RETURN.		140			Resident Personal Income Tax Return				FOR CALENDAR YEAR 2023	
RE	82F		Check box 82F f filing under extension	OR FISCAL YEAR BEG	INNING	12.0.2.3	」AND ENDING ∟			
			First Name and Middle Initial	0	Last Name			Your Soc	cial Security Number	
표	1	PR	ASANTH REDDY		MITTABHAV	Т	Enter	383	•	
2	ㅗ		se's First Name and Middle Initia	al (if box 4 or 6 checked)			your	Spouse's	Social Security No.	
<b>S</b>	1			,			SSN(s)	' '	,	
<b>ANY ITEMS</b>	_	Curre	nt Home Address - number and	street, rural route		Apt. No.	Daytim	e Phone (wit	th area code)	
=	2	11	56 E STERLING LANE				— i	28) 221-2		
Ž	<del>_</del>		Town or Post Office	State	ZIP Code	I			or Year(s) (if different)	
	3	FL.	AGSTAFF	AZ	86005				97	
<b>NOT STAPLE</b>	$\overline{\mathbb{N}}$	4	Married filing joint return	4a Injured Spouse	Protection of Joint Ov	/ernavment	REVENUE USE ON	ILY. DO NOT N	MARK IN THIS AREA.	
ST/	Α	5	Head of household. Enter	• •		rcipayment	88			
=	S	J	incad of flodschold. Effet	manic of qualifying child of c	dependent on next line.					
$\geq$	NS NS	6	Married filing separate ret	urn Enter spouse's name :	and Social Security Numb	ner above				
00	FILING STATUS	-	Single							
_			<b>♦</b> Enter the number claime	d. Do not put a check	mark.		ĺ			
	EXEMPTIONS	8	Age 65 or over (you and/o		ines 8, 9, and 11a, also con	nplete lines 38.				
	Ы	9	Blind (you and/or spouse)	' ' I ' <u>.</u>	lines 10a and 10b, also con		81 PM	8	RCVD	
	E	10a	Dependents: Under age of		pendents: Age 17 and	d over.			_	
		11a	Qualifying parents and gra							
			(Box 10a and 10b): Depende	ent Information. See inst	ructions. For more sp	pace, check t	he box 🔲 and co	mplete page	e 4, Part 1.	
			(a)		(b)	(c)	(d)	(e) Dependent Age	(f)	
	ts		FIRST AND LAS (Do not list yourself		SOCIAL SECURITY NUMBER	RELATIONSHIP	NO. OF MONTHS V	included in:	if you did not claim this person on your	
	den		(Bo flot not yourson	or opeaco.			HOME IN 2023	1 2 Sox 10a) (Box 10	federal return due to educational credits	
	Dependents	10c					(0	T D		
	De	10d						HH	H	
		10e								
			(Box 11a): Qualifying parents	and grandparents. See	instructions For mor	o enaco choc	k the hey $\square$ and a	omplete pag	n 4 Part 2	
<del>1</del> 0.	tsand		(a)	and grandparents. See	(b)	(c)	(d)	(e)	(f)	
140	ntsar nts		FIRST AND LAS		SOCIAL SECURITY	RELATIONSHIP	NO. OF MONTHS 🗸			
ter Form	Qualifying Parents Grandparents		(Do not list yourself	or spouse.)	NUMBER		HOME IN 2023	OVER	IN 2023	
요	fying									
ter	Jualii G	11b						_ 뷰	<del>                                     </del>	
ā	Ī	11c	·						47 22	
documents			Federal adjusted gross incom						47 00	
ne			Small Business Income: 13S ch						47 00	
ij			Modified federal adjusted gross						00	
ප	Suc		Non-Arizona municipal interest. Partnership Income adjustment						00	
er	diţi		Total federal depreciation						00	
or other	Αd		Other Additions to Income: Cor						00	
<u>-</u>			Subtotal: Add lines 14 through 18	•			. •		47 00	
and AZ schedules			Total net capital gain or (loss).					-3 <b>00</b>	100	
			Total net short-term capital gain					00		
			Total net long-term capital gain					<b>-3 00</b>		
			Net long-term capital gain from					0 00		
			Multiply line 23 by 25% (.25) an					24	0 00	
		25	Net capital gain derived from in	vestment in qualified sma	all business			25	00	
	S	26	Recalculated Arizona depreciat	ion				26	00	
ra	Subtractions	27	Partnership Income adjustment	. See instructions				27	00	
d federal	tra	28	Interest on U.S. obligations suc	h as U.S. savings bonds	and treasury bills			28	00	
	Suk	29a	Exclusion for federal, Arizona st	tate or local government	pensions (up to \$2,50	0 per taxpayeı	r)	29a	00	
any required		29b	Exclusion for benefits, annuities	and pensions for retired	/retainer pay of the ur	niformed service	ces	29b	00	
qui			U.S. Social Security or Railroad						00	
ē			Certain wages of American Indi					<b>I</b>	00	
Ŋ			Pay received for active service		•				00	
e a			Net operating loss adjustment.						00	
Place			Contributions to: 34a 529 College						00	
Δ		35	Subtract lines 24 through 34c fr	om line 19. Enter the dif	ference			35	47 00	

	Your	Name (as shown on page 1)	umber							
	PR <i>P</i>	ASANTH REDDY MITTABHAVI	8							
Ì	• •									
	36	1		47	00					
	37	Subtract line 36 from line 35. Enter the difference			4 /	00				
Suc	38	Age 65 or over: Multiply the number in box 8 by \$2,100				00				
Exemptions	39	Blind: Multiply the number in box 9 by \$1,500				00				
em	40	Other Exemptions. See instructions40EMultiply the number in box 40E by \$2,300		. 40		00				
Ä	41	Qualifying parents and grandparents: Multiply the number in box 11a by \$10,000		. 41		00				
	42	Arizona adjusted gross income: Subtract lines 38 through 41 from line 37. If less than zero, enter	<u> </u>	. 42	47	00				
	43	Deductions: Check box and enter amount. See instructions	D43 <b>S⊠</b> STANDARI	0 43	13,850	00				
	44	If you checked box 43 <b>S</b> and claim charitable contributions, check 44 <b>C</b> Complete page 3. See	e instructions	44		00				
	45	Arizona taxable income: Subtract lines 43 and 44 from line 42. If less than zero, enter "0"		. 45	0	00				
×	46	Tax: Multiply line 45 by 2.5% (.025). Enter the result			0	00				
fТа	47	Tax from recapture of credits from Arizona Form 301, Part 2, line 31			00					
e 0	48	Subtotal of tax: Add lines 46 and 47. Enter the total		0	00					
Balance of Tax	49	Dependent Tax Credit. See instructions				00				
Bal	50	Family income tax credit (from the worksheet - see instructions)		40	00					
		Nonrefundable Credits from Arizona Form 301, Part 2, line 62		<b>I</b>		00				
	51				Λ	00				
-	<u>52</u>	Balance of tax: Subtract lines 49, 50 and 51 from line 48. If the sum of lines 49, 50 and 51 is greater the				00				
<b>-</b>	53 54	2023 AZ income tax withheld	00 Add 54a and 54b	53		00				
		2023 AZ estimated tax payments54a [00] Claim of Right 54b [00]				00				
anc	55				25	00				
ents Cre	56	Increased Excise Tax Credit (from the worksheet - see instructions)								
Total Payments and Refundable Credits	57	Property Tax Credit from Arizona Form 140PTC				00				
al Pi	58	Other refundable credits: Check the box(es) and enter the total amount			0.5	00				
Re Tot	59	Total payments and refundable credits: Add lines 53 through 58. Enter the total		59	25	00				
	60	3				00				
ar t	61	1,			25	00				
ue c	62	Amount of line 61 to be applied to 2024 estimated tax		62		00				
Tax Due or Overpayment	63				25	00				
Γó	64	- 74 Voluntary Gifts to: Assigned to Schools 64 UU Arizona Wildlife		_						
"		Child Abuse Prevention		7						
Gifts		Neighbors Helping Neighbors 69 00 Special Olympics								
untary		Neighbors Helping Neighbors 69 00 Special Olympics	imals <b>74</b>	)						
	75	Political Party (if amount is entered on line 68 - check only one): 751 Democratic 752 Libertarian	n 753 Republican							
<u> </u>	76	76 Estimated payment penalty								
>	77	771 ☐ Annualized/Other 772 ☐ Farmer or Fisherman 773 ☐ Form 221 included								
Penalty	78	Add lines 64 through 74 and 76; enter the total		. 78		00				
Pe	79		<b>I</b>	25	00					
7		Direct Deposit of Refund: Check box 79A if your deposit will be ultimately placed in a foreign account;								
Refund or Amount Owed		CM Checking or ROUTING NUMBER ACCOUNT NUMBER								
un t		98 S Savings 3 2 2 1 7 2 4 9 6 6 3 2 9 4 4 2 6 1 8 0								
Ref mor	80	1,	• • •	<b>I</b>		00				
₹		and include with your return		80		00				
		Under penalties of perjury, I declare that I have read this return and any documents with it, and rue, correct and complete. Declaration of preparer (other than taxpayer) is based on all information.				y are				
	u	nue, correct and complete. Declaration of preparer (other than taxpayer) is based on all informa-	ation of which prepare	i iias aiiy ki	nowieuge.					
R	<b>→</b>		STUDENT							
뿌	Y	/OUR SIGNATURE DATE	OCCUPATION			_				
S										
	<b>→</b>									
	S	SPOUSE'S SIGNATURE DATE	SPOUSE'S OCCUPATION			_				
		SYAM PRIYA RAM SAGAR GUPTA 04062024 GLOBAL TAXES	LLC							
AS	P	PAID PREPARER'S SIGNATURE DATE FIRM'S NAME (PREPARER'S	S IF SELF-EMPLOYED)			_				
PLEASE		245 ROONEY CT	84-317	1965						
	P	PAID PREPARER'S STREET ADDRESS	PAID PREPAR	ER'S TIN		_				
		E BRUNSWICK NJ 08816	(678)9	65-9522						
	P	PAID PREPARER'S CITY STATE ZIP CODE	PAID PREPAR			_				

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.