Form **8879**

(Rev. January 2021)

Department of the Treasury Internal Revenue Service

IRS e-file Signature Authorization

▶ ERO must obtain and retain completed Form 8879.

► Go to www.irs.gov/Form8879 for the latest information.

OMB No. 1545-0074

Submission Identification Number (SID)	
Taxpayer's name	Social security number
ARVIND KUMAR REDDY ANNAM	694-35-1634
Spouse's name	Spouse's social security number
SRUTHI MALLU	448-71-6415
	3 (Enter year you are authorizing.)
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	1 188,043.
2 Total tax	
3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099	
4 Amount you want refunded to you	3=7=311
5 Amount you owe	
Part II Taxpayer Declaration and Signature Authorization (Be sure you ge	et and keep a copy of your return)
Under penalties of perjury, I declare that I have examined a copy of the income tax return (original or amy knowledge and belief, it is true, correct, and complete. I further declare that the amounts in Pareturn (original or amended) I am now authorizing. I consent to allow my intermediate service provide to send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reasofor any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorized to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution accepayment of my federal taxes owed on this return and/or a payment of estimated tax, and the financial authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancella business days prior to the payment (settlement) date. I also authorize the financial institutions involve taxes to receive confidential information necessary to answer inquiries and resolve issues related personal identification number (PIN) below is my signature for the income tax return (original or amer Electronic Funds Withdrawal Consent.	art I above are the amounts from the income tax r, transmitter, or electronic return originator (ERO) on for rejection of the transmission, (b) the reason lize the U.S. Treasury and its designated Financial count indicated in the tax preparation software for I institution to debit the entry to this account. This terminate the authorization. To revoke (cancel) a lation requests must be received no later than 2 ed in the processing of the electronic payment of to the payment. I further acknowledge that the
Taxpayer's PIN: check one box only	
X I authorize GLOBAL TAXES LLC to enter or get ERO firm name	enerate my PIN
signature on the income tax return (original or amended) I am now authorizing.	don't enter all zeros
I will enter my PIN as my signature on the income tax return (original or amended if you are entering your own PIN and your return is filed using the Practitioner P below.	
Your signature ▶D	pate ▶
Spouse's PIN: check one box only	
✓ I authorize GLOBAL TAXES LLC to enter or get ✓	enerate my PIN 164115 as my Enter five digits, but
signature on the income tax return (original or amended) I am now authorizing.	don't enter all zeros
I will enter my PIN as my signature on the income tax return (original or amended if you are entering your own PIN and your return is filed using the Practitioner P below.	
Spouse's signature	pate ▶
Practitioner PIN Method Returns Only—continue	below
Part III Certification and Authentication — Practitioner PIN Method Only	
ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN.	2 2 2 4 9 6 0 8 2 7 1 Don't enter all zeros
I certify that the above numeric entry is my PIN, which is my signature for the electronic individual is authorized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I a requirements of the Practitioner PIN method and Pub. 1345, Handbook for Authorized IRS <i>e-file</i> Provi	am submitting this return in accordance with the
ERO's signature ▶ D	pate ▶
ERO Must Retain This Form — See Instruct	

Don't Submit This Form to the IRS Unless Requested To Do So

E 1040 Department of the Treasury—Internal Revenue Service U.S. Individual Income Tax Return

For the year Jan.	1-Dec	. 31, 2023, or other tax year beginning		, 2023, end	ing _		, 20		See sep	parate instructions.
Your first name	and mi	ddle initial	Last na	ame					Your so	cial security number
ARVIND K	UMAF	R REDDY	ANNA	MA					694	35 1634
If joint return, sp	ouse's	first name and middle initial	Last na							s social security number
SRUTHI			MALI	LU					448	71 6415
	numbe	r and street). If you have a P.O. box, see		_			Apt. no.		Presider	ntial Election Campaign
31220 N	26TF	H DRIVE							Check h	ere if you, or your
City, town, or po	ost offic	ce. If you have a foreign address, also co	mplete s	spaces below.	Sta	ate	ZIP code			if filing jointly, want \$3
PHOENIX					A	Z	85085			this fund. Checking a ow will not change
Foreign country	name			Foreign province/state/o	coun	ty	Foreign postal of			or refund.
										☐ You ☐ Spouse
Filing Status		Single				☐ Head of ho	ousehold (HOI	H)		
Check only		Married filing jointly (even if only or	ne had	income)						
one box.		Married filing separately (MFS)				☐ Qualifying	surviving spo	use (C	QSS)	
	If y	ou checked the MFS box, enter the	name	of your spouse. If you	ı che	ecked the HOH	or QSS box,	enter	the chil	d's name if the
	qua	alifying person is a child but not you	ır depei	ndent:						
Distrib	At an	ny time during 2023, did you: (a) rece	nivo (no	a roward award or	nav#	mont for propor	rty or convices	'or (h) coll	
Digital Assets		ange, or otherwise dispose of a digi								☐ Yes ☒ No
Standard	_	eone can claim: You as a de					i). (666 iii.6ii.6	,01,011	J.,	
Deduction	_	Spouse itemizes on a separate return	•							
Beddotton			11 O1 yO	—	allei					
Age/Blindness	You:	Were born before January 2, 1	959	Are blind Spo	use	: Was bor	n before Janu	ary 2,	1959	☐ Is blind
Dependents	s (see i	instructions):		(2) Social security		(3) Relationsh	ib I.,			fies for (see instructions):
If more	(1) Fi	rst name Last name		number		to you	Child t		edit	Credit for other dependents
than four	ANI	KA REDDY ANNAM		291-95-960		Daughter		<u>×</u> _		<u> </u>
dependents, see instructions	DAK	SH REDDY ANNAM		720-54-510	0	Son		×		<u> </u>
and check								<u> </u>		
here \square										
Income	1a	Total amount from Form(s) W-2, be	` ,						1a	184,257.
Attach Form(s)	b	Household employee wages not re							1b	
W-2 here. Also	C	Tip income not reported on line 1a			•				1c	
attach Forms W-2G and	d	Medicaid waiver payments not rep			nstru	uctions)			1d	
1099-R if tax	e	Taxable dependent care benefits f			•				1e	
was withheld. If you did not	f	Employer-provided adoption bene							1f	+
get a Form	g	Wages from Form 8919, line 6 .			•				1g	
W-2, see	h :	Other earned income (see instruction			•				1h	<u> </u>
instructions.	i -	Nontaxable combat pay election (s	see mst	ructions)	•	<u>1i</u>			1-	184,257.
Attach Sch. B	z 2a	Add lines 1a through 1h Tax-exempt interest	2a	· · · · · · · ·	ЬТ	axable interest			1z 2b	
if required.	3a		3a			Ordinary divider			3b	
	4a		4a			axable amount			4b	+
Standard	5a		5a			axable amount			5b	
Deduction for— Single or	6a		6a			axable amount			6b	
Married filing	С	If you elect to use the lump-sum e							1	
separately, \$13,850	7	Capital gain or (loss). Attach Sched		•	•	,		. 7	7	
Married filing jointly or	8	Additional income from Schedule				•			8	3,726.
Qualifying	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7,	,						9	188,043.
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	188,043.
\$20,800	12	Standard deduction or itemized	-						12	
If you checked any box under	13	Qualified business income deducti		•	,	95-A			13	
Standard Deduction,	14	Add lines 12 and 13							14	27,700.
see instructions.	15	Subtract line 14 from line 11. If zer	o or les	s enter -0- This is v	our	taxable incom	e		15	

Add lines 2 Add lines 2 Add lines 2 Add lines 2 Add lines 3	Form 1040 (2023	3)					Page 2
Transmit	Tax and	16	Tax (see instructions). Check if any from Form(s): 1	8814 2 4972	3 🗌	16	25,890.
19	Credits	17				17	
20		18	Add lines 16 and 17			18	25,890.
21		19	Child tax credit or credit for other dependents from S	chedule 8812		19	4,000.
22 Subtract line 21 from line 18. If zero or less, enter -0-		20	Amount from Schedule 3, line 8			20	600.
23		21	Add lines 19 and 20			21	4,600.
Payments		22	Subtract line 21 from line 18. If zero or less, enter -0-			22	21,290.
Payments 25		23	Other taxes, including self-employment tax, from Sch	edule 2, line 21		23	0.
a Form(s) W-2 25a 31,139 25b 25b 25c 25d 31,139 25b 25c 25d 31,139 25c 25d 31,139 25c 25d 31,139 25c 26d 31,139 26d 31,139		24	Add lines 22 and 23. This is your total tax			24	21,290.
a Form(s) W-2 b Form(s) 1099 c Other forms (see instructions) d Add lines 25a through 25c 25c 25d 25d 31,139. 25d 31,139.	Payments	25	Federal income tax withheld from:				
c Other forms (see instructions) d Add lines 25a through 25c 26 2023 estimated tax payments and amount applied from 2022 return 27 Earned income credit (EIC) 28 Additional child tax credit from Schedule 8812 29 American opportunity credit from Form 8863, line 8 29 American opportunity credit from Form 8863, line 8 30 Reserved for future use 31 Amount from Schedule 3, line 15 32 Add lines 27, 28, 29, and 31. These are your total other payments and refundable credits 33 Add lines 25d, 26, and 32. These are your total payments 34 If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid 35a Amount of line 34 you want refunded to you. If Form 8888 is attached, check here 35 Amount of line 34 you want refunded to you. If Form 8888 is attached, check here 36 Amount of line 34 you want applied to your 2024 estimated tax 37 Subtract line 33 from line 24. This is the amount you overpaid 38 Amount of line 34 you want applied to your 2024 estimated tax 39 Amount of line 34 you want applied to your 2024 estimated tax 30 Amount of line 34 you want applied to your 2024 estimated tax 30 Amount of line 34 you want applied to your 2024 estimated tax 30 Amount of line 34 you want applied to your 2024 estimated tax 30 Amount of line 34 you want applied to your 2024 estimated tax 30 Amount of line 34 you want applied to your 2024 estimated tax 30 Amount of line 34 you want applied to your 2024 estimated tax 30 Amount of line 34 you want applied to your 2024 estimated tax 30 Amount of line 34 you and applied to your 2024 estimated tax 30 Amount of line 35 from line 24. This is the amount you overpaid 31 Amount of line 34 you want applied to your 2024 estimated tax 32 Add lines 27.82 Amount of line 34 you want applied to your 2024 estimated tax 39 Amount of line 34 you want applied to your 2024 estimated tax 30 Amount of line 34 you want applied to your 2024 estimated tax 30 Amount of line 34 you want applied to your 2024 estimated tax 30 Amount of line 34 you want applied to your 2024 estimated	-	а	Form(s) W-2		25a 31,	139.	
d Add lines 25a through 25c 2023 estimated tax payments and amount applied from 2022 return 25a de Juanifying child, tatech Sch. BIC. 27		b	Form(s) 1099		25b		
26 2023 estimated tax payments and amount applied from 2022 return 27 Earned income credit (EIC) . No 27 28 Additional child tax credit from Schedule 8812 . 28 29 American opportunity credit from Form 8863, line 8 . 29 30 Reserved for future use . 30 31 Amount from Schedule 3, line 15 . 31 32 Add lines 27, 28, 29, and 31. These are your total other payments and retundable credits . 32 33 Add lines 25d, 26, and 32. These are your total payments . 33 . 31, 1.39 34 If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid . 34 . 9, 849 Direct deposit? 35 Be instructions. 36 Amount of line 34 you want applied to your 2024 estimated tax . 36 Amount of line 34 you want applied to your 2024 estimated tax . 36 Amount of line 34 you want applied to your 2024 estimated tax . 36 Amount of line 34 you want applied to your 2024 estimated tax . 36 Amount of line 34 you want applied to your 2024 estimated tax . 36 Third Party Designee Do you want to allow another person to discuss this return with the IRS? See instructions . 37 Subtract line 33 from line 24. This is the amount you owe. For details on how to pay, go to www.irs.gov/Payments or see instructions . 37 Third Party Designee Do you want to allow another person to discuss this return with the IRS? See instructions . 37 See instructions Do you want to allow another person to discuss this return with the IRS? See instructions . 37 Sign Here Joint return? See instructions Sign Here Joint return? See instructions Phone no. (602)953-4500 Email address ARVIND407@GMAIL. COM Preparer's name Joy Bear of the IRS sent you an Identity Protection PIN, enter it here (see inst.) Phone no. (602)953-4500 Email address ARVIND407@GMAIL. COM Preparer's name Joy Bear of the IRS sent you an Identity Protection PIN, enter it here (see inst.) Sign Pilla RIM SABR (IFIA TALIAM SYAM PRIYA RAM SAGAR GUPTA TALLAM 02/03/2024 P02082703 Self-employed Preparer's name Joy Bear of the IRS sent you and Identity Protection PIN, enter		С	Other forms (see instructions)		25c		
Earned income credit (EIC) No 27 Additional child tax credit from Schedule 8812 28 29 Additional child tax credit from Schedule 8812 28 29 Additional child tax credit from Schedule 8812 29		d	Add lines 25a through 25c			250	31,139.
Earned income credit (EIC) No 27	If you have a	26	2023 estimated tax payments and amount applied from	om 2022 return		26	
Additional child tax credit from Schedule 8812	qualifying child,	27	Earned income credit (EIC)	No .	27		•
30 Reserved for future use	allacii Scii. ElC.	28	Additional child tax credit from Schedule 8812		28		
Amount form Schedule 3, line 15		29	American opportunity credit from Form 8863, line 8.		29		
Add lines 27, 28, 29, and 31. These are your total other payments and refundable credits 32		30	Reserved for future use	/	30		
Refund Sign		31	Amount from Schedule 3, line 15		31		
Refund 34 If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid 34 9,849 35a Amount of line 34 you want refunded to you. If Form 8888 is attached, check here 35a 9,849 35a		32	Add lines 27, 28, 29, and 31. These are your total oth	ner payments and refu	ndable credits	32	
35a		33	Add lines 25d, 26, and 32. These are your total paym	nents		33	31,139.
Direct deposit? See instructions. Designee Account number 1 2 2 1 0 1 7 0 6	Refund	34	If line 33 is more than line 24, subtract line 24 from lin	e 33. This is the amour	t you overpaid	34	9,849.
d Account number 4 5 7 0 2 6 8 4 6 4 4 8 Amount You Owe 37 Subtract line 33 from line 24. This is the amount you owe. For details on how to pay, go to www.irs.gov/Payments or see instructions		35a	Amount of line 34 you want refunded to you. If Form	8888 is attached, chec	k here	. 🗌 35a	9,849.
Amount 36 Amount of line 34 you want applied to your 2024 estimated tax 36 Amount of line 34 you want applied to your 2024 estimated tax 36 Subtract line 33 from line 24. This is the amount you owe. For details on how to pay, go to www.irs.gov/Payments or see instructions	Direct deposit?	b			Checking Sa	vings	
Amount You Owe 37 Subtract line 33 from line 24. This is the amount you owe. For details on how to pay, go to www.irs.gov/Payments or see instructions. 38 Estimated tax penalty (see instructions)	See instructions.	d	Account number 4 5 7 0 2 6 8 4 6	4 4 8			
For details on how to pay, go to www.irs.gov/Payments or see instructions. 38 Estimated tax penalty (see instructions)		36	Amount of line 34 you want applied to your 2024 est	imated tax	36		
Third Party Designee Do you want to allow another person to discuss this return with the IRS? See instructions Designee's name Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, 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 occupation Final Party Date Phone no. (602)953-4500 Paid Preparer's name Preparer's name Preparer's name Syam PRIYA RAM SAGAR CUPTA TALLAM SYAM PRIYA RAM SAGAR GUPTA TALLAM O2/03/2024 P02082703 Self-employed Firm's name GLOBAL TAXES LLC Phone no. (678)965-9522	Amount	37					
Third Party Designee Do you want to allow another person to discuss this return with the IRS? See instructions	You Owe		For details on how to pay, go to www.irs.gov/Paymer	nts or see instructions.		37	
Designee Instructions Designee's Phone Personal identification number (PIN)		38	Estimated tax penalty (see instructions)		38		
Designee's name Phone no. Personal identification number (PIN) Date Personal identification number (PIN) Personal identification number (PIN) Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, 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 Your occupation If the IRS sent you an Identity Protection PIN, enter it here (see inst.) Spouse's signature. If a joint return, both must sign. Date Spouse's occupation If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.) Phone no. (602)953-4500 Email address ARVIND407@GMAIL.COM Preparer's name SYAM PRIYA RAM SAGAR GUPTA TALLAM SYAM PRIYA RAM SAGAR GUPTA TALLAM 02/03/2024 P02082703 Self-employed Firm's name GLOBAL TAXES LLC Phone no. (678)965-9522	Third Party			return with the IRS?			
Sign Here Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, 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 Your occupation From return? Spouse's signature. If a joint return, both must sign. Date Spouse's occupation From records. Phone no. (602)953-4500 Firm's name Preparer's signature Firm's name GLOBAL TAXES LLC Phone no. (678)965-9522 Phone no. (678)965-9522	Designee					•	
Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, 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 Your occupation From the IRS sent you an Identity Protection PIN, enter it here (see inst.) Spouse's signature. If a joint return, both must sign. Date Spouse's occupation PhARMACY TECHNICIAN Phone no. (602)953-4500 Email address ARVIND407@GMAIL.COM Preparer's name SYAM PRIYA RAM SAGAR CUPTA TALLAM SYAM PRIYA RAM SAGAR GUPTA TALLAM 02/03/2024 P02082703 Self-employed Firm's name GLOBAL TAXES LLC Phone no. (678)965-9522			S .				n
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 Your occupation Soe instructions. Keep a copy for your records. Spouse's signature. If a joint return, both must sign. Date Spouse's occupation Spouse's occupation Pharmacy Technician Phone no. (602)953-4500 Email address ARVIND407@GMAIL.COM Preparer's name SYAM PRIYA RAM SAGAR GUPTA TALLAM SYAM PRIYA RAM SAGAR GUPTA TALLAM 02/03/2024 Phone no. (678)965-9522 Phone no. (678)965-9522	Sign					` '	st of my knowledge and
Your signature Protection PIN, enter it here (see inst.)	_						
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Keep a copy for your records. Phone no. (602)953-4500	Joint return?					, ,	
Phone no. (602)953-4500 Email address ARVIND407@GMAIL.COM Preparer's name SYAM PRIYA RAM SAGAR CUPTA TALLAM SYAM PRIYA RAM SAGAR CUPTA TALLAM 02/03/2024 P02082703 Self-employed Preparer's name GLOBAL TAXES LLC Phone no. (678)965-9522			buse's signature. If a joint return, both must sign. Date	Spouse's occupation	on		
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Preparer's name		———Ph	one no. (602)953-4500 Email ad				
Paid Preparer Use Only SYAM PRIYA RAM SAGAR GUPTA TALLAM SYAM PRIYA RAM SAGAR GUPTA TALLAM 02/03/2024 P02082703 Self-employed Phone no. (678)965-9522			(001)33 100	1110 1110 10 76		PTIN	Check if:
Preparer Use Only Firm's name GLOBAL TAXES LLC Phone no. (678)965-9522				GAR GUPTA TALLAM			Self-employed
USE UNIV					1 2 7 0 0 7 2 0 2 1 1		1
	Use Only			K NJ 08816			

SCHEDULE 1 (Form 1040)

Additional Income and Adjustments to Income

OMB No. 1545-0074

2023
Attachment Sequence No. 01

Department of the Treasury Internal Revenue Service

Name(s) shown on Form 1040, 1040-SR, or 1040-NR

ARVIND KUMAR REDDY ANNAM & SRUTHI MALLU

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

Go to www.irs.gov/Form1040 for instructions and the latest information.

Your social security number 694-35-1634

Par	t I 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. Att	ach S	Schedule E .	5	3,726.
6	Farm income or (loss). Attach Schedule F			6	
7	Unemployment compensation			7	
8	Other income:				
а	Net operating loss	8a)	
b	Gambling	8b		4	
С	Cancellation of debt	8c			
d	Foreign earned income exclusion from Form 2555	8d)	
е	Income from Form 8853	8e			
f	Income from Form 8889	8f			
g	Alaska Permanent Fund dividends	8g			
h	Jury duty pay	8h			
i	Prizes and awards	8i			
j	Activity not engaged in for profit income	8j			
k	Stock options	8k			
I	Income from the rental of personal property if you engaged in the rental				
	for profit but were not in the business of renting such property	81			
m	Olympic and Paralympic medals and USOC prize money (see				
	instructions)	8m			
n		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	OT			
	a nongovernmental section 457 plan	8t		-	
	Wages earned while incarcerated	8u			
Z	Other income. List type and amount:	8z			
9	Total other income Add lines 82 through 87			9	
9 10	Total other income. Add lines 8a through 8z	 r har	and on Form	9	
10	1040, 1040-SR, or 1040-NR, line 8			10	3,726.
			<u> </u>	10	5,,20.

Schedule 1 (Form 1040) 2023 Page **2**

Par	t II Adjustments to Income		
11	Educator expenses	11	
12	Certain business expenses of reservists, performing artists, and fee-basis government		
	officials. Attach Form 2106	12	
13	Health savings account deduction. Attach Form 8889	13	
14	Moving expenses for members of the Armed Forces. Attach Form 3903	14	
15	Deductible part of self-employment tax. Attach Schedule SE	15	
16	Self-employed SEP, SIMPLE, and qualified plans	16	
17	Self-employed health insurance deduction	17	
18	Penalty on early withdrawal of savings	18	
19a	Alimony paid	19a	
b	Recipient's SSN		
С	Date of original divorce or separation agreement (see instructions):		
20	IRA deduction	20	
21	Student loan interest deduction	21	
22	Reserved for future use	22	
23	Archer MSA deduction	23	
24	Other adjustments:		
a	Jury duty pay (see instructions)	-	
b	Deductible expenses related to income reported on line 8l from the rental of personal property engaged in for profit		
_		-	
С	Nontaxable amount of the value of Olympic and Paralympic medals and USOC prize money reported on line 8m		
d	Reforestation amortization and expenses	-	
e	Repayment of supplemental unemployment benefits under the Trade	-	
E	Act of 1974		
f	Contributions to section 501(c)(18)(D) pension plans	-	
q	Contributions by certain chaplains to section 403(b) plans		
_	Attorney fees and court costs for actions involving certain unlawful		
	discrimination claims (see instructions)		
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		
j	tax law violations		
k	Excess deductions of section 67(e) expenses from Schedule K-1 (Form		
	1041)		
Z	Other adjustments. List type and amount:		
	24z		
25	Total other adjustments. Add lines 24a through 24z	25	
26	Add lines 11 through 23 and 25. These are your adjustments to income . Enter here and on		
	Form 1040, 1040-SR, or 1040-NR, line 10	26	

SCHEDULE 3 (Form 1040)

Department of the Treasury Internal Revenue Service

Additional Credits and Payments

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

Go to www.irs.gov/Form1040 for instructions and the latest information.

OMB No. 1545-0074

2023

Attachment
Sequence No. 03

Name(s) shown on Form 1040, 1040-SR, or 1040-NR ARVIND KUMAR REDDY ANNAM & SRUTHI MALLU

Your social security number 694-35-1634

 Foreign tax credit. Attach Form 1116 if required Credit for child and dependent care expenses from Form 2441, li Form 2441		1 2 3 4	600.
Form 2441		3	600.
3 Education credits from Form 8863, line 19			
		4	
4 Retirement savings contributions credit. Attach Form 8880			
5a Residential clean energy credit from Form 5695, line 15		5a	
b Energy efficient home improvement credit from Form 5695, line 32		5b	
6 Other nonrefundable credits:			
a General business credit. Attach Form 3800 6a			
b Credit for prior year minimum tax. Attach Form 8801 6b			
c Adoption credit. Attach Form 8839 6c			
d Credit for the elderly or disabled. Attach Schedule R 6d			
e Reserved for future use 6e			
f Clean vehicle credit. Attach Form 8936 6f			
g Mortgage interest credit. Attach Form 8396 6g			
h District of Columbia first-time homebuyer credit. Attach Form 8859 6h			
i Qualified electric vehicle credit. Attach Form 8834 6i			
j Alternative fuel vehicle refueling property credit. Attach Form 8911 6j			
k Credit to holders of tax credit bonds. Attach Form 8912 6k			
I Amount on Form 8978, line 14. See instructions 6I			
m Credit for previously owned clean vehicles. Attach Form 8936 . 6m	ı		
z Other nonrefundable credits. List type and amount:			
6z			
7 Total other nonrefundable credits. Add lines 6a through 6z		7	
8 Add lines 1 through 4, 5a, 5b, and 7. Enter here and on Form 1040 1040-NR, line 20	, 1040-SR, or	8	600.
	(co		ued on page 2)

Schedule 3 (Form 1040) 2023 Page **2**

Part II **Other Payments and Refundable Credits** 9 Net premium tax credit. Attach Form 8962 9 Amount paid with request for extension to file (see instructions) 10 10 11 Excess social security and tier 1 RRTA tax withheld 11 12 Credit for federal tax on fuels. Attach Form 4136 . . . 12 13 Other payments or refundable credits: **a** Form 2439 13a **b** Credit for repayment of amounts included in income from earlier 13b c Elective payment election amount from Form 3800, Part III, line 13c **d** Deferred amount of net 965 tax liability (see instructions) . . . 13d **z** Other payments or refundable credits. List type and amount: 13z 14 Total other payments or refundable credits. Add lines 13a through 13z 14 15 Add lines 9 through 12 and 14. Enter here and on Form 1040, 1040-SR, or 1040-NR, 15

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Schedule 3 (Form 1040) 2023

SCHEDULE E (Form 1040)

Supplemental Income and Loss

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

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

Attachment

Your social security number

Department of the Treasury Internal Revenue Service Name(s) shown on return

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

Sequence No. 13

OMB No. 1545-0074

ARVIND KUMAR REDDY ANNAM & SRUTHI MALLU 694-35-1634 Part I Income or Loss From Rental Real Estate and Royalties **Note:** If you are in the business of renting personal property, use **Schedule C**. See instructions. If you are an individual, report farm rental income or loss from **Form 4835** on page 2, line 40. Did you make any payments in 2023 that would require you to file Form(s) 1099? See instructions . ☐ Yes 1a Physical address of each property (street, city, state, ZIP code) 35116 N 34th LANE PHOENIX AZ 85086 Α В C 1b Type of Property **Personal Use** For each rental real estate property listed Fair Rental QJV Days (from list below) above, report the number of fair rental and Days personal use days. Check the QJV box only Α Α 365 0 if you meet the requirements to file as a В В qualified joint venture. See instructions. С C Type of Property: 7 Self-Rental 3 Vacation/Short-Term Rental 1 Single Family Residence 5 Land 8 Other (describe) 2 Multi-Family Residence 4 Commercial 6 Royalties Properties: В C Income: 13,830. 3 Rents received . 3 4 Royalties received 4 **Expenses:** 5 Advertising 5 6 Auto and travel (see instructions) 6 7 Cleaning and maintenance. 750. 8 Commissions 8 9 9 Insurance . . 248. 10 Legal and other professional fees 10 11 11 Management fees 12 Mortgage interest paid to banks, etc. (see instructions) 12 8,231. 13 13 14 14 Repairs . 15 Supplies 15 16 16 Taxes 17 17 18 18 Depreciation expense or depletion Other (list) PEST CONTROL 19 19 875. 20 20 Total expenses. Add lines 5 through 19 10,104. Subtract line 20 from line 3 (rents) and/or 4 (royalties). If 21 result is a (loss), see instructions to find out if you must file Form 6198 21 3,726. Deductible rental real estate loss after limitation, if any, 22 on Form 8582 (see instructions) 13,830. Total of all amounts reported on line 3 for all rental properties 23a Total of all amounts reported on line 4 for all royalty properties 23b Total of all amounts reported on line 12 for all properties 23c 8,231. 23d Total of all amounts reported on line 18 for all properties 10,104. Total of all amounts reported on line 20 for all properties 23e 24 Income. Add positive amounts shown on line 21. Do not include any losses 24 3,726. 25 Losses. Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here 25 Total rental real estate and royalty income or (loss). Combine lines 24 and 25. Enter the result 26 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 3,726.

26

2441

Department of the Treasury

Child and Dependent Care Expenses

Attach to Form 1040, 1040-SR, or 1040-NR.
Go to www.irs.gov/Form2441 for instructions and the latest information.

OMB No. 1545-0074

Attachment Sequence No. 21

Internal Revenue Service Name(s) shown on return Your social security number ARVIND KUMAR REDDY ANNAM & SRUTHI MALLU 694-35-1634 A You can't claim a credit for child and dependent care expenses if your filing status is married filing separately unless you meet the requirements listed in the instructions under Married Persons Filing Separately. If you meet these requirements, check this box. B If you or your spouse was a student or was disabled during 2023 and you're entering deemed income of \$250 or \$500 a month on Form 2441 based on the income rules listed in the instructions under If You or Your Spouse Was a Student or Disabled, check this box. Persons or Organizations Who Provided the Care—You must complete this part. If you have more than three care providers, see the instructions and check this box (d) Was the care provider your household employee in 2023? (c) Identifying number (e) Amount paid 1 (a) Care provider's (b) Address For example, this generally includes (number, street, apt. no., city, state, and ZIP code) name (SSN or EIN) (see instructions) nannies but not daycare centers. (see instructions) 2333 W PARKSIDE LN, X Yes No 45-4984082 ADAMS TRADITIONAL BEGINNINGS PHOENIX AZ 85027 8,400. Yes □No Yes □No No Complete only Part II below. Did you receive dependent care benefits? Complete Part III on page 2 next. Yes -Caution: If the care provider is your household employee, you may owe employment taxes. For details, see the Instructions for Schedule H (Form 1040). If you incurred care expenses in 2023 but didn't pay them until 2024, or if you prepaid in 2023 for care to be provided in 2024, don't include these expenses in column (d) of line 2 for 2023. See the instructions. **Credit for Child and Dependent Care Expenses** Part II Information about your qualifying person(s). If you have more than three qualifying persons, see the instructions and check this box (c) Check here if the (d) Qualified expenses (b) Qualifying person's you incurred and paid (a) Qualifying person's name qualifying person was over in 2023 for the person social security number age 12 and was disabled. First Last (see instructions) listed in column (a) ANIKA REDDY ANNAM 291-95-9601 8,400. Add the amounts in column (d) of line 2. Don't enter more than \$3,000 if you had one qualifying person 3 or \$6,000 if you had two or more persons. If you completed Part III, enter the amount from line 31 3 3,000. Enter your earned income. See instructions 4 4 154,179. If married filing jointly, enter your spouse's earned income (if you or your spouse was a student 5 or was disabled, see the instructions); all others, enter the amount from line 4 . . . 5 30,078. Enter the **smallest** of line 3, 4, or 5 6 3,000. Enter the amount from Form 1040, 1040-SR, or 1040-NR, line 11 . . . 7 Enter on line 8 the decimal amount shown below that applies to the amount on line 7. If line 7 is: If line 7 is: If line 7 is: **But not** But not **Decimal But not Decimal Decimal** Over Over Over amount is amount is over over amount is over \$0 - 15,000\$25,000-27,000 \$37,000 - 39,000.23 15,000-17,000 .28 .22 34 27,000 - 29,00039,000 - 41,000X .20 8 17.000 - 19.000.33 29,000-31,000 .27 41,000 - 43,000.21 19,000-21,000 .32 31,000 - 33,000.26 43,000-No limit .20 21,000-23,000 .31 33,000-35,000 .25 23,000-25,000 .30 35,000 - 37,000.24 9a Multiply line 6 by the decimal amount on line 8 600. If you paid 2022 expenses in 2023, complete Worksheet A in the instructions. Enter the amount from line 13 of the worksheet here. Otherwise, enter -0- on line 9b and go to line 9c 0.

on Schedule 3 (Form 1040), line 2

Tax liability limit. Enter the amount from the Credit Limit Worksheet in the instructions 10

Credit for child and dependent care expenses. Enter the smaller of line 9c or line 10 here and

c Add lines 9a and 9b and enter the result

10

600.

600.

9с

11

SCHEDULE 8812 (Form 1040)

Credits for Qualifying Children and Other Dependents

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

OMB No. 1545-0074

Department of the Treasury Internal Revenue Service Name(s) shown on return

Go to www.irs.gov/Schedule8812 for instructions and the latest information.

Attachment Sequence No. **47**

Your social security number

ARVI	ND KUMAR REDDY ANNAM & SRUTHI MALLU	694-35	-1634
Par	t I Child Tax Credit and Credit for Other Dependents		
1	Enter the amount from line 11 of your Form 1040, 1040-SR, or 1040-NR	. 1	188,043.
2a	Enter income from Puerto Rico that you excluded		
b	Enter the amounts from lines 45 and 50 of your Form 2555	0.	
c	Enter the amount from line 15 of your Form 4563		
d	Add lines 2a through 2c	. 2d	0.
3	Add lines 1 and 2d	. 3	188,043.
4	Number of qualifying children under age 17 with the required social security number 4	2	
5	Multiply line 4 by \$2,000	. 5	4,000.
6	Number of other dependents, including any qualifying children who are not under age	M	
	17 or who do not have the required social security number	0	
	Caution: Do not include yourself, your spouse, or anyone who is not a U.S. citizen, U.S. national, or U.S. resid	lent	
	alien. Also, do not include anyone you included on line 4.		
7	Multiply line 6 by \$500	. 7	
8	Add lines 5 and 7	. 8	4,000.
9	Enter the amount shown below for your filing status.		
	• Married filing jointly—\$400,000		
10	• All other filing statuses— $$200,000 \int$. 9	400,000.
10	Subtract line 9 from line 3.		
	• If zero or less, enter -0		
	• If more than zero and not a multiple of \$1,000, enter the next multiple of \$1,000. For example, if the result is \$425, enter \$1,000; if the result is \$1,025, enter \$2,000, etc.	. 10	
11	Multiply line 10 by 5% (0.05)		0.
12	Is the amount on line 8 more than the amount on line 11?		0.
14	No. STOP. You cannot take the child tax credit, credit for other dependents, or additional child tax credit.		4,000.
	Skip Parts II-A and II-B. Enter -0- on lines 14 and 27.	eait.	
	Yes. Subtract line 11 from line 8. Enter the result.		
13	Enter the amount from Credit Limit Worksheet A	. 13	25,290.
14	Enter the smaller of line 12 or line 13. This is your child tax credit and credit for other dependents		4,000.
•	Enter this amount on Form 1040, 1040-SR, or 1040-NR, line 19.		1,000.
	If the amount on line 12 is more than the amount on line 14, you may be able to take the addition	nal child 1	ax credit
	on Form 1040, 1040-SR, or 1040-NR, line 28. Complete your Form 1040, 1040-SR, or 1040-N		
	(also complete Schedule 3, line 11) before completing Part II-A.	it unougi	1 11110 21
	(under templete delivered by line 11) obtained to impletting I did if I in		

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Schedule 8812 (Form 1040) 2023

Part	II-A Additional Child Tax Credit for All Filers		
Cautio	on: If you file Form 2555, you cannot claim the additional child tax credit.		
15	Check this box if you do not want to claim the additional child tax credit. Skip Parts II-A and II-B. Enter -0- on line	e 27 .	
16a	Subtract line 14 from line 12. If zero, stop here; you cannot take the additional child tax credit. Skip Parts II-A		
	and II-B. Enter -0- on line 27	16a	0.
b	Number of qualifying children under 17 with the required social security number: x \$1,600.		
	Enter the result. If zero, stop here; you cannot claim the additional child tax credit. Skip Parts II-A and II-B.		
	Enter -0- on line 27	16b	
	TIP: The number of children you use for this line is the same as the number of children you used for line 4.		
17	Enter the smaller of line 16a or line 16b	17	
18a	Earned income (see instructions)		
b	Nontaxable combat pay (see instructions)		
19	Is the amount on line 18a more than \$2,500?		
	No. Leave line 19 blank and enter -0- on line 20.		
	Yes. Subtract \$2,500 from the amount on line 18a. Enter the result 19		
20	Multiply the amount on line 19 by 15% (0.15) and enter the result $\dots \dots \dots \dots \dots \dots \dots$	20	
	Next. On line 16b, is the amount \$4,800 or more?		
	No. If you are a bona fide resident of Puerto Rico, go to line 21. Otherwise, skip Part II-B and enter the		
	smaller of line 17 or line 20 on line 27.		
	Yes. If line 20 is equal to or more than line 17, skip Part II-B and enter the amount from line 17 on line 27.		
	Otherwise, go to line 21.		
Part	II-B Certain Filers Who Have Three or More Qualifying Children and Bona Fide Resident	s of F	Puerto Rico
21	Withheld social security, Medicare, and Additional Medicare taxes from Form(s) W-2,		
	boxes 4 and 6. If married filing jointly, include your spouse's amounts with yours. If		
	your employer withheld or you paid Additional Medicare Tax or tier 1 RRTA taxes, or		
	if you are a bona fide resident of Puerto Rico, see instructions	-	
22	Enter the total of the amounts from Schedule 1 (Form 1040), line 15; Schedule 2 (Form		
	1040), line 5; Schedule 2 (Form 1040), line 6; and Schedule 2 (Form 1040), line 13 . 22	-	
23	Add lines 21 and 22	-	
24	1040 and		
	1040-SR filers: Enter the total of the amounts from Form 1040 or 1040-SR, line 27,		
	and Schedule 3 (Form 1040), line 11.		
25	1040-NR filers: Enter the amount from Schedule 3 (Form 1040), line 11.	25	
25	Subtract line 24 from line 23. If zero or less, enter -0	25	
26	Enter the larger of line 20 or line 25	26	
Dorst	Next, enter the smaller of line 17 or line 26 on line 27.		
	II-C Additional Child Tax Credit	27	
27	This is your additional child tax credit. Enter this amount on Form 1040, 1040-SR, or 1040-NR, line 28	27	

Form **8889**

Department of the Treasury

Internal Revenue Service

Health Savings Accounts (HSAs)

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

Go to www.irs.gov/Form8889 for instructions and the latest information.

OMB No. 1545-0074

2023

Attachment Sequence No. 52

Name(s) shown on Form 1040, 1040-SR, or 1040-NR

ARVIND KUMAR REDDY ANNAM

Social security number of HSA beneficiary. If both spouses have HSAs, see instructions.

694-35-1634

Before you begin: Complete Form 8853, Archer MSAs and Long-Term Care Insurance Contracts, if required.						
Part	HSA Contributions and Deduction. See the instructions before completing this part. If y and both you and your spouse each have separate HSAs, complete a separate Part I for					
1	Check the box to indicate your coverage under a high-deductible health plan (HDHP) during 2023. See instructions	☐ Se	elf-only 🗵 Family			
2	HSA contributions you made for 2023 (or those made on your behalf), including those made by the unextended due date of your tax return that were for 2023. Do not include employer contributions, contributions through a cafeteria plan, or rollovers. See instructions	2	0.			
3	If you were under age 55 at the end of 2023 and, on the first day of every month during 2023, you were, or were considered, an eligible individual with the same coverage, enter \$3,850 (\$7,750 for family coverage). All others , see the instructions for the amount to enter	3	7,750.			
4	Enter the amount you and your employer contributed to your Archer MSAs for 2023 from Form 8853, lines 1 and 2. If you or your spouse had family coverage under an HDHP at any time during 2023, also include any amount contributed to your spouse's Archer MSAs	4	0.			
5	Subtract line 4 from line 3. If zero or less, enter -0	5	7,750.			
6	Enter the amount from line 5. But if you and your spouse each have separate HSAs and had family					
	coverage under an HDHP at any time during 2023, see the instructions for the amount to enter	6	7,750.			
7	If you were age 55 or older at the end of 2023, married, and you or your spouse had family coverage under an HDHP at any time during 2023, enter your additional contribution amount. See instructions.	7				
8	Add lines 6 and 7	8	7,750.			
9	Employer contributions made to your HSAs for 2023					
10	Qualified HSA funding distributions					
11	Add lines 9 and 10	11	5,100.			
12	Subtract line 11 from line 8. If zero or less, enter -0	12	2,650.			
13	HSA deduction. Enter the smaller of line 2 or line 12 here and on Schedule 1 (Form 1040), Part II, line 13	13	0.			
	Caution: If line 2 is more than line 13, you may have to pay an additional tax. See instructions.					
Part	a separate Part II for each spouse.	arate	HSAs, complete			
14a	Total distributions you received in 2023 from all HSAs (see instructions)	14a				
b	Distributions included on line 14a that you rolled over to another HSA. Also include any excess contributions (and the earnings on those excess contributions) included on line 14a that were withdrawn by the due date of your return. See instructions	146				
•		14b 14c				
C 15	Qualified medical expenses paid using HSA distributions (see instructions)	15				
15		15				
16	Taxable HSA distributions. Subtract line 15 from line 14c. If zero or less, enter -0 Also, include this amount in the total on Schedule 1 (Form 1040), Part I, line 8f	16				
17a	If any of the distributions included on line 16 meet any of the Exceptions to the Additional 20% Tax (see instructions), check here					
b	Additional 20% tax (see instructions). Enter 20% (0.20) of the distributions included on line 16 that are subject to the additional 20% tax. Also, include this amount in the total on Schedule 2 (Form 1040), Part II, line 17c	17b				
Part	Income and Additional Tax for Failure To Maintain HDHP Coverage. See the instruction completing this part. If you are filing jointly and both you and your spouse each have sep complete a separate Part III for each spouse.	ions b				
18	Last-month rule	18				
19	Qualified HSA funding distribution	19				
20	Total income. Add lines 18 and 19. Include this amount on Schedule 1 (Form 1040), Part I, line 8f .	20				
21	Additional tax. Multiply line 20 by 10% (0.10). Include this amount in the total on Schedule 2 (Form 1040), Part II, line 17d	21				

(Rev. November 2023)

Department of the Treasury Internal Revenue Service

Taxpayer name(s) shown on return

Paid Preparer's Due Diligence Checklist

Earned Income Credit (EIC), American Opportunity Tax Credit (AOTC),
Child Tax Credit (CTC) (including the Additional Child Tax Credit (ACTC) and
Credit for Other Dependents (ODC)), and Head of Household (HOH) Filing Status

To be completed by preparer and filed with Form 1040, 1040-SR, 1040-NR, 1040-PR, or 1040-SS. Go to www.irs.gov/Form8867 for instructions and the latest information.

OMB No. 1545-0074 For tax year 20 23 Attachment

Sequence No. 70

Taxpayer identification number

ARV	ND KUMAR REDDY ANNAM & SRUTHI MALLU	694-35-163	4		
repare	arer's name Preparer tax identification		ation numb	oer	
SYAN	M PRIYA RAM SAGAR GUPTA TALLAM	P02082703			
Part	Due Diligence Requirements				
	check the appropriate box for the credit(s) and/or HOH filing status claimed on the returbenefit(s) claimed (check all that apply). \square EIC $\boxed{\mathbf{x}}$ CTC/ACT		the rela		arts I-V HOH
1	Did you complete the return based on information for the applicable tax year provided b	y the taxpayer	Yes	No	N/A
	or reasonably obtained by you?		X		
2	If credits are claimed on the return, did you complete the applicable EIC and/or CT worksheets found in the Form 1040, 1040-SR, 1040-NR, 1040-PR, 1040-SS, or Schedu 1040) instructions, and/or the AOTC worksheet found in the Form 8863 instructions, worksheet(s) that provides the same information, and all related forms and schedules f claimed?	lle 8812 (Form , or your own	X		
3	Did you satisfy the knowledge requirement? To meet the knowledge requirement, you m the following.	ust do both of			
	 Interview the taxpayer, ask questions, and contemporaneously document the taxpayer's determine that the taxpayer is eligible to claim the credit(s) and/or HOH filing status. 	s responses to			
	• Review information to determine that the taxpayer is eligible to claim the credit(s) and status and to figure the amount(s) of any credit(s)	I/or HOH filing	X		
4	Did any information provided by the taxpayer or a third party for use in preparing information reasonably known to you, appear to be incorrect, incomplete, or inconsiste answer questions 4a and 4b. If " No ," go to question 5.)			×	
а	Did you make reasonable inquiries to determine the correct, complete, and consistent info	ormation? .			
b	Did you contemporaneously document your inquiries? (Documentation should include you asked, whom you asked, when you asked, the information that was provided, and t information had on your preparation of the return.)				
5	Did you satisfy the record retention requirement? To meet the record retention requirement keep a copy of your documentation referenced in question 4b, a copy of this Form 8867, applicable worksheet(s), a record of how, when, and from whom the information used to 8867 and any applicable worksheet(s) was obtained, and a copy of any document(s) pre taxpayer that you relied on to determine eligibility for the credit(s) and/or HOH filing states.	a copy of any prepare Form ovided by the			
	the amount(s) of the credit(s) $\ \ . \ \ . \ \ . \ \ . \ \ . \ \ . \ \ . \ \ . \ \ . \ \ . \ \ . \ \ . \ \ .$		×		
	List those documents provided by the taxpayer, if any, that you relied on:				
6	Did you ask the taxpayer whether he/she could provide documentation to substantiate el credit(s) and/or HOH filing status and the amount(s) of any credit(s) claimed on the retreturn is selected for audit?	eturn if his/her	X		
7	Did you ask the taxpayer if any of these credits were disallowed or reduced in a previous v		X	$\overline{}$	
•	(If credits were disallowed or reduced, go to question 7a; if not, go to question 8.)	,			
а	Did you complete the required recertification Form 8862?			П	
8	If the taxpayer is reporting self-employment income, did you ask questions to prepare a				
	correct Schedule C (Form 1040)?				

Form 8	Form 8867 (Rev. 11-2023) Page 2						
Part	Due Diligence Questions for Returns Claiming EIC (If the return does not claim EIC, go	to Part	III.)				
9a	Have you determined that the taxpayer is eligible to claim the EIC for the number of qualifying children	Yes	No	N/A			
	claimed, or is eligible to claim the EIC without a qualifying child? (If the taxpayer is claiming the EIC						
	and does not have a qualifying child, go to question 10.)						
b	Did you ask the taxpayer if the child lived with the taxpayer for over half of the year, even if the taxpayer has supported the child the entire year?						
С	Did you explain to the taxpayer the rules about claiming the EIC when a child is the qualifying child of						
·	more than one person (tiebreaker rules)?						
Part		claim (CTC, A	CTC,			
	or ODC, go to Part IV.)						
10	Have you determined that each qualifying person for the CTC/ACTC/ODC is the taxpayer's dependent who is	Yes	No	N/A			
	a citizen, national, or resident of the United States?	×					
11	Did you explain to the taxpayer that he/she may not claim the CTC/ACTC if the child has not lived with						
	the taxpayer for over half of the year, even if the taxpayer has supported the child, unless the child's custodial parent has released a claim to exemption for the child?	×		П			
12	Did you explain to the taxpayer the rules about claiming the CTC/ACTC/ODC for a child of divorced or	-					
	separated parents (or parents who live apart), including any requirement to attach a Form 8332 or similar						
	statement to the return?	×					
Part			Part \	/ .)			
13	Did the taxpayer provide substantiation for the credit, such as a Form 1098-T and/or receipts for the qu	alified	Yes	No			
Part	tuition and related expenses for the claimed AOTC?		o Bort	\/ \			
14	Have you determined that the taxpayer was unmarried or considered unmarried on the last day of the tax		Yes	No			
17	and provided more than half of the cost of keeping up a home for the year for a qualifying person?	. yeai					
Part							
	You will have complied with all due diligence requirements for claiming the applicable credit(s) and on the return of the taxpayer identified above if you:	or HO	H filing	statu			
	A. Interview the taxpayer, ask adequate questions, contemporaneously document the taxpayer's respo in your notes, review adequate information to determine if the taxpayer is eligible to claim the credit(status and to figure the amount(s) of the credit(s);	nses or s) and/o	the re	turn or filing			
	B. Complete this Form 8867 truthfully and accurately and complete the actions described in this checkle credit(s) claimed and HOH filing status, if claimed;	list for a	ıny app	licable			
	C. Submit Form 8867 in the manner required; and						
	D. Keep all five of the following records for 3 years from the latest of the dates specified in the Form 88 Document Retention.	67 instr	uctions	under			
	1. A copy of this Form 8867.						
	2. The applicable worksheet(s) or your own worksheet(s) for any credit(s) claimed.						
	3. Copies of any documents provided by the taxpayer on which you relied to determine the taxpayer credit(s) and/or HOH filing status and to figure the amount(s) of the credit(s).	r's eligik	oility for	the			
	A record of how, when, and from whom the information used to prepare this form and the applica obtained.	ble wor	ksheet((s) was			
	A record of any additional information you relied upon, including questions you asked and the tax determine the taxpayer's eligibility for the credit(s) and/or HOH filing status and to figure the amount	payer's ınt(s) of	respor the cre	ises, to edit(s).			
	If you have not complied with all due diligence requirements, you may have to pay a penalty for each related to a claim of an applicable credit or HOH filing status (see instructions for more information	h failur).	e to co	mply			
15	Do you certify that all of the answers on this Form 8867 are, to the best of your knowledge, true, correct	t and	Yes	No			
19	complete?	ι, αι IU 	X				
		· ·					

Form **8582**

Passive Activity Loss Limitations

See separate instructions.
Attach to Form 1040, 1040-SR, or 1041.

Go to www.irs.gov/Form8582 for instructions and the latest information.

OMB No. 1545-1008

2023
Attachment Sequence No. 858

Department of the Treasury Internal Revenue Service

ARVIND KUMAR REDDY ANNAM & SRUTHI MALLU

2023 Passive Activity Loss

 $\begin{array}{c} \textbf{Identifying number} \\ 694 - 35 - 1634 \end{array}$

	Caution: Complete Parts IV and V before completing Part I.		
	al Real Estate Activities With Active Participation (For the definition of active participation, see Special cance for Rental Real Estate Activities in the instructions.)		
1a b c d	Activities with net income (enter the amount from Part IV, column (a))	1d	3,726.
All Ot	ther Passive Activities		
2a b c d	Activities with net income (enter the amount from Part V, column (a))	2d	
3	Combine lines 1d and 2d and subtract any prior year unallowed CRD. See instructions. If this line is zero or more, stop here and include this form with your return; all losses are allowed, including any prior year unallowed losses entered on line 1c or 2c. Report the losses on the forms and schedules normally used	3	3,726.
	 Line 2d is a loss (and line 1d is zero or more), skip Part II and go to line 10. 		
	on: If your filing status is married filing separately and you lived with your spouse at any time during the l. Instead, go to line 10.	year,	do not complete
Par	t II Special Allowance for Rental Real Estate Activities With Active Participation		
	Note: Enter all numbers in Part II as positive amounts. See instructions for an example.		
4	Enter the smaller of the loss on line 1d or the loss on line 3	4	
5	Enter \$150,000. If married filing separately, see instructions		
6	Enter modified adjusted gross income, but not less than zero. See instructions 6		
	Note: If line 6 is greater than or equal to line 5, skip lines 7 and 8 and enter -0-on line 9. Otherwise, go to line 7.		
7	Subtract line 6 from line 5		
8	Multiply line 7 by 50% (0.50). Do not enter more than \$25,000. If married filing separately, see instructions	8	
9	Enter the smaller of line 4 or line 8. If line 3 includes any CRD, see instructions	9	0

out how to report the losses on your tax return V

Total losses allowed from all passive activities for 2023. Add lines 9 and 10. See instructions to find

Name of activity	Currer	nt year	Prior years	Overall gain or loss		
Name of activity	(a) Net income (line 1a)	(b) Net loss (line 1b)	(c) Unallowed loss (line 1c)	(d) Gain	(e) Loss	
35116 N 34th LANE	3,726.	0.		3,726.		
Total. Enter on Part I, lines 1a, 1b, and 1c	3,726.	0.				

Total Losses Allowed

11

10

11

Form 8582 (2023) Page **2**

	- /									. 490 —
Part V	Complete This Part Befor	еР	art I, Lines 2	a, 2b, a	and 2c. S	ee instruc	ctions.			•
Name of activity		Current year		Prior years		Overall gain or loss		ain or loss		
	name of activity	(a	Net income (line 2a)	(b) N (lir	Net loss ne 2b)	(c) Unall loss (lin	owed e 2c)	(d) Gain		(e) Loss
Total. Enter	on Part I, lines 2a, 2b, and 2c									
Part VI	Use This Part if an Amour	nt Is	Shown on F	Part II,	Line 9. S	ee instruc	tions.			
	Name of activity	an to I	rm or schedule d line number be reported on the instructions)	(a)	Loss	(b) Ra	atio	(c) Special allowance		(d) Subtract column (c) from column (a).
								V /		
								<u> </u>		
Total						1.00	0			
Part VII	Allocation of Unallowed L	oss	ses. See instr	uctions	3.					<u> </u>
	Name of activity		Form or sche and line nun to be reporte (see instruct	nber ed on	(a) l	Loss	(b) Ratio	(c)) Unallowed loss
Total								1.00		
Part VIII	Allowed Losses. See instr	ucti	ons.				1		l	
	Name of activity		Form or sche and line nun to be reporte (see instruct	nber ed on	(a) l	Loss	(b) Ur	nallowed loss	(c) Allowed loss
			(See in Istruct	10113)						
Total										

SPOUSE'S PEN AND INK SIGNATURE

E-file Signature Authorization

2023

(Arizona Forms 140, 140A, 140EZ, 140NR and 140PY) 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* **Enter** ARVIND KUMAR REDDY ANNAM 694 | 35 | 1634 vour Your Spouse's First Name and Initial (if filed joint) Last Name Spouse's Social Security No.* SSN(s). MALLU 71 | 6415 SRUTHI PART 1 – PURPOSE (If you are e-filing a Small Business Income Tax Return, also complete Form AZ-8879 SBI)*Do Not Truncate • To certify the truthfulness, correctness, and completeness of the taxpayer's electronic income tax return. • To authorize the Electronic Return Originator (ERO) to affirm that the taxpayer wishes to use the taxpayer's electronic signature to the taxpayer's federal individual income tax return as the taxpayer's signature to the taxpayer's electronic Arizona individual income tax return. PART 2 - TAX RETURN INFORMATION PART 3 - FINANCIAL INSTITUTION INFORMATION Must be present when requesting direct debit or deposit. 188,043 00 1 Arizona Adjusted Gross Income ☐ Foreign Account Deposit/Debit: See instructions below. 2 Balance Of Tax 3,809 00 TYPE OF ACCOUNT ROUTING NUMBER 7,072 00 ☑ Checking 2 2 1 0 1 Savings 3 Arizona Income Tax Withheld ... ACCOUNT NUMBER Check box 4 or box 5: 4 5 7 0 2 6 8 4 6 4 4 8 3,263 00 **4 REFUND**: Enter the amount of refund..... DIRECT DEBIT REQUEST DATE DIRECT DEBIT PAYMENT AMOUNT **5** ■ **AMOUNT YOU OWE:** Enter the amount owed....... เกด 00 Box 4 Checkbox - Refund: You are due a refund based on the information Foreign Account Deposit/Debit Checkbox: Check the "Foreign Account provided on your tax return. Your refund amount 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 Section (Part 3). 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 owe taxes based on the information provided on your tax return. You have elected to direct debit 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, for payment. The payment will be withdrawn from the account and on the PO Box 29085, Phoenix, AZ 85038-9085. date listed in the Financial Institution Information Section (Part 3). PART 4 – DECLARATION AND SIGNATURE AUTHORIZATION (Sign only after completing Part 2) I consent to my Electronic Return Originator (ERO) or On-Line Service Under penalties of perjury, I declare that I have examined a copy of my Provider (OLSP) sending my electronic Arizona individual income tax electronic Arizona individual income tax return and accompanying schedules return and accompanying schedules and statements to ADOR, and I and statements for the year ending December 31, 2023, and to the best of consent to my ERO or OLSP sending such information to ADOR through a my knowledge and belief, it is true, correct, and complete. I further declare transmitter. I consent to ADOR sending my ERO, OLSP and/or transmitter that the amounts of Arizona adjusted gross income, total tax, Arizona an acknowledgement of receipt of transmission and an indication of income tax withheld, and refund (or amount owed) listed above are the whether or not the transmission of my return is accepted and, if the return amounts shown on the copy of my electronic Arizona income tax return. is rejected, the reason(s) for the rejection. If the processing of my return **6a** X I consent that my refund be directly deposited as designated in the or refund is delayed, I authorize ADOR to disclose to my ERO, OLSP and/ electronic portion of my 2023 Arizona individual income tax return. or transmitter the reason(s) for the delay, or when the refund was sent. If I have filed a joint return, this is an irrevocable appointment of If ADOR contacts my ERO for a copy of my return, any documents or the other spouse as an agent to receive the refund. schedules to my return, and/or this authorization form, I authorize my ERO **6b** \prod I do not want direct deposit of my refund or I am not receiving a to release copies of the requested documents to ADOR. 6c I authorize the Arizona Department of Revenue (ADOR) and its I authorize GLOBAL TAXES LLC designated Financial Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account (ELECTRONIC RETURN ORIGINATOR) indicated in the tax preparation software for payment of my Arizona taxes owed on this return. I also authorize the financial institutions to make the election that I want my electronic signature to my electronic involved in the processing of the electronic payment of taxes to federal individual income tax return to serve as my signature to my receive confidential information necessary to answer inquiries and 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 that if the ADOR does not serve as my signature to my Arizona individual income tax return, I will receive full and timely payment of my tax liability by April 15, 2024, I will have signed my Arizona individual income tax return and declared under remain liable for the tax liability and all applicable interest and penalties. penalties of perjury that to the best of my knowledge and belief the return When electronically filing my federal and state tax returns, I understand is true, correct and complete. that if there is an error on my federal return, my state return will also be rejected. PLEASE SIGN HERE YOUR PEN AND INK SIGNATURE DATE

DATE

RETURN.			Arizona Form 140	Residen	Resident Personal Income Tax Return					
	82F		heck box 82F filing under extension	on OR FISCAL YEAR BE	GINNING	12,0,2,3	AND ENDING	1 . 1		F
	,		First Name and Middle Ini	***	Last Name				al Security Numb	er
10 THE	1		VIND KUMAR REDD		ANNAM		Enter	694	35 1634	
		Spous	se's First Name and Midd	lle Initial (if box 4 or 6 checked	d) Last Name		your SSN(s).	Spouse's	Social Security N	٥.
ANY ITEMS	1		UTHI		MALLU				71 6415	_
Ë	_		nt Home Address - numb	•		Apt. No.	I—	•	n area code)	
≥	2		220 N 26TH DRIV Town or Post Office	E State	ZIP Co	ndo I	Last Names Used in La	2)953-4		+\
ΕA	3	-	DENIX	AZ	8508		Last Names Oseu in La	ast i oui Filo	``´`)7
DO NOT STAPLE	_						REVENUE USE ONLY.	DO NOT M		_
ΣŢ	STATUS	4 5	Married filing joint re	eturn 4a llnjured Spous . Enter name of qualifying child or	se Protection of Joint		88			
=	ST			. Liner hame of qualifying child of	dependent on next line	5. ,				
\geq	NS NS	6	Married filing separa	ate return. Enter spouse's name	e and Social Security N	umber above.				
2	FILIN	7	Single	•	•					
	NS		♦ Enter the number of	claimed. Do not put a check	k mark.					
	음	8	"	and/or spouse) If completing			81 PM		RCVD	_
	ΜP	9	Blind (you and/or sp	pouse)	or lines 10a and 10b, also		81 PM	180	IKOVB	
	EXEMPTIONS	10a 11a	Dependents: Under Qualifying parents a	-	Dependents: Age 17	and over.				
		IIa		ependent Information. See ins	structions For more	snace check th	e box \square and comm	olete nage	4 Part 1	_
			(BOX TOU UNIT TOD). DO	(a)	(b)	(c)	(d)	(e)	(f)	Т
	ß			ND LAST NAME yourself or spouse.)	SOCIAL SECURITY NUMBER	RELATIONSHIP	NO. OF MONTHS ✓ De ir	pendent Age ncluded in:	if you did not clai this person on yo	m ur
	den		(DO NOT list)	Joursell of spouse.)	NOWBER		HOME IN 2023 1	2 10a) (Box 10b	federal return due	to
	Dependents	10c	ANIKA REDDY	ANNAM	291-95-960	1 Daughter		N D		_
	۵		DAKSH REDDY	ANNAM	720-54-5100			A		
		10e								_
<u>.</u>			(Box 11a): Qualifying p	parents and grandparents. Se	e instructions. For n	nore space, check	the box 🔲 and con	nplete page		
7	sand		FIDOT AN	(a)	(b) (c) T NAME SOCIAL SECURITY RELATIONSHIP			(e) AGE 65 OR	(f) ✓ IF DIED	
Ξ	arent			ND LAST NAME yourself or spouse.)	NUMBER	NELATIONSTIIF	LIVED IN YOUR	OVER	IN 2023	
ᅙ	ing F						HOME IN 2023			
nts after Form 140	Qualifying Parentsand Grandparents	11b								_
aĦ	o i	11c							100 010	_
nts				income (from your federal r					188,043 00	_
me				check the box if you are filing A					188,043 00	<u>)</u>
<u>n</u>				gross income. Subtract line terest				I	00	_
ę	ons	16	Partnership Income adjus	stment. See instructions				. 16	00	
<u>F</u>	ddit			l					00	<u>)</u>
힏	٨			e: Complete Other Additions			. •	. 18	00	_
S 0	·			ough 18 and enter the total				. 19	188,043 00)
음				oss). See instructions				00		ı
eq			The state of the s	al gain or (loss). See instruction Il gain or (loss). See instructions				00		ı
sch				n from assets acquired <i>after</i> D				00		ı
ď			- / /	25) and enter the result				<u> </u>	0 00	<u> </u>
any required federal and AZ schedules or other docume		25 Net capital gain derived from investment in qualified small business							00	
	ns	26	Recalculated Arizona dep		. 26	00	<u>)</u>			
	btractions			stment. See instructions			I	00		
	ıbtra		-	ns such as U.S. savings bond					00	
혓	S		Exclusion for federal, Ariz		00	_				
ij				inuities and pensions for retire ailroad Retirement Act benefit	· ·			I	00	_
je d			•	an Indians		•		·	00	
۲			•	ervice as a member of the res				I	00	
a a			•	ment. See instructions	•				00	
Place		34	Contributions to: 34a 529 0	College Savings Plans	00 34b 529A (ABLE	accounts)	00 add 34a and 34b	34c	00	_
☲			<u> </u>	34c from line 19. Enter the d					188,043 00	_
		ADOR	10413 (23) 1555		AZ Form 140	(2023)		REV 01/13/	24 PRO Page 1 of	6

	Your	Name (as shown on page 1)	Your Social Security Number	
	ARV	/IND KUMAR REDDY ANNAM & SRUTHI MALLU	694-35-1634	
Ī				
	36	Other Subtractions from Income. Complete Other Subtraction from Arizona Gross Income so		188,043 00
	37	Subtract line 36 from line 35. Enter the difference		
Suc	38	Age 65 or over: Multiply the number in box 8 by \$2,100		00
ptic	39	Blind: Multiply the number in box 9 by \$1,500		00
Exemptions	40	Other Exemptions. See instructions40EMultiply the number in box 40E by \$2,300		00
ш	41	Qualifying parents and grandparents: Multiply the number in box 11a by \$10,000		100 043 -
-	42	Arizona adjusted gross income: Subtract lines 38 through 41 from line 37. If less than zero, enter		188,043 00
	43	Deductions: Check box and enter amount. See instructions		27,700 00
	44	If you checked box 43 S and claim charitable contributions, check 44 C Complete page 3. Se		00
	45	Arizona taxable income: Subtract lines 43 and 44 from line 42. If less than zero, enter "0"		160,343 00
ă,	46	Tax: Multiply line 45 by 2.5% (.025). Enter the result		4,009 00
of Tax	47	Tax from recapture of credits from Arizona Form 301, Part 2, line 31	47	00
)Ce	48	Subtotal of tax: Add lines 46 and 47. Enter the total	4,009 00	
Balance	49	Dependent Tax Credit. See instructions	49	200 00
—	50	Family income tax credit (from the worksheet - see instructions)	50	00
	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 greater to	han line 48, enter "0" 52	3,809 00
	53	2023 AZ income tax withheld	53	7,072 00
	54	2023 AZ estimated tax payments 54a 00 Claim of Right 54b	00 Add 54a and 54b. 54c	
and	55	2023 AZ extension payment (Form 204)		00
Crec	56	Increased Excise Tax Credit (from the worksheet - see instructions)		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 amount581 308-I	582 □ 334 583 □ 349 58	00
Ref	59	Total payments and refundable credits: Add lines 53 through 58. Enter the total	59	7,072 00
	60	TAX DUE: If line 52 is larger than line 59, subtract line 59 from line 52. Enter amount of tax due. Skip line 52 is larger than line 59, subtract line 59 from line 52.		00
ī į	61	OVERPAYMENT: If line 59 is larger than line 52, subtract line 52 from line 59. Enter amount of overpa		3,263 00
ue o	62	Amount of line 61 to be applied to 2024 estimated tax	62	0 00
Overpayment	63		63	3,263 00
δ°	64	- 74 Voluntary Gifts to: Solutions Teams Assigned to Schools	1 1	
w		Child Abuse Prevention		
₽ E		Neighbors Helping Neighbors 69 00 Special Olympics 70 00 Veterans' Donatic Sustainable State Parks and Road Fund 73 00 Spay/Neuter of A		
tary		I Didn't Pay Enough Fund72 00 Sustainable State Parks and Road Fund73 00 Spay/Neuter of A	nimals 74	
Voluntary Gifts	75	Political Party (if amount is entered on line 68 - check only one): 751 Democratic 752 Libertaria	n 753 Republican	
>	76	Estimated payment penalty	00	
Ę	77	771 Annualized/Other 772 Farmer or Fisherman 773 Form 221 included		
Penalty	78	Add lines 64 through 74 and 76; enter the total	00	
٩	79	REFUND: Subtract line 78 from line 63. If less than zero, enter amount owed on line 80		3,263 00
þ		Direct Deposit of Refund: Check box 79A if your deposit will be ultimately placed in a foreign account ROUTING NUMBER ACCOUNT NUMBER	; see instructions. 79A	
Š		98 S Savings	8	
Amount Owed	80	AMOUNT OWED: Add lines 60 and 78. Make check payable to Arizona Department of Revenue; wr		
A mo	00	and include with your return		00
	ı.	Under penalties of perjury, I declare that I have read this return and any documents with it, an	nd to the best of my knowle	edge and belief they are
		rue, correct and complete. Declaration of preparer (other than taxpayer) is based on all inform		
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照 '	→		SOFTWARE ENGINE	ER
Ξ	Y	OUR SIGNATURE DATE	OCCUPATION	_
Z	→			_
SIGN HERE	_	POLICE'S SIGNATURE	PHARMACY TECHNI	CIAN
		POUSE'S SIGNATURE DATE	SPOUSE'S OCCUPATION	
S		SYAM PRIYA RAM SAGAR GUPTA TALLAM 02032024 GLOBAL TAXES DATE FIRM'S NAME (PREPARER'S		
E A		•	,	-
PLEASE		245 ROONEY CT PAID PREPARER'S STREET ADDRESS	84-317196 PAID PREPARER'S T	
		E BRUNSWICK NJ 08816	(678)965-	
		E BRUNSWICK NO 08816 AID PREPARER'S CITY STATE ZIP CODE	PAID PREPARER'S P	

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.