E1040		artment of the Treasury—Internal Revenue Service S. Individual Income Tax		turn	202	3	OMB No. 1545-	-0074	IRS Use On	ly—Do not v	/rite or sta	ple in this	space.
For the year Jan	. 1–Dec	c. 31, 2023, or other tax year beginning		, 2023, ending , 20				See separate instructions.			ions.		
Your first name	and m	iddle initial	Last r	ame						Your so	Your social security number		
VENKATES	ч		СНЕ	NNUPAT	т						76	-	
		s first name and middle initial	Last r										/ number
SOWMYA GOE				ALAM						1.	LI	-	
	Home address (number and street). If you have a P.O. box, see instruction							A	pt. no.		· ·		ampaign
10255 E									048		here if yo		
		ce. If you have a foreign address, also co	mplete	spaces be	low.	Sta	ate	ZIP co		spouse	if filing j	ointly, w	want \$3
SCOTTSDA		,,,,,,,,,,,,,				AZ		852			this fur		0
Foreign country				Foreian p	rovince/state/o				n postal code		ow will r k or refu		ige
				5 1			,			,	Yo		Spouse
Eiling Status		Single					Head of ho	Jusoh					
Filing Status		Married filing jointly (even if only or	no hac	l income)				Jusen					
Check only		Married filing separately (MFS)	ie nac	rincome)			Qualifying	eunviv	ing spouse	(099)			
one box.	L If y	ou checked the MFS box, enter the	namo	of your s	nouse If voi	ı cha					ild'e nar	no if th	0
		alifying person is a child but not you											C
Digital		ny time during 2023, did you: (a) rece	•				• •		,.	()	_		
Assets	exch	ange, or otherwise dispose of a digi	tal ass				-	t)? (S∈	e instructio	ons.)	∐ Ye	s X	No
Standard Deduction	_	neone can claim: 🗌 You as a dep			•		a dependent						
		Spouse itemizes on a separate returr		_		allen	_						
		Were born before January 2, 19	959	Are bl	•	ouse		14	ore January			blind	
Dependents	•	,		(2) S	Social security number	1	(3) Relationshi	ip (4	Check the l Child tax				ependents
If more	(1) F	irst name Last name			number		to you				Credit IO		pendents
than four dependents,												<u> </u>	
see instructions	s ——											<u> </u>	
and check												<u> </u>	
here L					、						<u> </u>		102
Income	1a	Total amount from Form(s) W-2, bo			,						-	206,	183.
Attach Form(s)		b Household employee wages not reported on Form(s) W-2							-				
W-2 here. Also	с	Tip income not reported on line 1a	•		•						-		
attach Forms W-2G and	d	Medicaid waiver payments not rep								. 10	-		
1099-R if tax	е	Taxable dependent care benefits fi						• •		. <u>1</u> e	-		
was withheld.	f	Employer-provided adoption benef						• •		. <u>1</u> f	-		
lf you did not get a Form	g	Wages from Form 8919, line 6 .						• •		. <u>1</u> g			
W-2, see	h	Other earned income (see instructi		· · ·		• •	· · · ·	···		. <u>1</u> h	1		0.
instructions.	i	Nontaxable combat pay election (s	see ins	tructions)		• •	1 i					000	100
	Z	Add lines 1a through 1h	· ;		· · · ·			• •		. <u>1</u> z		206,	183.
Attach Sch. B	2a	· –	2a				axable interest			. 2 b			
if required.	<u>3a</u>	Qualified dividends	3a			b C	Ordinary divider	nds .					
Standard	4a	IRA distributions	4a			bΤ	axable amount			. 4b)		
Deduction for-	5a	Pensions and annuities	5a			bΤ	axable amount	· ·		. 5b)		
Single or	6a	, _	6a				axable amount	· ·		. <u>6</u> b	•		
Married filing separately,	С	If you elect to use the lump-sum el	lectior	method,	check here	(see	instructions)						
\$13,850Married filing	7	Capital gain or (loss). Attach Scheo	dule D	if required	d. If not requ	lired	, check here						
jointly or	8	Additional income from Schedule 1	1, line	10						. 8			
Qualifying surviving spouse,	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7,	and 8	. This is y	our total inc	come	е			. 9		206,	183.
\$27,700	10	Adjustments to income from Scheo	dule 1	, line 26						. 10			
 Head of household, 	11	Subtract line 10 from line 9. This is	your	adjusted	gross incor	ne				. 11		206,	183.
\$20,800 • If you checked	12	Standard deduction or itemized	deduc	tions (fro	m Schedule	A)				. 12	2	27,	700.
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 zero	o or le	ss, enter	-0 This is y	our 1	taxable incom	е.		. 15	;	178,	

For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate instructions.

Form **1040** (2023)

Form 1040 (2023	3)								Page 2
Tax and	16	Tax (see instructions). Check	if any from Form	(s): 1 🗌 881	4 2 4972	3 🗌		16	29,881.
Credits	17	Amount from Schedule 2, lin	e3				[17	
	18	Add lines 16 and 17						18	29,881.
	19	Child tax credit or credit for	other dependen	ts from Sched	ule 8812			19	
	20	Amount from Schedule 3, lin	ie8					20	7,500.
	21	Add lines 19 and 20						21	7,500.
	22	Subtract line 21 from line 18	. If zero or less,	enter -0			[22	22,381.
	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	22,381.
Payments	25	Federal income tax withheld							
-	а	Form(s) W-2				25a 39	,806.		
	b	Form(s) 1099				25b			
	с	Other forms (see instructions	s)			25c	166.		
	d	Add lines 25a through 25c						25d	39,972.
If you have a	26	2023 estimated tax payment	ts and amount a	pplied from 20)22 return		[26	
qualifying child, attach Sch. EIC.	27	Earned income credit (EIC)				27			
allach Sch. ElC.	28	Additional child tax credit from	n Schedule 8812			28			
	29	American opportunity credit	from Form 8863	8, line 8		29			
	30	Reserved for future use .				30			
	31	Amount from Schedule 3, lin	ie 15			31			
	32	Add lines 27, 28, 29, and 31	. These are your	total other pa	ayments and refu	undable credits		32	
	33	Add lines 25d, 26, and 32. T	hese are your to	tal payments				33	39,972.
Refund	34	If line 33 is more than line 24	l, subtract line 2	4 from line 33.	This is the amou	nt you overpaid		34	17,591.
	35a	Amount of line 34 you want	refunded to you	I. If Form 8888	3 is attached, che	ck here	. 🗆 🛓	35a	17,591.
Direct deposit?	b	Routing number 1 2 1				Checking	Savings		
See instructions.	d	Account number 3 2 5	0 4 6 4	3 9 7	4 7 1				
	36	Amount of line 34 you want a	applied to your	2024 estimate	ed tax	36			
Amount	37	Subtract line 33 from line 24							
You Owe		For details on how to pay, g	o to <i>www.irs.go</i> u	/Payments or	see instructions		· ·	37	
	38	Estimated tax penalty (see in	nstructions) .			38			
Third Party		you want to allow another	•						
Designee		structions					omplete be		× No
	De nai	signee's ne		Phone no.			onal identific oer (PIN)	ation	
Sign	Un	der penalties of perjury, I declare th	nat I have examined	d this return and	accompanying sche		. ,	best	of my knowledge and
Here	bel	ief, they are true, correct, and com	plete. Declaration of	of preparer (othe	r than taxpayer) is ba	ased on all information	on of which p	repar	er has any knowledge.
пеге	Yo	ur signature		Date	Date Your occupation			RS sei	nt you an Identity
							Protect (see in:		IN, enter it here
Joint return? See instructions.				Data	SOFTWARE I		`	,	
Keep a copy for	Sp	ouse's signature. If a joint return, t	both must sign.	Date	Spouse's occupat	ion			nt your spouse an ection PIN, enter it here
your records.					HOME MAKER				
	Ph	one no. (940)999-406	6	Email address		ATI@GMAIL.CO)M		
Delal		eparer's name	Preparer's signat	ure		Date	PTIN		Check if:
Paid	SYAM	PRIYA RAM SAGAR GUPTA TALLAM	SYAM PRIYA	RAM SAGAR	GUPTA TALLAM	01/30/2024	P020827	703	Self-employed
Preparer		m's name GLOBAL TAX				· · · · · · · · · · · · · · · · · · ·			678)965-9522
Use Only			Y CT E BRU	NSWICK N	J 08816		Firm's		84-3171965
Go to www.irs.go	ov/Form	n1040 for instructions and the late	st information.		BAA	REV 01/21/24 PRO			Form 1040 (2023)
•									

REV 01/21/24 PRO

Department of the Treasury

Internal Revenue Service

Additional Credits and Payments

OMB No. 1545-0074

Attachment Sequence No. 03

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

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

			ocial security number 76–0353		
Par		002	10 05	55	
1	Foreign tax credit. Attach Form 1116 if required		1		
2	Credit for child and dependent care expenses from Form 2441, line 11. Form 2441	Attach	2		
3	Education credits from Form 8863, line 19		3		
4	Retirement savings contributions credit. Attach Form 8880		4		
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:				
а	General business credit. Attach Form 3800 6a				
b	Credit for prior year minimum tax. Attach Form 8801 6b				
С	Adoption credit. Attach Form 8839				
d	Credit for the elderly or disabled. Attach Schedule R 6d				
е	Reserved for future use 6e				
f	Clean vehicle credit. Attach Form 8936 6f	7,500.			
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 6				
m	Credit for previously owned clean vehicles. Attach Form 8936 . 6m				
z	Other nonrefundable credits. List type and amount:				
	6z				
7	Total other nonrefundable credits. Add lines 6a through 6z		7	7,500.	
8	Add lines 1 through 4, 5a, 5b, and 7. Enter here and on Form 1040, 1040-1040-NR, line 20	SR, or	8	7,500.	
		(co		ed on page 2)	

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

Schedule 3 (Form 1040) 2023

Par	t II Other Payments and Refundable Credits			
9	Net premium tax credit. Attach Form 8962		9	
10	Amount paid with request for extension to file (see instructions) .	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:			
а	Form 2439	13a		
b	Credit for repayment of amounts included in income from earlier years	13b		
с	Elective payment election amount from Form 3800, Part III, line 6, column (i)	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	5 Add lines 9 through 12 and 14. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 31			
	BAA REV	01/21/24 PRO	Schedu	ule 3 (Form 1040) 2023

Form **8889**

Internal Revenue Service

Health Savings Accounts (HSAs)

OMB No. 1545-0074

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

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

tion.	Attachment Sequence No. 52					
Social security number of HSA beneficiary. If both spouses have HSAs, see instruction						
862-76-	0353					

2

VENKATESH CHEN
VENICALEON CITEM.

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

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.	ouon	
•		🗌 Se	If-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 9 635.		
10	Qualified HSA funding distributions		
11	Add lines 9 and 10	11	635.
12	Subtract line 11 from line 8. If zero or less, enter -0	12	7,115.
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.
Part	Caution: If line 2 is more than line 13, you may have to pay an additional tax. See instructions.		
Fart	II HSA Distributions. If you are filing jointly and both you and your spouse each have sepa a separate Part II for each spouse.	irate i	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	14b	
С	Subtract line 14b from line 14a	14c	
15	Qualified medical expenses paid using HSA distributions (see instructions)	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	III 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.		
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 01/21/24 PRO

BAA

Clean V	ehicle	Credits
----------------	--------	---------

\$	3936	Clean Vehicle Credits	ON	/IB No. 1545-2137
Form	1330			20 7 2
Departm	nent of the Treasury	Attach to your tax return.	Att	
Internal	Revenue Service	Go to www.irs.gov/Form8936 for instructions and the latest information.	Se	quence No. 69
•) shown on return		-	
		NUPATI & SOWMYA GOPALAM 862-7		53
Notes		a separate Schedule A (Form 8936) for each clean vehicle placed in service during the tax completing Parts II, III, or IV, must also complete Part I. See "Note" text below.	year.	
Part		d Adjusted Gross Income Amount		
1a		unt from line 11 of your 2023 Form 1040, 1040-SR, or 1040-NR 1a 206, 183.		
b		me from Puerto Rico you excluded		
c	-	unt from Form 2555, line 45		
d	Enter any amo	unt from Form 2555, line 50		
е	Enter any amo	unt from Form 4563, line 15		
2	Add lines 1a th	nrough 1e	2	206,183.
3a	Enter the amou	unt from line 11 of your 2022 Form 1040, 1040-SR, or 1040-NR 3a		
b	Enter any inco	me from Puerto Rico you excluded		
С	•	unt from Form 2555, line 45 3c		
d	•	unt from Form 2555, line 50		
е	•	unt from Form 4563, line 15 3e		
4			4	
5		ller of line 2 or line 4	5	206,183.
Part		or Business/Investment Use Part of New Clean Vehicles	morrioo	filing idinthy or o
		lividuals can't claim a credit on line 6 if Part I, line 5, is more than \$150,000 (\$300,000 if r J surviving spouse; \$225,000 if head of household).	named	i filing jointly or a
6		credit amount figured in Part II of Schedule(s) A (Form 8936)	6	
7		icle credit from partnerships and S corporations (see instructions)	7	
8		stment use part of credit. Add lines 6 and 7. Partnerships and S corporations, stop here		
•		amount on Schedule K. All others, report this amount on Form 3800, Part III, line 1y .	8	
Part	-	or Personal Use Part of New Clean Vehicles		
	Note: Yo	u can't claim the Part III credit if Part I, line 5, is more than \$150,000 (\$300,000 if m surviving spouse; \$225,000 if head of household).	arried	filing jointly or a
9	Enter the total	credit amount figured in Part III of Schedule(s) A (Form 8936)	9	7,500.
10	Enter the amou	unt from Form 1040, 1040-SR, or 1040-NR, line 18	10	29,881.
11		ts from Form 1040, 1040-SR, or 1040-NR (see instructions)	11	
12		1 from line 10. If zero or less, enter -0- and stop here. You can't claim the personal use		
	-	dit	12	29,881.
13		part of credit. Enter the smaller of line 9 or line 12 here and on Schedule 3 (Form		
		f line 12 is smaller than line 9, see instructions	13	7,500.
Part	Note: Yo	or Previously Owned Clean Vehicles ou can't claim the Part IV credit if Part I, line 5, is more than \$75,000 (\$150,000 if m of surviving spouse; \$112,500 if head of household).	arried	filing jointly or a
14		credit amount figured in Part IV of Schedule(s) A (Form 8936)	14	
14		unt from Form 1040, 1040-SR, or 1040-NR, line 18	15	
16		ts from Form 1040, 1040-SR, or 1040-NR (see instructions)	16	
17		6 from line 15. If zero or less, enter -0- and stop here. You can't claim the Part IV credit	17	
18		iller of line 14 or line 17 here and on Schedule 3 (Form 1040), line 6m. If line 17 is		
		ne 14, see instructions	18	
Part		or Qualified Commercial Clean Vehicles	1 1	
19	Enter the total	credit amount figured in Part V of Schedule(s) A (Form 8936)	19	
20		nercial clean vehicle credit from partnerships and S corporations (see instructions)	20	
21		nd 20. Partnerships and S corporations, stop here and report this amount on Schedule		
		eport this amount on Form 3800, Part III, line 1aa	21	
For Pa	perwork Reduct	ion Act Notice, see separate instructions. BAA		Form 8936 (2023)

		Clean Vehicle Credit Amount		OMB No. 1545-2137			
(Forn	n 8936)			2023			
	nent of the Treasury Revenue Service	Attach to your tax return. Go to <i>www.irs.gov/Form</i> 8936 for instructions and the latest informat	ion.	Attachment Sequence No. 69A			
) shown on return		-	ng number			
VEN Part		INUPATI & SOWMYA GOPALAM	862-	76-0353			
1a b	Year Make	DO NOT FIL	TESL	2023 A			
с	Model		MODE	LY			
2	Vehicle identif	cation number (VIN) (see instructions)... 7 S A Y G D E F 6	PF	7 5 7 5 1 8			
3	Enter date veh	icle was placed in service (MM/DD/YYYY)	04/2	1/2023			
4	 Was the vehicle used primarily outside the United States? Answer "No" if it was but an exception applies. See instructions. Yes. Stop here. You can't claim a credit amount for a vehicle used primarily outside the United States. No. 						
5	Does the VIN of definitions. X Yes. Go to No. Go to		year? So	ee instructions for			
6			2 and p	laced in service during			
7 Part	during the tax Yes. Go to No. Stop f	entered on line 2 belong to a qualified commercial clean vehicle acquired after year? See instructions for definitions. Part V. here. You can't use this schedule to figure a credit amount for a vehicle not desc mount for Business/Investment Use Part of New Clean Vehicle					
8	another person	re the vehicle for use or to lease to others, and not for resale? Answer "No" if you n. here. You can't claim a credit amount for a vehicle you didn't acquire for use or to					
9	Tentative cred	it amount (see instructions)	9	7,500.			
10	Business/inve	stment use percentage (see instructions)	10	%			
11	entered 100%	by line 10. Include this credit amount on line 6 in Part II of Form 8936. If you on line 10, stop here. Otherwise, go to Part III below	11				
Part	III Credit A	Mount for Personal Use Part of New Clean Vehicle					
12	Subtract line 1 Part III of Forn	1 from line 9 in Part II. Stop here and include this credit amount on line 9 in 9936	12	7,500.			
For Pa	perwork Reduct	ion Act Notice, see the Form 8936 instructions. BAA REV 01/21/24		Schedule A (Form 8936) 2023			
		DO NOT FIL	.E				

Schedu	e A (Form 8936) 2023		Page 2
Part	V Credit Amount for Previously Owned Clean Vehicle		
13a	Is the sales price of the vehicle more than \$25,000?		
	Yes. Stop here. The vehicle doesn't qualify for the Part IV credit.		
	□ No.		
h	Did you acquire the vehicle for use and not for receive? Answer "Ne" if you are lessing the vehicle	o fron	a another nerson
b	Did you acquire the vehicle for use and not for resale? Answer "No" if you are leasing the vehicle Yes.	eiron	n another person.
	 No. Stop here. You can't claim a credit amount for a vehicle you didn't acquire for use or a 	cauire	d for resale
		cquire	d for resale.
с	Can you be claimed as a dependent on another person's tax return, such as your parent's retur	m?	
	Yes. Stop here. You can't claim a credit amount if you can be claimed as a dependent.		
	□ No.		
لم	le the vehicle a gualified fuel call motor vehicle? Can instructions		
a	Is the vehicle a qualified fuel cell motor vehicle? See instructions.		
	└ Yes. □ No.		
14	Enter the sales price of the vehicle	14	
15	Multiply line 14 by 30% (0.30)	15	
16	Maximum vehicle credit amount	16	4,000.
17	Enter the smaller of line 15 or line 16. Stop here and include this credit amount on line		
	14 in Part IV of Form 8936	17	
Part	V Credit Amount for Qualified Commercial Clean Vehicle		
18a	Is the vehicle of a character subject to the allowance for depreciation? Answer "Yes" if the exce	ption	for certain tax-exempt
	entities discussed in the instructions applies.		
	No. Stop here. The vehicle is not a qualified commercial clean vehicle unless the exception	appli	es.
b	Did you acquire the vehicle for use or to lease to others, and not for resale? Answer "No" if you	are le	asing the vehicle from
	another person.	areie	
	\Box Yes.		
	 No. Stop here. You can't claim a credit amount for a vehicle you didn't acquire for use or to 	leas	e to others, or acquired for
	resale.	J ICUS	
С	Is the vehicle also powered by gas or diesel? See instructions.		
	Yes.		
	□ No.		
19	Enter the cost or other basis of the vehicle. See instructions	19	
20	Section 179 expense deduction (see instructions)	20	
21	Subtract line 20 from line 19	21	
22	Multiply line 21 by 15% (0.15) [30% (0.30) if the answer on line 18c above is "No"]	22	
23	Enter the incremental cost of the vehicle. See instructions	23	
		-	
24	Enter the smaller of line 22 or line 23	24	
25	Maximum credit. Enter \$7,500 (\$40,000 if the vehicle's gross vehicle weight rating (GVWR) is	0-	
	14,000 pounds or more)	25	
26	Enter the smaller of line 24 or line 25. Include this credit amount on line 19 in Part V		
	of Form 8936	26	

Schedule A (Form 8936) 2023

8959 Form

Department of the Treasury

Internal Revenue Service

Name(s) shown on return

Additional Medicare Tax

If any line does not apply to you, leave it blank. See separate instructions. Attach to Form 1040, 1040-SR, 1040-NR, or 1040-SS.

Go to www.irs.gov/Form8959 for instructions and the latest information.

OMB No. 1545-0074 2023 Attachment Sequence No. 71

Your social security number

VENI	KATESH CHENNUPATI & SOWMYA GOPALAM		862	-76-03	353
Par	Additional Medicare Tax on Medicare Wages				
1	Medicare wages and tips from Form W-2, box 5. If you have more than one				
	Form W-2, enter the total of the amounts from box 5	1	218,421		
2	Unreported tips from Form 4137, line 6	2		_	
3	Wages from Form 8919, line 6	3		_	
4	Add lines 1 through 3	4	218,421		
5	Enter the following amount for your filing status:				
	Married filing jointly				
	Married filing separately				
	Single, Head of household, or Qualifying surviving spouse \$200,000	5	250,000		
6	Subtract line 5 from line 4. If zero or less, enter -0				0.
7	Additional Medicare Tax on Medicare wages. Multiply line 6 by 0.9% (0.009).		-		
	Part II			7	0.
Part					
8	Self-employment income from Schedule SE (Form 1040), Part I, line 6. If you				
	had a loss, enter -0	8		_	
9	Enter the following amount for your filing status:				
	Married filing jointly				
	Married filing separately				
40	Single, Head of household, or Qualifying surviving spouse \$200,000	9		_	
10	Enter the amount from line 4	10		_	
11	· · · · · · · · · · · · · · · · · · ·	11		_ 10	
12	Subtract line 11 from line 8. If zero or less, enter -0				
13	Additional Medicare Tax on self-employment income. Multiply line 12 by 0.9% (0	,			
Part	go to Part III			13	
			ipensation		
14	Railroad retirement (RRTA) compensation and tips from Form(s) W-2, box 14 (see instructions)	14			
15	Enter the following amount for your filing status:	14		-	
10	Married filing jointly				
	Married filing separately				
	Single, Head of household, or Qualifying surviving spouse \$200,000	15			
16	Subtract line 15 from line 14. If zero or less, enter -0	-		16	
17	Additional Medicare Tax on railroad retirement (RRTA) compensation. Multiply line				
	Enter here and go to Part IV				
Part				I	
18	Add lines 7, 13, and 17. Also include this amount on Schedule 2 (Form 1040), lin	ne 11	(Form 1040-S	s	
	filers, see instructions), and go to Part V				0.
Part					
19	Medicare tax withheld from Form W-2, box 6. If you have more than one Form				
	W-2, enter the total of the amounts from box 6	19	3,333	8.	
20	Enter the amount from line 1	20	218,421		
21	Multiply line 20 by 1.45% (0.0145). This is your regular Medicare tax				
	withholding on Medicare wages	21	3,167	′ .	
22	Subtract line 21 from line 19. If zero or less, enter -0 This is your Addi	tional	Medicare Ta	x	
	withholding on Medicare wages			22	166.
23	Additional Medicare Tax withholding on railroad retirement (RRTA) compensation	from	Form W-2, bo	x	
	14 (see instructions)			23	
24	Total Additional Medicare Tax withholding. Add lines 22 and 23. Also inclu				
	federal income tax withholding on Form 1040, 1040-SR, or 1040-NR, line 25c (•			
	see instructions)	• •		24	166.
For Pa	perwork Reduction Act Notice, see your tax return instructions.		REV 01/21/24 PR	0	Form 8959 (2023)

E-file Signature Authorization (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*
VENKATESH	CHENNUPATI	Enter	862 76 0353
Your Spouse's First Name and Initial (if filed joint)	Last Name	your	Spouse's Social Security No.*
SOWMYA	GOPALAM	SSN(s).	APP LI ED F
			*D - N - 4 T

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.

RMATION		PART 3 – FIN	ANCIAL INST	TITUTION INFORMATION
		Must be prese	nt when reques	sting direct debit or deposit.
206,183 00		Foreign Ac	count Deposit/	Debit: See instructions below.
4,462 00		TYPE OF ACCOUNT		
4,205 00		Checking	Savings	
		ACCOUNT NUMBER		
4 REFUND: Enter the amount of refund				
5 AMOUNT YOU OWE: Enter the amount owed			JEST DATE	\$
	4,462 00 4,205 00	206,183 00 4,462 00 4,205 00 f refund	206,183 00 4,462 00 4,205 00 Checking ACCOUNT NUMBER	206,183 00 4,462 00 4,205 00 Checking Savings Account NUMBER 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 and declared under penalties of perjury that to the best of my knowledge and belief the return is true, correct and complete.

ERE	→			
SE SIGN HERE	→	YOUR PEN AND INK SIGNATURE	DATE	
PLEASE		SPOUSE'S PEN AND INK SIGNATURE	DATE	

RETURN.			Arizona Form 140	Resident	Personal Inco	ome Tax	Return	FOI	CALENDAR YEAR
	82F		Check box 82F f filing under extension	OR FISCAL YEAR BEGI		2,0,2,3	J AND ENDING		
Ξ			First Name and Middle Initial		Last Name		Enter	Your S	ocial Security Number
	1		NKATESH		CHENNUPAT	'I	your	862	
S 10	_	•	se's First Name and Middle Initia	al (if box 4 or 6 checked)	Last Name		SSN(s).	Spouse	e's Social Security No.
Š.	1		WMYA ent Home Address - number and		GOPALAM	Ant No		APP	
Ë	2			street, rural route		Apt. No.			vith area code)
ANY ITEMS			255 E VIA LINDA	State	ZIP Code	1048	Last Names Used in L		-4066 Prior Year(s) (if different)
E A	3		OTTSDALE	AZ	85258				97
Ľ,	3	4	Married filing joint return		Protection of Joint Ov	vorpaymont	REVENUE USE ONLY	. DO NOT	MARK IN THIS AREA.
ST	STATUS	5	Head of household. Enter	• •		vorpayment	88		
0	5	-							
DO NOT STAPLE	FILING	6	Married filing separate retu	Jrn. Enter spouse's name ar	nd Social Security Numl	ber above.			
DO		7	Single						
	EXEMPTIONS		Enter the number claimed		nark.				
	E	8	Age 65 or over (you and/o		es 8, 9, and 11a, also cor nes 10a and 10b, also cor		81 PM		80 RCVD
	μ	9	Blind (you and/or spouse)		pendents: Age 17 and		01		00
	EXE	10a 11a	Qualifying parents and gra	·	endents. Age 17 and	l over.			
	-		(Box 10a and 10b): Depender		uctions. For more s	pace, check tl	he box 🗌 and com	plete pa	ge 4, Part 1.
			(a)		(b)	(c)	(d)	(e) ependent Ac	(f)
	lts		FIRST AND LAS (Do not list yourself of		SOCIAL SECURITY NUMBER	RELATIONSHIF	LIVED IN YOUR	ncluded in:	this person on your
	Jder			1 /			HOME IN 2023	1 2 10a) (Box	equicational credits
	Dependents	10c							
	٥		1						
		10e	9						
o.	7		(Box 11a): Qualifying parents						
140	Qualifying Parentsand Grandparents		(a) FIRST AND LAS		(b) SOCIAL SECURITY	(c) RELATIONSHIF	(d) NO. OF MONTHS ✔ IF	(e) AGE 65 (DR (f) ✓ IF DIED
	Parer		(Do not list yourself o		NUMBER		LIVED IN YOUR HOME IN 2023	OVER	IN 2023
Ъ	ying randp								
after Form	Qualif	11b						<u> </u>	
s af	Ī	11c							206,183 00
ents			Federal adjusted gross incom						00
other docume			Small Business Income: 135 che Modified federal adjusted gross						206,183 00
DOCI	6		Non-Arizona municipal interest.						00
rđ	dditions		Partnership Income adjustment.						00
the	Addi		Total federal depreciation						00
or o			Other Additions to Income: Com						00 206,183
	-		Subtotal: Add lines 14 through 18 Total net capital gain or (loss).					00	200,103 00
schedules			Total net short-term capital gain					00	
ned			Total net long-term capital gain o					00	
scl			Net long-term capital gain from a					00	
and AZ:			Multiply line 23 by 25% (.25) and						0 00
nd		25	Net capital gain derived from inv	vestment in qualified smal	l business			25	00
al a	suo		Recalculated Arizona depreciation						00
lera	actio		Partnership Income adjustment.						00
fed	Subtractions		Interest on U.S. obligations such	-	-				00
ed	S		Exclusion for federal, Arizona sta Exclusion for benefits, annuities						00
uir			U.S. Social Security or Railroad						00
req			Certain wages of American India			•	•	·	00
any required federal			Pay received for active service a						00
e a			Net operating loss adjustment.						00
Place		34 Contributions to: 34a 529 College Savings Plans 00 34b 529A (ABLE accounts) 00 add 34a a							00
٩	<u> </u>		Subtract lines 24 through 34c fro	om line 19. Enter the diffe	AZ Form 140 (20				206,183 00

	Your	Name (as shown on page 1)	Your Social Security Numbe	r						
	VEN	JKATESH CHENNUPATI & SOWMYA GOPALAM	862-76-0353							
	26	Other Subtractions from Income Complete Other Subtraction from Avisone Orace Income			00					
	36	Other Subtractions from Income. Complete Other Subtraction from Arizona Gross Income sched		206,183						
	37	Subtract line 36 from line 35. Enter the difference		200,100	00					
ons	38	Age 65 or over: Multiply the number in box 8 by \$2,100								
Exemptions	39	Blind: Multiply the number in box 9 by \$1,500			00					
xen	40	Other Exemptions. See instructions40E Multiply the number in box 40E by \$2,300			00					
ш	41	Qualifying parents and grandparents: Multiply the number in box 11a by \$10,000		206 102	00					
	42	Arizona adjusted gross income: Subtract lines 38 through 41 from line 37. If less than zero, enter "0".		206,183						
	43	Deductions: Check box and enter amount. See instructions		27,700						
	44	If you checked box 43 S and claim charitable contributions, check 44 C Complete page 3. See in:		100 400	00					
	45	Arizona taxable income: Subtract lines 43 and 44 from line 42. If less than zero, enter "0"	45	178,483						
ax	46	Tax: Multiply line 45 by 2.5% (.025). Enter the result		4,462						
Balance of Tax	47	Tax from recapture of credits from Arizona Form 301, Part 2, line 31	47		00					
če	48	Subtotal of tax: Add lines 46 and 47. Enter the total		4,462	2 00					
alan	49	Dependent Tax Credit. See instructions			00					
ä	50	Family income tax credit (from the worksheet - see instructions)	50		00					
	51	Nonrefundable Credits from Arizona Form 301, Part 2, line 62	51		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 than	line 48, enter "0" 52	4,462						
	53	2023 AZ income tax withheld		4,205						
	54		00 Add 54a and 54b. 54c	:	00					
aru Jits	55	2023 AZ extension payment (Form 204)			00					
Refundable Credits	56	Increased Excise Tax Credit (from the worksheet - see instructions)			00					
ble O	57	Property Tax Credit from Arizona Form 140PTC			00					
ndal	58	Other refundable credits: Check the box(es) and enter the total amount	334 58 3 349 58		00					
Refu	59	Total payments and refundable credits: Add lines 53 through 58. Enter the total		4,205	00					
	60			257	00					
Ħ	61									
Overpayment	62	Amount of line 61 to be applied to 2024 estimated tax			00					
r pay	63	Balance of overpayment: Subtract line 62 from line 61. Enter the difference			00					
Ove 0		- 74 Voluntary Gifts to: Solutions Teams Assigned to Schools								
		Child Abuse Prevention								
Gifts			und 71 00							
ary		Neighbors Helping Neighbors 69 00 Special Olympics								
Voluntary	75	Political Party (if amount is entered on line 68 - check only one): 751 Democratic 752 Libertarian	753 Republican							
Š		Estimated payment penalty			00					
₽	77									
Penalt	78	Add lines 64 through 74 and 76; enter the total			00					
Pe	79	REFUND: Subtract line 78 from line 63. If less than zero, enter amount owed on line 80			00					
σ		Direct Deposit of Refund: Check box 79A if your deposit will be ultimately placed in a foreign account; see	e instructions. 79A							
Amount Owed										
Ĩ		98 S ☐ Savings								
n de	80	AMOUNT OWED: Add lines 60 and 78. Make check payable to Arizona Department of Revenue; write y		257						
•		and include with your return	80	257	100					
		Inder penalties of perjury, I declare that I have read this return and any documents with it, and to rue, correct and complete. Declaration of preparer (other than taxpayer) is based on all informatio			ey are					
	u		n or which preparer has	any knowledge.						
SIGN HERE	→	S	OFTWARE ENGINE	FR						
Ψ.	Y									
-										
ΰ	→	Н	OME MAKER							
	S	POUSE'S SIGNATURE DATE SPO	OUSE'S OCCUPATION							
Щ		SYAM PRIYA RAM SAGAR GUPTA TALLAM 01302024 GLOBAL TAXES LI	ΓC							
A	P	AID PREPARER'S SIGNATURE DATE FIRM'S NAME (PREPARER'S IF	SELF-EMPLOYED)							
PLEASE		245 ROONEY CT	84-317196	5						
Ч	P	AID PREPARER'S STREET ADDRESS	PAID PREPARER'S T	IN						
		E BRUNSWICK NJ 08816	(678)965-	9522						
	P	AID PREPARER'S CITY STATE ZIP CODE	PAID PREPARER'S F	HONE NUMBER						
lf	you ai	re sending a payment with this return, mail to Arizona Department of Revenue, PO Box 52016, Phoenix, AZ 850								
		re expecting a refund or owe no tax, or owe tax but are not sending a payment, mail to Arizona Department of Re								

Arizona Individual Income Tax Payment Voucher for Electronic Filing of Form 140, 140PY or 140NR

Your First Name and Middle Ini	tial	Last Name			Your Social Security Number
1 VENKATESH		CHENNUPATI		Enter	862 76 0353
Spouse's First Name and Midd	le Initial	Last Name		your	Spouse's Social Security No.
1 SOWMYA		GOPALAM		SSN(s).	APP LI ED F
Current Home Address - number	er and street, rural route	A	Apt. No.	Daytime	Phone (with area code)
2 10255 E VIA LINDA		1	1048	94 (94	40)999-4066
City, Town or Post Office	State	ZIP Code			ILY. DO NOT MARK IN THIS AREA.
3 SCOTTSDALE	AZ	85258		88	
Please indicate the filing s Married filing joint return Head of household: Ent		pendent on next line.			
 Married filing separate r Single 	eturn: Enter spouse's name an	d Social Security Numb	er above.	81 PM	80 RCVD
Enter the amount of payn	nent enclosed				\$ 257 00

If you are mailing this payment

To ensure proper application of this payment, be sure that you:

- ✓ Do **not** send cash.
- \checkmark Make your check or money order payable to Arizona Department of Revenue.
- ✓ Write your SSN, "2023 Tax" and 140 on your payment.
- \checkmark Include your payment with this form.
- ✓ **Mail to** Arizona Department of Revenue, PO Box 29085, Phoenix, AZ 85038-9085.

If you are making an electronic payment

You can make this 140V payment by eCheck or credit card! American Express ♦ Visa ♦ Discover Card ♦ MasterCard

www.AZTaxes.gov

- \checkmark Click on "Make a Payment" and select "140V" as the Payment Type.
- \checkmark Do not mail this form. We will apply this payment to your account.

NOTE: To avoid interest and penalties you must pay the full amount of your tax by April 15, 2024. You will not receive an additional notice from the Arizona Department of Revenue unless an error exists with your return.

EPV

2023

TO THE FORM.		Payment	OR CALENDAR YEAR				
IHE	т	his estimated payment is for tax yea	r ending Decemb	er 31 2024 o	or for tax v	ear ending:	2.0
2		Your First Name and Middle Initial		Last Name	in tor tax y		Social Security Number
้ว	1	VENKATESH		CHENNUPAT	I	Enter 862	•
Ē		Spouse's First Name and Middle Initial (if filin	g joint)	Last Name		your	se's Social Security No.
Ξ	1	SOWMYA		GOPALAM		SSN(s). APE	P LI ED F
AN		Current Home Address - number and street, r	ural route		Apt. No.	95. Filing Status. Must be the same as 95a X Married filing joint return	Form 140, 140NR or 140PY 5c Head of Household
Щ	2	10255 E VIA LINDA			1048	95b Married filing separate return 9	
ĀΡ	(City, Town or Post Office	State	ZIP Code		REVENUE USE ONLY. DO N	OT MARK IN THIS AREA.
S	3	SCOTTSDALE	AZ	85258		88	
NOT STAPLE ANY ITEMS	94	Your Daytime Phone (with area code):	(940)999-4066	5		1	
	H	Check if this payment is on behalf of			rn - 140NR		
Δ		DO NOT USE THIS FORM TO MA					
	ST0	Use this form only for mailing estim					
				/			
		Payment: You must round your estimat				81 PM	80 RCVD
		Enter the amount of payment enclosed	l \$	5	65 00		
	2	Check only one box for the quarter for	which this navment	is made			
		Do not select more than one quarter. Yo	• •		each quar	er for which a payment is	made
					ouon quan	er for million a paymont lo	
		Payment for calendar year filers are du	ie as follows:				
		S 1st Quarter – January to March Due	e date is April 15, 202	4.			
		2nd Quarter – April to June Due dat	,				
		Because June 15, 2024 falls on a w	eekend, you have un	itil June 17, 202	4 to make th	his payment.	
		3rd Quarter – July to September Du	•				
		Because September 15, 2024 falls of	on a weekend, you ha	ve until Septen	ber 16, 202	4 to make this payment.	
		4th Quarter – October to December	Due date is January	15, 2025.			
	l	Payment for fiscal year filers are due a	s follows:				
		1st Quarter – 15th day of the fourth n	nonth of the current fis	cal year.			
		2nd Quarter – 15th day of the sixth m	onth of the current fisc	al year.			
		3rd Quarter – 15th day of the ninth m	onth of the current fisc	al year.			
		l					

4th Quarter – 15th day of the **first** month of the next fiscal year.

If any of the due dates fall on a Saturday, Sunday, or legal holiday, you may make the required payment for that quarter by midnight on the next business day following that day.

If you are mailing this payment:

To ensure proper application of this payment, be sure that you:

- \checkmark Complete and submit this form in its entirety. Do not cut this page in half.
- \checkmark Make your check or money order payable to Arizona Department of Revenue.
- ✓ Write your SSN, "Tax Year 2024" and "140ES" on your payment.
- ✓ If payment is made on behalf of a Nonresident Composite return, write "Composite 140NR", "Tax Year 2024" and the entity's EIN on your payment.
- \checkmark Include your payment with this form.
- ✓ **Mail to** Arizona Department of Revenue, PO Box 29085, Phoenix, AZ 85038-9085.

Be sure to review your estimated income and adjust your payments as necessary during the year.

If you are making an electronic payment

You can make this estimated payment by eCheck or credit card! American Express ♦ Visa ♦ Discover Card ♦ MasterCard

www.AZTaxes.gov

- \checkmark Click on "Make a Payment" and select "140ES" as the Payment Type.
- \checkmark Do not mail this form. We will apply this payment to your account.

1

TO THE FORM.		Arizona Form 140ES Individu	ual Estii	mated Inc	ome Tax	Payment	FOR CALEND	
뽀	-		_	04,0004	<i>с</i> ,		0	0
0		his estimated payment is for tax year ending /our First Name and Middle Initial	J Decemb	er 31, 2024, Last Name	or for tax y	/ear ending:	<u> 2 0</u> Your Social Sec	-
		VENKATESH		CHENNUPAT	יד	Enter	862 76	
Ξ	_	Spouse's First Name and Middle Initial (if filing joint)		Last Name	±	your	Spouse's Social	
ANY ITEMS		SOWMYA		GOPALAM		SSN(s).	APP LI	ED F
Å		Current Home Address - number and street, rural route		001112111	Apt. No.	95. Filing Status. Must be the	e same as Form 140, 14	0NR or 140PY
Щ		10255 E VIA LINDA			1048	95a XMarried filing joint retu 95b Married filing separate		Household
API		City, Town or Post Office	State	ZIP Code				N THIS AREA.
ST	3	SCOTTSDALE	AZ	85258		88		
NOT STAPLE	94	Your Daytime Phone (with area code): (940)	999-4066	5				
	=	Check if this payment is on behalf of a Non-			rn - 140NF	2		
Δ		DO NOT USE THIS FORM TO MAKE DELU						
	STO	 Use this form only for mailing estimated pay 						
				ala dellar (na				
		Payment: You must round your estimated paym			, 	81 PM	80 RCV	/D
	E	Enter the amount of payment enclosed	§	5	65 00			
	2 (Check only <u>one</u> box for the quarter for which thi	s payment	is made.				
		Do not select more than one quarter. You must s			r each quar	<i>ter</i> for which a paym	nent is made.	
				•	,			
	F	Payment for calendar year filers are due as follo	ows:					
		1st Quarter – January to March Due date is A	opril 15, 202	4.				
	Γ	2nd Quarter – April to June Due date is June	15, 2024.					
		Because June 15, 2024 falls on a weekend,	you have ur	ntil June 17, 202	24 to make t	his payment.		
	Ī	3rd Quarter – July to September Due date is	September	15, 2024.				
		Because September 15, 2024 falls on a week	end, you ha	ave until Septer	nber 16, 202	4 to make this paym	ent.	
		4th Quarter – October to December Due date	e is January	15, 2025.				
	F	Payment for fiscal year filers are due as follows	:					
	Ĺ	<u> </u>						
	-	1st Quarter – 15th day of the fourth month of th	ie current fis	cai year.				
		2nd Quarter – 15th day of the sixth month of the	e current fiso	cal year.				
		3rd Quarter – 15th day of the ninth month of the	e current fisc	al year.				

4th Quarter – 15th day of the **first** month of the next fiscal year.

If any of the due dates fall on a Saturday, Sunday, or legal holiday, you may make the required payment for that quarter by midnight on the next business day following that day.

If you are mailing this payment:

To ensure proper application of this payment, be sure that you:

- \checkmark Complete and submit this form in its entirety. Do not cut this page in half.
- \checkmark Make your check or money order payable to Arizona Department of Revenue.
- ✓ Write your SSN, "Tax Year 2024" and "140ES" on your payment.
- ✓ If payment is made on behalf of a Nonresident Composite return, write "Composite 140NR", "Tax Year 2024" and the entity's EIN on your payment.
- \checkmark Include your payment with this form.
- ✓ **Mail to** Arizona Department of Revenue, PO Box 29085, Phoenix, AZ 85038-9085.

Be sure to review your estimated income and adjust your payments as necessary during the year.

If you are making an electronic payment

You can make this estimated payment by eCheck or credit card! American Express ♦ Visa ♦ Discover Card ♦ MasterCard

www.AZTaxes.gov

- \checkmark Click on "Make a Payment" and select "140ES" as the Payment Type.
- \checkmark Do not mail this form. We will apply this payment to your account.

Arizona Form 140ES	Individ
estimated payment is for	tax yoar ondir

dual Estimated Income Tax Payment

FOR CAL	ENDAR YEAI
20	124

THE FORM.		Arizona Form 140ES	Individual Estir	Individual Estimated Income Tax Payment				
THEF	This e	stimated payment is for t	ax year ending Decembo	er 31, 2024, o	or for tax y	ear ending: L	1), , ,
2	Your Fi	rst Name and Middle Initial		Last Name			Your Social Sec	urity Number
١S	1 VENK	ATESH		CHENNUPAT	I	Enter	862 76	0353
Ē	Spouse	e's First Name and Middle Initia	al (if filing joint)	Last Name		your	Spouse's Social	Security No.
ANY ITEMS	1 SOWM	IYA		GOPALAM		SSN(s).	APP LI	ED F
	Curren	t Home Address - number and	street, rural route		Apt. No.	95. Filing Status. Must be the 95a X Married filing joint return		
STAPLE	2 1025	55 E VIA LINDA			1048	95b Married filing separate		
ΤAΡ	City, To	own or Post Office	State	ZIP Code		REVENUE USE ONLY	. DO NOT MARK II	N THIS AREA.
_S	3 SCOI	TSDALE	AZ	85258		88		
NOT	94 Your	Daytime Phone (with area	code): <u>(940)999-4066</u>	5				
00	=		half of a Nonresident Co		rn - 140NR			
			TO MAKE DELINQUENT I					
	STOP	Jse this form only for mailin	g estimated payments.					
	1 Dovr	ont. You must round your	estimated payment to a wh	olo dollar (no d	oonto)			
	-	•		,		81 PM	80 RCV	D
	Enter	the amount of payment en	closed \$	5	65 00			
	2 Checl	k only one box for the qua	rter for which this payment	is made.				
		• •	rter. You must submit a se		each guar	<i>ter</i> for which a pavm	ent is made.	
	20110	q.a.			•••••			
	Paym	ent for calendar year filers	are due as follows:					
		1st Quarter – January to Marc	ch Due date is April 15, 202	4.				
		2nd Quarter – April to June	,					
		Because June 15, 2024 falls	s on a weekend, you have un	itil June 17, 202	4 to make th	nis payment.		
	\mathbf{X}	, , ,	per Due date is September	,				
		Because September 15, 202	4 falls on a weekend, you ha	ve until Septen	nber 16, 202	4 to make this payme	ent.	
		4th Quarter – October to Dece	ember Due date is January	15, 2025.				
	Paym	ent for fiscal year filers are	e due as follows:					
		1st Quarter – 15th day of the t	fourth month of the current fise	cal year.				
		2nd Quarter – 15th day of the	sixth month of the current fisc	al year.				

3rd Quarter – 15th day of the ninth month of the current fiscal year.

4th Quarter - 15th day of the first month of the next fiscal year.

If any of the due dates fall on a Saturday, Sunday, or legal holiday, you may make the required payment for that quarter by midnight on the next business day following that day.

If you are mailing this payment:

To ensure proper application of this payment, be sure that you:

- \checkmark Complete and submit this form in its entirety. Do not cut this page in half.
- \checkmark Make your check or money order payable to Arizona Department of Revenue.
- Write your SSN, "Tax Year 2024" and "140ES" on your payment.
- If payment is made on behalf of a Nonresident Composite return, write "Composite 140NR", "Tax Year 2024" and the entity's EIN on your payment.
- \checkmark Include your payment with this form.
- Mail to Arizona Department of Revenue, PO Box 29085, Phoenix, AZ 85038-9085.

Be sure to review your estimated income and adjust your payments as necessary during the year.

If you are making an electronic payment

You can make this estimated payment by eCheck or credit card! American Express ♦ Visa ♦ Discover Card ♦ MasterCard

www.AZTaxes.gov

- Click on "Make a Payment" and select "140ES" as the Payment Type.
- \checkmark Do not mail this form. We will apply this payment to your account.

AZ Form 140ES (2023)

THE FORM.	Arizona Form 140ES	Individual Esti	mated Inco	ome Tax	x Payment	FOR CALENDAR YEAR	
		for tax year ending Decemb		or for tax	year ending:	2_0	
2		ial	Last Name		Enter	Your Social Security Nur	nber
ANY ITEMS	1 VENKATESH		CHENNUPAT	I		862 76 035	-
Ē	Spouse's First Name and Middl	e Initial (if filing joint)	Last Name		your SSN(s).	Spouse's Social Security	No.
Σ	1 SOWMYA		GOPALAM		55N(S).	APP LI ED	F
		r and street, rural route		Apt. No.	95. Filing Status. Must be the 95a X Married filing joint retur	n 95c Head of Household	Y
STAPLE	2 10255 E VIA LINDA			1048	95b Married filing separate		
Ę	City, Town or Post Office	State	ZIP Code			. DO NOT MARK IN THIS A	REA.
NOT S ⁻	3 SCOTTSDALE	AZ	85258		88		
DO	 Check if this payment is DO NOT USE THIS FO Use this form only for r 	on behalf of a Nonresident C DRM TO MAKE DELINQUENT nailing estimated payments. your estimated payment to a wh	INCOME TAX F	PAYMENTS		80 RCVD	
		nt enclosed	\$	65 00			
		e quarter. You must submit a se		each quai	<i>rter</i> for which a paym	nent is made.	
	1st Quarter – January to	March Due date is April 15, 202	24.				
		ine Due date is June 15, 2024. 4 falls on a weekend, you have u	ntil June 17, 202	4 to make 1	this payment.		
		ptember Due date is September 5, 2024 falls on a weekend, you h	•	nber 16, 202	24 to make this payme	ent.	
	4th Quarter – October to	December Due date is January	y 15, 2025.				

Payment for fiscal year filers are due as follows:

1st Quarter – 15th day of the fourth month of the current fiscal year.
2nd Quarter – 15th day of the sixth month of the current fiscal year.
3rd Quarter – 15th day of the ninth month of the current fiscal year.
4th Quarter – 15th day of the first month of the next fiscal year.

If any of the due dates fall on a Saturday, Sunday, or legal holiday, you may make the required payment for that quarter by midnight on the next business day following that day.

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To ensure proper application of this payment, be sure that you:

- \checkmark Complete and submit this form in its entirety. Do not cut this page in half.
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