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

	10101100 0011100							
Submi	ssion Identification Number	(SID)						
Taxpaye	er's name			Social securi	ty numb	er		
SWAI	ROOPA LAKSHMI SARIK	CONDA		147-75	-086	5		
Spouse'	s name			Spouse's soo	ial secu	urity num	ber	
Dout	Toy Detuye Inform	otion Toy Voor Ending Dog	24 0000 (F	ntor voor vou o		lh o rizin	~ \	
Part		ation — Tax Year Ending Dec	ember 31, 2023 (E	nter year you a	ire au	tnorizin	ig.)	
	whole dollars only on lines 1		امماط					
		e 4 only. Leave lines 1, 2, 3, and 5			1 1		70 3	356.
1 2	-				2	,		743.
3		d from Form(s) W-2 and Form(s) 10			3	1		
4	Amount you want refunded				4			44.
5	-				5		Z, 3	801.
Part	Taxpaver Declarate	tion and Signature Authorizat	ion (Be sure vou get a	nd keep a cop		our re	turn)
Under my knoreturn (to seno for any Agent t paymer authori paymer taxes t person Electro	penalties of perjury, I declare the byledge and belief, it is true, of original or amended) I am now I my return to the IRS and to redelay in processing the return to initiate an ACH electronic furnt of my federal taxes owed on zation is to remain in full force of the control of the payment (so receive confidential informatical identification number (PIN) in the payment (so receive confidential informatical identification number (PIN) being Funds Withdrawal Consent the payment of t	that I have examined a copy of the incorporact, and complete. I further declar authorizing. I consent to allow my interective from the IRS (a) an acknowledge or refund, and (c) the date of any refunds withdrawal (direct debit) entry to the this return and/or a payment of estimate and effect until I notify the U.S. Treatesury Financial Agent at 1-888-353-354 ettlement) date. I also authorize the first ion necessary to answer inquiries an elow is my signature for the income tax return (original or amended) I at a signature on the income tax return own PIN and your return is filed us	ne tax return (original or amere that the amounts in Part I rmediate service provider, traement of receipt or reason fond. If applicable, I authorize the financial institution accounted tax, and the financial institution arcellation ancial institutions involved in dresolve issues related to tax return (original or amended to enter or generem now authorizing.	nded) I am now autabove are the amusmitter, or electron rejection of the traction of the traction to debit the did to the traction to debit the did to the processing of the payment. I furth a mow authorizate my PIN Tate my PIN Endo	thorizin ounts for ounts for ounts for ounts for our ounts for our output for outpu	g, and to rom the turn original sistent, (b) designate or arration so to this acrosic through the certonic knowled and, if applications, but all zerose the certonic through the certonic serose throu	the lincornator nator nator nator the red First software (care taged to be care taged to be	coest of me tax (ERO) reason nancial are for tt. This ncel) a than 2 nent of lat the olle, my
Your s	ignature ▶	Skrlabin	Date					
Spous	se's PIN: check one box or	nlv					_	
	l authorize	•	to enter or gener	ate mv PIN			a	s my
		ERO firm name		En		digits, bu	nt	,
	-	tax return (original or amended) I a signature on the income tax retur	-			er all zeros		, only
		own PIN and your return is filed us						
Spous	e's signature ▶		Date	•				
		Practitioner PIN Method Ret		low				
Part	Certification and A	Authentication – Practitioner	PIN Method Only					
ERO's	EFIN/PIN. Enter your six-o	ligit EFIN followed by your five-dig	it self-selected PIN.					
		5 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -		Don't ent	er all ze	eros		
authori	zed to file for tax year indicate	is my PIN, which is my signature for t ed above for the taxpayer(s) indicated nethod and Pub. 1345, Handbook for A	above. I confirm that I am s	submitting this retu	urn in a	accordan	će w	
ERO's	signature ►		Date	•				
	J ·	ERO Must Retain This Fo						
	Do	n't Submit This Form to the IF						

E 1040 Department of the Treasury—Internal Revenue Service U.S. Individual Income Tax Return



1040		artment of the Treasury-Internal Revenue Servi		$ \mathbf{r}_{\mathbf{n}} = 20$	023	OMB No. 1545-	0074	IRS Use	Only—	Do not w	rite or sta	aple in this space.
For the year Jar	n. 1–Dec	c. 31, 2023, or other tax year beginning		, 20	023, ending			, 20	5	See se	oarate	instructions.
Your first name SWAROOP	A LA		Last nam	KONDA						147	75	0865
	•	er and street). If you have a P.O. box, see					A	ot. no.				ection Campaign
				Check State ZIP code to go box b					spouse o go to oox bel	heck here if you, or your pouse if filing jointly, want \$3 go to this fund. Checking a pox below will not change pur tax or refund.		
Filing Status Check only one box. Digital	If y	Single Married filing jointly (even if only or Married filing separately (MFS) you checked the MFS box, enter the halifying person is a child but not you ny time during 2023, did you: (a) receipt	name of ur depend	your spouse dent:			survivi or QS	ng spou	ise (Q	the chi		
Assets Standard Deduction	Som	nange, or otherwise dispose of a digineone can claim: You as a de Spouse itemizes on a separate retur	ital asset pendent	(or a financia	al interest i spouse as	n a digital asset a dependent					Ye	es 🗵 No
Age/Blindnes		: Were born before January 2, 1		Are blind	Spouse		n befo	re Janua	arv 2	1959		s blind
Dependent				(2) Social	<u> </u>	(3) Relationshi	(4)					(see instructions):
If more		irst name Last name		numk		to you	P	Child tax c		dit	Credit fo	or other dependents
than four												
dependents, see instruction and check here	s —											
Income	1a	Total amount from Form(s) W-2, b	ox 1 (see	instructions)					1a		80,832.
Attach Form(s)	b	Household employee wages not re	eported o	n 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				uctions)				1d		
1099-R if tax	е	Taxable dependent care benefits f								1e		
was withheld.	f	Employer-provided adoption bene	fits from	Form 8839,	line 29 .					1f	_	
If you did not	g	Wages from Form 8919, line 6 .								1g		
get a Form W-2, see	h	Other earned income (see instruct	•							1h	-	0.
instructions.	i	Nontaxable combat pay election (s	see instru	ictions)		<u>li</u>						00 000
	<u>z</u>	Add lines 1a through 1h	. ; .							1z		80,832.
Attach Sch. B if required.	2a		2a			Taxable interest				2b		
ii required.	3a		3a			Ordinary dividen				3b		
Standard	4a		4a			Taxable amount				4b		
Deduction for—	5a	-	5a			Taxable amount				5b		
Single or Married filing	6a	,	6a			「axable amount				6b		
separately,	_ c	If you elect to use the lump-sum e		· ·	•	,			.	_		
\$13,850 Married filing	7	Capital gain or (loss). Attach Sche							. Ш	7		10 476
jointly or Qualifying	8	Additional income from Schedule								8		-10 , 476.
surviving spouse,	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7,								9		70,356.
\$27,700 Head of	10	Adjustments to income from Sche								10	_	70 256
household, \$20,800	11	Subtract line 10 from line 9. This is	•	-						11		70,356.
If you checked	12	Standard deduction or itemized								12		13,850.
any box under Standard	13	Qualified business income deducti								13		12 050
Deduction, see instructions.	14	Add lines 12 and 13				tavable incom				14		13,850.

Form 1040 (2023	3)									Page 2
Tax and	16	Tax (see instructions). Check	if any from Form	n(s): 1 881	4 2 4972	2 3 🗌		1	6	7,743.
Credits	17	Amount from Schedule 2, lin	e3					1	7	
	18	Add lines 16 and 17						1	8	7,743.
	19	Child tax credit or credit for	other dependen	ts from Sched	ule 8812			1	9	
	20	Amount from Schedule 3, lin	e8					2	20	
	21	Add lines 19 and 20						2	1	
	22	Subtract line 21 from line 18	. If zero or less,	enter -0				2	2	7,743.
	23	Other taxes, including self-e	mployment tax,	from Schedule	e 2, line 21 .			2	:3	0.
	24	Add lines 22 and 23. This is	your total tax					2	.4	7,743.
Payments	25	Federal income tax withheld								
•	а	Form(s) W-2				25a	10,	044.		
	b	Form(s) 1099				25b				
	С	Other forms (see instructions	s)			25c				
	d	Add lines 25a through 25c						2	5d	10,044.
If you have a	26	2023 estimated tax payment	s and amount a	pplied from 20	22 return			2	26	
qualifying child,	27	Earned income credit (EIC)			No	27				
attach Sch. EIC.	28	Additional child tax credit from	n Schedule 8812	2		28				
	29	American opportunity credit	from Form 8863	3, line 8		29				
	30	Reserved for future use .		-						
	31	Amount from Schedule 3, lin	e 15			31				
	32	Add lines 27, 28, 29, and 31.	. These are your	total other pa	ayments and r	efundab	le credits	з	2	
	33	Add lines 25d, 26, and 32. T	,	•	-			-	3	10,044.
Refund	34	If line 33 is more than line 24							34	2,301.
riciana	35a	Amount of line 34 you want	-			•	-		5а	2,301.
Direct deposit?	b	Routing number 1 2 2				X Chec		avings		·
See instructions.	d	Account number 4 5 7						J. J.		
	36	Amount of line 34 you want a				36	Τ			
Amount You Owe	37	Subtract line 33 from line 24 For details on how to pay, go				ıs.		3	37	
	38	Estimated tax penalty (see in	nstructions) .			38				
Third Party Designee		you want to allow another structions	•				Yes. Cor	nplete belo	w. 🔀	No
	De: nar	signee's		Phone no.			Persor numbe	nal identificati	on	
Ciara		der penalties of perjury, I declare the	nat I have examine		accompanying so	chedules a		, ,	est of m	v knowledge and
Sign Here	bel	ief, they are true, correct, and com		of preparer (othe	r than taxpayer) is	s based on		of which pre	parer ha	s any knowledge.
	Yo	ur signature		Date	Your occupatio		O		n PIN, e	u an Identity nter it here
Joint return? See instructions.		ougo's signature. If a joint return h	ath must sign	Data	ASSOCIAT		SULTANT			
Keep a copy for your records.	Spouse's signature. If a joint return, both must sign.			Date	Ide				e IRS sent your spouse an ntity Protection PIN, enter it here inst.)	
	Ph	one no. (928) 225-654	7	Email address	SWAROOPALA	KSHMI95	@GMAIL.COM	1		
Doid	Pre	eparer's name	Preparer's signat	ture		Date		PTIN	Che	eck if:
Paid										Self-employed
Preparer	Fin	Firm's name GLOBAL TAXES LLC Phone					Phone no).		
Use Only	Fire	m's address 245 ROONE	Y CT E BRU	NSWICK N	J 08816			Firm's El	N	
Go to www.irs.go	ov/Forn	11040 for instructions and the late	st information.		BAA	REV 0	2/23/24 PRO			Form 1040 (2023)

SCHEDULE 1 (Form 1040)

Additional Income and Adjustments to Income

OMB No. 1545-0074

2023

Attachment
Sequence No. 01

Department of the Treasury Internal Revenue Service

Name(s) shown on Form 1040, 1040-SR, or 1040-NR

SWAROOPA LAKSHMI SARIKONDA

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

Go to www.irs.gov/Form1040 for instructions and the latest information.

	Sequence No. 01
Your soc	ial security number
147-75	-0865

Par	t I Additional Income			
1	Taxable refunds, credits, or offsets of state and local income taxes		1	
2a	Alimony received		2a	
b	Date of original divorce or separation agreement (see instructions):			
3	Business income or (loss). Attach Schedule C		3	
4	Other gains or (losses). Attach Form 4797		4	
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Atta	ach Schedule E .	5	-10,476.
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		
ı	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	4	
m	Olympic and Paralympic medals and USOC prize money (see			
	instructions)	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	4	
S	Nontaxable amount of Medicaid waiver payments included on Form			
	1040, line 1a or 1d	8s (4	
t	Pension or annuity from a nonqualifed deferred compensation plan or	01		
	a nongovernmental section 457 plan	8t		
u -	Wages earned while incarcerated	8u		
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 additional income . Enter		9	
.0	1040, 1040-SR, or 1040-NR, line 8	noie and on rolli	10	-10,476.
			1 10	, _ ,

Page **2** Schedule 1 (Form 1040) 2023

Par	Adjustments to Income				
11	Educator expenses			11	
12	Certain business expenses of reservists, performing artists, and fee	-basis	government		
	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)	24a			
b	Deductible expenses related to income reported on line 8l from the				
	rental of personal property engaged in for profit	24b		_	
С	Nontaxable amount of the value of Olympic and Paralympic medals				
	and USOC prize money reported on line 8m	24c		_	
d	Reforestation amortization and expenses	24d			
е	Repayment of supplemental unemployment benefits under the Trade				
	Act of 1974	24e		-	
f	Contributions to section 501(c)(18)(D) pension plans	24f		-	
g	Contributions by certain chaplains to section 403(b) plans	24g		-	
h	Attorney fees and court costs for actions involving certain unlawful	041			
	discrimination claims (see instructions)	24h		-	
i	Attorney fees and court costs you paid in connection with an award				
	from the IRS for information you provided that helped the IRS detect tax law violations	04:			
	Housing deduction from Form 2555	24i 24j		-	
J	Excess deductions of section 67(e) expenses from Schedule K-1 (Form	24j		-	
k		24k			
_	1041)	24K			
Z		24z			
25	Total other adjustments. Add lines 24a through 24z			25	
25 26	Add lines 11 through 23 and 25. These are your adjustments to income			23	
_0	Form 1040, 1040-SR, or 1040-NR, line 10	. LIIIGI		26	
	BAA		23/24 PRO		le 1 (Form 1040) 2023
	BAA	1\L'V UZ/	LUIZA FINO		

SCHEDULE E (Form 1040)

Supplemental Income and Loss

(From rental real estate, royalties, partnerships, S corporations, estates, trusts, REMICs, etc.)

Attach to Form 1040, 1040-SR, 1040-NR, or 1041.

OMB No. 1545-0074

Department of the Treasury Internal Revenue Service Name(s) shown on return

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

Attachment Sequence No. 13

Your social security number

SWAF	ROOPA LAKSHMI SARIKONDA						147-75	5-0865	
Part	Note: If you are in the business of renting personal proper rental income or loss from Form 4835 on page 2, line 40.	ty, use	Schedule						
Α [Did you make any payments in 2023 that would require you	to file	Form(s) 1	099? S	ee ins	tructions		. 🗌 Үе	s 🛚 No
B I	f "Yes," did you or will you file required Form(s) 1099? .							. 🗌 Y e	s 🗌 No
1a	Physical address of each property (street, city, state, ZIF	ode	e)						
Α	201 LAKSHMI NARAYANA HOMES PLOT.15, ROAD.3 PRASH	HANTH	NAGAR CO	DLONY, N	IZAME	PET MIYAPUR E	ROAD, HY	DERABAD	IN 500072
В				,		-			
С									
1b	Type of Property (from list below) 2 For each rental real estate properabove, report the number of fair	rental	and	Fair Rental Days			Personal Use Days		QJV
Α	personal use days. Check the Q			Α		365		0	
В	if you meet the requirements to f qualified joint venture. See instru			В					
С	qualified joint volitare. 800 illotte	10110110		С					
1	of Property: Single Family Residence 3 Vacation/Short-Term Ren Multi-Family Residence 4 Commercial	tal	5 Land 6 Roya		-	Self-Rental Other (describ			
						Properties	s:		
ncon				Α		В			С
3	Rents received	3		6	85.				
4	Royalties received	4							
Exper		_							
5	Advertising	5							
6	Auto and travel (see instructions)	7		1 0	0.5				
7 8	Cleaning and maintenance	8		1,9	05.				
9	Commissions	9							
10	Insurance	10							
11	Management fees	11		1,5	2.4				
12	Mortgage interest paid to banks, etc. (see instructions)	12		1, 0.	24.				
13	Other interest	13							
14	Repairs	14		2,7	4.8				
15	Supplies	15		3,4					
16	Taxes	16		-, -					
17	Utilities	17		1,4	46.				
18	Depreciation expense or depletion	18		· ·					
19	Other (list)	19							
20	Total expenses. Add lines 5 through 19	20		11,1	61.				
21	Subtract line 20 from line 3 (rents) and/or 4 (royalties). If result is a (loss), see instructions to find out if you must file Form 6198	21	_	-10,4	76.				
22	Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions)	22		10,47		()(, 	
23a	Total of all amounts reported on line 3 for all rental prope	erties			23a		685.		
b	Total of all amounts reported on line 4 for all royalty prop			. [23b				
С	Total of all amounts reported on line 12 for all properties			. [23c				
d	Total of all amounts reported on line 18 for all properties			. [23d				
е	Total of all amounts reported on line 20 for all properties				23e	11,	161.		
24	Income. Add positive amounts shown on line 21. Do not		•				24		
25	Losses. Add royalty losses from line 21 and rental real estate						25 (10,476.
26	Total rental real estate and royalty income or (loss).								
	here. If Parts II, III, and IV, and line 40 on page 2 do no Schedule 1 (Form 1040), line 5. Otherwise, include this at						26		-10,476.

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** SWAROOPA LAKSHMI SARIKONDA 147 | 75 | 0865 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. 70,356 00 1 Arizona Adjusted Gross Income ☐ Foreign Account Deposit/Debit: See instructions below. 2 Balance Of Tax 1,413 00 ROUTING NUMBER 590 00 ☐ Checking ☐ Savings 3 Arizona Income Tax Withheld... ACCOUNT NUMBER Check box 4 or box 5: 00 **4** ■ **REFUND**: Enter the amount of refund...... 823**|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 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. refund 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. Solublin PLEASE SIGN HERE YOUR PEN AND INK SIGNATURE DATE

SPOUSE'S PEN AND INK SIGNATURE

DATE

ORN.			Arizona Form 140	Return	FOR	FOR CALENDAR YEAR 2023				
REI	82F		Check box 82F f filing under extension	OR FISCAL YEAR BEGINNI	NG L L	12,0,2,3	AND ENDING [, ,		. 66F
			First Name and Middle Initial		Last Name				ocial Security Nu	
O THE	1	SWZ	AROOPA LAKSHMI		SARIKONDA		Enter	147	₁ 75 ₁ 08	65
_	<u> </u>	Spous	se's First Name and Middle Initi	al (if box 4 or 6 checked)	Last Name		your SSN(s	Spouse'	's Social Securi	ty No.
ANY ITEMS	=	Curre	nt Home Address - number and	street_rural route		Apt. No.	Daytin	ne Phone (w	rith area code)	
Ħ	2		24 S23 RD AVENUE	ou out, rarai routo		7,54,710.		928) 225 -	-	
Ź	ᆖ		Town or Post Office	State	ZIP Code		Last Names Used			ferent)
	3	-	OENIX	AZ	85041				() (97
귗		4				(a ma a) (ma a mt	REVENUE USE O	NLY. DO NOT	MARK IN THIS A	AREA.
ŽΪ	STATUS	5	= ~~	4a Injured Spouse Prot name of qualifying child or depen		verpayment	88			
=	ST	3	Tread of flousefloid. Effet	name or qualifying child or depen	ident on next line.					
DO NOT STAPLE	NG	6	Married filing separate ret	turn. Enter spouse's name and S	ocial Security Numl	her above				
2	FILING	7		ann Ener speases name and s	ooia. Oooaniy manii					
			♦ Enter the number claime	ed. Do not put a check mark	۲.					
	ΙĒ	8	Age 65 or over (you and/o					ı		
	ΑP	9	Blind (you and/or spouse)	39, and 41. For lines	10a and 10b, also cor	nplete line 49.	81 PM	L	RCVD	
	EXEMPTIONS	10a	Dependents: Under age of		dents: Age 17 and	d over.				
	Ш	11a	Qualifying parents and gr							
			(Box 10a and 10b): Depende	ent Information. See instruction	ons. For more s (b)	pace, check th	e box and co	omplete pag (e)	je 4, Part 1.	
			FIRST AND LAS	ST NAME SO	OCIAL SECURITY	RELATIONSHIP	NO. OF MONTHS ▼	Dependent Age included in:		ot claim
	Dependents		(Do not list yourself	or spouse.)	NUMBER		LIVED IN YOUR HOME IN 2023	1 2	federal return	n due to
	end						(1	Box 10a) (Box 1	educational	i credits
	Dep	10c						井ㅏ片	+	
		10d						岩ㅏ믐	+ $+$	
		10e	(Par 44a). Ovalifica a namento				. 41 1 1		4 Port 2	
₽.	5		(Box 11a): Qualifying parents	s and grandparents. See insti	(b)	c)	(d)	(e)	ge 4, Part 2.	
7	entsa nts		FIRST AND LAS	· · · · · · · · · · · · · · · · · · ·	OCIAL SECURITY	RELATIONSHIP	NO. OF MONTHS V		R V IF DIE	
Ĭ	ng Parent ndparents		(Do not list yourself	or spouse.)	NUMBER		HOME IN 2023	OVER	IN 2023	3
after Form 140	ifying									
ŧ	Qua	11b 11c						౼	\dashv	
Sa			Federal adjusted gross incon	ne (from vour federal return	١			12	70,356	00
ents			Small Business Income: 138 ch	, ,	•				,	00
or other docume			Modified federal adjusted gross					I	70,356	00
ಽ	v		Non-Arizona municipal interest.							00
٦	Additions		Partnership Income adjustment					I		00
t t	Addi		Total federal depreciation							00
õ	_		Other Additions to Income: Cor	·			. •		70 250	00
S			Subtotal: Add lines 14 through 18 Total net capital gain or (loss).					00	70,356) 00
schedules			Total net capital gain of (loss). Total net short-term capital gain					00		
<u>e</u>			Total net long-term capital gain					00		
ည			Net long-term capital gain from					0 00		
Ä			Multiply line 23 by 25% (.25) an					· i	С	00
ਠੁ			Net capital gain derived from in					I		00
ਰ	ns.	26	Recalculated Arizona depreciat	ion				26		00
e L	Subtractions	27	Partnership Income adjustment	See instructions				27		00
ë	btra		Interest on U.S. obligations suc							00
ğ	Su		Exclusion for federal, Arizona s	-				I		00
<u>≅</u>			Exclusion for benefits, annuities					I		00
∋du			U.S. Social Security or Railroad			-				00
any required federal and			Certain wages of American Indi Pay received for active service							00
			Net operating loss adjustment.		•					00
Jace			Contributions to: 34a 529 College					I		00
<u></u>		25	Subtract lines 24 through 24s fr			/	add ora allo	35	70 356	$\overline{}$

[Your	Name (as shown on page 1)		Your Social Security Nu	mber		\neg					
		AROOPA LAKSHMI SARIKONDA		147-75-0865								
	DVVI	MOOTH BROWN DINCHONDIN		117 73 0003			_					
	36	Other Subtractions from Income. Complete Other Subtraction from Ariz	zona Gross Income sched	dule on page 6	36		00					
	37	Subtract line 36 from line 35. Enter the difference			37	0,356						
us	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	39		00							
E E	40	Other Exemptions. See instructions40EMultiply the number in b	box 40E by \$2,300		40		00					
Щ	41	Qualifying parents and grandparents: Multiply the number in box 11a by \$10	0,000		41		00					
	42	Arizona adjusted gross income: Subtract lines 38 through 41 from line 37	7. If less than zero, enter "0".			0,356						
	43	Deductions: Check box and enter amount. See instructions	43 I ITEMIZED	43 S STANDARD	43 1	3 , 850	00					
	44	If you checked box 43S and claim charitable contributions, check 44C	Complete page 3. See in	structions			00					
	45	Arizona taxable income: Subtract lines 43 and 44 from line 42. If less than ze	ero, enter "0"			6 , 506						
×	46	Tax: Multiply line 45 by 2.5% (.025). Enter the result			46	1,413	00					
of T	47	Tax from recapture of credits from Arizona Form 301, Part 2, line 31				1,413 00						
Balance of Tax	48	Subtotal of tax: Add lines 46 and 47. Enter the total			48	1,413	00					
alar	49	Dependent Tax Credit. See instructions			49		00					
ă	50	Family income tax credit (from the worksheet - see instructions)			50		00					
	51	Nonrefundable Credits from Arizona Form 301, Part 2, line 62					00					
	52	Balance of tax: Subtract lines 49, 50 and 51 from line 48. If the sum of lines 4	49, 50 and 51 is greater than	line 48, enter "0"	52	1,413						
	53	2023 AZ income tax withheld				590						
	54		Right 54 b	00 Add 54a and 54b.			00					
and	55	2023 AZ extension payment (Form 204)					00					
Cre	56	Increased Excise Tax Credit (from the worksheet - see instructions)					00					
yme	57	Property Tax Credit from Arizona Form 140PTC					00					
Total Payments and Refundable Credits	58	Other refundable credits: Check the box(es) and enter the total amount					00					
Ref Total	59	Total payments and refundable credits: Add lines 53 through 58. Enter			59	590						
	60	TAX DUE: If line 52 is larger than line 59, subtract line 59 from line 52. Enter a	•			823						
e z	61	1,										
Tax Due or Overpayment	62	Amount of line 61 to be applied to 2024 estimated tax					00					
Fax E	63	Balance of overpayment: Subtract line 62 from line 61. Enter the difference . Solutions Teams			63		00					
. 0	64	- 74 Voluntary Gifts to: Assigned to Schools64	Arizona Wildlife									
ţ		Child Abuse Prevention	00 Political Gift									
y Gifts		Neighbors Helping Neighbors 69 00 Special Olympics	00 Veterans' Donations F									
Voluntary			Spay/Neuter of Anima									
Volu		Political Party (if amount is entered on line 68 - check only one): 751 Democ		•			00					
		Estimated payment penalty			76		00					
alt.	77	771 Annualized/Other 772 Farmer or Fisherman 773 Form 221 included					00					
Penalty	78	Add lines 64 through 74 and 76; enter the total					00					
	79	REFUND: Subtract line 78 from line 63. If less than zero, enter amount owed of Direct Deposit of Refund: Check box 79A if your deposit will be ultimately place.			79		00					
Refund or Amount Owed		— CD Chacking or ROUTING NUMBER ACCOUNT NUM		· <u> </u>								
בְּלֵ		98 S Savings										
Sefu	80	AMOUNT OWED: Add lines 60 and 78. Make check payable to Arizona Dep	partment of Revenue; write y	our SSN on payment;								
- 4		and include with your return			80	823	00					
		Under penalties of perjury, I declare that I have read this return and any					/ are					
	ι	rue, correct and complete. Declaration of preparer (other than taxpayer)	is based on all information	n or which preparer	nas any knowie	age.						
HERE	→	5	Σ	SSOCIATE CON	SULTANT							
單	Y	OUR SIGNATURE		CUPATION	SULTANI		_					
ナ		\circ										
SIGN	→											
	S	POUSE'S SIGNATURE	DATE SPO	OUSE'S OCCUPATION			_					
PLEASE	_		GLOBAL TAXES L				_					
A	P		FIRM'S NAME (PREPARER'S IF	SELF-EMPLOYED)								
LE LE	=	245 ROONEY CT		DAID PREDATE	D'O TIM		_					
П		AID PREPARER'S STREET ADDRESS		PAID PREPARE	NII 67							
		E BRUNSWICK NJ 08816 AND PREPARER'S CITY STATE	ZIP CODE	DAID DDEDADE	R'S PHONE NUMBE		_					
		AND LINE AND LINE OF THE STATE	ZII OODL	LVID LVELVKE	VO I LIGHT MONDE	a x						

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			Your Social Security Number				
1 SWAROOPA LAKSHMI		SARIKONDA		Enter	147 75	1 0865			
Spouse's First Name and Middle Ini	tial	Last Name		_	Spouse's Social Security No.				
1				SSN(s).	/	1			
Current Home Address - number ar	d street, rural route		Apt. No.	Daytime	e Phone (with area	code)			
2 4924 S23 RD AVENUE					928)225-6547				
City, Town or Post Office	State	ZIP Code			NLY. DO NOT MARK	IN THIS AREA.			
3 PHOENIX	AZ	85041		<u> </u> 88					
Please indicate the filing state ☐ Married filing joint return ☐ Head of household: Enter no	ah ar ah aya								
☑ Married filing separate retur☑ Single	n. Enter spouse's name a	and Social Security Num	iber above.	81 PM	80 RC	VD			
Enter the amount of paymen	t enclosed				\$	823 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