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 number | | | | | | | |
|---|---------------------------------|--|--|--|--|--|--|--|
| SUBASH RAJENDRAN | 203-67-5393 | | | | | | | |
| Spouse's name | Spouse's social security number | | | | | | | |
| SUGANYA BALASUBRAMANIAN | 727-26-2838 | | | | | | | |
| Part I Tax Return Information – Tax Year Ending December 31, 2023 (Enter year you are 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 | 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 | | | | | | | |
| Part II Taxpayer Declaration and Signature Authorization (Be sure you get and keep a copy of your return) | | | | | | | | |

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 lauthorize GLOBAL TAXES LLC to enter or generate my PIN ERO firm name

| 7 | 5 | 3 | 9 | 3 | |
|------------|------------------|-----------------|-----------------|------------|----|
| Ent don | er fiv i't er | /e di iter a | gits, all ze | but ros | as |

2

8 3 8

Enter five digits, but don't enter all zeros

б

my

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 > subash rajendran

Spouse's PIN: check one box only

X lauthorize GLOBAL TAXES LLC to enter or generate my PIN 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 🕨 | Da | te 🕨 | • | | | | | | | | | | |
|---|--------------------------------------|------|---|---|-----|-------|--------|---------|-----|---|---|---|--|
| Practitioner PIN Method Returns Only—continue below | | | | | | | | | | | | | |
| Part III Certification and Authentication – | Practitioner PIN Method Only | | | | | | | | | | | | |
| ERO's EFIN/PIN. Enter your six-digit EFIN followed by | y your five-digit self-selected PIN. | 2 | 2 | 2 | | | | | | 9 | 8 | 9 | |
| | | | | | Don | 't en | nter a | all zei | ros | | | | |

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 Date | | | | | | | | |
|--------------------------------------|--|--|-------------------------|--|--|--|--|--|
| Don'i | ERO Must Retain This Form — Se Submit This Form to the IRS Unless | | | | | | | |
| For Demonstrate Deduction Act Nation | a a second data water water and the attended to a a | | Farm 8870 (Day 01 0001) | | | | | |

For Paperwork Reduction Act Notice, see your tax return instructions. BAA Date > 01/25/2024

| 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, end | ling | | | , 20 | See se | See separate instructions. | | |
| Your first name | and m | iddle initial | Last na | ame | | | | | | Your social security number | | | mber |
| SUBASH | | | RAJI | ENDRAN | J | | | | | 203 | 67 | 5393 | 5 |
| | pouse's | s first name and middle initial | Last na | | • | | | | | | | security | |
| SUGANYA | | | BALA | 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 | irst name Last name | | | number | | to you | | 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 re | | | | | | • • | | . 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 | <u> </u> |
| 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 MAKER (se | | | | | 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 comp To authorize the Electronic Return Originator (ER federal individual income tax return as the taxpay | O) to affirm that the taxpayer v | wishes to use the taxpayer's electronic signature to the taxpayer's 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 | Resident Po | F | FOR CALENDAR YEAR | | | | |
|----------------------|---------------------------------------|---|--|---------------------------------|--|-----------------------|-------------------------------|-------------------|-----------------------------|---|
| 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 | | Last Name | | Enton | Your | Social Securit | y Number |
| | 1 | | BASH | | RAJENDRAN | | Enter | | 3 67 | 5393 |
| 2 | _ | Spouse's First Name and Middle Initial (if box 4 or 6 checked) Last Name SSN(s) | | | | | | Spou | se's Social Se | curity No. |
| Š. | | 1 SUGANYA BALASUBRAMANIAN | | | | | | 72 | | 2838 |
| Ë | 2 | | | 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 Euotii 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 | | Ũ | | ne of qualitying office of depe | indent on next line. | | | | | |
| ž | FILING | 6 | Married filing separate return | | | | | | | |
| 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 | bace, 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 (| from your federal retur | n) | | | 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) | ity Number | | | | | | | |
|--|-----------|---|--------------------|---------------------|---------------------------|-------------|-------|--|--|--|
| | SUE | BASH RAJENDRAN & SUGANYA BALASUBRAMANIAN | | 203-67-5 | 393 | | | | | |
| | | Other Subtractions from Income Complete Other Subtraction from Adv | - la | | 22 | | 00 | | | |
| | 36 | Other Subtractions from Income. Complete Other Subtraction from Arizona Gross | | | | 27,634 | 00 | | | |
| _ | 37 | Subtract line 36 from line 35. Enter the difference | | | | 27,034 | | | | |
| ons | 38 | Age 65 or over: Multiply the number in box 8 by \$2,100 | | | | | 00 | | | |
| nptic | 39 | Blind: Multiply the number in box 9 by \$1,500 | | | 00 | | | | | |
| Exemptions | 40 | Other Exemptions. See instructions40E Multiply the number in box 40E by 9 | | | | | 00 | | | |
| ш | 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 that | | | | 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 Complete | | 0 | 00 | | | | | |
| | 45 | Arizona taxable income: Subtract lines 43 and 44 from line 42. If less than zero, enter "0 | | | | | 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 | | | |
| Balance | 48 | Subtotal of tax: Add lines 46 and 47. Enter the total | | | | 0 | | | | |
| Bala | 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 | | | |
| | 52 | Balance of tax: Subtract lines 49, 50 and 51 from line 48. If the sum of lines 49, 50 and 5 | - | | | 552 | | | | |
| | 53 | 2023 AZ income tax withheld | | 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 | | | |
| Iotal Payments and Refundable Credits | 55 56 | Increased Excise Tax Credit (from the worksheet - see instructions) | | | | | 00 | | | |
| ents e Cre | 56 57 | Property Tax Credit from Arizona Form 140PTC | | | | | 00 | | | |
| 'aym dable | 57 50 | Other refundable credits: Check the box(es) and enter the total amount | | | | | 00 | | | |
| tal F efuno | 58 50 | | | | | 552 | | | | |
| c x | <u>59</u> | Total payments and refundable credits: Add lines 53 through 58. Enter the total | | | | JJ2 | 00 | | | |
| | 60 61 | TAX DUE: If line 52 is larger than line 59, subtract line 59 from line 52. Enter amount of ta | | | | 552 | | | | |
| or 1ent | 61 62 | OVERPAYMENT: If line 59 is larger than line 52, subtract line 52 from line 59. Enter among Amount of line 61 to be applied to 2024 estimated tax | | | | JJ2 | 00 | | | |
| payn | 62 62 | | | | | 552 | | | | |
| overpayment | 63 | Solutions Teams | rizona Wildlife | | 00 | JJ2 | 100 | | | |
| 0 | 04 | | rizona Wildlife | | 00 | | | | | |
| Gifts | | | eterans' Donations | | 00 | | | | | |
| ry G | | | pay/Neuter of Anim | | 00 | | | | | |
| Voluntary | 75 | Political Party (if amount is entered on line 68 - check only one): 751 Democratic 752 | | 753 Republic | <u> </u> | | | | | |
| Vol | | Estimated payment penalty | | | | | 00 | | | |
| | 77 | | | | | | 100 | | | |
| alty | 78 | Add lines 64 through 74 and 76; enter the total. | | | 78 | | 00 | | | |
| Penalty | 79 | REFUND: Subtract line 78 from line 63. If less than zero, enter amount owed on line 80 | | | | 552 | 00 | | | |
| | 10 | Direct Deposit of Refund: Check box 79A if your deposit will be ultimately placed in a fore | eign account; se | ee instructions. 79 | | | 100 | | | |
| Retund or Amount Owed | | | | | - I | | | | | |
| int C | | | | | | | | | | |
| 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 | | | |
| | | | | | | | | | | |
| | | Inder penalties of perjury, I declare that I have read this return and any documen rue, correct and complete. Declaration of preparer (other than taxpayer) is based c | | | | | y are | | | |
| | u | | | on or which prep | arer nas arry | kilowiedye. | | | | |
| R | → | | - | PRIVATE EM | DIOVEE | | | | | |
| SIGN HERE | Y | OUR SIGNATURE DATE | | | | | | | | |
| ż | _ | | | | | | | | | |
| Ū | → | | I | HOME MAKER | | | | | | |
| | S | POUSE'S SIGNATURE DATE | SF | POUSE'S OCCUPATIO | NC | | | | | |
| PLEASE | | | L TAXES L | | | | | | | |
| A | | | E (PREPARER'S I | F SELF-EMPLOYED) | | | | | | |
| Ë | | 245 ROONEY CT | | | 145487 | | | | | |
| а. | P | AID PREPARER'S STREET ADDRESS | | | PREPARER'S TIN | | | | | |
| | | E BRUNSWICK NJ 08816 AND PREPARER'S CITY STATE ZIP COL | DE | |) 965-952 PARER'S PHON | | | | | |
| lf y | | AID PREPARER S CITY STATE ZIP COL | | | | | | | | |

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.