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



| <b>1040</b>                  |           | artment of the Treasury—Internal Revenue Servi                        |             | ırn           | 202             | 3          | OMB No. 1545     | -0074          | IRS Use         | Only—l         | Do not w   | rite or stap     | ole in this space.                |
|------------------------------|-----------|---|-------------|---------------|-----------------|------------|------------------|----------------|-----------------|----------------|------------|------------------|-----------------------------------|
| For the year Jai             | n. 1–Dec  | c. 31, 2023, or other tax year beginning                              |             |               | , 2023, end     | ling       |                  |                | , 20            | 5              | See se     | oarate in        | structions.                       |
| Your first name              | e and m   | iddle initial   | Last nar    | ne            |                 |            |                  |                |                 | Y              | our so     | cial secu        | rity number                       |
| RONITH                       |           |   | AERV.       | A             |                 |            |                  |                |                 |                | 874        | 47               | 6379                              |
| If joint return, s           | spouse's  | s first name and middle initial                                       | Last nar    | ne            |                 |            |                  |                |                 | S              | Spouse'    | s social s       | security number                   |
| Home address                 | (numbe    | er and street). If you have a P.O. box, see                           | instructio  | ons.          |                 |            |                  | P              | Apt. no.        | F              | Preside    | ntial Elec       | ction Campaign                    |
| _1055 W I                    |           |   |             |               |                 |            |                  |                | 2007            |                |            |                  | u, or your                        |
| City, town, or p             | oost offi | ce. If you have a foreign address, also co                            | mplete sp   | paces belo    | ow.             | Sta        | te               | ZIP c          |                 |                |            |                  | ointly, want \$3<br>d. Checking a |
| MESA                         |           |   |             |               |                 | AZ         |                  | 852            | 300,000 1000 10 | L t            | ox bel     | ow will no       | ot change                         |
| Foreign countr               | y name    |   | F           | oreign pro    | ovince/state/o  | count      | ty               | Foreig         | ın postal c     | ode y          | our tax    | or refun         |                                   |
| Filing Status                | s         | Single  |             |               |                 |            | Head of he       | ouseh          | old (HOF        | <del>1</del> ) |            |                  |                                   |
| Check only                   |           | Married filing jointly (even if only one had income)                  |             |               |                 |            |                  |                |                 |                |            |                  |                                   |
| one box.                     |           | ☐ Married filing separately (MFS) ☐ Qualifying surviving spouse (QSS) |             |               |                 |            |                  |                |                 |                |            |                  |                                   |
|                              |           | you checked the MFS box, enter the                                    |             |               | ouse. If you    | u che      | ecked the HOF    | or Q           | SS box,         | enter          | the chi    | ld's nam         | ne if the                         |
|                              | qu        | ialifying person is a child but not you                               | ır depen    | dent:         |                 |            |                  |                | $\Delta A$      |                |            |                  |                                   |
| Digital                      | At a      | ny time during 2023, did you: (a) rec                                 | eive (as a  | a reward      | , award, or     | payn       | ment for prope   | rty or         | services        | ); or (b       | ) sell,    |                  |                                   |
| Assets                       | exch      | nange, or otherwise dispose of a dig                                  | ital asset  | t (or a fin   | ancial intere   | est ir     | n a digital asse | et)? (Se       | ee instru       | ctions         | .)         | ☐ Yes            | s 🗵 No                            |
| Standard                     | Som       | neone can claim:   You as a de  | pendent     |               | 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 <b>Spc</b>   | ouse       | : Was bor        | n befo         | ore Janua       | ary 2,         | 1959       | ☐ Is             | blind                             |
| Dependent                    | s (see    | instructions):  |             | ( <b>2)</b> S | ocial security  | ,          | (3) Relationsh   | ip (4          | ) Check t       | he box         | if quali   | fies for (se     | ee instructions):                 |
| If more                      | (1) F     | (1) First name Last name  |             |               | number to you   |            |                  | Child tax cred |                 | dit            | Credit for | other dependents |                                   |
| than four                    |           |   |             |               |                 |            |                  |                |                 |                |            |                  |                                   |
| dependents, see instruction  | ıs        |   |             |               |                 |            |                  |                | [               |                |            |                  |                                   |
| and check _                  | ,         |   |             |               |                 |            |                  |                | <u> </u>        | 4              |            |                  | <u> </u>                          |
| here L                       | <u></u>   |   |             |               |                 |            |                  |                | l               |                |            |                  |                                   |
| Income                       | 1a        | Total amount from Form(s) W-2, b                                      |             |               |                 |            | ·                |                |                 | •              | 1a         |                  |                                   |
| Attach Form(s)               | b         | Household employee wages not re<br>Tip income not reported on line 1a |             |               |                 |            |                  |                |                 |                | 1b         |                  | <del>_</del>                      |
| W-2 here. Also attach Forms  | d         | Medicaid waiver payments not rep                                      |             |               | *               | <br>netru  | otions)          |                |                 |                | 1c         |                  |                                   |
| W-2G and                     | u         | Taxable dependent care benefits f                                     |             |               |                 | iistru     | ictions)         |                |                 |                | 1e         | _                |                                   |
| 1099-R if tax was withheld.  | f         | Employer-provided adoption bene                                       |             |               |                 | •          |                  |                |                 |                | 1f         |                  |                                   |
| If you did not               | a .       | Wages from Form 8919, line 6  | into iroini | T OIIII OC    | 300, 1110 20    |            |                  |                |                 |                | 1g         |                  |                                   |
| get a Form                   | h         | Other earned income (see instruct                                     | ions)       |               |                 |            |                  |                |                 |                | 1h         |                  |                                   |
| W-2, see instructions.       | i         | Nontaxable combat pay election (s                                     |             |               |                 |            | 1i               | Ĩ              |                 |                |            |                  |                                   |
|                              | z         | Add lines 1a through 1h   |             |               |                 |            |                  |                |                 |                | 1z         |                  |                                   |
| Attach Sch. B                | 2a        | Tax-exempt interest   | 2a          |               | [ ]             | b Ta       | axable interest  | t.             |                 | u ua           | 2b         | 0                |                                   |
| if required.                 | 3a        | Qualified dividends   | 3a          |               | 1               | <b>b</b> 0 | rdinary divide   | nds .          |                 |                | 3b         | 0                |                                   |
|                              | 4a        | IRA distributions   | 4a          |               |                 | b Ta       | axable amoun     | t              |                 |                | 4b         | (4)              |                                   |
| Standard<br>Deduction for—   | 5a        | Pensions and annuities  | 5a          |               |                 | b Ta       | axable amoun     | t              |                 |                | 5b         | 6                |                                   |
| Single or                    | 6a        | Social security benefits  | 6a          |               |                 | b Ta       | axable amoun     | t              |                 |                | 6b         | (                |                                   |
| Married filing separately,   | С         | If you elect to use the lump-sum e                                    |             |               |                 |            |                  |                |                 | . 🔲            |            |                  |                                   |
| \$13,850<br>Married filing   | 7         | Capital gain or (loss). Attach Sche                                   |             |               | -               |            |                  |                |                 |                | 7          |                  |                                   |
| jointly or<br>Qualifying     | 8         | Additional income from Schedule                                       |             |               |                 |            |                  |                |                 |                | 8          |                  |                                   |
| surviving spouse,            | 9         | Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7                                   |             |               |                 |            |                  |                | . 7             | . 123          | 9          |                  |                                   |
| \$27,700<br>• Head of        | 10        | Adjustments to income from Schedule 1, line 26                        |             |               |                 |            |                  |                |                 | 10             |            |                  |                                   |
| household,<br>\$20,800       | 11        | Subtract line 10 from line 9. This is                                 |             |               |                 |            |                  |                |                 |                | 11         |                  | 10.050                            |
| If you checked               | 12        | Standard deduction or itemized  |             |               |                 |            |                  |                |                 | •              | 12         | -                | 13,850.                           |
| any box under<br>Standard    | 13        | Qualified business income deduct                                      |             |               |                 |            |                  |                |                 |                | 13         |                  | 12 050                            |
| Deduction, see instructions. | 14        | Add lines 12 and 13   |             |               | <br>O This is v |            |                  |                |                 |                | 14         |                  | 13,850.                           |

| Tax (see instructions). Check if any from Form(s) Amount from Schedule 2, line 3   | from Schedule 8812   | 25a<br>25b<br>25c  | 19<br>20<br>21<br>22<br>23             | 0.<br>0.<br>0.<br>0.<br>0.                               |
|--|--|--|--|--|
| Add lines 16 and 17  | from Schedule 8812   | 25a<br>25b<br>25c  | 18<br>19<br>20<br>21<br>22<br>23<br>24 | 0.   |
| Child tax credit or credit for other dependents Amount from Schedule 3, line 8 Add lines 19 and 20   | from Schedule 8812   | 25a<br>25b<br>25c  | 19<br>20<br>21<br>22<br>23<br>24       | 0.   |
| Amount from Schedule 3, line 8 Add lines 19 and 20 Subtract line 21 from line 18. If zero or less, en Other taxes, including self-employment tax, from Add lines 22 and 23. This is your total tax Federal income tax withheld from: Form(s) W-2 Form(s) 1099 Other forms (see instructions) Add lines 25a through 25c O23 estimated tax payments and amount appeared income credit (EIC) Additional child tax credit from Schedule 8812 American opportunity credit from Form 8863, I   | ter -0   | 25a<br>25b<br>25c  | 20<br>21<br>22<br>22<br>23<br>24       | 0.   |
| Add lines 19 and 20  | ter -0   | 25a<br>25b<br>25c  | 21<br>22<br>23<br>24                   | 0.   |
| Subtract line 21 from line 18. If zero or less, en Other taxes, including self-employment tax, frow Add lines 22 and 23. This is your total tax.  Federal income tax withheld from:  Form(s) W-2   | ter -0   | 25a<br>25b<br>25c  | 22<br>23<br>24                         | 0.   |
| Other taxes, including self-employment tax, from Add lines 22 and 23. This is your total tax  Federal income tax withheld from: Form(s) W-2  Form(s) 1099  Other forms (see instructions)  Add lines 25a through 25c  2023 estimated tax payments and amount application of the additional child tax credit from Schedule 8812  Additional opportunity credit from Form 8863, I  | om Schedule 2, line 21   | 25a<br>25b<br>25c  | 23 24                                  | 0.   |
| Add lines 22 and 23. This is your total tax  Federal income tax withheld from:  Form(s) W-2  Form(s) 1099  Other forms (see instructions)  Add lines 25a through 25c  C023 estimated tax payments and amount appearaned income credit (EIC)  Additional child tax credit from Schedule 8812  American opportunity credit from Form 8863, I   | lied from 2022 return  | 25a<br>25b<br>25c  | 24                                     |  |
| Federal income tax withheld from: Form(s) W-2  |  | 25a<br>25b<br>25c  |  | 0.   |
| Form(s) W-2  |  | 25b<br>25c   | . 25d                                  |  |
| Form(s) 1099   |  | 25b<br>25c   | 25d                                    |  |
| Other forms (see instructions)   |  | 25c  | 25d                                    |  |
| Add lines 25a through 25c  |  |  | 25d                                    |  |
| 2023 estimated tax payments and amount app<br>Earned income credit (EIC)   | olied from 2022 return   |  | 250                                    |  |
| Earned income credit (EIC)   | No .   |  |  |  |
| Additional child tax credit from Schedule 8812<br>American opportunity credit from Form 8863, I  |  | 07   | 26                                     |  |
| American opportunity credit from Form 8863, I  |  | 27   |  |  |
|  | ino 8  | 29   |  |  |
| Reserved for future use  |  | 30   |  |  |
| Amount from Schedule 3, line 15  |  | 31   |  |  |
|  |  |  | 32                                     | 1  |
|  |  |  |  |  |
|  |  |  |  |  |
| AND STATE OF THE S | a contract the second s |  | . 🗆 35a                                |  |
|  |  |  | Savings                                |  |
|  |  |  |  |  |
| Amount of line 34 you want applied to your 20  | 24 estimated tax   | 36   |  |  |
|  | -  |  | 37                                     | 0.   |
| Estimated tax penalty (see instructions)   |  | 38   |  |  |
| the late of the control of the contr | ss this return with the IRS?   |  | mplete below.                          | X No   |
|  |  |  |  |  |
|  |  |  | , ,                                    | of my knowledge and                                      |
|  |  |  |  |  |
| signature  | Your occupation  |  |  | nt you an Identity                                       |
|  | SOFTWARE D   | EVELOPER   | (see inst.)                            | in, enter it fiere                                       |
| se's signature. If a joint return, <b>both</b> must sign.  |  |  | If the IRS se                          | nt your spouse an  |
|  |  |  |  | ection PIN, enter it here                                |
|  |  |  | (See Irist.)                           |  |
|  | 1(01(1111100   | and the second s | DTIN                                   | Check if:  |
|  |  |  |  | 2 2  |
|  | RAM SAGAR GUPTA  | 04/02/2024   |  | Self-employed  |
|  | CMICK NI 00016   |  |  | (678) 965-9522   |
|  |  |  | Firm's EIN                             | Form <b>1040</b> (2023)                                  |
| F F F F F F F F F F F F F F F F F F F  | Add lines 25d, 26, and 32. These are your total lif line 33 is more than line 24, subtract line 24 famount of line 34 you want refunded to you. Routing number   X   X   X   X   X   X   X   X   X   | Add lines 25d, 26, and 32. These are your total payments  If line 33 is more than line 24, subtract line 24 from line 33. This is the amount Amount of line 34 you want refunded to you. If Form 8888 is attached, check Routing number   X   X   X   X   X   X   X   X   X  | Account number                         | Add lines 25d, 26, and 32. These are your total payments |

| Arizona Form  140  Check box 82F  82F Check box 82F  1 |                                       |             |  | Resident Personal Income Tax Return |                          |                 |                           |                     | FOR CALENDAR YEAR 2023                                |           |  |  |
|--|---------------------------------------|-------------|--|-------------------------------------|--------------------------|-----------------|---------------------------|---------------------|---|-----------|--|--|
| R  | 82F                                   |             | Check box 82F<br>f filing under extension                                  | OR FISCAL YEAR BEGINNI              | NG L _ L _               | 2 0 2 3         | AND ENDING                |                     |   | 66F       |  |  |
| ሦ  | _                                     |             | First Name and Middle Initial  |                                     | Last Name                |                 | Enter                     | Your Soc            | cial Security Nur                                     | nber      |  |  |
| 10 THE   | 1                                     |             | NITH   |                                     | AERVA                    |                 | your                      | 874                 | 47   637  | 19        |  |  |
| IS T   | [1]                                   | Spou        | se's First Name and Middle Initi   | al (if box 4 or 6 checked)          | Last Name                |                 | SSN(s).                   | Spouse's            | Social Security                                       | No.       |  |  |
| <b>ANY ITEMS</b>                                       | _                                     | Curre       | ent Home Address - number and  | d street, rural route               |                          | Apt. No.        | Daytime                   | Phone (wit          | th area code)   |           |  |  |
| <u>-</u>   | 2                                     |             | 55 W BASELINE RD   |                                     |                          | 2007            |                           | 0)491-              |   |           |  |  |
| $\leq$   | _                                     | -           | Town or Post Office  | State                               | ZIP Code                 |                 | Last Names Used in L      | ast Four Pri        | ior Year(s) (if diffe                                 |           |  |  |
| DO NOT STAPLE  | 3<br> の                               | ME          |  | AZ                                  | 85210                    |                 | REVENUE USE ONLY          | , DO NOT I          | AADK INTUIC AE  | 97        |  |  |
| ₹  | STATUS                                | 4           | Married filing joint return  |                                     |                          | erbaymeni ir    | 88                        | . DO NOT I          | MARK IN THIS AF                                       | KEA.      |  |  |
| S  | ST/                                   | 5           | ☐ Head of household. Enter   | r name of qualifying child or depen | ident on next line.      | ľ               | _                         |                     |   |           |  |  |
| 2  | FILING                                | 6           | Married filing separate ref  | turn. Enter spouse's name and S     | ocial Security Numb      | per above       |                           |                     |   |           |  |  |
| 2  |                                       | 7           |  | tarrii Eritor opoude e mariie ana e | colar cocarry manns      | , or above.     |                           |                     |   |           |  |  |
|  | NS                                    |             | <b>♦</b> Enter the number claims   | ed. Do not put a check mark         | r.                       |                 |                           |                     |   |           |  |  |
|  | EXEMPTIONS                            | 8           |  | or spouse) If completing lines 8    |                          |                 | 81 PM                     |                     | 0 RCVD  |           |  |  |
|  | MP                                    | 9           | Blind (you and/or spouse   | )                                   | 10a and 10b, also con    |                 | 81 PM                     | <u> 8</u>           | <u>u</u> 1.015  |           |  |  |
|  |                                       | 10a<br>11a  | Dependents: Under age of Qualifying parents and gr                         |                                     | dents: Age 17 and        | over.           |                           |                     |   |           |  |  |
|  |                                       |             | 19. 25. 7  | ent Information. See instruction    | ons. For more sp         | pace, check the | box and com               | plete page          | e 4, Part 1.  |           |  |  |
|  |                                       |             | (a)  | OT NAME.                            | (b)                      | (c)             | (d)<br>NO. OF MONTHS ✓ De | (e)                 | (f)   | ماماما    |  |  |
|  | nts                                   |             | FIRST AND LAS<br>(Do not list yourself                                     |                                     | OCIAL SECURITY<br>NUMBER | RELATIONSHIP    | LIVED IN YOUR             | riciadea iri.       | if you did not<br>this person or<br>federal return of | n your    |  |  |
| nde  | Dependents                            |             |  |                                     |                          |                 | HOME IN 2023<br>(Box      | 1 2<br>10a) (Box 10 | educational c   |           |  |  |
|  | Dep                                   |             |  |                                     |                          |                 |                           |                     | <u> </u>  |           |  |  |
|  |                                       |             |  |                                     |                          |                 |                           | ╡┼╞┼                | <del>                                     </del>      |           |  |  |
|  |                                       | 10e         | (Box 11a): Qualifying parents  | and grandparents. See instr         | ructions For mor         | a angaa ahaak   | the boy $\square$ and so  | nnlete nee          | us 4 Port 3   |           |  |  |
| 40.  | pur .                                 |             | (a)  | s and grandparents. See insti       | (b)                      | (c)             | (d)                       | (e)                 | (f)   |           |  |  |
| n<br>1   | Qualifying Parentsand<br>Grandparents |             | FIRST AND LAS<br>(Do not list yourself                                     |                                     |                          |                 |                           | AGE 65 OF           | " 5125  |           |  |  |
| ٥  | ng Paren<br>ndparen                   |             | (20 1101 1101 ) 041 051  | S. Spouss.,                         |                          |                 | HOME IN 2023              | OVER                | IIN 2023  |           |  |  |
| erF  | ıalifyi<br>Grar                       | 11b         |  |                                     |                          |                 |                           |                     |   |           |  |  |
| aft  | ਰ<br>-                                | 11c         |  |                                     |                          |                 |                           |                     |   |           |  |  |
| nts after Form 140.                                    |                                       |             | Federal adjusted gross incom   |                                     |                          |                 |                           |                     |   | 00        |  |  |
|  |                                       |             | Small Business Income: 135 ch  |                                     |                          |                 |                           |                     |   | 00        |  |  |
| 핑  | -                                     |             | Modified federal adjusted gross Non-Arizona municipal interest             |                                     |                          |                 |                           |                     |   | 00<br>00  |  |  |
| 용  | ions                                  |             | Partnership Income adjustment  |                                     |                          |                 |                           |                     |   | 00        |  |  |
| ihe<br>:he   | Additio                               |             | Total federal depreciation   |                                     |                          |                 |                           |                     |   | 00        |  |  |
| AZ schedules or other docume                           | ٩                                     |             | Other Additions to Income: Co  |                                     |                          |                 | -                         |                     |   | 00        |  |  |
| S  |                                       |             | <b>Subtotal:</b> Add lines 14 through 15 Total net capital gain or (loss). |                                     |                          |                 |                           | 19                  |   | 00        |  |  |
| ≝  |                                       |             | Total net short-term capital gair  |                                     |                          |                 |                           | 00                  |   |           |  |  |
| hec  |                                       |             | Total net long-term capital gain   |                                     |                          |                 |                           | 00                  |   |           |  |  |
| SC   |                                       | 23          | Net long-term capital gain from  | (                                   | 00                       |                 |                           |                     |   |           |  |  |
| Z  |                                       |             | Multiply line 23 by 25% (.25) ar   |                                     |                          |                 |                           |                     |   | 00        |  |  |
| gue  |                                       |             | Net capital gain derived from in   | •                                   |                          |                 |                           |                     |   | 00        |  |  |
| ਜ਼   | ctions                                |             | Recalculated Arizona depreciat<br>Partnership Income adjustment            |                                     |                          |                 |                           |                     |   | <u>00</u> |  |  |
| der  | ract                                  |             | Interest on U.S. obligations suc   |                                     |                          |                 |                           |                     |   | 00        |  |  |
| <b>e</b>   | Subtra                                |             | Exclusion for federal, Arizona s   |                                     |                          |                 |                           |                     |   | 00        |  |  |
| <u>s</u>   |                                       | <b>29</b> b | Exclusion for benefits, annuities  | s and pensions for retired/reta     | iner pay of the un       | iformed service | s                         | <b>29</b> b         |   | 00        |  |  |
| any required federal and                               |                                       |             | U.S. Social Security or Railroad   |                                     |                          | -               |                           |                     |   | 00        |  |  |
| y<br>Te  |                                       |             | Certain wages of American Ind  |                                     |                          |                 |                           |                     |   | 00        |  |  |
| an   |                                       |             | Pay received for active service<br>Net operating loss adjustment.          |                                     | •                        |                 |                           |                     |   | 00        |  |  |
| ace  |                                       |             | Contributions to: 34a 529 College  |                                     |                          |                 |                           | I .                 |   | 00        |  |  |
|  |                                       | _           |  |                                     | •                        |                 | •                         |                     |   | ~~        |  |  |

| Your Name (as shown on page 1)   |   |  | Your Social Security Number    |                         |  |  |  |  |  |  |
|--|---|--|--------------------------------|-------------------------|--|--|--|--|--|--|
| RONITH AERVA   |   |  | 874-47-6379                    |                         |  |  |  |  |  |  |
| 26 Other Subtractions from Income Complete Other   | r Cultivaction from /   | l rizana Crasa Inaama sahas                | lula an naga 6 26              | 00                      |  |  |  |  |  |  |
| ·  | 1 3 1   |  |                                |                         |  |  |  |  |  |  |
| 20 Ama CF an assembly 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1   | Subtract line 36 from line 35. Enter the difference  Age 65 or over: Multiply the number in box 8 by \$2,100  |  |                                |                         |  |  |  |  |  |  |
| 39 Blind: Multiply the number in box 9 by \$1,500  |   |  |                                | 00                      |  |  |  |  |  |  |
| 40 Other Exemptions. See instructions40E   |   |  |                                | 00                      |  |  |  |  |  |  |
| 41 Qualifying parents and grandparents: Multiply the r   |   |  |                                | 00                      |  |  |  |  |  |  |
| 42 Arizona adjusted gross income: Subtract lines 38  |   |  |                                | 0 00                    |  |  |  |  |  |  |
| 43 Deductions: Check box and enter amount. Se  |   |  |                                | 13,850 00               |  |  |  |  |  |  |
| 44 If you checked box 43 <b>S</b> and claim charitable contri  |   |  |                                | 00                      |  |  |  |  |  |  |
| 45 Arizona taxable income: Subtract lines 43 and 44 fro  |   |  |                                | 0 00                    |  |  |  |  |  |  |
| 40 T   |   |  |                                | 0 00                    |  |  |  |  |  |  |
| (7)  |   |  |                                |                         |  |  |  |  |  |  |
|  |   |  |                                |                         |  |  |  |  |  |  |
| 48 Subtotal of tax: Add lines 46 and 47. Enter the total 49 Dependent Tax Credit. See instructions   |   |  |                                | 0 00                    |  |  |  |  |  |  |
| 50 Family income tax credit (from the worksheet - see in   |   |  |                                | 40 00                   |  |  |  |  |  |  |
| 51 Nonrefundable Credits from Arizona Form 301, Pa   |   |  |                                | 00                      |  |  |  |  |  |  |
|  |   |  |                                | 0 00                    |  |  |  |  |  |  |
| 53 2023 AZ income tax withheld   |   |  |                                |                         |  |  |  |  |  |  |
| 54 2023 AZ estimated tax payments54a   | 00 Claim of   | f Right 54b                                | 00 Add 54a and 54b. <b>54c</b> | 00                      |  |  |  |  |  |  |
| <b>55</b> 2023 AZ extension payment (Form 204)   |   |  | 55                             | 00                      |  |  |  |  |  |  |
| 55 2023 AZ extension payment (Form 204)  | e instructions)   |  | 56                             | 25 00                   |  |  |  |  |  |  |
| 57 Property Tax Credit from Arizona Form 140PTC  |   |  | 57                             | 00                      |  |  |  |  |  |  |
| 58 Other refundable credits: Check the box(es) and enter   | er the total amount   | 581 308-l 582                              | □334 <b>583</b> □349 <b>58</b> | 00                      |  |  |  |  |  |  |
| 59 Total payments and refundable credits: Add line   | es 53 through 58. Ent   | ter the total                              | 59                             | 25 00                   |  |  |  |  |  |  |
| 60 TAX DUE: If line 52 is larger than line 59, subtract line   | 59 from line 52. Ente   | er amount of tax due. Skip lines           | 61, 62 and 63 <b>60</b>        | 00                      |  |  |  |  |  |  |
| 61 OVERPAYMENT: If line 59 is larger than line 52, subt  |   |  |                                | 25 00                   |  |  |  |  |  |  |
| 61 OVERPAYMENT: If line 59 is larger than line 52, subtract  62 Amount of line 61 to be applied to 2024 estimated  63 Balance of overpayment: Subtract line 62 from line 6  64 - 74 Voluntary Gifts to:  Assigned to | tax   |  | 62                             | 00                      |  |  |  |  |  |  |
| 63 Balance of overpayment: Subtract line 62 from line 6  |   |  |                                | 25 00                   |  |  |  |  |  |  |
|  |   |  |                                |                         |  |  |  |  |  |  |
| Child Abuse Prevention   | /iolence Services67   | Political Gift                             | A14 10                         |                         |  |  |  |  |  |  |
| Neighbors Helping Neighbors 69 00 Special Oly  | mpics <b>70</b>   | 00 Veterans' Donations F                   |                                |                         |  |  |  |  |  |  |
| I Didn't Pay Enough Fund 72 00 Sustainable and Road F  | e State Parks<br>Fund <b>73</b>   | Spay/Neuter of Anima                       |                                |                         |  |  |  |  |  |  |
| Neighbors Helping Neighbors 69  I Didn't Pay Enough Fund 72  OO  Special Oly Sustainable and Road F  75 Political Party (if amount is entered on line 68 - check of  |   |  |                                | <u> </u>                |  |  |  |  |  |  |
| 76 Estimated payment penalty   |   |  | 76                             | 00                      |  |  |  |  |  |  |
| 77 771 Annualized/Other 772 Farmer or Fisherman  |   |  |                                |                         |  |  |  |  |  |  |
| 0  |   |  |                                |                         |  |  |  |  |  |  |
| 10 Ital Olibi Gabarast mis 10 meni mis cel mises anam 20   |   |  |                                | 25 00                   |  |  |  |  |  |  |
| ROUTING NUMBER   | Direct Deposit of Refund: Check box 79A if your deposit will be ultimately placed in a foreign account; see instructions. 79A  ACCOUNT NUMBER  ACCOUNT NUMBER |  |                                |                         |  |  |  |  |  |  |
| 98 S Savings   | 6 4 5 7   | 0 3 1 2 7 9 1 3 6                          |                                |                         |  |  |  |  |  |  |
| Savings  80 AMOUNT OWED: Add lines 60 and 78. Make checand include with your return  | ck pavable to Arizona   | Department of Revenue: write v             | our SSN on payment:            |                         |  |  |  |  |  |  |
| and include with your return   |   |  |                                | 00                      |  |  |  |  |  |  |
|  |   |  |                                |                         |  |  |  |  |  |  |
| Under penalties of perjury, I declare that I have rea  | d this return and a   | ny documents with it, and t                | o the best of my knowle        | dge and belief, they ar |  |  |  |  |  |  |
| true, correct and complete. Declaration of preparer  |   |  |                                |                         |  |  |  |  |  |  |
| ·  |   |  |                                |                         |  |  |  |  |  |  |
|  |   |  | OFTWARE DEVELO                 | PER                     |  |  |  |  |  |  |
| YOUR SIGNATURE   |   | DATE                                       | CUPATION                       |                         |  |  |  |  |  |  |
| <b>→</b>   |   |  |                                |                         |  |  |  |  |  |  |
| SPOUSE'S SIGNATURE   |   | DATE SPO                                   | DUSE'S OCCUPATION              |                         |  |  |  |  |  |  |
|  | 0400004   |  |                                |                         |  |  |  |  |  |  |
| SYAM PRIYA RAM SAGAR GUPTA PAID PREPARER'S SIGNATURE   | 04022024<br>DATE  | GLOBAL TAXES LI FIRM'S NAME (PREPARER'S IF |                                |                         |  |  |  |  |  |  |
|  | DAIL  | THINK O NAME (FINERAINERS OF               | ,                              |                         |  |  |  |  |  |  |
| 245 ROONEY CT PAID PREPARER'S STREET ADDRESS   |   |  | P02082703 PAID PREPARER'S TI   | N                       |  |  |  |  |  |  |
| E BRUNSWICK NJ 08816   |   |  | (678) 965-9                    |                         |  |  |  |  |  |  |
| PAID PREPARER'S CITY   | STATE   | ZIP CODE                                   | PAID PREPARER'S PI             |                         |  |  |  |  |  |  |

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.