

# IRS e-file Signature Authorization

▶ ERO must obtain and retain completed Form 8879.  
▶ Go to [www.irs.gov/Form8879](http://www.irs.gov/Form8879) for the latest information.

Submission Identification Number (SID) ▶

Taxpayer's name AKHIL PENTELE	Social security number 881-22-2945
Spouse's name	Spouse's social security number

## Part I Tax Return Information – Tax Year Ending December 31, 2023 (Enter year you are authorizing.)

Enter whole dollars only on lines 1 through 5.

**Note:** Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.

1	Adjusted gross income	30,260.
2	Total tax	1,751.
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099	2,416.
4	Amount you want refunded to you	665.
5	Amount you owe	

## Part II Taxpayer Declaration and Signature Authorization (Be sure you get and keep a copy of your return)

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

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

I authorize GLOBAL TAXES LLC to enter or generate my PIN 

2	2	9	4	5
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 as my signature on the income tax return (original or amended) I am now authorizing.

I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box **only** if you are entering your own PIN **and** your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Your signature ▶ \_\_\_\_\_ Date ▶ \_\_\_\_\_

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

I authorize \_\_\_\_\_ to enter or generate my PIN 

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 as my signature on the income tax return (original or amended) I am now authorizing.

I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box **only** if you are entering your own PIN **and** your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Spouse's signature ▶ \_\_\_\_\_ Date ▶ \_\_\_\_\_

## Practitioner PIN Method Returns Only—continue below

### Part III Certification and Authentication – Practitioner PIN Method Only

ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN. 

2	2	2	4	9	6	0	8	2	7	1
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 Don't enter all zeros

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

ERO's signature ▶ \_\_\_\_\_ Date ▶ \_\_\_\_\_

**ERO Must Retain This Form – See Instructions**  
**Don't Submit This Form to the IRS Unless Requested To Do So**

For the year Jan. 1–Dec. 31, 2023, or other tax year beginning , 2023, ending , 20 See separate instructions.

Your first name and middle initial AKHIL Last name PENTELA Your social security number 881 22 2945

If joint return, spouse's first name and middle initial Last name Spouse's social security number

Home address (number and street). If you have a P.O. box, see instructions. Apt. no. 6867 W SUPR DR Presidential Election Campaign

City, town, or post office. If you have a foreign address, also complete spaces below. State AZ ZIP code 85383 Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund.

Foreign country name Foreign province/state/county Foreign postal code You Spouse

Filing Status [X] Single [ ] Head of household (HOH) [ ] Married filing jointly (even if only one had income) [ ] Married filing separately (MFS) [ ] Qualifying surviving spouse (QSS)
Check only one box.
If you checked the MFS box, enter the name of your spouse. If you checked the HOH or QSS box, enter the child's name if the qualifying person is a child but not your dependent:

Digital Assets At any time during 2023, did you: (a) receive (as a reward, award, or payment for property or services); or (b) sell, exchange, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? (See instructions.) [ ] Yes [X] No

Standard Deduction Someone can claim: [ ] You as a dependent [ ] Your spouse as a dependent [ ] Spouse itemizes on a separate return or you were a dual-status alien

Age/Blindness You: [ ] Were born before January 2, 1959 [ ] Are blind Spouse: [ ] Was born before January 2, 1959 [ ] Is blind

Table with 5 columns: (1) First name, Last name, (2) Social security number, (3) Relationship to you, (4) Check the box if qualifies for (see instructions): Child tax credit, Credit for other dependents. Includes rows for dependents and checkboxes for more than four dependents.

Income table with columns 1a-1z and 1a-1z. Rows include: 1a Total amount from Form(s) W-2, box 1 (see instructions) 30,260.; 1b Household employee wages not reported on Form(s) W-2; 1c Tip income not reported on line 1a (see instructions); 1d Medicaid waiver payments not reported on Form(s) W-2 (see instructions); 1e Taxable dependent care benefits from Form 2441, line 26; 1f Employer-provided adoption benefits from Form 8839, line 29; 1g Wages from Form 8919, line 6; 1h Other earned income (see instructions) 0.; 1i Nontaxable combat pay election (see instructions); 1z Add lines 1a through 1h 30,260.

Table with columns 2a-2b, 3a-3b, 4a-4b, 5a-5b, 6a-6b. Rows include: 2a Tax-exempt interest; 2b Taxable interest; 3a Qualified dividends; 3b Ordinary dividends; 4a IRA distributions; 4b Taxable amount; 5a Pensions and annuities; 5b Taxable amount; 6a Social security benefits; 6b Taxable amount.

Table with columns 7-15. Rows include: 7 Capital gain or (loss). Attach Schedule D if required. If not required, check here; 8 Additional income from Schedule 1, line 10; 9 Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income 30,260.; 10 Adjustments to income from Schedule 1, line 26; 11 Subtract line 10 from line 9. This is your adjusted gross income 30,260.; 12 Standard deduction or itemized deductions (from Schedule A) 13,850.; 13 Qualified business income deduction from Form 8995 or Form 8995-A; 14 Add lines 12 and 13 13,850.; 15 Subtract line 14 from line 11. If zero or less, enter -0-. This is your taxable income 16,410.

Attach Sch. B if required.

Standard Deduction for—
• Single or Married filing separately, \$13,850
• Married filing jointly or Qualifying surviving spouse, \$27,700
• Head of household, \$20,800
• If you checked any box under Standard Deduction, see instructions.

Tax and Credits table with rows 16-24. Includes Tax (see instructions), Amount from Schedule 2, line 3, Add lines 16 and 17, Child tax credit, Amount from Schedule 3, line 8, Add lines 19 and 20, Subtract line 21 from line 18, Other taxes, and Add lines 22 and 23. Total tax: 1,751.

Payments table with rows 25-33. Includes Federal income tax withheld (2,416), 2023 estimated tax payments, Earned income credit, Additional child tax credit, American opportunity credit, Reserved for future use, Amount from Schedule 3, line 15, and total payments (2,416).

Refund table with rows 34-36. Includes If line 33 is more than line 24, subtract line 24 from line 33 (665), Amount of line 34 you want refunded to you (665), Routing number, Account number, and Amount of line 34 you want applied to your 2024 estimated tax.

Amount You Owe table with rows 37-38. Includes Subtract line 33 from line 24 (amount you owe) and Estimated tax penalty.

Third Party Designee section. Do you want to allow another person to discuss this return with the IRS? See instructions. [ ] Yes. Complete below. [X] No. Includes fields for Designee's name, Phone no., and Personal identification number (PIN).

Sign Here section. Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge. Includes signature lines for taxpayer and spouse, and fields for phone number and email address.

Paid Preparer Use Only section. Includes fields for Preparer's name (SYAM PRIYA RAM SAGAR GUPTA TALLAM), Preparer's signature, Date (03/09/2024), PTIN (P02082703), Firm's name (GLOBAL TAXES LLC), Firm's address (245 ROONEY CT E BRUNSWICK NJ 08816), and Firm's EIN (84-3171965).



DO NOT STAPLE ANY ITEMS TO THE RETURN.

82F Check box 82F if filing under extension OR FISCAL YEAR BEGINNING 2023 AND ENDING 66F

Your First Name and Middle Initial AKHIL Last Name PENTELA Your Social Security Number 881 22 2945 Spouse's First Name and Middle Initial (if box 4 or 6 checked) Last Name Spouse's Social Security No.

Current Home Address - number and street, rural route Apt. No. Daytime Phone (with area code) 6867 W SUPR DR 94 (928) 666-0244 City, Town or Post Office State ZIP Code Last Names Used in Last Four Prior Year(s) (if different) PEORIA AZ 85383 97

FILING STATUS: 4 Married filing joint return 4a Injured Spouse Protection of Joint Overpayment 5 Head of household. Enter name of qualifying child or dependent on next line. 6 Married filing separate return. Enter spouse's name and Social Security Number above. 7 Single. EXEMPTIONS: 8 Age 65 or over (you and/or spouse) 9 Blind (you and/or spouse) 10a Dependents: Under age of 17. 10b Dependents: Age 17 and over. 11a Qualifying parents and grandparents. 81 PM 80 RCVD

Table for Dependents (Box 10a and 10b) with columns: (a) FIRST AND LAST NAME, (b) SOCIAL SECURITY NUMBER, (c) RELATIONSHIP, (d) NO. OF MONTHS LIVED IN YOUR HOME IN 2023, (e) IF AGE 65 OR OVER, (f) IF DIED IN 2023. Rows 10c, 10d, 10e.

Table for Qualifying Parents and Grandparents (Box 11a) with columns: (a) FIRST AND LAST NAME, (b) SOCIAL SECURITY NUMBER, (c) RELATIONSHIP, (d) NO. OF MONTHS LIVED IN YOUR HOME IN 2023, (e) IF AGE 65 OR OVER, (f) IF DIED IN 2023. Rows 11b, 11c.

Main tax calculation table with columns for line number, description, and amount. Rows 12-35 including Federal adjusted gross income, additions, and subtractions.

Place any required federal and AZ schedules or other documents after Form 140.

Your Name (as shown on page 1) **AKHIL PENTELEA** Your Social Security Number **881-22-2945**

Exemptions	36	Other Subtractions from Income. Complete <i>Other Subtraction from Arizona Gross Income</i> schedule on page 6.....	36		00																																					
	37	Subtract line 36 from line 35. Enter the difference .....	37	30,260	00																																					
	38	Age 65 or over: Multiply the number in box 8 by \$2,100.....	38		00																																					
	39	Blind: Multiply the number in box 9 by \$1,500 .....	39		00																																					
	40	Other Exemptions. See instructions.....40E <input type="checkbox"/> Multiply the number in box 40E by \$2,300.....	40		00																																					
Balance of Tax	41	Qualifying parents and grandparents: Multiply the number in box 11a by \$10,000.....	41		00																																					
	42	<b>Arizona adjusted gross income:</b> Subtract lines 38 through 41 from line 37. If less than zero, enter "0".....	42	30,260	00																																					
	43	<b>Deductions: Check box and enter amount.</b> See instructions ..... 43I <input type="checkbox"/> ITEMIZED ..43S <input checked="" type="checkbox"/> <b>STANDARD</b>	43	13,850	00																																					
	44	If you checked box 43S and claim charitable contributions, check 44C <input type="checkbox"/> Complete page 3. See instructions.....	44		00																																					
	45	Arizona taxable income: Subtract lines 43 and 44 from line 42. If less than zero, enter "0".....	45	16,410	00																																					
	46	Tax: Multiply line 45 by 2.5% (.025). Enter the result .....	46	410	00																																					
	47	Tax from recapture of credits from Arizona Form 301, Part 2, line 31 .....	47		00																																					
	48	Subtotal of tax: Add lines 46 and 47. Enter the total .....	48	410	00																																					
	49	Dependent Tax Credit. See instructions .....	49		00																																					
	50	Family income tax credit (from the worksheet - see instructions) .....	50		00																																					
Total Payments and Refundable Credits	51	Nonrefundable Credits from Arizona Form 301, Part 2, line 62.....	51		00																																					
	52	<b>Balance of tax:</b> Subtract lines 49, 50 and 51 from line 48. If the sum of lines 49, 50 and 51 is greater than line 48, enter "0" .....	52	410	00																																					
	53	2023 AZ income tax withheld.....	53	303	00																																					
	54	2023 AZ estimated tax payments..54a <input type="text" value="00"/> Claim of Right 54b <input type="text" value="00"/> Add 54a and 54b..	54c		00																																					
	55	2023 AZ extension payment (Form 204) .....	55		00																																					
	56	Increased Excise Tax Credit (from the worksheet - see instructions) .....	56		00																																					
	57	Property Tax Credit from Arizona Form 140PTC .....	57		00																																					
	58	Other refundable credits: Check the box(es) and enter the total amount.....581 <input type="checkbox"/> 308-I 582 <input type="checkbox"/> 334 583 <input type="checkbox"/> 349	58		00																																					
	59	<b>Total payments and refundable credits:</b> Add lines 53 through 58. Enter the total.....	59	303	00																																					
	60	<b>TAX DUE:</b> If line 52 is larger than line 59, subtract line 59 from line 52. Enter amount of tax due. Skip lines 61, 62 and 63.....	60	107	00																																					
Tax Due or Overpayment	61	<b>OVERPAYMENT:</b> If line 59 is larger than line 52, subtract line 52 from line 59. Enter amount of overpayment.....	61		00																																					
	62	Amount of line 61 to be applied to 2024 estimated tax.....	62		00																																					
Voluntary Gifts	63	Balance of overpayment: Subtract line 62 from line 61. Enter the difference .....	63		00																																					
	<b>64 - 74 Voluntary Gifts to:</b>																																									
		Solutions Teams Assigned to Schools.....	64	<input type="text" value="00"/>	Arizona Wildlife.....	65	<input type="text" value="00"/>																																			
	Child Abuse Prevention .....	66	<input type="text" value="00"/>	Domestic Violence Services.....	67	<input type="text" value="00"/>	Political Gift.....	68	<input type="text" value="00"/>																																	
	Neighbors Helping Neighbors.....	69	<input type="text" value="00"/>	Special Olympics.....	70	<input type="text" value="00"/>	Veterans' Donations Fund.....	71	<input type="text" value="00"/>																																	
	I Didn't Pay Enough Fund.....	72	<input type="text" value="00"/>	Sustainable State Parks and Road Fund.....	73	<input type="text" value="00"/>	Spay/Neuter of Animals.....	74	<input type="text" value="00"/>																																	
	75	Political Party (if amount is entered on line 68 - check only one): 751 <input type="checkbox"/> Democratic 752 <input type="checkbox"/> Libertarian 753 <input type="checkbox"/> Republican	75																																							
	76	Estimated payment penalty .....	76				00																																			
	77	771 <input type="checkbox"/> Annualized/Other 772 <input type="checkbox"/> Farmer or Fisherman 773 <input type="checkbox"/> Form 221 included	77																																							
	78	Add lines 64 through 74 and 76; enter the total.....	78				00																																			
Penalty	79	<b>REFUND:</b> Subtract line 78 from line 63. If less than zero, enter amount owed on line 80 .....	79				00																																			
	<b>Direct Deposit of Refund: Check box 79A</b> if your deposit will be ultimately placed in a <b>foreign account</b> ; see instructions. 79A <input type="checkbox"/>																																									
Refund or Amount Owed	<input checked="" type="checkbox"/> C <input type="checkbox"/> Checking or <input type="checkbox"/> S <input type="checkbox"/> Savings <table border="1" style="display: inline-table; margin-left: 10px;"> <tr> <td colspan="9">ROUTING NUMBER</td> <td colspan="9">ACCOUNT NUMBER</td> </tr> <tr> <td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td> <td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td> </tr> </table>						ROUTING NUMBER									ACCOUNT NUMBER									<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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80	<b>AMOUNT OWED:</b> Add lines 60 and 78. Make check payable to Arizona Department of Revenue; write your SSN on payment; and include with your return .....	80				107	00																																			

Under penalties of perjury, I declare that I have read this return and any documents with it, and to the best of my knowledge and belief, they are true, correct and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

**PLEASE SIGN HERE**

YOUR SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_ **STUDENT**  
OCCUPATION \_\_\_\_\_

SPOUSE'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_ SPOUSE'S OCCUPATION \_\_\_\_\_

SYAM PRIYA RAM SAGAR GUPTA TALLAM 03092024 GLOBAL TAXES LLC  
PAID PREPARER'S SIGNATURE DATE FIRM'S NAME (PREPARER'S IF SELF-EMPLOYED)

245 ROONEY CT 84-3171965  
PAID PREPARER'S STREET ADDRESS PAID PREPARER'S TIN

E BRUNSWICK NJ 08816 (678) 965-9522  
PAID PREPARER'S CITY STATE ZIP CODE PAID PREPARER'S PHONE NUMBER

Your First Name and Middle Initial <b>1</b> AKHIL		Last Name PENTELA	Enter your SSN(s).	Your Social Security Number 881   22   2945	
Spouse's First Name and Middle Initial <b>1</b>		Last Name		Spouse's Social Security No.	
Current Home Address - number and street, rural route <b>2</b> 6867 W SUPR DR			Apt. No.	Daytime Phone (with area code) <b>94</b> (928) 666-0244	
City, Town or Post Office <b>3</b> PEORIA			State AZ	ZIP Code 85383	
<b>Please indicate the filing status below:</b> <input type="checkbox"/> Married filing joint return <input type="checkbox"/> Head of household: Enter name of qualifying child or dependent on next line. _____ <input type="checkbox"/> Married filing separate return: Enter spouse's name and Social Security Number above. <input checked="" type="checkbox"/> Single			<b>REVENUE USE ONLY. DO NOT MARK IN THIS AREA.</b> <b>88</b> <b>81</b> PM <b>80</b> RCVD		

Enter the amount of payment enclosed..... \$ 

107	00
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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.