## Form **8879**

(Rev. January 2021)

Department of the Treasury Internal Revenue Service

## IRS e-file Signature Authorization

► ERO must obtain and retain completed Form 8879.

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

OMB No. 1545-0074

Submission Identification Number (SID)		
Taxpayer's name	Social security	y number
VEGNESH JAWAHARLAL	636-61-	-0892
Spouse's name	Spouse's soci	ial security number
SHRUTI SHANTARAM TANDALE	981-97-	-0862
Part I Tax Return Information — Tax Year Ending December 31, 2023	(Enter year you aı	re authorizing.)
Enter whole dollars only on lines 1 through 5.		
Note: Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.		
1 Adjusted gross income		<b>1</b> 106,973.
2 Total tax		<b>2</b> 8,573.
<b>3</b> Federal income tax withheld from Form(s) W-2 and Form(s) 1099		<b>3</b> 9,661.
4 Amount you want refunded to you		4 1,088.
5 Amount you owe		5
Part II Taxpayer Declaration and Signature Authorization (Be sure you get Under penalties of perjury, I declare that I have examined a copy of the income tax return (original or am		<del></del>
my knowledge and belief, it is true, correct, and complete. I further declare that the amounts in Part return (original or amended) I am now authorizing. I consent to allow my intermediate service provider, to send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution accoupayment of my federal taxes owed on this return and/or a payment of estimated tax, and the financial in authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to ter payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellatic business days prior to the payment (settlement) date. I also authorize the financial institutions involved taxes to receive confidential information necessary to answer inquiries and resolve issues related to personal identification number (PIN) below is my signature for the income tax return (original or amende Electronic Funds Withdrawal Consent.	transmitter, or electro for rejection of the tra- a the U.S. Treasury are unt indicated in the tan astitution to debit the minate the authoriza on requests must be in the processing of the payment. I furth	onic return originator (ERO) ansmission, (b) the reason of its designated Financial ax preparation software for entry to this account. This ation. To revoke (cancel) at the electronic payment of her acknowledge that the
Taxpayer's PIN: check one box only		
▼ I authorize GLOBAL TAXES LLC to enter or general content or the second of t	erate my PIN	0 8 9 2 as my
ERO firm name signature on the income tax return (original or amended) I am now authorizing.	ř Ent	er five digits, but n't enter all zeros
I will enter my PIN as my signature on the income tax return (original or amended) I if you are entering your own PIN <b>and</b> your return is filed using the Practitioner PIN below.		
Your signature ▶ Date	e►	
Spouse's PIN: check one box only		
▼ I authorize GLOBAL TAXES LLC to enter or general to enter or general term name	_	1 1 1 1 mo
signature on the income tax return (original or amended) I am now authorizing.		er five digits, but n't enter all zeros
I will enter my PIN as my signature on the income tax return (original or amended) I if you are entering your own PIN <b>and</b> your return is filed using the Practitioner PIN below.		
Spouse's signature ▶ Dat	e <b>▶</b>	
Practitioner PIN Method Returns Only—continue b	pelow	
Part III Certification and Authentication — Practitioner PIN Method Only		
ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN.		6 0 8 2 7 1 er all zeros
I certify that the above numeric entry is my PIN, which is my signature for the electronic individual inca authorized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am requirements of the Practitioner PIN method and <b>Pub. 1345</b> , Handbook for Authorized IRS e-file Provide	submitting this retu	rn in accordance with the
ERO's signature ▶ Dat	e <b>▶</b>	
ERO Must Retain This Form — See Instructio		

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



<b>1040</b>		eartment 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 Jai	n. 1–Dec	c. 31, 2023, or other tax year beginning			, 2023, end	ling			, 20		See sep	oarate i	instructions.	_
Your first name	and m	niddle initial	Last na	me							Your so	cial sec	curity number	_
VEGNESH			JAWA	HARLA	L						636	61	0892	
	pouse'	s first name and middle initial	Last na										security number	-
SHRUTI	SHAN	TARAM	TAND	ALE							981	97	0862	
		er and street). If you have a P.O. box, see						A	Apt. no.				ection Campaig	n
351 N P	EART	RD						4	118	- 1			ou, or your	
		ice. If you have a foreign address, also co	mplete s	paces belo	DW.	Sta	te	ZIP c				0	jointly, want \$3	
CASA GR	ANDE					AZ	, L	851	22		•		nd. Checking a not change	
Foreign countr			F	Foreign pro	ovince/state/	count	:y	Foreig	n postal c		your tax		•	
												Yo	ou 🗌 Spous	е
Filing Status	s [	Single					☐ Head of h	ouseh	old (HOI	 				_
Check only		Married filing jointly (even if only o	ne had i	ncome)					`	,				
one box.		Married filing separately (MFS)		,			☐ Qualifying	surviv	ing spo	use (0	QSS)			
00 20	۱f۱	you checked the MFS box, enter the	name c	of your sp	ouse. If you	ı che	ecked the HOF	or Q	SS box,	enter	the chi	ld's na	me if the	
		ualifying person is a child but not you												
B: ::::	Λ± α	ny time during 2023, did you: (a) rec	obio (oo											_
Digital Assets		nange, or otherwise dispose of a dig										□ Ye	es 🛛 No	
		neone can claim: You as a de					a dependent	), (O	30 11101114	Otion	o.,		<u> </u>	-
Standard Deduction		Spouse itemizes on a separate retur	•				•							
Deddollon			11 01 you	- word a c	dai Status	ancii								-
Age/Blindnes	s You	: Were born before January 2, 1	959	_ Are bli	nd <b>Spo</b>	use	: Was bor						s blind	_
Dependent	<b>s</b> (see	instructions):			ocial security	.	(3) Relationsh	nip (4	-				(see instructions	•
If more	(1) F	First name Last name			number		to you		Child t	ax cre	edit	Credit fo	or other dependent	is
than four	VIH	AAN VEGNESH BEDRE		981-	<u>-97-087</u>	2	Son						<u>×</u>	_
dependents, see instruction	s													_
and check	. —													_
here L														_
Income	1a	Total amount from Form(s) W-2, b	ox 1 (se	e instruct	tions) .						1a		120,650.	_
Attach Form(s)	b	Household employee wages not re	eported	on Form(	s) W-2 .						1b			_
W-2 here. Also	С	Tip income not reported on line 1a	•		•						1c			_
attach Forms W-2G and	d	Medicaid waiver payments not rep				nstru	ctions)				1d			_
1099-R if tax	е	Taxable dependent care benefits f									1e			_
was withheld.	f	Employer-provided adoption bene	fits from	n Form 88	339, 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	,								1h	_	0.	_
instructions.	i	Nontaxable combat pay election (s	see instr	ructions)			<u>1</u> i						100 650	
		Add lines 1a through 1h	. ; ·		· · · ·						1z		120,650.	_
Attach Sch. B	2a	· -	2a				axable interest				2b			_
if required.	3a	·	3a				rdinary divide				3b			_
Standard	4a		4a				axable amoun				4b			_
Deduction for—	5a	<del>-</del>	5a				axable amoun				5b			_
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		-13 <b>,</b> 677.	
surviving spouse,	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7,		•							9		106,973.	_
\$27,700 • Head of	10	Adjustments to income from Sche									10		100 0==	_
household, \$20,800	11	Subtract line 10 from line 9. This is	•	-	-						11		106,973.	
If you checked	12	Standard deduction or itemized									12		27,700.	_
any box under Standard	13	Qualified business income deducti									13		00 -00	_
Deduction, see instructions.	14	Add lines 12 and 13									14		27 <b>,</b> 700.	_
COO INCLIDENCIONS.	15	Suptract line 1/1 from line 11 If zer	n or less	c ontor 1	II I bic ic v	aur t	avabla incom	•			15	1	/u ') '/ '	

Form 1040 (202)	3)								Page Z
Tax and	16	Tax (see instructions). Check	if any from Form	(s): <b>1</b> 881	4 <b>2</b> 4972	3 🗌		16	9,073.
Credits	17	Amount from Schedule 2, line	e3					17	
	18	Add lines 16 and 17						18	9,073.
	19	Child tax credit or credit for o	other dependen	ts from Sched	ule 8812			19	500.
	20	Amount from Schedule 3, line	e8					20	
	21	Add lines 19 and 20						21	500.
	22	Subtract line 21 from line 18.	If zero or less,	enter -0				22	8,573.
	23	Other taxes, including self-er	mployment tax,	from Schedule	e 2, line 21			23	0.
	24	Add lines 22 and 23. This is y	our <b>total tax</b>					24	8,573.
Payments	25	Federal income tax withheld	from:						
-	а	Form(s) W-2				25a	9,661.		
	b	Form(s) 1099				25b			
	С	Other forms (see instructions	s)			25c			
	d	Add lines 25a through 25c .						25d	9,661.
If you have a	26	2023 estimated tax payments	s and amount a	pplied from 20	22 return			26	
qualifying child,	27	Earned income credit (EIC) .				27			
attach Sch. EIC.	28	Additional child tax credit from	n Schedule 8812			28			
	29	American opportunity credit	from Form 8863	3, line 8		29			
	30	Reserved for future use				30			
	31	Amount from Schedule 3, line				31			
	32	Add lines 27, 28, 29, and 31.	These are your	total other pa	ayments and refu	indable credits		32	
	33	Add lines 25d, 26, and 32. Th	nese are your <b>to</b>	tal payments				33	9,661.
Refund	34	If line 33 is more than line 24	-					34	1,088.
	35a	Amount of line 34 you want r	efunded to you	ı. If Form 8888	is attached, ched	ck here	🗆	35a	1,088.
Direct deposit?	b	Routing number 0 7 2			_	Checking	Savings		
See instructions.	d	Account number 3 7 5	0 2 3 9	2 1 1	7   6   1		_		
	36	Amount of line 34 you want a	pplied to your	2024 estimate	ed tax	36			
Amount	37	Subtract line 33 from line 24.	This is the amo	ount vou owe					
You Owe		For details on how to pay, go						37	
	38	Estimated tax penalty (see in	structions) .			38			
<b>Third Party</b>	Do	you want to allow another	person to disc	cuss this retu	n with the IRS?	See			_
Designee	ins	structions				. Yes. C	omplete	below.	<b>⋉</b> No
		signee's me		Phone no.			sonal ident ber (PIN)	ification	
Ciara		der penalties of perjury, I declare th	at I have evamine		accompanying sche		. ,	the heet	of my knowledge and
Sign		lief, they are true, correct, and comp							
Here	Υo	ur signature		Date	Your occupation		l If th	e IRS se	nt you an Identity
		ar olgitataro			. car cocapanon		Prot	tection P	IN, enter it here
Joint return?					SOFTWARE E	ENGINEER	(see	inst.)	
See instructions. Keep a copy for		ouse's signature. If a joint return, b	oth must sign.	Date	Spouse's occupati	on			nt your spouse an
your records.				homo malrox	^		Identity Protection PIN, enter it here (see inst.)		
		one no. (309) 612-3888		Email address	home maker		,	- ,	
		one no. (309) 612-3888 eparer's name	Preparer's signat		VEGNESHHEF	Date	PTIN		Check if:
Paid					מווסקע האנואש	02/04/2024	P0208	2703	Self-employed
Preparer									
Use Only				MOMTOV N	T 00016				(678) 965-9522
	rir /=	m's address 245 ROONEY		MOMICE IN	7 00010		Firm	n's EIN	84-3171965

## SCHEDULE 1 (Form 1040)

## **Additional Income and Adjustments to Income**

OMB No. 1545-0074

2023

Attachment
Sequence No. 01

Department of the Treasury Internal Revenue Service

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

VEGNESH JAWAHARLAL & SHRUTI SHANTARAM TANDALE

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

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

١.		Sequence No. <b>01</b>
	Your soc	ial security number
	636-61	-0892

1	Taxable refunds, credits, or offsets of state and local income taxes		1	
-	Alimony received		2a	
b	Date of original divorce or separation agreement (see instructions):			
3	Business income or (loss). Attach Schedule C		3	
4	Other gains or (losses). Attach Form 4797		4	
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Att		5	-13,677.
6	Farm income or (loss). Attach Schedule F		6	·
7	Unemployment compensation		7	
8	Other income:			
а	Net operating loss	8a (	)	
b	Gambling	8b	_	
С	Cancellation of debt	8c		
d	Foreign earned income exclusion from Form 2555	8d (	)	
е	Income from Form 8853	8e		
f	Income from Form 8889	8f		
g	Alaska Permanent Fund dividends	8g		
h	Jury duty pay	8h		
i	Prizes and awards	8i		
j	Activity not engaged in for profit income	8j		
k	Stock options	8k		
ı	Income from the rental of personal property if you engaged in the rental			
	for profit but were not in the business of renting such property	81		
m	Olympic and Paralympic medals and USOC prize money (see			
	instructions)	8m		
n	Section 951(a) inclusion (see instructions)	8n		
0	Section 951A(a) inclusion (see instructions)	80		
р	Section 461(I) excess business loss adjustment	8p		
q	Taxable distributions from an ABLE account (see instructions)	8q		
r	Scholarship and fellowship grants not reported on Form W-2	8r		
S	Nontaxable amount of Medicaid waiver payments included on Form			
	1040, line 1a or 1d	8s (	)	
t	Pension or annuity from a nonqualifed deferred compensation plan or			
	a nongovernmental section 457 plan	8t		
u	Wages earned while incarcerated	8u	_	
Z	Other income. List type and amount:			
•	Table the face of Addition On the state O			
9	Total other income. Add lines 8a through 8z		9	
10	Combine lines 1 through 7 and 9. This is your <b>additional income</b> . Ente 1040, 1040-SR, or 1040-NR, line 8		10	-13,677.

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

Par	t II Adjustments to Income				
11	Educator expenses			11	
12	Certain business expenses of reservists, performing artists, and fee-				
	officials. Attach Form 2106			12	
13	Health savings account deduction. Attach Form 8889			13	
14	Moving expenses for members of the Armed Forces. Attach Form 3903			14	
15	Deductible part of self-employment tax. Attach Schedule SE			15	
16	Self-employed SEP, SIMPLE, and qualified plans			16	
17	Self-employed health insurance deduction			17	
18	Penalty on early withdrawal of savings			18	
19a	Alimony paid			19a	
b	Recipient's SSN				
С	Date of original divorce or separation agreement (see instructions):				
20	IRA deduction			20	
21	Student loan interest deduction			21	
22	Reserved for future use			22	
23	Archer MSA deduction			23	
24	Other adjustments:				
а	, , , , , , , , , , , , , , , , , , ,	24a			
b	Deductible expenses related to income reported on line 8l from the				
		24b		-	
С	Nontaxable amount of the value of Olympic and Paralympic medals				
	• • • • • • • • • • • • • • • • • • • •	24c			
d		24d			
е	Repayment of supplemental unemployment benefits under the Trade Act of 1974	24e			
f		24f			
g	Contributions by certain chaplains to section 403(b) plans	24g			
h	Attorney fees and court costs for actions involving certain unlawful				
	discrimination claims (see instructions)	24h			
i	Attorney fees and court costs you paid in connection with an award				
	from the IRS for information you provided that helped the IRS detect				
	<b>-</b>	24i			
j		24j			
k	Excess deductions of section 67(e) expenses from Schedule K-1 (Form				
		24k			
Z	Other adjustments. List type and amount:				
		24z			
25	Total other adjustments. Add lines 24a through 24z	<u>.</u> .		25	
26	Add lines 11 through 23 and 25. These are your <b>adjustments to income</b> .	. Enter	here and on		
	Form 1040, 1040-SR, or 1040-NR, line 10			26	

#### **SCHEDULE E** (Form 1040)

### **Supplemental Income and Loss**

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

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

OMB No. 1545-0074

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

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

Attachment Sequence No. 13

Your social security number

	IESH JAWAHARLAL & SHRUTI SHANTARAM TANI	DALE					636-6	1-0892	
Par									
	Note: If you are in the business of renting personal proper rental income or loss from Form 4835 on page 2, line 40.	ty, use	Schedule	<b>C</b> . See	e instru	ctions. If you a	re an indi	vidual, rep	ort farm
	Did you make any payments in 2023 that would require you								
В	f "Yes," did you or will you file required Form(s) 1099? .							Y6	s No
1a	Physical address of each property (street, city, state, ZIF	code	e)						
Α	NO:3/11, MADHAVARAM HIGH ROAD, VIJAYSHANTHI AP	APTS,	BLOCK A	, GF	- 1,	SEMBIUM, PEF	RAMBUR,	CHENNAI	IN 600011
В						•			
С									
1b	Type of Property 2 For each rental real estate prope	rtv lis	ted		Fa	ir Rental	Persor	nal Use	0.07
	(from list below) above, report the number of fair	rental	and			Days	Da	ıys	QJV
Α	g personal use days. Check the Qu			Α		350		0	
В	if you meet the requirements to f			В					
С	qualified joint venture. See instru	ctions	3.	С					
Type	of Property:					<u>'</u>			
	Single Family Residence 3 Vacation/Short-Term Ren	tal	5 Land		7	Self-Rental			
	Multi-Family Residence 4 Commercial		6 Roya	lties	8	Other (descri	ibe)		
	•		,						
						Propertie	es:		
Incor				Α		В			С
3	Rents received	3		6	80.				
<u> 4</u>	Royalties received	4							
-	nses:	_							
5	Advertising	5							
6	Auto and travel (see instructions)	6			VE 0				
7	Cleaning and maintenance	7		9	58.				
8	Commissions	8							
9	Insurance	9							
10	Legal and other professional fees	10		1 0	.0.5				
11	Management fees	11		1,8	95.				
12	Mortgage interest paid to banks, etc. (see instructions)	12							
13	Other interest	13		2 0					
14	Repairs	14			02.				
15	Supplies	15		٥,٥	45.				
16 17	Taxes	16 17		1 7	111				
18	Utilities	18			144.				
19	·	19		۷,3	,13.				
20	Other (list) Total expenses. Add lines 5 through 19	20		14,3	57				
		20		14,3					
21	Subtract line 20 from line 3 (rents) and/or 4 (royalties). If result is a (loss), see instructions to find out if you must								
	file <b>Form 6198</b>	21	_	-13,6	577.				
22	Deductible rental real estate loss after limitation, if any,			,-					
	on <b>Form 8582</b> (see instructions)	22		13,67	77 )	(	)	(	)
23a	Total of all amounts reported on line 3 for all rental prope				23a	\	680.	1	
b	Total of all amounts reported on line 4 for all royalty prop				23b				
C	Total of all amounts reported on line 12 for all properties				23c				
d	Total of all amounts reported on line 18 for all properties				23d	2	,913.		
e	Total of all amounts reported on line 20 for all properties				23e		,357.		
24	Income. Add positive amounts shown on line 21. <b>Do not</b>				200	1 11	. 24		
25	Losses. Add royalty losses from line 21 and rental real estate		-		nter to	tal losses here		(	13,677.)
26	Total rental real estate and royalty income or (loss).							1	<u> </u>
20	here. If Parts II, III, and IV, and line 40 on page 2 do no								
	Schedule 1 (Form 1040) line 5. Otherwise include this ar						06		_13 677

#### **SCHEDULE 8812** (Form 1040)

### **Credits for Qualifying Children** and Other Dependents

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

OMB No. 1545-0074

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

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

Attachment Sequence No. **47** 

Your social security number

ÆGN1		536-61-	-0892
Par	t I Child Tax Credit and Credit for Other Dependents		
1	Enter the amount from line 11 of your Form 1040, 1040-SR, or 1040-NR	. 1	106,973.
2a	Enter income from Puerto Rico that you excluded		
b	Enter the amounts from lines 45 and 50 of your Form 2555	0.	
c	Enter the amount from line 15 of your Form 4563		
d	Add lines 2a through 2c	. 2d	0.
3	Add lines 1 and 2d	. 3	106,973.
4	Number of qualifying children under age 17 with the required social security number 4	0	
5	Multiply line 4 by \$2,000	. 5	
6	Number of other dependents, including any qualifying children who are not under age 17 or who do not have the required social security number	1	
	<b>Caution:</b> Do not include yourself, your spouse, or anyone who is not a U.S. citizen, U.S. national, or U.S. reside alien. Also, do not include anyone you included on line 4.		
7	Multiply line 6 by \$500		500.
8	Add lines 5 and 7	. 8	500.
9	Enter the amount shown below for your filing status.		
	• Married filing jointly—\$400,000		
	• All other filing statuses—\$200,000 $\int$	. 9	400,000.
10	Subtract line 9 from line 3.		
	• If zero or less, enter -0		
	• If more than zero and not a multiple of \$1,000, enter the next multiple of \$1,000. For		
	example, if the result is \$425, enter \$1,000; if the result is \$1,025, enter \$2,000, etc.	. 10	0.
11	Multiply line 10 by 5% (0.05)		0.
12	Is the amount on line 8 more than the amount on line 11?		500.
	<ul> <li>No. STOP. You cannot take the child tax credit, credit for other dependents, or additional child tax credit Skip Parts II-A and II-B. Enter -0- on lines 14 and 27.</li> <li>★ Yes. Subtract line 11 from line 8. Enter the result.</li> </ul>	lit.	
13		. 13	0.072
14	Enter the amount from Credit Limit Worksheet A  Enter the smaller of line 12 or line 13. This is your child tax credit and credit for other dependents		9,073. 500.
14	Enter this amount on Form 1040, 1040-SR, or 1040-NR, line 19.	. 14	500.
		1 1 11 1 4	114
	If the amount on line 12 is more than the amount on line 14, you may be able to take the <b>addition</b>		
	on Form 1040, 1040-SR, or 1040-NR, line 28. Complete your Form 1040, 1040-SR, or 1040-NF	through	line 27
	(also complete Schedule 3, line 11) before completing Part II-A.		
or Pa	perwork Reduction Act Notice, see your tax return instructions.  BAA REV 01/27/24 PRO	Schedule	8812 (Form 1040) 2023

Schedule 8812 (Form 1040) 2023

Part	II-A Additional Child Tax Credit for All Filers			
Cautio	on: If you file Form 2555, you cannot claim the additional child tax credit.			
15	Check this box if you do not want to claim the additional child tax credit. Skip Parts II-A an	d II-B. Enter -0- on line	27 .	
16a	Subtract line 14 from line 12. If zero, stop here; you cannot take the additional child tax of	eredit. Skip Parts II-A		
	and II-B. Enter -0- on line 27		16a	0.
b	Number of qualifying children under 17 with the required social security number:	x \$1,600.		
	Enter the result. If zero, stop here; you cannot claim the additional child tax credit. Skip			
	Enter -0- on line 27		16b	
	<b>TIP:</b> The number of children you use for this line is the same as the number of children you use for the line is the same as the number of children you use for the line is the same as the number of children you use for the line is the same as the number of children you use for the line is the line is the line is the line is the same as the number of children you use for the line is the		4-	
17	Enter the <b>smaller</b> of line 16a or line 16b	1	17	
18a		8a		
b	Nontaxable combat pay (see instructions)			
19	Is the amount on line 18a more than \$2,500?			
	No. Leave line 19 blank and enter -0- on line 20.	10		
20		19	20	
20	Multiply the amount on line 19 by 15% (0.15) and enter the result		20	
	Next. On line 16b, is the amount \$4,800 or more?  No. If you are a bona fide resident of Puerto Rico, go to line 21. Otherwise, skip P	out II D and anton the		
	smaller of line 17 or line 20 on line 27.	art II-b and enter the		
	Yes. If line 20 is equal to or more than line 17, skip Part II-B and enter the amount from the second secon	om line 17 on line 27		
	Otherwise, go to line 21.	on the 17 on the 27.		
Part	II-B Certain Filers Who Have Three or More Qualifying Children and B	ona Fide Resident	s of Pi	uerto Rico
21	Withheld social security, Medicare, and Additional Medicare taxes from Form(s) W-2,			
	boxes 4 and 6. If married filing jointly, include your spouse's amounts with yours. If			
	your employer withheld or you paid Additional Medicare Tax or tier 1 RRTA taxes, or			
		21		
22	Enter the total of the amounts from Schedule 1 (Form 1040), line 15; Schedule 2 (Form			
	1040), line 5; Schedule 2 (Form 1040), line 6; and Schedule 2 (Form 1040), line 13 .	22		
23	Add lines 21 and 22	23		
24	1040 and			
	<b>1040-SR filers:</b> Enter the total of the amounts from Form 1040 or 1040-SR, line 27,			
	and Schedule 3 (Form 1040), line 11.			
	- · · · · · · · · · · · · · · · · · · ·	24		
25	Subtract line 24 from line 23. If zero or less, enter -0		25	
26	Enter the <b>larger</b> of line 20 or line 25		26	
	Next, enter the smaller of line 17 or line 26 on line 27.			
	II-C Additional Child Tax Credit			
27	This is your additional child tax credit. Enter this amount on Form 1040, 1040-SR, or 10	)40-NR, line 28 .     .	27	

(Rev. November 2023)

Department of the Treasury Internal Revenue Service

Taxpayer name(s) shown on return

Paid Preparer's Due Diligence Checklist

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

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

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

Sequence No. 70

Taxpayer identification number

VEG	NESH JAWAHARLAL & SHRUTI SHANTARAM TANDALE	636-61-089	2		
repare	r's name	Preparer tax identifica	ation numb	oer	
	M PRIYA RAM SAGAR GUPTA TALLAM	P02082703			
Part	Due Diligence Requirements				
	e check the appropriate box for the credit(s) and/or HOH filing status claimed on the return benefit(s) claimed (check all that apply).		the rel		arts I-V HOH
1	Did you complete the return based on information for the applicable tax year provided to reasonably obtained by you?	by the taxpayer	Yes	No	N/A
2	If credits are claimed on the return, did you complete the applicable EIC and/or C worksheets found in the Form 1040, 1040-SR, 1040-NR, 1040-PR, 1040-SS, or Sched 1040) instructions, and/or the AOTC worksheet found in the Form 8863 instructions worksheet(s) that provides the same information, and all related forms and schedules claimed?	ule 8812 (Form s, or your own	X		
3	Did you satisfy the knowledge requirement? To meet the knowledge requirement, you nathe following.	nust do both of			
	• Interview the taxpayer, ask questions, and contemporaneously document the taxpayer determine that the taxpayer is eligible to claim the credit(s) and/or HOH filing status.	's responses to			
	• Review information to determine that the taxpayer is eligible to claim the credit(s) and status and to figure the amount(s) of any credit(s)		X		
4	Did any information provided by the taxpayer or a third party for use in preparing information reasonably known to you, appear to be incorrect, incomplete, or inconsist answer questions 4a and 4b. If "No," go to question 5.)	tent? (If "Yes,"		×	
а	Did you make reasonable inquiries to determine the correct, complete, and consistent inf				
b	Did you contemporaneously document your inquiries? (Documentation should include you asked, whom you asked, when you asked, the information that was provided, and information had on your preparation of the return.)	the questions the impact the			
5	Did you satisfy the record retention requirement? To meet the record retention requirer keep a copy of your documentation referenced in question 4b, a copy of this Form 8867 applicable worksheet(s), a record of how, when, and from whom the information used to 8867 and any applicable worksheet(s) was obtained, and a copy of any document(s) processes that you relied on to determine eligibility for the credit(s) and/or HOH filing states.	nent, you must , a copy of any o prepare Form provided by the tus or to figure			
	the amount(s) of the credit(s)		×		
6	Did you ask the taxpayer whether he/she could provide documentation to substantiate credit(s) and/or HOH filing status and the amount(s) of any credit(s) claimed on the return is selected for audit?	eturn if his/her	X		
7	Did you ask the taxpayer if any of these credits were disallowed or reduced in a previous (If credits were disallowed or reduced, go to question 7a; if not, go to question 8.)	year?	×		
а	Did you complete the required recertification Form 8862?				
8	If the taxpayer is reporting self-employment income, did you ask questions to prepare a correct Schedule C (Form 1040)?				

orm 88	867 (Rev. 11-2023)			Page 2
Part	Due Diligence Questions for Returns Claiming EIC (If the return does not claim EIC, go	to Part	III.)	
9a	Have you determined that the taxpayer is eligible to claim the EIC for the number of qualifying children claimed, or is eligible to claim the EIC without a qualifying child? (If the taxpayer is claiming the EIC and does not have a qualifying child, go to question 10.)	Yes	No	N/A
b	has supported the child the entire year?			
С	Did you explain to the taxpayer the rules about claiming the EIC when a child is the qualifying child of more than one person (tiebreaker rules)?			
Part		claim C	CTC, A	CTC,
10	Have you determined that each qualifying person for the CTC/ACTC/ODC is the taxpayer's dependent who is a citizen, national, or resident of the United States?	Yes	No	N/A
11	Did you explain to the taxpayer that he/she may not claim the CTC/ACTC if the child has not lived with the taxpayer for over half of the year, even if the taxpayer has supported the child, unless the child's custodial parent has released a claim to exemption for the child?	×		
12	Did you explain to the taxpayer the rules about claiming the CTC/ACTC/ODC for a child of divorced or separated parents (or parents who live apart), including any requirement to attach a Form 8332 or similar statement to the return?	×		
Part			Part \	/.)
13	Did the taxpayer provide substantiation for the credit, such as a Form 1098-T and/or receipts for the quatuition and related expenses for the claimed AOTC?	alified	Yes	No
Part			Part '	VI.)
14	Have you determined that the taxpayer was unmarried or considered unmarried on the last day of the tax and provided more than half of the cost of keeping up a home for the year for a qualifying person?		Yes	No
Part	VI Eligibility Certification			
	You will have complied with all due diligence requirements for claiming the applicable credit(s) and on the return of the taxpayer identified above if you:	or HO	l filing	status
	A. Interview the taxpayer, ask adequate questions, contemporaneously document the taxpayer's respoint your notes, review adequate information to determine if the taxpayer is eligible to claim the credit(status and to figure the amount(s) of the credit(s);	nses on s) and/c	the ret or HOH	urn or filing
	<ul> <li>B. Complete this Form 8867 truthfully and accurately and complete the actions described in this checkled credit(s) claimed and HOH filing status, if claimed;</li> </ul>	ist for a	ny app	licable
	C. Submit Form 8867 in the manner required; and			
	D. Keep all five of the following records for 3 years from the latest of the dates specified in the Form 880 Document Retention.	37 instru	uctions	under
	1. A copy of this Form 8867.			
	2. The applicable worksheet(s) or your own worksheet(s) for any credit(s) claimed.			
	<ol><li>Copies of any documents provided by the taxpayer on which you relied to determine the taxpayer credit(s) and/or HOH filing status and to figure the amount(s) of the credit(s).</li></ol>	's eligib	ility for	the
	<ol><li>A record of how, when, and from whom the information used to prepare this form and the applical obtained.</li></ol>	ble work	ksheet(	s) was
	5. A record of any additional information you relied upon, including questions you asked and the taxle determine the taxpayer's eligibility for the credit(s) and/or HOH filing status and to figure the amount of the taxlet of the credit (s).	cayer's int(s) of	respon the cre	ses, to dit(s).
	If you have not complied with all due diligence requirements, you may have to pay a penalty for eac related to a claim of an applicable credit or HOH filing status (see instructions for more information	h failur ).	e to co	mply
15	Do you certify that all of the answers on this Form 8867 are, to the best of your knowledge, true, correct complete?		Yes	No

SPOUSE'S PEN AND INK SIGNATURE

# **E-file Signature Authorization**

2023

(Arizona Forms 140, 140A, 140EZ, 140NR and 140PY) Do not mail this form to the Arizona Department of Revenue. The ERO must retain this document a minimum of four years. Your First Name and Initial Last Name Your Social Security Number\* **Enter** VEGNESH JAWAHARLAL 636 | 61 | 0892 vour Your Spouse's First Name and Initial (if filed joint) Last Name Spouse's Social Security No.\* SSN(s). SHRUTI SHANTARAM TANDALE 97 1 0862 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. 106,973 00 1 Arizona Adjusted Gross Income ☐ Foreign Account Deposit/Debit: See instructions below. 2 Balance Of Tax ..... 1,882 00 ROUTING NUMBER 2,413 00 ☑ Checking 2 0 0 0 8 0 ☐ Savings 3 Arizona Income Tax Withheld... ACCOUNT NUMBER Check box 4 or box 5: 3 7 5 0 2 3 9 2 1 531 00 6 **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

DATE

RETURN.			Arizona Form 140	Resident Personal Income Tax Return			F	FOR CALENDAR YEAR 2023			
	82F		Check box 82F f filing under extension	OR FISCAL YEAR BEGII	NNING	12,0,2,3	AND ENDING	1 , 1 ,		66F	
			First Name and Middle Initial		Last Name				Social Security N	umber	
TO THE	1		GNESH		JAWAHARLA	.L	Enter	63	6   61   08	392	
		Spous	se's First Name and Middle Init	ial (if box 4 or 6 checked)	Last Name		your	Spou	se's Social Secur	ity No.	
DO NOT STAPLE ANY ITEMS	1		RUTI SHANTARAM		TANDALE		SSN(s	98	1   97   08	362	
Ξ	_	Curre	nt Home Address - number and	d street, rural route		Apt. No.	Daytir	ne Phone	(with area code)		
<del>_</del>	2		1 N PEART RD			418		309)612			
₹	_	-	Town or Post Office	State	ZIP Code	•	Last Names Used	in Last Fou	r Prior Year(s) (if di	fferent)	
ᆜ	3	CA	SA GRANDE	AZ	85122					97	
₹	TATUS	4	Married filing joint return	4a Injured Spouse F	Protection of Joint O	verbavmeni i	REVENUE USE O	NLY. DO NO	OT MARK IN THIS	AREA.	
က		5	Head of household. Ente	r name of qualifying child or de	ependent on next line.		00				
<u>5</u>	G S		_								
0	FILING	6	_	turn. Enter spouse's name ar	nd Social Security Numl	ber above.					
۵	-	7	Single	ad Da wat mut a abaak w	- ouls						
	Ñ	•	<b>♦</b> Enter the number claims								
	ΣĮ	8		or spouse) If completing line 39, and 41. For li	es 8, 9, and 11a, also coi nes 10a and 10b, also coi		81 PM		80 RCVD		
	ΞMF	9 10a	Blind (you and/or spouse  Dependents: Under age of	,	endents: Age 17 and		<u>v.,</u>		00		
	EXEMPTIONS	10a 11a	Qualifying parents and gr		endents. Age 17 and	a over.					
			(Box 10a and 10b): Dependent	•	uctions For more s	pace, check th	e box □ and c	omplete p	age 4. Part 1.		
			(a)		(b)	(c)	(d)	(e)	(f)		
	S		FIRST AND LAS		SOCIAL SECURITY NUMBER	RELATIONSHIP	NO. OF MONTHS LIVED IN YOUR	Dependent included in	Age if you did rethis person	not claim on vour	
	dent		(Do not list yourself	or spouse.)	NOWIDER		HOME IN 2023	1 ,	2 federal retui	n due to	
	Dependents	100	VIHAAN VEGNESH BED	)DF	981-97-0872	Son	0	Box 10a) (Bo	ox 10b)		
	De	10d		JILL .	<u> </u>	5011			<del>1                                      </del>		
		10a						<del>il ii</del>	<del>                                     </del>		
			(Box 11a): Qualifying parents	s and grandnarents. See i	nstructions For mor	re snace check	the box $\square$ and	complete	nage 4 Part 2		
after Form 140.	<u> </u>	(Box 11a): Qualifying parents and grandparents. See instructions. For more space, check the box and compared to the compared t							(f)		
<u>,</u>	Qualifying Parentsand Grandparents		FIRST AND LAS		SOCIAL SECURITY NUMBER	RELATIONSHIP	NO. OF MONTHS LIVED IN YOUR				
or n	g Par		(Do not list yourself	or spouse.)	NOMBLIX		HOME IN 2023	OVEF	R IN 202	3	
ĭ	lifyin Gran	446						$\neg$			
£	Qua	11b 11c						───	ᅡ		
Sa			Federal adjusted gross incor	ne (from your federal ret	urn)			12	106,973	3 00	
or other documents			Small Business Income: 135 cl	· ·				I	·	00	
Ĕ			Modified federal adjusted gross					I	106,973	3 00	
50	S		Non-Arizona municipal interest							00	
٦	tion	16	Partnership Income adjustmen	t. See instructions				16		00	
the	Addition		Total federal depreciation					I .	2,913	$\overline{}$	
0	_		Other Additions to Income: Co	•			. •		100.00	00	
S O			Subtotal: Add lines 14 through 1						109,88	00	
schedules			Total net capital gain or (loss).					00			
eq			Total net short-term capital gair Total net long-term capital gain					00			
泛			Net long-term capital gain from								
AZ 8			Multiply line 23 by 25% (.25) ar						(	00	
			Net capital gain derived from in							00	
an	S		Recalculated Arizona deprecia						2,913	$\overline{}$	
ē	ctions		Partnership Income adjustmen						•	00	
qe	trac		Interest on U.S. obligations suc							00	
<u>e</u>	Subtra		Exclusion for federal, Arizona s							00	
ē			Exclusion for benefits, annuitie	- · · · · · · · · · · · · · · · · · · ·				I .		00	
ᆵ			U.S. Social Security or Railroad							00	
any required federal and			Certain wages of American Ind					I .		00	
Ē		32	Pay received for active service	as a member of the reserv	es, national guard o	r the U.S. arme	d forces	32		00	
e a			Net operating loss adjustment.					I .		00	
Jace		34	Contributions to: 34a 529 College		·	counts)	<b>00</b> add 34a and			00	
_		25	Culphan at line and Alaman and Alama	rom line 10 Enter the diffe				25	106 97	$\prec$ $\bot$ $\Box$ $\Box$	

Your	Name (as shown on page 1)	Y	our Social Security Number	
VE	GNESH JAWAHARLAL & SHRUTI SHANTARAM TANDALE		636-61-0892	
26	Other Subtractions from Income Complete Other Subtraction from Arizona Cross Income ashedule on page 6			
36	Other Subtractions from Income. Complete Other Subtraction from Arizona Gross Income schedule on page 6 3 Subtract line 36 from line 35. Enter the difference			106,973 <b>0</b> 0
20	Age 65 or over: Multiply the number in box 8 by \$2,100			00
38 39 40 41	Blind: Multiply the number in box 9 by \$1,500			00
40 E 40	Other Exemptions. See instructions40E Multiply the number in box			00
5   40 2   41	Qualifying parents and grandparents: Multiply the number in box 11a by \$10,0			00
42				106,973 00
43	Deductions: Check box and enter amount. See instructions			27,700 00
44				00
45				79,273 00
				1,982 00
¥6 46 47				00
				1,982 00
48 49 49 50	Dependent Tax Credit. See instructions			100 00
g 50	Family income tax credit (from the worksheet - see instructions)			00
51	Nonrefundable Credits from Arizona Form 301, Part 2, line 62			00
52	Balance of tax: Subtract lines 49, 50 and 51 from line 48. If the sum of lines 49, 50 and 51 is greater than line 48, enter "0"			1,882 00
53	2023 AZ income tax withheld	<del>-</del>		2,413 00
54	2023 AZ estimated tax payments54a 00 Claim of Righ	nt 54 <b>b</b>	00 Add 54a and 54b. <b>54c</b>	00
<u>s</u> 55	2023 AZ extension payment (Form 204)		55	00
Sefundable Credits   Sefunda	Increased Excise Tax Credit (from the worksheet - see instructions)			00
을 57	Property Tax Credit from Arizona Form 140PTC		57	00
58 g	Other refundable credits: Check the box(es) and enter the total amount			00
를 <u>59</u>	Total payments and refundable credits: Add lines 53 through 58. Enter the	e total	59	2,413 00
60	TAX DUE: If line 52 is larger than line 59, subtract line 59 from line 52. Enter amount of tax due. Skip lines 61, 62 and 63 60			00
61	1,7			531 <b>0</b> 0
61 62 63 64	2 Amount of line 61 to be applied to 2024 estimated tax			00
63	Balance of overpayment: Subtract line 62 from line 61. Enter the difference		63	531 <b>0</b> 0
5 64	- 74 Voluntary Gifts to: Solutions Teams Assigned to Schools	00 Arizona Wildlife	65 00	
	Child Abuse Prevention	00 Political Gift	68 00	
	Neighbors Helping Neighbors 69 00 Special Olympics			
iary 				
<b>-</b>	Political Party (if amount is entered on line 68 - check only one): 751 Democratic 752 Libertarian 753 Republican			
76	Estimated payment penalty			00
≥ 77	771 ☐ Annualized/Other 772 ☐ Farmer or Fisherman 773 ☐ Form 221 included			
78 79 79 79 79 79 79 79 79 79 79 79 79 79				00
79	REFUND: Subtract line 78 from line 63. If less than zero, enter amount owed on line 80			531 00
Be	Direct Deposit of Refund: Check box 79A if your deposit will be ultimately placed in a foreign account; see instructions. 79A  ROUTING NUMBER  ACCOUNT NUMBER			
3	98 C Checking or Savings 0 7 2 0 0 0 8 0 5 3 7 5 0 2 3 9 2 1 1 7 6 3 7 5 0 2 3 9 2 1 1 7 6 1 1 1 7 6 1 1 1 1 1 1 1 1 1 1 1			
Amount Owed	AMOUNT OWED: Add lines 60 and 78. Make check payable to Arizona Depar		ur SSN on navment:	
	and include with your return	, ,	' ' '	00
-	·			
l	Inder penalties of perjury, I declare that I have read this return and any do	ocuments with it, and to	the best of my knowledg	e and belief, they a
	rue, correct and complete. Declaration of preparer (other than taxpayer) is			
<b>→</b>			FTWARE ENGINEER	3
Y	OUR SIGNATURE DA	TE OCC	UPATION	
→		1	1	
-	POUSE'S SIGNATURE DA		ome maker USE'S OCCUPATION	
<u> </u>		LOBAL TAXES LL :m's name (preparer's if s		
ì	245 ROONEY CT	S AV WILL (I TALLIANCING II C	84-3171965	
	AID PREPARER'S STREET ADDRESS		PAID PREPARER'S TIN	
	E BRUNSWICK NJ 08816		(678) 965-95	22
_	AID PREPARER'S CITY STATE	ZIP CODE	PAID PREPARER'S PHO	

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 01/13/24 PRO Page 2 of 6