Form 8879
(Rev. January 2021)

Department of the Treasury Internal Revenue Service

IRS e-file Signature Authorization

OMB No. 1545-0074

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

Submission Identification Number (SID)

Taxpay	yer's name	Social secur	ity numb	ber
HAR	RIKANTH KADHANAGAL	779-76	-618	б
Spouse	e's name	Spouse's so	cial secu	urity number
Par	t I Tax Return Information – Tax Year Ending December 31, 2023 (Enter	er year you a	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	

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

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 I authorize GLOBAL TAXES LLC to enter or generate my PIN				FBO firm name		Ē
	X	I authorize	GLOBAL TAXES	LLC	to enter or generate my PIN	6

6	6	1	8	6	as mv
Ent dor	er fiv n't er	/e di iter a	gits, all ze	but ros	as my

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

Date

Spouse's PIN: check one box only

I authorize

to enter or generate my PIN

as mv Enter five digits, but don't enter all zeros

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	lethod Returns Only—continue below	
Part III Certification and Authentication – I	ractitioner PIN Method Only	
ERO's EFIN/PIN. Enter your six-digit EFIN followed by	rour five-digit self-selected PIN. 2 2 2 4 9 6 0 8 2 7 1	

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 Don't Submit This Form to the			
For Paperwork Reduction Act Notice, see your tax return instructions	- BAA	REV 01/12/24 PRO	Form 8879 (Rev. 01-2021)

1040		artment of the Treasury—Internal Revenue Servi S. Individual Income Ta>		turn	202	3	OMB No. 1545	-0074	IRS Use Only	y−Do not w	vrite or sta	aple in this space.
For the year Jan	. 1-Dec	c. 31, 2023, or other tax year beginning			, 2023, end	ling			, 20	See se	parate	instructions.
Your first name	and m	iddle initial	Last r	name						Your so	cial sec	curity number
HARIKANT			KAD	HANAGA	ΔT.							6186
		s first name and middle initial	Last									I security number
Home address	(numbe	er and street). If you have a P.O. box, see	instruc	tions.				A	pt. no.	Preside	ntial Ele	ection Campaigr
420 NORI	TH SO	COOTSDALE ROAD								Check I	nere if y	ou, or your
City, town, or p	ost offi	ce. If you have a foreign address, also co	mplete	spaces be	low.	Sta	ite	ZIP co	ode			jointly, want \$3
TEMPE						AZ	z	852	88			nd. Checking a not change
Foreign country	/ name			Foreign p	rovince/state/	count	ty	Foreig	n postal code			0
											Yo	ou 🗌 Spouse
Filing Status	; 🛛] Single					Head of he	ouseho	old (HOH)			
Check only] Married filing jointly (even if only o	ne hac	d income)			_					
one box.] Married filing separately (MFS)					Qualifying		• •	. ,		
		ou checked the MFS box, enter the			pouse. If you	u che	ecked the HOH	l or QS	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	payr	ment for prope	rty or s	services); o	r (b) sell,		
Assets		ange, or otherwise dispose of a digi									Y	es 🛛 No
Standard	Som	eone can claim: 🗌 You as a de	pende	ent 🗌	Your spous	e as	a dependent					
Deduction		Spouse itemizes on a separate retur	n or yo	ou were a	dual-status	alien	ı					
Age/Blindness	You:	: Were born before January 2, 1	959	Are bl	lind Spa	ouse	: 🗌 Was bor	n befo	re January	2. 1959		s blind
Dependents	-				Social security		(3) Relationsh	14	,			(see instructions):
If more	•	irst name Last name		()	number	,	to you		Child tax of	redit	Credit fo	or other dependents
than four												
dependents,												
see instructions and check	5											
here 🗌												
Income	1a	Total amount from Form(s) W-2, be	ox 1 (s	see instruc	ctions) .					. 1a	1	103,669.
Attach Form(s)	b	Household employee wages not re	eporte	d on Form	n(s) W-2 .					. 1b	,	
W-2 here. Also	С	Tip income not reported on line 1a	ı (see i	nstruction	ns)					. 10	;	
attach Forms W-2G and	d	Medicaid waiver payments not rep				nstru	uctions)			. 1d		
1099-R if tax	е	Taxable dependent care benefits f								. 1e		
was withheld.	f	Employer-provided adoption bene			,			· ·		. <u>1</u> f	_	
lf you did not get a Form	g	Wages from Form 8919, line 6 .			· · ·			• •		. <u>1</u> g		
W-2, see	h	Other earned income (see instruction	,		· · ·		· · · ·	···		. <u>1</u> h		0.
instructions.	i	Nontaxable combat pay election (s	see ins	structions)			1 i			_		102 660
		Add lines 1a through 1h	 0-		· · · ·	 ⊾ .	• • • • •	•••		. 1z		103,669.
Attach Sch. B if required.	2a	· · -	2a				axable interest		· · ·	. 2b		
	<u>3a</u>		3a 4a				ordinary divider axable amount			. 3b . 4b		
Standard	4a 50						axable amount					
Deduction for –	5a 6a		5a 6a				axable amount			. 5b . 6b		
 Single or Married filing 	C	If you elect to use the lump-sum e		method	check here						,	
separately, \$13,850	7	Capital gain or (loss). Attach Sche				•	,	• •		7		
 Married filing jointly or 	8	Additional income from Schedule		•	•		, 511000 11010			. 8		-10,697.
Qualifying	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7,	,				e			. 9		92,972.
surviving spouse, \$27,700	10	Adjustments to income from Sche								. 10)	
 Head of household, 	11	Subtract line 10 from line 9. This is				ne				. 11		92,972.
\$20,800	12	Standard deduction or itemized								. 12	-	13,850.
 If you checked any box under 	13	Qualified business income deducti				'	5-A			. 13	-	,
Standard Deduction,	14	Add lines 12 and 13								. 14		13,850.
see instructions.	15	Subtract line 14 from line 11. If zer	<u>o or le</u>	ess, enter	<u>-0 This</u> is y	<u>our</u> l	taxable incom	e .	<u> </u>	. 15		79,122.

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

Form **1040** (2023)

Form 1040 (2023	3)								Page 2
Tax and	16	Tax (see instructions). Check	if any from Form	(s): 1 🗌 881	4 2 4972	3 🗌	[1	16	12,715.
Credits	17	Amount from Schedule 2, lin	ie3				1	17	
	18	Add lines 16 and 17					1	18	12,715.
	19	Child tax credit or credit for	other dependent	ts from Sched	ule 8812		1	19	
	20	Amount from Schedule 3, lin	e8				2	20	
	21	Add lines 19 and 20					2	21	
	22	Subtract line 21 from line 18	. If zero or less,	enter -0			2	22	12,715.
	23	Other taxes, including self-e	mployment tax,	from Schedule	e 2, line 21 .		2	23	0.
	24	Add lines 22 and 23. This is					2	24	12,715.
Payments	25	Federal income tax withheld							
·	а	Form(s) W-2				25a 15	,110.		
	b	Form(s) 1099				25b			
	с	Other forms (see instructions				25c			
	d	Add lines 25a through 25c	<i>.</i>				2	5d	15,110.
If you have a	26	2023 estimated tax payment						26	
qualifying child,	27	Earned income credit (EIC)			No	27			
attach Sch. EIC.	28	Additional child tax credit from				28			
	29	American opportunity credit	from Form 8863	8, line 8		29			
	30	Reserved for future use .		·		30			
	31	Amount from Schedule 3, lin				31			
	32	Add lines 27, 28, 29, and 31.				undable credits	3	32	
	33	Add lines 25d, 26, and 32. T						33	15,110.
Refund	34	If line 33 is more than line 24						34	2,395.
	35a	Amount of line 34 you want	refunded to you	J. If Form 8888	3 is attached, che	ck here	. 🗌 🖪	5a	2,395.
Direct deposit?	b	Routing number 0 1 1					Savings		
See instructions.	d	Account number 3 8 5	0 2 2 1	1 6 8 8	8 8		-		
	36	Amount of line 34 you want a	applied to your :	2024 estimate	ed tax	36			
Amount	37	Subtract line 33 from line 24	. This is the amo	ount vou owe					
You Owe		For details on how to pay, ge						37	
	38	Estimated tax penalty (see ir	nstructions) .			38			
Third Party	Do	you want to allow another	person to disc	cuss this retu	rn with the IRS?	See			
Designee	ins	tructions	·			🗌 Yes. Co	omplete belo	w. 🕨	< No
		signee's		Phone			onal identificat	ion	
<u></u>	nar			no.			per (PIN)		
Sign		der penalties of perjury, I declare th ief, they are true, correct, and com							
Here		· · · · ·		Date	Your occupation				ou an Identity
	TO	ur signature		Dale	Four occupation			-	enter it here
Joint return?					SOFTWARE 1	ENGINEER	(see inst		
See instructions.	Sp	ouse's signature. If a joint return, k	ooth must sign.	Date	Spouse's occupat	ion			our spouse an
Keep a copy for your records.							Identity I (see inst		on PIN, enter it here
,		(===) 010, 000					,	.)	
		one no. (505)210-236		Email address	KADHANAGAI	LH@GMAIL.CO			
Paid		parer's name	Preparer's signat			Date	PTIN		neck if:
Preparer		PRIYA RAM SAGAR GUPTA TALLAM		RAM SAGAR	GUPTA TALLAM	01/21/2024	P0208270		Self-employed
Use Only		m's name GLOBAL TAX							8)965-9522
			Y CT E BRU	NSWICK N	J 08816		Firm's E	iN	84-3171965
Go to www.irs.go	ov/Forn	n1040 for instructions and the late	st information.		BAA	REV 01/12/24 PRO			Form 1040 (2023)

SCHEDULE	1
(Form 1040)	

Additional Income and Adjustments to Income

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

OMB No. 1545-0074 20 3

Department of the Treasury Internal Revenue Service	Go to www.irs.gov/Form1040 for instructions and the latest information.		Attachment Sequence No. 01
Name(s) shown on Fo	orm 1040, 1040-SR, or 1040-NR	Your soc	ial 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	ach Schedule E .	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			
		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	8s (4	
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_		
9	Total other income. Add lines to through 97	8z		
9 10	Total other income. Add lines 8a through 8z		9	
10	1040, 1040-SR, or 1040-NR, line 8	There and on Form	10	-10,697.
For Pa	perwork Reduction Act Notice, see your tax return instructions.	<u>· · · · · · · ·</u>		1 (Form 1040) 2023
u	per ser se		Soncaule	· 0111 10-10/ 2020

ar	t II Adjustments to Income					
1	Educator expenses				. 11	
2	Certain business expenses of reservists, performing artists, and fee	-basis	s gov	ernmei	nt	
	officials. Attach Form 2106				. 12	
3	Health savings account deduction. Attach Form 8889				. 13	
4	Moving expenses for members of the Armed Forces. Attach Form 3903				. 14	
5	Deductible part of self-employment tax. Attach Schedule SE					
6	Self-employed SEP, SIMPLE, and qualified plans					
7	Self-employed health insurance deduction					
8	Penalty on early withdrawal of savings					
9a	Alimony paid					
b	Recipient's SSN					
c	Date of original divorce or separation agreement (see instructions):				-	
0	IRA deduction				. 20	
1	Student loan interest deduction					
2	Reserved for future use					
3	Archer MSA deduction				. 23	
4	Other adjustments:	l i	• •	• •		
а		24a				
b	Deductible expenses related to income reported on line 81 from the	2-74			_	
D		24b				
с	Nontaxable amount of the value of Olympic and Paralympic medals	240			_	
C	and USOC prize money reported on line 8m	24c				
А		240 24d			-	
u	Repayment of supplemental unemployment benefits under the Trade	24u			_	
е		24e				
	Act of 1974				_	
f	Contributions to section 501(c)(18)(D) pension plans	24f			-	
g		24g			_	
h	Attorney fees and court costs for actions involving certain unlawful					
		24h			_	
i	Attorney fees and court costs you paid in connection with an award					
	from the IRS for information you provided that helped the IRS detect					
	tax law violations	24i				
j	Housing deduction from Form 2555	24j				
k	Excess deductions of section 67(e) expenses from Schedule K-1 (Form					
	,	24k			_	
z	Other adjustments. List type and amount:					
		24z				
5	Total other adjustments. Add lines 24a through 24z				. 25	
6	Add lines 11 through 23 and 25. These are your adjustments to income	. Ente	er here	e and c	n	
	Form 1040, 1040-SR, or 1040-NR, line 10				. 26	

SCHEDULE	Е
(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

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
 al coourity number

пцеппа	Revenue Service		GO 10 WWW.IIS.	.gov/Scheduler 10	mour			itest ii	ionnation.		Sequenc	
Name(s)	shown on return										al security r	number
HARI	KANTH KADHANA	AGAL								779-7	6-6186	
Part				Real Estate an								
	Note: If you and rental income	re in the	e business of rent from Form 4835	ting personal proper on page 2, line 40.	ty, use	Schedu	le C. See	instru	ctions. If you a	are an indiv	vidual, repo	ort farm
A	d you make any payments in 2023 that would require you to file Form(s) 1099? See instructions								s 🕅 No			
	f "Yes," did you or											
				eet, city, state, ZIF								
Α	, ,			ANGANA IN 50		,						
B						<u> </u>						
c												
1b	Type of Property	2	For each rental	real estate prope	rtv liet	ted		Fa	ir Rental	Person	معلله	
10	(from list below)			he number of fair				10	Days	Da		QJV
Α	3	1	personal use d	ays. Check the Q.	JV bo	k only	Α		365		0	
В				requirements to f			В					\square
С		1	qualified joint v	enture. See instru	ctions	3.	С					
Гуре	of Property:	1						1			1	
	Single Family Resid	dence	3 Vacatior	n/Short-Term Ren	tal	5 Lan	d	7	Self-Rental			
2	Multi-Family Reside	ence	4 Comme	rcial		6 Roy	alties	8	Other (desc	ribe)		
	-					-						
									Propert	les:		С
ncom					3		A	90.	В			<u> </u>
3 4	Rents received .				4		5	90.				
4 Exper	Royalties received	J			4							
5	Advertising				5							
5 6	Auto and travel (se				6							
7	Cleaning and main				7		1,3	15				
8	Commissions .				8		1,5	45.				
о 9					9							
9 10	Insurance Legal and other p				10							
11	Management fees				11		0	80.				
12	Mortgage interest				12		9	00.				
13	Other interest .	-			13							
14	Repairs				14		1,3	50				
15	Supplies				15		1,7					
16	Taxes				16		- / /	13.				
17	Utilities				17		2,4	12.				
18	Depreciation expe				18		3,4					
19	Other (list)		•		19		- 1					
20	Total expenses. A				20		11,2	87.				
21	Subtract line 20 fr		-									
	result is a (loss), s											
					21		-10,6	97.				
22	Deductible rental											
	on Form 8582 (se				22	(10,69		()	()
23a	Total of all amoun	-				• •		23a		590.		
b	Total of all amoun	-						23b				
c	Total of all amoun	-						23c		455		
d	Total of all amoun	-						23d		3,455.		
е	Total of all amoun	-						23e	11	,287.		
24	Income. Add pos					-		• •		. 24	(-	0 (07)
25	Losses. Add royalt	-										0,697.)
26	i otal rental real	estate	e and rovaltv ir	ncome or (loss).	Jomb	ine lines	24 and	25. E	nter the resu	ut ∣ I		

26 Total rental real estate and royalty income or (loss). Combine lines 24 and 25. Enter the result 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 .

For Paperwork Reduction Act Notice, see the separate instructions.

26

-10,697.

5	8582 Passive Activity Loss Limitations							OMB No. 1545-1008		
Departn	nent of the Treasury Revenue Service	Go to www.i	-	arate instructions. 1040, 1040-SR, or or instructions and		on.	A	20 23 ttachment equence No. 858		
Name(s) shown on return	1	-			Ident	ifying n	umber		
HARI	KANTH KADH					779	9-76-	-6186		
Par		Passive Activity Los								
	Cautio	n: Complete Parts IV ar	nd V before comple	eting Part I.						
		ctivities With Active Partice Real Estate Activities			ive participation, s	ee Special				
1a	Activities with	net income (enter the a	mount from Part IV	/, column (a)) .	1a	0.				
b	Activities with	net loss (enter the amo	unt from Part IV, c	olumn (b))	1b (10,697.)				
С	-	allowed losses (enter th)				
d	Combine lines	1a, 1b, and 1c					1d	-10,697.		
All Ot	her Passive Ac	tivities								
2a	Activities with	net income (enter the a	mount from Part V	, column (a)) .	2 a					
b		net loss (enter the amo)				
С	-	allowed losses (enter th)				
d	Combine lines	2a, 2b, and 2c					2d			
3	zero or more,	a 1d and 2d and subtra stop here and include llowed losses entered	this form with you	ur return; all losse	s are allowed, inc	luding any	3	-10,697.		
	-	s and: • Line 1d is a l	oss, go to Part II.					-		
Part II	Instead, go to	status is married filing line 10. al Allowance for Rer Enter all numbers in Par	ntal Real Estate	Activities With	Active Participa	ation	year,	do not complete		
4		ller of the loss on line 1					4	10,697.		
5		0. If married filing separ	-			.50,000.	-			
6	Note: If line 6	adjusted gross income is greater than or equal erwise, go to line 7.				03,669.	-			
7	Subtract line 6	from line 5			7	46,331.				
8		by 50% (0.50). Do not e					8	23,166.		
9		ller of line 4 or line 8. If	line 3 includes any	CRD, see instruc	tions		9	10,697.		
Par		Losses Allowed								
10		ne, if any, on lines 1a an					10	0.		
11		allowed from all passive port the losses on your t					11	10,697.		
Par		lete This Part Before		a. 1b. and 1c. S	ee instructions.			10,007.		
	•		Currer		Prior years	Ove	rall ga	in or loss		
	Name o	of activity	(a) Net income (line 1a)	(b) Net loss (line 1b)	(c) Unallowed loss (line 1c)	(d) Gair	ı	(e) Loss		
IND	IRA NAGAR		0.	10,697.				10,697.		
Total.	Enter on Part I,	lines 1a, 1b, and 1c	0.	10,697.						

For Paperwork Reduction Act Notice, see instructions.

Form **8582** (2023)

Part V Complete This Part Before Part I, Lines 2a, 2b, and 2c. See instructions.

	Name of activity		Current year			Prior years		Overall gain or loss		
	Name of activity		Net income Tine 2a)		vet loss ne 2b)	(c) Unall loss (lin		(d) Gain		(e) Loss
		(iii le 2a)	(III	10 20)	1055 (111	e 20)			
Total. Enter	on Part I, lines 2a, 2b, and	2c								
Part VI	Use This Part if an Ar	nount Is S	Shown on F	Part II,	Line 9. S	ee instruc	ctions.			
	Name of activity	and I to be	or schedule line number reported on instructions)	(a)	Loss	(b) Ra	atio	(c) Special allowance		(d) Subtract column (c) from column (a).
INDIRA 1	NAGAR	E	Ln 22		10,697.	1.0000	0000	10,69	7.	0.
Total .					10,697.	1.0	n	10,69	7	0.
Part VII	Allocation of Unallow			uction	S.		•	10703	<i>,</i> .	
	Name of activity		Form or sche and line nun to be reporte (see instructi	nber d on	(a) L	LOSS	(b) Ratio	(c)	Unallowed loss
Total								1.00		
Part VIII	Allowed Losses. See									
	Name of activity		Form or sche and line nun to be reporte (see instructi	nber d on	(a) L	LOSS	(b) Ur	nallowed loss	(0	c) Allowed loss

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		Security Number*					
HARIKANTH	KADHANAGAL	Enter 779	76 6186					
Your Spouse's First Name and Initial (if filed joint)	Last Name	your Spouse's So SSN(s).	cial Security No.*					
		SSIN(S):	1					
PART 1 – PURPOSE (If you are e-filing a	Small Business Income T	ax Return, also complete Form AZ-8879 SE	Not Truncate					
 To certify the truthfulness, correctness, and com 	pleteness of the taxpayer's elec	ctronic income tax return.						
		wishes to use the taxpayer's electronic signature to	the taxpayer's					
	yer's signature to the taxpayer	's electronic Arizona individual income tax return.						
PART 2 – TAX RETURN INFORMATION		PART 3 – FINANCIAL INSTITUTION INFO						
		Must be present when requesting direct debi						
1 Arizona Adjusted Gross Income 103, 6	569 00	Foreign Account Deposit/Debit: See inst	ructions below.					
2 Balance Of Tax	0 00	TYPE OF ACCOUNT ROUTING NUMBE						
3 Arizona Income Tax Withheld 2, 2	200 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 ow	ed 00	DIRECT DEBIT REQUEST DATE DIRECT DEBIT PA						

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.

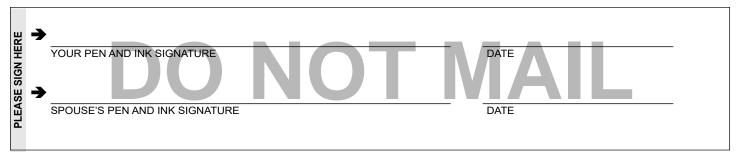
If I have filed a balance due return, I understand that if the ADOR does not receive full and timely payment of my tax liability by April 15, 2024, I will remain liable for the tax liability and all applicable interest and penalties. When electronically filing my federal and state tax returns, I understand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



		Arizona Form 140	Re	sident P	ersonal Inc	ome Tax	Return		FOR CAL	023	``
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_	Spou	se's First Name and Middle In	nitial (if box 4 or 6	checked)	Last Name		SSI	500	use's Sc	ocial Securi	ity
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3	-	MPE	AZ		85288		Last Names US			rear(s) (ii uii	liei
	16.						REVENUE USE				
ATL	4	Married filing joint return		•	rotection of Joint O	verpayment	88	011211 201			
FILING STATUS	5	Head of household. En	iter name of qualifying	ng child or dep	endent on next line.						
В	6	Married filing separate	return Enter spou	se's name and	I Social Security Num	her above					
	7	Single		Se S fiame and		ber above.					
S	, 8 9 10a 11a	✓ Enter the number clair	med. Do not put	a check ma	nrk.						
Ó	8	Age 65 or over (you and			s 8, 9, and 11a, also co	mplete lines 38,					
ЪТ	9	Blind (you and/or spous			es 10a and 10b, also co		81 PM		80 F	RCVD	
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ŵ	11a	Qualifying parents and	grandparents		_						
		(Box 10a and 10b): Depen	ndent Information.	See instruc	tions. For more s	pace, check t	he box 🗌 and	complete	page 4,	Part 1.	
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Õ	10d										
	10e										
		(Box 11a): Qualifying parer	nts and grandpare	ents. See in	structions. For mo	re space, chec	k the box 🗌 a	nd complete	e page 4	, Part 2.	
rentsan ents		(a) FIRST AND L			(b)	(c)	(d)	(e)		(f) ✔ IF DIE	
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60 TAX DUE: If line 52 is larger than line 59, subtract line 59 from line 52. Enter amount of tax due. Skip lines 61, 62 and 63		Your	Name (as shown on page 1)	our Social Security Num	ocial Security Number				
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Pure of The::::::::::::::::::::::::::::::::::::		44	If you checked box 43S and claim charitable contributions, check 44C 🗌 Complete page 3. See ins	tructions 4	4				
Tax form recepture of credits from Arizona Form 301, Part 2, line 31 47 0 47 Tax form recepture of credits from Arizona Form 301, Part 2, line 31 47 0 49 Dependent Tax Credit form Arizona Form 301, Part 2, line 62 61 0		45	Arizona taxable income: Subtract lines 43 and 44 from line 42. If less than zero, enter "0"	4	5 89	9,819	00		
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91 Nomefundable Credits from Arizona Form 301, Part 2, line 62	Ba	50	Family income tax credit (from the worksheet - see instructions)		0		00		
S2 Balance of tax: Subtract lines 49, 50 and 51 form line 43. If the sum of lines 49, 50 and 51 is greater than line 43, enter '0'		51	Nonrefundable Credits from Arizona Form 301. Part 2. line 62		1 2				
Total payment joint 2040 Signature in the second secon									
1 2423 A2 estimated tax payments. sata 000 Claim of Right sab 00 Add ste and sto. 540 00 5 2023 A2 extension payment (Form 204) 55 00 00 56 bit creating namment (Form 204) 55 00 00 56 bit creating namment (Form 204) 55 00 00 56 bit creating namment (Form 204) 57 00 00 56 bit creating namment (Form 204) 58 00 00 56 bit creating namment (Form 204) 58 00 00 57 Property Tax Credit from Arzona Form 140PTC 57 00 00 59 Total payments and refundable credits: Add lines 53 through 58. Enter amount of tax due. Skip lines 61, 62 and 63. 60 00 61 OVERPAYMENT: Tit line 59 is larger than line 59. subtract line 52 through 59. Enter amount of tax due. Skip lines 61, 62 and 63. 63 2, 200 00 62 Amount of line 61 to be applied to 2024 estimated tax. 62 00 00 64 At Voluntary Gitts to: Scaladia difference 00 Amount of line 61 to be applied to 2024 estimat									
55 2023 AZ extension payment (Form 204) 55 00 56 Increased Excise Tax Credit (from the worksheet - see instructions) 56 00 57 Property Tax Credit (from the worksheet - see instructions) 56 00 57 Property Tax Credit (from the worksheet - see instructions) 57 00 58 Other refundable credits: Check the box(es) and enter the total amount. 11 308-1 se2 3200 00 60 TAX DUE: If the 52 is larger than line 52, subtract line 52 from line 52. Enter amount of verpayment. 61 2, 200 00 61 OVERPAYMENT: If line 51 is larger than line 52, subtract line 52 from line 51. Enter amount of overpayment. 62 00 00 63 Balance of overpayments. 64 00 Province 56 00 Province 56 00 64 -74 Voluntary offits to: Southarce 56 00 Province 77 00					-				
S6 Increased Excise Tax Credit (rom the worksheet - see instructions) 56 00 S6 Increased Excise Tax Credit (rom the worksheet - see instructions) 56 00 S6 TeruIndble Credits: Check the box(e) and enter the total amount. ss1 308-1 ss2 334 ss3 349 s6 00 S6 Other Prefundable Credits: Check the box(e) and enter the total amount. ss1 308-1 ss2 34 ss3 349 s6 00 S6 Total payments and refundable credits: Add lines 53 through S8. Enter amount of overpayment. 61 2.200 00 S6 Other Payments. Subtract line 50 starger than line 59. subtract line 50 rom line 59. Enter amount of overpayment. 62 000 S6 Balance of overpayment. Subtract line 50 rom line 50. Enter amount of overpayment. 63 2,200 00 S6 Total payments and refundable credits: Note the base file 50 rom line 50. Enter amount of overpayment. 64 74 voluntary Gifts to: 64 70 00 Pointer Contertor Notes 71 000 95 70 00 95 70 00 95 70 00 95 70 00 95 70 00 95 70 00 95 70 00 95 70 00 95 <th>p s</th> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>	p s								
Vertex 00 TAX DUE: If line 52 is larger than line 59, subtract line 59 from line 52. Enter amount of tax due. Skip lines 61, 62 and 63	s ar redit	56					00		
Very Part Part Part Part Part Part Part Part	nen le C	57							
Very Part Part Part Part Part Part Part Part	rayi	58							
Very Part Part Part Part Part Part Part Part	otal tefur	59							
61 OVERPAYMENT: If line 59 is larger than line 52, subtract line 52 from line 59. Enter amount of overpayment. 61 2, 200 00 62 Amount of line 61 to be applied to 2024 estimated tax. 62 0 0 63 Balance of overpayment: Subtract line 52 from line 51. Enter the difference. 63 2, 200 00 64 74 Voluntary Gifts to: Assigned to Schools. 64 00 Anzena wrighte. 65 00 64 74 Voluntary Gifts to: Assigned to Schools. 64 00 Anzena wrighte. 65 00 75 Political Party (framount is entered on line 62. check only one). 731 Democratic rate. 76 00 76 Frequencies. 76 00 Schools rate. 78 000 76 Schools rate. 78 COUNT of Amountaized/Other rate. 78 000 77 71 Cannualized/Other rate. 78 000 Schools rate. 79 2, 200 00 78 REFUND: Subtract line 78 from line 63. If less than zero, enter amount owed on line 80 rate and nextures. 79 2, 200 00 79 Schools rate. Schools rate. Schools rate. Sch	<u> </u>								
62 Amount of line 61 to be applied to 2024 estimated tax. 62 0 63 Balance of overpayment: Subtract line 62 form line 61. Enter the difference 63 2,20000 64 74 Voluntary Gifts to: Subtractine 61. Enter the difference 65 00 64 74 Voluntary Gifts to: Subtractine 61. Enter the difference 65 00 64 74 Voluntary Gifts to: Subtractine Terms 64 00 Anzona Woldre. 65 00 76 Policial Patry (intramount is entered on line 63. Encek only one): 71 000 Sestimated balance of anime 52. File 74 000 Sestimated balance on line 63. Encek only one): 75 Policial Patry (intramount is entered on line 63. Encek only one): 75 76 000 Sestimated balance on line 63. File 78 000 78 REFUND: Subtract line 72 from line 63. If less than zero, enter amount owed on line 80 79 2,2000 00 79 2,2000 00 80 Gal AMOUNT OWED: Add lines 60 and 78. Make check payable to Aizona Department of Revenue; write your SN on payment; and include with your return 79 2,200 00 80 AMOUNT OWED: Add lines 60 and 78. Make check payable to Aizona Department of Revenue; write your SN on payment; and include with your r	t								
Orgen Operation	ment								
Orgen Operation	rpay								
Orgen Operation	Ove		Solutions Teams			,			
Neighbors Helping Neighbors, 69 00 Special Olympics	-	•.							
I Didn't Pay Enough Fund	ifts								
75 Political Party (if amount is entered on line 68 - check only one): 751 Democratic 752 Libertarian 753 Republican 76 Estimated payment penalty 76 00 77 771 Tr1 Annualized/Other 772 [] Farmer or Fisherman 773 [] Form 221 included 78 Add lines 64 through 74 and 76; enter the total. 78 00 79 REFUND: Subtract line 78 form line 63. If less than zero, enter amount owed on line 80. 79 2,200 00 98 CS Check box 79A if your deposit will be ultimately placed in a foreign account; see instructions. 78A 79 2,200 00 98 CS Check box 79A if your deposit will be ultimately placed in a foreign account; see instructions. 78A 78 0.00 98 CS Check box 79A if your deposit will be ultimately placed in a foreign account; see instructions. 78A 78 0.00 80 AMOUNT OWED: Add lines 60 and 78. Make check payable to Arizona Department of Revenue; write your SSN on payment; and include with your return 80 00 80 Under penalties of perjury, I declare that I have read this return and any documents with it, and to the best of my knowledge and belief, they are true, correct and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge. Image: Stam Prt	Iry G		L Didn't Pay Enough Fund 72 00 Sustainable State Parks 73 00 Snav/Neuter of Animal		F				
76 Estimated payment penalty 76 000 77 771 Andulized/Other 772 Farmer or Fisherman 773 000 78 Add lines 64 through 74 and 76; enter the total. 78 000 79 REFUND: Subtract line 76 form line 63. If less than zero, enter amount owed on line 80 79 2,200 00 98 CS Check box 79A if your deposit will be ultimately placed in a foreign account; see instructions. 79A 79 2,200 00 80 AMOUNT OWER ROUTING NUMBER Account NuMBER 79 2,200 00 80 AMOUNT OWER: Add lines 60 and 78. Make check payable to Arizona Department of Revenue; write your SSN on payment; and include with your returm. 80 000 00 Under penalties of perjury, I declare that I have read this return and any documents with it, and to the best of my knowledge and belief, they are true, correct and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge. YOUR SIGNATURE DATE SOFTWARE ENGINEER YOUR SIGNATURE DATE SPOUSE'S OCCUPATION SYAM PRIYA RAM SAGAR GUPTA TALLAM 01212024 GLOBAL TAXES SLC PAID PREPARERS STRET ADDRESS PAID PREPARERS STIN <td< td=""><th>unte</th><td>75</td><td></td><td></td><td></td><td></td><td></td></td<>	unte	75							
77 771 Annualized/Other 772 Farmer or Fisherman 773 Form 221 included 78 000 78 Add lines 64 through 74 and 76; enter the total 78 000 79 REFUND: Subtract line 78 from line 63. If less than zero, enter amount owed on line 80. 79 2, 200 00 Direct Deposit of Refund: Check hor 74 if your deposit will be ultimately placed in a foreign account; see instructions. 79A 79 2, 200 00 80 CMOUNT OWED: Add lines 60 and 78. Make check payable to Arizona Department of Revenue; write your SSN on payment; and include with your return 80 000 80 Under penalties of perjury, I declare that I have read this return and any documents with it, and to the best of my knowledge and belief, they are true, correct and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge. YOUR SIGNATURE DATE SOFTWARE ENGINEER YOUR SIGNATURE DATE SOFTWARE SUBJECTION SPOUSE'S SIGNATURE DATE SPOUSE'S OCCUPATION 245 ROONEY CT ATE SPOUSE'S OCCUPATION 245 ROONEY CT ATE SPOUSE'S SUBACTURE 245 ROONEY CT ATE PAID PREPARER'S STIN 2	Vol				6		00		
78 Add lines 64 through 74 and 76; enter the total					• <u> </u>	I	00		
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Under penalties of perjury, I declare that I have read this return and any documents with it, and to the best of my knowledge and belief, they are true, correct and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.	n to		98 S□ Savings 01119000254 38502211168888			,			
Under penalties of perjury, I declare that I have read this return and any documents with it, and to the best of my knowledge and belief, they are true, correct and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.	nou	80					~~		
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PAID PREPARER'S CITY STATE ZIP CODE PAID PREPARER'S PHONE NUMBER	Δ.	P							
				. ,		_			
	If .								

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.

Include with your return.

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

HARIKANTH KADHANAGAL 779 76 61 Spouse's Name as shown on Form 140, 140PY, 140NR or 140X (if a joint return) Spouse's Social Security Num	86 ber
Spouse's Name as shown on Form 140, 140PY, 140NR or 140X (if a joint return) Spouse's Social Security Num	ber
Part 1 Nonrefundable Individual Tax Credits Available: Enter total available tax credits.	
(a) (b) (c) Current Available Tota	
Year Credit Carryover Available	
(a) + ()
1 Credit for Increased Research Activities – Individuals Form 308-I ▶ 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 Form 335-I	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 Form 341-I ► 16	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 Form 354 ► 23	00
24 Credit for Entity-Level Income Tax Form 355 ► 24	00
25 Reserved	0.45
26 Total available nonrefundable tax credits: Add lines 1 through 24 26 2, Continued on	245 00



IMPORTANT which you computed your credit(s) with your individual income tax return.

Your	Name (as shown on page 1) Your Soci	al Security Numb	er
HAF	RIKANTH KADHANAGAL 779-7	6-6186	
Par	t 2 Application of Tax Credits and Recapture: Enter tax, recapture tax, and tax of	credits used tl	his 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 29	00	
30	Tax from Recapture of Credit for Affordable Housing from Form 354, line 12 30	00	
31	Recapture Total: Add lines 28, 29 and 30. Enter here and on Form 140, line 47; or Form 140PY, line 57; or	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; <i>plus</i> D	ependent	
	Tax Credit from Form 140, line 49; or Form 140PY, line 59; or Form 140NR, line 59; or Form 140X, box 40	b 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				
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-I 🕨	46	00			
47	Credit for Solar Energy Devices - Commercial and Industrial Applications			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						
	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.			00			
51	6,			00			
52	Credit for New Employment			00			
53	Additional Credit for Increased Research Activities for Basic Research Payments	Form 346 🕨	53	00			
54							
	(for contributions that exceed the maximum allowable credit on Arizona Form 323)			00			
55	Credit for Contributions to Qualifying Foster Care Charitable Organizations		55	00			
56	Healthy Forest Production Tax Credit		56	00			
57	Affordable Housing Tax Credit		57	00			
58	Credit for Entity-Level Income Tax			00			
59	Reserved		59			0.045	
60	Tax credits used from Form 301: Add lines 35 through 58					2,245	
61	·			61			00
62	Total Tax Credits Used: Add line 60 and 61. Enter this amount on Form 140					0 0 1 -	
	Form 140NR, line 60; or Form 140X, line 41. Total credits used cannot be r	more than line	e 34	62		2,245	00

DO NOT MAIL

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

A. Other State: If claiming a credit for taxes paid to another state, enter the two-letter abbreviation for that state. See last page of the instructions for a list of state abbreviations $[N_1J_1]$

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	\$ 3	103,669	00	\$	00)	\$		00
3	Portion of income on line 2							_			
	included in Arizona adjuste										
	gross income	3	\$	103,669	00	\$	0	<u>)</u>	\$		00
									F		
4	Portion of income on line 2								F		
	included in the other state of										
	country's equivalent of Arizo		.	102 660	~~	<u>_</u>					
	adjusted gross income	4	\$ 3	103,669	00	\$	0	<u>)</u>	\$		00
F	Income subject to tax by bo	th									
5	Arizona and the other state										
	country. Enter the smaller of										
	amount entered on line 3 of		\$	103,669	00	¢	0		\$		00
6	Total income subject to tax					or country Ac					00
•	(b), and (c). Include total fr					•			6 \$	103,669	00
	(-), (-).					,,			- ψ		00
Part 2	Computation of Othe	r State or	Country	/ Tax Cre	dit	Lines 10 and	d 15: Enter decin	al amoun	t to fo	ur places. (x.xx	xx)
	(Read specific line instruction	ons for Part	2 before	completin	g thi	is part.)					
7	Arizona tax liability less any	/ credits (ex	cept othe	er state tax	cre	dit)			7	2,245	00
8	Amount from Part 1, line 6.								8	103,669	00
9	Entire income upon which A		•						9	103,669	00
10	Divide the amount on line 8 by the amount on line 9. (cannot be greater than 1.0000)								1.0000		
11	fultiply the amount on line 7 by the decimal on line 10							1	2,245		
12		me tax paid to: Name of other state or country. See Instructions. 12a , <u>NEW_JERSEY</u> unt from Part 1, line 6							2b	4,414	
13									3	103,669	
14	Entire income upon which o		-						4	103,669	00
15	Divide the amount on line 1					ot be greater th	an 1.0000)		5	1.0000	
16	Multiply the amount on line	12 by the d	ecimal or	n line 15					6	4,414	00

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.

		NOT N				ΛΛΙ			
	DU	(a) Amount reported on your 2023 federal income tax return		(b) Amount entered in column (a) reported on your 2023 Arizona income tax return		(c) Amount entered in column (a) report on your 2023 retu filed to your statuto state of residence		(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
6	Gains or (losses) from federal Schedule D Rents, royalties, partnerships,	\$	00	\$	<u>00</u>	\$	00	\$	00
ſ	estates, trusts, small business corporations from federal Schedule E Other income reported on	\$	00	\$	00	\$	00	\$ F	00
	your federal return	\$	00	\$	00	\$	00	\$	00
8	Total Income: Add lines 1 through 7.	\$	00	\$	00	\$	00	\$	00
	Other federal adjustments: List on line								
9a		\$	00	-	00		00		00
9b		\$	00		00		00		00
	Total adjustments: Add lines 9a	\$	00		00		00		00
10	through 9c for each column	s s	00		<u>00</u>		00		00
10			00		00	\$	00		