## **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** KRISHNA CHAITANYA GO TALLA 399 | 85 | 6028 vour Your Spouse's First Name and Initial (if filed joint) Last Name Spouse's Social Security No.\* SSN(s). PART 1 – PURPOSE (If you are e-filing a Small Business Income Tax Return, also complete Form AZ-8879 SBI)\*Do Not Truncate • To certify the truthfulness, correctness, and completeness of the taxpayer's electronic income tax return. • To authorize the Electronic Return Originator (ERO) to affirm that the taxpayer wishes to use the taxpayer's electronic signature to the taxpayer's federal individual income tax return as the taxpayer's signature to the taxpayer's electronic Arizona individual income tax return. PART 2 - TAX RETURN INFORMATION PART 3 - FINANCIAL INSTITUTION INFORMATION Must be present when requesting direct debit or deposit. 54,270 00 1 Arizona Adjusted Gross Income ☐ Foreign Account Deposit/Debit: See instructions below. 2 Balance Of Tax ..... 1,011 00 ROUTING NUMBER 482 00 ☐ Checking ☐ Savings 3 Arizona Income Tax Withheld... ACCOUNT NUMBER Check box 4 or box 5: 00 **4** ■ **REFUND**: Enter the amount of refund...... 529 00 DIRECT DEBIT REQUEST DATE DIRECT DEBIT PAYMENT AMOUNT **5** ■ **AMOUNT YOU OWE:** Enter the amount owed....... 00 Box 4 Checkbox - Refund: You are due a refund based on the information Foreign Account Deposit/Debit Checkbox: Check the "Foreign Account Deposit/Debit" box if your deposit will be ultimately placed in or come provided on your tax return. Your refund amount will be deposited in the account listed in the Financial Institution Information Section (Part 3). from a foreign account. If you check this box, do not enter your account numbers. If this box is checked, we will not direct deposit or debit your Box 5 Checkbox - Amount You Owe: You owe taxes based on the information provided on your tax return. You have elected to direct debit account. If you are due a refund, we will send you a check instead. If you owe tax, you must mail a check to the Arizona Department of Revenue. for payment. The payment will be withdrawn from the account and on the PO Box 29085, Phoenix, AZ 85038-9085. date listed in the Financial Institution Information Section (Part 3). PART 4 – DECLARATION AND SIGNATURE AUTHORIZATION (Sign only after completing Part 2) I consent to my Electronic Return Originator (ERO) or On-Line Service Under penalties of perjury, I declare that I have examined a copy of my Provider (OLSP) sending my electronic Arizona individual income tax electronic Arizona individual income tax return and accompanying schedules return and accompanying schedules and statements to ADOR, and I and statements for the year ending December 31, 2023, and to the best of consent to my ERO or OLSP sending such information to ADOR through a my knowledge and belief, it is true, correct, and complete. I further declare transmitter. I consent to ADOR sending my ERO, OLSP and/or transmitter that the amounts of Arizona adjusted gross income, total tax, Arizona 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** I consent that my refund be directly deposited as designated in the or refund is delayed, I authorize ADOR to disclose to my ERO, OLSP and/ electronic portion of my 2023 Arizona individual income tax return. or transmitter the reason(s) for the delay, or when the refund was sent. If I have filed a joint return, this is an irrevocable appointment of If ADOR contacts my ERO for a copy of my return, any documents or the other spouse as an agent to receive the refund. schedules to my return, and/or this authorization form, I authorize my ERO **6b** 🛛 I do not want direct deposit of my refund or I am not receiving a to release copies of the requested documents to ADOR. 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

REV 01/13/24 PRO

SPOUSE'S PEN AND INK SIGNATURE

| Your First Name and Middle Initial   Last Name   TALLA   TAL   | Arizona Form 140   |      |          |                         | Resident Personal Income Tax |                    |                 |          | Return             |   | FOR CALENDAR YEAR 2023 |                      | ?                |  |               |  |
|--|--|------|----------|-------------------------|------------------------------|--------------------|-----------------|----------|--------------------|---|------------------------|----------------------|------------------|--|---------------|--|
| Vour First Name and Middle Initial   Last Name   TALLA   TAL   | ľ  | Ç    | Ch       | neck box 82F            | rtension                     | OR FISCA           | AL YEAR BE      | GINNIN   | NG I I I           | 12.0.2.3                                      | I AND ENDI             | NG I I               |                  |  | . 66F         |  |
| Current Home Address - number and street, rural route   Apt. No.   Baytime P   El UNIVERSITY DRIVE   #103   B4   623   El   1019 E UNIVERSITY DRIVE   #103   B4   623   El   64   El    |  |      |          |                         |                              |                    |                 |          |                    |   |                        |                      |                  | l Security Nu  |               |  |
| Current Home Address - number and street, rural route   Apt. No.   Daytime P   Relationship   P   Relationship   P   P   Relationship   P   P   P   P   P   P   P   P   P  | F  | R I  | 213      | SHNA CHAIT              | 'ANYA GO                     | 0                  |                 |          | TALLA              |   |                        | 3                    | 899 <sub>I</sub> | 85 <sub>1</sub> 60   | 28            |  |
| Current Home Address - number and street, rural route   Apt. No.   Daytime P   2   1019 E UNIVERSITY DRIVE   #103   94   (623   1019 E UNIVERSITY DRIVE   #103   102   1019 E UNIVERSITY DRIVE   AZ   85281   102   1019 E UNIVERSITY DRIVE   AZ   85281   102   1019 E UNIVERSITY DRIVE   AZ   85281   102   10   |  |      |          |                         |                              |                    | or 6 checked    | l)       |                    |   | _                      | Spe                  |                  | Social Securit   |               |  |
| Section   Processing   Proces   |  |      |          |                         |                              |                    |                 |          |                    |   | S                      | SN(s).               | 1                | 1  |               |  |
| Section   Processing   Proces   | r  | rer  | ent      | t Home Address          | - number a                   | nd street, rur     | al route        |          |                    | Apt. No.                                      |                        | Daytime Phor         | ne (with         | area code)   |               |  |
| Section   Processing   Proces   |  |      |          |                         |                              | RIVE               |                 |          |                    | 9   | <b>4</b> (623)2        | 73-44                | 185              |  |               |  |
| Section   Processing   Proces   | /,   | /, T | То       | wn or Post Offic        | е                            | S                  | 1               |          |                    | Last Names Used in Last Four Prior Year(s) (i |                        |                      |                  | ferent)  |               |  |
| Section   Processing   Proces   | E  | ΕN   | M:       | PE                      |                              | I                  | ΑZ              |          | 85281              |   |                        |                      |                  |  | 97            |  |
| Section   Page   | _  |      |          |                         |                              |                    |                 |          |                    |   | SE ONLY. DO            | NOT MA               | ARK IN THIS A    | REA.   |               |  |
| Company   Comp   | 7 🗵 Single   |      |          |                         |                              |                    |                 |          |                    |   |                        |                      |                  |  |               |  |
| Companies of the partnership    |  |      |          |                         |                              |                    |                 |          |                    |   |                        |                      |                  |  |               |  |
| Companies of the partnership    |  |      | ŀ        | "                       | 1.5                          | . ,                |                 |          |                    | DAI PM  |                        | 80 RCVD              |                  |  |               |  |
| Companies   Comp   | 9  |      |          | , ,                     | •                            | ,                  |                 |          |                    | ,   | [61] · ···             |                      | 00               |  | .012          |  |
| Companies of the partnership    |  |      | H        |                         | -                            |                    |                 | epende   | ents: Age 17 an    | d over.                                       |                        |                      |                  |  |               |  |
| Composition      | d  | d _  |          | . , , , , ,             |                              |                    |                 | truction | as Formores        | nace shock t                                  | he hey $\square$ e     | nd complete          | nogo /           | Dort 1   |               |  |
| The state of the s |  |      |          |                         |                              |                    |                 |          |                    |   | f, Part 1.             |                      |                  |  |               |  |
| Total red radditions to Income: Complete Other Additions to Arizona Gross Income schedule on page 5  |  |      |          |                         |                              |                    |                 | SO       |                    | RELATIONSHIP                                  | NO. OF MON             | DUR Include          | ed in:           | if you did no<br>this person of<br>federal return<br>educational | າ due to      |  |
| Total red radditions to Income: Complete Other Additions to Arizona Gross Income schedule on page 5  | )(   | )c   | ; _      |                         |                              |                    |                 |          |                    |   |                        |                      |                  |  |               |  |
| (Box 11a): Qualifying parents and grandparents. See instructions. For more space, check the box and come (a)    FIRST AND LAST NAME (Do not list yourself or spouse.)   SOCIAL SECURITY NUMBER   SOC | )(   | )d   | _ t      |                         |                              |                    |                 |          |                    |   |                        | <del>-        </del> |                  | <u> </u>   |               |  |
| Column   C   | 10e  |      | - •      |                         |                              |                    |                 |          |                    |   |                        |                      | Ш                |  |               |  |
| 24 Multiply line 23 by 25% (.25) and enter the result  |  | ,    | _(       | ( <b>Box 11a</b> ): Qua |                              |                    | lparents. Se    | e instru |                    |   |                        |                      |                  | 4, Part 2.   |               |  |
| 24 Multiply line 23 by 25% (.25) and enter the result  |  |      |          |                         | IRST AND L                   | AST NAME           |                 |          | CIAL SECURITY RELA |   | NO. OF MON             | DUR ON               |                  | ✓ IF DIED IN 2023  |               |  |
| 24 Multiply line 23 by 25% (.25) and enter the result  | lk   | lb.  | <b>_</b> |                         |                              |                    |                 |          |                    |   |                        |                      |                  |  |               |  |
| 24 Multiply line 23 by 25% (.25) and enter the result  | 10   | lc   | :_       |                         |                              |                    |                 |          |                    |   |                        |                      | <u> </u>         |  |               |  |
| 24 Multiply line 23 by 25% (.25) and enter the result  | 12 Federal adjusted gross income (from your federal return)  |      |          |                         |                              |                    |                 |          | 1                  | 54,270  | +                      |                      |                  |  |               |  |
| 24 Multiply line 23 by 25% (.25) and enter the result  | 13 Small Business Income: 138 check the box if you are filing Arizona Form 140-SBI and enter the amount from Form 140-SBI, line 10 1 |      |          |                         |                              |                    |                 |          |                    |   | F.4. 000               | 00                   |                  |  |               |  |
| 24 Multiply line 23 by 25% (.25) and enter the result  |  |      | • •      |                         |                              |                    |                 |          |                    |   |                        |                      | 54,270           | +00  |               |  |
| 24 Multiply line 23 by 25% (.25) and enter the result  |  |      | ·        |                         |                              |                    |                 |          |                    |   |                        |                      |                  | 00   |               |  |
| 24 Multiply line 23 by 25% (.25) and enter the result  | ·  |      |          |                         |                              |                    |                 |          |                    |   |                        | 00                   |                  |  |               |  |
| 24 Multiply line 23 by 25% (.25) and enter the result  | 3  |      |          |                         |                              |                    |                 |          |                    |   | 1                      |                      | 00               |  |               |  |
| 24 Multiply line 23 by 25% (.25) and enter the result  |  |      |          |                         |                              | •                  | •               |          |                    |   | . •                    |                      |                  | 54,270   | $\overline{}$ |  |
| 24 Multiply line 23 by 25% (.25) and enter the result  |  |      |          |                         |                              |                    |                 |          |                    |   |                        | 00                   |                  |  | 100           |  |
| 24 Multiply line 23 by 25% (.25) and enter the result  | 1  |      |          |                         |                              |                    |                 |          |                    |   |                        | 00                   |                  |  |               |  |
| 24 Multiply line 23 by 25% (.25) and enter the result  | 2  | 2 -  | To       | otal net long-tern      | n capital gai                | in or (loss). S    | ee instructions |          |                    | 2   | 2                      | 00                   | )                |  |               |  |
| 24 Multiply line 23 by 25% (.25) and enter the result  | 23 Net long-term capital gain from assets acquired <i>after</i> December 31, 2011. See instructions. 23                              |      |          |                         |                              |                    |                 | 3        | 0 00               | )   |                        |                      |                  |  |               |  |
| 25 Net capital gain derived from investment in qualified small business  |  |      |          |                         |                              |                    |                 |          |                    | 24  | ·                      | 0                    | 00               |  |               |  |
| 26 Recalculated Arizona depreciation   |  |      |          |                         |                              |                    |                 |          | 25                 | i   |                        | 00                   |                  |  |               |  |
| 27 Partnership Income adjustment. See instructions   | ·  |      |          |                         |                              |                    |                 |          |                    |   |                        |                      | 00               |  |               |  |
| 28 Interest on U.S. obligations such as U.S. savings bonds and treasury bills  |  |      |          |                         |                              |                    |                 |          |                    |   |                        | 1                    |                  | 00   |               |  |
| 29a Exclusion for federal, Arizona state or local government pensions (up to \$2,500 per taxpayer)   | 8 Interest on U.S. obligations such as U.S. savings bonds and treasury bills   |      |          |                         |                              |                    |                 |          | 28                 | <b>-</b>                                      |                        | 00                   |                  |  |               |  |
| 29b Exclusion for benefits, annuities and pensions for retired/retainer pay of the uniformed services  |  |      |          |                         |                              |                    |                 |          |                    |   |                        | 00                   |                  |  |               |  |
| 30 U.S. Social Security or Railroad Retirement Act benefits included as income on your federal return (taxable amount)   |  |      |          |                         |                              |                    |                 |          |                    | 1   |                        | 00                   |                  |  |               |  |
| Other Control of Association Indiana   |  |      |          |                         |                              |                    |                 |          |                    |   |                        | 00                   |                  |  |               |  |
| 31 Certain wages of American Indians.  |  | 1    |          | 00                      |                              |                    |                 |          |                    |   |                        |                      |                  |  |               |  |
| 32 Pay received for active service as a member of the reserves, national guard or the U.S. armed forces  |  |      | 00       |                         |                              |                    |                 |          |                    |   |                        |                      |                  |  |               |  |
| 33 Net operating loss adjustment. See instructions   |  |      |          |                         |                              |                    |                 |          |                    |   |                        |                      |                  |  | 00            |  |
|  | 35 Subtract lines 24 through 34c from line 19. Enter the difference  |      |          |                         |                              |                    |                 |          |                    | 54,270  | $\overline{}$          |                      |                  |  |               |  |
| ADOR 10413 (23) 1555 AZ Form 140 (2023)  | _  |      |          |                         |                              | 2 11 0111 11110 13 | . Linci ale u   |          |                    |   |                        |                      |                  | 4 PRO Page   |               |  |

| Γ                                     | Your       | Name (as shown on page 1)  | Your Social Security | Number         |                |              |  |  |  |  |
|---------------------------------------|------------|--|----------------------|----------------|----------------|--------------|--|--|--|--|
|                                       |            | ISHNA CHAITANYA GO TALLA   | 399-85-6028          |                |                |              |  |  |  |  |
| t                                     |            |  |                      |                |                | <del>_</del> |  |  |  |  |
|                                       | 36         | Other Subtractions from Income. Complete Other Subtraction from Arizona Gross Income sche  |                      |                | <u> </u>       | 00           |  |  |  |  |
|                                       | 37         | Subtract line 36 from line 35. Enter the difference  |                      |                | 54,270         |              |  |  |  |  |
| Suc                                   | 38         | Age 65 or over: Multiply the number in box 8 by \$2,100  |                      |                | 00             |              |  |  |  |  |
| Exemptions                            | 39         | Blind: Multiply the number in box 9 by \$1,500   |                      |                |                | 00           |  |  |  |  |
| ćem                                   | 40         | Other Exemptions. See instructions40EMultiply the number in box 40E by \$2,300   |                      |                |                | 00           |  |  |  |  |
| ш                                     | 41         | Qualifying parents and grandparents: Multiply the number in box 11a by \$10,000  |                      |                | - 4 270        | 00           |  |  |  |  |
| -                                     | 42         | Arizona adjusted gross income: Subtract lines 38 through 41 from line 37. If less than zero, enter "0"   |                      |                | 54,270         |              |  |  |  |  |
|                                       | 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           |  |  |  |  |
|                                       | 45         | Arizona taxable income: Subtract lines 43 and 44 from line 42. If less than zero, enter "0"  |                      |                | 40,420         |              |  |  |  |  |
| ax                                    | 46         | Tax: Multiply line 45 by 2.5% (.025). Enter the result   |                      | 46             | 1,011          |              |  |  |  |  |
| Balance of Tax                        | 47         | Tax from recapture of credits from Arizona Form 301, Part 2, line 31   |                      | 47             |                | 00           |  |  |  |  |
| Ce                                    | 48         | Subtotal of tax: Add lines 46 and 47. Enter the total  |                      | 48             | 1,011          | 00           |  |  |  |  |
| alar                                  | 49         | Dependent Tax Credit. See instructions   | 49                   |                | 00             |              |  |  |  |  |
| ŭ                                     | 50         | Family income tax credit (from the worksheet - see instructions)   | 50                   |                | 00             |              |  |  |  |  |
|                                       | 51         | Nonrefundable Credits from Arizona Form 301, Part 2, line 62   |                      | 51             |                | 00           |  |  |  |  |
|                                       | 52         | Balance of tax: Subtract lines 49, 50 and 51 from line 48. If the sum of lines 49, 50 and 51 is greater than                                     | n line 48, enter "0" | 52             | 1,011          |              |  |  |  |  |
|                                       | 53         | 2023 AZ income tax withheld  |                      | 53             | 482            | 00           |  |  |  |  |
|                                       | 54         | 2023 AZ estimated tax payments <b>54a</b> 00 Claim of Right <b>54b</b>   | 00 Add 54a and 54    | 4b. <b>54c</b> |                | 00           |  |  |  |  |
| nd<br>its                             | 55         | 2023 AZ extension payment (Form 204)   |                      |                |                | 00           |  |  |  |  |
| ts ar                                 | 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   |                      |                |                | 00           |  |  |  |  |
| Payı                                  | 58         | Other refundable credits: Check the box(es) and enter the total amount   |                      |                |                | 00           |  |  |  |  |
| otal<br>?efur                         | 59         | Total payments and refundable credits: Add lines 53 through 58. Enter the total  |                      |                | 482            |              |  |  |  |  |
| <u> </u>                              | 60         | TAX DUE: If line 52 is larger than line 59, subtract line 59 from line 52. Enter amount of tax due. Skip lines                                   |                      |                | 529            | -            |  |  |  |  |
|                                       | 61         | <b>OVERPAYMENT:</b> If line 59 is larger than line 52, subtract line 52 from line 59. Enter amount of overpaym                                   |                      |                |                | 00           |  |  |  |  |
| nen.                                  | 62         |  |                      |                |                | 00           |  |  |  |  |
| Due                                   | 63         | Balance of overpayment: Subtract line 62 from line 61. Enter the difference  |                      |                |                | 00           |  |  |  |  |
| Tax Due or<br>Overpayment             |            | Solutions Teams  |                      | 00             |                | 00           |  |  |  |  |
|                                       | U-T        |  | 00                   |                |                |              |  |  |  |  |
| Giffs                                 |            | Child Abuse Prevention   | 00                   |                |                |              |  |  |  |  |
| Ę.                                    |            | Neignbors Helping Neignbors 69 OU Special Olympics   | 00                   |                |                |              |  |  |  |  |
| Voluntary                             | 75         |  |                      |                |                |              |  |  |  |  |
| No.                                   |            | 5 Political Party (if amount is entered on line 68 - check only one): 751 Democratic 752 Libertarian 753 Republican  6 Estimated payment penalty |                      |                |                |              |  |  |  |  |
|                                       |            |  | /6                   |                | 00             |              |  |  |  |  |
| alty                                  |            | 771 Annualized/Other 772 Farmer or Fisherman 773 Form 221 included   |                      |                | 20             |              |  |  |  |  |
| Penalty                               |            | Add lines 64 through 74 and 76; enter the total  |                      |                | 00             |              |  |  |  |  |
|                                       | 79         | 9 REFUND: Subtract line 78 from line 63. If less than zero, enter amount owed on line 80   |                      |                |                |              |  |  |  |  |
| r                                     |            | Charling or ROUTING NUMBER ACCOUNT NUMBER  | _                    |                |                |              |  |  |  |  |
| t d                                   |            | 98 S Savings   | $\top$               |                |                |              |  |  |  |  |
| Refund or<br>Amount Owed              | 80         | AMOUNT OWED: Add lines 60 and 78. Make check payable to Arizona Department of Revenue; write   | vour SSN on paymer   | ıt:            |                |              |  |  |  |  |
| A W                                   | -          | and include with your return   |                      |                | 529            | 00           |  |  |  |  |
|                                       |            | und molado ( , 5-2   |                      | ••             |                |              |  |  |  |  |
|                                       | U          | Under penalties of perjury, I declare that I have read this return and any documents with it, and  | to the best of my    | knowledge a    | nd belief, the | y ar         |  |  |  |  |
|                                       |            | rue, correct and complete. Declaration of preparer (other than taxpayer) is based on all information   |                      |                |                |              |  |  |  |  |
| Щ                                     | _          |  |                      |                |                |              |  |  |  |  |
| H.                                    | <b>7</b> _ |  | PROJECT ENGINE       |                |                |              |  |  |  |  |
| Ï                                     | Y          | OUR SIGNATURE DATE OC  |                      |                | _              |              |  |  |  |  |
| Z                                     | <b>→</b>   |  |                      |                |                |              |  |  |  |  |
| PLEASE SIGN HERE                      | _          |  | 2221047104           |                |                | _            |  |  |  |  |
|                                       |            |  | POUSE'S OCCUPATION   |                |                |              |  |  |  |  |
| SE                                    |            | SYAM PRIYA RAM SAGAR GUPTA TALLAM 02222024 GLOBAL TAXES L  |                      |                |                |              |  |  |  |  |
| ×                                     |            | PAID PREPARER'S SIGNATURE DATE FIRM'S NAME (PREPARER'S IF  | •                    |                |                |              |  |  |  |  |
| H                                     |            | 245 ROONEY CT  | 84-317               |                |                | _            |  |  |  |  |
| <u>α</u>                              | P          | PAID PREPARER'S STREET ADDRESS   | PAID PREPAI          | RER'S TIN      |                | _            |  |  |  |  |
|                                       | _          | E BRUNSWICK NJ 08816   |                      | 965-9522       |                |              |  |  |  |  |
|                                       | P.         | PAID PREPARER'S CITY STATE ZIP CODE  | PAID PREPA           | RER'S PHONE N  | UMBER          | _            |  |  |  |  |

If you are sending a payment with this return, mail to Arizona Department of Revenue, PO Box 52016, Phoenix, AZ 85072-2016. Include the payment with Form 140. If you are expecting a refund or owe no tax, or owe tax but are not sending a payment, mail to Arizona Department of Revenue, PO Box 52138, Phoenix, AZ 85072-2138.

ADOR 10413 (23) 1555 AZ Form 140 (2023) REV 01/13/24 PRO Page 2 of 6

Arizona Form
AZ-140V

## Arizona Individual Income Tax Payment Voucher for Electronic Filing of Form 140, 140PY or 140NR

EPV 2023

| Your First Name and Middle  | Initial                             | Last Name          |             | En la constant | Your Social Security I                | Number         |  |  |  |
|---|-------------------------------------|--------------------|-------------|----------------|---------------------------------------|----------------|--|--|--|
| LI KRISHNA CHAITANYA  | A GO                                | TALLA              |             | Enter          | 399   85   6                          | 028            |  |  |  |
| Spouse's First Name and Mi  | ddle Initial                        | Last Name          |             | your           | Spouse's Social Sec                   | urity No.      |  |  |  |
| 1   |                                     |                    |             | SSN(s).        | , , , , , , , , , , , , , , , , , , , |                |  |  |  |
| Current Home Address - nun  | nber and street, rural route        |                    | Apt. No.    | Daytime        | e Phone (with area code               | <del>)</del> ) |  |  |  |
| 2 1019 E UNIVERSITY   | Y DRIVE                             |                    | #103        | <b>94</b> (6   | <b>94</b> (623)273-4485               |                |  |  |  |
| City, Town or Post Office   | State                               | ZIP Code           |             |                | NLY. DO NOT MARK IN TH                | IS AREA.       |  |  |  |
| 3 TEMPE   | AZ                                  | 85281              |             | 88             |                                       |                |  |  |  |
| Please indicate the filing  Married filing joint retu  Head of household: E |                                     |                    |             |                |                                       |                |  |  |  |
| <ul><li>☐ Married filing separate</li><li>☑ Single</li></ul>                | e return: Enter spouse's name and S | ocial Security Nur | nber above. | 81 PM          | 80 RCVD                               |                |  |  |  |
| Enter the amount of pay   | ment enclosed                       |                    |             |                | \$                                    | 529 00         |  |  |  |

If you are mailing this payment

## To ensure proper application of this payment, be sure that you:

- Do not send cash.
- ✓ Make your check or money order payable to Arizona Department of Revenue.
- ✓ Write your SSN, "2023 Tax" and 140 on your payment.
- ✓ Include your payment with this form.
- ✓ **Mail to** Arizona Department of Revenue, PO Box 29085, Phoenix, AZ 85038-9085.

If you are making an electronic payment

## You can make this 140V payment by eCheck or credit card! American Express ♦ Visa ♦ Discover Card ♦ MasterCard www.AZTaxes.gov

- ✓ Click on "Make a Payment" and select "140V" as the Payment Type.
- ✓ Do not mail this form. We will apply this payment to your account.

**NOTE:** To avoid interest and penalties you must pay the full amount of your tax by April 15, 2024. You will not receive an additional notice from the Arizona Department of Revenue unless an error exists with your return.

ADOR 10944 (23) 1555 REV 01/13/24 PRO