Arizona Form

### **E-file Signature Authorization** (Arizona Forms 140, 140A, 140EZ, 140NR and 140PY)

2023

Do not mail this form to the Arizona Department of Revenue. The ERO must retain this document a minimum of four years.

Your First Name and Initial	Last Name	Your Social Security Number*
	ADHA	Enter 210   82   6039
Your Spouse's First Name and Initial (if filed joint)	Last Name	your Spouse's Social Security No.*
SUMAN	RAVULAPELLI	182   84   0780
PART 1 – PURPOSE (If you are e-filing a S	Small Business Income	e Tax Return, also complete Form AZ-8879 SBI)*Do Not Truncate
<ul> <li>To certify the truthfulness, correctness, and comp</li> </ul>	pieteness of the taxpayers e	electronic income tax return.
		ver wishes to use the taxpayer's electronic signature to the taxpayer's yer's electronic Arizona individual income tax return.
PART 2 – TAX RETURN INFORMATION	Cl 3 digitatare to a.e ta	PART 3 – FINANCIAL INSTITUTION INFORMATION
PART 2 - TAX RETURN INFORMATION		Must be present when requesting direct debit or deposit.
1 Arizona Adjusted Gross Income 200, 6	33 <b>00</b>	Foreign Account Deposit/Debit: See instructions below.
,	228 00	TYPE OF ACCOUNT ROUTING NUMBER
	76 00	☐ Checking ☐ Savings
Check box 4 or box 5:		ACCOUNT NUMBER
4☐ REFUND: Enter the amount of refund		00
5⊠ AMOUNT YOU OWE: Enter the amount owe		00 DIRECT DEBIT REQUEST DATE DIRECT DEBIT PAYMENT AMOUNT
		\$00
Box 4 Checkbox – Refund: You are due a refund b	pased on the information	Foreign Account Deposit/Debit Checkbox: Check the "Foreign Account
provided on your tax return. Your refund amount v	will be deposited in the	Deposit/Debit" box if your deposit will be ultimately placed in or come
account listed in the Financial Institution Information		from a foreign account. If you check this box, do not enter your account numbers. If this box is checked, we will not direct deposit or debit your
Box 5 Checkbox - Amount You Owe: You ow information provided on your tax return. You have		account. If you are due a refund, we will send you a check instead. If you
for payment. The payment will be withdrawn from	the account and on the	owe tax, you must mail a check to the Arizona Department of Revenue,
date listed in the Financial Institution Information Se	ection (Part 3).	PO Box 29085, Phoenix, AZ 85038-9085.
PART 4 – DECLARATION AND SIGNATU	RE AUTHORIZATION	(Sign only after completing Part 2)
Under penalties of perjury, I declare that I have e		I consent to my Electronic Return Originator (ERO) or On-Line Service
electronic Arizona individual income tax return and a and statements for the year ending December 31, 2		Provider (OLSP) sending my electronic Arizona individual income tax return and accompanying schedules and statements to ADOR, and I
my knowledge and belief, it is true, correct, and com	nplete. I further declare	consent to my ERO or OLSP sending such information to ADOR through a
that the amounts of Arizona adjusted gross inco income tax withheld, and refund (or amount ower		transmitter. I consent to ADOR sending my ERO, OLSP and/or transmitter an acknowledgement of receipt of transmission and an indication of
amounts shown on the copy of my electronic Arizo	ona income tax return.	whether or not the transmission of my return is accepted and, if the return
<b>6a</b> I consent that my refund be directly deposit	ted as designated in the	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/
electronic portion of my 2023 Arizona indivi If I have filed a joint return, this is an irrev		or transmitter the reason(s) for the delay, or when the refund was sent.
the other spouse as an agent to receive the		If ADOR contacts my ERO for a copy of my return, any documents or
<b>6b</b> ☑ I do not want direct deposit of my refund of		schedules to my return, and/or this authorization form, I authorize my ERO to release copies of the requested documents to ADOR.
refund.		to release copies of the requested desaments to result
<b>6c</b> I authorize the Arizona Department of Re designated Financial Agent to initiate an		I authorize GLOBAL TAXES LLC
withdrawal (direct debit) entry to the finan	ncial institution account	I authorize GLOBAL TAXES LLC (ELECTRONIC RETURN ORIGINATOR)
indicated in the tax preparation software for	payment of my Arizona	
taxes owed on this return. I also authorize to involved in the processing of the electronic		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
receive confidential information necessary t		electronic Arizona individual income tax return for the year ending
resolve issues related to the payment.		December 31, 2023. I understand that when my ERO makes the election that my electronic signature to my federal individual income tax return will
If I have filed a balance due return, I understand the		serve as my signature to my Arizona individual income tax return Will
receive full and timely payment of my tax liability I remain liable for the tax liability and all applicable	by April 15, 2024, I will interest and penalties.	have signed my Arizona individual income tax return and declared under
When electronically filing my federal and state tax	x returns, I understand	penalties of perjury that to the best of my knowledge and belief the return is true, correct and complete.
that if there is an error on my federal return, my s	state return will also be	is true, correct and complete.
rejected.		
₩ →		
YOUR PEN AND INK SIGNATURE		DATE
ign		
S →		
YOUR PEN AND INK SIGNATURE  YOUR PEN AND INK SIGNATURE  SPOUSE'S PEN AND INK SIGNATURE		DATE
[료		

FOR CALENDAR YEAR Part-Year Resident Personal Income Tax Return Check box 82F if filing under extension  $\frac{1}{2}$   $\frac{1}{2}$   $\frac{1}{2}$   $\frac{1}{2}$  AND ENDING  $\frac{1}{2}$ OR FISCAL YEAR BEGINNING Your Social Security Number Your First Name and Middle Initial Last Name . 2 **Enter** 1 SUDHEER ADHA 210 82 6039 vour Spouse's First Name and Middle Initial (if box 4 or 6 checked) Last Name Spouse's Social Security No. ITEM SSN(s) 1 SUMAN RAVULAPELLI 182 84 Current Home Address - number and street, rural route Daytime Phone (with area code) Apt. No. 6707 PARK MILL DRIVE (480)886 - 6824Last Names Used in Last Four Prior Year(s) (if different) City, Town or Post Office State ZIP Code STAPL 97 DUBLIN ОН 43016 REVENUE USE ONLY. DO NOT MARK IN THIS AREA. X **4a** Injured Spouse Protection of Joint Overpayment Married filing joint return DO NOT 5 Head of household: Enter name of qualifying child or dependent on next line: 6 Married filing separate return: Enter spouse's name and Social Security Number above. П Enter the number claimed. Do not put a check mark. 80R RCVD 81P PM If completing lines 8, 9, and 11a, also complete lines 46, Age 65 or over (you and/or spouse) 8 9 47, and 49. For lines 10a and 10b, also complete line 59. 9 Blind (you and/or spouse) 10a Dependents: Under age of 17. Dependents: Age 17 and over. Qualifying parents and grandparents 11a and 11a - Dependents 12-13 Residency Status (check one): 12 🛛 Part-Year Resident Other than Active Military 13 🔲 Part-Year Resident Active Military (Box 10a and 10b): Dependent Information. See instructions. For more space, check the box 🔲 and complete page 4, Part 1. (a) (b) (c) (e) FIRST AND LAST NAME SOCIAL SECURITY RELATIONSHIP NO. OF MONTHS if you did not claim included in this person on your federal return due to LIVED IN YOUR (Do not list yourself or spouse.) NUMBER HOME IN 2023 (Box 10b (Box 10a) educational credits  $\boxtimes$ 10c DHRUV R ADHA 093-39-8363 Son 12 図 Exemptions 8, 9, PRANAV ADHA 677-20-4283 Son lace anv required federal and AZ schedules or other documents after Form 140PY (Box 11a): Qualifying parents and grandparents. See instructions. For more space, check the box 🔲 and complete page 4, Part 2. (c) SOCIAL SECURITY NO. OF MONTHS IF DIED IN FIRST AND LAST NAME RELATIONSHIP LIVED IN YOUR OVER 2023 (Do not list yourself or spouse.) NUMBER **HOME IN 2023** 11<sub>b</sub> **14** Dates of Arizona residency: From [0, 1, 0, 1, 2, 0, 2, 3, to [0, 8, 3, 1, 2, 0, 2, 3] 2023 FEDERAL 2023 ARIZONA Amount from Federal Return Amount Only List other state(s) of residency: LOH 267,361 00 200,633 00 15 Wages, salaries, tips, etc. 15 00 00 16 43 00 000 17 17 00 00 18 Business income (or loss) from federal Schedule C..... 19 0 00 0 00 000 -3,000|0020 Gains (or losses) from federal Schedule D. See instructions for ARIZONA column ..... 00 00 Rents, royalties, partnerships, estates, trusts, small business corporations from federal Schedule E.... 21 00 00 0 Other income reported on your federal return: Include your own schedule..... 22 264,404 00 200,633 00 23 23 Total income: Add lines 15 through 22 ..... 00 00 Other federal adjustments: Include your own schedule..... 24 25 264,404 00 Federal adjusted gross income: Subtract line 24 from line 23 in the FEDERAL column ..... 200,633 00 26 Arizona gross income: Subtract line 24 from line 23 in the ARIZONA column...... Arizona income ratio: Divide line 26 by line 25 and enter the result (not over 1.000) ...... 00 check the box if you are filing Form 140PY-SBI and enter the amount from Form 140PY-SBI, line 10..... Small Business income: 28S 00 Modified Arizona gross income. Subtract line 28 from line 26..... 200,633 00 Total depreciation included in Arizona gross income..... Other Additions to Income. Complete Other Additions to Arizona Gross Income schedule on page 5 ...... 00 200**,** 633 **00** 00 00 0|00 0 00 36 Net long-term capital gain from assets acquired *after* December 31, 2011. See instructions **36** 00 37 Multiply line 36 by 25% (.25) and enter the result ..... 00 Net capital gain derived from investment in qualified small business..... 200,633|00 Subtract lines 37 and 38 from line 32. Enter the difference 39

	Your I	Name (as shown on page 1) You	r Social Security Nur	mber				
	SUI	OHEER ADHA & SUMAN RAVULAPELLI 2	10-82-6039					
-	40	Recalculated Arizona depreciation		40	00			
ions page 1	41	·						
	42	Interest on U.S. obligations such as U.S. savings bonds and treasury bills			00			
Subtract cont. from	43	·			00			
Sont								
٥	44	·	· -		00			
	45	Subtract lines 40 through 44 from line 39. Enter the difference			200 <b>,</b> 633 <b>0</b> (			
	46	Age 65 or over: Multiply the number in box 8 by \$2,100		00				
ous	47	Blind: Multiply the number in box 9 by \$1,500		00				
Exemptions	48	Other Exemptions. See instructions48E Multiply the number in box 48E by \$2,300	00					
xer	49	Qualifying parents and grandparents: Multiply the number in box 11a by \$10,000 49	00					
	50	Add lines 46 through 49. Enter the total	00					
	51	Multiply line 50 by the Arizona income ratio on line 27			0 00			
	52	Arizona adjusted gross income: Subtract line 51 from line 45. If less than zero, enter "0"			200,633 00			
	53	Deductions: Check box and enter amount. See instructions53I   ITEMIZED   53S	<del></del>		27 <b>,</b> 700 <b>0</b> (			
	54	If you checked box 53S and claim charitable contributions check 54C Complete page 3. See instruct	ons	54	00			
	55	Arizona taxable income: Subtract lines 53 and 54 from line 52. If less than zero, enter "0"		55	172 <b>,</b> 933 <b>0</b> 0			
Tax	56	Tax: Multiply line 55 by 2.5% (.025). Enter the result	!	56	4,323 00			
ō	57	Tax from recapture of credits from Arizona Form 301, Part 2, line 31	!	57	00			
nce	58	Subtotal of tax: Add lines 56 and 57. Enter the total	!	58	4,323 00			
Balance of Tax	59	Dependent Tax Credit. See instructions	!	59	95 00			
	60	Family income tax credit (from the worksheet - see instructions)		60	00			
	61	Nonrefundable credits from Arizona Form 301, Part 2, line 62	(	61	00			
	62	Balance of tax: Subtract lines 59, 60 and 61 from line 58. If the sum of lines 59, 60 and 61 is more than line 5	8, enter "0"	62	4,228 00			
ع <u>د</u>	63	2023 AZ income tax withheld	<u></u> (	63	4 <b>,</b> 076 <b>0</b> 0			
ts ar	64	2023 AZ estimated tax payments64a 00 Claim of Right 64b 0	O Add 64a and 64b .	64c	00			
nen le C	65	2023 AZ extension payment (Form 204)		65	00			
Pay	66	Increased Excise Tax Credit (from the worksheet - see instructions)	(	66	00			
Total Payments and Refundable Credits	67	Other refundable credits: Check the box(es) and enter the total amount	334 <b>673</b> □ 349 <b>6</b>	67	00			
	68	Total payments and refundable credits: Add lines 63 through 67. Enter the total		68	4,076 00			
r ent	69	<b>TAX DUE: </b> If line 62 is larger than line 68, subtract line 68 from line 62. Enter amount of tax due. Skip lines 70,	71 and 72	69	152 <b>0</b> 0			
Tax Due or iverpayment	70	<b>OVERPAYMENT:</b> If line 68 is larger than line 62, subtract line 62 from line 68. Enter amount of overpayment		70	00			
Tax [	71	Amount of line 70 to be applied to 2024 estimated tax		71	00			
٦ó	72	Balance of overpayment: Subtract line 71 from line 70. Enter the difference		72	00			
ţş	73 -	83 Voluntary Gifts to: Solutions Teams Assigned to Schools	74 00					
2		Child Abuse Prevention75 00 Domestic Violence Services 76 00 Political Gift	77 00					
Voluntary Gifts		Neighbors Helping Neighbors <b>78</b> 00 Special Olympics						
되		I Didn't Pay Enough Fund81 00 Sustainable State Parks and Road Fund82 00 Spay/Neuter of Animals						
۶	84	Political Party (if amount is entered on line 77- check only one): 841 Democratic 842 Libertarian 843	Republican					
₹	85	Estimated payment penalty		B5	00			
Penalty	86	861 ☐ Annualized/Other 862 ☐ Farmer or Fisherman 863 ☐ Form 221 included						
۵	87	Add lines 73 through 83 and 85; enter the total			00			
-	88	<b>REFUND:</b> Subtract line 87 from line 72. If less than zero, enter amount owed on line 89		88	00			
o Ve		Direct Deposit of Refund: Check box 88A if your deposit will be ultimately placed in a foreign account; see in:  ACCOUNT NUMBER  ACCOUNT NUMBER	structions. 88A					
Refund or Amount Owed		98 S Savings						
Amo	00	3			152 00			
	89	<b>AMOUNT OWED:</b> Add lines 69 and 87. Make check payable to Arizona Department of Revenue; write your	SSN on payment.	59	102 00			
Ш	ι	Inder penalties of perjury, I declare that I have read this return and any documents with it, and to the	e best of mv kno	wledge an	d belief, they are			
	t	rue, correct and complete. Declaration of preparer (other than taxpayer) is based on all information of which prepared	rer has any knowled	lge.	,,			
뿔	→_		PLOYEE PATION					
PLEASE SIGN HERE	<b>→</b>		LOYEE					
5	_ 5		SE'S OCCUPATION					
ווו		SYAM PRIYA RAM SAGAR GUPTA 04112024 GLOBAL TAXES LLC AID PREPARER'S SIGNATURE DATE FIRM'S NAME (PREPARER'S IF SE	LE EMPLOYED					
S		AID PREPARER'S SIGNATURE DATE FIRM'S NAME (PREPARER'S IF SE 245 ROONEY CT	84-317196	55				
EA		AID PREPARER'S STREET ADDRESS	PAID PREPARER'S T					
7		E BRUNSWICK NJ 08816	(678) 965-					
_	Ē	AID PREPARER'S CITY STATE ZIP CODE	PAID PREPARER'S F	HONE NUM	BER			

If you are sending a payment with this return, mail to Arizona Department of Revenue, PO Box 52016, Phoenix, AZ 85072-2016. Include your payment with return 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.

Arizona Form AZ-140V

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

EPV **2023** 

Your First Name and Middle Initial		Last Name			Your Social Secu	rity Number
1 SUDHEER		ADHA		Enter	210   82	1 6039
Spouse's First Name and Middle Ini	tial	Last Name		your	Spouse's Social	Security No.
1 SUMAN		RAVULAPELL	I	SSN(s).	182   84	0780
Current Home Address - number ar	d street, rural route		Apt. No.	Daytime	e Phone (with area	code)
2 6707 PARK MILL DRIVE				<b>94</b> (4	180)886-6824	
City, Town or Post Office	State	ZIP Code			NLY. DO NOT MARK II	N THIS AREA.
3 DUBLIN	ОН	43016		88		
Please indicate the filing state  ☐ Married filing joint return ☐ Head of household: Enter na ☐ Married filing separate return	ame of qualifying child or d		nber above.			
☐ Single		,		81 PM	80 RCV	D
Enter the amount of paymen	t enclosed				\$	152 <b>00</b>

If you are mailing this payment

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

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

If you are making an electronic payment

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

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

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

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

THE FORM.		Arizona Form 140ES	FOR CALENDAR YEAR 2024					
뿦	т	This astimated nayment is fo	1 12.0.					
101	This estimated payment is for tax year ending December 31, 2024, or for tax year ending:  Your First Name and Middle Initial  Last Name					year ending.	Your Social Security Nu	mber
IS1	1	SUDHEER		ADHA		Enter	210   82   603	
<b>ANY ITEMS</b>	_	Spouse's First Name and Middle I	nitial (if filing joint)	Last Name		your	Spouse's Social Security	y No.
₹	_	SUMAN		RAVULAPEL		SSN(s).	182   84   078	
		Current Home Address - number a	·		Apt. No.	95a Married filing joint retu	_	PΥ
P	_	6707 PARK MILL DRIVE  City, Town or Post Office	State	ZIP Code		95b Married filing separate	return 95d Single  /. DO NOT MARK IN THIS A	RFΔ
STAPLE		DUBLIN	OH	43016		88		
$\vdash$	=	Your Daytime Phone (with are						
D0 I	=	Check if this payment is on	behalf of a Nonresident Co M TO MAKE DELINQUENT I	omposite retu				
	1 I	Payment: You must round yo	ur estimated navment to a wh	ole dollar (no d	cents)	□ DM	□ BCVD	
					<u> </u>	81 PM	80 RCVD	
		Enter the amount of <b>payment</b>	enciosea	• L	38 00			
		Check only one box for the q Do not select more than one q			each quai	rter for which a paym	nent is made.	
	ŀ	Payment for calendar year file						
		1st Quarter – January to M	arch   Due date is <b>April 15, 202</b>	4.				
		. <del></del>	Due date is <b>June 15, 2024.</b> alls on a weekend, you have ur	ntil June 17, 202	4 to make t	this payment.		
		, <b>_</b>	mber   Due date is September		nber 16, 202	24 to make this payme	ent.	
		Ath Quarter – October to D	ecember Due date is <b>January</b>	15 2025				
	L	4th Quarter – October to D		10, 2020.				
	1	Payment for fiscal year filers	are due as follows:					
		1st Quarter – 15th day of the	ne <b>fourth</b> month of the current fis	cal year.				
		2nd Quarter – 15th day of	he <b>sixth</b> month of the current fisc	cal year.				
		3rd Quarter – 15th day of t	ne <b>ninth</b> month of the current fisc	cal year.				
		4th Quarter – 15th day of t	ne <b>first</b> month of the next fiscal y	ear.				
			he due dates fall on a Satu ment for that quarter by m					
		If you are mailing th						
		To ensure proper app	olication of this payment,	be sure that yo	ou:			
			d submit this form in its enti	-				
		· · · · · · · · · · · · · · · · · · ·	heck or money order payable			of Revenue.		
		· · · · · · · · · · · · · · · · · · ·	SN, "Tax Year 2024" and "14	, ,	•			
	✓ If payment is made on behalf of a <b>Nonresident Composite return</b> , write "Composite 140NR", "Tax Year 2024" and the entity's EIN on your payment.							
	✓ Include your payment with this form.							
		, ,	ona Department of Revenue, F					
		Be sure to review your	estimated income and adjust	t your paymen	ts as neces	ssary during the yea	r.	
		If you are making an	• •					
		You ca	an make this estimated American Express ♦ Visa www./		Card ♦ Ma			
			Click on "Make a Payment" a Do not mail this form. We w	and select "140	OES" as the			

TO THE FORM.		Arizona Form 140ES	ndividual Estir	mated Inc	ome Ta	x Payment	FOR CALENDAR YEAR 2024
핖	_		. 5	04 0004			0.0
0.		his estimated payment is for tax ye Your First Name and Middle Initial	ar ending Decembe	er 31, 2024, ( Last Name	or for tax	year ending:	Your Social Security Number
		SUDHEER		ADHA		Enter	210   82   6039
Ē	_	Spouse's First Name and Middle Initial (if filir	ng joint)	Last Name		your	Spouse's Social Security No.
<b>ANY ITEMS</b>		SUMAN		RAVULAPEL	LI	SSN(s).	182   84   0780
		Current Home Address - number and street,	rural route		Apt. No.	95. Filing Status. Must be the 95a Married filing joint retur	same as Form 140, 140NR or 140PY
Ę		6707 PARK MILL DRIVE				95b Married filing separate	return 95d Single
<b>NOT STAPLE</b>	_	City, Town or Post Office	State	ZIP Code		REVENUE USE ONLY	ONOT MARK IN THIS AREA.
3	=	DUBLIN	ОН	43016		-	
	=	Your Daytime Phone (with area code):				_	
00	닐	Check if this payment is on behalf of DO NOT USE THIS FORM TO MA					
	\$TO	<ul> <li>Use this form only for mailing estir</li> </ul>		NOONIL IAX I	ATIVILITY	2.	
		,	. ,				
	1 F	Payment: You must round your estima	ited payment to a wh	ole dollar (no o	<u> </u>	81 PM	80 RCVD
	E	Enter the amount of <b>payment enclose</b>	d\$	<b>i</b>	38 <b>00</b>		
	2 (	Check only one box for the quarter for	which this payment	is made.			
	[	Do not select more than one quarter. Y	ou must submit a se	parate form fo	r each qua	<i>rter</i> for which a paym	ent is made.
		Payment for <b>calendar year filers</b> are d	ue as follows:				
	Ī	1st Quarter – January to March   Du		4			
		<u> </u>		<b>4.</b>			
		2nd Quarter – April to June   Due da Because June 15, 2024 falls on a		til June 17, 202	24 to make	this payment.	
		3rd Quarter – July to September   D Because September 15, 2024 falls	•		nber 16, 20	24 to make this payme	ent.
		4th Quarter – October to December	Due date is <b>January</b>	15, 2025.			
	F	Payment for <b>fiscal year filers</b> are due a	as follows:				
		1st Quarter – 15th day of the <b>fourth</b>	month of the current fis	cal year.			
		2nd Quarter – 15th day of the <b>sixth</b> r	nonth of the current fisc	cal year.			
		3rd Quarter – 15th day of the <b>ninth</b> n	nonth of the current fisc	al year.			
		4th Quarter – 15th day of the <b>first</b> mo	onth of the next fiscal ye	ear.			
		If any of the due of the required payment fo	dates fall on a Satur r that quarter by m				
		If you are mailing this paym	ent:				
		To ensure proper application	of this payment, b	oe sure that yo	ou:		
		✓ Complete and submit	this form in its entir	rety. Do not c	ut this pag	e in half.	
		√ Make your check or n	noney order payable	to Arizona De	partment	of Revenue.	
		√ Write your SSN, "Tax	Year 2024" and "140	DES" on your p	payment.		
		✓ If payment is made o "Tax Year 2024" and			osite retu	rn, write "Composite	e 140NR",
		✓ Include your paymen	t with this form.				
		✓ Mail to Arizona Depa	rtment of Revenue, P	O Box 29085,	Phoenix, A	Z 85038-9085.	
		Be sure to review your estimate	d income and adjust	your paymen	ts as nece	ssary during the yea	r.
		If you are making an electro	nic payment				
		Americ  ✓ Click on	e this estimated can Express \$ Visa www.A "Make a Payment" a mail this form. We we	♦ Discover • AZTaxes.go and select "14	Card ♦ Ma <b>v</b> 0ES" as th	asterCard e Payment Type.	

ANY ITEMS TO THE FORM.		140ES Individual Estimated Income Tax Payment					FOR CALENDAR YEAR 2024	
뿚	This e	estimated payment is for tax	vear ending Decembe	er 31. 2024. d	or for tax	vear ending: .		
2		First Name and Middle Initial	<i>j</i>	Last Name			Your Social Security Number	
MS		HEER		ADHA		Enter	210   82   6039	
Ξ		e's First Name and Middle Initial (	if filing joint)	Last Name		your SSN(s).	Spouse's Social Security No.	
ξ	1 SUM	AN nt Home Address - number and st	root rural route	RAVULAPEL			182   84   0780 same as Form 140, 140NR or 140PY	
		n nome Address - number and st 7 PARK MILL DRIVE	eet, Turai Toute		Apt. No.	95a Married filing joint retur	n 95c Head of Household	
API		own or Post Office	State	ZIP Code			Z. DO NOT MARK IN THIS AREA.	
S	3 DUB	LIN	ОН	43016		88		
NOT STAPLE	94 Your	Daytime Phone (with area co	de): <u>(480)886-6824</u>	l				
D0	STOP	ck if this payment is on beh DO NOT USE THIS FORM TO Use this form only for mailing	MAKE DELINQUENT If estimated payments.	NCOME TAX P	PAYMENTS	S.		
	-	nent: You must round your es		` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` `	<u> </u>	81 PM	80 RCVD	
	Ente	the amount of <b>payment encl</b>	osed \$	<b>5</b>	38 00			
	Do n	ck only <u>one</u> box for the quarte ot select more than one quarte ment for calendar year filers a	r. You must submit a se		each qua	rter for which a paym	nent is made.	
		1st Quarter – January to March	Due date is April 15, 202	4.				
		2nd Quarter – April to June   Do Because June 15, 2024 falls of		itil June 17, 202	4 to make	this payment.		
	X	3rd Quarter – July to September Because September 15, 2024			nber 16, 20	24 to make this payme	ent.	
		4th Quarter – October to Decem						
	Payn	nent for <b>fiscal year filers</b> are o	lue as follows:					
		1st Quarter – 15th day of the <b>for</b>	urth month of the current fise	cal year.				
		2nd Quarter – 15th day of the <b>si</b>	xth month of the current fisc	al year.				
		3rd Quarter – 15th day of the ni	<b>nth</b> month of the current fisc	al year.				
		4th Quarter – 15th day of the fire	st month of the next fiscal ye	ear.				
			ue dates fall on a Satu t for that quarter by m					
		If you are mailing this pa	yment:					
		To ensure proper applica	tion of this payment, b	oe sure that yo	ou:			
		✓ Complete and su	omit this form in its entir	rety. Do not cu	ut this pag	e in half.		
		√ Make your check	or money order payable	to Arizona De	partment (	of Revenue.		
		•	Tax Year 2024" and "140		•			
		"Tax Year 2024" a	de on behalf of a <b>Nonre</b> and the entity's EIN on y		osite retu	rn, write "Composite	e 140NR",	
			ment with this form.					
		✓ Mail to Arizona D	epartment of Revenue, P	O Box 29085,	Phoenix, A	Z 85038-9085.		
		Be sure to review your estir	nated income and adjust	your payment	ts as neces	ssary during the yea	r.	
		If you are making an elec	tronic payment					
		Am √ Clic	nake this estimated erican Express ♦ Visa www.A k on "Make a Payment" a	♦ Discover ( AZTaxes.gov and select "14(	Card ♦ Ma / DES" as the	e Payment Type.		

TO THE FORM.		Arizona Form 140ES	vidual Estir	nated Inc	ome Ta	x Payment	FOR CALENDAR YEAR 2024	
뿚	7	This estimated payment is for tax year en	dina Decemb	er 31 2024	or for tax	vear ending	1 , 12,0, , 1	
2		Your First Name and Middle Initial	<u>g =</u>	Last Name	<u> </u>	,	Your Social Security Number	
	1	SUDHEER		ADHA		MOLLE	210   82   6039	
<b>ANY ITEMS</b>	_	Spouse's First Name and Middle Initial (if filing join	t)	Last Name		CCN/C)	Spouse's Social Security No.	
≥	_	SUMAN		RAVULAPE:			182   84   0780	
		Current Home Address - number and street, rural r	oute		Apt. No.	95a Married filing joint return	ame as Form 140, 140NR or 140PY 95c Head of Household	
<b>P</b>	_	6707 PARK MILL DRIVE  City, Town or Post Office	State	ZIP Code	<u> </u>	95b Married filing separate ret	turn 95d Single  DO NOT MARK IN THIS AREA.	
STAPLE	_	DUBLIN	OH	43016	5	88	DO NOT MARK IN THIO AREA.	
	=	Your Daytime Phone (with area code): $(48)$						
2 0	뜸	Check if this payment is on behalf of a N			urn - 140NI	R		
۵		■ DO NOT USE THIS FORM TO MAKE D						
	STO	<ul> <li>Use this form only for mailing estimated</li> </ul>						
	4	Payments Vou must round your estimated by		ala dallar (na	conto)		- Pove	
	1	Payment: You must round your estimated pa		,		81 PM	80 RCVD	
		Enter the amount of <b>payment enclosed</b>	\$	) <u> </u>	38 00			
	2	Check only one box for the quarter for whic	h this payment	is made.				
		Do not select more than one quarter. You mu	ust submit a se	parate form fo	or each qua	<i>rter</i> for which a payme	nt is made.	
		Payment for <b>calendar year filers</b> are due as	follows:					
		1st Quarter – January to March   Due date						
				<b></b>				
		2nd Quarter – April to June   Due date is J Because June 15, 2024 falls on a weeke		itil June 17, 20	24 to make	this payment.		
		3rd Quarter – July to September   Due dat Because September 15, 2024 falls on a v	-		mber 16, 202	24 to make this paymen	ıt.	
		■ 4th Quarter – October to December   Due	date is <b>January</b>	15, 2025.				
		Payment for fiscal year filers are due as foll	ows:					
		1st Quarter – 15th day of the <b>fourth</b> month	of the current fis	cal year.				
		2nd Quarter – 15th day of the <b>sixth</b> month	of the current fisc	cal year.				
		3rd Quarter – 15th day of the <b>ninth</b> month	of the current fisc	al year.				
		4th Quarter – 15th day of the <b>first</b> month of	the next fiscal ye	ear.				
		If any of the due dates the required payment for that						
		If you are mailing this payment:						
		To ensure proper application of the	is payment,	oe sure that y	ou:			
		✓ Complete and submit this	orm in its enti	rety. Do not	cut this pag	e in half.		
		✓ Make your check or money	order payable	to Arizona D	epartment (	of Revenue.		
		✓ Write your SSN, "Tax Year			-			
		✓ If payment is made on beh "Tax Year 2024" and the e	alf of a <b>Nonre</b>	sident Comp	osite retu	rn, write "Composite	140NR",	
		✓ Include your payment with						
		✓ <b>Mail to</b> Arizona Departmer		O Box 29085	, Phoenix, A	Z 85038-9085.		
		Be sure to review your estimated inco						
		·		. , , -		, 3 , 1		
		If you are making an electronic payment  You can make this estimated payment by eCheck or credit card!  American Express ♦ Visa ♦ Discover Card ♦ MasterCard  www.AZTaxes.gov  Click on "Make a Payment" and select "140ES" as the Payment Type.						

Please detach here.

98

REV 03/25/24 PRO

### **Ohio Universal Payment Coupon (OUPC)**

**Individual Income Tax** 440

**Coupon Typ ID Type** 01 54

SUDHEER ADHA 6707 PARK MILL DRIVE

DUBLIN OH 43016

Note: Pay online at tax.ohio.gov/pay Make ayment payable to: Ohio Treasurer of State

Mail to: Ohio Department of Taxation,

P.O. Box 182131, olumbus, OH 43218-2131

Tax Year 2023

04 11 24



Using UPPERCASE letters, print the first three letters of the taxpayer's last name.

ADH

Taxpayer's SSN

210 82 6039

450.00

Amount of Payment



#### 2023 Ohio IT 1040

#### Individual Income Tax Return



Use only black ink/UPPERCASE letters. Use whole dollars only.

23000198

Sequence No. 1

AMENDED RETURN - Check here and include Ohio IT RE.

✓ If deceased

Spouse's SSN (if filing jointly) 182 84 0780

✓ If deceased

NOL CARRYBACK - Check here and include Schedule IT NOL.

School district # 2513

First name

SUDHEER

Spouse's first name (if filing jointly)

Primary taxpayer's SSN (required)

210 82 6039

SUMAN

M.I. Last name ADHA

M.I. Last name

\*Indicate state

ΑZ

\*Indicate state

Nonresident\*

RAVULAPELLI

Address line 1 (number and street) or P.O. Box 6707 PARK MILL DRIVE

Address line 2 (apartment number, suite number, etc.)

City

State

ZIP code

Ohio county (first four letters)

DUBLIN

Resident

ОН

43016

Married filing jointly

FRAN

**Filing Status** – Check one (as reported on federal income tax return)

Single, head of household or qualifying surviving spouse

Foreign country (if the mailing address is outside the U.S.)

Residency Status - Check only one for primary

Part-year

resident\*

X

Check only one for spouse (if filing jointly)

Foreign postal code

	Resident	X	Part-year resident*	Nonresident*	AZ	Married filing separately	Spouse's SSN
				– See instructions for r	Federal extension filers - check here.		
	Spouse mee	ets the	five criteria for i	rrebuttable presumption	If someone can claim you (or your spou dependent, check here.	se if filing jointly) as a	
paper clip.	-	_		federal 1040 or 1040-S	·		264404
o	5 2a. Additions – Ohio Schedule of Adjustments, line 11 (include schedule)2a.						
t staple	2b. Deductions –	Ohio S	Schedule of Adj	justments, line 44 ( <b>incl</b> u	2b.		
Do not	3. Ohio adjusted	gross	income (line 1	plus line 2a minus line	2b). Place a "-" in	the box if negative3.	264404
				dule of Dependents if a and your spouse/deper		4	7600
			• •			5.	256804
	6. Taxable busin	ess in	come – Ohio S	chedule of Business Inc	come, line 15 ( <b>incl</b>	ude schedule)6.	
	7. Taxable nonbu	usines	s income (line	5 minus line 6; if negativ	ve, enter zero)	7.	256804



MM-DD-YY



2023 Ohio IT 1040 Individual Income Tax Return 210 82 6039 SSN: Sequence No. 2 256804 8265 8b. Business income tax liability - Ohio Schedule of Business Income, line 16 (include schedule) ......8b. 82.65 6130 9. Ohio nonrefundable credits – Ohio Schedule of Credits, line 38 (include schedule)......9. 2135 11. Interest penalty on underpayment of estimated tax (include Ohio IT/SD 2210)......11. 13. Total Ohio tax liability before withholding or estimated payments (add lines 10, 11 and 12)......13. 2135 14. Ohio income tax withheld - Schedule of Ohio Withholding, part A, line 1 (include schedule and 1685 16. Refundable credits - Ohio Schedule of Credits, line 44 (include schedule).......16. 1685 19. Amended return only – overpayment previously requested on original and/or amended return......19. 1685 20. Line 18 minus line 19. Place a "-" in the box if negative.... If line 20 is MORE THAN line 13, skip to line 24. OTHERWISE, continue to line 21. 450 21. Tax due (line 13 minus line 20). If line 20 is negative, ignore the "-" and add line 20 to line 13.......21. 23. TOTAL AMOUNT DUE (line 21 plus line 22). Include the Ohio Universal Payment 450 

Total....26g. f. Breast/Cervical Cancer d. Ohio History Fund e. Nature Preserves/Scenic Rivers

24. Overpayment (line 20 minus line 13) .......24.

Sign Here (required): I have read this return. Under penalties of perjury, I declare that, to the best of my knowledge and belief, the return and all enclosures are true, correct and complete.

Primary signature Phone number <u>(480) 886-6824</u>

b. Wildlife Species

Spouse's signature Date

Phone number (678)965-9522SYAM PRIYA RAM SAGAR GUP

REV 03/25/24 PRO

Authorize your preparer to discuss this return

a. Wishes for Sick Children

26. Original return only – portion of line 24 you wish to donate:

Non-paid preparer

PTIN: P 02082703

c. Military Injury Relief

If your refund is \$1.00 or less, no refund will be issued. If you owe \$1.00 or less, no payment is necessary.

> NO Payment Included - Mail to: Ohio Department of Taxation P.O. Box 2679 Columbus, OH 43270-2679

Payment Included - Mail to: Ohio Department of Taxation P.O. Box 2057 Columbus, OH 43270-2057



### 2023 Ohio Schedule of Credits

Use only black ink. Use whole dollars only.

Primary taxpayer's SSN

210 82 6039



23280198 Sequence No. 7

Many of these credits <u>must</u> be calculated using a worksheet and/or be supported by additional required documentation. See the instructions for worksheets and information on supporting documentation.

#### **Nonrefundable Credits**

1.	Tax liability before credits (from Ohio IT 1040, line 8c)	1.	3265
2.	Retirement income credit (include 1099-R forms)	2.	
3.	Lump sum retirement credit (include a copy of the worksheet and 1099-R forms)	3.	
4.	Senior citizen credit (must be 65 or older to claim this credit)	4.	
5.	Lump sum distribution credit (include a copy of the worksheet and 1099-R forms)	5.	
6.	Child care & dependent care credit (include a copy of the worksheet)	6.	
7.	Displaced worker training credit (include a copy of the worksheet and all required documentation)	7.	
8.	Campaign contribution credit for Ohio statewide office or General Assembly	8.	C
9.	Exemption credit	9.	C
10.	Total (add lines 2 through 9)	.10.	C
11.	Tax less credits (line 1 minus line 10; if negative, enter zero)	. 11.	3265
12.	Joint filing credit (see instructions for table). 5 % times line 11, up to \$650	.12.	413
13.	Earned income credit	.13.	
14.	Home school expenses credit (include copies of all required documentation)	.14.	
15.	Scholarship donation credit (include copies of all required documentation)	.15.	
16.	Nonchartered, nonpublic school tuition credit (include copies of all required documentation)	.16.	
17.	Credit for work-based learning experiences (include a copy of the credit certificate)	.17.	
18.	Ohio adoption credit carryforward	.18.	
19.	Nonrefundable job retention credit (include a copy of the credit certificate)	.19.	
20.	Credit for eligible new employees in an enterprise zone (include a copy of the credit certificate)	.20.	
21.	Credit for the beginning farmers financial management program (include a copy of the credit certificate)	.21.	
22.	Welcome Home Ohio credit (include a copy of the credit certificate)	.22.	
23.	Credit for sale/rental of agricultural assets to beginning farmers (include a copy of the credit certificate)	. 23.	



## 2023 Ohio Schedule of Credits

Primary taxpayer's SSN 210 82 6039



23280298

Sequence No. 8

24. Grape production credit	24.							
25. InvestOhio credit (include a copy of the credit certificate)	25.							
26. Lead abatement credit (include a copy of the credit certificate)	26.							
27. Opportunity zone investment credit (include a copy of the credit certificate)	27.							
28. Technology investment credit carryforward (include a copy of the credit certificate)	28.							
29. Enterprise zone day care & training credits (include a copy of the credit certificate)	29.							
30. Research & development credit (include a copy of the credit certificate)	30.							
31. Nonrefundable Ohio historic preservation credit (include a copy of the credit certificate)	31.							
32. Ohio low-income housing credit (include a copy of the credit certificate)	32.							
33. Affordable single-family housing credit (include a copy of the credit certificate)	33.							
34. Total (add lines 12 through 33)	34.	413						
35. Tax less additional credits (line 11 minus line 34; if negative, enter zero)	35.	7852						
Residency Credits								
36. Nonresident credit – Ohio IT NRC, line 20 (include a copy)	36.	5717						
37. Resident credit – Ohio IT RC, line 7 (include a copy)	37.							
38. Total nonrefundable credits (add lines 10, 34, 36 and 37; enter here and on Ohio IT 1040, line 9)	38.	6130						
Refundable Credits								
39. Refundable Ohio historic preservation credit (include a copy of the credit certificate)	39.							
40. Refundable job creation credit & job retention credit (include a copy of the credit certificate)	40.							
41. Pass-through entity credit (include a copy of all Ohio IT K-1s)	41.							
42. Motion picture & Broadway theatrical production credit (include a copy of the credit certificate)	42.							
43. Venture capital credit (include a copy of the credit certificate)	43.							
44. Total refundable credits (add lines 39 through 43; enter here and on Ohio IT 1040, line 16)	44.							



04 11 24

# 2023 Ohio Schedule of Dependents

Use only black ink/UPPERCASE letters.

Primary taxpayer's SSN

210 82 6039

Sequence No. 9

<u>Do not list the primary filer and/or spouse (if filing jointly) as dependents on this schedule.</u> Use this schedule to claim dependents. If you have more than 15 dependents, complete additional copies of this schedule and include them with your income tax return. Abbreviate the "Dependent's relationship to you" if necessary.

1. Dependent's SSN 093 39 8363	Dependent's date of birth (MM-DD-YYYY) 05 15 2004	Dependent's relationship to you
Dependent's first name DHRUV	M.I. Dependent's last name  R ADHA	
2. Dependent's SSN 677 20 4283	Dependent's date of birth (MM-DD-YYYY) 04 08 2010	Dependent's relationship to you SON
Dependent's first name PRANAV	M.I. Dependent's last name ADHA	
3. Dependent's SSN	Dependent's date of birth (MM-DD-YYYY)	Dependent's relationship to you
Dependent's first name	M.I. Dependent's last name	
4. Dependent's SSN	Dependent's date of birth (MM-DD-YYYY)	Dependent's relationship to you
Dependent's first name	M.I. Dependent's last name	
5. Dependent's SSN	Dependent's date of birth (MM-DD-YYYY)	Dependent's relationship to you
Dependent's first name	M.I. Dependent's last name	
6. Dependent's SSN	Dependent's date of birth (MM-DD-YYYY)	Dependent's relationship to you
Dependent's first name	M.I. Dependent's last name	
7. Dependent's SSN	Dependent's date of birth (MM-DD-YYYY)	Dependent's relationship to you
Dependent's first name	M.I. Dependent's last name	





# 2023 Schedule of Ohio Withholding

Use only black ink/UPPERCASE letters. Use whole dollars only.

Primary taxpayer's SSN 210 82 6039



0000130

Sequence No. 11

List your and your spouse's (if filing jointly) income statements **only if they have Ohio withholding**. In the "P/S" box, if the income statement belongs to the primary taxpayer, enter "P"; if the income statement belongs to the spouse, enter "S". If the Ohio ID number on a statement has 9 digits, enter only the first

8 digits. Complete additional copies of this schedule if necessary. Include state copies of your income statements.

Part A - Total Withholding

<b>Part B -</b> 1. P/S S		Box 1 - Wages, tips, other compensation 97837	Box 2 - Federal income tax withheld 11796
	Box 15 - Employer's Ohio ID number 51476846	Box 16 - Ohio wages, tips, etc. 29610	Box 17 - Ohio income tax 818
2. P/S P	Box b - EIN 050340626	Box 1 - Wages, tips, other compensation $124415$	Box 2 - Federal income tax withheld 17151
	Box 15 - Employer's Ohio ID number 51476846	Box 16 - Ohio wages, tips, etc. 42259	Box 17 - Ohio income tax 867
3. P/S	Box b - EIN	Box 1 - Wages, tips, other compensation	Box 2 - Federal income tax withheld
	Box 15 - Employer's Ohio ID number	Box 16 - Ohio wages, tips, etc.	Box 17 - Ohio income tax
4. P/S	Box b - EIN	Box 1 - Wages, tips, other compensation	Box 2 - Federal income tax withheld
	Box 15 - Employer's Ohio ID number	Box 16 - Ohio wages, tips, etc.	Box 17 - Ohio income tax
5. P/S	Box b - EIN	Box 1 - Wages, tips, other compensation	Box 2 - Federal income tax withheld
	Box 15 - Employer's Ohio ID number	Box 16 - Ohio wages, tips, etc.	Box 17 - Ohio income tax
6. P/S	Box b - EIN	Box 1 - Wages, tips, other compensation	Box 2 - Federal income tax withheld
	Box 15 - Employer's Ohio ID number	Box 16 - Ohio wages, tips, etc.	Box 17 - Ohio income tax
7. P/S	Box b - EIN	Box 1 - Wages, tips, other compensation	Box 2 - Federal income tax withheld
	Box 15 - Employer's Ohio ID number	Box 16 - Ohio wages, tips, etc.	Box 17 - Ohio income tax



# 2023 Schedule of Ohio Withholding

Primary taxpayer's SSN 210 82 6039



3350298

Sequence No. 12

#### Part C - 1099-Rs

2. P/S

Payer's TIN

Box 6 - Payer's Ohio number

Box 1 - Gross distribution P/S Payer's TIN Box 7 -Total distribution Distribution code Box 15 - Payer's Ohio number Box 4 - Federal income tax withheld Box 14 - Ohio tax withheld Box 1 - Gross distribution 2. P/S Payer's TIN Total Box 7 distribution Distribution code Box 15 - Payer's Ohio number Box 4 - Federal income tax withheld Box 14 - Ohio tax withheld Box 1 - Gross distribution 3. P/S Payer's TIN Total Box 7 distribution Distribution code Box 15 - Payer's Ohio number Box 4 - Federal income tax withheld Box 14 - Ohio tax withheld Box 1 - Gross distribution 4. P/S Payer's TIN Total Box 7 distribution Distribution code Box 15 - Payer's Ohio number Box 4 - Federal income tax withheld Box 14 - Ohio tax withheld Part D - W-2Gs Box 1 - Reportable winnings Box 4 - Federal income tax withheld 1. P/S Payer's federal ID number Box 13 - Ohio state ID number Box 14 - Ohio state winnings Box 15 - Ohio income tax withheld Payer's federal ID number Box 1 - Reportable winnings Box 4 - Federal income tax withheld 2. P/S Box 13 - Ohio state ID number Box 14 - Ohio state winnings Box 15 - Ohio income tax withheld Box 1 - Reportable winnings Box 4 - Federal income tax withheld 3. P/S Payer's federal ID number Box 13 - Ohio state ID number Box 14 - Ohio state winnings Box 15 - Ohio income tax withheld Part E - 1099-NECs Box 1 - Nonemployee compensation Box 4 - Federal income tax withheld 1. P/S Payer's TIN Box 6 - Payer's Ohio number Box 7 - State income Box 5 - Ohio tax withheld

Box 1 - Nonemployee compensation

Box 7 - State income

Box 4 - Federal income tax withheld

Box 5 - Ohio tax withheld