Form **8879**

(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

				_		
Subm	mission Identification Number (SID)					
Taxpay	ayer's name		Social securi	ty numb	er	
DEE	EKSHITHA REDDY ETTE		633-43	-5231	1	
Spouse	se's name		Spouse's so	cial secu	rity number	•
Par	rt I Tax Return Information — Tax Year Ending December 31, 20)23 (Enter	year you a	are aut	horizing.)
Enter	r whole dollars only on lines 1 through 5.					
Note	e: Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.					
1	Adjusted gross income			1	13	, 728.
2	Total tax			2		0.
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099			3	1	<u>,829.</u>
4	Amount you want refunded to you			4	1	<u>,829.</u>
5	Amount you owe			5		
Part	Taxpayer Declaration and Signature Authorization (Be sure you er penalties of perjury, I declare that I have examined a copy of the income tax return (original					
to sen for an Agent payme author payme busine taxes persor	In (original or amended) I am now authorizing. I consent to allow my intermediate service proving my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or remy delay in processing the return or refund, and (c) the date of any refund. If applicable, I autited to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution tent of my federal taxes owed on this return and/or a payment of estimated tax, and the financization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent at 1-888-353-4537. Payment canceless days prior to the payment (settlement) date. I also authorize the financial institutions invested to receive confidential information necessary to answer inquiries and resolve issues relational identification number (PIN) below is my signature for the income tax return (original or altronic Funds Withdrawal Consent.	eason for reje horize the U. account indicacial institutio to terminate cellation requirolived in the ted to the pa	ction of the t S. Treasury a cated in the t in to debit the the authoriz tests must b processing o ayment. I fur	ransmis and its de ax preperently to ation. The received	ssion, (b) the designated paration soft of this according to the designation of the desig	ne reason Financial ftware for bunt. This cancel) a er than 2 syment of that the
	payer's PIN: check one box only					
		r generate r	my PINI 3	5 2	2 3 1	as my
	ERO firm name signature on the income tax return (original or amended) I am now authorizing.	· ·	ř En		digits, but r all zeros	asiny
	I will enter my PIN as my signature on the income tax return (original or amend if you are entering your own PIN and your return is filed using the Practitione below.					
Your	r signature ►	Date ► _	02/12/2024			
Snou	use's PIN: check one box only					
Г		r generate r	my PINI			as my
L	ERO firm name	i generate i	_	ter five	digits, but	as my
	signature on the income tax return (original or amended) I am now authorizing.		do	n't ente	r all zeros	
	I will enter my PIN as my signature on the income tax return (original or amend if you are entering your own PIN and your return is filed using the Practitione below.					
Spou	use's signature ▶	Date ►				
	Practitioner PIN Method Returns Only—contin	nue below				
Part	t III Certification and Authentication — Practitioner PIN Method Onl	ly				
ERO'	P's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN.	. 2 2	2 4 9 Don't en	6 0 ter all ze	8 2 7 ros	1
author	ify that the above numeric entry is my PIN, which is my signature for the electronic individuorized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that rements of the Practitioner PIN method and Pub. 1345 , Handbook for Authorized IRS e-file Practitioner PIN method and Pub. 1345 , Handbook for Authorized IRS e-file Practitioner PIN method and Pub. 1345 , Handbook for Authorized IRS e-file Practitioner PIN method and Pub. 1345 , Handbook for Authorized IRS e-file Practitioner PIN method and Pub. 1345 , Handbook for Authorized IRS e-file Practitioner PIN method and Pub. 1345 , Handbook for Authorized IRS e-file Practitioner PIN method and Pub. 1345 , Handbook for Authorized IRS e-file Practitioner PIN method and Pub. 1345 , Handbook for Authorized IRS e-file Practitioner PIN method and Pub. 1345 , Handbook for Authorized IRS e-file Practitioner PIN method and Pub. 1345 , Handbook for Authorized IRS e-file Practitioner PIN method and Pub. 1345 , Handbook for Authorized IRS e-file Practitioner PIN method and Pub. 1345 , Handbook for Authorized IRS e-file Practitioner PIN method and Pub. 1345 , Handbook for Authorized IRS e-file Practitioner PIN method and Pub. 1345 , Handbook for Authorized IRS e-file Practitioner PIN method and Pub. 1345, Handbook for Authorized IRS e-file Practitioner PIN method and Pub. 1345, Handbook for Authorized IRS e-file Practitioner PIN method P	t I am submi	itting this ret	urn in a	ccordance	
EDO'	's signature	Date ►				
ENU	's signature ► ERO Must Retain This Form — See Instru					
	LOU WIUST DETAIL THIS FORM — SEE MISTA	40110113				

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



1040		artment of the Treasury-Internal Revenue Servi		urn	202	3	OMB No. 1545	-0074	IRS Use	Only-	-Do not w	rite or sta	aple in this spac	æ.
For the year Jar	n. 1–Dec	c. 31, 2023, or other tax year beginning			, 2023, end	ling			, 20		See se	oarate i	instructions	
Your first name	and m	iddle initial	Last na	me							Your so	cial sec	urity numbe	r
_DEEKSHI'	THA I	REDDY	ETTE								633	43	5231	
If joint return, s	pouse's	s first name and middle initial	Last na	me							Spouse'	s social	security nun	nber
Home address	(numbe	er and street). If you have a P.O. box, see	instruction	ons.				<i>A</i>	Apt. no.		Preside	ntial Ele	ection Camp	aign
2209 W I	PFLU	GERVILLE PKWY						5	5208		Check I	nere if y	ou, or your	
City, town, or p	ost offi	ce. If you have a foreign address, also co	mplete s	paces belo	ow.	Sta	te	ZIP c	ode				jointly, want nd. Checkind	
ROUND RO	OCK					TX	Z	786	64		U		not change	ja
Foreign countr	y name		F	Foreign pro	ovince/state/	count	ry	Foreig	n postal c		your tax		nd.	use
Filing Status	s X	Single					☐ Head of h	ouseh	old (HOI	— ⊣)				
Check only		Married filing jointly (even if only o	ne had i	ncome)					`	,				
one box.		Married filing separately (MFS)					☐ Qualifying	surviv	ing spo	use (0	QSS)			
	If y	you checked the MFS box, enter the	name c	of your sp	ouse. If you	ı che	cked the HOF	or Q	SS box,	enter	the chi	ld's na	me if the	
	qu	alifying person is a child but not you	ır deper	ndent:										
Digital	At a	ny time during 2023, did you: (a) rec	eive (as	a reward	, award, or	payn	nent for prope	rty or	services); or (b) sell,			
Assets		nange, or otherwise dispose of a dig											es 🗵 No	
Standard	Som	neone can claim:	pendent	t 🔲 '	Your spous	e as	a dependent							
Deduction		Spouse itemizes on a separate retur	n or you	were a	dual-status	alien								
Age/Blindnes	s You	: Were born before January 2, 1	959	Are bli	nd Spo	ouse	: Was bor	n befo	ore Janua	arv 2	. 1959		s blind	
Dependent				(2) S	ocial security		(3) Relationsh	- 1				fies for (see instructio	ons):
If more		irst name Last name		(2)	number		to you		Child t	ax cre	edit	Credit fo	r other depend	dents
than four														
dependents,	_													
see instruction and check	s —													
here														
Income	1a	Total amount from Form(s) W-2, b	ox 1 (se	e instruct	tions) .						1a		13,728	3.
Attach Form(s)	b	Household employee wages not re	eported	on Form	(s) W-2 .						1b			
W-2 here. Also	С	Tip income not reported on line 1a	•		•						1c			
attach Forms W-2G and	d	Medicaid waiver payments not rep				nstru	ctions)				1d			
1099-R if tax	е	Taxable dependent care benefits f									1e	_		
was withheld.	f	Employer-provided adoption bene	fits fron	n Form 88	339, line 29						1f			
If you did not get a Form	g	Wages from Form 8919, line 6 .									1g			
W-2, see	h	Other earned income (see instruct	,					· ·			1h		(0.
instructions.	i	Nontaxable combat pay election (s	see instr	ructions)			<u>1</u> i						10 70	_
	<u>Z</u>	Add lines 1a through 1h			<u>.</u>						1z		13,728	<u> </u>
Attach Sch. B if required.	2a	· –	2a				axable interest				2b	_		
ii required.	3a_		3a				rdinary divide				3b	_		
Standard	4a	-	4a				axable amoun				4b	_		
Deduction for—	5a		5a				axable amoun				5b	_		
Single or Married filing	6a	,	6a				axable amoun	τ			6b			_
separately, \$13,850	C	If you elect to use the lump-sum e				•	,				1 -			
Married filing	7	Capital gain or (loss). Attach Sche		•						. L	7	-		
jointly or Qualifying	8	Add lines 17, 2b, 3b, 4b, 5b, 6b, 7									9	+	13,728	
surviving spouse, \$27,700	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7		•									10,120	٠ ر
Head of	10	Adjustments to income from Sche									10		12 72	
household, \$20,800	11	Subtract line 10 from line 9. This is	•		-						11 12		13,728	
If you checked any box under	12 13	Standard deduction or itemized Qualified business income deduct		•		-	 5-Δ				13		13,850	<i>J</i> •
Standard	14						o-A				14		13,850	<u> </u>
Deduction, see instructions.	15	Subtract line 14 from line 11. If zer									15		10,000	<u>,</u>

er dependents from Second less, enter -0- byment tax, from Scitotal tax n: ad amount applied from Scitotal 8812 n Form 8863, line 8	om 2022 return	25a 25b		16 17 18 19 20 21 22 23 24 25d 26	0. 0. 0. 0. 0.				
er dependents from S er or less, enter -0- ero or less, enter -0- eyment tax, from Scl total tax n: d amount applied from ehedule 8812 n Form 8863, line 8	Schedule 8812	25a 25b 25c		18 19 20 21 22 23 24	0. 0. 0.				
er dependents from Series, enter -0- pyment tax, from Scrietal tax n: d amount applied from Series, enter -0- pyment tax, from Scrietal tax n: d amount applied from Scrietal tax enter series se	Schedule 8812	25a 25b 25c		19 20 21 22 23 24	0. 0. 0.				
ero or less, enter -0- pyment tax, from Scl total tax n: damount applied from the dule 8812 from 8863, line 8	nedule 2, line 21	25a 25b 25c		20 21 22 23 24 25d	0.				
ero or less, enter -0- pyment tax, from Scl total tax n: d amount applied from the dule 8812 a Form 8863, line 8	medule 2, line 21	25a 25b 25c	 	21 22 23 24 25d	0.				
ero or less, enter -0- pyment tax, from Scl total tax n: damount applied from the dule 8812 from 8863, line 8	om 2022 return	25a 25b 25c		22 23 24 25d	0.				
oyment tax, from Scl total tax	nedule 2, line 21	25a 25b 25c		23 24 25d	0.				
total tax n: d amount applied from the dule 8812 Form 8863, line 8	om 2022 return	25a 25b 25c		24 25d	0.				
n: d amount applied from the control of the contro	om 2022 return	25a 25b 25c		25d					
n: d amount applied from the control of the contro	om 2022 return	25a 25b 25c			1,829.				
nd amount applied from the control of the control o	om 2022 return	25b 25c			1,829.				
nd amount applied from the control of the control o	om 2022 return	25c			1,829.				
nd amount applied from the second sec	om 2022 return	27 28 29			1,829.				
d amount applied from the state of the state	om 2022 return	27 28 29			1,829.				
hedule 8812		27 28 29		26					
hedule 8812 n Form 8863, line 8 . 		28 29							
n Form 8863, line 8 .		29							
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5		30							
	[00							
see are vour total at		Reserved for future use							
31 Amount from Schedule 3, line 15									
33 Add lines 25d, 26, and 32. These are your total payments									
34 If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid									
Amount of line 34 you want refunded to you . If Form 8888 is attached, check here									
0 0 6 1 4	c Type: 🕱 (Checking	Savings						
3 5 1 3 7									
ied to your 2024 est	timated tax	36							
s is the amount you	ı owe.	·							
	nts or see instructions.			37					
ctions)		38							
son to discuss this	return with the IRS?	See							
		. Tes. 0	complete b	oelow.	⊠ No				
				fication					
				ha haat s	of many transmitted and				
	, , ,		,		, ,				
	Your occupation								
Date	Tour occupation		I		N, enter it here				
	BI DEVELOPE	ER	(see						
must sign. Date				If the IRS sent your spouse an					
				•	ection PIN, enter it here				
	lduran DEBUGUERUA BOʻ	05000000	(
	Idress DEEKSHITHAES				Check if:				
narar'e elanatura	CAD CIIDMA MATTAM			2702	Self-employed				
AM PRIYA RAM SA		Firm's name GLOBAL TAXES LLC Firm's address 245 ROONEY CT E BRUNSWICK NJ 08816							
AM PRIYA RAM SA	W ΝΤ ΛΩΟ1Α		Firm	SEIN	84-3171965				
	nave examined this retu. Declaration of prepare Date must sign. Date Email act parer's signature	Phone no. Phone no. Phone no. nave examined this return and accompanying schedu. Declaration of preparer (other than taxpayer) is base Date	son to discuss this return with the IRS? See	Son to discuss this return with the IRS? See	son to discuss this return with the IRS? See				

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** DEEKSHITHA REDDY ETTE 633 | 43 | 5231 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. 13,728 00 1 Arizona Adjusted Gross Income ☐ Foreign Account Deposit/Debit: See instructions below. 2 Balance Of Tax 0 00 ROUTING NUMBER 00 ☐ Checking ☐ Savings 3 Arizona Income Tax Withheld... ACCOUNT NUMBER Check box 4 or box 5: 00 **4** ■ **REFUND**: Enter the amount of refund...... $0 | \Omega \Omega$ 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 provided on your tax return. Your refund amount will be deposited in the Deposit/Debit" box if your deposit will be ultimately placed in or come 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 an acknowledgement of receipt of transmission and an indication of income tax withheld, and refund (or amount owed) listed above are the 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** X I do not want direct deposit of my refund or I am not receiving a to release copies of the requested documents to ADOR. 6c I authorize the Arizona Department of Revenue (ADOR) and its designated Financial Agent to initiate an ACH electronic funds I authorize GLOBAL TAXES LLC 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

SPOUSE'S PEN AND INK SIGNATURE

DATE

RETURN.			Arizona Form 140NR	Nonreside	nt Personal In	come Ta	ax Re	eturn	_	2023
REI	82F		Check box 82F f filing under extensio	on OR FISCAL YEAR BEG	GINNING L	12,0,2,	3 ANE	ENDING	1 , 1	
Ψ.			First Name and Middle Initi		Last Name				Your Socia	al Security Numbe
10 THE	1	DEE	KSHITHA REDDY		ETTE			Enter	633 _l	43 5231
	1	Spous	se's First Name and Middle	e Initial (if box 4 or 6 checked) Last Name			your SSN(s).	Spouse's (Social Security No
Ξ,		Curre	nt Home Address - numbe	er and street, rural route		Apt. No.		Daytime Ph	none (with	area code)
اج			9 W PFLUGERVILLE	E PKWY		5208) 968-4	
	$\overline{}$	•	Town or Post Office	State	ZIP Code		Last	Names Used in Las	t Four Prio	r Year(s) (if different
빚	一	ROU	ND ROCK	TX	78664					97
DO NOT STAPLE	IS FILING STATUS	4 5 6 7	☐ Married filing separa ☐ Single	eturn 4a Injured Spouse Enter name of qualifying child or ate return: Enter spouse's name	dependent on next line: and Social Security Numl		REVE 88R	ENUE USE ONLY. I	OO NOT MA	ARK IN THIS AREA.
		8	Age 65 or over (you		lines 8 and 9, also com	plete lines 47	81P P	M	80R	RCVD
	MPT	9	Blind (you and/or spo	and 48 For I	ines 10a and 10b, comp				00.1	1
	EXEMPTIONS	10a	Dependents: Under	·	ependents: Age 17 and	dover				
			· ·	ck one): 11 🗵 Nonresident				amana aita Datum		
		11-13						•	•	
	Dependents		FIRST ANI	pendent Information. See ins (a) D LAST NAME ourself or spouse.)	(b) SOCIAL SECURITY NUMBER	(c)	IIP NO.	(d) OF MONTHS ED IN YOUR ME IN 2023	(e)	(f) if you did not claim this person on your federal return due to
	ebe	10c							+ 	
	۵	10 d						<u> </u>	+ 片	片
쑬		10e							ᆂ片	\vdash
40	-	10f	0					<u> </u>	<u> </u>	
nts after Form 140NR		14		and you are the spouse of an der the Military Spouses Resi				023 FEDERAL It from Federal Retu		023 ARIZONA urce Amount Only
E		15		uer the Military Spouses Resi			15	13,728	00	13,728 00
Ę.							16	13/120	00	00
£							17		00	00
Sa	e			ds			18		00	00
	20	19	Business income or (loss)) from federal Schedule C			19		00	00
Ĕ	ona Inc	20	Gains or (losses) from fed	deral Schedule D. See instruction	ons for ARIZONA column		20		00	00
ಶ	izor	21	Rents, royalties, partnerships	, estates, trusts, small business o	orporations from federal S	Schedule E	21		00	00
ŏ	Ā	22	Other income reported on	your federal return. Include	your own schedule		22		00	0 00
he		23	Total income: Add lines 15	through 22			23	13,728	00	13 , 728 00
or other docume			•	3: Include your own schedule			24		00	00
				come: Subtract line 24 from line			25	13,728		12 720 00
ë			· ·	ubtract line 24 from line 23 in the A						13,728 00
ed G				Divide line 26 by line 25, and enter	•	•				1.000
ਤੁ				come. Subtract line 28 from 2						13,728 00
AZ schedules	Suc			d in Arizona gross income						00
δ	Addition			tment. See instructions						00
an	Ą			. Complete Other Additions t						00
ਰ				0, 31 and 32. Enter the total.					33	13,728 00
de	e 2	34	Total Arizona sourced net	capital gain or (loss). See inst	ructions		34		00	
e e	pag	35	Total net short-term capita	al gain or (loss) included on lir	ne 20, ARIZONA colun	nn	35		00	
lace any required federal and	o.	36	Total net long-term capital	gain or (loss) included on line	e 20, ARIZONA column		36		00	
g	cont			from assets acquired after D			37		00	T
ē	S I C			25) and enter the result						00
any.	ctions		· -	rom investment in qualified sn						00
ë	ā		•	reciation					_	00
Jac	Subt	41		tment. See instructions					41	13 728 00

ADOR 10177 (23)

ADOR 10177 (23)

AZ Form 140NR (2023) 3,728|00 Page 1 of 6 AZ Form 140NR (2023) 1555 REV 01/13/24 PRO

[Your	Name (as shown on page 1) Your Social Security No	umber		
	DE	EKSHITHA REDDY ETTE 633-43-5231	L		
-	43	Interest on U.S. obligations such as U.S. savings bonds and treasury bills	43		00
ons	44	Agricultural crops contributed to Arizona charitable organizations			00
from	4	Other Subtractions from Income: Complete Other Subtractions from Arizona Gross Income schedule on page 6			00
Subtractions cont. from page	46	Subtract lines 43, 44 and 45 from line 42. Enter the difference	46	13,728	_
ō		Age 65 or over: Multiply the number in box 8 by \$2,100	00	13,720	100
ဟ	47		00		
Exemptions	48 49	Blind: Multiply the number in box 9 by \$1,500	00		
d m	50	Add lines 47, 48, and 49. Enter the total	00		
EX		Multiply line 50 by the Arizona ratio on line 27			00
	51 52	Arizona adjusted gross income: Subtract line 51 from line 46. If less than zero, enter "0"		13,728	
	53	Deductions: Check box and enter amount. See instructions		13,850	
	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"			00
of Tax	5	Tax: Mulitply line 55 by 2.5% (.025). Enter the result			00
o e	5 57	Tax from recapture of credits from Arizona Form 301, Part 2, line 31	57		00
Balance	5	Subtotal of tax: Add lines 56 and 57. Enter the total	58		00
Ва	59	Dependent Tax Credit. See instructions			00
	60	Nonrefundable credits from Arizona Form 301, Part 2, line 62			00
	61	alance 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"			00
D 8	62	2023 AZ income tax withheld	62		00
is an	63	2023 AZ estimated tax payments. 63a 00 Claim of Right 63b 00 Add 63a and 63b.			00
nen le C	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			00
otal	66	Total payments and refundable credits: Add lines 62 through 65. Enter the total			00
F 12	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		00
. =		OVERPAYMENT: If line 66 is larger than line 61, subtract line 61 from line 66. Enter amount of overpayment			
e or			6X		\cap
ğ ğ	68 69		68 69		00
x Due c erpaym	69	Amount of line 68 to be applied to 2024 estimated tax	69		00
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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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AZ Form 140NR (2023)

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