

IRS e-file Signature Authorization

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

Submission Identification Number (SID) ▶

Taxpayer's name MOHAMMED ABDUL RAHEE KHAN	Social security number 751-33-2761
Spouse's name PARIZAAD SULTANA	Spouse's social security number 879-71-0612

Part I Tax Return Information — Tax Year Ending December 31, 2023 (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	27,759.
2 Total tax	2	6.
3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099	3	6,201.
4 Amount you want refunded to you	4	6,195.
5 Amount you owe	5	

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

Under penalties of perjury, I declare that I have examined a copy of the income tax return (original or amended) I am now authorizing, and to the best of my knowledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I above are the amounts from the income tax return (original or amended) I am now authorizing. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution to debit the entry to this account. This authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate the authorization. To revoke (cancel) a payment, I must contact the U.S. Treasury Financial Agent at **1-888-353-4537**. Payment cancellation requests must be received no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I further acknowledge that the personal identification number (PIN) below is my signature for the income tax return (original or amended) I am now authorizing and, if applicable, my Electronic Funds Withdrawal Consent.

Taxpayer's PIN: check one box only

I authorize GLOBAL TAXES LLC to enter or generate my PIN

3	2	7	6	1
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 as my signature on the income tax return (original or amended) I am now authorizing.

I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box **only** if you are entering your own PIN **and** your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Your signature ▶ Mohammed Abdul Raheem Khan Date ▶ _____

Spouse's PIN: check one box only

I authorize GLOBAL TAXES LLC to enter or generate my PIN

1	0	6	1	2
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 as my signature on the income tax return (original or amended) I am now authorizing.

I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box **only** if you are entering your own PIN **and** your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Spouse's signature ▶ Parizaad Sultana Date ▶ _____

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 income tax return (original or amended) I am now authorized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and **Pub. 1345**, Handbook for Authorized IRS e-file Providers of Individual Income Tax Returns.

ERO's signature ▶ _____ Date ▶ _____

**ERO Must Retain This Form — See Instructions
Don't Submit This Form to the IRS Unless Requested To Do So**

For the year Jan. 1–Dec. 31, 2023, or other tax year beginning , 2023, ending , 20 See separate instructions.

Personal information section including name (MOHAMMED ABDUL RAHEE KHAN), social security numbers, address (6411 N ROCKWELL ST CHICAGO IL 60645), and marital status options.

Filing Status section with checkboxes for Single, Married filing jointly (checked), Married filing separately, Head of household (HOH), and Qualifying surviving spouse (QSS).

Digital Assets section with a checkbox for 'No' indicating no digital assets were received or sold during 2023.

Standard Deduction section with checkboxes for 'You as a dependent', 'Your spouse as a dependent', and 'Spouse itemizes on a separate return'.

Age/Blindness section with checkboxes for 'Were born before January 2, 1959' and 'Are blind' for both taxpayer and spouse.

Table for Dependents with columns for (1) First name, Last name, (2) Social security number, (3) Relationship to you, (4) Child tax credit, and Credit for other dependents.

Income section table with rows 1a through 1z, including Total amount from Form(s) W-2, Household employee wages, Tip income, Medicaid waiver payments, Taxable dependent care benefits, Employer-provided adoption benefits, Wages from Form 8919, Other earned income, and Nontaxable combat pay election.

Table for Taxable Interest and Dividends with rows 2a through 6b, including Tax-exempt interest, Qualified dividends, IRA distributions, Pensions and annuities, and Social security benefits.

Table for Adjustments and Deductions with rows 7 through 15, including Capital gain or loss, Total income, Adjustments to income, Adjusted gross income, Standard deduction, and Taxable income.

Tax and Credits	16	Tax (see instructions). Check if any from Form(s): 1 <input type="checkbox"/> 8814 2 <input type="checkbox"/> 4972 3 <input type="checkbox"/> _____ . . .	16	6.
	17	Amount from Schedule 2, line 3	17	
	18	Add lines 16 and 17	18	6.
	19	Child tax credit or credit for other dependents from Schedule 8812	19	
	20	Amount from Schedule 3, line 8	20	
	21	Add lines 19 and 20	21	
	22	Subtract line 21 from line 18. If zero or less, enter -0-	22	6.
	23	Other taxes, including self-employment tax, from Schedule 2, line 21	23	0.
	24	Add lines 22 and 23. This is your total tax	24	6.

Payments	25	Federal income tax withheld from:		
	a	Form(s) W-2	25a	6,201.
	b	Form(s) 1099	25b	
	c	Other forms (see instructions)	25c	
	d	Add lines 25a through 25c	25d	6,201.
	26	2023 estimated tax payments and amount applied from 2022 return	26	
	27	Earned income credit (EIC)	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 refundable credits	32	
	33	Add lines 25d, 26, and 32. These are your total payments	33	6,201.

Refund	34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid	34	6,195.
	35a	Amount of line 34 you want refunded to you . If Form 8888 is attached, check here <input type="checkbox"/>	35a	6,195.
Direct deposit? See instructions.	b	Routing number 081904808 c Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings		
	d	Account number 291037458227		
	36	Amount of line 34 you want applied to your 2024 estimated tax	36	

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	37	
	38	Estimated tax penalty (see instructions)	38	

Third Party Designee Do you want to allow another person to discuss this return with the IRS? See instructions **Yes.** Complete below. **No**

Designee's name	Phone no.	Personal identification number (PIN)
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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 SOFTWARE EMPLOYEE	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 HOME MAKER	If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.)
Phone no. (872) 806-5884	Email address RAHEEM.KHAN.MA@GMAIL.COM		

Paid Preparer Use Only

Preparer's name SYAM PRIYA RAM SAGAR GUPTA	Preparer's signature SYAM PRIYA RAM SAGAR GUPTA	Date 03/28/2024	PTIN P02082703	Check if: <input type="checkbox"/> Self-employed
Firm's name GLOBAL TAXES LLC	Firm's address 245 ROONEY CT E BRUNSWICK NJ 08816			Phone no. (678) 965-9522
				Firm's EIN

**SCHEDULE 1
(Form 1040)**

Department of the Treasury
Internal Revenue Service

Additional Income and Adjustments to Income

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. **01**

Name(s) shown on Form 1040, 1040-SR, or 1040-NR
MOHAMMED ABDUL RAHEE KHAN & PARIZAAD SULTANA

Your social security number
751-33-2761

Part 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	-29,017.
4	Other gains or (losses). Attach Form 4797	4	
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	5	
6	Farm income or (loss). Attach Schedule F	6	
7	Unemployment compensation	7	
8	Other income:		
a	Net operating loss	8a	()
b	Gambling	8b	
c	Cancellation of debt	8c	
d	Foreign earned income exclusion from Form 2555	8d	()
e	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	
l	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	8l	
m	Olympic and Paralympic medals and USOC prize money (see instructions)	8m	
n	Section 951(a) inclusion (see instructions)	8n	
o	Section 951A(a) inclusion (see instructions)	8o	
p	Section 461(l) excess business loss adjustment	8p	
q	Taxable distributions from an ABLÉ 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	()
t	Pension or annuity from a nonqualified deferred compensation plan or a nongovernmental section 457 plan	8t	
u	Wages earned while incarcerated	8u	
z	Other income. List type and amount: _____	8z	
9	Total other income. Add lines 8a through 8z	9	
10	Combine lines 1 through 7 and 9. This is your additional income . Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8	10	-29,017.

For Paperwork Reduction Act Notice, see your tax return instructions.

Schedule 1 (Form 1040) 2023

Part 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		
c	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)	24a	
b	Deductible expenses related to income reported on line 8l from the rental of personal property engaged in for profit	24b	
c	Nontaxable amount of the value of Olympic and Paralympic medals and USOC prize money reported on line 8m	24c	
d	Reforestation amortization and expenses	24d	
e	Repayment of supplemental unemployment benefits under the Trade Act of 1974	24e	
f	Contributions to section 501(c)(18)(D) pension plans	24f	
g	Contributions by certain chaplains to section 403(b) plans	24g	
h	Attorney fees and court costs for actions involving certain unlawful discrimination claims (see instructions)	24h	
i	Attorney fees and court costs you paid in connection with an award from the IRS for information you provided that helped the IRS detect tax law violations	24i	
j	Housing deduction from Form 2555	24j	
k	Excess deductions of section 67(e) expenses from Schedule K-1 (Form 1041)	24k	
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 C (Form 1040)

Profit or Loss From Business (Sole Proprietorship)

OMB No. 1545-0074

2023

Attachment Sequence No. 09

Department of the Treasury Internal Revenue Service

Attach to Form 1040, 1040-SR, 1040-SS, 1040-NR, or 1041; partnerships must generally file Form 1065. Go to www.irs.gov/ScheduleC for instructions and the latest information.

Name of proprietor: MOHAMMED ABDUL RAHEE KHAN. Social security number (SSN): 751-33-2761. Principal business or profession: TAXI FARE. Business name: [blank]. Business address: 6411 N ROCKWELL ST, Apt. 514, CHICAGO, IL 60645. Accounting method: [X] Cash. Did you materially participate? [X] Yes.

Part I Income

Table with 7 rows for income items. Line 1: Gross receipts or sales, 13,555. Line 2: Returns and allowances. Line 3: Subtract line 2 from line 1, 13,555. Line 4: Cost of goods sold. Line 5: Gross profit, 13,555. Line 6: Other income. Line 7: Gross income, 13,555.

Part II Expenses. Enter expenses for business use of your home only on line 30.

Table with 32 rows for expenses. Line 8: Advertising. Line 9: Car and truck expenses, 8,843. Line 10: Commissions and fees. Line 11: Contract labor. Line 12: Depletion. Line 13: Depreciation and section 179 expense deduction. Line 14: Employee benefit programs. Line 15: Insurance. Line 16: Interest. Line 17: Legal and professional services. Line 18: Office expense. Line 19: Pension and profit-sharing plans. Line 20: Rent or lease, 25,740. Line 21: Repairs and maintenance. Line 22: Supplies. Line 23: Taxes and licenses. Line 24: Travel and meals. Line 25: Utilities, 3,094. Line 26: Wages. Line 27: Other expenses, 4,895. Line 28: Total expenses, 42,572. Line 29: Tentative profit or (loss), -29,017. Line 30: Expenses for business use of your home. Line 31: Net profit or (loss), -29,017. Line 32: If you have a loss, check the box that describes your investment in this activity.

Part III Cost of Goods Sold (see instructions)

33 Method(s) used to value closing inventory: **a** Cost **b** Lower of cost or market **c** Other (attach explanation)

34 Was there any change in determining quantities, costs, or valuations between opening and closing inventory? Yes No
If "Yes," attach explanation

35 Inventory at beginning of year. If different from last year's closing inventory, attach explanation . . .	35	
36 Purchases less cost of items withdrawn for personal use	36	
37 Cost of labor. Do not include any amounts paid to yourself	37	
38 Materials and supplies	38	
39 Other costs	39	
40 Add lines 35 through 39	40	
41 Inventory at end of year	41	
42 Cost of goods sold. Subtract line 41 from line 40. Enter the result here and on line 4	42	

Part IV Information on Your Vehicle. Complete this part **only** if you are claiming car or truck expenses on line 9 and are not required to file Form 4562 for this business. See the instructions for line 13 to find out if you must file Form 4562.

43 When did you place your vehicle in service for business purposes? (month/day/year) 05/02/2023

44 Of the total number of miles you drove your vehicle during 2023, enter the number of miles you used your vehicle for:
a Business 13,500 **b** Commuting (see instructions) _____ **c** Other 4,500

45 Was your vehicle available for personal use during off-duty hours? Yes No

46 Do you (or your spouse) have another vehicle available for personal use?. Yes No

47a Do you have evidence to support your deduction? Yes No
b If "Yes," is the evidence written? Yes No

Part V Other Expenses. List below business expenses not included on lines 8–26, line 27b, or line 30.

BACK OFFICE EXPENSES		4,895.
48 Total other expenses. Enter here and on line 27a	48	4,895.

Additional Information From 2023 Federal Tax Return**Schedule C (TAXI FARE): Profit or Loss from Business****Line 25****Itemization Statement**

Description	Amount
INTERNET BILL(\$65*12P.M)	780.
MOBILE BILL	650.
ELECTRICITY BILL	1,118.93
GAS BILL	544.78
Total	3,093.71

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 MOHAMMED ABDUL RAHEE	Last Name KHAN	Enter your SSN(s).	Your Social Security Number* 751 33 2761
Your Spouse's First Name and Initial (if filed joint) PARIZAAD	Last Name SULTANA		Spouse's Social Security No.* 879 71 0612

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

1 Arizona Adjusted Gross Income	47,353	00
2 Balance Of Tax	491	00
3 Arizona Income Tax Withheld ...	947	00
Check box 4 or box 5:		
<input checked="" type="checkbox"/> REFUND: Enter the amount of refund.....	456	00
<input type="checkbox"/> AMOUNT YOU OWE: Enter the amount owed.....		00

PART 3 – FINANCIAL INSTITUTION INFORMATION

Must be present when requesting direct debit or deposit.

Foreign Account Deposit/Debit: See instructions below.

TYPE OF ACCOUNT ROUTING NUMBER

Checking Savings 081904808

ACCOUNT NUMBER

291037458227

DIRECT DEBIT REQUEST DATE DIRECT DEBIT PAYMENT AMOUNT

\$.00

Box 4 Checkbox – Refund: You are due a refund based on the information provided on your tax return. Your refund amount will be deposited in the account listed in the Financial Institution Information Section (Part 3).

Box 5 Checkbox – Amount You Owe: You owe taxes based on the information provided on your tax return. You have elected to direct debit for payment. The payment will be withdrawn from the account and on the date listed in the Financial Institution Information Section (Part 3).

Foreign Account Deposit/Debit Checkbox: Check the "Foreign Account Deposit/Debit" box if your deposit will be ultimately placed in or come from a foreign account. If you check this box, do not enter your account numbers. If this box is checked, we will not direct deposit or debit your account. If you are due a refund, we will send you a check instead. If you owe tax, **you must mail a check to the Arizona Department of Revenue, PO Box 29085, Phoenix, AZ 85038-9085.**

PART 4 – DECLARATION AND SIGNATURE AUTHORIZATION (Sign only after completing Part 2)

Under penalties of perjury, I declare that I have examined a copy of my electronic Arizona individual income tax return and accompanying schedules and statements for the year ending December 31, 2023, and to the best of my knowledge and belief, it is true, correct, and complete. I further declare that the amounts of Arizona adjusted gross income, total tax, Arizona income tax withheld, and refund (or amount owed) listed above are the amounts shown on the copy of my electronic Arizona income tax return.

- 6a I consent that my refund be directly deposited as designated in the electronic portion of my 2023 Arizona individual income tax return. If I have filed a joint return, this is an irrevocable appointment of the other spouse as an agent to receive the refund.
- 6b I do not want direct deposit of my refund or I am not receiving a refund.
- 6c I authorize the Arizona Department of Revenue (ADOR) and its designated Financial Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of my Arizona taxes owed on this return. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment.

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

I consent to my Electronic Return Originator (ERO) or On-Line Service Provider (OLSP) sending my electronic Arizona individual income tax return and accompanying schedules and statements to ADOR, and I consent to my ERO or OLSP sending such information to ADOR through a transmitter. I consent to ADOR sending my ERO, OLSP and/or transmitter an acknowledgement of receipt of transmission and an indication of whether or not the transmission of my return is accepted and, if the return is rejected, the reason(s) for the rejection. If the processing of my return or refund is delayed, I authorize ADOR to disclose to my ERO, OLSP and/or transmitter the reason(s) for the delay, or when the refund was sent. If ADOR contacts my ERO for a copy of my return, any documents or schedules to my return, and/or this authorization form, I authorize my ERO to release copies of the requested documents to ADOR.

I authorize GLOBAL TAXES LLC
(ELECTRONIC RETURN ORIGINATOR)

to make the election that I want my electronic signature to my electronic federal individual income tax return to serve as my signature to my electronic Arizona individual income tax return for the year ending December 31, 2023. I understand that when my ERO makes the election that my electronic signature to my federal individual income tax return will serve as my signature to my Arizona individual income tax return, I will have signed my Arizona individual income tax return and declared under penalties of perjury that to the best of my knowledge and belief the return is true, correct and complete.

PLEASE SIGN HERE

→ _____
YOUR PEN AND INK SIGNATURE DATE _____

→ _____
SPOUSE'S PEN AND INK SIGNATURE DATE _____

DO NOT STAPLE ANY ITEMS TO THE RETURN.

Arizona Form 140PY

Part-Year Resident Personal Income Tax Return

FOR CALENDAR YEAR 2023

82F Check box 82F if filing under extension OR FISCAL YEAR BEGINNING 2023 AND ENDING 66F

Personal information section including name, address, and social security numbers.

Filing status section with options for Married, Head of household, etc.

Exemptions section for age 65+, blind, and dependents.

Residency Status (check one): 12 Part-Year Resident Other than Active Military

Table for dependent information with columns for name, SSN, relationship, and months lived in Arizona.

Table for qualifying parents and grandparents with columns for name, SSN, relationship, and age.

Dates of Arizona residency: From 06/01/2023 to 12/31/2023

Main income tax calculation table with columns for 2023 Federal and 2023 Arizona amounts.

Place any required federal and AZ schedules or other documents after Form 140PY.

FILING STATUS

Exemptions 8, 9, and 11a - Dependents 10a and 10b

Arizona Income

Subtractions - cont. on page 2 Additions

Your Name (as shown on page 1) **MOHAMMED ABDUL RAHEE KHAN & PARIZAAD SULTANA** Your Social Security Number **751-33-2761**

Subtractions cont. from page 1	40	Recalculated Arizona depreciation	40		00
	41	Contributions to: 41a 529 College Savings Plans <input type="text"/> 00 41b 529A (ABLE accounts) <input type="text"/> 00 add 41a and 41b...	41c		00
	42	Interest on U.S. obligations such as U.S. savings bonds and treasury bills	42		00
	43	U.S. Social Security or Railroad Retirement Act benefits included in your Arizona income	43		00
	44	Other Subtractions from Income. Complete <i>Other Subtractions from Arizona Gross Income</i> schedule on page 6	44		00
	45	Subtract lines 40 through 44 from line 39. Enter the difference	45	47,353	00
Exemptions	46	Age 65 or over: Multiply the number in box 8 by \$2,100	46		00
	47	Blind: Multiply the number in box 9 by \$1,500	47		00
	48	Other Exemptions. See instructions....48E <input type="text"/> Multiply the number in box 48E by \$2,300	48		00
	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	50		00
	51	Multiply line 50 by the Arizona income ratio on line 27	51		0 00
	52	Arizona adjusted gross income: Subtract line 51 from line 45. If less than zero, enter "0"	52	47,353	00
Balance of Tax	53	Deductions: Check box and enter amount. See instructions.....53I <input type="checkbox"/> ITEMIZED 53S <input checked="" type="checkbox"/> STANDARD	53	27,700	00
	54	If you checked box 53S and claim charitable contributions check 54C <input type="checkbox"/> Complete page 3. See instructions	54		00
	55	Arizona taxable income: Subtract lines 53 and 54 from line 52. If less than zero, enter "0"	55	19,653	00
	56	Tax: Multiply line 55 by 2.5% (.025). Enter the result	56	491	00
	57	Tax from recapture of credits from Arizona Form 301, Part 2, line 31	57		00
	58	Subtotal of tax: Add lines 56 and 57. Enter the total	58	491	00
	59	Dependent Tax Credit. See instructions	59		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 58, enter "0"	62	491	00
Total Payments and Refundable Credits	63	2023 AZ income tax withheld	63	947	00
	64	2023 AZ estimated tax payments..64a <input type="text"/> 00 Claim of Right 64b <input type="text"/> 00 Add 64a and 64b.. 64c	64c		00
	65	2023 AZ extension payment (Form 204)	65		00
	66	Increased Excise Tax Credit (from the worksheet - see instructions)	66		00
	67	Other refundable credits: Check the box(es) and enter the total amount.....671 <input type="checkbox"/> 308-I 672 <input type="checkbox"/> 334 673 <input type="checkbox"/> 349	67		00
	68	Total payments and refundable credits: Add lines 63 through 67. Enter the total	68	947	00
Tax Due or Overpayment	69	TAX DUE: 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		00
	70	OVERPAYMENT: If line 68 is larger than line 62, subtract line 62 from line 68. Enter amount of overpayment	70	456	00
	71	Amount of line 70 to be applied to 2024 estimated tax	71		00
	72	Balance of overpayment: Subtract line 71 from line 70. Enter the difference	72	456	00
Voluntary Gifts	73 - 83 Voluntary Gifts to:				
		Solutions Teams Assigned to Schools	73		00
		Arizona Wildlife	74		00
	Child Abuse Prevention	Domestic Violence Services	75		00
	Neighbors Helping Neighbors	Special Olympics	76		00
	I Didn't Pay Enough Fund	Veterans' Donations Fund	77		00
		Sustainable State Parks and Road Fund	78		00
		Spay/Neuter of Animals	79		00
80	Political Party (if amount is entered on line 77- check only one): 841 <input type="checkbox"/> Democratic 842 <input type="checkbox"/> Libertarian 843 <input type="checkbox"/> Republican	80		00	
Penalty	85	Estimated payment penalty	85		00
	86	861 <input type="checkbox"/> Annualized/Other 862 <input type="checkbox"/> Farmer or Fisherman 863 <input type="checkbox"/> Form 221 included	86		00
	87	Add lines 73 through 83 and 85; enter the total	87		00
Refund or Amount Owed	88	REFUND: Subtract line 87 from line 72. If less than zero, enter amount owed on line 89	88	456	00
	Direct Deposit of Refund: Check box 88A if your deposit will be ultimately placed in a foreign account; see instructions. 88A <input type="checkbox"/>				
	<input checked="" type="checkbox"/> C Checking or <input type="checkbox"/> S Savings	ROUTING NUMBER: 081904808	ACCOUNT NUMBER: 291037458227		
89	AMOUNT OWED: Add lines 69 and 87. Make check payable to Arizona Department of Revenue; write your SSN on payment.	89		00	

PLEASE SIGN HERE

Under penalties of perjury, I declare that I have read this return and any documents with it, and to the best of my knowledge and belief, they are true, correct and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

YOUR SIGNATURE _____ DATE _____ SOFTWARE EMPLOYEE
 OCCUPATION
 HOME MAKER

SPOUSE'S SIGNATURE _____ DATE _____ SPOUSE'S OCCUPATION
 SYAM PRIYA RAM SAGAR GUPTA 03282024 GLOBAL TAXES LLC

PAID PREPARER'S SIGNATURE _____ DATE _____ FIRM'S NAME (PREPARER'S IF SELF-EMPLOYED)
 245 ROONEY CT P02082703
 PAID PREPARER'S STREET ADDRESS PAID PREPARER'S TIN
 E BRUNSWICK NJ 08816 (678) 965-9522
 PAID PREPARER'S CITY STATE ZIP CODE PAID PREPARER'S PHONE NUMBER