Form <b>8879</b>
(Rev. January 2021)
Depertment of the Treesury

### Department of the Treasury Internal Revenue Service

# **IRS e-file Signature Authorization**

OMB No. 1545-0074

Social accurity number

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

Submission Identification Number (SID)

Taxpayor'a pama

талрау		Social Security number				
HAR	HARIKANTH KADHANAGAL 779-76-6186					
Spouse	's name	Spouse's s	ocial secu	urity number		
Par	t I Tax Return Information — Tax Year Ending December 31, 2023 (Ente	r year you	are au	thorizing.)		
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	92,972.		
2	Total tax		2	12,715.		
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099		3	15,110.		
4	Amount you want refunded to you		4	2,395.		
5	Amount you owe		5			

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

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

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

X lauthorize GLOBAL TAXES LLC to enter or generate my PIN

	6	6	1	8	6	as		
Enter five digits, but don't enter all zeros								

my

ERO firm name signature on the income tax return (original or amended) I am now authorizing.

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

Your signature

Spouse's PIN: check one box only

I authorize

to enter or generate my PIN

Date

		as my
er fiv n't er		

ERO firm name signature on the income tax return (original or amended) I am now authorizing.

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

Spouse's signature >	Date ►	
Practitioner PIN Method Return	ns Only—continue below	
Part III Certification and Authentication – Practitioner P	N Method Only	
<b>ERO's EFIN/PIN.</b> Enter your six-digit EFIN followed by your five-digit s	elf-selected PIN. 2 2 2 4 9 6 0 8 2 7 1 Don't enter all zeros	

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

ERO's signature >		Date 🕨			
ERO Must Retain This Form — See Instructions Don't Submit This Form to the IRS Unless Requested To Do So					
For Deperture Reduction Act Nation and your tox re		BEV 01/12/24 BBO	Earm 8879 (Pay 01 2021)		

For Paperwork Reduction Act Notice, see your tax return instructions. BAA

<b>1040</b>		artment of the Treasury—Internal Revenue Servi <b>S. Individual Income Ta</b> >		turn	202	3	OMB No. 1545	-0074	IRS Use Only	y−Do not v	vrite or sta	aple in this space.
For the year Jar	. 1–Dec	c. 31, 2023, or other tax year beginning			, 2023, enc	ling			, 20	See se	parate	instructions.
Your first name	and m	iddle initial	Last r	name						Your so	cial sec	curity number
HARIKAN	гн		KAD	HANAGA	AL					779	76	6186
If joint return, s	pouse's	s first name and middle initial	Last r							Spouse	's socia	l security numbe
	, .											
		er and street). If you have a P.O. box, see	instruc	ctions.				A	pt. no.			ection Campaigr
-		COOTSDALE ROAD ce. If you have a foreign address, also co	mploto	coacos bo	low	Sta	ato.	ZIP c	odo			ou, or your jointly, want \$3
	051 011	ce. Il you have a loreign address, also co	mpiete	spaces be	101.	AZ		852		· · ·		nd. Checking a
TEMPE Foreign country	/ name			Foreign n	rovince/state/	-			oo In postal code			not change
r oreign country	y name			roreigir p	Tovinee, state,	courr	, y	Torong		your ta		_
Filing Status	. X	Single					Head of h	ouseh	old (HOH)			
-	,	] Married filing jointly (even if only o	ne hac	d income)								
Check only one box.		] Married filing separately (MFS)		,			Qualifying	surviv	ving spouse	(QSS)		
	lf y	ou checked the MFS box, enter the	name	of your s	pouse. If you	u che	ecked the HOF	l or Q	SS box, ent	er the ch	ild's na	me if the
	qu	alifying person is a child but not you	ır depe	endent:								
Digital	At ar	ny time during 2023, did you: (a) rece	eive (a	s a reward	d award or	navr	ment for prope	rty or	services): o	r (h) sell		
Assets		hange, or otherwise dispose of a digi										es 🛛 No
Standard		eone can claim: 🗌 You as a de		· _			a dependent					
Deduction		Spouse itemizes on a separate retur	n or yo	ou were a	dual-status	alien	1					
Age/Blindness	s You:	: Were born before January 2, 1	959	Are b	lind Spo	ouse	: 🗌 Was bor	n befo	ore January	2, 1959		s blind
Dependents	s (see	instructions):		(2)	Social security	,	(3) Relationsh	ip (4	) Check the b	ox if qual	ifies for	(see instructions):
If more		irst name Last name			number		to you		Child tax o	redit	Credit fo	or other dependents
than four												
dependents, see instructions												
and check	s 											
here												
Income	1a	Total amount from Form(s) W-2, be			,						_	103,669.
Attach Form(s)	b	Household employee wages not re			.,					. <u>1k</u>	-	
W-2 here. Also	c	Tip income not reported on line 1a			-					. 10	_	
attach Forms W-2G and	d	Medicaid waiver payments not rep			, ,			• •		. 10	-	
1099-R if tax	e	Taxable dependent care benefits f						• •		. 1e		
was withheld. If you did not	f	Employer-provided adoption bene			-			• •	· · ·	. 11	-	
get a Form	g b	Wages from Form 8919, line 6 . Other earned income (see instructi				• •		• •		. <u>1ç</u> . 1ł	·	0.
W-2, see instructions.	h i	Nontaxable combat pay election (s	,	· · ·		• •	· · · · ·	· ·		. "		0.
instructions.	z	Add lines 1a through 1h		siructions)		• •				. 1z	,	103,669.
Attach Sch. B	2	Ŭ I	2a		· · · ·	 ьт	axable interest	· ·		. 12	_	
if required.	3a		3a				Ordinary divide			. <u>2</u> .	_	
	4a	-	4a				axable amoun			. 4t	-	
Standard	5a		5a				axable amoun			. 5k	_	
Deduction for — • Single or	6a		6a				axable amoun			. 6t	_	
Married filing	С	If you elect to use the lump-sum e		n method.	check here							
separately, \$13,850	7	Capital gain or (loss). Attach Sche				•	,			7		
<ul> <li>Married filing jointly or</li> </ul>	8	Additional income from Schedule								. 8	_	-10,697.
Qualifying spouse,	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7,								. 9	_	92,972.
\$27,700	10	Adjustments to income from Sche								. 10	)	
<ul> <li>Head of household,</li> </ul>	11	Subtract line 10 from line 9. This is			gross incor	ne				. 11		92,972.
\$20,800 • If you checked	12	Standard deduction or itemized	-	-	-					. 12	2	13,850.
any box under	13	Qualified business income deducti					95-A			. 13	3	
Standard Deduction,	14	Add lines 12 and 13								. 14		13,850.
see instructions.	15	Subtract line 14 from line 11. If zer	o or le	ess, enter	-0 This is y	our	taxable incom	ie .		. 15	5	79 <b>,</b> 122.

For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate instructions.

Form **1040** (2023)

Form 1040 (2023	3)								Page <b>2</b>
Tax and	16	Tax (see instructions). Check if	any from Form	(s): <b>1</b> 🗌 881	4 <b>2</b> 4972	3 🗌		16	12,715.
Credits	17	Amount from Schedule 2, line	3				[	17	
	18	Add lines 16 and 17					[	18	12,715.
	19	Child tax credit or credit for of	ther dependent	ts from Sched	ule 8812		[	19	
	20	Amount from Schedule 3, line	8				[	20	
	21	Add lines 19 and 20					[	21	
	22	Subtract line 21 from line 18.	If zero or less,	enter -0			[	22	12,715.
	23	Other taxes, including self-em	ployment tax,	from Schedule	e 2, line 21 .		[	23	0.
	24	Add lines 22 and 23. This is ye					[	24	12,715.
Payments	25	Federal income tax withheld f							
	а	Form(s) W-2				<b>25a</b> 15	,110.		
	b	Form(s) 1099				25b	·		
	c	Other forms (see instructions)				25c			
	d	Add lines 25a through 25c .						25d	15,110.
If you have a	26	2023 estimated tax payments						26	
If you have a l qualifying child,	27	Earned income credit (EIC) .		••		27			
attach Sch. EIC.	28	Additional child tax credit from				28			
	29	American opportunity credit fr				29			
	30	Reserved for future use				30			
	31	Amount from Schedule 3, line				31			
	32	Add lines 27, 28, 29, and 31.				-		32	
	33	Add lines 25d, 26, and 32. The					· · ·	33	15,110.
Refund	34	If line 33 is more than line 24,					• •	34	2,395.
Refund	34 35a	Amount of line 34 you want re				, ,		35a	2,395.
Direct deposit?	b	Routing number 0 1 1					Savings	55a	27333.
See instructions.	b	Account number 3 8 5					Savings		
	36	Amount of line 34 you want ar				36			
A						30			
Amount You Owe	37	Subtract line 33 from line 24. For details on how to pay, go						37	
	38					38		37	
Thind Dauta		Estimated tax penalty (see ins							
Third Party Designee		you want to allow another p tructions	person to disc				mplete be		× No
Designee		signee's		Phone			onal identific		
	nar			no.			per (PIN)	ation	
Sign		der penalties of perjury, I declare tha							
Here	bel	ef, they are true, correct, and compl	lete. Declaration of	of preparer (othe	r than taxpayer) is ba	ased on all informatio	n of which p	orepare	er has any knowledge.
TIELE	Yo	ur signature		Date	Your occupation				nt you an Identity
							Protec (see in		IN, enter it here
Joint return? See instructions.				<u> </u>	SOFTWARE I				
Keep a copy for	Sp	ouse's signature. If a joint return, bo	otn must sign.	Date	Spouse's occupat	ion			nt your spouse an ection PIN, enter it here
your records.							(see in	,	,
	Ph	one no. (505)210-2367		Email address	KADHANAGAI	LH@GMAIL.CO	м		
		· · ·	Preparer's signat	1		Date	PTIN		Check if:
Paid	SYAM	PRIYA RAM SAGAR GUPTA TALLAM	SYAM PRIYA	RAM SAGAR	GUPTA TALLAM	01/21/2024	P02082	703	Self-employed
Preparer		n's name GLOBAL TAX				,,, _ , _ , _ ,	Phone		678)965-9522
Use Only		n's address 245 ROONEY		NSWICK N.	J 08816		Firm's		84-3171965
Go to www.irs.go		1040 for instructions and the latest			BAA	REV 01/12/24 PRO			Form <b>1040</b> (2023)
5.90					DAA	112 V V 11 2/24 F HU			

SCHEDULE	1
(Form 1040)	

Department of the Treasury

# Additional Income and Adjustments to Income

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

OMB No. 1545-0074 20 2 23

Department of the Treasury Internal Revenue Service	Go to www.irs.gov/Form1040 for instructions and the latest information.		Attachment Sequence No. <b>01</b>
Name(s) shown on Fo	Your social security number		
HARIKANTH KADH	ANAGAL	779-76	-6186

Par	t 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. Atta		5	-10,697.
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		
I	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	_	
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			
_	1040, line 1a or 1d	<b>8s</b> (	)	
t	Pension or annuity from a nonqualifed deferred compensation plan or			
	a nongovernmental section 457 plan	8t	_	
u	Wages earned while incarcerated	8u	-	
Z	Other income. List type and amount:	0_		
0	Total other income. Add lines to through 97	8z		
9 10	Total other income. Add lines 8a through 8z		9	
10 	Combine lines 1 through 7 and 9. This is your <b>additional income</b> . Enter 1040, 1040-SR, or 1040-NR, line 8		10	-10,697.
For Pa	perwork Reduction Act Notice, see your tax return instructions.		Schedule	e 1 (Form 1040) 2023

Par	Adjustments to Income			
11	Educator expenses		11	
12	Certain business expenses of reservists, performing artists, and fee-b	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			
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:			
a		24a		
b	Deductible expenses related to income reported on line 8I from the			
-		24b		
с	Nontaxable amount of the value of Olympic and Paralympic medals			
•		24c		
d		24d		
e	Repayment of supplemental unemployment benefits under the Trade			
•		24e		
f		24f		
q		24g		
	Attorney fees and court costs for actions involving certain unlawful	9		
		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			
		24i		
i		24j		
ן ג	Excess deductions of section 67(e) expenses from Schedule K-1 (Form			
ĸ	1041)	24k		
z	Other adjustments. List type and amount:			
£	2 and adjustmenter Life type and amount	24z		
25	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	
		REV 01/12/24 PRO		1 (Form 1040) 202

SCHEDULE	Ε
(Form 1040)	

### **Supplemental Income and Loss**

OMB No. 1545-0074

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

Department of the Treasury Internal Revenue Service

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

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

	Attachment Sequence No.	13

9

Name(s)	) shown on return							Your socia	al security	number		
HARI	KANTH KADHANAGAL								779-76-6186			
Part		From Rental Real Estate an e business of renting personal proper	d Ro	yalties	<b>C</b> See	inotru	ationa Ifyaya	re en indi	idual ran	aut fauna		
	rental income or loss	from <b>Form 4835</b> on page 2, line 40.	ty, use	Schedule	C. See	Instru	ctions. If you a	re an Indiv	/idual, rep	ort farm		
Α		nts in 2023 that would require you	to file	Form(s) 1	099? 5	See ins	structions .		. 🗌 Ye	es 🛛 No		
		ou file required Form(s) 1099?										
1a		ch property (street, city, state, ZIF										
Α	TNDTRA NAGAR HYI	DERABAD TELANGANA IN 50	0045	5								
B			0010	·								
 1b	Type of Property 2	For each rental real estate prope	rtv list	ed		Fa	ir Rental	Person	al Use			
	(from list below)	above, report the number of fair					Days	Da		QJV		
Α	3	personal use days. Check the Qu			Α		365		0			
В		if you meet the requirements to f			В							
С		qualified joint venture. See instru	ctions	S	С							
Туре	of Property:						1			. —		
	Single Family Residence	3 Vacation/Short-Term Rent	tal	5 Land		7	Self-Rental					
	Multi-Family Residence	4 Commercial		6 Roya	Ities	8	Other (descr	ibe)				
				,								
1					•		Properti B	es:		С		
Incom 3			3		A 5	90.	D			C		
3 4			4		5	90.						
Exper			4									
5			5									
6	0	tructions)	6									
7			7		1,3	15						
8			8		1,5	45.						
9			9									
9 10		ional fees	10									
11			11		9	80.						
12		to banks, etc. (see instructions)	12		9	00.						
13			13									
14			14		1,3	50.						
15			15		1,7							
16			16		- / /	131						
17			17		2,4	12.						
18	Depreciation expense o	r depletion	18		3,4							
19	Other (liet)		19		- 1							
20		es 5 through 19	20		11,2	87.						
21	•	ne 3 (rents) and/or 4 (royalties). If			, -							
		structions to find out if you must										
			21	-	-10 <b>,</b> 6	97.						
22	Deductible rental real es	state loss after limitation, if any,										
	on Form 8582 (see inst	ructions)	22	(	10,69	7.)	(	)	(	)		
23a	Total of all amounts rep	orted on line 3 for all rental prope	rties			23a		590.				
b		orted on line 4 for all royalty prop				23b						
С		orted on line 12 for all properties				23c						
d	Total of all amounts rep	orted on line 18 for all properties				23d	3	,455.				
е	Total of all amounts rep	orted on line 20 for all properties				23e	11	,287.				
24	•	mounts shown on line 21. <b>Do not</b>		-				. 24				
25	Losses. Add royalty loss	es from line 21 and rental real estate	e losse	es from lin	e 22. E	nter to	tal losses her	e <b>25</b>	(	10,697.)		
26		e and royalty income or (loss).										
		IV, and line 40 on page 2 do no						n				
	Schedule 1 (Form 1040)	, line 5. Otherwise, include this ar	nount	in the tot	al on li	ne 41	on page 2	· 26		-10,697.		

Ş	<b>8582</b> Passive Activity Loss Limitations							0	OMB No. 1545-1008		
epartm	nent of the Treasury Revenue Service	Go to www.i		rate instructions. 1040, 1040-SR, or r instructions and		informati	on.	A	2023 ttachment equence No. 858		
	) shown on return							ntifying n	ntifying number		
	KANTH KADH		_				7	79-76-	-6186		
Par		Passive Activity Loss n: Complete Parts IV ar		eting Part I.							
	I Real Estate A	ctivities With Active Pa I Real Estate Activities	articipation (For th	e definition of act	ive partici	pation, s	ee <b>Specia</b> l				
-		net income (enter the a				a	0. 10,697.	_			
b c	Activities with net loss (enter the amount from Part IV, column (b)) <b>1b</b> ( 10,697 Prior years' unallowed losses (enter the amount from Part IV, column (c)) <b>1c</b> (					10,007.	$\frac{1}{2}$				
d								) 1d	-10,697.		
-	her Passive Ac		<u></u>		<u></u>				_0,00,0		
2a	Activities with	net income (enter the a	mount from Part V	, column (a)) .	2	2a					
b		net loss (enter the amo				2b (		)			
с	Prior years' un	allowed losses (enter th	ne amount from Pa	rt V, column (c))	2	2c (		)			
d	Combine lines	2a, 2b, and 2c				• •		2d			
3	zero or more,	to and 2d and subtract stop here and include llowed losses entered of	this form with you	ır return; all losse	es are allo	wed, inc	luding any	,			
	normally used			·				3	-10,697.		
		status is married filing		zero or more), ski u lived with your	-	-		ne year,	do not comple		
art II	Instead, go to	status is married filing	separately and yontal Real Estate	Activities With	spouse a Active F	t any tim Participa	e during th ation	ne year,	do not comple		
art II	. Instead, go to t II Specia Note: E	status is married filing line 10. al Allowance for Rer	separately and yo ntal Real Estate t II as positive amo	u lived with your Activities With bunts. See instruct	spouse a Active F	t any tim Participa	e during th ation	ne year,			
art II. <b>Par</b>	Instead, go to <b>t II</b> Specia Note: E Enter the sma Enter \$150,000	status is married filing line 10. al Allowance for Rer Enter all numbers in Par Iler of the loss on line 1 0. If married filing separ	separately and yo ntal Real Estate t II as positive amo d or the loss on lin ately, see instruction	Activities With your Activities With ounts. See instruct e 3 ons	Active F tions for a	t any tim Participa n examp	e during th ation	4			
art II Par 4	Instead, go to <b>t II</b> Specia Note: E Enter the sma Enter \$150,000 Enter modified Note: If line 6	status is married filing line 10. al Allowance for Rer Enter all numbers in Par ller of the loss on line 1 0. If married filing separ I adjusted gross income is greater than or equal	separately and yo ntal Real Estate t II as positive amo d or the loss on lin ately, see instruction o, but not less than	Activities With your Activities With bunts. See instruct e 3 ons zero. See instruct	Active F tions for a	t any tim Participa n examp 5   1	e during th ation ble.	4			
art II Par 4 5 6	Instead, go to <b>t II</b> Special Note: E Enter the <b>sma</b> Enter \$150,000 Enter modified <b>Note:</b> If line 6 on line 9. Othe	status is married filing line 10. al Allowance for Rer Enter all numbers in Par ller of the loss on line 1 0. If married filing separ I adjusted gross income is greater than or equal rrwise, go to line 7.	separately and yo ntal Real Estate t II as positive amo d or the loss on lin ately, see instruction o, but not less than	Activities With your Activities With bunts. See instruct e 3 ons zero. See instruct	Active F tions for a   er -0-	Participa n examp  5 1 6 1	e during th ation ble. 50,000. 03,669.	4			
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Part V Complete This Part Before Part I, Lines 2a, 2b, and 2c. See instructions.

INDIRA NAGAR     E In 22     10,697.     1.0000000     10,697.     0.       INDIRA NAGAR     E In 22     10,697.     1.0000000     10,697.     0.       INDIRA NAGAR     E In 22     10,697.     1.00     10,697.     0.       Indication of Unallowed Losses. See instructions.     10,697.     1.00     10,697.     0.       Part VII     Allocation of Unallowed Losses. See instructions.     (a) Loss     (b) Ratio     (c) Unallowed loss       Name of activity     Form or schedule and line number to be reported on (see instructions)     1.00     1.00     1.00       Total     International line number to be reported on (see instructions)     1.00     1.00     1.00       Part VII     Allowed Losses. See instructions.     International line number to be reported on (see instructions)     (a) Loss     (b) Unallowed loss       Total     International line number to be reported on (see instructions)     (a) Loss     (b) Unallowed loss     (c) Allowed loss		Complete mis Fait Deloi	e Faiti, Lilles Z	a, 20,			Juons.			
(a) Net income (line 2a)       (c) Mat loss (line 2b)       (c) Unallowed loss (line 2c)       (d) Gain       (e) Loss         Image: Second		Nome of activity	Currer	nt year		Prior y	ears	Overall gain or loss		
Total. Enter on Part I, lines 2a, 2b, and 2c         Part VI       Use This Part if an Amount Is Shown on Part II, Line 9. See instructions.         Form or schedule and line number (be reported on (see instructions)       (a) Loss       (b) Ratio       (c) Spacial allowance       (d) Subtract column (c) from column (c) from column (c) from column (c) from         INDIRA. NAGAR       E Ln 22       10,697.       1.00000000       10,697.       0.         Total       10,697.       1.00       10,697.       0.         Ratio       Indication of Unallowed Losses. See instructions)       (a) Loss       (b) Ratio       (c) Unallowed loss         Name of activity       Form or schedule to be reported on (see instructions)       (a) Loss       (b) Ratio       (c) Unallowed loss         Total       10,697.       1.00       10,697.       0.         Part VIII       Allocation of Unallowed Losses. See instructions)       (a) Loss       (b) Ratio       (c) Unallowed loss         Total       10,00       1.00       1.00       1.00       1.00         Part VIII       Allowed Losses. See instructions)       (a) Loss       (b) Unallowed loss       (c) Allowed loss         Iotal       Iotal       Iotal       Iotal       Iotal       Iotal       Iotal         Iotal       Iotal       I		Name of activity		<b>(b)</b>	Net loss			<b>(d)</b> Gain		<b>(e)</b> Loss
Part VI       Use This Part if an Amount Is Shown on Part II, Line 9. See instructions.         Name of activity       Form or schedule and line number to be reported on (see instructions)       (a) Loss       (b) Ratio       (c) Special allowance       (d) Subtract column (c) from column (c)         INDIRA NAGAR       E Ln 22       10,697.       1.00000000       10,697.       0.         Total			(iii le Za)	(1)		1035 (111	6 20)			
Part VI       Use This Part if an Amount Is Shown on Part II, Line 9. See instructions.         Name of activity       Form or schedule and line number to be reported on (see instructions)       (a) Loss       (b) Ratio       (c) Special allowance       (d) Subtract column (c) from column (c)         INDIRA NAGAR       E Ln 22       10,697.       1.00000000       10,697.       0.         Total										
Part VI       Use This Part if an Amount Is Shown on Part II, Line 9. See instructions.         Name of activity       Form or schedule and line number to be reported on (see instructions)       (a) Loss       (b) Ratio       (c) Special allowance       (d) Subtract column (c) from column (c)         INDIRA NAGAR       E Ln 22       10,697.       1.00000000       10,697.       0.         Total										
Part VI       Use This Part if an Amount Is Shown on Part II, Line 9. See instructions.         Name of activity       Form or schedule and line number to be reported on (see instructions)       (a) Loss       (b) Ratio       (c) Special allowance       (d) Subtract column (c) from column (c)         INDIRA NAGAR       E Ln 22       10,697.       1.00000000       10,697.       0.         Total										
Part VI       Use This Part if an Amount Is Shown on Part II, Line 9. See instructions.         Name of activity       Form or schedule and line number to be reported on (see instructions)       (a) Loss       (b) Ratio       (c) Special allowance       (d) Subtract column (c) from column (c)         INDIRA NAGAR       E Ln 22       10,697.       1.00000000       10,697.       0.         Total										
Part VI       Use This Part if an Amount Is Shown on Part II, Line 9. See instructions.         Name of activity       Form or schedule and line number to be reported on (see instructions)       (a) Loss       (b) Ratio       (c) Special allowance       (d) Subtract column (c) from column (c)         INDIRA NAGAR       E Ln 22       10,697.       1.00000000       10,697.       0.         Total										
Part VI       Use This Part if an Amount Is Shown on Part II, Line 9. See instructions.         Name of activity       Form or schedule and line number to be reported on (see instructions)       (a) Loss       (b) Ratio       (c) Special allowance       (d) Subtract column (c) from column (c)         INDIRA NAGAR       E Ln 22       10,697.       1.00000000       10,697.       0.         Total	Total Enter	on Part I lines 2a 2b and 2c								
Name of activity     Form or schedule and line number to be reported on (see instructions)     (a) Loss     (b) Ratio     (c) Special allowance     (d) Subtract column (c) from column (c)       INDIRA NAGAR     E In 22     10,697.     1.0000000     10,697.     0.       INDIRA NAGAR     E In 22     10,697.     1.0000000     10,697.     0.       Indication of Unallowed Losses. See instructions.     Indication of Unallowed Losses. See instructions.     (a) Loss     (b) Ratio     (c) Unallowed loss       Name of activity     Form or schedule and line number to be reported on (see instructions)     (a) Loss     (b) Ratio     (c) Unallowed loss       Total     Intervention     Intervention     Intervention     Intervention     Intervention       Name of activity     Form or schedule and line number to be reported on (see instructions)     (a) Loss     (b) Ratio     (c) Unallowed loss       Total     Intervention     Intervention     Intervention     Intervention     Intervention       Name of activity     Total on the reported on (see instructions)     (a) Loss     (b) Unallowed loss     (c) Allowed loss       Intervention     Intervention     Intervention     Intervention     Intervention     Intervention			t is Shown on F	Part II	Line 9 S	ee instruc	tions			
Name of activity     and line number to be reported on (see instructions)     (a) Loss     (b) Ratio     (c) Special allowance     column (a). column (a).       INDIRA NAGAR     E Ln 22     10,697.     1.00000000     10,697.     0.       INDIRA NAGAR     E Ln 22     10,697.     1.00000000     10,697.     0.       INDIRA NAGAR     E Ln 22     10,697.     1.00     10,697.     0.       INDIRA     Interview     Interview     Interview     Interview     Interview       Interview     Interview     Interview     Interview     Interview     Interview       Interview     Interview     Interview     Interview     Interview     Interview       Name of activity     Interview     Interview     Interview     Interview     Interview       Interview     Interview     Interview     Interview     Interview     Interview										
INDIRA NAGAR       E Ln 22       10,697.       1.0000000       10,697.       0.         Indication of Unallowed Losses. See instructions.       10,697.       1.00       10,697.       0.         Part VII       Allocation of Unallowed Losses. See instructions.       (a) Loss       (b) Ratio       (c) Unallowed loss         Total		Name of activity	and line number to be reported on	(a	) Loss	<b>(b)</b> Ra	atio			column (c) from
Total     10,697.     1.00     10,697.     0.       Part VII     Allocation of Unallowed Losses. See instructions.     (a) Loss     (b) Ratio     (c) Unallowed loss       Name of activity     Form or schedule to be reported on (see instructions)     (a) Loss     (b) Ratio     (c) Unallowed loss       Total     10,697.     1.00     10,697.     0.       Part VII     Allocation of Unallowed Losses. See instructions)     (a) Loss     (b) Ratio     (c) Unallowed loss       Total     10,697.     1.00     10,697.     0.       Total     10,697.     1.00     10,697.     0.       Total     10,00     10,697.     1.00       Part VIII     Allowed Losses. See instructions.     1.00       Part VIII     Allowed Losses. See instructions.     (a) Loss     (b) Unallowed loss       Name of activity     Form or schedule to be reported on (see instructions)     (a) Loss     (b) Unallowed loss       Name of activity     Inditine number to be reported on (see instructions)     Indition     Indition						1 0 0 0 0			-	
Part VII       Allocation of Unallowed Losses. See instructions.         Name of activity       Form or schedule and line number to be reported on (see instructions)       (a) Loss       (b) Ratio       (c) Unallowed loss         Image: Construction of the second of	INDIRA N	NAGAR	E Ln 22		10,697.	1.0000	0000	10,69	1.	0.
Part VII       Allocation of Unallowed Losses. See instructions.         Name of activity       Form or schedule and line number to be reported on (see instructions)       (a) Loss       (b) Ratio       (c) Unallowed loss         Image: Construction of the second of										
Part VII       Allocation of Unallowed Losses. See instructions.         Name of activity       Form or schedule and line number to be reported on (see instructions)       (a) Loss       (b) Ratio       (c) Unallowed loss         Image: Construction of the second of										
Part VII       Allocation of Unallowed Losses. See instructions.         Name of activity       Form or schedule and line number to be reported on (see instructions)       (a) Loss       (b) Ratio       (c) Unallowed loss         Image: Construction of the second of										
Part VII       Allocation of Unallowed Losses. See instructions.         Name of activity       Form or schedule and line number to be reported on (see instructions)       (a) Loss       (b) Ratio       (c) Unallowed loss         Image: Construction of the second of										
Part VII       Allocation of Unallowed Losses. See instructions.         Name of activity       Form or schedule and line number to be reported on (see instructions)       (a) Loss       (b) Ratio       (c) Unallowed loss         Image: Construction of the second of	Total				10 607	1.0	n	10 69	7	0
Name of activity       Form or schedule and line number to be reported on (see instructions)       (a) Loss       (b) Ratio       (c) Unallowed loss         Image: Second Seco		Allocation of Unallowed I	osses See instr	uction	<u>s</u>	1.0	0	10,05	• • •	0.
Name of activity       and line number to be reported on (see instructions)       (a) Loss       (b) Ratio       (c) Unallowed loss         Image: Construction of the constr					5.					
Part VIII       Allowed Losses. See instructions.         Name of activity       Form or schedule and line number to be reported on (see instructions)       (a) Loss       (b) Unallowed loss       (c) Allowed loss         Image: Second se		Name of activity	and line nur to be reporte	nber ed on	(a) L	LOSS	(	<b>b)</b> Ratio	(c)	Unallowed loss
Part VIII       Allowed Losses. See instructions.         Name of activity       Form or schedule and line number to be reported on (see instructions)       (a) Loss       (b) Unallowed loss       (c) Allowed loss         Image: Second se										
Part VIII       Allowed Losses. See instructions.         Name of activity       Form or schedule and line number to be reported on (see instructions)       (a) Loss       (b) Unallowed loss       (c) Allowed loss         Image: Second se										
Part VIII       Allowed Losses. See instructions.         Name of activity       Form or schedule and line number to be reported on (see instructions)       (a) Loss       (b) Unallowed loss       (c) Allowed loss         Image: Second se										
Part VIII       Allowed Losses. See instructions.         Name of activity       Form or schedule and line number to be reported on (see instructions)       (a) Loss       (b) Unallowed loss       (c) Allowed loss         Image: Second se										
Part VIII       Allowed Losses. See instructions.         Name of activity       Form or schedule and line number to be reported on (see instructions)       (a) Loss       (b) Unallowed loss       (c) Allowed loss         Image: Second se										
Part VIII       Allowed Losses. See instructions.         Name of activity       Form or schedule and line number to be reported on (see instructions)       (a) Loss       (b) Unallowed loss       (c) Allowed loss         Image: Second se										
Name of activity       Form or schedule and line number to be reported on (see instructions)       (a) Loss       (b) Unallowed loss       (c) Allowed loss         Image: Contract of the top of activity       Image: Contract of top of t		· · · · · · · · · · · ·						1.00		
Name of activity       and line number to be reported on (see instructions)       (a) Loss       (b) Unallowed loss       (c) Allowed loss	Part VIII	Allowed Losses. See instr	uctions.		1					
Total		Name of activity	and line nur to be reported	nber ed on	(a) l	Loss	<b>(b)</b> Ur	allowed loss	(	<b>c)</b> Allowed loss
Total										-
Total										
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REV 01/12/24 PRO

Form **8582** (2023)

Arizona Form AZ-8879 (Ariz										
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		I Security Number*							
HARIKANTH	KADHANAGAL	Enter 779	76   6186							
Your Spouse's First Name and Initial (if filed joint)	Last Name	your SSN(s).	ocial Security No.*							
<ul> <li>PART 1 – PURPOSE (<i>If you are e-filing a s</i>)</li> <li>To certify the truthfulness, correctness, and comp</li> <li>To authorize the Electronic Return Originator (ER federal individual income tax return as the taxpay</li> </ul>	oleteness of the taxpayer's ele O) to affirm that the taxpayer	ctronic income tax return. wishes to use the taxpayer's electronic signature to								
PART 2 – TAX RETURN INFORMATION		PART 3 – FINANCIAL INSTITUTION INF	ORMATION							
		Must be present when requesting direct deb	it or deposit.							
1 Arizona Adjusted Gross Income 103, 6	69 00	Foreign Account Deposit/Debit: See ins	tructions below.							
2 Balance Of Tax	0 00	TYPE OF ACCOUNT ROUTING NUMB								
3 Arizona Income Tax Withheld 2,2	00 00	Checking Savings	0 0 2 5 4							
Check box 4 <u>or</u> box 5:		ACCOUNT NUMBER								
4 REFUND: Enter the amount of refund		3 8 5 0 2 2 1 1 6 8 8 8								
5 AMOUNT YOU OWE: Enter the amount owe	ed 00	DIRECT DEBIT REQUEST DATE DIRECT DEBIT F								

**Box 4 Checkbox – Refund:** You are due a refund based on the information provided on your tax return. Your refund amount will be deposited in the account listed in the Financial Institution Information Section (Part 3).

**Box 5 Checkbox – Amount You Owe:** You owe taxes based on the information provided on your tax return. You have elected to direct debit for payment. The payment will be withdrawn from the account and on the date listed in the Financial Institution Information Section (Part 3).

**Foreign Account Deposit/Debit Checkbox:** Check the "Foreign Account Deposit/Debit" box if your deposit will be ultimately placed in or come 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 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, PO Box 29085, Phoenix, AZ 85038-9085.

### PART 4 – DECLARATION AND SIGNATURE AUTHORIZATION (Sign only after completing Part 2)

Under penalties of perjury, I declare that I have examined a copy of my electronic Arizona individual income tax return and accompanying schedules and statements for the year ending December 31, 2023, and to the best of my knowledge and belief, it is true, correct, and complete. I further declare that the amounts of Arizona adjusted gross income, total tax, Arizona income tax withheld, and refund (or amount owed) listed above are the amounts shown on the copy of my electronic Arizona income tax return.

- **6a** X I consent that my refund be directly deposited as designated in the electronic portion of my 2023 Arizona individual income tax return. If I have filed a joint return, this is an irrevocable appointment of the other spouse as an agent to receive the refund.
- **6b** I do not want direct deposit of my refund or I am not receiving a refund.
- **6c** I authorize the Arizona Department of Revenue (ADOR) and its designated Financial Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of my Arizona taxes owed on this return. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment.

If I have filed a balance due return, I understand that if the ADOR does not receive full and timely payment of my tax liability by April 15, 2024, I will remain liable for the tax liability and all applicable interest and penalties. When electronically filing my federal and state tax returns, I understand that if there is an error on my federal return, my state return will also be rejected.

I consent to my Electronic Return Originator (ERO) or On-Line Service Provider (OLSP) sending my electronic Arizona individual income tax return and accompanying schedules and statements to ADOR, and I consent to my ERO or OLSP sending such information to ADOR through a transmitter. I consent to ADOR sending my ERO, OLSP and/or transmitter an acknowledgement of receipt of transmission\_ and an indication of whether or not the transmission of my return is accepted and, if the return is rejected, the reason(s) for the rejection. If the processing of my return or refund is delayed, I authorize ADOR to disclose to my ERO, OLSP and/ or transmitter the reason(s) for the delay, or when the refund was sent. If ADOR contacts my ERO for a copy of my return, any documents or schedules to my return, and/or this authorization form, I authorize my ERO to release copies of the requested documents to ADOR.

### I authorize GLOBAL TAXES LLC

### (ELECTRONIC RETURN ORIGINATOR)

to make the election that I want my electronic signature to my electronic federal individual income tax return to serve as my signature to my electronic Arizona individual income tax return for the year ending December 31, 2023. I understand that when my ERO makes the election that my electronic signature to my federal individual income tax return will serve as my signature to my Arizona individual income tax return and declared under penalties of perjury that to the best of my knowledge and belief the return is true, correct and complete.



RETURN.			Arizona Form <b>140</b>	Residen	nt Personal Inco	ome Tax I	Return	F	FOR CALENDAR YEAR		
R	82F		Check box 82F	OR FISCAL YEAR BE		12.0.2.3	AND ENDING			66F	
H	,		First Name and Middle Initial		Last Name			Your	Social Security Nu	umber	
Ė	1	HA	RIKANTH		KADHANAGA	L	Enter	77	9   76   61	86	
<b>ANY ITEMS TO</b>	1	Spou	se's First Name and Middle Initia	al (if box 4 or 6 checke	d) Last Name		your SSN(s	Spous s).	se's Social Securit	ty No.	
Ē		Curre	nt Home Address - number and	street, rural route		Apt. No.	Dayti	me Phone	(with area code)		
Σ	2		0 NORTH SCOOTSDALE	ROAD				505)21			
A			Town or Post Office	State	ZIP Code		Last Names Used	in Last Fou	r Prior Year(s) (if diff		
Щ.	3	TE	MPE	AZ	85288					97	
ΙAF	Ë	4	ONLY. DO NO	OT MARK IN THIS A	REA.						
S.	STATUS	5	Head of household. Enter	name of qualifying child o	or dependent on next line.		88				
DO NOT STAPLE	ġ				ı						
ō	FILING	6	Married filing separate ret Single	urn. Enter spouse's nam	e and Social Security Num	per above.					
Δ		7	<ul> <li>✓ Single</li> <li>✓ Enter the number claime</li> </ul>	d Do not put a chec	k mark						
	EXEMPTIONS	8	Age 65 or over (you and/o	-	g lines 8, 9, and 11a, also cor	nnlete lines 38					
	БТ	9	Blind (you and/or spouse)		or lines 10a and 10b, also con		81 PM		80 RCVD		
	N	10a	Dependents: Under age o		Dependents: Age 17 and	l over.					
	Ш	11a	Qualifying parents and gra		1 0						
			(Box 10a and 10b): Depende	ent Information. See in	structions. For more s	pace, check th	ne box 🗌 and c	omplete p	age 4, Part 1.		
			(a) FIRST AND LAS		(b)	(C)	(d) NO. OF MONTHS	(e) ✓ Dependent	Age (f) ✓ if you did no	at claim	
	nts		(Do not list yourself		SOCIAL SECURITY NUMBER	RELATIONSHIP	LIVED IN YOUR	included i		on vour	
	nde						HOME IN 2023	1 (Box 10a) (Bo	4 educational	credits	
	Dependents	10c									
		10d									
		10e									
o.	ן ס		(Box 11a): Qualifying parents	-							
140	itsan Is		(a) FIRST AND LAS	TNAME	(b) SOCIAL SECURITY	(c) RELATIONSHIP	(d) NO. OF MONTHS	(e) ✔ IF AGE 65	or (f) 5 OR ✓ IF DIE	D	
Ľ	Qualifying Parentsand Grandparents		(Do not list yourself		NUMBER		LIVED IN YOUR HOME IN 2023	OVEF			
Б	ying							_			
after Form	Qualif			_							
s af	ī	11c							 103,669		
ints			Federal adjusted gross incom Small Business Income: 135 ch						105,009		
me			Small Business Income: 138 ch Modified federal adjusted gross						103,669	00	
noc			Non-Arizona municipal interest.							00	
ŗd	ions		Partnership Income adjustment							00	
he	vdditio	17	Total federal depreciation					17	3,455		
r of	◄		Other Additions to Income: Cor							00	
S 0	-		Subtotal: Add lines 14 through 18						107,124	00	
nle			Total net capital gain or (loss).					00			
edi			Total net short-term capital gain Total net long-term capital gain o					00			
sch			Net long-term capital gain from								
Ż			Multiply line 23 by 25% (.25) an						0	00	
d b			Net capital gain derived from in							00	
an	s	26	Recalculated Arizona depreciati	ion				26	3,455	00	
eral	Subtraction	27	Partnership Income adjustment	. See instructions				27		00	
ede	btra	28	Interest on U.S. obligations suc	h as U.S. savings bond	ds and treasury bills			28		00	
d f	Su		Exclusion for federal, Arizona st							00	
ire			Exclusion for benefits, annuities							00	
nb;			U.S. Social Security or Railroad							00	
y re			Certain wages of American Indi Pay received for active service							00	
an			Pay received for active service. Net operating loss adjustment.		•					00	
Place any required federal and AZ schedules or other docume			Contributions to: 34a 529 College							00	
Pla			Subtract lines 24 through 34c fr						103,669		
	-		10412 (22)		AZ Earm 140 (20				12/14/22 PBO Dogo		

	Your	Name (as shown on page 1)	our Social Security Number		
	HAF	RIKANTH KADHANAGAL	779-76-6186		
		Other Subtrations from Income Consults Other Subtration from Advance Once In			00
	36	Other Subtractions from Income. Complete Other Subtraction from Arizona Gross Income sched		103,669	
_	37	Subtract line 36 from line 35. Enter the difference			
suc	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
cem	40	Other Exemptions. See instructions40E Multiply the number in box 40E by \$2,300			00
ш	41	Qualifying parents and grandparents: Multiply the number in box 11a by \$10,000			00
	42	Arizona adjusted gross income: Subtract lines 38 through 41 from line 37. If less than zero, enter "0"		103,669	
	43	Deductions: Check box and enter amount. See instructions		13,850	
	44	If you checked box 43S and claim charitable contributions, check 44C 🗌 Complete page 3. See ins	tructions 44		00
	45	Arizona taxable income: Subtract lines 43 and 44 from line 42. If less than zero, enter "0"	45	89,819	
ах	46	Tax: Multiply line 45 by 2.5% (.025). Enter the result		2,245	00
Balance of Tax	47	Tax from recapture of credits from Arizona Form 301, Part 2, line 31	47		00
ICe	48	Subtotal of tax: Add lines 46 and 47. Enter the total		2,245	00
alar	49	Dependent Tax Credit. See instructions	49		00
8	50	Family income tax credit (from the worksheet - see instructions)	50		00
	51	Nonrefundable Credits from Arizona Form 301, Part 2, line 62	51	2,245	
	52	Balance of tax: Subtract lines 49, 50 and 51 from line 48. If the sum of lines 49, 50 and 51 is greater than I	ine 48, enter "0" <b>52</b>		00
	53	2023 AZ income tax withheld		2,200	
	54	2023 AZ estimated tax payments54a 00 Claim of Right 54b	00 Add 54a and 54b. <b>54c</b>		00
and lits	55	2023 AZ extension payment (Form 204)			00
Cred	56	Increased Excise Tax Credit (from the worksheet - see instructions)	56		00
rotar Payments and Refundable Credits	57	Property Tax Credit from Arizona Form 140PTC			00
unda	58	Other refundable credits: Check the box(es) and enter the total amount	334 58 <b>3</b> 349 58		00
Refi	59	Total payments and refundable credits: Add lines 53 through 58. Enter the total		2,200	
	60	TAX DUE: If line 52 is larger than line 59, subtract line 59 from line 52. Enter amount of tax due. Skip lines 6	1, 62 and 63 <b>60</b>		00
ut .	61	OVERPAYMENT: If line 59 is larger than line 52, subtract line 52 from line 59. Enter amount of overpayment	t 61	2,200	00
o anne Dayme	62	Amount of line 61 to be applied to 2024 estimated tax	62		00
Overpayment	63			2,200	00
ō	64	- 74 Voluntary Gifts to: Solutions Teams Assigned to Schools 64 00 Arizona Wildlife			
s		Child Abuse Prevention			
Gifts		Neighbors Helping Neighbors69       00       Special Olympics70       00       Veterans' Donations Fu         I Didn't Pay Enough Fund			
Voluntary					
3			s <b>74</b> 00		
10		Political Party (if amount is entered on line 68 - check only one): 751 Democratic 752 Libertarian	753 Republican	1	
Vo		Political Party (if amount is entered on line 68 - check only one): 751 Democratic 752 Libertarian Estimated payment penalty	753 Republican		00
y	76 77	Political Party (if amount is entered on line 68 - check only one): 751 Democratic 752 Libertarian Estimated payment penalty	753 Republican		
y	76 77 78	Political Party (if amount is entered on line 68 - check only one): 751 Democratic 752 Libertarian Estimated payment penalty	753 Republican		00
	76 77	Political Party (if amount is entered on line 68 - check only one): 751 Democratic 752 Libertarian Estimated payment penalty	753 Republican 76		00
Penalty	76 77 78	Political Party (if amount is entered on line 68 - check only one): 751 Democratic 752 Libertarian Estimated payment penalty	753 Republican 76		00
Penalty	76 77 78	Political Party (if amount is entered on line 68 - check only one): 751 Democratic 752 Libertarian Estimated payment penalty	753 Republican 76		00
Penalty	76 77 78 79	Political Party (if amount is entered on line 68 - check only one): 751 Democratic 752 Libertarian         Estimated payment penalty         771 Annualized/Other 772 Farmer or Fisherman 773 Form 221 included         Add lines 64 through 74 and 76; enter the total         REFUND: Subtract line 78 from line 63. If less than zero, enter amount owed on line 80         Direct Deposit of Refund:         CM Checking or S S Savings         S CM Checking or S Savings	753 Republican 		00
У	76 77 78	Political Party (if amount is entered on line 68 - check only one): 751 Democratic 752 Libertarian Estimated payment penalty	753 Republican 76 78 78 78 78 79 79 10 79 79 10 79 79 79 79 79 79 79 79 79 79	2,200	00
Penalty	76 77 78 79	Political Party (if amount is entered on line 68 - check only one): 751 Democratic752 LibertarianEstimated payment penalty771 Annualized/Other772 Farmer or Fisherman773 Form 221 includedAdd lines 64 through 74 and 76; enter the totalAdd lines 64 through 74 and 76; enter the total80Direct Deposit of Refund:CM Checking or S Savings $0$ $1$ $1$ $9$ $0$ $2$ $5$ $4$ $4$ $1$ $1$ $9$ $0$ $2$ $5$ $4$ $4$ $1$ $1$ $1$ $9$ $0$ $2$ $5$ $4$ $4$ $1$ $1$ $1$ $9$ $0$ $2$ $5$ $4$ $4$ $4$ $1$ $1$ $1$ $9$ $0$ $2$ $5$ $4$ ACCOUNT NUMBERACCOUNT NUMBERACCOUNT NUMBERACCOUNT NUMBERACCOUNT NUMBERACCOUNT NUMBERAMOUNT OWED:Add lines 60 and 78.Make check payable to Arizona Department of Revenue; write you	753 Republican 76 78 78 78 78 79 79 10 79 79 10 79 79 79 79 79 79 79 79 79 79	2,200	00
Penalty	76 77 78 79 80	Political Party (if amount is entered on line 68 - check only one): 751 Democratic752 LibertarianEstimated payment penalty771 Annualized/Other772 Farmer or Fisherman773 Form 221 includedAdd lines 64 through 74 and 76; enter the totalAdd lines 64 through 74 and 76; enter the total80Direct Deposit of Refund:CM Checking or S Savings $0$ $1$ $1$ $9$ $0$ $2$ $5$ $4$ $4$ $1$ $1$ $9$ $0$ $2$ $5$ $4$ $4$ $1$ $1$ $1$ $9$ $0$ $2$ $5$ $4$ $4$ $1$ $1$ $1$ $9$ $0$ $2$ $5$ $4$ $4$ $4$ $1$ $1$ $1$ $9$ $0$ $2$ $5$ $4$ ACCOUNT NUMBERACCOUNT NUMBERACCOUNT NUMBERACCOUNT NUMBERACCOUNT NUMBERACCOUNT NUMBERAMOUNT OWED:Add lines 60 and 78.Make check payable to Arizona Department of Revenue; write you	753 Republican 76 78 78 79 instructions. 79A U U SSN on payment; 80	2,200	00
Penalty	76 77 78 79 80	Political Party (if amount is entered on line 68 - check only one): 751 Democratic752 LibertarianEstimated payment penalty771 Annualized/Other772 Farmer or Fisherman773 Form 221 includedAdd lines 64 through 74 and 76; enter the totalREFUND: Subtract line 78 from line 63. If less than zero, enter amount owed on line 80Direct Deposit of Refund:Check box 79A if your deposit will be ultimately placed in a foreign account; see98C Colspan="2">COUTING NUMBER98C Colspan="2">COUTING NUMBER98C Count NUMBER98C Count Number98C Add lines 60 and 78.Make check payable to Arizona Department of Revenue; write yo and include with your return	753       Republican         76       76         78       78         79       79         instructions.       79A         ur SSN on payment;       80         the best of my knowledge	2,200	00
Amount Owed Penalty	76 77 78 79 80	Political Party (if amount is entered on line 68 - check only one): 751 Democratic       752 Libertarian         Estimated payment penalty	753       Republican         76       76         78       79         instructions.       79A         ur SSN on payment;       80         the best of my knowledge of which preparer has any	2,200 e and belief, they y knowledge.	00
Amount Owed Penalty	76 77 78 79 80	Political Party (if amount is entered on line 68 - check only one): 751 □ Democratic 752 □ Libertarian         Estimated payment penalty         771 □ Annualized/Other 772 □ Farmer or Fisherman 773 □ Form 221 included         Add lines 64 through 74 and 76; enter the total.         REFUND: Subtract line 78 from line 63. If less than zero, enter amount owed on line 80         Direct Deposit of Refund:       Check box 79A if your deposit will be ultimately placed in a foreign account; see         98       C C Checking or Savings       ROUTING NUMBER         0       1       1       9       0       2       5       4       3       8       5       0       2       1       1       6       8       8       8         AMOUNT OWED: Add lines 60 and 78. Make check payable to Arizona Department of Revenue; write you and include with your return.         Inder penalties of perjury, I declare that I have read this return and any documents with it, and to the ue, correct and complete. Declaration of preparer (other than taxpayer) is based on all information	753 Republican 76 78 78 79 instructions. 79A 79 instructions. 79A 80 the best of my knowledge of which preparer has any 0FTWARE ENGINEER	2,200 e and belief, they y knowledge.	00
Amount Owed Penalty	76 77 78 79 80	Political Party (if amount is entered on line 68 - check only one): 751 □ Democratic 752 □ Libertarian         Estimated payment penalty         771 □ Annualized/Other 772 □ Farmer or Fisherman 773 □ Form 221 included         Add lines 64 through 74 and 76; enter the total.         REFUND: Subtract line 78 from line 63. If less than zero, enter amount owed on line 80         Direct Deposit of Refund:       Check box 79A if your deposit will be ultimately placed in a foreign account; see         98       C C Checking or Savings       ROUTING NUMBER         0       1       1       9       0       2       5       4       3       8       5       0       2       1       1       6       8       8       8         AMOUNT OWED: Add lines 60 and 78. Make check payable to Arizona Department of Revenue; write you and include with your return.         Inder penalties of perjury, I declare that I have read this return and any documents with it, and to the ue, correct and complete. Declaration of preparer (other than taxpayer) is based on all information	753 Republican 76 78 78 79 instructions. 79A 79 instructions. 79A 80 the best of my knowledge of which preparer has any	2,200 e and belief, they y knowledge.	00
Amount Owed Penalty	76 77 78 79 80 tu	Political Party (if amount is entered on line 68 - check only one): 751 □ Democratic 752 □ Libertarian         Estimated payment penalty         771 □ Annualized/Other 772 □ Farmer or Fisherman 773 □ Form 221 included         Add lines 64 through 74 and 76; enter the total.         REFUND: Subtract line 78 from line 63. If less than zero, enter amount owed on line 80         Direct Deposit of Refund:       Check box 79A if your deposit will be ultimately placed in a foreign account; see         98       C C Checking or Savings       ROUTING NUMBER         0       1       1       9       0       2       5       4       3       8       5       0       2       1       1       6       8       8       8         AMOUNT OWED: Add lines 60 and 78. Make check payable to Arizona Department of Revenue; write you and include with your return.         Inder penalties of perjury, I declare that I have read this return and any documents with it, and to the ue, correct and complete. Declaration of preparer (other than taxpayer) is based on all information	753 Republican 76 78 78 79 instructions. 79A 79 instructions. 79A 80 the best of my knowledge of which preparer has any 0FTWARE ENGINEER	2,200 e and belief, they y knowledge.	00
Amount Owed Penalty	76 77 78 79 80 tu	Political Party (if amount is entered on line 68 - check only one): 751 Democratic       752 Libertarian         Estimated payment penalty	753 Republican 76 78 78 79 instructions. 79A 79 instructions. 79A 80 the best of my knowledge of which preparer has any 0FTWARE ENGINEER	2,200 e and belief, they y knowledge.	00
SIGN HERE Amount Owed Penalty	76 77 78 79 80 tu	Political Party (if amount is entered on line 68 - check only one): 751 □ Democratic       752 □ Libertarian         Estimated payment penalty	753 Republican 76 78 78 79 instructions. 79A 79 instructions. 79A 80 79 79 79 79 79 79 79 79 79 79 79 79 79	2,200 e and belief, they y knowledge.	00
SIGN HERE Amount Owed Penalty	76 77 78 79 80 € tu	Political Party (if amount is entered on line 68 - check only one): 751 Democratic       752 Libertarian         Estimated payment penalty	753 Republican 76 78 78 79 instructions. 79A 79 instructions. 79A 79 79 79 79 79 79 79 79 79 79 79 79 79	2,200 e and belief, they y knowledge.	00
SIGN HERE Amount Owed Penalty	76 77 78 79 80 € tu	Political Party (if amount is entered on line 68 - check only one): 751 □ Democratic       752 □ Libertarian         Estimated payment penalty	753 Republican 76 78 78 79 instructions. 79A 79 instructions. 79A 79 79 79 79 79 79 79 79 79 79 79 79 79	2,200 e and belief, they y knowledge.	00
V HERE Amount Owed Penalty	76 77 78 79 80 € tu	Political Party (if amount is entered on line 68 - check only one): 751 □ Democratic       752 □ Libertarian         Estimated payment penalty	753 Republican 76 78 78 79 instructions. 79A 79 instructions. 79A 79 79 79 79 79 79 79 79 79 79 79 79 79	2,200 e and belief, they y knowledge.	00
SIGN HERE Amount Owed Penalty	76 77 78 79 80 tu tu tu	Political Party (if amount is entered on line 68 - check only one): 751 Democratic       752 Libertarian         Estimated payment penalty	753       Republican         76       76         78       78         79       instructions. 79A         un SSN on payment;       80         ur SSN on payment;       80         of which preparer has any       9         OFTWARE       ENGINEER         UPATION       0         USE'S OCCUPATION       0         C       84–3171965	2,200 e and belief, they y knowledge.	00
SIGN HERE Amount Owed Penalty	76 77 78 79 80 € U tu	Political Party (if amount is entered on line 68 - check only one): 751 □ Democratic       752 □ Libertarian         Estimated payment penalty	753 Republican 76 78 78 79 instructions. 79A 10 10 10 10 10 10 10 10 10 10	2,200 e and belief, they y knowledge.	00

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. For the calendar year 2023 or fiscal year beginning [ 1 ] [ 1 ] [ 2 ] [ 0 ] [ 2 ] 3 ] and ending [ 1 ] [ 1 ] [ 1 ] [ 1 ] ].

Your	Name as shown on Form 140, 140PY, 140NR or 140X				Your Social Sec	urity Number	
HAH	RIKANTH KADHANAGAL				779	76   6186	
Spo	use's Name as shown on Form 140, 140PY, 140NR or 140X (if a j	oint return)	_			I Security Number	
					4		
Par	t 1 Nonrefundable Individual Tax Credits Availa	ble: Ente	r tol	al available tax o	credits.		
				(a)	(b)	(c) Total	
				Current Year Credit	Available Carryover	Total Available Credit	t
						(a) + (b)	
1	Credit for Increased Research Activities – Individuals For	orm 308-l 🕨	1				00
2	Credit for Taxes Paid to Another State or Country	Form 309 ►	2	2,245		2,245	00
3	Credit for Solar Energy Devices	Form 310 ►	3				00
4	Agricultural Water Conservation System Credit	Form 312 ►	4				00
5	Pollution Control Credit	Form 315 🕨	5				00
6	Credit for Contributions to Qualifying Charitable Organizations	Form 321 🕨	6				00
7	Credit for Contributions Made or Fees Paid to Public Schools	Form 322 🕨	7				00
8	Credit for Contributions to Private School Tuition Organizations	Form 323 🕨	8				00
9	Credit for Agricultural Pollution Control Equipment	Form 325 🕨	9				00
10	Credit for Donation of School Site	Form 331 🕨	10				00
11	Credit for Employing National Guard Members	Form 333 🕨	11				00
12	Credit for Business Contributions by an S Corporation to						
	School Tuition Organizations - Individual For	orm 335-l 🕨	12				00
13	Credit for Solar Energy Devices – Commercial and						
	Industrial Applications	Form 336 🕨	13				00
14	Credit for Investment in Qualified Small Businesses	Form 338 🕨	14			-	00
15	Credit for Donations to the Military Family Relief Fund	Form 340 🕨	15				00
16	Credit for Business Contributions by an S Corporation to School						
	Tuition Organizations for Displaced Students or Students with						
	Disabilities - Individual	orm 341-l ►	16			F	00
17	Renewable Energy Production Tax Credit	Form 343 🕨	17				00
18	Credit for New Employment	Form 345 🕨	18				00
19	Additional Credit for Increased Research Activities for						
	Basic Research Payments	Form 346 🕨	19				00
20	Credit for Contributions to Certified School Tuition Organizations						
	(for contributions that exceed the allowable credit on Arizona Form 323).	Form 348 🕨	20				00
21	Credit for Contributions to Qualifying Foster Care Charitable						
	Organizations	Form 352 🕨	21				00
22	Healthy Forest Production Tax Credit	Form 353 🕨	22				00
23	Affordable Housing Tax Credit						00
24	Credit for Entity-Level Income Tax						00
25	Reserved		25			2 245	
26	Total available nonrefundable tax credits: Add lines 1 through	24				2,245 Continued on page	



You must include Form 301 and the corresponding credit form(s) for MPORTANT which you computed your credit(s) with your individual income tax return.

Your	Name (as shown on page 1) Yo	our Social Security Numb	er	
HAF	IKANTH KADHANAGAL 7	79-76-6186		
Par	t 2 Application of Tax Credits and Recapture: Enter tax, recapture tax, an	d tax credits used th	nis taxable year.	
27	Tax from Form 140, line 46; or Form 140PY, line 56; or Form 140NR, line 56; or			
	Form 140X, line 37		2,245	00
28	Tax from Recapture of Credit for Motion Picture Production Costs from Form 334. line 15 28	00		
29	Tax from Recapture of Credit for Qualified Facilities from Form 349, line 19	00		
30	Tax from Recapture of Credit for Affordable Housing from Form 354, line 12	00		
31	Recapture Total: Add lines 28, 29 and 30. Enter here and on Form 140, line 47; or Form 140PY, li	ine 57; or		
	Form 140NR, line 57; or Form 140X, line 38			00
32	Subtotal: Add lines 27 and 31		2,245	00
33	Family Income Tax Credit from Form 140, line 50; or Form 140PY, line 60; or Form 140X, box 40a;	plus Dependent		
	Tax Credit from Form 140, line 49; or Form 140PY, line 59; or Form 140NR, line 59; or Form 140X,	, box 40b 33		00
34	Subtract line 33 from line 32. Enter the difference. If less than zero, enter "0"		2,245	00

No	nrefundable Tax Credits Used This Taxable Year: Enter amo	ounts actua	lly used from Part 1	<u>.                                    </u>			
35	Credit for Increased Research Activities – Individuals	Form 308-I 🕨	35	00			
36	Credit for Taxes Paid to Another State or Country	Form 309 🕨	36 2,245	00			
37	Credit for Solar Energy Devices	Form 310 ►	37	00			
38	Agricultural Water Conservation System Credit	Form 312 ►	38	00			
39	Pollution Control Credit	Form 315 🕨	39	00			
40	Credit for Contributions to Qualifying Charitable Organizations	Form 321 ►	40	00			
41	Credit for Contributions Made or Fees Paid to Public Schools	Form 322 🕨	41	00			
42	Credit for Contributions to Private School Tuition Organizations	Form 323 🕨	42	00			
43	Credit for Agricultural Pollution Control Equipment	Form 325 🕨	43	00			
44	Credit for Donation of School Site	Form 331 ►	44	00			
45	Credit for Employing National Guard Members	Form 333 🕨	45	00			
46	Credit for Business Contribution by an S Corporation to						
	School Tuition Organizations - Individual	Form 335-l 🕨	46	00			
47	Credit for Solar Energy Devices - Commercial and Industrial Applications	Form 336 ►	47	00			
48	Credit for Investment in Qualified Small Businesses	Form 338 ►	48	00			
49	Credit for Donations to the Military Family Relief Fund: Enter the smaller of			M			
	Form 301, Part 1, line 15 or Part 2, line 32	Form 340 ►	49	00			
50	Credit for Business Contributions by an S Corporation to School Tuition				F		
	Organizations for Displaced Students or Students with Disabilities - Individual F	Form 341-l 🕨	50	00			
51	Renewable Energy Production Tax Credit	Form 343 🕨	51	00			
52	Credit for New Employment	Form 345 🕨	52	00			
53	Additional Credit for Increased Research Activities for Basic Research Payments.	Form 346 🕨	53	00			
54	Credit for Contributions to Certified School Tuition Organizations						
	(for contributions that exceed the maximum allowable credit on Arizona Form 323) .	Form 348 🕨	54	00			
55	Credit for Contributions to Qualifying Foster Care Charitable Organizations	Form 352 🕨	55	00			
56	Healthy Forest Production Tax Credit	Form 353 🕨	56	00			
57	Affordable Housing Tax Credit	Form 354 🕨	57	00			
58	Credit for Entity-Level Income Tax	Form 355 🕨	58	00			
59	Reserved		59			 	
60	Tax credits used from Form 301: Add lines 35 through 58				_	 2,245	
61	· · · · · · · · · · · · · · · · · · ·			61	<b>_</b>	 	00
62	Total Tax Credits Used: Add line 60 and 61. Enter this amount on Form 140	), line 51; or Fo	orm 14PY, line 61; or			_	
	Form 140NR, line 60; or Form 140X, line 41. Total credits used cannot be n	more than line	<b>e</b> 34	62		 2,245	00

# **DO NOT MAIL**

For the calendar year 2023 or fiscal year beginning [ , ] , ] 2, 0, 2, 3 and ending [ , ] , ] , ].

Your Name as shown on Form 140, 140NR, 140PY, or 140X	Your Social Security Number			
HARIKANTH KADHANAGAL	779 76 6186			
Spouse's Name as shown on Form 140, 140NR, 140PY, or 140X (if joint return)	Spouse's Social Security Number			

# Part 1 Computation of Income Subject to Tax by Both Arizona and the Other State or Country During 2023

**B.** Other Country: If claiming a credit for taxes paid to another country, enter the country name If claiming a credit for taxes paid to more than one country, see instructions.

			(a)		(b)			(c)			
1	Description of income item(s). List each income item separately. Do <i>not</i> include any income item reported on your small business income tax return.	WAGES									
			(a)		(b)	_		(c)	·		
2	Amount of income from iten	n listed									
	on line 1 reportable to both	Arizona									
	and the other state or coun	try 2 :	\$	0 \$	0	0	\$		00		
3	Portion of income on line 2										
	included in Arizona adjuste										
	gross income		\$ 103,669 (	0 \$	. 0	0	\$		00		
4	Portion of income on line 2	- H.					F				
	included in the other state of										
	country's equivalent of Arizo										
	adjusted gross income		\$ 103,669 (	0 \$	0	0	\$		00		
5	Income subject to tax by bo										
	Arizona and the other state										
	country. Enter the smaller of										
	amount entered on line 3 of			- I I I I I I I I I I I I I I I I I I I	0	•	\$		00		
6	Total income subject to tax			•							
	(b), and (c). Include total fr	om additiona	l schedules. If less	than zero, ent	ter "0". See instruct	ions	6  \$	103,669	00		
		01-1									
art 2					and 15: Enter decin	nal amou	nt to fou	r places. (x.xx	XX)		
7	(Read specific line instruction						7	2 245	~~		
8	Arizona tax liability less any Amount from Part 1, line 6.		-	•		F	8	2,245			
9	Entire income upon which A					H	9	103,669			
10							-	1.0000			
11		the amount on line 8 by the amount on line 9. <i>(cannot be greater than 1.0000)</i> ly the amount on line 7 by the decimal on line 10						2,245			
12	Income tax paid to: Name of other state or country. See Instructions. 12a NEW JERSEY						11 12b	4,414			
13							13	103,669			
14	Entire income upon which o			x is imposed	See instructions		14	103,669			
15							15	1.0000			
	Divide the amount on line 13 by the amount on line 14. <i>(cannot be greater than 1.0000)</i> Multiply the amount on line 12 by the decimal on line 15.							4.414			

2,245 00

Your Name (as shown on page 1)	Your Social Security Number
HARIKANTH KADHANAGAL	779-76-6186

# Schedule of Income Allocation

Complete this schedule only if you are an Arizona resident who is also considered to be a resident of another state under the laws of that other state (dual resident); otherwise, skip this schedule. See pages 2 and 5 of the instructions.

		(a)					_		
_		(a) Amount reported on your 2023 federal income tax return		(b) Amount entered in column (a) reported on your 2023 Arizona income tax return	Amount entered ir column (a) repor on your 2023 ret		n	(d) Amount entered in column (c) that would be sourced to your statutory state of residence as income of a nonresident of that state	
1	Wages, salaries, tips, etc	\$	00	\$	00	\$	00	\$	00
2	Interest	\$	00	\$	00	\$	00	\$	00
3	Dividends	\$	00	\$	00	\$	00	\$	00
	Business income or (loss) from federal Schedule C	\$	00	\$	00	\$	00	\$	00
	Gains or (losses) from	•		•		•		•	
6	federal Schedule D Rents, royalties, partnerships,	\$	00	\$	00	\$	00	\$	00
	estates, trusts, small business corporations from federal Schedule E	\$	00	\$	00	\$	00		00
7	Other income reported on				1			F	
,	your federal return	\$	00	\$	00	\$	00	\$	00
8	Total Income: Add lines 1 through 7 .	\$	00	\$	00	\$	00	\$	00
9	Other federal adjustments: List on line	as 0a through 0c.							
J									
9a		\$	00	\$	00	\$	00	\$	00
9b		\$	00	\$	00	\$	00	\$	00
9c		\$	00	\$	00	\$	00	\$	00
	Total adjustments: Add lines 9a through 9c for each column	\$	00	¢	00	\$	00	¢	00
10	Adjusted Gross Income: Subtract line 9d from line 8 for each column	<b>\$</b>	00		00	<b>Ä</b>	00		00

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