(Rev. January 2021)

Department of the Treasury

## 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

internal nevertue Service	-			
Submission Identification Number (SID)				
Taxpayer's name	Social securit	y number	r	
RAJ KUMAR MARTHA	-6707			
Spouse's name	Spouse's soc	ial securi	ty numbe	r
SRAVANI KUMARI MARTHA	866-15	-8743		
Part I Tax Return Information — Tax Year Ending December 31, 2023 (E	nter year you a	re auth	orizing.	.)
Enter whole dollars only on lines 1 through 5.				
Note: Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.				
1 Adjusted gross income		1		,919.
2 Total tax		2	6	,787.
3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099		3	13	,762.
4 Amount you want refunded to you		4	6	,975.
5 Amount you owe		5		
Part II Taxpayer Declaration and Signature Authorization (Be sure you get a Under penalties of perjury, I declare that I have examined a copy of the income tax return (original or american)				
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 any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize to 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 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.	or rejection of the triple to the U.S. Treasury at the triple title to the triple triple to the triple trip	ansmiss and its de ax prepare entry to ation. To be received the election and the control of the	ion, (b) the signated ration so this according revoke (ed no late thronic particular provided provided revoled get ronic particular revoled get ronic particular revoled get r	ne reason Financial ftware for ount. This (cancel) a er than 2 ayment of that the
Taxpayer's PIN: check one box only				
☐ I authorize GLOBAL TAXES LLC to enter or general structure.	rata my DIN	6 7	0 7	00 mv
ERO firm name	ř Ent	er five di		as my
signature on the income tax return (original or amended) I am now authorizing.	doi	n't enter a	ali 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.				
Your signature ► Date	01/29/2024			
Spouse's PIN: check one box only				
★ I authorize GLOBAL TAXES LLC to enter or general authorize to enter or general author	rate mv PIN 5	8 7	4 3	as my
ERO firm name	-	er five di	gits, but	,
signature on the income tax return (original or amended) I am now authorizing.  I will enter my PIN as my signature on the income tax return (original or amended) I a if you are entering your own PIN and your return is filed using the Practitioner PIN r below.	am now authorizir		ck this b	
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 Don't ente	-   -	8 2 7 os	1
I certify that the above numeric entry is my PIN, which is my signature for the electronic individual incompatible and the provided above of 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 <i>e-file</i> Providers	submitting this retu	ırn in ac	cordance	
ERO's signature ▶ Date	•			
FRO Must Retain This Form — See Instruction				

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		urn	202	3	OMB No. 1545	-0074	IRS Use	Only-	-Do not w	rite or sta	aple in this sp	ace.
For the year Jai	n. 1–Dec	c. 31, 2023, or other tax year beginning			, 2023, end	ling			, 20		See se	oarate i	instruction	ns.
Your first name	e and m	iddle initial	Last na	me							Your so	cial sec	urity numb	
RAJ KUM	AR		MART	'HA							843	79	6707	
		s first name and middle initial	Last na										security nu	umber
SRAVANI	KUM	ART	MART	'HA							866	15	8743	
		er and street). If you have a P.O. box, see						A	Apt. no.				ection Cam	paign
17030 N	49Т	н ѕт							2144		Check h	nere if y	ou, or your	r
		ice. If you have a foreign address, also co	mplete s	paces belo	ow.	Sta	te	ZIP c			•	-	jointly, war	
SCOTTSDA	ALE					AZ	7	852	:54		•		nd. Checkii not change	•
Foreign countr			F	Foreign pr	ovince/state/				gn postal c		your tax		•	,
											-		ou 🗌 Sp	pouse
Filing Status	s $\square$	Single					Head of h	ouseh	old (HOI	<u>-</u> -				
Check only	_	Married filing jointly (even if only o	ne had i	ncome)					`	,				
one box.		Married filing separately (MFS)					☐ Qualifying	surviv	ing spo	use (0	QSS)			
	lf y	you checked the MFS box, enter the	name c	of your sp	ouse. If you	ı che	ecked the HOF	or Q	SS box,	enter	the chi	ld's na	me if the	
		ıalifying person is a child but not you												
District	Λ+ o	ny time during 2023, did you: (a) rec	oivo (oo											
Digital Assets		nange, or otherwise dispose of a dig										∏ Y€	es 🗵 N	0
		neone can claim: You as a de					a dependent	,,, (0,	oc mona	011011	J.,		, <del>5</del>	
Standard Deduction	_	Spouse itemizes on a separate retur	•				•							
Deddollon	<u> </u>		11 O1 you	- Word a C	Juai Status	ancii								
Age/Blindnes	s You	: Were born before January 2, 1	959	_ Are bli	nd <b>Sp</b>	ouse	: U Was bor						s blind	
Dependent	s (see	instructions):		<b>(2)</b> S	ocial security	,	(3) Relationsh	<sub>iip</sub> (4	-				see instruct	
If more	(1) F	irst name Last name			number		to you		Child t	ax cre	edit	Credit fo	or other depe	ndents
than four														
dependents, see instruction	ıs ——													
and check	- —													
here L														
Income	1a	Total amount from Form(s) W-2, b	ox 1 (se	e instruc	tions) .						1a		99,75	<u>54.</u>
Attach Form(s)	b	Household employee wages not re	eported	on Form	(s) W-2 .						1b			
W-2 here. Also	С	Tip income not reported on line 1a	•		•						1c			
attach Forms W-2G and	d	Medicaid waiver payments not rep				nstru	ictions)				1d			
1099-R if tax	е	Taxable dependent care benefits f									1e	_		
was withheld.	f	Employer-provided adoption bene	fits fron	n Form 88	839, line 29						1f			
If you did not	g	Wages from Form 8919, line 6 .									1g			
get a Form W-2, see	h	Other earned income (see instruct	,					· ·			1h	_		0.
instructions.	i	Nontaxable combat pay election (s	see instr	ructions)			<u>1</u> i						00 7	- 4
	<u>z</u>	Add lines 1a through 1h			· · ·						1z	_	99,75	<u> </u>
Attach Sch. B	2a	· –	2a				axable interes				2b	_		
if required.	<u>3a</u> _		3a				ordinary divide					_		
Standard	4a		4a				axable amoun					_		
Deduction for—	5a		5a				axable amoun					_		
Single or Married filing	6a	,	6a				axable amoun	t		٠ ـ	6b			
separately,	C	If you elect to use the lump-sum e				`	,				- I			
\$13,850 Married filing	7	Capital gain or (loss). Attach Sche								. L	7	-		
jointly or Qualifying	8	Additional income from Schedule									8		-11,83	
surviving spouse,	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7		•							9	-	87 <b>,</b> 91	<u>19.</u>
\$27,700 • Head of	<b>10</b> Adjustments to income from Schedule 1, line 26					10								
household, \$20,800	11	Subtract line 10 from line 9. This is	•	-	-						11		87,91	
If you checked	12	Standard deduction or itemized									12		27,70	<u> </u>
any box under Standard	13	Qualified business income deduct									13			
Deduction, see instructions.	14	Add lines 12 and 13									14		27 <b>,</b> 70	
COO INCLIDENCIONS.	15	Suptract line 1/1 from line 11 If zon	o or loc	e antar	II I bic ic v	Our t	ravabla incom				15	1	611 77	ı u

Form 1040 (2023	3)								Page Z
Tax and	16	Tax (see instructions). Check	if any from Form	(s): <b>1</b> 881	4 <b>2</b> 🗌 4972	з 🗌		16	6,787.
Credits	17	Amount from Schedule 2, lin	ne 3					17	
	18	Add lines 16 and 17						18	6,787.
	19	Child tax credit or credit for	other dependent	ts from Sched	ule 8812			19	
	20	Amount from Schedule 3, lin	ne 8					20	
	21	Add lines 19 and 20						21	
	22	Subtract line 21 from line 18	. If zero or less,	enter -0				22	6 <b>,</b> 787.
	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	6 <b>,</b> 787.
<b>Payments</b>	25	Federal income tax withheld	l from:						
	а	Form(s) W-2				<b>25a</b> 13	762.		
	b	Form(s) 1099				25b			
	С	Other forms (see instructions	s)			25c			
	d	Add lines 25a through 25c						25d	13,762.
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, lin	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	13,762.
Refund	34	If line 33 is more than line 24	1, subtract line 2	4 from line 33.	This is the amoun	t you <b>overpaid</b>		34	6,975.
Horana	35a	Amount of line 34 you want	refunded to you	ı. If Form 8888	is attached, chec	k here		35a	6 <b>,</b> 975.
Direct deposit?	b	Routing number 1 2 2				Checking	Savings		
See instructions.	d	Account number 4 5 7	0 4 8 4	4 5 9 !	5 3				
	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	nstructions) .			38			
Third Party	Do	you want to allow another				See			
Designee		,	•			_	omplete	below.	<b>⋈</b> No
_		esignee's		Phone			onal ident	ification	
		me		no.	. ,		ber (PIN)		
Sign		ider penalties of perjury, I declare the lief, they are true, correct, and com							
Here	Vo	ur signature	•	Date	Your occupation		l If th	 .a IBS sa	nt you an Identity
	10	ur signature		Date	Tour occupation				PIN, enter it here
Joint return?					AUTOMATION	ENGINEER	(see	inst.)	
See instructions.	Sp	ouse's signature. If a joint return, I	<b>both</b> must sign.	Date	Spouse's occupation	on			nt your spouse an
Keep a copy for your records.					HOME MAKER			ntity Prote inst.)	ection PIN, enter it here
	Ph	one no. (602) 706-700	8	Email address	RAJKUMARMART:	HA@YAHOO.CO.	IN		
Doid	Pre	eparer's name	Preparer's signat	ure		Date	PTIN		Check if:
Paid	SYAM	M PRIYA RAM SAGAR GUPTA TALLAM	SYAM PRIYA	RAM SAGAR	GUPTA TALLAM	01/30/2024	P0208	2703	Self-employed
Preparer	Fir	m's name GLOBAL TA	XES LLC				Pho	ne no.	(678) 965-9522
Use Only	Fir	m's address 245 ROONE	Y CT E BRU	NSWICK N	J 08816			n's EIN	84-3171965

### SCHEDULE 1 (Form 1040)

## Additional Income and Adjustments to Income

OMB No. 1545-0074

2023

Attachment
Sequence No. 01

Department of the Treasury Internal Revenue Service

Name(s) shown on Form 1040, 1040-SR, or 1040-NR RAJ KUMAR & SRAVANI KUMARI MARTHA

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

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

	Sequence No. <b>01</b>
Your soc	ial security number
843-79	-6707

Par	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. Att	ach Schedule E .	5	-11,835.
6	Farm income or (loss). Attach Schedule F		6	
7	Unemployment compensation		7	
8	Other income:			
а	Net operating loss	8a (	)	
b	Gambling	8b		
С	Cancellation of debt	8c		
d	Foreign earned income exclusion from Form 2555	8d (	)	
е	Income from Form 8853	8e		
f	Income from Form 8889	8f		
g	Alaska Permanent Fund dividends	8g		
h	Jury duty pay	8h		
i	Prizes and awards	8i		
j	Activity not engaged in for profit income	8j		
k	Stock options	8k		
ı	Income from the rental of personal property if you engaged in the rental			
	for profit but were not in the business of renting such property	81		
m	Olympic and Paralympic medals and USOC prize money (see	_		
	instructions)	8m		
n	Section 951(a) inclusion (see instructions)	8n	4	
0	Section 951A(a) inclusion (see instructions)	80	-	
р	Section 461(I) excess business loss adjustment	8p	-	
q	Taxable distributions from an ABLE account (see instructions)	8q	-	
r	Scholarship and fellowship grants not reported on Form W-2	8r	-	
S	Nontaxable amount of Medicaid waiver payments included on Form	0- (	\	
	1040, line 1a or 1d	8s (	4	
t	Pension or annuity from a nonqualifed deferred compensation plan or	0.		
	a nongovernmental section 457 plan	8t   8u		
u	Other income. List type and amount:	ou		
Z	other income. List type and amount.	8z		
9	Total other income. Add lines 8a through 8z		9	
9 10	Combine lines 1 through 7 and 9. This is your <b>additional income</b> . Ente	here and on Form	9	
.0	1040, 1040-SR, or 1040-NR, line 8		10	-11 <b>,</b> 835.
	,			,

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

Par	t II Adjustments to Income			
11	Educator expenses		11	
12	Certain business expenses of reservists, performing artists, and fee-ba	asis government		
	officials. Attach Form 2106		12	
13	Health savings account deduction. Attach Form 8889		13	
14	Moving expenses for members of the Armed Forces. Attach Form 3903 .		14	
15	Deductible part of self-employment tax. Attach Schedule SE		15	
16	Self-employed SEP, SIMPLE, and qualified plans		16	
17	Self-employed health insurance deduction		17	
18	Penalty on early withdrawal of savings		18	
19a	Alimony paid		19a	
b	Recipient's SSN			
С	Date of original divorce or separation agreement (see instructions):			
20	IRA deduction		20	
21	Student loan interest deduction		21	
22	Reserved for future use		22	
23	Archer MSA deduction		23	
24	Other adjustments:			
а	Jury duty pay (see instructions)	ła		
b	Deductible expenses related to income reported on line 8l from the			
	rental of personal property engaged in for profit	łb		
С	Nontaxable amount of the value of Olympic and Paralympic medals			
	and USOC prize money reported on line 8m			
d	Reforestation amortization and expenses	ld		
е	Repayment of supplemental unemployment benefits under the Trade			
	Act of 1974			
f	Contributions to section 501(c)(18)(D) pension plans			
g	Contributions by certain chaplains to section 403(b) plans 24	lg		
h	Attorney fees and court costs for actions involving certain unlawful			
	discrimination claims (see instructions)	łh		
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			
j	Housing deduction from Form 2555	4j		
k	Excess deductions of section 67(e) expenses from Schedule K-1 (Form			
	1041)	łk		
Z	Other adjustments. List type and amount:			
<b>0</b> -			05	
25 26	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> . E	nter here and on		
	Form 1040, 1040-SR, or 1040-NR, line 10	<u> </u>	26	

### **SCHEDULE E** (Form 1040)

Department of the Treasury

Internal Revenue Service

### Supplemental Income and Loss

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

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

Attachment

OMB No. 1545-0074

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

Sequence No. 13

Name(s) shown on return Your social security number 843-79-6707 RAJ KUMAR & SRAVANI KUMARI MARTHA Part I Income or Loss From Rental Real Estate and Royalties **Note:** If you are in the business of renting personal property, use **Schedule C**. See instructions. If you are an individual, report farm rental income or loss from **Form 4835** on page 2, line 40. Did you make any payments in 2023 that would require you to file Form(s) 1099? See instructions . 1a Physical address of each property (street, city, state, ZIP code) TELANGANA IN 500090 KAKATEEYA HILLS, INCOIS ROAD PRAGATHI NAGAR MEDCHAL MALKAJGIRI DIST, Α В C 1b Type of Property **Fair Rental Personal Use** For each rental real estate property listed QJV (from list below) above, report the number of fair rental and **Davs Davs** personal use days. Check the QJV box only Α Α 336 0 if you meet the requirements to file as a В В qualified joint venture. See instructions. С C Type of Property: 3 Vacation/Short-Term Rental 1 Single Family Residence 5 Land 7 Self-Rental 8 Other (describe) 2 Multi-Family Residence 4 Commercial 6 Royalties **Properties:** Α В C Income: 745. 3 Rents received . 3 4 4 Royalties received . **Expenses:** 5 5 Advertising 6 Auto and travel (see instructions) 6 7 Cleaning and maintenance . . . 7 2,410. 8 Commissions 8 9 9 Insurance . . . 10 10 Legal and other professional fees 11 Management fees . . . . . . . . . . 11 1,952. 12 Mortgage interest paid to banks, etc. (see instructions) 12 13 13 14 2,956. 14 Repairs . . . . 15 Supplies 15 3,612. 16 16 Taxes 17 Utilities . . . . . . . 17 1,650. 18 18 Depreciation expense or depletion . . . . . . . Other (list) 19 19 20 20 12,580. Total expenses. Add lines 5 through 19 . . . . . 21 Subtract line 20 from line 3 (rents) and/or 4 (royalties). If result is a (loss), see instructions to find out if you must file Form 6198 . . . . . . . . . . . . . . . . . 21 -11,835. 22 Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions) . . . . . . . . 22 11,835.) 745. Total of all amounts reported on line 3 for all rental properties 23a Total of all amounts reported on line 4 for all royalty properties 23b Total of all amounts reported on line 12 for all properties 23c 23d Total of all amounts reported on line 18 for all properties 12,580. Total of all amounts reported on line 20 for all properties 23e 24 Income. Add positive amounts shown on line 21. Do not include any losses 24 25 Losses. Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here 25 11,835. Total rental real estate and royalty income or (loss). Combine lines 24 and 25. Enter the result 26

-11**,**835.

26

here. If Parts II, III, and IV, and line 40 on page 2 do not apply to you, also enter this amount on Schedule 1 (Form 1040), line 5. Otherwise, include this amount in the total on line 41 on page 2

(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

RAJ	KUMAR & SRAVANI KUMARI MARTHA	843-79-670	7		
Prepare	's name	Preparer tax identifica	ation numl	ber	
	M PRIYA RAM SAGAR GUPTA TALLAM	P02082703			
Part	·				
	check the appropriate box for the credit(s) and/or HOH filing status claimed on the retubenefit(s) claimed (check all that apply).	urn and complete TC/ODC	the rel		arts I–V HOH
1	Did you complete the return based on information for the applicable tax year provided or reasonably obtained by you?	by the taxpayer	Yes	No	N/A
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 rethe following.	nust do both of			
	<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 inconsist answer questions 4a and 4b. If " <b>No</b> ," go to question 5.)	tent? (If "Yes,"		×	
а	Did you make reasonable inquiries to determine the correct, complete, and consistent in	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 impact the			
5	Did you satisfy the record retention requirement? To meet the record retention requirement 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 filing state the amount(s) of the credit(s)	7, a copy of any or prepare Form provided by the attus or to figure	X		
	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?		X		
7	Did you ask the taxpayer if any of these credits were disallowed or reduced in a previous	year?	X		
а	(If credits were disallowed or reduced, go to question 7a; if not, go to question 8.)  Did you complete the required recertification Form 8862?				
8	If the taxpayer is reporting self-employment income, did you ask questions to prepare a correct Schedule C (Form 1040)?	a complete and			

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?			
С	Did you explain to the taxpayer the rules about claiming the EIC when a child is the qualifying child of more than one person (tiebreaker rules)?			
Part		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			
David	statement to the return?	<u> </u>	D4 \	$\frac{\square}{\square}$
Part	U \			г′ —
13	Did the taxpayer provide substantiation for the credit, such as a Form 1098-T and/or receipts for the qu tuition and related expenses for the claimed AOTC?	alified	Yes	No
Part			 DPart	
14	Have you determined that the taxpayer was unmarried or considered unmarried on the last day of the tax		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
	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);	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>	list 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 instru	uctions	under
	1. A copy of this Form 8867.			
	2. The applicable worksheet(s) or your own worksheet(s) for any credit(s) claimed.			
	<ol><li>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).</li></ol>	'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
	5. 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 amountain	payer's int(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?		X	

## **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** RAJ KUMAR MARTHA 843 | 79 | 6707 vour Your Spouse's First Name and Initial (if filed joint) Last Name Spouse's Social Security No.\* SSN(s). SRAVANI KUMARI MARTHA 15 | 8743 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. 87,919 00 1 Arizona Adjusted Gross Income ☐ Foreign Account Deposit/Debit: See instructions below. 2 Balance Of Tax ..... 1,505 00 ROUTING NUMBER 683 00 ☐ Checking ☐ Savings 3 Arizona Income Tax Withheld... ACCOUNT NUMBER Check box 4 or box 5: 00 **4** ■ **REFUND**: Enter the amount of refund...... 822**00** DIRECT DEBIT REQUEST DATE DIRECT DEBIT PAYMENT AMOUNT 5 ▲ AMOUNT YOU OWE: Enter the amount owed ....... 00 Box 4 Checkbox - Refund: You are due a refund based on the information Foreign Account Deposit/Debit Checkbox: Check the "Foreign Account 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 income tax withheld, and refund (or amount owed) listed above are the an acknowledgement of receipt of transmission and an indication of whether or not the transmission of my return is accepted and, if the return amounts shown on the copy of my electronic Arizona income tax return. is rejected, the reason(s) for the rejection. If the processing of my return **6a** I consent that my refund be directly deposited as designated in the or refund is delayed, I authorize ADOR to disclose to my ERO, OLSP and/ electronic portion of my 2023 Arizona individual income tax return. or transmitter the reason(s) for the delay, or when the refund was sent. If I have filed a joint return, this is an irrevocable appointment of If ADOR contacts my ERO for a copy of my return, any documents or the other spouse as an agent to receive the refund. schedules to my return, and/or this authorization form, I authorize my ERO **6b** 🛛 I do not want direct deposit of my refund or I am not receiving a to release copies of the requested documents to ADOR. refund 6c I authorize the Arizona Department of Revenue (ADOR) and its designated Financial Agent to initiate an ACH electronic funds I authorize GLOBAL TAXES LLC withdrawal (direct debit) entry to the financial institution account (ELECTRONIC RETURN ORIGINATOR) indicated in the tax preparation software for payment of my Arizona taxes owed on this return. I also authorize the financial institutions to make the election that I want my electronic signature to my electronic involved in the processing of the electronic payment of taxes to federal individual income tax return to serve as my signature to my receive confidential information necessary to answer inquiries and electronic Arizona individual income tax return for the year ending December 31, 2023. I understand that when my ERO makes the election resolve issues related to the payment. that my electronic signature to my federal individual income tax return will If I have filed a balance due return, I understand that if the ADOR does not serve as my signature to my Arizona individual income tax return, I will receive full and timely payment of my tax liability by April 15, 2024, I will have signed my Arizona individual income tax return and declared under remain liable for the tax liability and all applicable interest and penalties. penalties of perjury that to the best of my knowledge and belief the return When electronically filing my federal and state tax returns, I understand is true, correct and complete. that if there is an error on my federal return, my state return will also be rejected. PLEASE SIGN HERE YOUR PEN AND INK SIGNATURE DATE

SPOUSE'S PEN AND INK SIGNATURE

DATE

RETURN.			140 Resident Personal Income Tax Return					FC	for calendar year 2023			
	82F		Check box 82F f filing under extension	OR FISCAL YEAR BEGINN	ING	12,0,2,3	AND ENDING	1 . 1 .		. 66F		
			First Name and Middle Initial		Last Name			Your S	Social Security No	umber		
<b>TO THE</b>	1		J KUMAR		MARTHA		Enter	843	3 <sub>1</sub> 79 <sub>1</sub> 67	07		
	_	Spou	se's First Name and Middle Initi	al (if box 4 or 6 checked)	Last Name		your ssn/	Spous	e's Social Securi	ity No.		
DO NOT STAPLE ANY ITEMS	1		AVANI KUMARI		MARTHA		SSN(	866	5 <sub> </sub> 15 <sub> </sub> 87	43		
Ξ	_	Curre	ent Home Address - number and	l street, rural route		Apt. No.	— i	•	with area code)			
≽	2		030 N 49TH ST			2144		602)706				
₹	_	•	Town or Post Office	State	ZIP Code	•	Last Names Used	l in Last Four	Prior Year(s) (if dif	ferent)		
픗	3	SC	OTTSDALE 	AZ	85254					97		
₫	TATUS	4	Married filing joint return	4a Injured Spouse Pro	tection of Joint O	verpayment	88	ONLY. DO NO	T MARK IN THIS A	AREA.		
က	STA	5	Head of household. Enter	name of qualifying child or depe	ndent on next line.		00					
5			_									
0	FILING	6	_	turn. Enter spouse's name and s	Social Security Num	ber above.						
Ω		7	<ul><li>Single</li><li>✓ Enter the number claims</li></ul>	ad Do not nut a abook mar	le							
	EXEMPTIONS	8				mulata limas 20						
	Ĭ	9	Blind (you and/or spouse	or spouse) If completing lines 8 39, and 41. For lines	s, 9, and 11a, also co 10a and 10b, also co		81 PM		80 RCVD			
	EMI	10a	Dependents: Under age of		dents: Age 17 an							
	EXI	11a	Qualifying parents and gr		denis. Age 17 an	d Over.						
			(Box 10a and 10b): Depende	•	ons. For more s	pace, check th	e box 🔲 and c	omplete pa	nge 4, Part 1.			
			(a)		(b)	(c)	(d)	(e)	(f)			
	ts		FIRST AND LAS (Do not list yourself		OCIAL SECURITY NUMBER	RELATIONSHIP	NO. OF MONTHS LIVED IN YOUR	✓ Dependent A included in:	this person	ot claim on your		
	den		(Do not list yoursell	or spouse.)	NOMBER		HOME IN 2023		2 federal return	n due to		
	Dependents	10c						(Box 10a) (Box	1			
	De	10d										
		10e							<u> </u>			
		(Box 11a): Qualifying parents and grandparents. See instructions. For more space, check the box ☐ and comp							age 4. Part 2.			
after Form 140.	and		(a)		(b)	(c)	(d)	(e)	(f)			
٦ ٦	Qualifying Parentsand Grandparents		FIRST AND LAS (Do not list yourself	· · · · · · · · · · · · · · · · · · ·	OCIAL SECURITY NUMBER	RELATIONSHIP	NO. OF MONTHS LIVED IN YOUR	✓ IF AGE 65 OVER				
٥	ng Pa ndpar			,			HOME IN 2023	OVER	114 2020	5		
듣	alifyi Gra	11b										
aft	ð	11c										
		12	Federal adjusted gross incom	ne (from your federal returr	າ)			12	87 <b>,</b> 919	00		
en		13	Small Business Income: 135 ch	neck the box if you are filing Arizona	Form 140-SBI and e	nter the amount fro	m Form 140-SBI, lir	ne 10 <b>13</b>		00		
or other documents		14	Modified federal adjusted gross	s income. Subtract line 13 fro	m line 12			14	87,919	00		
용	ns		Non-Arizona municipal interest							00		
er (	Addition		Partnership Income adjustment							00		
듲	Adc		Total federal depreciation  Other Additions to Income: Con							00		
5			Subtotal: Add lines 14 through 1	•					87 <b>,</b> 919	$\overline{}$		
es			Total net capital gain or (loss).					00	0,,313	- 100		
schedules			Total net short-term capital gair					00				
þ			Total net long-term capital gain					00				
			Net long-term capital gain from					0 00				
Ϋ́		24	Multiply line 23 by 25% (.25) ar	nd enter the result				24		00		
p		25	Net capital gain derived from in	vestment in qualified small be	usiness			25		00		
a	ns		Recalculated Arizona depreciat							00		
era	ctions		Partnership Income adjustment					I		00		
ed	Subtra		Interest on U.S. obligations suc							00		
ğ	Su		Exclusion for federal, Arizona s	=						00		
Ë.			Exclusion for benefits, annuities							00		
ğ			U.S. Social Security or Railroad							00		
any required federal and			Certain wages of American Indi Pay received for active service					I		00		
an			Net operating loss adjustment.							00		
Jace			Contributions to: 34a 529 College					I		00		
<u>_</u>		٥.		rom line 10. Enter the differen	•		auu 34a al	10 340 <b>34</b> 0	97 910	$\overline{}$		

[	Your	Name (as shown on page 1)	Yo	ur Social Security Nur	mber	
	RAG	J KUMAR & SRAVANI KUMARI MARTHA		343-79-6707		
	36	Other Subtractions from Income. Complete Other Subtraction from Arizona G			36	00
	37	Subtract line 36 from line 35. Enter the difference				87,919 <u>00</u>
Su	38	Age 65 or over: Multiply the number in box 8 by \$2,100			<b>I</b>	00
ptio	39	Blind: Multiply the number in box 9 by \$1,500				00
Exemptions	40	Other Exemptions. See instructions40E Multiply the number in box 40E	• • •			00
ω	41	Qualifying parents and grandparents: Multiply the number in box 11a by \$10,000	41	00		
	42	Arizona adjusted gross income: Subtract lines 38 through 41 from line 37. If less				87,919 <u>00</u>
	43	Deductions: Check box and enter amount. See instructions	<del></del>			27 <b>,</b> 700 <b>00</b>
	44	If you checked box 43S and claim charitable contributions, check 44C Comp				00
	45	Arizona taxable income: Subtract lines 43 and 44 from line 42. If less than zero, enter				60,219 00
ах	46	Tax: Multiply line 45 by 2.5% (.025). Enter the result		1,505 00		
ō	47	Tax from recapture of credits from Arizona Form 301, Part 2, line 31		1 505 22		
Balance of Tax	48	Subtotal of tax: Add lines 46 and 47. Enter the total				1,505 00
3a la	49	Dependent Tax Credit. See instructions				00
	50	Family income tax credit (from the worksheet - see instructions)				00
	51	Nonrefundable Credits from Arizona Form 301, Part 2, line 62				1 505 00
	52	Balance of tax: Subtract lines 49, 50 and 51 from line 48. If the sum of lines 49, 50 a	-			1,505 <b>00</b> 683 <b>00</b>
	53	2023 AZ income tax withheld		00 Add 54a and 54b.	53	003 00
	54 ==	2023 AZ estimated tax payments <b>54a</b> 00 Claim of Right <b>54</b> 2023 AZ extension payment (Form 204)				00
anc	55 56	Increased Excise Tax Credit (from the worksheet - see instructions)				00
Total Payments and Refundable Credits	57	Property Tax Credit from Arizona Form 140PTC				00
ayr dabl	58	Other refundable credits: Check the box(es) and enter the total amount				00
efun e	59	Total payments and refundable credits: Add lines 53 through 58. Enter the total			59	683 <b>00</b>
<u>د</u> م	60	<b>TAX DUE:</b> If line 52 is larger than line 59, subtract line 59 from line 52. Enter amount of				822 00
Tax Due or Overpayment	61	<b>OVERPAYMENT:</b> If line 59 is larger than line 52, subtract line 52 from line 59. Enter a	·			00
	62	Amount of line 61 to be applied to 2024 estimated tax				00
	63	Balance of overpayment: Subtract line 62 from line 61. Enter the difference			63	00
Ove Ove		0.10 =	O Arizona Wildlife		, , , , , , , , , , , , , , , , , , ,	
		1 113 113 113 113 113 113 113 113 113 1	Political Gift			
Gifts		Neighbors Helping Neighbors <b>69</b> 00 Special Olympics	O Veterans' Donations Fun			
ary (			Spay/Neuter of Animals			
Voluntary	75	Political Party (if amount is entered on line 68 - check only one): 751 Democratic	752 Libertarian	753 Republican		
۶	76	Estimated payment penalty			76	00
ج	77	771 Annualized/Other 772 Farmer or Fisherman 773 Form 221 included				
Penalty	78	Add lines 64 through 74 and 76; enter the total			78	00
a l	79	<b>REFUND:</b> Subtract line 78 from line 63. If less than zero, enter amount owed on line 8	0		79	00
þ		Direct Deposit of Refund: Check box 79A if your deposit will be ultimately placed in a ROUTING NUMBER ACCOUNT NUMBER	foreign account; see i	nstructions. <b>79A</b>		
Refund or Amount Owed		98 S Savings				
ount	80	AMOUNT OWED: Add lines 60 and 78. Make check payable to Arizona Departmen	of Revenue: write you	r SSN on payment		
A M	•••	and include with your return			80	822 <b>00</b>
- 1		·				
	·	Inder penalties of perjury, I declare that I have read this return and any docum	nents with it, and to	the best of my kno	owledge and I	belief, they are
		rue, correct and complete. Declaration of preparer (other than taxpayer) is base				
Щ	<b>→</b>					
H		OUR SIGNATURE DATE		TOMATION EN	GINEER	
エ	Ť	OUR SIGNATURE DATE	OCCC	PATION		
SIGN HERE	<b>→</b>		нО	ME MAKER		
<u>S</u>	_	POUSE'S SIGNATURE DATE		SE'S OCCUPATION		
		SYAM PRIYA RAM SAGAR GUPTA TALLAM 01302024 GLOE	BAL TAXES LLO			
PLEASE	P		NAME (PREPARER'S IF SE			
Щ		245 ROONEY CT		84-3171	965	
	P	AID PREPARER'S STREET ADDRESS		PAID PREPAREF	R'S TIN	
		E BRUNSWICK NJ 08816		(678) 96		
	P	AID PREPARER'S CITY STATE ZIP	CODE	PAID PREPARER	R'S PHONE NUME	ER

If you are sending a payment with this return, mail to Arizona Department of Revenue, PO Box 52016, Phoenix, AZ 85072-2016. Include the payment with Form 140. If you are expecting a refund or owe no tax, or owe tax but are not sending a payment, mail to Arizona Department of Revenue, PO Box 52138, Phoenix, AZ 85072-2138.

ADOR 10413 (23) 1.555 AZ Form 140 (2023) REV 01/13/24 PRO Page 2 of 6

Arizona Form AZ-140V

## Arizona Individual Income Tax Payment Voucher for Electronic Filing of Form 140, 140PY or 140NR

EPV **2023** 

Your First Name and Middle Initial		Last Name			Your Social Sec	urity Number
1 RAJ KUMAR		MARTHA		Enter	843   79	ı 6707
Spouse's First Name and Middle Ini	tial	Last Name		your	Spouse's Socia	Security No.
1 SRAVANI KUMARI		MARTHA		SSN(s).	866   15	8743
Current Home Address - number an	d street, rural route	1	Apt. No.	Daytime	Phone (with area	code)
2 17030 N 49TH ST			2144	<b>94</b> (60	2)706-7008	
City, Town or Post Office	State	ZIP Code		REVENUE USE ONL	LY. DO NOT MARK	IN THIS AREA.
3 SCOTTSDALE	AZ	85254		88		
<ul><li>✓ Married filing joint return</li><li>☐ Head of household: Enter na</li></ul>	Please indicate the filing status below:  ☐ Married filing joint return  ☐ Head of household: Enter name of qualifying child or dependent on next line.					
<ul><li>☐ Married filing separate retur</li><li>☐ Single</li></ul>	TI. Enter spouse's name	and Social Security Numb	ber above.	81 PM	80 RC	VD
Enter the amount of paymen	t enclosed				\$	822 00

If you are mailing this payment

### To ensure proper application of this payment, be sure that you:

- ✓ Do not send cash.
- ✓ Make your check or money order payable to Arizona Department of Revenue.
- ✓ Write your SSN, "2023 Tax" and 140 on your payment.
- ✓ Include your payment with this form.
- ✓ **Mail to** Arizona Department of Revenue, PO Box 29085, Phoenix, AZ 85038-9085.

If you are making an electronic payment

# You can make this 140V payment by eCheck or credit card! American Express ♦ Visa ♦ Discover Card ♦ MasterCard www.AZTaxes.gov

- ✓ Click on "Make a Payment" and select "140V" as the Payment Type.
- ✓ Do not mail this form. We will apply this payment to your account.

**NOTE:** To avoid interest and penalties you must pay the full amount of your tax by April 15, 2024. You will not receive an additional notice from the Arizona Department of Revenue unless an error exists with your return.

ADOR 10944 (23) 1555 REV 01/13/24 PRO