RETURN.			Arizona Form 140 Resident Personal Income Ta				ome Tax	Tax Return		FOR CALENDAR YEAR 2023	
딫	82F		heck box 82F filing under extension	OR FISCAL YEAR BE	GINNING	1 .	12.0.2.3	L AND ENDING	1 . 1	. 1 1	. 66F
ANY ITEMS TO THE P	٠,		First Name and Middle Initial		Last No		1=101=10		Your	Social Security N	
亡	1		IKAR REDDY		MUTY	A T .A		Ente	r	0 27 85	
2	<u> </u>		se's First Name and Middle Ir	nitial (if box 4 or 6 checke		Last Name		your	Spou	se's Social Securi	
MS MS	1							SSN	(S).	1 1	
		Curre	nt Home Address - number a	and street, rural route	•		Apt. No.	Dayt	ime Phone	(with area code)	
<u>-</u>	2] 10201 TAHOKA PL						94 (928) 221-8343			
\forall	_	-	Town or Post Office	State		IP Code		Last Names Use	d in Last Foເ	ır Prior Year(s) (if dif	<u> </u>
Щ	3	MCI	KINNEY	TX	7	5071					97
Δ		4	■ Married filing joint retur	rn 🛮 4a 🔲 Injured Spou	se Protection of	Joint Ov	verpayment		ONLY. DO N	OT MARK IN THIS A	AREA.
DO NOT STAPLE	STATUS	5	Head of household. Enter name of qualifying child or dependent on next line.								
<u>5</u>			_								
2	FILING	6	Married filing separate return. Enter spouse's name and Social Security Number above.								
۵		7	Single	imad. Da nat mut a abaa	le manule						
	EXEMPTIONS		♦ Enter the number claim								
	ΙĔΙ	8 9	Age 65 or over (you an Blind (you and/or spous	' ' '	spouse) If completing lines 8, 9, and 11a, al 39, and 41. For lines 10a and 10b, al			81 PM		80 RCVD	
	ĮΣ	10a	Dependents: Under ag	· —	Dependents: Ag	e 17 and	lover	۳			
		11a	Qualifying parents and		Dependents. Ag	C 17 and	TOVCI.				
			(Box 10a and 10b): Deper		structions. For	more sp	oace, check tl	ne box 🔲 and	complete p	page 4, Part 1.	
			(a))	(b)		(c)	(d)	(e)	(f)	
	ţ		FIRST AND L (Do not list yours		SOCIAL SECUNUMBER		RELATIONSHIP	NO. OF MONTHS LIVED IN YOUR	included	in: this person	on your
	der		(= , ,	<i>-</i>				HOME IN 2023	1 (Box 10a) (Box 10a)	2 federal return educational	
	Dependents	10c									
	ŏ	10d									
		10e									
<u>.</u>			(Box 11a): Qualifying pare	ents and grandparents. Se	ee instructions.	For mor	e space, chec	k the box 🔲 and	d complete	page 4, Part 2.	
7	sand		(a)	(d) NO. OF MONTHS	(e)	(f) 5 OR ✓ IF DII					
Ξ	Qualifying Parentsand Grandparents		FIRST AND LAST NAME (Do not list yourself or spouse.)			SOCIAL SECURITY RELATIONS NUMBER		LIVED IN YOUR	OVEI		
nts after Form 140.								HOME IN 2023			
		11b									
	σ̈,	11c									
ıts			Federal adjusted gross inc							2,160	
			13 Small Business Income: 138 check the box if you are filing Arizona Form 140-SBI and enter the amount from Form 140-SBI, line 10							0 166	00
AZ schedules or other docume	ļ		4 Modified federal adjusted gross income. Subtract line 13 from line 12							2,160	100
용	ons		15 Non-Arizona municipal interest.								00
ē	Additio		16 Partnership Income adjustment. See instructions								00
₹	Ac		8 Other Additions to Income: Complete Other Additions to Arizona Gross Income schedule on page 5								00
9			Subtotal: Add lines 14 through							2,160	00
es		20	Total net capital gain or (loss	s). See instructions			2	0	00		
p			Total net short-term capital g						00		
ÿ			Total net long-term capital ga						00		
2 SC											
Σ			Multiply line 23 by 25% (.25) and enter the result								
and											00
ਰ ਚ	ctions		Recalculated Arizona deprec								00
je	racti		Partnership Income adjustme								00
و و	Subtra		28 Interest on U.S. obligations such as U.S. savings bonds and treasury bills								00
eg	S					00					
Ē			 29b Exclusion for benefits, annuities and pensions for retired/retainer pay of the uniformed services								00
e any required federal and											00
		32 Pay received for active service as a member of the reserves, national guard or the U.S. armed forces								00	
		33	Net operating loss adjustmer	nt. See instructions	<u></u>		<u></u>		33		00
Place		34	Contributions to: 34a 529 Colle	ege Savings Plans	00 34b 529A (ABLE acc	counts)	00 add 34a a	nd 34b 34c		00
			35 Subtract lines 24 through 34c from line 19. Enter the difference							2,160	
		ADOR	10413 (23) 1555		AZ Form	140 (20	23)		REV	01/13/24 PRO Page	1 of 6

[Your	Name (as shown on page 1)	Your Social Security Nun	mber					
	SRI	IKAR REDDY MUTYALA	850-27-8592						
	36	Other Subtractions from Income. Complete Other Subtraction from Arizona Gross Ir			00				
	37	Subtract line 36 from line 35. Enter the difference			0 00				
S	38	Age 65 or over: Multiply the number in box 8 by \$2,100	;	38	00				
真	39	Blind: Multiply the number in box 9 by \$1,500	;	39	00				
Exemptions	40	Other Exemptions. See instructions40E Multiply the number in box 40E by \$2,	3004	40	00				
ŭ	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 z	ero, enter "0"	42 2,16	00				
	43	Deductions: Check box and enter amount. See instructions		4005	0 00				
	44	If you checked box 43S and claim charitable contributions, check 44C Complete page 1			00				
	45	Arizona taxable income: Subtract lines 43 and 44 from line 42. If less than zero, enter "0"			0 00				
J	46	Tax: Multiply line 45 by 2.5% (.025). Enter the result.			0 00				
Balance of Tax	47	Tax from recapture of credits from Arizona Form 301, Part 2, line 31			00				
o o	48	Subtotal of tax: Add lines 46 and 47. Enter the total			0 00				
ŭ.					00				
Bala	49	Dependent Tax Credit. See instructions			000				
	50	Family income tax credit (from the worksheet - see instructions)							
	51	Nonrefundable Credits from Arizona Form 301, Part 2, line 62			00				
	52	Balance of tax: Subtract lines 49, 50 and 51 from line 48. If the sum of lines 49, 50 and 51 is			000				
	53	2023 AZ income tax withheld			8 00				
	54	2023 AZ estimated tax payments 54a 00 Claim of Right 54b			00				
and	55	2023 AZ extension payment (Form 204)			00				
Cre	56	Increased Excise Tax Credit (from the worksheet - see instructions)			5 00				
yme	57	Property Tax Credit from Arizona Form 140PTC			00				
Total Payments and Refundable Credits	58	Other refundable credits: Check the box(es) and enter the total amount			00				
Ref	59	Total payments and refundable credits: Add lines 53 through 58. Enter the total		59 8	3 00				
	60	TAX DUE: If line 52 is larger than line 59, subtract line 59 from line 52. Enter amount of tax do	ue. Skip lines 61, 62 and 63	60	00				
Ę	61	OVERPAYMENT: If line 59 is larger than line 52, subtract line 52 from line 59. Enter amount	of overpayment	61 8	<u> 3</u>				
ue o yme	62	Amount of line 61 to be applied to 2024 estimated tax		62	00				
Tax Due or Overpayment	63	Balance of overpayment: Subtract line 62 from line 61. Enter the difference		63 8	3 00				
اهٔ ۳	64	- 74 Voluntary Gifts to: Solutions Teams Assigned to Schools	na Wildlife 65						
"			al Gift 68						
Gifts		Neighbors Helping Neighbors 69 00 Special Olympics	ans' Donations Fund 71						
tary		I Didn't Pay Enough Fund72 00 Sustainable State Parks and Road Fund73 00 Spay/	Neuter of Animals 74						
Voluntary	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				
<u>~</u>	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	REFUND: Subtract line 78 from line 63. If less than zero, enter amount owed on line 80	79 8	3 00					
7		Direct Deposit of Refund: Check box 79A if your deposit will be ultimately placed in a foreign account; see instructions. 79A							
Retund or Amount Owed		98 C ⊠ Checking or S□ Savings ROUTING NUMBER ACCOUNT NUMBER 1 2 2 1 0 0 0 0 2 4 7 9 0 1 3 0 3 1	1						
ᆵ		<u> </u>							
2 Ke	80	AMOUNT OWED: Add lines 60 and 78. Make check payable to Arizona Department of Re and include with your return		90	00				
⋖		and include with your return		ou <u> </u>	100				
		the transfer of the state of th	State the second teacher the second teachers						
		Under penalties of perjury, I declare that I have read this return and any documents of the correct and complete. Declaration of preparer (other than taxpayer) is based on a		ney are					
	u	de, correct and complete. Decidatation of preparer (other than taxpayer) is based on a	an information of which preparer i	ias arry knowicage.					
2	→								
HERE	Y	OUR SIGNATURE DATE	STUDENT OCCUPATION						
ナ									
SIGN	→								
	S	POUSE'S SIGNATURE DATE	SPOUSE'S OCCUPATION						
			TAXES LLC						
A	P		REPARER'S IF SELF-EMPLOYED)						
PLEASE		245 ROONEY CT	P0208270						
	P	AID PREPARER'S STREET ADDRESS	PAID PREPARER	'S TIN					
		E BRUNSWICK NJ 08816	(678) 965	5-9522					

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.

STATE

PAID PREPARER'S CITY

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

ZIP CODE

PAID PREPARER'S PHONE NUMBER