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

Submissio	n Identification Number (SID)			
Taxpayer's na	me	Social security	y number	
ANKIT	KUMAR DUBEY	883-51-	4558	
Spouse's nam	ne	Spouse's soci	al security nu	mber
Part I	Tax Return Information — Tax Year Ending December 31, 2023 (Enter	year you ar	e authoriz	ing.)
	e dollars only on lines 1 through 5.			
Note: Forn	n 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.	,		
-	usted gross income		1	9,792.
	al tax		2	0.
	eral income tax withheld from Form(s) W-2 and Form(s) 1099		3	1,299.
	ount you want refunded to you		4	1,299.
	ount you owe		5	\
Part II	Taxpayer Declaration and Signature Authorization (Be sure you get and k ties of perjury, I declare that I have examined a copy of the income tax return (original or amended)			
return (original to send my for any delay Agent to inite payment of authorization payment, I business dataxes to recepersonal idea	Ige and belief, it is true, correct, and complete. I further declare that the amounts in Part I above that or amended) I am now authorizing. I consent to allow my intermediate service provider, transmit return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for reject yin processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S iate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicing federal taxes owed on this return and/or a payment of estimated tax, and the financial institution is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation requives prior to the payment (settlement) date. I also authorize the financial institutions involved in the payment information necessary to answer inquiries and resolve issues related to the payment with the payment of the player of the information number (PIN) below is my signature for the income tax return (original or amended) I amounds Withdrawal Consent.	tter, or electro ction of the tra S. Treasury ar cated in the ta n to debit the the authoriza ests must be processing of ayment. I furth	nic return ori ansmission, (and its designa x preparation entry to this tion. To revo received no the electroni ner acknowle	ginator (ERO) b) the reason ated Financial n software for account. This ob later than 2 c payment of edge that the
	s PIN: check one box only			
X la	authorize GLOBAL TAXES LLC to enter or generate n	Ente	4 5 5 er five digits, l 't enter all ze	
☐ I\	gnature on the income tax return (original or amended) I am now authorizing. will enter my PIN as my signature on the income tax return (original or amended) I am no you are entering your own PIN and your return is filed using the Practitioner PIN methodelow. ture		must com	
. —	PIN: check one box only	DIV.		
si	to enter or generate n ERO firm name gnature on the income tax return (original or amended) I am now authorizing.	Ente	er five digits, i	ros
if	will enter my PIN as my signature on the income tax return (original or amended) I am no you are entering your own PIN and your return is filed using the Practitioner PIN methoelow.			
Spouse's s	signature ▶ Date ▶			
	Practitioner PIN Method Returns Only—continue below			
Part III	Certification and Authentication — Practitioner PIN Method Only			
ERO's EFI	N/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN. 2 2	2 4 9 6 Don't ente	or all zeros	7 1
authorized t	the above numeric entry is my PIN, which is my signature for the electronic individual income tax o file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am submits of the Practitioner PIN method and Pub. 1345 , Handbook for Authorized IRS <i>e-file</i> Providers of Indicated IRS <i>e-file</i> Providers IRS <i>e-f</i>	tting this retu	rn in accorda	ance with the
ERO's sign	nature ▶ Date ▶			
	ERO Must Retain This Form — See Instructions			

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

£1040		artment of the Treasury-Internal Revenue Servi		urn	202	3	OMB No. 1545	-0074	IRS Use	Only-	-Do not w	rite or sta	aple in this space.	
For the year Jar	n. 1–Dec	c. 31, 2023, or other tax year beginning			, 2023, enc	ling			, 20		See se	parate i	instructions.	
Your first name	and m	iddle initial	Last na	me							Your so	cial sec	curity number	_
ANKIT KU	JMAR		DUBE	Y							883	51	4558	
		s first name and middle initial	Last na	me							Spouse'		security numb	eı
Home address	(numbe	er and street). If you have a P.O. box, see	instructi	ons.					Apt. no.		Preside	ntial Ele	ection Campai	an
2315 E I										- 1			ou, or your	Э.
		ice. If you have a foreign address, also co	mplete s	paces bel	ow.	Sta	te	ZIP c	ode		•	_	jointly, want \$	
PHOENIX						AZ		850	40		•		nd. Checking a not change	а
Foreign country	y name		I	Foreign pr	rovince/state/	count	у	Foreig	ın postal c	ode	your tax		ınd.	se
Filing Status	3 X	Single Married filing jointly (even if only or	ne had i	ncome)			Head of h	ouseh	old (HOI	H)				_
Check only	F	Married filing separately (MFS)	ne nau i	ricorrie)			Qualifying	surviv	ina sna	ISA ((288)			
one box.	If v	you checked the MFS box, enter the	name o	of your st	oouse. If voi	ı che	, ,		0 1	,	,	ild's na	me if the	
		alifying person is a child but not you			•							iia o na		
Digital		ny time during 2023, did you: (a) rec			d, award, or	payn	nent for prope	rty or	services); or ((b) sell,			_
Assets	_	nange, or otherwise dispose of a dig						et)? (Se	e instru	ction	s.)	Y€	es 🔀 No	
Standard		neone can claim: You as a de	•				a dependent							
Deduction		Spouse itemizes on a separate retur	n or you	were a	duai-status	allen								_
Age/Blindnes	s You	: Were born before January 2, 1	959	Are bl	ind Sp	ouse	: Was bor						s blind	
Dependent				(2) 8	Social security	,	(3) Relationsh	nip (4					see instructions	
If more	(1) F	irst name Last name			number		to you		Child t	ax cre	edit	Credit to	or other depender	nts
than four dependents,														_
see instruction	s									=				_
and check here \Box	ı —									_				_
Income	1a	Total amount from Form(s) W-2, b	ox 1 (se	e instruc	tions) .					. .	1a		9,792	
	b	Household employee wages not re	eported	on Form	(s) W-2 .						1b			
Attach Form(s) W-2 here. Also	С	Tip income not reported on line 1a	a (see in:	struction	s)						1c	:		
attach Forms	d	Medicaid waiver payments not rep	orted o	n Form(s	s) W-2 (see i	nstru	ctions)				1d			
W-2G and 1099-R if tax	е	Taxable dependent care benefits f	rom For	m 2441,	line 26						1e			
was withheld.	f	Employer-provided adoption bene	fits fron	n Form 8	839, line 29						1f			
If you did not	g	Wages from Form 8919, line 6 .									1g			
get a Form W-2, see	h	Other earned income (see instruct	ions)								1h		0 .	•
instructions.	i	Nontaxable combat pay election (s	see instr	ructions)			<u>1</u> i							
	Z	Add lines 1a through 1h									1z		9,792	•
Attach Sch. B	2 a	Tax-exempt interest	2a				axable interes				2b			_
if required.	<u>3a</u>	Qualified dividends	3a				rdinary divide					1		
Standard	4a		4a				axable amoun					_		
Deduction for—	5a	-	5a				axable amoun					_		
Single or Married filing	6a	,	6a				axable amoun	t		٠	6b			_
separately,	C	If you elect to use the lump-sum e		,		`	,							
\$13,850 Married filing	7	Capital gain or (loss). Attach Sche		•						. L	7	+		_
jointly or Qualifying	8	Additional income from Schedule	-								8	+	0.700	
surviving spouse, \$27,700	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7		•							9	+	9,792	•
Head of	10	Adjustments to income from Sche									10		0.700	
household, \$20,800	11	Subtract line 10 from line 9. This is	-	-	_						11		9,792	
If you checked	12	Standard deduction or itemized				-					12		13,850	<u>•</u>
any box under Standard	13	Qualified business income deduct									13		12 050	
Deduction, see instructions.	14	Add lines 12 and 13									14		13,850	•

Form 1040 (2023	3)								Page 2		
Tax and	16	Tax (see instructions). Check if any from Forn	n(s): 1 881	4 2 🗌 4972	3 🗌			16	0.		
Credits	17						[17			
	18	Add lines 16 and 17					[18	0.		
	19	Child tax credit or credit for other depender	nts from Sched	ule 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,						22	0.		
	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	0.		
Payments	25	Federal income tax withheld from:									
,	а	Form(s) W-2			25a	1,	299.				
	b	Form(s) 1099			25b						
	С	Other forms (see instructions)			25c						
	d	Add lines 25a through 25c						25d	1,299.		
f you have a	26	2023 estimated tax payments and amount a						26	,		
If you have a l qualifying child,	27	Earned income credit (EIC)	• •		27						
attach Sch. EIC.	28	Additional child tax credit from Schedule 881			28		-				
	29	American opportunity credit from Form 886			29		$\neg \neg$				
	30	Reserved for future use	•		30						
	31	Amount from Schedule 3, line 15			31						
	32	Add lines 27, 28, 29, and 31. These are you				e credits		32			
	33	Add lines 25d, 26, and 32. These are your to	-	-			• •	33	1,299.		
Refund	34	If line 33 is more than line 24, subtract line 2						34	1,299.		
neiuliu	35a	Amount of line 34 you want refunded to yo			•	-	. in t	35a	1,299.		
Direct deposit?	b	Routing number 1 2 2 1 0 1 7			Chec		vings	ooa			
See instructions.	d	Account number 4 5 7 0 5 0 3					virigs				
	36	Amount of line 34 you want applied to your			36	'					
Amount		·			00						
You Owe	37	Subtract line 33 from line 24. This is the am For details on how to pay, go to <i>www.irs.go</i>						37			
Tou One	38	Estimated tax penalty (see instructions) .			38	 I		37			
Third Party		you want to allow another person to dis									
Designee		tructions				Yes. Com	plete be	low.	⋉ No		
Besignee		signee's	Phone				al identific				
	nai		no.			number					
Sign		der penalties of perjury, I declare that I have examine ief, they are true, correct, and complete. Declaration									
Here	Yo	ur signature	Date	Your occupation			If the I	RS ser	nt you an Identity		
									N, enter it here		
Joint return?				SOFTWARE		NEER	,	(see inst.) If the IRS sent your spouse an Identity Protection PIN, enter it here			
See instructions. Keep a copy for	Sp	ouse's signature. If a joint return, both must sign.	Date	Spouse's occupat	tion						
your records.							(see in	,	ection in init, enter it here		
	Ph	one no. (332)258-3766	Email address	DUBEY7816	всма:	TT. COM					
		eparer's name Preparer's signa		DODET/010	Date		PTIN		Check if:		
Paid		PRIYA RAM SAGAR GUPTA TALLAM SYAM PRIYA		בווסיים ייםד.ד.מא			02082	703	Self-employed		
Preparer		m's name GLOBAL TAXES LLC	TATE DITOIN	COLIN INDUMI	. 01/	->, 2027 I					
Use Only		m's address 245 ROONEY CT E BRU	UNSWICK NJ 08816					Phone no. (678) 965-9522 Firm's EIN 84-3171965			
Go to warn inc =			STIDIT TOTAL INC				1 1 1111 3	V	Form 1040 (2023)		
GO TO WWW.IIS.GO	UV/I-UIII	n1040 for instructions and the latest information.		BAA	HEV 0	1/12/24 PRO			FOIIII 1040 (2023)		

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

2023

Do not mail this form to the Arizona Department of Revenue. The ERO must retain this document a minimum of four years. Your First Name and Initial Last Name Your Social Security Number* **Enter** ANKIT KUMAR DUBEY 883 | 51 | 4558 vour Your Spouse's First Name and Initial (if filed joint) Last Name Spouse's Social Security No.* SSN(s). 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 taxpaver'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. 9,792 00 1 Arizona Adjusted Gross Income ☐ Foreign Account Deposit/Debit: See instructions below. 2 Balance Of Tax 0 00 TYPE OF ACCOUNT ROUTING NUMBER 2 2 1 0 1 7 0 6 196 00 □ Savings 3 Arizona Income Tax Withheld ... ACCOUNT NUMBER Check box 4 or box 5: 4 | 5 | 7 | 0 | 5 | 0 | 3 | 6 | 9 | 2 3 4 221 00 **4 REFUND**: Enter the amount of refund..... DIRECT DEBIT REQUEST DATE ไดด DIRECT DEBIT PAYMENT AMOUNT 5 AMOUNT YOU OWE: Enter the amount owed....... 00 Box 4 Checkbox - Refund: You are due a refund based on the information Foreign Account Deposit/Debit Checkbox: Check the "Foreign Account Deposit/Debit" box if your deposit will be ultimately placed in or come provided on your tax return. Your refund amount will be deposited in the 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)

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 X 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 \prod 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.

SE SIGN HERE	→	YOUR PEN AND INK SIGNATURE	NOT	DATE	
PLEASE		SPOUSE'S PEN AND INK SIGNATURE		DATE	

ADOR 10549 (23) 1555

RETURN.			Arizona Form 140	Reside	ent Pers	onal Inc	ome Tax	Return	F	OR CALEN		
RE	82F		heck box 82F filing under extension	OR FISCAL YEAR	BEGINNING		12,0,2,3	AND ENDING				66F
	,		First Name and Middle Initial		La	ast Name			Your	Social Se	curity Nu	mber
TO THE	1		KIT KUMAR			UBEY		Ente	88			
		Spous	se's First Name and Middle Init	ial (if box 4 or 6 ched	ked) La	ast Name		your SSN(Spou	se's Socia	al Security	/ No.
Ĕ.	1						T		7			
Ë	_		nt Home Address - number and	d street, rural route			Apt. No.		ime Phone			
≥	2		15 E HIDALGO AVE own or Post Office	State		ZIP Code		Last Names Use	332)25			
DO NOT STAPLE ANY ITEMS	[3]	•	DENIX	AZ		85040		Last Names Ose	d III Last I ou	i i iloi ica	i(s) (ii diiie	97
굽.	<u> </u>		_		Doctooti			REVENUE USE	ONLY. DO NO	OT MARK	IN THIS AF	REA.
ĬΣ	TATUS	4 5	✓ Married filing joint return✓ Head of household. Enter		ouse Protecti		verpayment	88				
5	S	5	Head of flousefiold. Effe	r name or qualifying chi	ia or dependen	t on next line.						
2	FILING	6	☐ Married filing separate re	turn Enter snouse's n	ame and Socia	I Security Num	her above					
20		7	∑ Single			,						
_	NS		♦ Enter the number claims	ed. Do not put a ch	eck mark.							
	EXEMPTIONS	8	Age 65 or over (you and/	' '	-		-					
	Ā	9	Blind (you and/or spouse	39, and 4	1. For lines 10a a	and 10b, also co	mplete line 49.	81 PM		80 RC	VD	
	NA NA NA NA NA NA NA NA NA NA NA NA NA N	10a	Dependents: Under age		Dependent	s: Age 17 and	d over.					
	Ш	11a	Qualifying parents and gr	•				<u> </u>		_		
			(Box 10a and 10b): Depende	ent Information. See	instructions.	(b)	pace, check th	ne box Land o	complete p	age 4, Pa	art 1. (f)	
			FIRST AND LAS	ST NAME	SOCIA	L SECURITY	RELATIONSHIP	NO. OF MONTHS	l /= `.' .	Age ✓	if you did not this person o	t claim
	Dependents		(Do not list yourself	f or spouse.)	N	UMBER		HOME IN 2023	1	this person on yo federal return due educational credi		due to
	end								(Box 10a) (Bo	ox 10b)	educational d	reuits
	Dep	10c							┝╞┤┼	\dashv	+	
		10d 10e							片片	\dashv	ႜ	
		106	(Box 11a): Qualifying parents	a and grandparanta	Coo instructi	one Forme		the boy \square and	<u> </u>			
40.	pu		(a)	(d)	(e)	page 4, F	(f)					
1	entsa		FIRST AND LAS	ST NAME		L SECURITY UMBER	RELATIONSHIP	NO. OF MONTHS			✓ IF DIE)
AZ schedules or other documents after Form 140	Qualifying Parentsand Grandparents		(Do not list yourself	or spouse.)		OWIDER		HOME IN 2023	OVEF	۲	IN 2023	
يّ پ	llifyin Gran	11b						*		F	П	
Iffe	ő	11c										
ts 8	Ī		Federal adjusted gross incor	ne (from your feder	al return)				12	·	9,792	00
en												00
m											9,792	00
<u>20</u>	દ		•									00
er c	Ē		•									00
Ě	Add											$\overline{}$
5				•							9.792	$\overline{}$
es (-								J 1 J L	00
⋽												
pec									00			
SC									0 00			
AZ		24	Multiply line 23 by 25% (.25) ar	nd enter the result					24		0	
pu		25										00
<u>=</u>	Suc		•	·								00
era	actic											00
ed	ubtra											$\overline{}$
당	Ō											$\overline{}$
any required federal and						_						00
ed												00
ξ												00
a									I .			00
Place												00
Ĕ		35	Subtract lines 24 through 34c f	rom line 19. Enter th	ne difference.				35			_
	7	12 Federal adjusted gross income (from your federal return) 12 9,792 00 13 Small Business Income: 13s check the box if you are filing Arizona Form 140-SBI and enter the amount from Form 140-SBI, line 10. 13 00 14 Modified federal adjusted gross income. Subtract line 13 from line 12.										

	Your	Name (as shown on page 1)	Your Social Security Number	\neg
	ANK	IT KUMAR DUBEY	883-51-4558	
Ì		011 0 11 11 1 0 1 0 1 0 1 1 1 1	2 /	=
	36	Other Subtractions from Income. Complete Other Subtraction from Arizon	0 700	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
Exemptions	39	Blind: Multiply the number in box 9 by \$1,500		00
Cem	40	Other Exemptions. See instructions40E Multiply the number in box		00
ш	41	Qualifying parents and grandparents: Multiply the number in box 11a by \$10,00	0.700	00
-	42	Arizona adjusted gross income: Subtract lines 38 through 41 from line 37. If		
	43	Deductions: Check box and enter amount. See instructions		
	44	If you checked box 43 S and claim charitable contributions, check 44 $\mathbf{C} \ \Box \ \mathbf{C}$		<u>00</u>
	45	Arizona taxable income: Subtract lines 43 and 44 from line 42. If less than zero,	enter "0"	0
ax	46	Tax: Multiply line 45 by 2.5% (.025). Enter the result		
of Tax	47	Tax from recapture of credits from Arizona Form 301, Part 2, line 31		<u>00</u>
uce	48	Subtotal of tax: Add lines 46 and 47. Enter the total		
Balance	49	Dependent Tax Credit. See instructions		00_
ш	50	Family income tax credit (from the worksheet - see instructions)		
	51	Nonrefundable Credits from Arizona Form 301, Part 2, line 62		<u>00</u>
-	52	Balance of tax: Subtract lines 49, 50 and 51 from line 48. If the sum of lines 49,	100	0
	53	2023 AZ income tax withheld	53 196 (
	54			00
and	55	2023 AZ extension payment (Form 204)		00
Cre	56	Increased Excise Tax Credit (from the worksheet - see instructions)		
able	57	Property Tax Credit from Arizona Form 140PTC		00
Total Payments and Refundable Credits	58	Other refundable credits: Check the box(es) and enter the total amount		00
	59	Total payments and refundable credits: Add lines 53 through 58. Enter the		
	60	TAX DUE: If line 52 is larger than line 59, subtract line 59 from line 52. Enter amo	·	00
e i	61	OVERPAYMENT: If line 59 is larger than line 52, subtract line 52 from line 59. Er	, ,	
aym	62	Amount of line 61 to be applied to 2024 estimated tax		00
Overpayment	63	Balance of overpayment: Subtract line 62 from line 61. Enter the difference		0
Ó	64	- 74 Voluntary Gifts to: Assigned to Schools 64	00 Arizona Wildlife	
ţ		Child Abuse Prevention	00 Political Gift	
Z.		Neighbors Helping Neighbors 69 00 Special Olympics	00 Veterans' Donations Fund 71 00	
ntar			UU Spay/Neuter of Animals /4	
Voluntary Gifts		Political Party (if amount is entered on line 68 - check only one): 751 Democrati		_
	76	Estimated payment penalty		00
it Y	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
ъ.	79	REFUND: Subtract line 78 from line 63. If less than zero, enter amount owed on linect Deposit of Refund: <i>Check box 79A</i> if your deposit will be ultimately placed	ne 80	U
ved		— CM Chacking or ROUTING NUMBER ACCOUNT NUMBER		
Amount Owed		98 S Savings 1 2 2 1 0 1 7 0 6 4 5 7 0 5	0 3 6 9 2 3 4	
nount Owe	80	AMOUNT OWED: Add lines 60 and 78. Make check payable to Arizona Depar	tment of Revenue; write your SSN on payment;	_
Am		and include with your return	80 C	00
		nder penalties of perjury, I declare that I have read this return and any do		are
	tr	ue, correct and complete. Declaration of preparer (other than taxpayer) is	pased on all information of which preparer has any knowledge.	
W.	→			
HERE		DUR SIGNATURE DAT	SOFTWARE ENGINEER OCCUPATION	-
ェ	1	OUR SIGNATURE DATE	E OCCUPATION	
<u>5</u>	→			
SIGN	S	POUSE'S SIGNATURE DAT	SPOUSE'S OCCUPATION	•
		SYAM PRIYA RAM SAGAR GUPTA TALLAM 01192024 G	LOBAL TAXES LLC	
AS			M'S NAME (PREPARER'S IF SELF-EMPLOYED)	-
PLEASE		245 ROONEY CT	84-3171965	
굽	P	AID PREPARER'S STREET ADDRESS	PAID PREPARER'S TIN	•
		E BRUNSWICK NJ 08816	(678)965-9522	
	P	AID PREPARER'S CITY STATE	ZIP CODE PAID PREPARER'S PHONE NUMBER	•

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.

ADOR 10413 (23) 1.555 AZ Form 140 (2023) REV 12/14/23 PRO Page 2 of 6