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

Submis	sion Identification Number (SID)		•		
Taxpayer'	s name	Social securi	y numb	er	
VENK	ATESHWAR REDDY MUTYALA	756-63	-401	7	
Spouse's	name	Spouse's soo	ial secu	irity numbe	r
Part I	Tax Return Information — Tax Year Ending December 31, 2023 (Enter	vear vou a	re aut	horizina	.)
	nole dollars only on lines 1 through 5.	<i>y y</i>			
	orm 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.				
1 /	Adjusted gross income		1	16	5,087.
	otal tax		2		224.
3 F	Federal income tax withheld from Form(s) W-2 and Form(s) 1099		3	1	,792.
	Amount you want refunded to you		4	1	<u>,568.</u>
	Amount you owe		5		
Part II	Taxpayer Declaration and Signature Authorization (Be sure you get and kenalties of perjury, I declare that I have examined a copy of the income tax return (original or amended)				
to send r for any d Agent to payment authoriza payment business taxes to personal	riginal or amended) I am now authorizing. I consent to allow my intermediate service provider, transming return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejectly in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U. initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indiction of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution tion is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation required days prior to the payment (settlement) date. I also authorize the financial institutions involved in the preceive confidential information necessary to answer inquiries and resolve issues related to the paying the intermediation number (PIN) below is my signature for the income tax return (original or amended) I and Funds Withdrawal Consent.	ction of the treation of the treation of the treation to debit the treation to debit the authorization must be processing of ayment. I furnity and the treation of the treatio	ansmised and its control of the cont	ssion, (b) to design the design at each aration so this according to the design and the design at th	he reason Financial ftware for ount. This (cancel) a er than 2 ayment of that the
	er's PIN: check one box only				
X	I authorize GLOBAL TAXES LLC to enter or generate r	my DINI 3	4 (1 7	as my
Δ	ERO firm name	ř En		digits, but r all zeros	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 not if you are entering your own PIN and your return is filed using the Practitioner PIN method below.				
Your sig	nature ▶ Date ▶				
Spouse	's PIN: check one box only				
	I authorize to enter or generate r	nv PIN			as my
	ERO firm name		er five	digits, but	aoy
	signature on the income tax return (original or amended) I am now authorizing.	do	n't ente	r all zeros	
	I will enter my PIN as my signature on the income tax return (original or amended) I am not if you are entering your own PIN and your return is filed using the Practitioner PIN method below.				
Spouse	's signature ▶ Date ▶				
	Practitioner PIN Method Returns Only—continue below				
Part II	Certification and Authentication — Practitioner PIN Method Only				
FRO's I	EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN.	2 4 9	6 0	8 2 -	7 1
	= 1147 1141 Enter your old digit Entry tellowed by your live digit out collected in the	Don't ent			
authorize	hat the above numeric entry is my PIN, which is my signature for the electronic individual income tand to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am submit ents of the Practitioner PIN method and Pub. 1345 , Handbook for Authorized IRS <i>e-file</i> Providers of In	tting this retu	ırn in a	ccordance	
ERO's s	ignature ▶ Date ▶				
	ERO Must Retain This Form — See Instructions				
	Don't Submit This Form to the IRS Unless Requested To D	o So			

E1040 Department of the Treasury—Internal Revenue Service U.S. Individual Income Tax Return



OMB No. 1545-0074

IRS Use Only-Do not write or staple in this space

Attach Form(s) W-2 here. Also attach Forms W-2G and 1099-R if tax was withheld. If you did not get a Form W-2, see instructions. If you did not get a Form W-2, see instructions. If you did not get a Form W-2, see instructions. If you did not get a Form W-2, see instructions. If you did not get a Form W-2, see instructions. If you did not get a Form W-2, see instructions. If you did not get a Form W-2, see instructions. If you did not get a Form W-2, see instructions. If you did not get a Form W-2, see instructions. If you did not get a Form W-2, see instructions. In you did not get a Form W-2, see instructions. It you did not get a Form W-2, see instructions. It you did not get a Form W-2, see instructions. It you did not get a Form W-2, see instructions. It you did not get a Form W-2, see instructions. It you did not get a Form W-2, see instructions. It you did not get a Form W-2, see instructions. It you did not get a Form Sen Sen Sen Form Sen	For the year Jar	n. 1–Dec	c. 31, 2023, or other tax year beginning		, 2023, end	ing _		, 2	:0	See se	parate instructions.
If prior return, spouse's first name and middle initial Last name Spouse's social security number Apt. no. D-217	Your first name and middle initial			Last name					Your social security number		
If prior return, spouse's first name and middle initial Last name Spouse's social security number Apt. no. D-217	VENKATES	SHWA	R REDDY	MUTY	ALA					756	63 4017
City, town, or post office. If you have a foreign address, also complete spaces below. State ZIP code S0112 SNG_EMPOOR State ZIP code S0112 State State ZIP code S0112 State ZIP code											· · · · · · · · · · · · · · · · · · ·
City, town, or post office. If you have a foreign address, also complete spaces below. State ZIP code S0112 SNG_EMPOOR State ZIP code S0112 State State ZIP code S0112 State ZIP code											
September September September State	Home address	(numbe	er and street). If you have a P.O. box, see	instruction	ons.			Apt	. no.	Preside	ential Election Campaic
City, town, or post office. If you have a foreign address, also complete spaces below. State ZiP code Spouse if filling planty, want \$5	158 TNVI	CRNE	SS DR W					D-	217	•	
Foreign country name				mplete s	paces below.	Sta	ite				0,
Foreign pountry name Foreign province/state/county Foreign postal code your tax or refund. you Spouse	ENGLEWOO	OD				$ _{CC}$		8011:	2		•
Check only one box. Married filing separately (MFS) Qualifying surviving spouse (QSS) Tyou checked the MFS box, anter the name of your spouse. If you checked the MFS box, anter the harm of your spouse. If you checked the MFS box, anter the harm of your spouse. If you checked the MFS box, anter the harm of your spouse. If you checked the MFS box, anter the harm of your spouse. If you checked the MFS box, and the MFS box, and the MFS box. And the MFS box and spouse it mires on a child but not your dependent: Digital				F	Foreign province/state/o	coun	ty				
Check only one box. I married filing giointly (even if only one had income) Married filing separately (MFS) Qualifying surviving spouse (QSS) QSS											
Check only one box.	Filing Status	s ×	Single	<u> </u>			☐ Head of he	ouseholo	HOH)	'	
Married filing separately (MFS) Qualifying surviving spouse (QSS) If you checked the MFS box, enter the name of your spouse, if you checked the HOH or QSS box, enter the child's name if the qualifying person is a child but not your dependent: Digital Assets	_		Married filing jointly (even if only or	ne had i	ncome)						
Digital Assets Assets Assets Standard Deduction Someone can claim:	•		Married filing separately (MFS)				☐ Qualifying	survivin	g spouse	(QSS)	
At any time during 2023, did you: (a) receive (as a reward, award, or payment for property or services); or (b) sell, exchange, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? (See instructions.) Yes No		If y	you checked the MFS box, enter the	name c	of your spouse. If you	ı che	ecked the HOH	or QSS	box, ent	er the ch	ild's name if the
Assets exchange, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? (See instructions).		qu	alifying person is a child but not you	ır deper	ndent:						
Assets exchange, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? (See instructions).	Digital	Δ+ 21	ny time during 2023, did you: (a) rece	aiva (ac	a reward award or i	navr	ment for proper	rty or se	nices): o	r (h) sell	
Standard Deduction Someone can claim:						-		-			☐ Yes ☒ No
Spouse itemizes on a separate return or you were a dual-status alien								7. (,	
Age/Blindness You:				•			•				
Dependents (see instructions): (1) First name Last name (2) Social security number (3) Relationship to you (4) Check the box if qualifies for (see instructions) Child tax credit Credit for other dependents see instructions and check here					_						
If more than four dependents, see instructions and check here				959 _	_ Are blind Spo	use	: U Was bor				
If more than four dependents, see instructions and check here	Dependent	•	•		, , ,			ιρ · ·		•	1
dependents, see instructions and check here		(1) First name Last name			number		to you		Child tax cre		Credit for other dependen
see instructions and check here									<u> </u>		
Income Attach Form(s) W-2 here. Also attach Forms W-2 and Household employee wages not reported on Form(s) W-2 . 1b Household employee wages not reported on Form(s) W-2 . 1b Household employee wages not reported on Form(s) W-2 . 1b Household employee wages not reported on Form(s) W-2 . 1b Household employee wages not reported on Form(s) W-2 (see instructions) . 1c Tip income not reported on line 1a (see instructions) . 1d Medicaid waiver payments not reported on Form(s) W-2 (see instructions) . 1d Wed and tack and tack are the form form gas and the form gas and gas	•	s							<u> </u>		
Income Attach Form(s) W-2 here. Also attach Forms(s) Add lines 1 a treopted on Form(s) W-2 (see instructions) 1		. —									
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gy Wages from Form 8919, line 6			·		•	•					
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Attach Sch. B if required. 2a	instructions.	<u>'</u>	Add lines to through th		uctions)	•				4-	16 087
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tandard deduction for—Single or Married filing separately, \$13,850 Married filing surviving spouse, flow of household, should be deduction or itemized deduction or itemized deduction for Standard Deduction, 14 Add lines 12 and 13			'								
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Single or Married filing separately, \$13,850	Standard			_							
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Qualifying surviving spouse, \$27,7009Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income916, 087.Head of household, \$20,80011Subtract line 10 from line 9. This is your adjusted gross income1116, 087.If you checked any box under Standard Deduction, \$20,80012Standard deduction or itemized deductions (from Schedule A)1213, 850.13Qualified business income deduction from Form 8995 or Form 8995-A1314Add lines 12 and 131413, 850.	Married filing										
\$27,700	Qualifying			-							
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\$20,800 If you checked any box under Standard Deduction, 14 Add lines 12 and 13	Head of		•								
any box under Standard Deduction, 14 Add lines 12 and 13	\$20,800			•	-						
Standard Deduction, 14 Add lines 12 and 13 13,850					,	,)5-A				
	Standard										
					s, enter -0 This is y	our t	taxable incom	ie .			

Form 1040 (2023	3)									Page 2	
Tax and	16	Tax (see instructions). Check	if any from Form	n(s): 1 881	4 2 4972	3 🗌			16	224.	
Credits	17	Amount from Schedule 2, lir	ne 3						17		
	18	Add lines 16 and 17							18	224.	
	19	Child tax credit or credit for	other dependen	ts from Sched	ule 8812				19		
	20	Amount from Schedule 3, lir	ie 8						20		
	21	Add lines 19 and 20							21		
	22	Subtract line 21 from line 18	. If zero or less,	enter -0					22	224.	
	23	Other taxes, including self-e	mployment tax,	from Schedule	e 2, line 21				23	0.	
	24	Add lines 22 and 23. This is	your total tax						24	224.	
Payments	25	Federal income tax withheld	from:								
-	а	Form(s) W-2				25a	1	792.			
	b	Form(s) 1099				25b					
	С	Other forms (see instruction	s)			25c					
	d	Add lines 25a through 25c							25d	1,792.	
If you have a	26	2023 estimated tax paymen	ts and amount a	pplied from 20	22 return				26		
qualifying child,	27	Earned income credit (EIC)			No .	27					
attach Sch. EIC.	28	Additional child tax credit from	m Schedule 8812	2		28					
	29	American opportunity credit	from Form 8863	3, line 8		29					
	30	Reserved for future use .				30					
	31	Amount from Schedule 3, lir	ne 15			31					
	32	Add lines 27, 28, 29, and 31	. These are your	total other pa	ayments and refu	undable	e credits		32		
	33	Add lines 25d, 26, and 32. T	hese are your to	otal payments					33	1,792.	
Refund	34	If line 33 is more than line 24	1, subtract line 2	4 from line 33.	This is the amou	nt you	overpaid		34	1,568.	
neiulia	35a	Amount of line 34 you want	refunded to you	u. If Form 8888	is attached, che	ck here			35a	1,568.	
Direct deposit?	b	Routing number 1 0 1	1 0 0 0	4 5	c Type: 🛛	Check	king 🗌 S	Savings			
See instructions.	d	Account number 5 1 8	0 1 0 7	5 5 9 (6 3						
	36	Amount of line 34 you want	applied to your	2024 estimate	ed tax	36					
Amount	37	Subtract line 33 from line 24	. This is the am	ount you owe							
You Owe		For details on how to pay, g							37		
	38	Estimated tax penalty (see in	nstructions) .			38					
Third Party	Do	you want to allow another	person to disc	cuss this retu	n with the IRS?	See			•		
Designee	ins	structions					🗌 Yes. Co	mplete l	oelow.	⋉ No	
		signee's		Phone				nal identi	fication		
	naı			no.				er (PIN)			
Sign		der penalties of perjury, I declare t lief, they are true, correct, and com									
Here	Your signature			Date	Your occupation			1		nt you an Identity	
	10	ui signature		Date	Tour occupation			1		IN, enter it here	
Joint return?					SOFTWARE ENGINEER		(see	inst.)			
See instructions.	Sp	ouse's signature. If a joint return,	ooth must sign.	Date	Spouse's occupat	ion			If the IRS sent your spouse an		
Keep a copy for your records.									tity Prote inst.)	ection PIN, enter it here	
,		(216) 250 655		- " "			^~~~~	(11131.)		
		one no. (316) 372-655 eparer's name	ਹੈ Preparer's signat	Email address	MUTYALAVENKAT	Date	UGMAIL.CO	PTIN		Check if:	
Paid		'	l		מידד איז מחודן		12/2024		2702	Self-employed	
Preparer		1 PRIYA RAM SAGAR GUPTA TALLAM		KAM SAGAR	GUPTA TALLAM	102/0)2/2024	P0208			
Use Only		m's name GLOBAL TA		INICITED TO ST	T 00016					(678) 965-9522	
			Y CT E BRU	INSWICK N				Firm	's EIN	84-3171965	
Go to www.irs.go	ov/Forn	n1040 for instructions and the late	st information.		BAA	REV 01	/27/24 PRO			Form 1040 (2023)	

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** VENKATESHWAR REDDY MUTYALA 756 | 63 | 4017 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 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. 16,087 00 1 Arizona Adjusted Gross Income ☐ Foreign Account Deposit/Debit: See instructions below. 2 Balance Of Tax 56 00 ROUTING NUMBER 322 00 ☑ Checking ■ Savings 0 | 1 0 3 Arizona Income Tax Withheld... ACCOUNT NUMBER Check box 4 or box 5: 5 1 8 0 1 0 7 5 5 9 6 3 266 00 **4** ■ **REFUND**: Enter the amount of refund...... DIRECT DEBIT REQUEST DATE იი 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 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. refund 6c I authorize the Arizona Department of Revenue (ADOR) and its designated Financial Agent to initiate an ACH electronic funds I authorize GLOBAL TAXES LLC 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 December 31, 2023. I understand that when my ERO makes the election resolve issues related to the payment. 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

SPOUSE'S PEN AND INK SIGNATURE

REV 01/13/24 PRO

DATE

RETURN.			Arizona Form 140 Resident Personal Income Tax Return					FOI	for calendar year 2023			
딜	82F		Check box 82F f filing under extension	OR FISCAL YEAR BEGI	INNING I . I .	12.0.2.3	AND ENDING	1 . 1 .	1 1	. 66F		
			First Name and Middle Initial		Last Name			Your S	ocial Security N			
IO IE	1	VE	NKATESHWAR REDDY		MUTYALA		Enter	756	1 63 1 40	17		
2			se's First Name and Middle Initi	al (if box 4 or 6 checked)	Last Name		your	Spouse	's Social Securi			
S	1						SSN(s					
Ξ			nt Home Address - number and	l street, rural route		Apt. No.	I—	-	vith area code)			
≽	2		8 INVERNESS DR W	21.1	710.0	D-217		316) 372-		· · · ·		
₹	_	-	Town or Post Office	State	ZIP Code	-	Last Names Used	in Last Four F	Prior Year(s) (if dir	rerent)		
글	_		GLEWOOD	CO	80112		REVENUE USE O	NIY DO NOT	MARK IN THIS A			
ĭ	ATL	4	Married filing joint return	4a ☐ Injured Spouse		verpayment	88		mount in Trilo			
S		5	Head of household. Enter	r name of qualifying child or d	ependent on next line.							
\geq	NG	6	Married filing separate ref	turn. Enter spouse's name a	nd Social Security Num	ber above.						
2	딢	7	∑ Single		,							
	NS		♦ Enter the number claims	ed. Do not put a check n	nark.							
	일	8	Age 65 or over (you and/o	, , , ,	nes 8, 9, and 11a, also co	omplete lines 38,	□ DM		BCVD.			
	MP	9	Blind (you and/or spouse)	,	ines 10a and 10b, also co		81 PM		80 RCVD			
	XE	10a	Dependents: Under age of	 .	pendents: Age 17 an	id over.						
	ш	11a	Qualifying parents and gr (Box 10a and 10b): Dependent		uctions For more s	enace check th	L and c	omplete na	no 4 Part 1			
			(a)	chi information. Occ insti	(b)	(c)	(d)	(e)	(f)			
	ts		FIRST AND LAS (Do not list yourself		SOCIAL SECURITY NUMBER	RELATIONSHIP	NO. OF MONTHS I	Dependent Ag included in:	ge if you did n this person	ot claim on your		
	den		(Do not list yourself	or spouse.)	NOWBER		HOME IN 2023	1 2 (Box 10a) (Box	federal return	n due to		
	per	10c					i i		I 🗆			
	ŏ	10d										
		10e										
_:			(Box 11a): Qualifying parents	and grandparents. See		re space, check		complete pa				
14	tsand		(a) FIRST AND LAS	ST NAME	(b) SOCIAL SECURITY	(c)	(d) NO. OF MONTHS	(e) ✓ IE AGE 65 (OR (f)	=D		
Ē	ng Paren Idparent		(Do not list yourself		NUMBER		LIVED IN YOUR HOME IN 2023	OVER	IN 2023			
ᅙ	ying andp						1101112 111 2020					
Ę	Qualit	11b						<u> </u>	ᆛ			
s af		11c	Federal adjusted gross incom	as (from vour fodorel ret				42	16 , 087	00		
			Small Business Income: 135 ch						10,007	00		
Ĕ			Modified federal adjusted gross						16,087	00		
ಽ	S		Non-Arizona municipal interest							00		
۶rd	ition		Partnership Income adjustment							00		
Ę	Add		Total federal depreciation							00		
2.0			Other Additions to Income: Col Subtotal: Add lines 14 through 1:						16,087	00		
es (Total net capital gain or (loss).					00	107007	100		
喜			Total net short-term capital gair					00				
þě			Total net long-term capital gain	· · ·				00				
SC		23	Net long-term capital gain from	3	0 00							
Ø			Multiply line 23 by 25% (.25) ar			C	00					
ш			Net capital gain derived from in				00					
ਛ	ons		Recalculated Arizona depreciat				00					
der	racti		· · · · · · · · · · · · · · · · · · ·		actionssavings bonds and treasury bills					00		
Ę	Subt		Exclusion for federal, Arizona s	_	-					00		
řed	٠,		Exclusion for benefits, annuities							00		
ᆵ			U.S. Social Security or Railroad							00		
ē			Certain wages of American Indi							00		
140. Itsand Company of Company o			Pay received for active service		•					00		
			Net operating loss adjustment.							00		
<u> a</u>			Contributions to: 34a 529 College		·				16,087	00		
_	35 Subtract lines 24 through 34c from line 19. Enter the difference							,,	100			

You	ir Name (as shown on page 1)	Your Soc	cial Security Number		
VE	NKATESHWAR REDDY MUTYALA	756-	-63-4017		
				1.	=
36				<u>00</u>	
37					00
<u>د</u> 38	Age 65 or over: Multiply the number in box 8 by \$2,100	38	0	<u>00</u>	
8 38 39 39 40 41	Blind: Multiply the number in box 9 by \$1,500		39	(0	<u>00</u>
를 40	Other Exemptions. See instructions40EMultiply the number in	box 40E by \$2,300	40	<u> </u> C	00
ă 41	Qualifying parents and grandparents: Multiply the number in box 11a by \$1	10,000	41		00
42					00
43	B Deductions: Check box and enter amount. See instructions	43 I ITEMIZED43 S :	STANDARD 43	13 , 850	<u>)0</u>
44	If you checked box 43 S and claim charitable contributions, check 44 C	Complete page 3. See instruction	ıs 44		00
45				2,237	00
≥ 46				56 (00_
46 d 47					00
8 48	•			56	
Balance 49					00
E 50	'				00
51					00
52				56 (
		-		322 (<u> </u>
53 54			Add 54a and 54b. 54c		00
					00
adits					00
2 56					<u>00</u>
9d 57	• •				
Refundable Credits 55 59 59 59 59					<u>00</u>
	• • • • • • • • • • • • • • • • • • • •			322 (
60	3	•			00
등 61	3 ,			266	
Overpayment 62 63 64	2 Amount of line 61 to be applied to 2024 estimated tax		62		00
<u>ම්</u> <u>63</u>				266 (<u>)0</u>
ð 6∠	4 - 74 Voluntary Gifts to: Solutions Teams Assigned to Schools64	Arizona Wildlife	00		
un l	Child Abuse Prevention	00 Political Gift	00		
Giffs	Neighbors Helping Neighbors 69 00 Special Olympics	00 Veterans' Donations Fund 71	00		
tary	I Didn't Pay Enough Fund72 00 Sustainable State Parks and Road Fund73	OO Spay/Neuter of Animals 74	00		
Voluntary 75	Political Party (if amount is entered on line 68 - check only one): 751 Democ	cratic 752 Libertarian 753	Republican		
³ 76	Estimated payment penalty		76		00
> 77	7 771 ☐ Annualized/Other 772 ☐ Farmer or Fisherman 773 ☐ Form 221 include				
Penalty 78			78		00
و 79	REFUND: Subtract line 78 from line 63. If less than zero, enter amount owed	on line 80	79	266 (
	Direct Deposit of Refund: Check box 79A if your deposit will be ultimately place	ced in a foreign account; see instruct	tions. 79A		
Amount Owed	C Checking or ROUTING NUMBER ACCOUNT NUM				
mount Ow	98 S Savings 1 0 1 1 0 0 0 4 5 5 1 8 0				
[80	' '				20
Ā	and include with your return		80		00
				·	
	Under penalties of perjury, I declare that I have read this return and any				ar
	true, correct and complete. Declaration of preparer (other than taxpayer)	is based on all information of wit	ich preparei nas any	knowleage.	
4 →		CODUM	Oddive ove		
<u> </u>	YOUR SIGNATURE	DATE SOFTWA	ARE ENGINEER		-
SIGN HEKE	TOUR SIGNATURE	DATE	.N		
Z 5 →					
7	SPOUSE'S SIGNATURE	DATE SPOUSE'S O	OCCUPATION		-
			00017111011		
PLEASE	SYAM PRIYA RAM SAGAR GUPTA TALLAM 02022024 PAID PREPARER'S SIGNATURE DATE	GLOBAL TAXES LLC FIRM'S NAME (PREPARER'S IF SELF-EM	IPI OYFD)		-
ij		TIMO NAME (TALITALITO II GEL. L	•		
۲	245 ROONEY CT PAID PREPARER'S STREET ADDRESS		84-3171965 PAID PREPARER'S TIN		_
	E BRUNSWICK NJ 08816		(678) 965-952	^	
	E BRIINSWICK N.I U8816		(6/8)965-95/	/	

If you are sending a payment with this return, mail to Arizona Department of Revenue, PO Box 52016, Phoenix, AZ 85072-2016. Include the payment with Form 140. If you are expecting a refund or owe no tax, or owe tax but are not sending a payment, mail to Arizona Department of Revenue, PO Box 52138, Phoenix, AZ 85072-2138.

STATE

PAID PREPARER'S CITY

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

ZIP CODE

PAID PREPARER'S PHONE NUMBER