## 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

Submission Identification Number (SID)			
Taxpayer's name	Social security	y number	
SUMANTH THANEERU	823-30-	5730	
Spouse's name	Spouse's soci	al security number	
ANUSHA GOKA	164-29-	-7090	
Part I Tax Return Information — Tax Year Ending December 31, 2023 (E	nter year you ar	e 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		<b>1</b> 172,	802.
2 Total tax		2 17,	927.
3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099		3 28,	340.
4 Amount you want refunded to you		4 10,	413.
5 Amount you owe		5	
Part II Taxpayer Declaration and Signature Authorization (Be sure you get a	nd keep a copy	of your returi	n)
my knowledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I return (original or amended) I am now authorizing. I consent to allow my intermediate service provider, trato send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for orany delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account payment of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution is authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to term payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation business days prior to the payment (settlement) date. I also authorize the financial institutions involved in taxes to receive confidential information necessary to answer inquiries and resolve issues related to personal identification number (PIN) below is my signature for the income tax return (original or amended Electronic Funds Withdrawal Consent.	ansmitter, or electro or rejection of the trache U.S. Treasury and tindicated in the table titution to debit the ninate the authorizan requests must be an the processing of the payment. I furth	nic return originator ansmission, <b>(b)</b> the dist designated F x preparation softwentry to this accountion. To revoke (careceived no later the electronic payner acknowledge to the careceived to the electronic payner acknowledge to the	or (ERO) e reason inancial ware for unt. This ancel) a than 2 ment of that the
Taxpayer's PIN: check one box only			
▼ I authorize GLOBAL TAXES LLC to enter or gene	rate my PIN	5 7 3 0	as my
ERO firm name signature on the income tax return (original or amended) I am now authorizing.	Ente	er five digits, but 't enter all zeros	ao my
I will enter my PIN as my signature on the income tax return (original or amended) I a if you are entering your own PIN and your return is filed using the Practitioner PIN r below.			
Your signature ▶ Date	<b></b>		
Spouse's PIN: check one box only			
	rate my PIN 9	7 0 9 0	00 1001
X I authorize GLOBAL TAXES LLC to enter or gene		7 0 9 0 er five digits, but	as my
signature on the income tax return (original or amended) I am now authorizing.		't enter all zeros	
I will enter my PIN as my signature on the income tax return (original or amended) I a if you are entering your own PIN <b>and</b> your return is filed using the Practitioner PIN r below.			
Spouse's signature ▶ Date	<b>&gt;</b>		
Practitioner PIN Method Returns Only—continue be	elow		
Part III Certification and Authentication — Practitioner PIN Method Only			
<b>ERO's EFIN/PIN.</b> Enter your six-digit EFIN followed by your five-digit self-selected PIN.	2 2 4 9 6  Don't ente	5 0 8 2 7 r all zeros	1
I certify that the above numeric entry is my PIN, which is my signature for the electronic individual incompatible and the signature of the formula to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am requirements of the Practitioner PIN method and <b>Pub. 1345,</b> Handbook for Authorized IRS e-file Providers	submitting this retu	rn in accordance v	
ERO's signature ▶ Date	<b>&gt;</b>		
ERO Must Retain This Form — See Instruction	18		

Don't Submit This Form to the IRS Unless Requested To Do So

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

<b>£1040</b>		artment of the Treasury—Internal Revenue Servi <b>S. Individual Income Ta</b> x		<sub>ırn</sub>  20	<b>23</b>	OMB No. 1545	-0074	IRS Use C	nly—Do	not wr	ite or stap	le in this spa	ace.
For the year Ja	n. 1–Dec	c. 31, 2023, or other tax year beginning		, 2023	3, ending			, 20	Se	e sep	arate ir	struction	s.
Your first name	e and m	iddle initial	Last nar	ne					Yo	ur soc	ial secu	rity numb	er
SUMANTH			THAN	EERU					8	23	30	5730	
	spouse's	s first name and middle initial	Last nar						_			security nu	mbe
ANUSHA			GOKA						1	64	29	7090	
	(numbe	er and street). If you have a P.O. box, see		ons.			А	pt. no.				tion Cam	paig
4154 S	PORT	LAND AVE							1			u, or your	
		ce. If you have a foreign address, also co	mplete sp	paces below.	St	ate	ZIP co	ode			<b>.</b>	intly, wan	
GILBERT					l A	Z	852	97		•		d. Checkir ot change	_
Foreign countr	y name		F	oreign province/s	state/cour	nty		n postal co			or refur	•	
											You	ı 🗌 Sp	ous
Filing Statu	s	Single				☐ Head of he	ouseho	old (HOH)					
_	_	Married filing jointly (even if only o	ne had ir	ncome)		_		,					
Check only one box.		Married filing separately (MFS)		,		☐ Qualifying	surviv	ina spous	se (QS	S)			
one box.	If v	you checked the MFS box, enter the	name o	f vour spouse.	If vou ch			• .		,	d's nan	ne if the	
	-	ialifying person is a child but not you			,			, .					
			. ,										
Digital		ny time during 2023, did you: (a) rec	•				-	,			☐ Ye	s 🗵 No	
Assets		nange, or otherwise dispose of a dig					:): (36	e instruct	110115.)		1 e:		
Standard Deduction		neone can claim:	•			a dependent							
Deduction	ш.	Spouse itemizes on a separate retur	n or you	were a dual-st	atus alle	n							
Age/Blindnes	s You	: Were born before January 2, 1	959	Are blind	Spouse	e: 🗌 Was bor	n befo	re Januar	y 2, 19	959	☐ Is	blind	
Dependent	s (see	instructions):		(2) Social se	curity	(3) Relationsh	ip (4)	) Check the	e box if	qualifi	es for (s	ee instruct	ions)
If more		irst name Last name		numbe		to you	'	Child tax	x credit	t C	Credit for	other deper	ıdent
than four	NE	IL ATHARV THANEERU		828-35-3	3880	Son		×	:				
dependents,	ROI	HAN AGASTYA		810-33-	5230	Son		X					
see instruction and check	is —												
here									]				
Income	1a	Total amount from Form(s) W-2, b	ox 1 (see	e instructions)						1a		175,65	5.
	b	Household employee wages not re	eported o	on Form(s) W-2	٠					1b			
Attach Form(s) W-2 here. Also	_	Tip income not reported on line 1a	a (see ins	structions) .						1c			
attach Forms	d	Medicaid waiver payments not rep	orted or	n Form(s) W-2 (	see instr	ructions)				1d			
W-2G and 1099-R if tax	е	Taxable dependent care benefits f	rom For	m 2441, line 26						1e			
was withheld.	f	Employer-provided adoption bene								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	ions) .							1h			0.
instructions.	i	Nontaxable combat pay election (s	see instr	uctions)		1i							
	Z	Add lines 1a through 1h								1z		175,65	5.
Attach Sch. B	2a	Tax-exempt interest	2a		b	Taxable interest	t .			2b			
if required.	3a	·	3a	146.	b (	Ordinary divide	nds .			3b		14	16.
		_	4a		_	Taxable amoun				4b			
Standard Deduction for—	5a	_	5a		_	Taxable amoun				5b			
Single or	6a	_	6a		1	Taxable amoun				6b			
Married filing separately,	С	If you elect to use the lump-sum e	lection n	nethod, check l	_ here (see	e instructions)							
\$13,850	7	Capital gain or (loss). Attach Sche		•	•	,				7		-3,00	0.
Married filing jointly or	8	Additional income from Schedule		•	•	-				8			1.
Qualifying	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7								9		172,80	
surviving spouse, \$27,700	10	Adjustments to income from Sche								10		<u> </u>	
Head of household,	11	Subtract line 10 from line 9. This is	•							11		172,80	2.
\$20,800	12	Standard deduction or itemized	-	-						12		27,70	
If you checked any box under	13	Qualified business income deduct		•	•					13		, , , ,	<u>~·</u>
Standard Deduction,	14								•	14		27,70	0
see instructions.	15	Subtract line 14 from line 11. If zer							•	15	+ -	145 10	

Form 1040 (2023	3)								Page Z
Tax and	16	Tax (see instructions). Check	if any from Form	ı(s): <b>1</b> 881	4 <b>2</b> 4972	з 🗌		16	22,527.
Credits	17	Amount from Schedule 2, lir	ne 3					17	
	18	Add lines 16 and 17						18	22,527.
	19	Child tax credit or credit for	other dependen	ts from Sched	ule 8812			19	4,000.
	20	Amount from Schedule 3, lir	ne 8					20	600.
	21	Add lines 19 and 20						21	4,600.
	22	Subtract line 21 from line 18	. If zero or less,	enter -0				22	17,927.
	23	Other taxes, including self-e	mployment tax,	from Schedule	e 2, line 21			23	0.
	24	Add lines 22 and 23. This is	your <b>total tax</b>					24	17,927.
<b>Payments</b>	25	Federal income tax withheld	from:						
_	а	Form(s) W-2				<b>25a</b> 28	3,340		
	b	Form(s) 1099				25b			
	С	Other forms (see instruction	s)			25c			
	d	Add lines 25a through 25c						25d	28,340.
If you have a	26	2023 estimated tax paymen	ts and amount a	pplied from 20	)22 return			26	
qualifying child, attach Sch. EIC.	27	Earned income credit (EIC)			No .	27			
allacii Scii. ElC.	28	Additional child tax credit from	m Schedule 8812	2		28			
	29	American opportunity credit	from Form 8863	3, line 8 .     .		29			
	30	Reserved for future use .				30			
	31	Amount from Schedule 3, lir	ne 15			31			
	32	Add lines 27, 28, 29, and 31	. These are your	total other pa	ayments and refu	ndable credits		32	
	33	Add lines 25d, 26, and 32. T	hese are your <b>to</b>	tal payments				33	28,340.
Refund	34	If line 33 is more than line 24	4, subtract line 2	4 from line 33.	This is the amour	nt you <b>overpaid</b>		34	10,413.
	35a	Amount of line 34 you want	35a	10,413.					
Direct deposit?	b	Routing number 1 2 2	3						
See instructions.	d	Account number 4 5 7	0 3 6 4	4 9 0 (	5 8				
	36	Amount of line 34 you want	applied to your	2024 estimate	ed tax	36			
Amount You Owe	37	Subtract line 33 from line 24 For details on how to pay, g						37	
	38	Estimated tax penalty (see in	_	-		38			
Third Party	Do	you want to allow another				See			
Designee		,	•				omplete	e below.	<b>⋈</b> No
J		esignee's		Phone			ntification		
		me		no.			ber (PIN)		
Sign		ider penalties of perjury, I declare the lief, they are true, correct, and com							, ,
Here		•	protor Booka anon s		, , , I				nt you an Identity
	YO	our signature		Date	Your occupation				PIN, enter it here
Joint return?					SOFTWARE E	NGINEER		e inst.)	,
See instructions.	Sp	ouse's signature. If a joint return, I	both must sign.	Date	Spouse's occupation	on			nt your spouse an
Keep a copy for your records.					SOFTWARE E	NGINEER	- 1	entity Protee inst.)	ection PIN, enter it here
	Ph	one no. (480)527-190	5	Email address	SUMANTH343	@GMAIL.COM			
Doid	Pre	eparer's name	Preparer's signat	ture		Date	PTIN		Check if:
Paid	SYAM	M PRIYA RAM SAGAR GUPTA TALLAM	SYAM PRIYA	RAM SAGAR	GUPTA TALLAM	03/04/2024	P020	82703	Self-employed
Preparer Use Only	Fir	Firm's name GLOBAL TAXES LLC					Ph	one no. (	(678)965-9522
Use Only								m's EIN	84-3171965

## SCHEDULE 1 (Form 1040)

### **Additional Income and Adjustments to Income**

OMB No. 1545-0074

2023

Attachment

Department of the Treasury Internal Revenue Service

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

SUMANTH THANEERU & ANUSHA GOKA

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

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

Attachment Sequence No. 01 Your social security number

823-30-5730

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. Attach S	Schedule E .	5	
6	Farm income or (loss). Attach Schedule F		6	
7	Unemployment compensation		7	
8	Other income:			
а	Net operating loss	( )		
b	Gambling			
С	Cancellation of debt			
d	Foreign earned income exclusion from Form 2555	( )		
е	Income from Form 8853			
f	Income from Form 8889			
g	Alaska Permanent Fund dividends			
h	Jury duty pay			
i	Prizes and awards			
j	Activity not engaged in for profit income			
k	Stock options			
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			
m	Olympic and Paralympic medals and USOC prize money (see			
	instructions)			
n	Section 951(a) inclusion (see instructions)			
0	Section 951A(a) inclusion (see instructions)			
р	Section 461(I) excess business loss adjustment			
q	Taxable distributions from an ABLE account (see instructions) 8q			
r	Scholarship and fellowship grants not reported on Form W-2 8r			
S	Nontaxable amount of Medicaid waiver payments included on Form			
	1040, line 1a or 1d	( )		
t	Pension or annuity from a nonqualifed deferred compensation plan or			
	a nongovernmental section 457 plan			
u				
Z				
	Substitute Payment from 1099-Misc 1. 8z	1.		
9	Total other income. Add lines 8a through 8z		9	1.
10	Combine lines 1 through 7 and 9. This is your additional income. Enter her	e and on Form		
	1040, 1040-SR, or 1040-NR, line 8		10	1.

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

Par	t II Adjustments to Income				
11	Educator expenses			11	
12	Certain business expenses of reservists, performing artists, and fee	e-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	· <u> </u>			
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				
	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	24i			
j	Housing deduction from Form 2555	24j		_	
k	Excess deductions of section 67(e) expenses from Schedule K-1 (Form				
	1041)	24k		-	
Z	Other adjustments. List type and amount:				
<b>0</b> -		24z		0-	
<b>25</b>	Total other adjustments. Add lines 24a through 24z			25	
26	Add lines 11 through 23 and 25. These are your <b>adjustments to income</b>				
	Form 1040, 1040-SR, or 1040-NR, line 10			26	
	BAA	REV 02/	23/24 PRO	Schedu	ile 1 (Form 1040) 2023

## SCHEDULE 3 (Form 1040)

Department of the Treasury Internal Revenue Service

### **Additional Credits and Payments**

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

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

OMB No. 1545-0074

2023

Attachment
Sequence No. 03

Name(s) shown on Form 1040, 1040-SR, or 1040-NR SUMANTH THANEERU & ANUSHA GOKA

Your social security number 823-30-5730

Par	Nonrefundable Credits			
1	Foreign tax credit. Attach Form 1116 if required		. 1	
2	Credit for child and dependent care expenses from Form 2441 Form 2441	, line 11. Attac	ch . <b>2</b>	600.
3	Education credits from Form 8863, line 19		. 3	
4	Retirement savings contributions credit. Attach Form 8880		. 4	
5a	Residential clean energy credit from Form 5695, line 15		. 5a	
b	Energy efficient home improvement credit from Form 5695, line 32		. 5b	
6	Other nonrefundable credits:			
а	General business credit. Attach Form 3800	6a		
b	Credit for prior year minimum tax. Attach Form 8801	6b		
С	Adoption credit. Attach Form 8839	6c		
d	Credit for the elderly or disabled. Attach Schedule R	6d		
е	Reserved for future use	6e		
f	Clean vehicle credit. Attach Form 8936	6f		
g	Mortgage interest credit. Attach Form 8396	6g		
h	District of Columbia first-time homebuyer credit. Attach Form 8859	6h		
i	Qualified electric vehicle credit. Attach Form 8834	6i		
j	Alternative fuel vehicle refueling property credit. Attach Form 8911	6j		
k	Credit to holders of tax credit bonds. Attach Form 8912	6k		
ı	Amount on Form 8978, line 14. See instructions	6I		
m	Credit for previously owned clean vehicles. Attach Form 8936 .	6m		
z	Other nonrefundable credits. List type and amount:			
		6z		
7	Total other nonrefundable credits. Add lines 6a through 6z		. 7	
8	Add lines 1 through 4, 5a, 5b, and 7. Enter here and on Form 10	040, 1040-SR, (		
	1040-NR, line 20		. 8	600.
			(continue	ed on page 2)

Schedule 3 (Form 1040) 2023 Page **2** 

Par	t II Other Payments and Refundable Credits			
9	Net premium tax credit. Attach Form 8962		9	
10	Amount paid with request for extension to file (see instructions) .		10	
11	Excess social security and tier 1 RRTA tax withheld	11		
12	Credit for federal tax on fuels. Attach Form 4136		12	
13	Other payments or refundable credits:			
а	Form 2439	13a		
b	Credit for repayment of amounts included in income from earlier years	13b		
С	Elective payment election amount from Form 3800, Part III, line 6, column (i)	13c		
d	Deferred amount of net 965 tax liability (see instructions)	13d		
Z	Other payments or refundable credits. List type and amount:	13z		
14	Total other payments or refundable credits. Add lines 13a through	13z	14	
15	Add lines 9 through 12 and 14. Enter here and on Form 1040, 1040 line 31		15	

#### SCHEDULE D (Form 1040)

Department of the Treasury

Internal Revenue Service

#### **Capital Gains and Losses**

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

Use Form 8949 to list your transactions for lines 1b, 2, 3, 8b, 9, and 10.

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

OMB No. 1545-0074

2023

Attachment Sequence No. **12** 

Name(s) shown on return Your social security number 823-30-5730 SUMANTH THANEERU & ANUSHA GOKA Did you dispose of any investment(s) in a qualified opportunity fund during the tax year? If "Yes." attach Form 8949 and see its instructions for additional requirements for reporting your gain or loss. Short-Term Capital Gains and Losses - Generally Assets Held One Year or Less (see instructions) Part I See instructions for how to figure the amounts to enter on the (h) Gain or (loss) (g) Adjustments Subtract column (e) lines below. Proceeds Cost to gain or loss from from column (d) and This form may be easier to complete if you round off cents to (sales price) Form(s) 8949, Part I, combine the result (or other basis) whole dollars. line 2. column (a) with column (a) 1a Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b . **1b** Totals for all transactions reported on Form(s) 8949 with Box A checked . . . . . . . . . . . . . . . . . . 11,924. 12,683. 354. -405. Totals for all transactions reported on Form(s) 8949 with Box B checked . . . . . . . . . . . . . . 3 Totals for all transactions reported on Form(s) 8949 with Box C checked . . . . . . . . . . . . . . . . . . Short-term gain from Form 6252 and short-term gain or (loss) from Forms 4684, 6781, and 8824 4 Net short-term gain or (loss) from partnerships, S corporations, estates, and trusts from 5 Short-term capital loss carryover. Enter the amount, if any, from line 8 of your Capital Loss Carryover 6 11,774.) 7 Net short-term capital gain or (loss). Combine lines 1a through 6 in column (h), If you have any longterm capital gains or losses, go to Part II below. Otherwise, go to Part III on the back . . . . . . . . 7 -12,179. Part II Long-Term Capital Gains and Losses—Generally Assets Held More Than One Year (see instructions) See instructions for how to figure the amounts to enter on the (h) Gain or (loss) (g) Adjustments Subtract column (e) (d) (e) lines below. Proceeds to gain or loss from from column (d) and Cost This form may be easier to complete if you round off cents to Form(s) 8949, Part II, (sales price) (or other basis) combine the result whole dollars. line 2. column (a) with column (a) 8a Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for

-969.

15,695.)

-16,664.

4,699.

1,581.

11

12

13

14

15

2,149.

12 Net long-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1

15 Net long-term capital gain or (loss). Combine lines 8a through 14 in column (h). Then, go to Part III

Schedule D (Form 1040) 2023 Page 2

#### Part III **Summary** -28,843. 16 Combine lines 7 and 15 and enter the result 16 • If line 16 is a gain, enter the amount from line 16 on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 17 below. • If line 16 is a loss, skip lines 17 through 20 below. Then, go to line 21. Also be sure to complete • If line 16 is zero, skip lines 17 through 21 below and enter -0- on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 22. 17 Are lines 15 and 16 both gains? ☐ **Yes.** Go to line 18. No. Skip lines 18 through 21, and go to line 22. 18 If you are required to complete the 28% Rate Gain Worksheet (see instructions), enter the amount, if any, from line 7 of that worksheet . . . . . . . . . . . . . . . . . . 18 19 If you are required to complete the Unrecaptured Section 1250 Gain Worksheet (see instructions), enter the amount, if any, from line 18 of that worksheet . . . 19 20 Are lines 18 and 19 both zero or blank and you are not filing Form 4952? ☐ Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 16. Don't complete lines 21 and 22 below. and 22 below. If line 16 is a loss, enter here and on Form 1040, 1040-SR, or 1040-NR, line 7, the smaller of: 21 • The loss on line 16; or 21 3,000.) • (\$3,000), or if married filing separately, (\$1,500) **Note:** When figuring which amount is smaller, treat both amounts as positive numbers. Do you have qualified dividends on Form 1040, 1040-SR, or 1040-NR, line 3a? 22 X Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 16. No. Complete the rest of Form 1040, 1040-SR, or 1040-NR.

## 8949

#### Sales and Other Dispositions of Capital Assets

File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D. Go to www.irs.gov/Form8949 for instructions and the latest information.

OMB No. 1545-0074 Attachment Sequence No. 12A

Department of the Treasury Internal Revenue Service

Before you check Box A, B, or C below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your

Social security number or taxpayer identification number Name(s) shown on return SUMANTH THANEERU & ANUSHA GOKA 823-30-5730 broker and may even tell you which box to check. Short-Term. Transactions involving capital assets you held 1 year or less are generally short-term (see Part I instructions). For long-term transactions, see page 2. Note: You may aggregate all short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 1a; you aren't required to report these transactions on Form 8949 (see instructions). You must check Box A. B. or C below. Check only one box. If more than one box applies for your short-term transactions. complete a separate Form 8949, page 1, for each applicable box. If you have more short-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need. X (A) Short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see **Note** above) (B) Short-term transactions reported on Form(s) 1099-B showing basis wasn't reported to the IRS (C) Short-term transactions not reported to you on Form 1099-B Adjustment, if any, to gain or loss 1 If you enter an amount in column (a). (h) enter a code in column (f). Cost or other basis Gain or (loss) (d) (c) (a) (b) Date sold or Proceeds See the **Note** below See the separate instructions. Subtract column (e) Description of property Date acquired (sales price) from column (d) and disposed of and see Column (e) (Example: 100 sh. XYZ Co.) (Mo., day, yr.) combine the result (Mo., day, yr.) (see instructions) in the separate (g) Code(s) from Amount of adjustment instructions. with column (a). instructions 11,924. 12,683. W 354 -405.

Robinhood Securities LLC | 01/01/23 | 12/31/23 2 Totals. Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, line 1b (if Box A above is checked), line 2 (if Box B 11,924. 12,683. 354. -405. above is checked), or line 3 (if Box C above is checked) .

Note: If you checked Box A above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See Column (g) in the separate instructions for how to figure the amount of the adjustment.

Attachment Sequence No. 12A Form 8949 (2023)

Name(s) shown on return. Name and SSN or taxpayer identification no. not required if shown on other side SUMANTH THANEERU & ANUSHA GOKA

Social security number or taxpayer identification number 823-30-5730

Before you check Box D. E. or F below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check.

#### Part II

Long-Term. Transactions involving capital assets you held more than 1 year are generally long-term (see instructions). For short-term transactions, see page 1.

Note: You may aggregate all long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 8a; you aren't required to report these transactions on Form 8949 (see instructions).

You must check Box D, E, or F below. Check only one box. If more than one box applies for your long-term transactions, complete a separate Form 8949, page 2, for each applicable box. If you have more long-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

<ul><li>☒ (D) Long-term transactions</li><li>☐ (E) Long-term transactions</li><li>☐ (F) Long-term transactions</li></ul>	reported on	Form(s) 1099	-B showing bas	•			e)
1 (a) Description of property	(b) Date acquired	(c) Date sold or disposed of (Mo., day, yr.)	Proceeds (sales price)	(e) Cost or other basis See the <b>Note</b> below	Adjustment, if If you enter an enter a co See the sep	(h) Gain or (loss) Subtract column (e)	
(Example: 100 sh. XYZ Ćo.)	(Mo., day, yr.)			and see Column (e) in the separate instructions.	(f) Code(s) from instructions	<b>(g)</b> Amount of adjustment	from column (d) and combine the result with column (g).
Robinhood Securities LLC	01/01/22	12/31/23	2,149.	4,699.	W	1,581.	-969.
2 Totals. Add the amounts in columns negative amounts). Enter each total Schedule D, line 8b (if Box D above above is checked), or line 10 (if Box	al here and inc is checked), <b>lir</b>	lude on your ne 9 (if Box E	2,149.	4,699.		1,581.	-969.

Note: If you checked Box D above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See Column (g) in the separate instructions for how to figure the amount of the adjustment.

above is checked), or line 10 (if Box F above is checked) .

1,581.

4,699.

Department of the Treasury

### **Child and Dependent Care Expenses**

Attach to Form 1040, 1040-SR, or 1040-NR. Go to www.irs.gov/Form2441 for instructions and the latest information. OMB No. 1545-0074

Attachment

Internal I	Revenue Service		Go	o to www.irs.g	ov/Form2	2441 for instru	uctions and the lat	est information.		Sequence No. <b>21</b>
Name(s)	shown on return	1							Your so	cial security number
	NTH THANE									30-5730
										unless you meet the
										neck this box
										or \$500 a month on d, check this box .
Part							<b>e</b> —You <b>must</b> c			
	it you	nave	more tna	n three care	provide	ers, see the	instructions and	a cneck this bo	x	<u> </u>
1 (a) Care provider's name (number, st			(b) Adestreet, apt. no., o		nd ZIP code)	(c) Identifying number (SSN or EIN)	(d) Was the care household empl For example, this g nannies but not d (see instru	oyee in 202 enerally inc aycare cent	(e) Amount paid	
				FRY RD			_	Yes	X No	,
EARL	Y CHILD W	100D	CHANDL	ER AZ 852	24		86-6000515			3,840.
							-	Yes	☐ No	
							-	Yes	☐ No	
			Did you r	eceive	}	— No ——	Comple	ete only Part II be	low.	
		depe		re benefits?		— Yes ——	——— Comple	ete Part III on pag	o 2 novt	
Sched	ule H (Form ded in 2024, d	1040). Ion't ir <b>dit fo</b>	If you inconclude the or Child a	urred care ex se expenses <b>nd Depend</b>	penses ir in columr <b>ent Car</b> e	n 2023 but d n (d) of line 2 e Expense	lidn't pay them ur for 2023. See the s	ntil 2024, or if you e instructions.	ı prepaic	ee the Instructions for d in 2023 for care to be
	illomation a	ibout y	our <b>quairiy</b>	ing person(s	i. II you iic		Timee qualifying p	(c) Check her		(d) Qualified expenses
		(a)	Qualifying pe	erson's name			(b) Qualifying person social security number	's qualifying person	was over	you incurred and paid in 2023 for the person
	First				Last			(see instruct	ions)	listed in column (a)
NEIL	ATHARV		'	THANEERU			828-35-3880	)		3,840.
	A 1 1 11			N (II O D			000 'f   1			
3							,000 if you had one I, enter the amoun		3	3,000.
4	-			See instruction	-	pictou i ait ii	i, criter the amoun		4	85,010.
5	-					d income (if	you or your spou	se was a studen		037010.
•							ount from line 4		5 5	90,645.
6	Enter the sn			-					6	3,000.
7				1040, 1040-	SR, or 10	040-NR, line	11	<b>7</b>   172,802		•
8							to the amount on			
	If line 7 is:			If line 7 is:			If line 7 is:			
	Over over	not r	Decimal amount i		But not over	Decimal amount is	Over over	ot Decimal amount is		
	\$0-15,0		.35	\$25,000		.29	\$37,000—39,000			
	15,000 — 17,0		.34	27,000		.28	39,000—41,000			
	17,000 — 19,0		.33	29,000—	,	.27	41,000-43,000		8	X .20
	19,000—21,0		.32	31,000—	•	.26	43,000 40,000 43,000 No lim			
	21,000 –23,0		.31	33,000—	•	.25	12,000 110 1111	5		
	23,000 - 25,0		.30	35,000—	•	.24				
9a				al amount on					9a	600.
b	If you paid 2	2022 e	expenses i	n 2023, com	plete Wo		the instructions. 9b and go to line			0.

10

**c** Add lines 9a and 9b and enter the result . . . . . . . . . . . . . . . .

Tax liability limit. Enter the amount from the Credit Limit Worksheet in the instructions | 10 |

Credit for child and dependent care expenses. Enter the smaller of line 9c or line 10 here and 

0.\_

600.

600.

9с

11

#### **SCHEDULE 8812** (Form 1040)

### **Credits for Qualifying Children** and Other Dependents

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

OMB No. 1545-0074

Attachment Sequence No. **47** 

Your social security number

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

Go to www.irs.gov/Schedule8812 for instructions and the latest information.

UMA		823-30-	5730
Pai			
1	Enter the amount from line 11 of your Form 1040, 1040-SR, or 1040-NR	. 1	172,802.
2a	Enter income from Puerto Rico that you excluded		
b	Enter the amounts from lines 45 and 50 of your Form 2555	0.	
c	Enter the amount from line 15 of your Form 4563		
d	Add lines 2a through 2c	. 2d	0.
3	Add lines 1 and 2d	. 3	172,802.
4	Number of qualifying children under age 17 with the required social security number  4	2	
5	Multiply line 4 by \$2,000	. 5	4,000.
6	Number of other dependents, including any qualifying children who are not under age 17 or who do not have the required social security number	0	
	<b>Caution:</b> Do not include yourself, your spouse, or anyone who is not a U.S. citizen, U.S. national, or U.S. residualien. Also, do not include anyone you included on line 4.		
7	Multiply line 6 by \$500	. 7	
8	Add lines 5 and 7	. 8	4,000.
9	Enter the amount shown below for your filing status.		
	• Married filing jointly—\$400,000		
	• All other filing statuses—\$200,000 \( \)	. 9	400,000.
10	Subtract line 9 from line 3.		
	• If zero or less, enter -0		
	• If more than zero and not a multiple of \$1,000, enter the next multiple of \$1,000. For		
	example, if the result is \$425, enter \$1,000; if the result is \$1,025, enter \$2,000, etc.		0.
11	Multiply line 10 by 5% (0.05)		0.
12	Is the amount on line 8 more than the amount on line 11?	. 12	4,000.
	No. STOP. You cannot take the child tax credit, credit for other dependents, or additional child tax credit	dit.	
	Skip Parts II-A and II-B. Enter -0- on lines 14 and 27.		
	Yes. Subtract line 11 from line 8. Enter the result.		
13	Enter the amount from Credit Limit Worksheet A		21,927.
14	Enter the smaller of line 12 or line 13. <b>This is your child tax credit and credit for other dependents</b>	. 14	4,000.
	Enter this amount on Form 1040, 1040-SR, or 1040-NR, line 19.		
	If the amount on line 12 is more than the amount on line 14, you may be able to take the addition		
	on Form 1040, 1040-SR, or 1040-NR, line 28. Complete your Form 1040, 1040-SR, or 1040-NI	R through 1	ine 27
	(also complete Schedule 3, line 11) before completing Part II-A.		

BAA

Schedule 8812 (Form 1040) 2023

Part	II-A Additional Child Tax Credit for All Filers		
Cautio	on: If you file Form 2555, you cannot claim the additional child tax credit.		
15	Check this box if you do not want to claim the additional child tax credit. Skip Parts II-A and II-B. Enter -0- on line	27 .	
16a	Subtract line 14 from line 12. If zero, stop here; you cannot take the additional child tax credit. Skip Parts II-A		
	and II-B. Enter -0- on line 27	16a	0.
b	Number of qualifying children under 17 with the required social security number: x \$1,600.		
	Enter the result. If zero, stop here; you cannot claim the additional child tax credit. Skip Parts II-A and II-B.		
	Enter -0- on line 27	16b	
	<b>TIP:</b> The number of children you use for this line is the same as the number of children you used for line 4.		
17	Enter the <b>smaller</b> of line 16a or line 16b	17	
18a	Earned income (see instructions)		
b	Nontaxable combat pay (see instructions)		
19	Is the amount on line 18a more than \$2,500?		
	No. Leave line 19 blank and enter -0- on line 20.		
	Yes. Subtract \$2,500 from the amount on line 18a. Enter the result 19		
20	Multiply the amount on line 19 by 15% (0.15) and enter the result $\dots \dots \dots \dots \dots \dots \dots \dots \dots \dots$	20	
	Next. On line 16b, is the amount \$4,800 or more?		
	No. If you are a bona fide resident of Puerto Rico, go to line 21. Otherwise, skip Part II-B and enter the		
	smaller of line 17 or line 20 on line 27.		
	Yes. If line 20 is equal to or more than line 17, skip Part II-B and enter the amount from line 17 on line 27.		
	Otherwise, go to line 21.		
Part	II-B Certain Filers Who Have Three or More Qualifying Children and Bona Fide Resident	s of P	uerto Rico
21	Withheld social security, Medicare, and Additional Medicare taxes from Form(s) W-2,		
	boxes 4 and 6. If married filing jointly, include your spouse's amounts with yours. If		
	your employer withheld or you paid Additional Medicare Tax or tier 1 RRTA taxes, or		
	if you are a bona fide resident of Puerto Rico, see instructions	-	
22	Enter the total of the amounts from Schedule 1 (Form 1040), line 15; Schedule 2 (Form		
	1040), line 5; Schedule 2 (Form 1040), line 6; and Schedule 2 (Form 1040), line 13 . 22	-	
23	Add lines 21 and 22		
24	1040 and		
	<b>1040-SR filers:</b> Enter the total of the amounts from Form 1040 or 1040-SR, line 27,		
	and Schedule 3 (Form 1040), line 11.		
25	1040-NR filers: Enter the amount from Schedule 3 (Form 1040), line 11.	25	
25	Subtract line 24 from line 23. If zero or less, enter -0	25	
26	Enter the larger of line 20 or line 25	26	
Dord	Next, enter the smaller of line 17 or line 26 on line 27.		
	II-C Additional Child Tax Credit	27	
27	This is your additional child tax credit. Enter this amount on Form 1040, 1040-SR, or 1040-NR, line 28	27	

### **Investment Interest Expense Deduction**

Attachment

Identifying number

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

Attach to your tax return. Go to www.irs.gov/Form4952 for the latest information.

OMB No. 1545-0191

SUMANTH THANEERU & ANUSHA GOKA 823-30-5730 Part I **Total Investment Interest Expense** 1 Investment interest expense paid or accrued in 2023 (see instructions) 1 1,493. Disallowed investment interest expense from 2022 Form 4952, line 7 . . . . . . . . . . . . . . . . . 2 2 951. 3 **Total investment interest expense.** Add lines 1 and 2 . . . . . . . . . . . 3 2,444. Part II **Net Investment Income** Gross income from property held for investment (excluding any net gain from 146. 4a 4b 146. 4c 0. Net gain from the disposition of property held for investment . . . . . . 4d Enter the smaller of line 4d or your net capital gain from the disposition of property held for investment. See instructions . . . . . . . . . . . . . . . 4e 4f 0. Enter the amount from lines 4b and 4e that you elect to include in investment income. See instructions 4g 4h 0. 5 6 **Net investment income.** Subtract line 5 from line 4h. If zero or less, enter -0- . . . . . 6 0. Part III **Investment Interest Expense Deduction** Disallowed investment interest expense to be carried forward to 2024. Subtract line 6 from line 7 2,444. **Investment interest expense deduction.** Enter the **smaller** of line 3 or line 6. See instructions 8 For Paperwork Reduction Act Notice, see page 4. Form **4952** (2023) BAA REV 02/23/24 PRO

(Rev. November 2023)

Department of the Treasury Internal Revenue Service

Taxpayer name(s) shown on return

Paid Preparer's Due Diligence Checklist

Earned Income Credit (EIC), American Opportunity Tax Credit (AOTC),
Child Tax Credit (CTC) (including the Additional Child Tax Credit (ACTC) and
Credit for Other Dependents (ODC)), and Head of Household (HOH) Filing Status

To be completed by preparer and filed with Form 1040, 1040-SR, 1040-NR, 1040-PR, or 1040-SS. Go to www.irs.gov/Form8867 for instructions and the latest information.

OMB No. 1545-0074 For tax year 20 23 Attachment

Sequence No. 70

Taxpayer identification number

SUM	ANTH THANEERU & ANUSHA GOKA	823-30-573	0		
Prepare	r's name	Preparer tax identifica	ation numb	oer	
SYAN	M PRIYA RAM SAGAR GUPTA TALLAM	P02082703			
Part	Due Diligence Requirements				
	e check the appropriate box for the credit(s) and/or HOH filing status claimed on the retubenefit(s) claimed (check all that apply).		the rel		arts I–V HOH
1	Did you complete the return based on information for the applicable tax year provided I	by the taxpayer	Yes	No	N/A
	or reasonably obtained by you?	×			
2	If credits are claimed on the return, did you complete the applicable EIC and/or C worksheets found in the Form 1040, 1040-SR, 1040-NR, 1040-PR, 1040-SS, or Sched 1040) instructions, and/or the AOTC worksheet found in the Form 8863 instructions worksheet(s) that provides the same information, and all related forms and schedules claimed?	ule 8812 (Form s, or your own	X		
3	Did you satisfy the knowledge requirement? To meet the knowledge requirement, you nathe following.				
	<ul> <li>Interview the taxpayer, ask questions, and contemporaneously document the taxpayer determine that the taxpayer is eligible to claim the credit(s) and/or HOH filing status.</li> </ul>	•			
	• Review information to determine that the taxpayer is eligible to claim the credit(s) an status and to figure the amount(s) of any credit(s)		X		
4	Did any information provided by the taxpayer or a third party for use in preparing information reasonably known to you, appear to be incorrect, incomplete, or inconsis answer questions 4a and 4b. If "No," go to question 5.)	tent? (If "Yes,"		X	
а	Did you make reasonable inquiries to determine the correct, complete, and consistent into	formation?			
b	Did you contemporaneously document your inquiries? (Documentation should include you asked, whom you asked, when you asked, the information that was provided, and information had on your preparation of the return.)	the questions the impact the			
5	Did you satisfy the record retention requirement? To meet the record retention requirer keep a copy of your documentation referenced in question 4b, a copy of this Form 8867 applicable worksheet(s), a record of how, when, and from whom the information used to 8867 and any applicable worksheet(s) was obtained, and a copy of any document(s) processes that you relied on to determine eligibility for the credit(s) and/or HOH filling states.	7, a copy of any o prepare Form provided by the			
	the amount(s) of the credit(s)		×		
	List those documents provided by the taxpayer, if any, that you relied on:				
6	Did you ask the taxpayer whether he/she could provide documentation to substantiate credit(s) and/or HOH filing status and the amount(s) of any credit(s) claimed on the return is selected for audit?	return if his/her	X		
7	Did you ask the taxpayer if any of these credits were disallowed or reduced in a previous		X		
•	(If credits were disallowed or reduced, go to question 7a; if not, go to question 8.)	, , , , , , , , , , , , , , , , , , , ,	-31		
а	Did you complete the required recertification Form 8862?			П	
8	If the taxpayer is reporting self-employment income, did you ask questions to prepare a				
-	correct Schedule C (Form 1040)?				

orm 8	867 (Rev. 11-2023)			Page 2
Part	Due Diligence Questions for Returns Claiming EIC (If the return does not claim EIC, go	to Part	III.)	
9a		Yes	No	N/A
	claimed, or is eligible to claim the EIC without a qualifying child? (If the taxpayer is claiming the EIC			
	and does not have a qualifying child, go to question 10.)			
b	Did you ask the taxpayer if the child lived with the taxpayer for over half of the year, even if the taxpayer has supported the child the entire year?			
_	has supported the child the entire year?			
C	more than one person (tiebreaker rules)?			
Part	1 (	claim C	TC, A	CTC.
	or ODC, go to Part IV.)		•	,
10	Have you determined that each qualifying person for the CTC/ACTC/ODC is the taxpayer's dependent who is	Yes	No	N/A
	a citizen, national, or resident of the United States?	×		
11	Did you explain to the taxpayer that he/she may not claim the CTC/ACTC if the child has not lived with			
	the taxpayer for over half of the year, even if the taxpayer has supported the child, unless the child's			
	custodial parent has released a claim to exemption for the child?	×		
12	Did you explain to the taxpayer the rules about claiming the CTC/ACTC/ODC for a child of divorced or			
	separated parents (or parents who live apart), including any requirement to attach a Form 8332 or similar statement to the return?	×		
Part			 Part \	/\
13	Did the taxpayer provide substantiation for the credit, such as a Form 1098-T and/or receipts for the qu		Yes	No
	tuition and related expenses for the claimed AOTC?			П
Part	Due Diligence Questions for Claiming HOH (If the return does not claim HOH filing statu	s, go to	D Part	VI.)
14	Have you determined that the taxpayer was unmarried or considered unmarried on the last day of the tax	x year	Yes	No
	and provided more than half of the cost of keeping up a home for the year for a qualifying person?			
Part	VI Eligibility Certification			
	You will have complied with all due diligence requirements for claiming the applicable credit(s) and on the return of the taxpayer identified above if you:	or HO	H filing	status
	<ul> <li>A. Interview the taxpayer, ask adequate questions, contemporaneously document the taxpayer's respo in your notes, review adequate information to determine if the taxpayer is eligible to claim the credit( status and to figure the amount(s) of the credit(s);</li> </ul>	nses on s) and/c	the ref or HOH	turn or filing
	<ul> <li>B. Complete this Form 8867 truthfully and accurately and complete the actions described in this check credit(s) claimed and HOH filing status, if claimed;</li> </ul>	ist for a	ny app	licable
	C. Submit Form 8867 in the manner required; and			
	D. Keep all five of the following records for 3 years from the latest of the dates specified in the Form 88 Document Retention.	67 instr	uctions	under
	1. A copy of this Form 8867.			
	2. The applicable worksheet(s) or your own worksheet(s) for any credit(s) claimed.			
	3. Copies of any documents provided by the taxpayer on which you relied to determine the taxpayer credit(s) and/or HOH filing status and to figure the amount(s) of the credit(s).	"s eligib	ility for	the
	<ol><li>A record of how, when, and from whom the information used to prepare this form and the applica obtained.</li></ol>	ble worl	ksheet(	s) was
	<ol><li>A record of any additional information you relied upon, including questions you asked and the tax determine the taxpayer's eligibility for the credit(s) and/or HOH filing status and to figure the amount</li></ol>	payer's unt(s) of	respon the cre	ses, to edit(s).
	If you have not complied with all due diligence requirements, you may have to pay a penalty for each related to a claim of an applicable credit or HOH filing status (see instructions for more information	h failur ).	e to co	mply
15	Do you certify that all of the answers on this Form 8867 are, to the best of your knowledge, true, correct	t. and	Yes	No
	complete?		×	

REV 02/23/24 PRO

# **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** SUMANTH THANEERU 823 | 30 | 5730 vour Your Spouse's First Name and Initial (if filed joint) Last Name Spouse's Social Security No.\* SSN(s). 29 | 7090 GOKA ANUSHA 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. 172,802 00 1 Arizona Adjusted Gross Income ☐ Foreign Account Deposit/Debit: See instructions below. 2 Balance Of Tax ..... 3,428 00 ROUTING NUMBER 4,669 00 ☑ Checking ■ Savings 2 1 0 3 Arizona Income Tax Withheld... ACCOUNT NUMBER Check box 4 or box 5: 4 5 7 0 3 6 4 4 9 0 6 8 1,241 00 **4 REFUND**: Enter the amount of refund..... DIRECT DEBIT REQUEST DATE ไดด 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 Deposit/Debit" box if your deposit will be ultimately placed in or come provided on your tax return. Your refund amount will be deposited in the 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 X 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**  $\prod$  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 I authorize GLOBAL TAXES LLC designated Financial Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account (ELECTRONIC RETURN ORIGINATOR) indicated in the tax preparation software for payment of my Arizona taxes owed on this return. I also authorize the financial institutions to make the election that I want my electronic signature to my electronic involved in the processing of the electronic payment of taxes to federal individual income tax return to serve as my signature to my receive confidential information necessary to answer inquiries and electronic Arizona individual income tax return for the year ending December 31, 2023. I understand that when my ERO makes the election resolve issues related to the payment. that my electronic signature to my federal individual income tax return will If I have filed a balance due return, I understand that if the ADOR does not serve as my signature to my Arizona individual income tax return, I will receive full and timely payment of my tax liability by April 15, 2024, I will have signed my Arizona individual income tax return and declared under remain liable for the tax liability and all applicable interest and penalties. penalties of perjury that to the best of my knowledge and belief the return When electronically filing my federal and state tax returns, I understand is true, correct and complete. that if there is an error on my federal return, my state return will also be rejected. PLEASE SIGN HERE YOUR PEN AND INK SIGNATURE DATE

SPOUSE'S PEN AND INK SIGNATURE

DATE

RETURN.			Arizona Form 140	Resi	Resident Personal Income Tax			Return	eturn for calendar year 2023		
R	82F		Check box 82F f filing under extensio	on OR FISCAL YE	AR BEGII	NNING L	12.0.2.3	」AND ENDING	1 . 1 .	1	. 66F
	,		First Name and Middle Init			Last Name				ocial Security Nu	
10 THE	1	SII	MANTH			THANEERU		Enter	823	-	
2	_		se's First Name and Middle	le Initial (if box 4 or 6 c	hecked)	Last Name		your	Spouse	e's Social Securi	
<u>IS</u>	1	ΔN	USHA	,	,	GOKA		SSN(s	s). 164		•
回	_		ent Home Address - numbe	er and street, rural rout	:e	100101	Apt. No.	Dayti		with area code)	<u> </u>
DO NOT STAPLE ANY ITEMS	2	41	54 S PORTLAND AV	VE				I—	480)527	,	
Ź	_		Town or Post Office	State		ZIP Code	<u> </u>			Prior Year(s) (if diff	ferent)
Ē	3	GI	LBERT	AZ		85297	85297				97
딜	<u> 19</u>	4	Married filing joint re	eturn <b>4a</b> 🗌 Injured	Snouse F	Protection of Joint O	vernavment	REVENUE USE O	NLY. DO NO	T MARK IN THIS A	REA.
ĭ	TATUS	5	= "	Enter name of qualifying	•		verpayment	88			
<u></u>	ST	3	nead of flousefiold.	Enter name or qualifying	crilla or ae	ependent on next line.					
2	9	6	☐ Married filing separa	ate return. Enter spouse	.'a nama ar	ad Capial Capurity Num	har abaya				
0	FILING	7	Single	ate return. Litter spouse	s Hairie ai	nd Social Security Num	bei above.				
			<b>↓</b> Enter the number c	laimed. Do not put a	check m	nark.					
	0	8		and/or spouse) If con			mnlete lines 38	1			
	IEI	9	Blind (you and/or sp	' /		nes 10a and 10b, also co	-	81 PM		80 RCVD	
	EXEMPTIONS	10a	2 Dependents: Under	,	Den	endents: Age 17 and	d over				
	ΙĞ	11a	Qualifying parents a			remaenter rige i ri ann					
			(Box 10a and 10b): De		See instru	uctions. For more s	pace, check t	he box □ and c	omplete pa	ge 4. Part 1.	
			, , , , , , , , , , , , , , , , , , , ,	(a)		(b)	(c)	(d)	(e)	(f)	
	υ			D LAST NAME		SOCIAL SECURITY NUMBER	RELATIONSHIP	NO. OF MONTHS	Dependent A included in:	this person	ot claim
	den		(Do not list yo	ourself or spouse.)		NOWBER		HOME IN 2023	1 2	federal return	า due to
	Dependents	40-	NEIL ATHARV	THANEERU		828-35-3880	Son	12	(Box 10a) (Box	10b)	
	Ö			AGASTYA		810-33-5230	Son	8		<del>                                     </del>	
		10a		AGASTIA		010-33-3230	3011	0	岩누	<del>                                     </del>	
		100									
<u>ö</u>	<u> </u>		(Box 11a): Qualifying parents and grandparents. See instructions. For more space, check the box ☐ and complete page 4, Part 2.  (a) (b) (c) (d) (e) (f)								
17	ntsa		FIRST AND LAST NAME SOCIAL SECURITY RELATIONSHIP NO. OF MONTHS ✓ IF AGE 65 OR								ΞD
Ē	Pare		(Do not list yo	ourself or spouse.)	r spouse.) NUMBER			LIVED IN YOUR HOME IN 2023 OVER			3
AZ schedules or other documents after Form 140	fying										
Ē	Qualifying Parentsand Grandparents	11b									
ā	ī	11c	-						40	172,802	00
ij			Federal adjusted gross i							172,002	+
me			Small Business Income: 135	_						172,802	00
3	i		4 Modified federal adjusted gross income. Subtract line 13 from line 12							1,2,002	
용	ons		5 Non-Arizona municipal interest							00	
ē	ğį	16 Partnership income adjustment. See instructions									00
ਙ	¥		Other Additions to Income: Complete Other Additions to Arizona Gross Income schedule on page 5							00	
๖			9 Subtotal: Add lines 14 through 18 and enter the total						172,802	$\overline{}$	
es			2 000								
₹		21 Total net short-term capital gain or (loss). See instructions							179 00		
þ			Total net long-term capital					664 00			
SC			Net long-term capital gain						0 00		
¥		24	Multiply line 23 by 25% (.2	25) and enter the resul	t				24	0	00
٦		25 Net capital gain derived from investment in qualified small business							25		00
ā	દ								26		00
ā	ţ	27	Partnership Income adjustment. See instructions						27		00
ğ	27 Partnership Income adjustment. See instructions								28		00
읟	Sub		Exclusion for federal, Arize				00				
rec			Exclusion for benefits, ann	=				-			00
any required federal and			U.S. Social Security or Ra								00
ē			Certain wages of America								00
2	32 Pay received for active service as a member of the reserves, national guard				r the U.S. arm	ed forces	32		00		
a		33 Net operating loss adjustment. See instructions							00		
Place									00		
Ĕ		35	Subtract lines 24 through	34c from line 19. Ente						172,802	00
	7	ADOF	R 10413 (23) 1555			AZ Form 140 (20	)23)		REV 01	/13/24 PRO Page	1 of 6

[	Your	Name (as shown on page 1)	Your Social Security Number				
	SUN	MANTH THANEERU & ANUSHA GOKA	823	3-30-5730			
Ī	20	Other Culturations from Income Committee Other Culturation from Assessed Committee	C 2C	00			
	36 37	Other Subtractions from Income. Complete <i>Other Subtraction from Arizona Gross Ir</i> Subtract line 36 from line 35. Enter the difference		172,802 00			
	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			00		
mpt	40	Other Exemptions. See instructions40E Multiply the number in box 40E by \$2,50			00		
Exel	41	Qualifying parents and grandparents: Multiply the number in box 40£ by \$2,0			00		
_	42	Arizona adjusted gross income: Subtract lines 38 through 41 from line 37. If less than z			172,802 00		
	43	Deductions: Check box and enter amount. See instructions			27,700 00		
	44	If you checked box 43 <b>S</b> and claim charitable contributions, check 44 <b>C</b> Complete page 1			00		
Balance of Tax	45	Arizona taxable income: Subtract lines 43 and 44 from line 42. If less than zero, enter "0"		145,102 00			
	46	Tax: Multiply line 45 by 2.5% (.025). Enter the result.		3,628 00			
	47	Tax from recapture of credits from Arizona Form 301, Part 2, line 31		00			
9	48	Subtotal of tax: Add lines 46 and 47. Enter the total		3,628 00			
land	49	Dependent Tax Credit. See instructions		49	200 00		
B	50	Family income tax credit (from the worksheet - see instructions)		50	00		
	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	s greater than line 48	s, enter "0" <b>52</b>	3,428 <mark>00</mark>		
	53	2023 AZ income tax withheld			4,669 00		
	54	2023 AZ estimated tax payments <b>54a</b> 00 Claim of Right <b>54b</b>		Add 54a and 54b . <b>54c</b>	00		
its	55	2023 AZ extension payment (Form 204)			00		
nts a	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	<b>3</b> 08-I <b>582 3</b> 3√	4 <b>583</b> □349 <b>58</b> □	00		
Ref.	59	Total payments and refundable credits: Add lines 53 through 58. Enter the total		59	4,669 00		
	60	<b>TAX DUE:</b> If line 52 is larger than line 59, subtract line 59 from line 52. Enter amount of tax do	•		00		
ent	61	<b>OVERPAYMENT:</b> If line 59 is larger than line 52, subtract line 52 from line 59. Enter amount		1,241 00			
aym a	62	Amount of line 61 to be applied to 2024 estimated tax			0 00		
Tax Due or Overpayment	63	Balance of overpayment: Subtract line 62 from line 61. Enter the difference			1,241 00		
0	64	- 74 Voluntary Gifts to: Assigned to Schools64 UU Arizor	na Wildlife65				
£ t			cal Gift				
Ģ			Ans' Donations Fund <b>71</b> Neuter of Animals <b>74</b>				
Voluntary Gifts	75	I Didn't Pay Enough Fund72 00 sousialmate state Fairs 73 00 Spay/ Political Party (if amount is entered on line 68 - check only one): 751 Democratic 752	Republican				
No.		Estimated payment penalty		-	00		
	76 77		•••••		100		
alty	78	Add lines 64 through 74 and 76; enter the total		78	00		
Penalt	79	REFUND: Subtract line 78 from line 63. If less than zero, enter amount owed on line 80			1,241 00		
	, ,	Direct Deposit of Refund: Check box 79A if your deposit will be ultimately placed in a foreign	n account; see instru	ctions. 79A	, 100		
o wec		CM Checking or ROUTING NUMBER ACCOUNT NUMBER		<del>, , , , ,</del> ,			
Refund or Amount Owed		98 S Savings 1 2 2 1 0 1 7 0 6 4 5 7 0 3 6 4 4					
Ref	80	<b>AMOUNT OWED:</b> Add lines 60 and 78. Make check payable to Arizona Department of Re		00			
₹		and include with your return		80 _	00		
		Jnder penalties of perjury, I declare that I have read this return and any documents varue, correct and complete. Declaration of preparer (other than taxpayer) is based on a					
	u	tac, correct and complete. Decidation of preparer (other than taxpayer) is based on a	an imormation of w	mon proparor nas an	y knowicago.		
2	<b>→</b>		SOFT	NARE ENGINEER			
HERE	Y	OUR SIGNATURE DATE					
Z	_						
SIGN	→_			VARE ENGINEER			
		POUSE'S SIGNATURE DATE		OCCUPATION			
PLEASE			TAXES LLC PREPARER'S IF SELF-E	MPI OVED)			
ΕA	P.		INLIPAREN S IF SELF-E	•			
7	P	245 ROONEY CT PAID PREPARER'S STREET ADDRESS		84-3171965 PAID PREPARER'S TIN			
_		E BRUNSWICK NJ 08816		(678)965-95	22		
	_	AID PREPARER'S CITY STATE ZIP CODE		PAID PREPARER'S PHO			

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.

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