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

Submi	ission Identification Number (SID)		•			
Taxpaye	er's name	Social securit	y numl	er		
MRII	DULA M POTDAR	750-98-	-637	8		
Spouse'	s name	Spouse's soc	ial seci	ırity num	nber	
Part	Tax Return Information — Tax Year Ending December 31, 2023 (Enter	year you a	re au	thorizii	ng.)	
	whole dollars only on lines 1 through 5.	, ,			<u> </u>	
Note:	Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.					
1	Adjusted gross income		1		63,6	508.
2	Total tax		2		6,2	258.
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099		3			326.
4	Amount you want refunded to you		4		1,5	68.
5 Dout	Amount you owe		5			
Part	penalties of perjury, I declare that I have examined a copy of the income tax return (original or amended)					
to send for any Agent t paymen authoriz paymen busines taxes t persona	foriginal or amended) I am now authorizing. I consent to allow my intermediate service provider, transmed my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejected processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indication is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate and, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation requises days prior to the payment (settlement) date. I also authorize the financial institutions involved in the or receive confidential information necessary to answer inquiries and resolve issues related to the pal identification number (PIN) below is my signature for the income tax return (original or amended) I and income tax return (original or amended) I and income tax return (original or amended) I and its return to the pal identification or the income tax return (original or amended) I and its return to the pal identification or the pal identification o	ection of the traction of the traction of the traction to debit the extrements the authorization of the processing of ayment. I further strong the traction of	ansmised ax preparties of the elements of the	ssion, (besignate paration to this a for revoluted no ectronic sknowled)	the rated Fires software (can later to paymed by the later to be later	reason nancial are for the thick this neel) a than 2 nent of the the
					_	
· -	yer's PIN: check one box only I authorize GLOBAL TAXES LLC to enter or generate	8 BINI 8	6 3	3 7 8	8	
×	ERO firm name	Ent		digits, b	ut	is my
	signature on the income tax return (original or amended) I am now authorizing. I will enter my PIN as my signature on the income tax return (original or amended) I am n if you are entering your own PIN and your return is filed using the Practitioner PIN meth below.					
Your s	ignature ▶ Date ▶					
Spous	se's PIN: check one box only				_	
	I authorize to enter or generate	mv PIN			la	s my
	ERO firm name	Ent		digits, b	ut	,
	signature on the income tax return (original or amended) I am now authorizing.			r all zero		
	I will enter my PIN as my signature on the income tax return (original or amended) I am n if you are entering your own PIN and your return is filed using the Practitioner PIN meth below.					
Spous	e's signature ▶ Date ▶					
	Practitioner PIN Method Returns Only—continue below					
Part	III Certification and Authentication — Practitioner PIN Method Only					
FRO's	EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN. 2 2	2 4 9	6 0	8 2	7	1
LITO	2 2 2	Don't ente			1'1	
authori	that the above numeric entry is my PIN, which is my signature for the electronic individual income to zed to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am subments of the Practitioner PIN method and Pub. 1345 , Handbook for Authorized IRS e-file Providers of Ir	itting this retu	rn in a	accorda	nće w	
ERO's	signature ► Date ►					
	ERO Must Retain This Form — See Instructions					
	Don't Submit This Form to the IRS Unless Requested To I	o So				

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



OMB No. 1545-0074

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

For the year Jan	. 1–Dec	. 31, 2023, or other tax year beginning		, 2023, end	ling		, 20		s	ee se	parate in	structions.	
Your first name	and mi	ddle initial	Last na	ame					Y	our so	cial secu	rity number	_
MRIDULA	M		POTI	DAR					.	750	98	6378	
If joint return, s	pouse's	s first name and middle initial	Last na	ame					S	pouse'	s social s	security numb	er
Home address	(numbe	er and street). If you have a P.O. box, see	instructi	ions.			Apt. n	э.	Р	reside	ntial Elec	ction Campaig	gn
1831 E A	APACI	HE BLVD					400	3				u, or your	
City, town, or p	ost offi	ce. If you have a foreign address, also co	mplete s	spaces below.	Stat	te	ZIP code					ointly, want \$3 d. Checking a	
TEMPE					AZ	1	85281			•		ot change	1
Foreign country	name			Foreign province/state/o	count	у	Foreign pos	tal co	de y	our tax	or refun		
											You	ı Spous	se
Filing Status	\mathbf{X}	Single				☐ Head of he	ousehold (l	HOH))				
Check only		Married filing jointly (even if only or	ne had	income)									
one box.		Married filing separately (MFS)				Qualifying	surviving	pous	se (QS	SS)			
	If y	ou checked the MFS box, enter the	name	of your spouse. If you	u che	cked the HOF	l or QSS b	ox, e	nter t	he chi	ld's nam	ne if the	
	qu	alifying person is a child but not you	ır depei	ndent:									
Digital	At ar	ny time during 2023, did you: (a) rece	eive (as	a reward, award, or	navn	nent for prope	rtv or servi	ces):	or (b)) sell.			_
Assets		ange, or otherwise dispose of a digi									☐ Yes	s 🗵 No	
Standard	Som	eone can claim: You as a de	penden	t Your spouse	e as	a dependent				-			_
Deduction		Spouse itemizes on a separate return		•		•							
A (DU. d		·								1050		L.P. J	
		Were born before January 2, 1	959 [T -	ouse:		n before J		-			blind	
Dependents				(2) Social security number	'	(3) Relationsh to you	ip		e box x cred			ee instructions other dependen	
If more	(1) F	irst name Last name		Humber		to you	01	П	7		Orealt for		-
than four dependents,								<u> </u>	<u> </u>				_
see instructions	s —							-	<u> </u> 			<u> </u>	_
and check here								<u> </u>	<u> </u> 			\vdash	_
-	10	Total amount from Form(s) W 2 by	ov 1 (oc	o instructions)						10		70,755.	_
Income	1a h	Total amount from Form(s) W-2, be	,	,					•	1a 1b	_	10,133.	-
Attach Form(s)	b	Household employee wages not re Tip income not reported on line 1a	•	• •					•	1c	_		_
W-2 here. Also attach Forms	c d	Medicaid waiver payments not rep	•	•					•	1d	_		-
W-2G and	e	Taxable dependent care benefits for			iistiu	Clions)			•	1e	_		-
1099-R if tax was withheld.	f	Employer-provided adoption bene		•					•	1f	_		_
If you did not	g g	Wages from Form 8919, line 6.							•	1g			npaign (nt \$3 ang a e) e e e e e e e e e e e e e e e e e
get a Form	9 h	Other earned income (see instructi							•	1h		0.	_
W-2, see instructions.	i	Nontaxable combat pay election (s	,			1i	<u> </u>	•	•				_
	z	Add lines to through th								1z		70,755.	
Attach Sch. B	2a	1	2a		b Ta	axable interest	t			2b	_		_
if required.	3a	· –	3a			rdinary divider				3b	,		
	4a		4a			axable amount				4b	,		
Standard Deduction for—	5a		5a			axable amoun				5b			
Single or	6a	Social security benefits	6a			axable amoun				6b			
Married filing separately,	С	If you elect to use the lump-sum el	lection	method, check here	(see i	instructions)							
\$13,850	7	Capital gain or (loss). Attach Scheo	dule D i	f required. If not requ	uired,	check here				7			
Married filing jointly or	8	Additional income from Schedule	1, line 1	0						8		-7,147.	
Qualifying surviving spouse,	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7,	and 8.	This is your total inc	come					9		63,608.	
\$27,700	10	Adjustments to income from Schee	dule 1,	line 26						10			
Head of household,	<u>11</u>	Subtract line 10 from line 9. This is	your a	djusted gross incon	ne					11		63,608.	
\$20,800 If you checked	12	Standard deduction or itemized	deduct	tions (from Schedule	A)					12		13,850.	
any box under	13	Qualified business income deducti				5-A				13			
Standard Deduction,	14	Add lines 12 and 13								14		13,850.	_
see instructions.	15	Subtract line 14 from line 11. If zer	o or les	s, enter -0 This is y	our t	axable incom	ie			15	,	49,758.	

Form 1040 (2023	3)							Page 2	
Tax and	16	Tax (see instructions). Check if any from Form	n(s): 1 881	4 2 4972	3 🗌		16	6,258.	
Credits	17	Amount from Schedule 2, line 3				[17		
	18	Add lines 16 and 17					18	6,258.	
	19	Child tax credit or credit for other dependen	its from Sched	ule 8812			19		
	20	Amount from Schedule 3, line 8					20		
	21	Add lines 19 and 20				[21		
	22	Subtract line 21 from line 18. If zero or less,	enter -0			[22	6,258.	
	23	Other taxes, including self-employment tax,				F	23	0.	
	24	Add lines 22 and 23. This is your total tax				-	24	6,258.	
Payments	25	Federal income tax withheld from:							
•	а	Form(s) W-2			25a	7,826.			
	b	Form(s) 1099			25b				
	С	Other forms (see instructions)			25c				
	d	Add lines 25a through 25c					25d	7,826.	
If you have a	26	2023 estimated tax payments and amount a	applied from 20)22 return			26		
qualifying child,	27	Earned income credit (EIC)		No .	27				
attach Sch. EIC.	28	Additional child tax credit from Schedule 8812	2		28				
	29	American opportunity credit from Form 8863	3, line 8		29				
	30	Reserved for future use			30				
	31	Amount from Schedule 3, line 15			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. These are your to	otal payments				33	7,826.	
Refund	34	If line 33 is more than line 24, subtract line 2	4 from line 33.	This is the amour	nt you overpaid		34	1,568.	
	35a	Amount of line 34 you want refunded to you		is attached, chec	ck here	. 🗆 [35a	1,568.	
Direct deposit?	b	Routing number 1 2 2 1 0 1 7			Checking	Savings			
See instructions.	d	Account number 4 5 7 0 4 7 9	7 0 5	3 4					
	36	Amount of line 34 you want applied to your	2024 estimate	ed tax	36				
Amount You Owe	37	Subtract line 33 from line 24. This is the amo For details on how to pay, go to www.irs.go	•				37		
	38	Estimated tax penalty (see instructions) .	-		38		0.		
Third Party	Do	you want to allow another person to disc	cuss this retu	rn with the IRS?	See	omplete be	اسما	⊠ No	
Designee		structions	Phone			omplete be onal identific		△ NO	
		me	no.			ber (PIN)	ation		
Sign		der penalties of perjury, I declare that I have examine lief, they are true, correct, and complete. Declaration		, , ,		,		, ,	
Here	Yo	ur signature	Date	Your occupation		If the I	RS ser	nt you an Identity	
				·			Protection PIN, enter it here		
Joint return?					ROJECT MANAG				
See instructions. Keep a copy for your records.		ouse's signature. If a joint return, both must sign.	Date	Spouse's occupati	Identit	ne IRS sent your spouse an ntity Protection PIN, enter it here e inst.)			
		one no. (980)345-985 <u>3</u>	Email address	MRIDULA.POT	DAR@GMAIL.C	OM			
Paid	Pre	eparer's name Preparer's signat	ture		Date	PTIN		Check if:	
Preparer	SYA	SYAM PRIYA RAM SAGAR GUPTA SYAM PRIYA RAM SAGAR GUPTA 03/31/2024 P020					703	Self-employed	
Use Only	Fir	m's name GLOBAL TAXES LLC				Phone	no. (678)965-9522	
————	Fir	m's address 245 ROONEY CT E BRU	JNSWICK N	J 08816		Firm's	EIN		
o	-	40406 1 1 11 11 11 11 6 11						- 1010	

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

MRIDULA M POTDAR

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

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

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

Attachment Sequence No. 01 Your social security number

750-98-6378

Par	Additional Income			
1	Taxable refunds, credits, or offsets of state and local income taxes		1	
2a	Alimony received		2a	
b	Date of original divorce or separation agreement (see instructions):			
3	Business income or (loss). Attach Schedule C		3	
4	Other gains or (losses). Attach Form 4797		4	
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Att	ach Schedule E .	5	-7,147.
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		
- 1	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 (<u>)</u>	
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:			
		8z		
9	Total other income. Add lines 8a through 8z		9	_
10	Combine lines 1 through 7 and 9. This is your additional income. Enter			
	1040, 1040-SR, or 1040-NR, line 8		10	-7,147.

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				
16	Self-employed SEP, SIMPLE, and qualified plans				
17	Self-employed health insurance deduction				
18	Penalty on early withdrawal of savings				
19a	Alimony paid				
b	Recipient's SSN				
С	Date of original divorce or separation agreement (see instructions):				Į.
20	IRA deduction				
21	Student loan interest deduction				
22	Reserved for future use				
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	the state of the s	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				
	-	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			Į.
25	Total other adjustments. Add lines 24a through 24z				
26	Add lines 11 through 23 and 25. These are your adjustments to income . Form 1040, 1040-SR, or 1040-NR, line 10	. Enter	r here and	on 26	
	1 OITH 1070, 1070-011, 01 1070-1111, IIIIC 10	• •		. 20	

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.

Your social security number

Internal Revenue Service Name(s) shown on return

Department of the Treasury

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

Attachment Sequence No. 13

OMB No. 1545-0074

MRII	DULA M POTDAR						750-9	8-6378	
Par	Income or Loss From Rental Real Estate an Note: If you are in the business of renting personal proper			C See	inetru	ctions If you	are an indi	idual ren	ort farm
	rental income or loss from Form 4835 on page 2, line 40.	rty, use	Scriedule	C . See	: 1115111	Clions. II you i	are an inuiv	riduai, rep	Ortianni
Α	Did you make any payments in 2023 that would require you	to file	Form(s) 1	099? 5	See in:	structions .		. \(\subseteq \text{Ye}	s 🛮 No
	f "Yes," did you or will you file required Form(s) 1099? .								
1a	Physical address of each property (street, city, state, ZII								
A	65/2-1, 5TH MAIN CHAMRAJPET, BANGALORI	Γ ΚΔΙ	_´ >Nαπακα	TN	5600	1.8			
<u></u>	03/2 1, 3111 MAIN CHAMNAUFEI, BANGADONI	L IVAI	.VIVA I AIVA	7 11/	3000	10			
 1b	Type of Property 2 For each rental real estate prope	ada di d	tad		Г	ir Rental	Person	al IIaa	
ID	Type of Property (from list below) 2 For each rental real estate properties above, report the number of fair				Г	Days	Da		QJV
A	personal use days. Check the Qu			Α		365		0	
B	if you meet the requirements to the	file as	a	 B		303			
	qualified joint venture. See instru	uctions	S	C					
	of Property:								
	Single Family Residence 3 Vacation/Short-Term Ren	ntal	5 Land	l	7	Self-Rental			
	Multi-Family Residence 4 Commercial	ıtaı	6 Roya				riha)		
	Multi-i armiy riesidence 4 Commercial		O HOya	iiiics		Other (desc			
						Propert	ies:		
Incon	ne:			Α		В			С
3	Rents received	3		4	50.				
4	Royalties received	4							
Expe									
5	Advertising	5							
6	Auto and travel (see instructions)	6							
7	Cleaning and maintenance	7		9	55.				
8	Commissions	8							
9	Insurance	9							
10	Legal and other professional fees	10							
11	Management fees	11		1,0	03.				
12	Mortgage interest paid to banks, etc. (see instructions)	12							
13	Other interest	13			1.0				
14	Repairs	14			10.				
15	Supplies	15 16		1,5	54.				
16 17	Utilities	17		1 0	75.				
18	Depreciation expense or depletion	18		1,0	75.				
19	·	19							
20	Other (list) Total expenses. Add lines 5 through 19	20		7 5	97.				
	Subtract line 20 from line 3 (rents) and/or 4 (royalties). If	20		7,3	97.				
21	result is a (loss), see instructions to find out if you must								
	file Form 6198	21		-7,1	47.				
22	Deductible rental real estate loss after limitation, if any,	<u> </u>		,					
	on Form 8582 (see instructions)	22	(7.14	17.)	()	(,
23a	Total of all amounts reported on line 3 for all rental prope			. ,	23a	1	450.	`	
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				
е	Total of all amounts reported on line 20 for all properties				23e	-	7,597.		
24	Income. Add positive amounts shown on line 21. Do not				·		. 24		
25	Losses. Add royalty losses from line 21 and rental real estat		-		nter to	tal losses he	-	(7,147.
26	Total rental real estate and royalty income or (loss).								
-	here. If Parts II, III, and IV, and line 40 on page 2 do no								
	Schedule 1 (Form 1040), line 5. Otherwise, include this a	mount	t in the tot	tal on li	ine 41	on page 2	. 26		-7,147.

Form **8889**

Department of the Treasury

Internal Revenue Service

Health Savings Accounts (HSAs)

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

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

OMB No. 1545-0074

2023
Attachment
Sequence No. 52

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

MRIDULA M POTDAR

Social security number of HSA beneficiary. If both spouses have HSAs, see instructions. 750-98-6378

Befor	re you begin: Complete Form 8853, Archer MSAs and Long-Term Care Insurance Contracts, it	f requ	ired.
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. See instructions	X Se	elf-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	3,850.
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	3,850.
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	3,850.
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	0.
8	Add lines 6 and 7	8	3,850.
9	Employer contributions made to your HSAs for 2023		
10	Qualified HSA funding distributions		
11	Add lines 9 and 10	11	1,800.
12	Subtract line 11 from line 8. If zero or less, enter -0	12	2,050.
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.
	Caution: If line 2 is more than line 13, you may have to pay an additional tax. See instructions.		
Part	HSA Distributions. If you are filing jointly and both you and your spouse each have separate Part II for each spouse.	arate	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	
C	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	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 seption complete a separate Part III for each spouse.	ions k	
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	

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

2023

Do not mail this form to the Arizona Department of Revenue. The ERO must retain this document a minimum of four years. Your First Name and Initial Last Name Your Social Security Number* **Enter** MRIDULA M POTDAR 750 | 98 | 6378 vour Your Spouse's First Name and Initial (if filed joint) Last Name Spouse's Social Security No.* SSN(s). PART 1 – PURPOSE (If you are e-filing a Small Business Income Tax Return, also complete Form AZ-8879 SBI)*Do Not Truncate • To certify the truthfulness, correctness, and completeness of the taxpayer's electronic income tax return. • To authorize the Electronic Return Originator (ERO) to affirm that the taxpayer wishes to use the taxpayer's electronic signature to the taxpayer's federal individual income tax return as the taxpayer's signature to the taxpayer's electronic Arizona individual income tax return. PART 2 - TAX RETURN INFORMATION PART 3 - FINANCIAL INSTITUTION INFORMATION Must be present when requesting direct debit or deposit. 63,608 00 1 Arizona Adjusted Gross Income ☐ Foreign Account Deposit/Debit: See instructions below. 2 Balance Of Tax 1,244 00 TYPE OF ACCOUNT ROUTING NUMBER 1,415 00 ☑ Checking ■ Savings 2 1 0 3 Arizona Income Tax Withheld ... ACCOUNT NUMBER Check box 4 or box 5: 4 5 7 0 4 7 9 7 0 5 8 171 00 4 **4** ■ **REFUND**: Enter the amount of refund...... DIRECT DEBIT REQUEST DATE ไดด DIRECT DEBIT PAYMENT AMOUNT 5 ☐ AMOUNT YOU OWE: Enter the amount owed....... 00 Box 4 Checkbox - Refund: You are due a refund based on the information Foreign Account Deposit/Debit Checkbox: Check the "Foreign Account Deposit/Debit" box if your deposit will be ultimately placed in or come provided on your tax return. Your refund amount will be deposited in the account listed in the Financial Institution Information Section (Part 3). from a foreign account. If you check this box, do not enter your account numbers. If this box is checked, we will not direct deposit or debit your Box 5 Checkbox - Amount You Owe: You owe taxes based on the information provided on your tax return. You have elected to direct debit account. If you are due a refund, we will send you a check instead. If you owe tax, you must mail a check to the Arizona Department of Revenue. for payment. The payment will be withdrawn from the account and on the PO Box 29085, Phoenix, AZ 85038-9085. date listed in the Financial Institution Information Section (Part 3). PART 4 – DECLARATION AND SIGNATURE AUTHORIZATION (Sign only after completing Part 2) 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 income tax withheld, and refund (or amount owed) listed above are the an acknowledgement of receipt of transmission and an indication of 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 I authorize GLOBAL TAXES LLC designated Financial Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account (ELECTRONIC RETURN ORIGINATOR) indicated in the tax preparation software for payment of my Arizona taxes owed on this return. I also authorize the financial institutions to make the election that I want my electronic signature to my electronic involved in the processing of the electronic payment of taxes to federal individual income tax return to serve as my signature to my receive confidential information necessary to answer inquiries and electronic Arizona individual income tax return for the year ending December 31, 2023. I understand that when my ERO makes the election resolve issues related to the payment. that my electronic signature to my federal individual income tax return will If I have filed a balance due return, I understand that if the ADOR does not serve as my signature to my Arizona individual income tax return, I will receive full and timely payment of my tax liability by April 15, 2024, I will have signed my Arizona individual income tax return and declared under remain liable for the tax liability and all applicable interest and penalties. penalties of perjury that to the best of my knowledge and belief the return When electronically filing my federal and state tax returns, I understand is true, correct and complete. that if there is an error on my federal return, my state return will also be rejected. PLEASE SIGN HERE YOUR PEN AND INK SIGNATURE DATE SPOUSE'S PEN AND INK SIGNATURE DATE

RETURN.			Arizona Form 140	Resident Pe	rsonal Inc	ome Tax f	Return	FC	2023	₹
	82F		Check box 82F f filing under extension	OR FISCAL YEAR BEGINNII	NG I I I	12,0,2,3	AND ENDING		1	. 66F
			First Name and Middle Initial		Last Name			Your S	Social Security No	
10 THE	1	MR	IDULA M		POTDAR		Enter	750) 98 63	78
	— [1]	Spou	se's First Name and Middle Initi	ial (if box 4 or 6 checked)	Last Name		your SSN(s	Spous	e's Social Securi	ty No.
氲	_	Curre	nt Home Address - number and	d street, rural route	1	Apt. No.	Daytir	ne Phone (with area code)	
<u></u>	2	18	31 E APACHE BLVD			4008	94 (980)345	5-9853	
Ą	_	City, ⁻	Town or Post Office	State	ZIP Code	•	Last Names Used	in Last Four	Prior Year(s) (if dif	ferent)
Щ	3	TE:	MPE	AZ	85281					97
STAP	TATUS	4 5	_	4a Injured Spouse Protername of qualifying child or dependent		verpayment	REVENUE USE O	NLY. DO NO	T MARK IN THIS A	AREA.
DO NOT STAPLE ANY ITEMS	FILING S	6	• .	turn. Enter spouse's name and So	ocial Security Num	ber above.				
Δ	EXEMPTIONS	7	Single ✓ Enter the number claims	ed. Do not put a check mark						
	읦	8		or spouse) If completing lines 8,		-	81 PM		80 RCVD	
	ΜP	9	Blind (you and/or spouse	′	·		81 PM		80 110 12	
		10a 11a	Dependents: Under age of Qualifying parents and gr		lents: Age 17 an	d over.				
	ш	па	· · · · · · · · · · · · · · · · · · ·	andparents ent Information. See instructio	ne Formores	naco chock th	L boy □ and o	omplete na	age 4 Part 1	
			(a)	ent miornation. See instructio	(b)	(c)	(d)	(e)	ge 4, Part 1.	
	S		FIRST AND LAS		CIAL SECURITY	RELATIONSHIP	NO. OF MONTHS	Dependent A included in	Age if you did no this person	ot claim
	Jent		(Do not list yourself	or spouse.)	NUMBER		HOME IN 2023		2 federal return	n due to
	Dependents	40-						Box 10a) (Box	(10b)	
	a	10c 10d						ૻ ≓ऻॸ	† 	
		10a						 	i 	
			(Box 11a): Qualifying parents	s and grandnarents. See instri	uctions For mo	re snace check	the hoy \square and	complete n	page 4 Part 2	
schedules or other documents after Form 140.	pue		(a)	s and grandparents. Occ mon	(b)	(c)	(d)	(e)	(f)	
<u>,</u>	Qualifying Parentsand Grandparents		FIRST AND LAS		OCIAL SECURITY NUMBER	RELATIONSHIP	NO. OF MONTHS LIVED IN YOUR			
orn	g Par dpare		(Do not list yourself	or spouse.)	NOMBER		HOME IN 2023	OVER	IN 2023	3
Ţ	lifyin Gran	116								
fte	Qua	11b 11c								
Sa	Ī		Federal adjusted gross incom	ne (from vour federal return)	\			12	63,608	00
ent			Small Business Income: 135 cl	-						00
E			Modified federal adjusted gross						63,608	00
00	<u>s</u>		Non-Arizona municipal interest							00
ř	iţi		Partnership Income adjustment							00
چ	Add		Total federal depreciation							00
5			Other Additions to Income: Co	•					63,608	00
S			Subtotal: Add lines 14 through 1 Total net capital gain or (loss).				l .	00	03,000	5 100
≝			Total net short-term capital gair					00		
Jed			Total net long-term capital gain	· · · · · · · · · · · · · · · · · · ·				00		
sc			Net long-term capital gain from					0 00		
ΥZ			Multiply line 23 by 25% (.25) ar						0	00
b		25	Net capital gain derived from in	vestment in qualified small bu	siness			25		00
<u>a</u>	Su		Recalculated Arizona depreciat							00
era	ction		Partnership Income adjustment							00
ed	ıbtra		Interest on U.S. obligations suc							00
any required federal and	S		Exclusion for federal, Arizona s	=						00
Ë			Exclusion for benefits, annuities							00
ed			U.S. Social Security or Railroad Certain wages of American Ind			-				00
<u>ک</u>			Pay received for active service							00
a			Net operating loss adjustment.		_					00
Jace			Contributions to: 34a 529 College							00
<u>~</u>				ram line 10. Enter the differen		,		25	63 608	

[Your	Name (as shown on page 1)	Your Social Security N	Number		
	MR T	IDULA M POTDAR	750-98-637	8		
	36	Other Subtractions from Income. Complete Other Subtraction from Arizona Gross Income sche			62.600	00
	37	Subtract line 36 from line 35. Enter the difference			63,608	00
ST.	38	Age 65 or over: Multiply the number in box 8 by \$2,100		38		00
Exemptions	39	Blind: Multiply the number in box 9 by \$1,500	39		00	
Ĕ	40	Other Exemptions. See instructions40E Multiply the number in box 40E by \$2,300		40		00
ŭ	41	Qualifying parents and grandparents: Multiply the number in box 11a by \$10,000		41		00
	42	Arizona adjusted gross income: Subtract lines 38 through 41 from line 37. If less than zero, enter "0	,	42	63,608	
	43	Deductions: Check box and enter amount. See instructions	43 S ⊠ STANDAR	D 43	13,850	00
	44	If you checked box 43 S and claim charitable contributions, check 44 C Complete page 3. See i	. 44		00	
	45	Arizona taxable income: Subtract lines 43 and 44 from line 42. If less than zero, enter "0"			49,758	
×	46	Tax: Multiply line 45 by 2.5% (.025). Enter the result			1,244	00
Ē	47	Tax from recapture of credits from Arizona Form 301, Part 2, line 31				00
Balance of Tax	48	Subtotal of tax: Add lines 46 and 47. Enter the total			1,244	
auc	49	Dependent Tax Credit. See instructions			-	00
Bal	50	Family income tax credit (from the worksheet - see instructions)				00
	51	Nonrefundable Credits from Arizona Form 301, Part 2, line 62				00
		Balance of tax: Subtract lines 49, 50 and 51 from line 48. If the sum of lines 49, 50 and 51 is greater tha			1,244	
	52				1,415	
	53 54	2023 AZ income tax withheld			1,113	00
		2023 AZ extension payment (Form 204)				00
and	55	, , , , , , , , , , , , , , , , , , , ,				00
ents Cre	56	Increased Excise Tax Credit (from the worksheet - see instructions)				00
aym	57	·				
Total Payments and Refundable Credits	58	Other refundable credits: Check the box(es) and enter the total amount			1 415	00
\$ 5	59	Total payments and refundable credits: Add lines 53 through 58. Enter the total			1,415	
	60	TAX DUE: If line 52 is larger than line 59, subtract line 59 from line 52. Enter amount of tax due. Skip lines	s 61, 62 and 63	60		00
er .	61	OVERPAYMENT: If line 59 is larger than line 52, subtract line 52 from line 59. Enter amount of overpayment			171	
Tax Due or Overpayment	62	Amount of line 61 to be applied to 2024 estimated tax				00
ax L	63	Balance of overpayment: Subtract line 62 from line 61. Enter the difference Solutions Teams			171	00
۲ó	64	- /4 Voluntary Gifts to: Assigned to Schools64 UU Arizona Wildlife		-		
S		Child Abuse Prevention				
Gifts		Neighbors Helping Neighbors 69 00 Special Olympics				
Voluntary		I Didn't Pay Enough Fund72 00 Sustainable State Parks and Road Fund		0		
olun		Political Party (if amount is entered on line 68 - check only one): 751 Democratic 752 Libertarian				
>	76	Estimated payment penalty		76		00
≥	77	771 ☐ Annualized/Other 772 ☐ Farmer or Fisherman 773 ☐ Form 221 included				
Penalty	78	Add lines 64 through 74 and 76; enter the total		78		00
Pe	79	REFUND: Subtract line 78 from line 63. If less than zero, enter amount owed on line 80	<u>.</u>	<u>.</u> . 79	171	00
ъ		Direct Deposit of Refund: Check box 79A if your deposit will be ultimately placed in a foreign account; so	ee instructions. 79A	J		
o we		P88 S□ Sayings ROUTING NUMBER ACCOUNT NUMBER 1 2 2 1 0 1 7 0 6 4 5 7 0 4 7 9 7 0 5 8 4	1			
Refund or Amount Owed						
Fe Fe	80	AMOUNT OWED: Add lines 60 and 78. Make check payable to Arizona Department of Revenue; write				00
⋖		and include with your return		80		100
		Under penalties of perjury, I declare that I have read this return and any documents with it, and True, correct and complete. Declaration of preparer (other than taxpayer) is based on all informati				y are
	u	de, correct and complete. Declaration of preparer (other than taxpayer) is based on all informati	on or which prepare	ei iias aily k	nowledge.	
2	→		A C C T C T A NTT D T		AVIV GED	
Щ			ASSISTANT PR	COURCI	איזיאטניג	_
I		5.112	000.70.1			
SIGN HERE	→					
S	_	POUSE'S SIGNATURE DATE SI	POUSE'S OCCUPATION			_
		SYAM PRIYA RAM SAGAR GUPTA 03312024 GLOBAL TAXES L	.LC			
AS	P	AID PREPARER'S SIGNATURE DATE FIRM'S NAME (PREPARER'S III				_
PLEASE		245 ROONEY CT	P02082	703		
7		AID PREPARER'S STREET ADDRESS	PAID PREPAR			_
		E BRUNSWICK NJ 08816	(679)0	65-9522	1	

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

STATE

PAID PREPARER'S CITY

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

ZIP CODE

PAID PREPARER'S PHONE NUMBER