line 9. This is						•••		. 11		75,201.
\$20,800	12	Standard deduction or itemized								. 12		13,850.
<ul> <li>If you checked any box under</li> </ul>	13	Qualified business income deduction		•		,				. 13	_	±3,030.
Standard Deduction,	14	Add lines 12 and 13								. 14		13,850.
see instructions.	15	Subtract line 14 from line 11. If zer	ro or le	ess, enter	-0 This is v	our f	taxable incom	ie .		. 15		61,351.
				,	J							

For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate instructions.

Form **1040** (2023)

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	3		16	8,810.
Credits	17	Amount from Schedule 2, lin	ne3				[	17	
	18	Add lines 16 and 17					[	18	8,810.
	19	Child tax credit or credit for	other dependen	ts from Sched	ule 8812			19	
	20	Amount from Schedule 3, lin	ne8					20	
	21	Add lines 19 and 20					[	21	
	22	Subtract line 21 from line 18	. If zero or less,	enter -0			[	22	8,810.
	23	Other taxes, including self-e	mployment tax,	from Schedule	e 2, line 21 .		[	23	0.
	24	Add lines 22 and 23. This is	your <b>total tax</b>				[	24	8,810.
Payments	25	Federal income tax withheld							
-	а	Form(s) W-2				<b>25a</b> 13	,102.		
	b	Form(s) 1099				25b			
	с	Other forms (see instructions	s)			25c			
	d	Add lines 25a through 25c						25d	13,102.
If you have a	26	2023 estimated tax payment	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 from	m Schedule 8812			28			
	29	American opportunity credit	from Form 8863	8, line 8		29			
	30	Reserved for future use .				30			
	31	Amount from Schedule 3, lin	ne 15			31			
	32	Add lines 27, 28, 29, and 31	. These are your	total other pa	ayments and ref	undable credits		32	
	33	Add lines 25d, 26, and 32. T	hese are your <b>to</b>	tal payments			[	33	13,102.
Refund	34	If line 33 is more than line 24	1, subtract line 2	4 from line 33.	This is the amou	nt you <b>overpaid</b>		34	4,292.
	35a	Amount of line 34 you want	refunded to you	<b>.</b> If Form 8888	3 is attached, che	ck here	. 🗆 [	35a	4,292.
Direct deposit?	b	Routing number 3 2 5	0 7 0 7	6 0	c Type: 🛛 🗙	Checking	Savings		
See instructions.	d	Account number 6 5 7	6985	9 0					
	36	Amount of line 34 you want a	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					
You Owe		For details on how to pay, g	o to <i>www.ir</i> s.gov	//Payments or	see instructions			37	
	38	Estimated tax penalty (see in	nstructions) .			38			
Third Party	Do	you want to allow another	person to disc	cuss this retu	rn with the IRS?				_
Designee	ins	tructions				🗌 <b>Yes.</b> C	omplete be	low.	× No
	De nai	signee's		Phone no.			onal identific ber (PIN)	ation	
Ciana		der penalties of perjury, I declare th	nat I have examined		accompanying sche		. ,	a hest	of my knowledge and
Sign		ief, they are true, correct, and com							, ,
Here	Yo	ur signature		Date	Your occupation		If the I	RS ser	nt you an Identity
		C C							IN, enter it here
Joint return?						ING ENGINEE		,	
See instructions. Keep a copy for	Sp	ouse's signature. If a joint return, <b>t</b>	ooth must sign.	Date	Spouse's occupat	ion			nt your spouse an ection PIN, enter it here
your records.							(see in		ection Fin, enter it here
	Ph	one no. (971)401-883	7	Email address	<u> </u> сатиргра11	97@GMAIL.CO	)M		
		eparer's name	/ Preparer's signat		UNTILE CALL	Date	PTIN		Check if:
Paid		PRIYA RAM SAGAR GUPTA TALLAM			СПРТА ТАТ.Т.АМ		P02082	703	Self-employed
Preparer		n's name GLOBAL TAX		TATH DAGAN	SOLIA INDAM	101/10/2024			678)965-9522
Use Only			Y CT E BRU	NSWICK N	J 08816		Firm's		84-3171965
Go to www.irs.cr		1040 for instructions and the late		TIONICIC IN			111115		Form <b>1040</b> (2023)
		noro for manuallons and the late	scinomation.		BAA	REV 01/12/24 PRO			10m 10m (2023)

SCHEDULE	1
(Form 1040)	

Department of the Treasury

# Additional Income and Adjustments to Income

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

OMB No. 1545-0074 20 3

Department of the Treasury Internal Revenue Service	Go to www.irs.gov/Form1040 for instructions and the latest information.		Attachment Sequence No. <b>01</b>
Name(s) shown on Fo	rm 1040, 1040-SR, or 1040-NR	Your soc	ial security number
HIRANMAYE SARP	ANA CHANDU	112-35	-4269

Par	t 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	ach Schedule E .	5	-19,610.
6	Farm income or (loss). Attach Schedule F		6	
7	Unemployment compensation		7	
8	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	_	
	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	_	
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	80 (		
	Pension or annuity from a nonqualifed deferred compensation plan or	8s (	/	
t	a nongovernmental section 457 plan	8t		
	Wages earned while incarcerated	8u	-	
u -	Other income List type and amount:	ou	-	
Z	Other income. List type and amount:	8z		
9	Total other income. Add lines 8a through 8z		9	
9 10	Combine lines 1 through 7 and 9. This is your <b>additional income</b> . Ente		-	
10	1040, 1040-SR, or 1040-NR, line 8		10	-19,610.
For Pa	perwork Reduction Act Notice, see your tax return instructions.		Schedul	e 1 (Form 1040) 2023

Par	t II Adjustments to Income			
11	Educator expenses		11	
12	Certain business expenses of reservists, performing artists, and fee-basis govern	nment		
	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	Jury duty pay (see instructions)			
b	Deductible expenses related to income reported on line 8I from the			
	rental of personal property engaged in for profit			
С	Nontaxable amount of the value of Olympic and Paralympic medals			
	and USOC prize money reported on line 8m			
d	Reforestation amortization and expenses			
е	Repayment of supplemental unemployment benefits under the Trade			
	Act of 1974			
f	Contributions to section 501(c)(18)(D) pension plans			
g	Contributions by certain chaplains to section 403(b) plans 24g			
h	Attorney fees and court costs for actions involving certain unlawful			
	discrimination claims (see instructions)			
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			
j	Housing deduction from Form 2555			
k	Excess deductions of section 67(e) expenses from Schedule K-1 (Form			
	1041)			
z	Other adjustments. List type and amount:			
	24z			
25	Total other adjustments. Add lines 24a through 24z		25	
26	Add lines 11 through 23 and 25. These are your adjustments to income. Enter here a			
	Form 1040, 1040-SR, or 1040-NR, line 10		26	
	<b>BAA</b> REV 01/12/24 PRO		Schedule 1 (F	orm 1040) 202

(Form 1040)		(From rental real estate, royalties, partnerships, S corporations, estates, trusts, REMICs, etc.)							200 <b>73</b>				
Department of the Treasury Internal Revenue Service								Attachment 12					
		Go to www.irs.gov/ScheduleE for instructions and the latest informat					formation.	Sequence No.					
Name(s) shown on return									ocial security number				
HIRANMAYE SARPANA CHANDU Part I Income or Loss From Rental Real Estate and										112-3	5-4269		
Part	Note: If yo	ou are ii	n the business of	tal Real Estate an renting personal proper 335 on page 2, line 40.			<b>c</b> . See	instruc	ctions. If you	are an indiv	vidual, rep	ort farm	
A D				at would require you	to file	Form(s) 1	099? 5	See ins	tructions .		. 🗌 Ye	s 🛛 No	
				d Form(s) 1099?									
1a													
Α	KHAIRATAB	AD I	HYDERABAD T	ELANGANA IN 50	0004	4							
В													
С													
1b	Type of Prope			ntal real estate prope							al Use	QJV	
	(from list belov	N)		rt the number of fair	JV box only			<b>Days</b> 365		<b>Days</b> 0			
	3			the requirements to f									
				nt venture. See instru									
							С						
	of Property:		0.14			<b>5</b> 1		-					
	Single Family R			tion/Short-Term Ren	tal	5 Lanc			Self-Rental				
21	Multi-Family Re	sidend	ce 4 Com	mercial		6 Roya	aities	8	Other (describe)				
									Propert	ies:			
Incom	e:						Α		В			С	
3	Rents received	ł.,			3		5	65.					
4	Royalties recei	ived .			4								
Expen	ses:												
5	Advertising .				5								
6	Auto and travel (see instructions)				6								
7					7		2,0	45.					
8	Commissions				8								
9					9								
10	0				10								
11	-				11		1,5	00.					
12				. (see instructions)	12								
13					13		2 0	4.1					
14	<b>a</b>				14		3,8						
15					15		4,2	15.					
16 17					16 17		4,0	10					
18					18		4,0						
19	Other (liet)		-		19		т, Ј	02.					
20	· · · · · · · · · · · · · · · · · · ·			19	20		20,1	75					
21				nd/or 4 (royalties). If	20		20,1	13.					
21				find out if you must									
	file Form 6198			-	21		-19,6	10.					
22	Deductible rental real estate loss after limitation, if any, on <b>Form 8582</b> (see instructions)			22		19,61		,	)	(			
220			-	3 for all rental prope				23a		565.	(		
23a b								23a 23b					
c	Total of all amounts reported on line 4 for all royalty properties. Total of all amounts reported on line 12 for all properties.						230 23c						
d	Total of all amounts reported on line 12 for all properties							23d		1,562.			
e								23e		),175.			
24				vn on line 21. <b>Do not</b>						. 24			
25				1 and rental real estate		-		nter to	al losses he		(	19,610.	

Supplemental Income and Loss

SCHEDULE E

26 Total rental real estate and royalty income or (loss). Combine lines 24 and 25. Enter the result here. If Parts II, III, and IV, and line 40 on page 2 do not apply to you, also enter this amount on Schedule 1 (Form 1040), line 5. Otherwise, include this amount in the total on line 41 on page 2 .

26

-19,610.

OMB No. 1545-0074

Arizona Form	E-file Signature Authorization								
AZ-8879 (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*						
HIRANMAYE SARPANA	CHANDU		Enter 112   35   4269						
Your Spouse's First Name and Initial (if filed	joint) Last Name		your Spouse's Social Security No.*						
<ul> <li>PART 1 – PURPOSE (<u>If you are e-filing a Small Business Income Tax Return, also complete Form AZ-8879 SBI</u>)*Do Not Truncate</li> <li>To certify the truthfulness, correctness, and completeness of the taxpayer's electronic income tax return.</li> <li>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.</li> </ul>									
PART 2 – TAX RETURN INFORMATI	ON	PART 3 – FINANCIAL INSTITUTION INFORMATION							
			Must be present when requesting direct debit or deposit.						
1 Arizona Adjusted Gross Income	94,811 00	Foreign Account Deposit/Debit: See instructions below.							
2 Balance Of Tax	2,024 00		TYPE OF ACCOUNT ROUTING NUMBER						
3 Arizona Income Tax Withheld	1,328 00		Checking Savings						
Check box 4 <u>or</u> box 5:			ACCOUNT NUMBER						
4 REFUND: Enter the amount of refund.									
5 AMOUNT YOU OWE: Enter the amou	nt owed 69	6 00	DIRECT DEBIT REQUEST DATE DIRECT DEBIT PAYMENT AMOUNT						

**Box 4 Checkbox – Refund:** You are due a refund based on the information provided on your tax return. Your refund amount will be deposited in the account listed in the Financial Institution Information Section (Part 3).

**Box 5 Checkbox – Amount You Owe:** You owe taxes based on the information provided on your tax return. You have elected to direct debit for payment. The payment will be withdrawn from the account and on the date listed in the Financial Institution Information Section (Part 3).

Foreign Account Deposit/Debit Checkbox: Check the "Foreign Account Deposit/Debit" box if your deposit will be ultimately placed in or come from a foreign account. If you check this box, do not enter your account numbers. If this box is checked, we will not direct deposit or debit your account. If you are due a refund, we will send you a check instead. If you owe tax, you must mail a check to the Arizona Department of Revenue, PO Box 29085, Phoenix, AZ 85038-9085.

## PART 4 – DECLARATION AND SIGNATURE AUTHORIZATION (Sign only after completing Part 2)

Under penalties of perjury, I declare that I have examined a copy of my electronic Arizona individual income tax return and accompanying schedules and statements for the year ending December 31, 2023, and to the best of my knowledge and belief, it is true, correct, and complete. I further declare that the amounts of Arizona adjusted gross income, total tax, Arizona income tax withheld, and refund (or amount owed) listed above are the amounts shown on the copy of my electronic Arizona income tax return.

- **6a** I consent that my refund be directly deposited as designated in the electronic portion of my 2023 Arizona individual income tax return. If I have filed a joint return, this is an irrevocable appointment of the other spouse as an agent to receive the refund.
- **6b** I do not want direct deposit of my refund or I am not receiving a refund.
- **6c** I authorize the Arizona Department of Revenue (ADOR) and its designated Financial Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of my Arizona taxes owed on this return. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment.

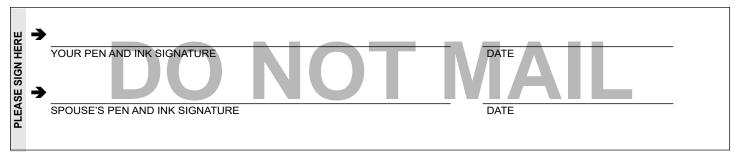
If I have filed a balance due return, I understand that if the ADOR does not receive full and timely payment of my tax liability by April 15, 2024, I will remain liable for the tax liability and all applicable interest and penalties. When electronically filing my federal and state tax returns, I understand that if there is an error on my federal return, my state return will also be rejected.

I consent to my Electronic Return Originator (ERO) or On-Line Service Provider (OLSP) sending my electronic Arizona individual income tax return and accompanying schedules and statements to ADOR, and I consent to my ERO or OLSP sending such information to ADOR through a transmitter. I consent to ADOR sending my ERO, OLSP and/or transmitter an acknowledgement of receipt of transmission\_and an indication of whether or not the transmission of my return is accepted and, if the return is rejected, the reason(s) for the rejection. If the processing of my return or refund is delayed, I authorize ADOR to disclose to my ERO, OLSP and/ or transmitter the reason(s) for the delay, or when the refund was sent. If ADOR contacts my ERO for a copy of my return, any documents or schedules to my return, and/or this authorization form, I authorize my ERO to release copies of the requested documents to ADOR.

## I authorize GLOBAL TAXES LLC

### (ELECTRONIC RETURN ORIGINATOR)

to make the election that I want my electronic signature to my electronic federal individual income tax return to serve as my signature to my electronic Arizona individual income tax return for the year ending December 31, 2023. I understand that when my ERO makes the election that my electronic signature to my federal individual income tax return will serve as my signature to my Arizona individual income tax return. I will have signed my Arizona individual income tax return and declared under penalties of perjury that to the best of my knowledge and belief the return is true, correct and complete.



RETURN.			Arizona Form <b>140</b>	Resident Personal Income Tax Return					FOR CALENDAR YEAR			
E	82F		Check box 82F f filing under extension	OR FISCAL YEAR BEGINN				66F				
	,		First Name and Middle Initial		Last Name			Your	Social Security Nu			
ΗE	1		RANMAYE SARPANA			Enter		2   35   420				
2			se's First Name and Middle Initia	al (if box 4 or 6 checked)		your		se's Social Securit				
٨S	1			· · · · ·	SSN(s).			-				
<b>ANY ITEMS</b>		Curre	nt Home Address - number and	Apt. No.	Daytime	Phone	(with area code)					
Σ	2	18	3 E BIRCHWOOD PL		<b>94</b> ( 9'	71)40	1-8837					
AN	(	City, 1	Fown or Post Office	State			r Prior Year(s) (if diffe	erent)				
Щ	3	CH	ANDLER			97						
AP	-US	4	Married filing joint return	4a 🔲 Injured Spouse Pro	otection of Joint Ov	verpayment		LY. DO NO	OT MARK IN THIS A	REA.		
ST	A	5	Head of household. Enter	name of qualifying child or depe	ndent on next line.		88					
<b>DO NOT STAPLE</b>	FILING STATUS											
Z	Ž	6	Married filing separate ret									
ă		7	X Single									
	NS		Enter the number claime									
	Ĕ	8	Age 65 or over (you and/o		8, 9, and 11a, also con s 10a and 10b, also con		81 PM	80 RCVD				
	ΜΡ	9	Blind (you and/or spouse)				01	80 1000				
	IX	10a 11a	Dependents: Under age o	·	idents: Age 17 and	over.						
		11a       Qualifying parents and grandparents         (Box 10a and 10b): Dependent Information. See instructions. For more space, check the box and complete page 4,										
			(a)		(b)	(c)	(d)	(e)	(f)			
	s		FIRST AND LAS		OCIAL SECURITY NUMBER	RELATIONSHIP	NO. OF MONTHS	Dependent included i		t claim on vour		
	dent		(Do not list yourself	or spouse.)	NUMBER		HOME IN 2023	1	2 federal return educational	due to		
	Dependents	100					(Bo	0x 10a) (Bo	x 10b)			
	De							片片	╡ │			
		10a						허너허	₹			
			(Box 11a): Qualifying parents	and grandparents. See inst	tructions For mor	e snace chec	$\mathbf{k}$ the box $\square$ and $\mathbf{c}$		nage 4 Part 2			
140	itsand ts		(a)		(b)	(c)	(d)	(e)	(f)			
	entse	ndparents	FIRST AND LAS (Do not list yourself		RELATIONSHIP	NO. OF MONTHS						
orn	g Pai dpare		(Do not list yourself	or spouse.)	NUMBER		HOME IN 2023	OVEF	R IN 2023			
Ĕ	Qualifying Parer Grandpareni							To:	F D			
fte	Qua	11b 11c				_						
nts after Form	Ī		Federal adjusted gross incom	ne (from your federal return	 ו)			12	94,811	00		
ent			Small Business Income: 135 ch							00		
schedules or other docume			Modified federal adjusted gross						94,811	00		
00	s	15	Non-Arizona municipal interest.				15		00			
er d	ition		Partnership Income adjustment							00		
the	Add		Total federal depreciation						3,418			
2 C			Other Additions to Income: Cor	•						00		
S O			Subtotal: Add lines 14 through 18					19	98,229	100		
ule			Total net capital gain or (loss). Total net short-term capital gain					00				
ed			Total net long-term capital gain					00				
Sch			Net long-term capital gain from					0 00				
AZ ŝ			Multiply line 23 by 25% (.25) an				0	00				
d b			Net capital gain derived from in					00				
an	ទ		Recalculated Arizona depreciati					3,418	00			
ral	Subtractions		Partnership Income adjustment							00		
sde	otra	28	Interest on U.S. obligations suc	h as U.S. savings bonds and	treasury bills		28		00			
d fe	Sut	29a	Exclusion for federal, Arizona st	0 per taxpayer	·)	<b>29</b> a		00				
ire			Exclusion for benefits, annuities			00						
nb			U.S. Social Security or Railroad			00						
, re			Certain wages of American Indi							00		
any required federal and			Pay received for active service		•				_	00		
g			Net operating loss adjustment.							00		
Place a			Contributions to: 34a 529 College						94,811	00		
-	<u> </u>		Subtract lines 24 through 34c fr		AZ Eorm 140 (20				12/14/22 BBO Baga			

	Your	Name (as shown on page 1)	Your Social Security Number				
	HII	RANMAYE SARPANA CHANDU	112-35-4269				
	26	Other Subtractions from Income Complete Other Subtraction from Avisons Over Subtraction	lulo on norro 6	26		00	
	36	Other Subtractions from Income. Complete Other Subtraction from Arizona Gross Income sched			94,811	00	
	37	Subtract line 36 from line 35. Enter the difference			<u> </u>		
ption	38	Age 65 or over: Multiply the number in box 8 by \$2,100				00	
	39	Blind: Multiply the number in box 9 by \$1,500				00	
хөт	40	Other Exemptions. See instructions40E Multiply the number in box 40E by \$2,300				00	
Ш	41	Qualifying parents and grandparents: Multiply the number in box 11a by \$10,000			94,811	00	
	42	Arizona adjusted gross income: Subtract lines 38 through 41 from line 37. If less than zero, enter "0".		. 42		00	
	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 in:			00.051	00	
	45	Arizona taxable income: Subtract lines 43 and 44 from line 42. If less than zero, enter "0"		45	80,961		
ax	46	Tax: Multiply line 45 by 2.5% (.025). Enter the result			2,024		
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	2,024		
Balance	49	Dependent Tax Credit. See instructions		. 49		00	
B	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	line 48, enter "0"	. 52	2,024		
	53	2023 AZ income tax withheld			1,328		
	54	2023 AZ estimated tax payments <b>54a</b> 00 Claim of Right <b>54b</b>	00 Add 54a and 54b			00	
its	55	2023 AZ extension payment (Form 204)		. 55		00	
nts a Cred	56	Increased Excise Tax Credit (from the worksheet - see instructions)		. 56		00	
Total Payments and Refundable Credits	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>3</b> 34 <b>5833</b> 49	58		00	
rotal Refu	59	Total payments and refundable credits: Add lines 53 through 58. Enter the total		59	1,328	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 6	61, 62 and 63	. 60	696	00	
it .	61	OVERPAYMENT: If line 59 is larger than line 52, subtract line 52 from line 59. Enter amount of overpayme	nt	. 61		00	
ie or /mei	62	Amount of line 61 to be applied to 2024 estimated tax		. 62		00	
Iax Due or Overpayment	63	Balance of overpayment: Subtract line 62 from line 61. Enter the difference		. 63		00	
O Vé	64	- 74 Voluntary Gifts to: Solutions Teams 64 00 Arizona Wildlife	65 00				
		Child Abuse Prevention	68 00				
Gifts		Neighbors Helping Neighbors 69 00 Special Olympics	und <b>71</b> 00				
ary (		Neighbors Helping Neighbors       69       00       Special Olympics	ls 74 00	F			
Voluntary Gifts	75	Political Party (if amount is entered on line 68 - check only one): 751 Democratic 752 Libertarian	753 Republican				
Š		Estimated payment penalty	-	. 76		00	
×		771 Annualized/Other 772 Farmer or Fisherman 773 Form 221 included					
Penalty	78	Add lines 64 through 74 and 76; enter the total		. 78		00	
Ре	79	<b>REFUND:</b> Subtract line 78 from line 63. If less than zero, enter amount owed on line 80				00	
р		Direct Deposit of Refund: Check box 79A if your deposit will be ultimately placed in a foreign account; see	e instructions. <b>79A</b>				
or							
und Int C		98     S I Savings					
Rerund or Amount Owed	80	AMOUNT OWED: Add lines 60 and 78. Make check payable to Arizona Department of Revenue; write y and include with your return.		00	696	00	
٩		and include with your return		. 00	000	100	
		Inder penalties of perjury, I declare that I have read this return and any documents with it, and to	a the heat of my k		and halist that		
		rue, correct and complete. Declaration of preparer (other than taxpayer) is based on all informatio				y are	
ш				····· , ···			
2	→	Μ	ANUFACTURIN	G ENGII	NEER		
뿐	Ŷ	OUR SIGNATURE DATE OCC	CUPATION				
z	-						
SIGN HERE	≁_						
	S		DUSE'S OCCUPATION				
PLEASE	<del>.</del>	SYAM PRIYA RAM SAGAR GUPTA TALLAM 01192024 GLOBAL TAXES LI		_		_	
A	F	AID PREPARER'S SIGNATURE DATE FIRM'S NAME (PREPARER'S IF					
Ę	<del>.</del>	245 ROONEY CT	84-317				
0	F	AID PREPARER'S STREET ADDRESS	PAID PREPARI				
	=	E BRUNSWICK NJ 08816	. ,	65–9522 ER'S PHONE NUMBER			
14		AID PREPARER'S CITY STATE ZIP CODE re sending a payment with this return, mail to Arizona Department of Revenue, PO Box 52016, Phoenix, AZ 850					
		re expecting a refund or owe no tax, or owe tax but are not sending a payment, mail to Arizona Department of Re				3.	