Department of the Treasury Internal Revenue Service

IRS e-file Signature Authorization

OMB No. 1545-0074

ERO must obtain and retain completed Form 8879. ► Go to www.irs.gov/Form8879 for the latest information.

Submission Identification Number (SID)

Taxpayer's name		Social security num	ber			
SUBASH RAJENDRAN		203-67-5393				
Spouse's name		Spouse's social sec	urity number			
SUGANYA BALASUBRAMANIAN		727-26-283	8			
Part I Tax Return Information – Tax Year Ending December 31,	2023 (Enter	year you are au	thorizing.)			
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		1	27,634.			
2 Total tax		2	0.			
3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099		3	3,029.			
4 Amount you want refunded to you		4	3,029.			
5 Amount you owe		5	,			

Taxpayer Declaration and Signature Authorization (Be sure you get and keep a copy of your return) Part II

Under penalties of periury. I declare that I have examined a copy of the income tax return (original or amended) I am now authorizing, and to the best of my knowledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I above are the amounts from the income tax return (original or amended) I am now authorizing. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury 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 federal taxes owed on this return and/or a payment of estimated tax, and the financial institution to debit the entry to this account. This authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate the authorization. To revoke (cancel) a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation requests must be received no later than 2 business days prior to the payment (settlement) date. 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. I further acknowledge that the personal identification number (PIN) below is my signature for the income tax return (original or amended) I am now authorizing and, if applicable, my Electronic Funds Withdrawal Consent.

Taxpayer's PIN: check one box only

X	I authorize	GLOBAL TAXES	LLC	to enter or generate my PIN
			ERO firm name	

7	5	3	9	3	
Ent dor	as my				

2 б

8

Enter five digits, but don't enter all zeros

3 8

as mv

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 now authorizing. Check this box only if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Your signature

Spouse's PIN: check one box only

X lauthorize GLOBAL TAXES LLC ERO firm name

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 now authorizing. Check this box only if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Spouse's signature >	Date 🕨						
Practitioner PIN Method Returns Only—continue below							
Part III Certification and Authentication – Practitioner P	N Method Only						
ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit s	elf-selected PIN. 2 2 2 4 9 6 6 1 9 8 9 Don't enter all zeros						

I certify that the above numeric entry is my PIN, which is my signature for the electronic individual income tax return (original or amended) I am now authorized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and Pub. 1345, Handbook for Authorized IRS e-file Providers of Individual Income Tax Returns.

ERO's signature ►		
	st Retain This Form — See Instructions is Form to the IRS Unless Requested To Do	So
For Denemicarly Deduction Act Nation and your toy	BEV 01/01/01/01 PPO	Earm 8870 (Day, 01 2021)

Date

to enter or generate my PIN

1040		artment of the Treasury—Internal Revenue Servi S. Individual Income Ta)		urn	202	3	OMB No. 1545	-0074	IRS Use On	ly—Do not w	rite or sta	aple in this	space.
For the year Jar	n. 1–Dec	c. 31, 2023, or other tax year beginning			, 2023, ending , 20 S				See se	See separate instructions.			
Your first name	and m	iddle initial	Last na	ame						Your so	cial sec	urity nur	mber
SUBASH			RAJI	ENDRAN	J					203	67	5393	5
	pouse's	s first name and middle initial	Last na		•							security	
SUGANYA			BALZ	ASUBRA	MANIAN					727	26	2838	3
-	(numbe	er and street). If you have a P.O. box, see						A	Apt. no.	-		ection Ca	
500 N MI	TRO	BLVD						2	2027			ou, or yo	
-		ce. If you have a foreign address, also co	mplete s	spaces be	low.	Sta	ite	ZIP c	-			jointly, w	
CHANDLEI	R					AZ	Z	852	26			nd. Chec not chan	•
Foreign countr				Foreign p	rovince/state/o				n postal code				ige
											🗌 Yo	u 🗌	Spouse
Filing Status	s [] Single					Head of h	ouseh	old (HOH)				
-		Married filing jointly (even if only o	ne had	income)					()				
Check only one box.] Married filing separately (MFS)		,			Qualifying	surviv	ing spouse	(QSS)			
0.10 20/1	lf y	ou checked the MFS box, enter the	name	of your s	pouse. If you	ı che	ecked the HOF	l or Q	SS box, ent	er the chi	ild's na	me if the	е
	qu	alifying person is a child but not you	ır depe	ndent:	. ,								
D '	<u> </u>	autime during 2002 did your (a) rea											
Digital Assets		ny time during 2023, did you: (a) rece nange, or otherwise dispose of a dig	•				• •	-	,	., .	□ Ye	es 🛛	No
Standard Deduction	_	eone can claim:			-		a dependent						
		Were born before January 2, 1		Are b		ouse	_	n befo	ore January	2, 1959		s blind	
Dependent	s (see	instructions):		(2) 5	Social security	,	(3) Relationsh	_{ip} (4) Check the				,
If more	(1) F	(1) First name Last name			number		to you Child		Child tax	credit	Credit fo	r other de	pendents
than four													
dependents, see instruction	s —												
and check	- 												
here 🗌													
Income	1a	Total amount from Form(s) W-2, be								. 1a		27,0	634.
Attach Form(s)	b	Household employee wages not reported on Form(s) W-2						. 1b					
W-2 here. Also	С	Tip income not reported on line 1a	•		,			• •		. 10	-		
attach Forms W-2G and	d	Medicaid waiver payments not rep		•	, ,	nstru	uctions)	• •		. 1d			
1099-R if tax	е	Taxable dependent care benefits f						• •		. <u>1</u> e			
was withheld.	f	Employer-provided adoption bene	fits fror	n Form 8	839, line 29	•		• •		. <u>1</u> f			
lf you did not get a Form	g	Wages from Form 8919, line 6 .						• •		. <u>1g</u>			
W-2, see	h	Other earned income (see instruction	,				· · · ·			. <u>1</u> h	1		0.
instructions.	i	Nontaxable combat pay election (s	see inst	ructions)		• •	1 i			-		27	624
		Add lines 1a through 1h	 .		· · · ·	· ·		• •		. 1z		27,0	634.
Attach Sch. B if required.	2a		2a				axable interes			. 2b	-		
	<u>3a</u>		3a				Ordinary divide			. 3b			
Standard	4a		4a				axable amoun			. 4b	-		
Deduction for –	5a	-	5a				axable amoun			. 5b			
 Single or Married filing 	6a	, _	6a				axable amoun	t		. 6b)		
separately, \$13,850	_c	If you elect to use the lump-sum e		-		•	,	• •					
 Married filing 	7	Capital gain or (loss). Attach Schee		•	•		-	• •					
jointly or Qualifying	8	Additional income from Schedule	-					• •		. 8		07	621
surviving spouse, \$27,700	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7,		-	our total inc	come	e	• •		. 9		۷١,	634.
 Head of 	10	Adjustments to income from Sche						• •		. 10		07	C 2 4
household, \$20,800	11	Subtract line 10 from line 9. This is	•	-	-			• •		. 11			634.
 If you checked 	12	Standard deduction or itemized				,		• •		. 12		27,	700.
any box under Standard	13	Qualified business income deducti	on tron	n Form 8	ອອວ or ⊢orm	899	ю-А	• •		. 13	-	0.7	700
Deduction, see instructions.	14	Add lines 12 and 13	••••	· · ·		· ·				. 14	-	21,	700.
	15	Subtract line 14 from line 11. If zer		s, enter	-u This is y	ouri				. 15			0.

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

Form **1040** (2023)

Form 1040 (2023)								Page 2
Tax and	16	Tax (see instructions). Check	if any from Form	(s): 1 🗌 881	4 2 4972	3 🗌		16	0.
Credits	17	Amount from Schedule 2, lin	e3					17	
	18	Add lines 16 and 17						18	0.
	19	Child tax credit or credit for	other dependen	ts from Sched	ule 8812			19	
	20	Amount from Schedule 3, lin	ie8					20	
	21	Add lines 19 and 20						21	
	22	Subtract line 21 from line 18	. If zero or less,	enter -0				22	0.
	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	0.
Payments	25	Federal income tax withheld							
	а	Form(s) W-2				25a 3	3,029.		
	b	Form(s) 1099				25b		1	
	с	Other forms (see instructions	s)			25c		1	
	d	Add lines 25a through 25c						25d	3,029.
If you have a	26	2023 estimated tax payment	ts and amount a	pplied from 20	22 return			26	
qualifying child,	27	Earned income credit (EIC)			No	27			
attach Sch. EIC.	28	Additional child tax credit fror				28		1	
	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						33	3,029.
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	3,029.
	35a	Amount of line 34 you want	refunded to you	. If Form 8888	is attached, che	ck here	🗆	35a	3,029.
Direct deposit?	b	Routing number 1 2 2			c Type: 🛛 🗙	Checking	Savings		
See instructions.	d	Account number 5 5 9	7 0 2 2	2 3					
	36	Amount of line 34 you want a	applied to your	2024 estimate	edtax	36			
Amount	37	Subtract line 33 from line 24	. This is the amo	ount you owe.					
You Owe		For details on how to pay, ge	o to <i>www.irs.go</i> u	//Payments or	see instructions .			37	
	38	Estimated tax penalty (see in	nstructions) .			38			
Third Party	Do	you want to allow another	person to disc	cuss this retu	rn with the IRS?				_
Designee	ins	tructions				Yes. C	omplete l	celow.	🔀 No
	De: nar	signee's		Phone no.			onal identi ber (PIN)	fication	
Cian		der penalties of perjury, I declare th	nat I have examined		accompanying sche		. ,	the hest	of my knowledge and
Sign		ief, they are true, correct, and com			1 2 0		,		, ,
Here	Yo	ur signature		Date	Your occupation		If the	e IRS se	nt you an Identity
		5							IN, enter it here
Joint return?					PRIVATE EN		`	inst.)	
See instructions. Keep a copy for	Sp	ouse's signature. If a joint return, k	ooth must sign.	Date	Spouse's occupat	ion			nt your spouse an ection PIN, enter it here
your records.					HOME MAKEI	0		inst.)	ection Fin, enter it here
	Ph	one no. (480)238-838	1	Email address	SUBASHR10				-
		eparer's name	⊥ Preparer's signat		DODADUKT00	Date	PTIN		Check if:
Paid		ATA SAI PAVAN KUMAR DUDIPALLI			AR DUDIPALLI		P0247	0833	Self-employed
Preparer		n's name GLOBAL TAX			THE DODIEVUNT	1	L		678)965-9522
Use Only			Y CT E BRU	NSWICK N.	J 08816			i's EIN	88-2145487
Go to www.irc.or		1040 for instructions and the late		TIONICIC IN					Form 1040 (2023)
		noto initiatiuotions and the late	schnormation.		BAA	REV 01/21/24 PRO			10mm 10-to (2023)

REV 01/21/24 PRO

88 Form Department of the Treasury Internal Revenue Service

Health Savings Accounts (HSAs)

OMB No. 1545-0074

2

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

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

	Attachment Sequence No. 52
	ber of HSA beneficiary. HSAs, see instructions
~ ~ -	

20

intorna				
			ave HS	of HSA beneficiary. As, see instructions. 33
Befo	r e you begin: Complete Form 8853, Archer MSAs and Long-Term Care Insurance C	Contracts, if	requ	ired.
Par	HSA Contributions and Deduction. See the instructions before completing t and both you and your spouse each have separate HSAs, complete a separat			
1	Check the box to indicate your coverage under a high-deductible health plan (HDHP) du	uring 2023.	_	
	See instructions			lf-only 🛛 Family
2	HSA contributions you made for 2023 (or those made on your behalf), including those ma unextended due date of your tax return that were for 2023. Do not include employer cor			
	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			
	were, or were considered, an eligible individual with the same coverage, enter \$3,850 (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 F			.,,
	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 coverage under an HDHP at any time during 2023, see the instructions for the amount to en		6	7,750.
7	If you were age 55 or older at the end of 2023, married, and you or your spouse had family			
	under an HDHP at any time during 2023, enter your additional contribution amount. See inst	tructions.	7	
8	Add lines 6 and 7		8	7,750.
9	Employer contributions made to your HSAs for 2023	150.		
10	Qualified HSA funding distributions			1 5 0
11	Add lines 9 and 10		11	150.
12	Subtract line 11 from line 8. If zero or less, enter -0		12 13	7,600.
13	Caution: If line 2 is more than line 13, you may have to pay an additional tax. See instruction		13	0.
Part			rate 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 a			
	contributions (and the earnings on those excess contributions) included on line 14a			
	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, in 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 Addition Tax (see instructions), check here			
b	Additional 20% tax (see instructions). Enter 20% (0.20) of the distributions included on li	ine 16 that		
	are subject to the additional 20% tax. Also, include this amount in the total on Schedu 1040), Part II, line 17c		17b	
Part	III Income and Additional Tax for Failure To Maintain HDHP Coverage. See t	he instructi		
	completing this part. If you are filing jointly and both you and your spouse eac complete a separate Part III for each spouse.		arate	HSAs,
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,		20	
21	Additional tax. Multiply line 20 by 10% (0.10). Include this amount in the total on Schedu 1040), Part II, line 17d		21	

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

REV 01/21/24 PRO BAA

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*									
SUBASH	RAJENDRAN	Enter 203 67 5393									
Your Spouse's First Name and Initial (if filed joint)	Last Name	your Spouse's Social Security No.* SSN(s).									
SUGANYA	BALASUBRAMANIAN	727 26 2838									
PART 1 – PURPOSE (If you are e-filing a	Small Business Income Ta	ax 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.									
1 Arizona Adjusted Gross Income 27, 6	34 00	Foreign Account Deposit/Debit: See instructions below.									
2 Balance Of Tax	0 00	TYPE OF ACCOUNT ROUTING NUMBER									
3 Arizona Income Tax Withheld 5	52 00	⊠ Checking □ Savings □ <th□< th=""> □ □</th□<>									
Check box 4 <u>or</u> box 5:		ACCOUNT NUMBER									
4 REFUND: Enter the amount of refund											
5 AMOUNT YOU OWE: Enter the amount owe	ed 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** X I consent that my refund be directly deposited as designated in the electronic portion of my 2023 Arizona individual income tax return. If I have filed a joint return, this is an irrevocable appointment of the other spouse as an agent to receive the refund.
- **6b** I do not want direct deposit of my refund or I am not receiving a refund.
- **6c** I authorize the Arizona Department of Revenue (ADOR) and its designated Financial Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of my Arizona taxes owed on this return. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment.

If I have filed a balance due return, I understand that if the ADOR does not receive full and timely payment of my tax liability by April 15, 2024, I will remain liable for the tax liability and all applicable interest and penalties. When electronically filing my federal and state tax returns, I understand that if there is an error on my federal return, my state return will also be rejected.

I consent to my Electronic Return Originator (ERO) or On-Line Service Provider (OLSP) sending my electronic Arizona individual income tax return and accompanying schedules and statements to ADOR, and I consent to my ERO or OLSP sending such information to ADOR through a transmitter. I consent to ADOR sending my ERO, OLSP and/or transmitter an acknowledgement of receipt of transmission and an indication of whether or not the transmission of my return is accepted and, if the return is rejected, the reason(s) for the rejection. If the processing of my return or refund is delayed, I authorize ADOR to disclose to my ERO, OLSP and/ or transmitter the reason(s) for the delay, or when the refund was sent. If ADOR contacts my ERO for a copy of my return, any documents or schedules to my return, and/or this authorization form, I authorize my ERO to release copies of the requested documents to ADOR.

I authorize GLOBAL TAXES LLC

(ELECTRONIC RETURN ORIGINATOR)

to make the election that I want my electronic signature to my electronic federal individual income tax return to serve as my signature to my electronic Arizona individual income tax return for the year ending December 31, 2023. I understand that when my ERO makes the election that my electronic signature to my federal individual income tax return will serve as my signature to my Arizona individual income tax return. I will have signed my Arizona individual income tax return and declared under penalties of perjury that to the best of my knowledge and belief the return is true, correct and complete.

RE	→		
E SIGN HERE		OUR PEN AND INK SIGNATURE	DATE
PLEASE	SP	POUSE'S PEN AND INK SIGNATURE	DATE

RETURN.			Arizona Form 140	Return	n for calendar year 2023							
RET	82F		Check box 82F f filing under extension OF	R FISCAL YEAR BEGINN		2,0,2,3	J AND ENDING					
用			First Name and Middle Initial	Enton	Your	Social Securit	y Number					
	1		BASH		RAJENDRAN		Enter ——your		3 67	5393		
2	_	Spou	se's First Name and Middle Initial (i	if box 4 or 6 checked)	Last Name		SSN(s)	Spou	se's Social Se	curity No.		
Š.	1		GANYA		BALASUBRA	1		72		2838		
Ë	2		ent Home Address - number and str	eet, rural route		Apt. No.			(with area co	de)		
ANY ITEMS			0 N METRO BLVD Town or Post Office	State	ZIP Code	2027	Last Names Used i		8-8381 r Prior Year(s) ((if different)		
	3		ANDLER	AZ	85226			ii Euoti ou		(in dilicitority) 97		
DO NOT STAPLE		4		a 🔲 Injured Spouse Pro		orpovmont	REVENUE USE ON	ILY. DO NO	OT MARK IN TH			
STA	STATUS	4 5	Head of household. Enter nar	•		erpayment	88					
Ë		Ŭ		ne of qualitying office of depe	indent on next line.							
ž	FILING	6	Married filing separate return	. Enter spouse's name and	Social Security Numb	er above.						
DO		7	Single									
	XEMPTIONS		Enter the number claimed.		rk.							
	E	8	Age 65 or over (you and/or s		8, 9, and 11a, also con s 10a and 10b, also con	•	81 PM		80 RCVD			
	μ	9 10a	Blind (you and/or spouse)									
		10a 11a	Qualifying parents and grand	·	ndents: Age 17 and	I OVEI.						
	-	-	(Box 10a and 10b): Dependent		tions. For more sp	oace, check th	he box 🔲 and co	mplete p	age 4, Part 1			
			(a)		(b)	(c)	(d)	(e) Dependent		(f) did not claim		
	Jts		FIRST AND LAST N (Do not list yourself or s		SOCIAL SECURITY NUMBER	RELATIONSHIP	LIVED IN YOUR	included i	in: this pe	aid not claim erson on your return due to		
	ndei						HOME IN 2023	1 Box 10a) (Bo	educa	tional credits		
	Dependents	10c										
		10d	l							<u> </u>		
		10e								<u> </u>		
o.	ן פ		(Box 11a): Qualifying parents an (a)	d grandparents. See ins	tructions. For mor	e space, checl (c)	k the box 🔟 and c	complete (e)		(f)		
140	ntsar its		FIRST AND LAST N	IAME 5	SOCIAL SECURITY	RELATIONSHIP	NO. OF MONTHS			F DIED		
n m	Qualifying Parentsand Grandparents		(Do not list yourself or s	pouse.)	NUMBER		LIVED IN YOUR HOME IN 2023	OVEF	۲ IN	2023		
г Я	Grand	446										
after Form	Qua	11b 11c								<u> </u>		
nts a	Ī		Federal adjusted gross income (12	27,6	534 00						
Ien			Small Business Income: 135 check							00		
other docume	-		Modified federal adjusted gross inc						27,6	⁵³⁴ 00		
p	su		Non-Arizona municipal interest							00		
er	Additions		Partnership Income adjustment. S Total federal depreciation							00		
oth	Ad		Other Additions to Income: Comple							00		
<u>o</u>			Subtotal: Add lines 14 through 18 an						27,6	534 00		
schedules			Total net capital gain or (loss). See					00				
npe			Total net short-term capital gain or					00				
che			Total net long-term capital gain or (I					00				
ZS			Net long-term capital gain from ass Multiply line 23 by 25% (.25) and e					0 00		0 00		
Ρp			Net capital gain derived from inves							00		
and AZ	s		Recalculated Arizona depreciation							00		
ra	ction		Partnership Income adjustment. S							00		
ede	Subtractions	28	Interest on U.S. obligations such as	s U.S. savings bonds and	d treasury bills			28		00		
d fe	Sul		Exclusion for federal, Arizona state							00		
lire			Exclusion for benefits, annuities an							00		
nbe			U.S. Social Security or Railroad Re			-				00		
any required federal			Certain wages of American Indians Pay received for active service as a							00		
an			Net operating loss adjustment. See		•					00		
Place			Contributions to: 34a 529 College Sav							00		
PI		35	Subtract lines 24 through 34c from		ence			35		634 00		
			2 10/13 (23)		AZ Form 140 (20	001			01/13/24 PRO	1		

	Your	Name (as shown on page 1)		Your Social Securi	ity Number		
	SUE	BASH RAJENDRAN & SUGANYA BALASUBRAMANIAN		203-67-53	393		
Exemptions		Complete Other Subtractions from Income Complete Other Subtraction from Avisona Crass Income eshedults or your C					00
	36	Other Subtractions from Income. Complete Other Subtraction from Arizona Gross Income schedule on page 6				27,634	00
	37	Subtract line 36 from line 35. Enter the difference				27,034	<u> </u>
	38	Age 65 or over: Multiply the number in box 8 by \$2,100					00
	39	Blind: Multiply the number in box 9 by \$1,500					00
	40	Other Exemptions. See instructions40E Multiply the number in box 40E by					00
	41	Qualifying parents and grandparents: Multiply the number in box 11a by \$10,000				27,634	00
	42	Arizona adjusted gross income: Subtract lines 38 through 41 from line 37. If less th				27,034	00
	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 Comple				0	00
	45	Arizona taxable income: Subtract lines 43 and 44 from line 42. If less than zero, enter "					00
of Tax	46	Tax: Multiply line 45 by 2.5% (.025). Enter the result				0	00
. Jo	47	Tax from recapture of credits from Arizona Form 301, Part 2, line 31				0	00
nce	48	Subtotal of tax: Add lines 46 and 47. Enter the total				0	
Balance	49	Dependent Tax Credit. See instructions					00
	50	Family income tax credit (from the worksheet - see instructions)					00
	51	Nonrefundable Credits from Arizona Form 301, Part 2, line 62				0	00 00
	52	Balance of tax: Subtract lines 49, 50 and 51 from line 48. If the sum of lines 49, 50 and				552	00
lotal Payments and Refundable Credits	53	2023 AZ income tax withheld 2023 AZ estimated tax payments 54a 000 Claim of Right 54b		00 Add 54a and		552	00
	54 55	2023 AZ estimated tax payments54a 00 Claim of Right 54b 2023 AZ extension payment (Form 204)					00
	55 56	Increased Excise Tax Credit (from the worksheet - see instructions)					00
	56 57	Property Tax Credit from Arizona Form 140PTC					00
	57 50	Other refundable credits: Check the box(es) and enter the total amount					00
	58 50					552	<u> </u>
2 2	<u>59</u>	Total payments and refundable credits: Add lines 53 through 58. Enter the total				552	00
iax Due or Overpayment	60 61	TAX DUE: If line 52 is larger than line 59, subtract line 59 from line 52. Enter amount of t				552	
	61 62	OVERPAYMENT: If line 59 is larger than line 52, subtract line 52 from line 59. Enter and				552	00
payn	62 62					552	
ver	63	Solutions Teams	Arizona Wildlife		00	552	100
0	64		Political Gift		00		
Gifts			Veterans' Donations		00		
ry G			Spay/Neuter of Anim		00		
Voluntary	75	Political Party (if amount is entered on line 68 - check only one): 751 Democratic 75	an				
Nol					00		
	77	Estimated payment penalty 771 Annualized/Other 772 Farmer or Fisherman 773 Form 221 included					100
Penalty	78	Add lines 64 through 74 and 76; enter the total			78		00
Per	79	REFUND: Subtract line 78 from line 63. If less than zero, enter amount owed on line 80.				552	00
Retuna or Amount Owed	10	Direct Deposit of Refund: Check box 79A if your deposit will be ultimately placed in a for	reign account; se	ee instructions. 79			100
		CX Checking or Savings ROUTING NUMBER ACCOUNT NUMBER 1 2 1 0 0 2 4					
тет	80	AMOUNT OWED: Add lines 60 and 78. Make check payable to Arizona Department of					00
۷		and include with your return			80		100
					<u> </u>		
		Under penalties of perjury, I declare that I have read this return and any documents with it, and to the best of my knowledge and be true, correct and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.					
	u			on or which prep	arer nas any	kilowiedge.	
R	→		Ţ	PRIVATE EM	PLOYEE		
SIGN HERE	Y	OUR SIGNATURE DATE		CCUPATION			_
Ż	_						
Ū	→		I	HOME MAKER			
	S	POUSE'S SIGNATURE DATE	SF	POUSE'S OCCUPATIO	NC		_
			L TAXES L				
A			MÉ (PREPARER'S I	F SELF-EMPLOYED)			
PLEASE		245 ROONEY CT			145487		
	P				PARER'S TIN		
	D	E BRUNSWICK NJ 08816 (678) 9 PAID PREPARER'S CITY STATE ZIP CODE PAID PREPAR					
lf y		AID PREPARER S CITY STATE ZIP OF					

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.