

IRS e-file Signature Authorization

▶ **ERO must obtain and retain completed Form 8879.**
▶ **Go to www.irs.gov/Form8879 for the latest information.**

Submission Identification Number (SID) ▶

Taxpayer's name <u>AKHIL PENTELEA</u>	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	1	30,260.
2 Total tax	2	1,751.
3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099	3	2,416.
4 Amount you want refunded to you	4	665.
5 Amount you owe	5	

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 ERO firm name signature on the income tax return (original or amended) I am now authorizing. Enter five digits, but don't enter all zeros

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 ▶ P. Akhil Date ▶ _____

Spouse's PIN: check one box only

I authorize _____ to enter or generate my PIN

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 as my ERO firm name signature on the income tax return (original or amended) I am now authorizing. Enter five digits, but don't enter all zeros

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
---	---	---	---	---	---	---	---	---	---	---

 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 authorizing 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**

Form 1040 U.S. Individual Income Tax Return

Department of the Treasury—Internal Revenue Service

2023

OMB No. 1545-0074

IRS Use Only—Do not write or staple in this space.

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. 6867 W SUPR DR Apt. no. Presidential Election Campaign 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. [] 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) 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 6 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 section table with columns for line numbers (1a-1z) and amounts. 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) 1i. 1z Add lines 1a through 1h 30,260.

Table for interest and dividends: 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 for adjustments and total income: 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	16	Tax (see instructions). Check if any from Form(s): 1 <input type="checkbox"/> 8814 2 <input type="checkbox"/> 4972 3 <input type="checkbox"/>	16	1,751.
	17	Amount from Schedule 2, line 3	17	
	18	Add lines 16 and 17	18	1,751.
	19	Child tax credit or credit for other dependents from Schedule 8812	19	
	20	Amount from Schedule 3, line 8	20	
	21	Add lines 19 and 20	21	
	22	Subtract line 21 from line 18. If zero or less, enter -0-	22	1,751.
	23	Other taxes, including self-employment tax, from Schedule 2, line 21	23	0.
24	Add lines 22 and 23. This is your total tax	24	1,751.	

Payments	25	Federal income tax withheld from:		
	a	Form(s) W-2	25a	2,416.
	b	Form(s) 1099	25b	
	c	Other forms (see instructions)	25c	
	d	Add lines 25a through 25c	25d	2,416.
	26	2023 estimated tax payments and amount applied from 2022 return	26	
	27	Earned income credit (EIC)	27	
	28	Additional child tax credit from Schedule 8812	28	
	29	American opportunity credit from Form 8863, line 8	29	
	30	Reserved for future use	30	
31	Amount from Schedule 3, line 15	31		
32	Add lines 27, 28, 29, and 31. These are your total other payments and refundable credits	32		
33	Add lines 25d, 26, and 32. These are your total payments	33	2,416.	

Refund	34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid	34	665.
	35a	Amount of line 34 you want refunded to you . If Form 8888 is attached, check here <input type="checkbox"/>	35a	665.
	b	Routing number 1 2 2 1 0 1 7 0 6 c Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings		
	d	Account number 4 5 7 0 4 5 8 3 1 1 1 7		
36	Amount of line 34 you want applied to your 2024 estimated tax	36		

Amount You Owe	37	Subtract line 33 from line 24. This is the amount you owe . For details on how to pay, go to www.irs.gov/Payments or see instructions	37	
	38	Estimated tax penalty (see instructions)	38	

Third Party Designee Do you want to allow another person to discuss this return with the IRS? See instructions **Yes**. Complete below. **No**

Designee's name _____ Phone no. _____ Personal identification number (PIN) _____

Sign Here 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.

Your signature _____	Date _____	Your occupation STUDENT	If the IRS sent you an Identity Protection PIN, enter it here (see inst.)
Spouse's signature. If a joint return, both must sign. _____	Date _____	Spouse's occupation	If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.)

Phone no. (928) 666-0244 Email address AKHIL.PENTELOA09@GMAIL.COM

Paid Preparer Use Only

Preparer's name SYAM PRIYA RAM SAGAR GUPTA TALLAM	Preparer's signature SYAM PRIYA RAM SAGAR GUPTA TALLAM	Date 03/09/2024	PTIN P02082703	Check if: <input type="checkbox"/> Self-employed
Firm's name GLOBAL TAXES LLC	Firm's address 245 ROONEY CT E BRUNSWICK NJ 08816			Phone no. (678) 965-9522 Firm's EIN 84-3171965

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

1 Your First Name and Middle Initial: **AKHIL** Last Name: **PENTELEA** 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.: []

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

3 FILING STATUS: Married filing joint return **4a** Injured Spouse Protection of Joint Overpayment
 Head of household. Enter name of qualifying child or dependent on next line.
 Married filing separate return. Enter spouse's name and Social Security Number above.
 7 Single
 Enter the number claimed. Do not put a check mark.
 8 Age 65 or over (you and/or spouse) *If completing lines 8, 9, and 11a, also complete lines 38, 39, and 41. For lines 10a and 10b, also complete line 49.*
 9 Blind (you and/or spouse)
 10a Dependents: Under age of 17. **10b** Dependents: Age 17 and over.
 11a Qualifying parents and grandparents

REVENUE USE ONLY. DO NOT MARK IN THIS AREA.
88
81 PM **80** RCVD

(Box 10a and 10b): Dependent Information. See instructions. For more space, check the box and complete page 4, Part 1.

	(a) FIRST AND LAST NAME (Do not list yourself or spouse.)	(b) SOCIAL SECURITY NUMBER	(c) RELATIONSHIP	(d) NO. OF MONTHS LIVED IN YOUR HOME IN 2023	(e) Dependent Age included in:		(f) if you did not claim this person on your federal return due to educational credits
					1 (Box 10a)	2 (Box 10b)	
10c					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10d					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10e					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

(Box 11a): Qualifying parents and grandparents. See instructions. For more space, check the box and complete page 4, Part 2.

	(a) FIRST AND LAST NAME (Do not list yourself or spouse.)	(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
11b					<input type="checkbox"/>	<input type="checkbox"/>
11c					<input type="checkbox"/>	<input type="checkbox"/>

12	Federal adjusted gross income (from your federal return)	12	30,260	00
13	Small Business Income: 13S <input type="checkbox"/> check the box if you are filing Arizona Form 140-SBI and enter the amount from Form 140-SBI, line 10.	13		00
14	Modified federal adjusted gross income. Subtract line 13 from line 12.	14	30,260	00
15	Non-Arizona municipal interest	15		00
16	Partnership Income adjustment. See instructions	16		00
17	Total federal depreciation	17		00
18	Other Additions to Income: Complete Other Additions to Arizona Gross Income schedule on page 5.	18		00
19	Subtotal: Add lines 14 through 18 and enter the total	19	30,260	00
20	Total net capital gain or (loss). See instructions	20		00
21	Total net short-term capital gain or (loss). See instructions	21		00
22	Total net long-term capital gain or (loss). See instructions	22		00
23	Net long-term capital gain from assets acquired after December 31, 2011. See instructions.	23	0	00
24	Multiply line 23 by 25% (.25) and enter the result	24		0 00
25	Net capital gain derived from investment in qualified small business	25		00
26	Recalculated Arizona depreciation	26		00
27	Partnership Income adjustment. See instructions	27		00
28	Interest on U.S. obligations such as U.S. savings bonds and treasury bills	28		00
29a	Exclusion for federal, Arizona state or local government pensions (up to \$2,500 per taxpayer)	29a		00
29b	Exclusion for benefits, annuities and pensions for retired/retainer pay of the uniformed services	29b		00
30	U.S. Social Security or Railroad Retirement Act benefits included as income on your federal return (taxable amount)	30		00
31	Certain wages of American Indians	31		00
32	Pay received for active service as a member of the reserves, national guard or the U.S. armed forces	32		00
33	Net operating loss adjustment. See instructions	33		00
34	Contributions to: 34a 529 College Savings Plans <u>00</u> 34b 529A (ABLE accounts) <u>00</u> add 34a and 34b	34c		00
35	Subtract lines 24 through 34c from line 19. Enter the difference	35	30,260	00

DO NOT STAPLE ANY ITEMS TO THE RETURN.

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	Arizona adjusted gross income: Subtract lines 38 through 41 from line 37. If less than zero, enter "0".....	42	30,260	00
	43	Deductions: Check box and enter amount. See instructions..... 43I <input type="checkbox"/> ITEMIZED ...43S <input checked="" type="checkbox"/> STANDARD	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	Balance of tax: Subtract lines 49, 50 and 51 from line 48. If the sum of lines 49, 50 and 51 is greater than line 48, enter "0"	52	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	54		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.....58I <input type="checkbox"/> 308-I 582 <input type="checkbox"/> 334 583 <input type="checkbox"/> 349	58		00
	59	Total payments and refundable credits: Add lines 53 through 58. Enter the total.....	59	303	00
	60	TAX DUE: If line 52 is larger than line 59, subtract line 59 from line 52. Enter amount of tax due. Skip lines 61, 62 and 63.....	60	107	00
Tax Due or Overpayment	61	OVERPAYMENT: 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
	64 - 74 Voluntary Gifts to:				
		Solutions Teams Assigned to Schools..... 64	<input type="text" value="00"/>	Arizona Wildlife..... 65	<input type="text" value="00"/>
	66	Child Abuse Prevention.....	<input type="text" value="00"/>	Domestic Violence Services..... 67	<input type="text" value="00"/>
	69	Neighbors Helping Neighbors.....	<input type="text" value="00"/>	Political Gift..... 68	<input type="text" value="00"/>
	70	Special Olympics.....	<input type="text" value="00"/>	Veterans' Donations Fund..... 71	<input type="text" value="00"/>
	72	I Didn't Pay Enough Fund.....	<input type="text" value="00"/>	Sustainable State Parks and Road Fund..... 73	<input type="text" value="00"/>
	74	Spay/Neuter of Animals.....	<input type="text" value="00"/>	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			
	Penalty	76	Estimated payment penalty	76	
77		771 <input type="checkbox"/> Annualized/Other 772 <input type="checkbox"/> Farmer or Fisherman 773 <input type="checkbox"/> Form 221 included			
78		Add lines 64 through 74 and 76; enter the total.....	78		00
Refund or Amount Owed	79	REFUND: Subtract line 78 from line 63. If less than zero, enter amount owed on line 80	79		00
	Direct Deposit of Refund: Check box 79A if your deposit will be ultimately placed in a foreign account; see instructions. 79A <input type="checkbox"/>				
	98	C <input type="checkbox"/> Checking or ROUTING NUMBER ACCOUNT NUMBER S <input type="checkbox"/> Savings			
80	AMOUNT OWED: 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 1 AKHIL		Last Name PENTELA	Enter your SSN(s).	Your Social Security Number 881 22 2945	
Spouse's First Name and Middle Initial 1		Last Name		Spouse's Social Security No.	
Current Home Address - number and street, rural route 2 6867 W SUPR DR			Apt. No.	Daytime Phone (with area code) 94 (928) 666-0244	
City, Town or Post Office 3 PEORIA		State AZ	ZIP Code 85383	REVENUE USE ONLY. DO NOT MARK IN THIS AREA. 88	
Please indicate the filing status below: <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					
			81 PM	80 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.