

# IRS e-file Signature Authorization

▶ ERO must obtain and retain completed Form 8879.  
▶ Go to [www.irs.gov/Form8879](http://www.irs.gov/Form8879) for the latest information.

Submission Identification Number (SID) ▶

Taxpayer's name LIKHITA RAVELLA	Social security number 701-81-3184
Spouse's name	Spouse's social security number

## 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	129,402.
2	Total tax	20,168.
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099	20,844.
4	Amount you want refunded to you	676.
5	Amount you owe	

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

Under penalties of perjury, 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

- I authorize GLOBAL TAXES LLC to enter or generate my PIN 

1	3	1	8	4
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 as 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 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 ▶ \_\_\_\_\_ Date ▶ \_\_\_\_\_

### Spouse's PIN: check one box only

- I authorize \_\_\_\_\_ to enter or generate my PIN 

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 as 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 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 PIN Method Only

ERO'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
---	---	---	---	---	---	---	---	---	---	---

  
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 ▶ \_\_\_\_\_ Date ▶ \_\_\_\_\_

**ERO Must Retain This Form – See Instructions**  
**Don't Submit This Form to the IRS Unless Requested To Do So**

For the year Jan. 1–Dec. 31, 2023, or other tax year beginning , 2023, ending , 20 See separate instructions.

Your first name and middle initial LIKHITA Last name RAVELLA Your social security number 701 81 3184

If joint return, spouse's first name and middle initial Last name Spouse's social security number 659 95 9486

Home address (number and street). If you have a P.O. box, see instructions. Apt. no. 1110 BEECH BLVD Presidential Election Campaign

City, town, or post office. If you have a foreign address, also complete spaces below. State TX ZIP code 75454 Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund.

Foreign country name Foreign province/state/county Foreign postal code You Spouse

Filing Status Single Married filing jointly (even if only one had income) Married filing separately (MFS) Head of household (HOH) Qualifying surviving spouse (QSS)
Check only one box.
If you checked the MFS box, enter the name of your spouse. If you checked the HOH or QSS box, enter the child's name if the qualifying person is a child but not your dependent: CHARAN TEJA SOMEPALLI

Digital Assets At any time during 2023, did you: (a) receive (as a reward, award, or payment for property or services); or (b) sell, exchange, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? (See instructions.) Yes No

Standard Deduction Someone can claim: You as a dependent Your spouse as a dependent Spouse itemizes on a separate return or you were a dual-status alien

Age/Blindness You: Were born before January 2, 1959 Are blind Spouse: Was born before January 2, 1959 Is blind

Table with 5 columns: (1) First name, Last name, (2) Social security number, (3) Relationship to you, (4) Check the box if qualifies for (see instructions): Child tax credit, Credit for other dependents.

Income section table with rows 1a through 1z. Total amount from Form(s) W-2, box 1: 129,401.

Table with rows 2a through 6a. Tax-exempt interest, Qualified dividends, IRA distributions, Pensions and annuities, Social security benefits.

Table with rows 7 through 15. Capital gain or (loss), Additional income from Schedule 1, line 10, Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income: 129,402. Adjustments to income from Schedule 1, line 26. Subtract line 10 from line 9. This is your adjusted gross income: 129,402. Standard deduction or itemized deductions (from Schedule A): 18,282. Qualified business income deduction from Form 8995 or Form 8995-A. Add lines 12 and 13. Subtract line 14 from line 11. If zero or less, enter -0-. This is your taxable income: 111,120.

<b>Tax and Credits</b>	<b>16</b>	<b>Tax</b> (see instructions). Check if any from Form(s): 1 <input type="checkbox"/> 8814 2 <input type="checkbox"/> 4972 3 <input type="checkbox"/> _____	<b>16</b>	20,069.
	<b>17</b>	Amount from Schedule 2, line 3	<b>17</b>	
	<b>18</b>	Add lines 16 and 17	<b>18</b>	20,069.
	<b>19</b>	Child tax credit or credit for other dependents from Schedule 8812	<b>19</b>	
	<b>20</b>	Amount from Schedule 3, line 8	<b>20</b>	
	<b>21</b>	Add lines 19 and 20	<b>21</b>	
	<b>22</b>	Subtract line 21 from line 18. If zero or less, enter -0-	<b>22</b>	20,069.
	<b>23</b>	Other taxes, including self-employment tax, from Schedule 2, line 21	<b>23</b>	99.
	<b>24</b>	Add lines 22 and 23. This is your <b>total tax</b>	<b>24</b>	20,168.

<b>Payments</b>	<b>25</b>	Federal income tax withheld from:		
	<b>a</b>	Form(s) W-2	<b>25a</b>	20,843.
	<b>b</b>	Form(s) 1099	<b>25b</b>	
	<b>c</b>	Other forms (see instructions)	<b>25c</b>	1.
	<b>d</b>	Add lines 25a through 25c	<b>25d</b>	20,844.
	<b>26</b>	2023 estimated tax payments and amount applied from 2022 return	<b>26</b>	
	<b>27</b>	Earned income credit (EIC)	<b>27</b>	
	<b>28</b>	Additional child tax credit from Schedule 8812	<b>28</b>	
	<b>29</b>	American opportunity credit from Form 8863, line 8	<b>29</b>	
	<b>30</b>	Reserved for future use	<b>30</b>	
	<b>31</b>	Amount from Schedule 3, line 15	<b>31</b>	
	<b>32</b>	Add lines 27, 28, 29, and 31. These are your <b>total other payments and refundable credits</b>	<b>32</b>	
	<b>33</b>	Add lines 25d, 26, and 32. These are your <b>total payments</b>	<b>33</b>	20,844.

<b>Refund</b>	<b>34</b>	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you <b>overpaid</b>	<b>34</b>	676.
	<b>35a</b>	Amount of line 34 you want <b>refunded to you</b> . If Form 8888 is attached, check here <input type="checkbox"/>	<b>35a</b>	676.
Direct deposit? See instructions.	<b>b</b>	Routing number 044000037 <b>c</b> Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings		
	<b>d</b>	Account number 315758000		
	<b>36</b>	Amount of line 34 you want <b>applied to your 2024 estimated tax</b>	<b>36</b>	

<b>Amount You Owe</b>	<b>37</b>	Subtract line 33 from line 24. This is the <b>amount you owe</b> . For details on how to pay, go to <a href="http://www.irs.gov/Payments">www.irs.gov/Payments</a> or see instructions	<b>37</b>	
	<b>38</b>	Estimated tax penalty (see instructions)	<b>38</b>	

**Third Party Designee** Do you want to allow another person to discuss this return with the IRS? See instructions  **Yes**. Complete below.  **No**

Designee's name \_\_\_\_\_ Phone no. \_\_\_\_\_ Personal identification number (PIN) \_\_\_\_\_

**Sign Here** Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Your signature	Date	Your occupation SOFTWARE ENGINEER	If the IRS sent you an Identity Protection PIN, enter it here (see inst.)
Spouse's signature. If a joint return, <b>both</b> must sign.	Date	Spouse's occupation	If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.)
Phone no. (510) 738-9510	Email address CHARANTEJA1109@GMAIL.COM		

**Paid Preparer Use Only**

Preparer's name SYAM PRIYA RAM SAGAR GUPTA TALLAM	Preparer's signature SYAM PRIYA RAM SAGAR GUPTA TALLAM	Date 03/11/2024	PTIN P02082703	Check if: <input type="checkbox"/> Self-employed
Firm's name GLOBAL TAXES LLC	Firm's address 245 ROONEY CT E BRUNSWICK NJ 08816		Phone no. (678) 965-9522	Firm's EIN 84-3171965

**SCHEDULE 2  
(Form 1040)**

Department of the Treasury  
Internal Revenue Service

**Additional Taxes**

Attach to Form 1040, 1040-SR, or 1040-NR.  
Go to [www.irs.gov/Form1040](http://www.irs.gov/Form1040) for instructions and the latest information.

OMB No. 1545-0074

**2023**  
Attachment  
Sequence No. **02**

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

Your social security number  
701-81-3184

**Part I Tax**

<b>1</b>	Alternative minimum tax. Attach Form 6251 . . . . .	<b>1</b>	
<b>2</b>	Excess advance premium tax credit repayment. Attach Form 8962 . . . . .	<b>2</b>	
<b>3</b>	Add lines 1 and 2. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 17 . . . . .	<b>3</b>	

**Part II Other Taxes**

<b>4</b>	Self-employment tax. Attach Schedule SE . . . . .	<b>4</b>	
<b>5</b>	Social security and Medicare tax on unreported tip income. Attach Form 4137 . . . . .	<b>5</b>	
<b>6</b>	Uncollected social security and Medicare tax on wages. Attach Form 8919 . . . . .	<b>6</b>	
<b>7</b>	Total additional social security and Medicare tax. Add lines 5 and 6 . . . . .	<b>7</b>	
<b>8</b>	Additional tax on IRAs or other tax-favored accounts. Attach Form 5329 if required. If not required, check here <input type="checkbox"/> . . . . .	<b>8</b>	
<b>9</b>	Household employment taxes. Attach Schedule H . . . . .	<b>9</b>	
<b>10</b>	Repayment of first-time homebuyer credit. Attach Form 5405 if required . . . . .	<b>10</b>	
<b>11</b>	Additional Medicare Tax. Attach Form 8959 . . . . .	<b>11</b>	99.
<b>12</b>	Net investment income tax. Attach Form 8960 . . . . .	<b>12</b>	
<b>13</b>	Uncollected social security and Medicare or RRTA tax on tips or group-term life insurance from Form W-2, box 12 . . . . .	<b>13</b>	
<b>14</b>	Interest on tax due on installment income from the sale of certain residential lots and timeshares . . . . .	<b>14</b>	
<b>15</b>	Interest on the deferred tax on gain from certain installment sales with a sales price over \$150,000 . . . . .	<b>15</b>	
<b>16</b>	Recapture of low-income housing credit. Attach Form 8611 . . . . .	<b>16</b>	

(continued on page 2)

**Part II Other Taxes** *(continued)*

<b>17</b>	Other additional taxes:		
<b>a</b>	Recapture of other credits. List type, form number, and amount: _____	<b>17a</b>	
<b>b</b>	Recapture of federal mortgage subsidy, if you sold your home see instructions . . . . .	<b>17b</b>	
<b>c</b>	Additional tax on HSA distributions. Attach Form 8889 . . . . .	<b>17c</b>	
<b>d</b>	Additional tax on an HSA because you didn't remain an eligible individual. Attach Form 8889 . . . . .	<b>17d</b>	
<b>e</b>	Additional tax on Archer MSA distributions. Attach Form 8853 . . . . .	<b>17e</b>	
<b>f</b>	Additional tax on Medicare Advantage MSA distributions. Attach Form 8853 . . . . .	<b>17f</b>	
<b>g</b>	Recapture of a charitable contribution deduction related to a fractional interest in tangible personal property . . . . .	<b>17g</b>	
<b>h</b>	Income you received from a nonqualified deferred compensation plan that fails to meet the requirements of section 409A . . . . .	<b>17h</b>	
<b>i</b>	Compensation you received from a nonqualified deferred compensation plan described in section 457A . . . . .	<b>17i</b>	
<b>j</b>	Section 72(m)(5) excess benefits tax . . . . .	<b>17j</b>	
<b>k</b>	Golden parachute payments . . . . .	<b>17k</b>	
<b>l</b>	Tax on accumulation distribution of trusts . . . . .	<b>17l</b>	
<b>m</b>	Excise tax on insider stock compensation from an expatriated corporation . . . . .	<b>17m</b>	
<b>n</b>	Look-back interest under section 167(g) or 460(b) from Form 8697 or 8866 . . . . .	<b>17n</b>	
<b>o</b>	Tax on non-effectively connected income for any part of the year you were a nonresident alien from Form 1040-NR . . . . .	<b>17o</b>	
<b>p</b>	Any interest from Form 8621, line 16f, relating to distributions from, and dispositions of, stock of a section 1291 fund . . . . .	<b>17p</b>	
<b>q</b>	Any interest from Form 8621, line 24 . . . . .	<b>17q</b>	
<b>z</b>	Any other taxes. List type and amount: _____ _____	<b>17z</b>	
<b>18</b>	Total additional taxes. Add lines 17a through 17z . . . . .		<b>18</b>
<b>19</b>	Reserved for future use . . . . .		<b>19</b>
<b>20</b>	Section 965 net tax liability installment from Form 965-A . . . . .	<b>20</b>	
<b>21</b>	Add lines 4, 7 through 16, and 18. These are your <b>total other taxes</b> . Enter here and on Form 1040 or 1040-SR, line 23, or Form 1040-NR, line 23b . . . . .		<b>21</b>

**SCHEDULE A  
(Form 1040)**

Department of the Treasury  
Internal Revenue Service

**Itemized Deductions**

Attach to Form 1040 or 1040-SR.

Go to [www.irs.gov/ScheduleA](http://www.irs.gov/ScheduleA) for instructions and the latest information.

**Caution:** If you are claiming a net qualified disaster loss on Form 4684, see the instructions for line 16.

OMB No. 1545-0074

**2023**

Attachment  
Sequence No. **07**

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

LIKHITA RAVELLA

Your social security number

701-81-3184

<b>Medical and Dental Expenses</b>	<b>Caution:</b> Do not include expenses reimbursed or paid by others.					
	1 Medical and dental expenses (see instructions)	1				
	2 Enter amount from Form 1040 or 1040-SR, line 11	2				
	3 Multiply line 2 by 7.5% (0.075)	3				
4 Subtract line 3 from line 1. If line 3 is more than line 1, enter -0-				4		
<b>Taxes You Paid</b>	5 State and local taxes.					
	a State and local income taxes or general sales taxes. You may include either income taxes or general sales taxes on line 5a, but not both. If you elect to include general sales taxes instead of income taxes, check this box <input checked="" type="checkbox"/>	5a	1,196.			
	b State and local real estate taxes (see instructions)	5b	2,211.			
	c State and local personal property taxes	5c				
	d Add lines 5a through 5c	5d	3,407.			
	e Enter the smaller of line 5d or \$10,000 (\$5,000 if married filing separately)	5e	3,407.			
	6 Other taxes. List type and amount: _____	6				
7 Add lines 5e and 6				7	3,407.	
<b>Interest You Paid</b>	8 Home mortgage interest and points. If you didn't use all of your home mortgage loan(s) to buy, build, or improve your home, see instructions and check this box <input type="checkbox"/>					
	a Home mortgage interest and points reported to you on Form 1098. See instructions if limited	8a	14,875.			
	b Home mortgage interest not reported to you on Form 1098. See instructions if limited. If paid to the person from whom you bought the home, see instructions and show that person's name, identifying no., and address _____	8b				
	c Points not reported to you on Form 1098. See instructions for special rules	8c				
	d Reserved for future use	8d				
	e Add lines 8a through 8c	8e	14,875.			
9 Investment interest. Attach Form 4952 if required. See instructions	9					
10 Add lines 8e and 9				10	14,875.	
<b>Gifts to Charity</b>	11 Gifts by cash or check. If you made any gift of \$250 or more, see instructions	11				
	12 Other than by cash or check. If you made any gift of \$250 or more, see instructions. You <b>must</b> attach Form 8283 if over \$500	12				
	13 Carryover from prior year	13				
	14 Add lines 11 through 13				14	
<b>Casualty and Theft Losses</b>	15 Casualty and theft loss(es) from a federally declared disaster (other than net qualified disaster losses). Attach Form 4684 and enter the amount from line 18 of that form. See instructions				15	
<b>Other Itemized Deductions</b>	16 Other—from list in instructions. List type and amount: _____				16	
<b>Total Itemized Deductions</b>	17 Add the amounts in the far right column for lines 4 through 16. Also, enter this amount on Form 1040 or 1040-SR, line 12				17	18,282.
	18 If you elect to itemize deductions even though they are less than your standard deduction, check this box <input type="checkbox"/>					

## Allocation of Tax Amounts Between Certain Individuals in Community Property States

Attach to Form 1040, 1040-SR, or 1040-NR.  
 Go to [www.irs.gov/Form8958](http://www.irs.gov/Form8958) for the latest information.

Your first name and initial	Your last name	Your social security number (SSN)	
LIKHITA	RAVELLA	701   81   3184	
Spouse's or partner's first name and initial	Spouse's or partner's last name	Spouse's or partner's SSN	
CHARAN TEJA	SOMEPELLI	659   95   9486	
	A Total Amount	B Allocated to Spouse or RDP SSN <u>701</u> - <u>81</u> - <u>3184</u>	C Allocated to Spouse or RDP SSN <u>659</u> - <u>95</u> - <u>9486</u>
<b>1</b> Wages (each employer)			
AMERICAN EXPRESS TRAVEL RELATED	112,119.	112,119.	
M3BI LLC	17,282.	17,282.	
<b>2</b> Interest income (each payer)			
<b>3</b> Dividends (each payer)			
Robinhood Securities LLC	1.	1.	
<b>4</b> State income tax refund			
<b>5</b> Self-employment income (see instructions)			
<b>6</b> Capital gains and losses			
<b>7</b> Pension income			
<b>8</b> Rents, royalties, partnerships, estates, trusts			

	<b>A</b> Total Amount	<b>B</b> Allocated to Spouse or RDP SSN <u>701</u> - <u>81</u> - <u>3184</u>	<b>C</b> Allocated to Spouse or RDP SSN <u>659</u> - <u>95</u> - <u>9486</u>
<b>9</b> Deductible part of self-employment tax (see instructions)			
<b>10</b> Self-employment tax (see instructions)			
<b>11</b> Taxes withheld from Form 1040, line 25	20,844.	20,844.	
<b>12</b> Other items such as social security benefits, unemployment compensation, deductions, credits, etc.			



### Additional Medicare Tax

If any line does not apply to you, leave it blank. See separate instructions.  
 Attach to Form 1040, 1040-SR, 1040-NR, or 1040-SS.  
 Go to [www.irs.gov/Form8959](http://www.irs.gov/Form8959) for instructions and the latest information.

Name(s) shown on return <b>LIKHITA RAVELLA</b>	Your social security number <b>701-81-3184</b>
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<b>Part I Additional Medicare Tax on Medicare Wages</b>			
<b>1</b>	Medicare wages and tips from Form W-2, box 5. If you have more than one Form W-2, enter the total of the amounts from box 5 . . . . .	<b>1</b>	135,964.
<b>2</b>	Unreported tips from Form 4137, line 6 . . . . .	<b>2</b>	
<b>3</b>	Wages from Form 8919, line 6 . . . . .	<b>3</b>	
<b>4</b>	Add lines 1 through 3 . . . . .	<b>4</b>	135,964.
<b>5</b>	Enter the following amount for your filing status:		
	Married filing jointly . . . . . \$250,000		
	Married filing separately . . . . . \$125,000		
	Single, Head of household, or Qualifying surviving spouse . . . . . \$200,000	<b>5</b>	125,000.
<b>6</b>	Subtract line 5 from line 4. If zero or less, enter -0- . . . . .	<b>6</b>	10,964.
<b>7</b>	Additional Medicare Tax on Medicare wages. Multiply line 6 by 0.9% (0.009). Enter here and go to Part II . . . . .	<b>7</b>	99.

<b>Part II Additional Medicare Tax on Self-Employment Income</b>			
<b>8</b>	Self-employment income from Schedule SE (Form 1040), Part I, line 6. If you had a loss, enter -0- . . . . .	<b>8</b>	
<b>9</b>	Enter the following amount for your filing status:		
	Married filing jointly . . . . . \$250,000		
	Married filing separately . . . . . \$125,000		
	Single, Head of household, or Qualifying surviving spouse . . . . . \$200,000	<b>9</b>	
<b>10</b>	Enter the amount from line 4 . . . . .	<b>10</b>	
<b>11</b>	Subtract line 10 from line 9. If zero or less, enter -0- . . . . .	<b>11</b>	
<b>12</b>	Subtract line 11 from line 8. If zero or less, enter -0- . . . . .	<b>12</b>	
<b>13</b>	Additional Medicare Tax on self-employment income. Multiply line 12 by 0.9% (0.009). Enter here and go to Part III . . . . .	<b>13</b>	

<b>Part III Additional Medicare Tax on Railroad Retirement Tax Act (RRTA) Compensation</b>			
<b>14</b>	Railroad retirement (RRTA) compensation and tips from Form(s) W-2, box 14 (see instructions) . . . . .	<b>14</b>	
<b>15</b>	Enter the following amount for your filing status:		
	Married filing jointly . . . . . \$250,000		
	Married filing separately . . . . . \$125,000		
	Single, Head of household, or Qualifying surviving spouse . . . . . \$200,000	<b>15</b>	
<b>16</b>	Subtract line 15 from line 14. If zero or less, enter -0- . . . . .	<b>16</b>	
<b>17</b>	Additional Medicare Tax on railroad retirement (RRTA) compensation. Multiply line 16 by 0.9% (0.009). Enter here and go to Part IV . . . . .	<b>17</b>	

<b>Part IV Total Additional Medicare Tax</b>			
<b>18</b>	Add lines 7, 13, and 17. Also include this amount on Schedule 2 (Form 1040), line 11 (Form 1040-SS filers, see instructions), and go to Part V . . . . .	<b>18</b>	99.

<b>Part V Withholding Reconciliation</b>			
<b>19</b>	Medicare tax withheld from Form W-2, box 6. If you have more than one Form W-2, enter the total of the amounts from box 6 . . . . .	<b>19</b>	1,972.
<b>20</b>	Enter the amount from line 1 . . . . .	<b>20</b>	135,964.
<b>21</b>	Multiply line 20 by 1.45% (0.0145). This is your regular Medicare tax withholding on Medicare wages . . . . .	<b>21</b>	1,971.
<b>22</b>	Subtract line 21 from line 19. If zero or less, enter -0-. This is your Additional Medicare Tax withholding on Medicare wages . . . . .	<b>22</b>	1.
<b>23</b>	Additional Medicare Tax withholding on railroad retirement (RRTA) compensation from Form W-2, box 14 (see instructions) . . . . .	<b>23</b>	
<b>24</b>	<b>Total Additional Medicare Tax withholding.</b> Add lines 22 and 23. Also include this amount with federal income tax withholding on Form 1040, 1040-SR, or 1040-NR, line 25c (Form 1040-SS filers, see instructions) . . . . .	<b>24</b>	1.

# Net Investment Income Tax— Individuals, Estates, and Trusts

Attach to your tax return.

Go to [www.irs.gov/Form8960](http://www.irs.gov/Form8960) for instructions and the latest information.

Name(s) shown on your tax return  
LIKHITA RAVELLA

Your social security number or EIN  
701-81-3184

**Part I Investment Income**  Section 6013(g) election (see instructions)  
 Section 6013(h) election (see instructions)  
 Regulations section 1.1411-10(g) election (see instructions)

<b>1</b>	Taxable interest (see instructions)		<b>1</b>	
<b>2</b>	Ordinary dividends (see instructions)		<b>2</b>	1.
<b>3</b>	Annuities (see instructions)		<b>3</b>	
<b>4a</b>	Rental real estate, royalties, partnerships, S corporations, trusts, trades or businesses, etc. (see instructions)	<b>4a</b>		
<b>b</b>	Adjustment for net income or loss derived in the ordinary course of a non-section 1411 trade or business (see instructions)	<b>4b</b>		
<b>c</b>	Combine lines 4a and 4b		<b>4c</b>	
<b>5a</b>	Net gain or loss from disposition of property (see instructions)	<b>5a</b>		
<b>b</b>	Net gain or loss from disposition of property that is not subject to net investment income tax (see instructions)	<b>5b</b>		
<b>c</b>	Adjustment from disposition of partnership interest or S corporation stock (see instructions)	<b>5c</b>		
<b>d</b>	Combine lines 5a through 5c		<b>5d</b>	
<b>6</b>	Adjustments to investment income for certain CFCs and PFICs (see instructions)		<b>6</b>	
<b>7</b>	Other modifications to investment income (see instructions)		<b>7</b>	
<b>8</b>	Total investment income. Combine lines 1, 2, 3, 4c, 5d, 6, and 7		<b>8</b>	1.

**Part II Investment Expenses Allocable to Investment Income and Modifications**

<b>9a</b>	Investment interest expenses (see instructions)	<b>9a</b>		
<b>b</b>	State, local, and foreign income tax (see instructions)	<b>9b</b>		
<b>c</b>	Miscellaneous investment expenses (see instructions)	<b>9c</b>		
<b>d</b>	Add lines 9a, 9b, and 9c		<b>9d</b>	
<b>10</b>	Additional modifications (see instructions)		<b>10</b>	
<b>11</b>	Total deductions and modifications. Add lines 9d and 10		<b>11</b>	

**Part III Tax Computation**

<b>12</b>	Net investment income. Subtract Part II, line 11, from Part I, line 8. Individuals, complete lines 13–17. Estates and trusts, complete lines 18a–21. If zero or less, enter -0-		<b>12</b>	1.
<b>Individuals:</b>				
<b>13</b>	Modified adjusted gross income (see instructions)	<b>13</b>	129,402.	
<b>14</b>	Threshold based on filing status (see instructions)	<b>14</b>	125,000.	
<b>15</b>	Subtract line 14 from line 13. If zero or less, enter -0-	<b>15</b>	4,402.	
<b>16</b>	Enter the smaller of line 12 or line 15		<b>16</b>	1.
<b>17</b>	Net investment income tax for individuals. Multiply line 16 by 3.8% (0.038). <b>Enter here and include on your tax return</b> (see instructions)		<b>17</b>	0.
<b>Estates and Trusts:</b>				
<b>18a</b>	Net investment income (line 12 above)	<b>18a</b>		
<b>b</b>	Deductions for distributions of net investment income and charitable deductions (see instructions)	<b>18b</b>		
<b>c</b>	Undistributed net investment income. Subtract line 18b from line 18a (see instructions). If zero or less, enter -0-	<b>18c</b>		
<b>19a</b>	Adjusted gross income (see instructions)	<b>19a</b>		
<b>b</b>	Highest tax bracket for estates and trusts for the year (see instructions)	<b>19b</b>		
<b>c</b>	Subtract line 19b from line 19a. If zero or less, enter -0-	<b>19c</b>		
<b>20</b>	Enter the smaller of line 18c or line 19c		<b>20</b>	
<b>21</b>	Net investment income tax for estates and trusts. Multiply line 20 by 3.8% (0.038). <b>Enter here and include on your tax return</b> (see instructions)		<b>21</b>	



D NOT STAPLE ANY ITEMS TO THE RETURN.

Place any required federal and AZ schedules or other documents after Form 140NR.

Arizona Form  
**140NR**

**Nonresident Personal Income Tax Return**

FOR CALENDAR YEAR  
**2023**

82F  Check box 82F if filing under extension OR FISCAL YEAR BEGINNING 2023 AND ENDING 2023 66F

1 Your First Name and Middle Initial LIKHITA		Last Name RAVELLA		Enter your SSN(s) 701   81   3184	Your Social Security Number		
1 Spouse's First Name and Middle Initial (if box 4 or 6 checked) CHARAN TEJA		Last Name SOMEPALLI			Spouse's Social Security No. 659   95   9486		
2 Current Home Address - number and street, rural route 1110 BEECH BLVD				Apt. No.		Daytime Phone (with area code) 94	
3 City, Town or Post Office MELISSA		State TX		ZIP Code 75454		Last Names Used in Last Four Prior Year(s) (if different) 97	

FILING STATUS	4 <input type="checkbox"/> Married filing joint return	4a <input type="checkbox"/> Injured Spouse Protection of Joint Overpayment	REVENUE USE ONLY. DO NOT MARK IN THIS AREA.				
	5 <input type="checkbox"/> Head of household: Enter name of qualifying child or dependent on next line:		88R				
	6 <input checked="" type="checkbox"/> Married filing separate return: Enter spouse's name and Social Security Number above.						
	7 <input type="checkbox"/> Single						
EXEMPTIONS	↓ Enter the number claimed. Do not put a check mark.						
	8 <input type="checkbox"/> Age 65 or over (you and/or spouse)	If completing lines 8 and 9, also complete lines 47 and 48. For lines 10a and 10b, complete line 59.		81P PM		80R RCVD	
	9 <input type="checkbox"/> Blind (you and/or spouse)						
10a <input type="checkbox"/> Dependents: Under age of 17.		10b <input type="checkbox"/> Dependents: Age 17 and over.					

11-13 Residency Status (check one): 11  Nonresident 12  Nonresident Active Military 13  Composite Return (see instructions - page 29)

(Box 10a and 10b): Dependent Information. See instructions. For more space, check the box  and complete page 4.

	(a) FIRST AND LAST NAME (Do not list yourself or spouse.)	(b) SOCIAL SECURITY NUMBER	(c) RELATIONSHIP	(d) NO. OF MONTHS LIVED IN YOUR HOME IN 2023	(e) Dependent Age included in:		(f) if you did not claim this person on your federal return due to educational credits
					1 (Box 10a)	2 (Box 10b)	
10c					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10d					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10e					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10f					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

		2023 FEDERAL		2023 ARIZONA	
		Amount from Federal Return		Source Amount Only	
14	Check box 14 if married and you are the spouse of an active duty military member who qualifies for relief under the Military Spouses Residency Relief Act ..... 14 <input type="checkbox"/>				
15	Wages, salaries, tips, etc .....	15	129,401 00	17,282	00
16	Interest .....	16	00		00
17	Dividends .....	17	1 00	0	00
18	Arizona income tax refunds .....	18	00		00
19	Business income or (loss) from federal Schedule C .....	19	00		00
20	Gains or (losses) from federal Schedule D. See instructions for ARIZONA column .....	20	00		00
21	Rents, royalties, partnerships, estates, trusts, small business corporations from federal Schedule E ...	21	00		00
22	Other income reported on your federal return. Include your own schedule .....	22	00	0	00
23	Total income: Add lines 15 through 22 .....	23	129,402 00	17,282	00
24	Other federal adjustments: Include your own schedule .....	24	00		00
25	Federal adjusted gross income: Subtract line 24 from line 23 in the FEDERAL column .....	25	129,402 00		
26	Arizona gross income: Subtract line 24 from line 23 in the ARIZONA column .....	26		17,282	00
27	Arizona income ratio: Divide line 26 by line 25, and enter the result (not over 1.000) .....	27		0.134	
28	Small Business Income: 28S <input type="checkbox"/> check the box if you are filing Form 140NR-SBI and enter the amount from Form 140NR-SBI, line 10 .....	28			00
29	Modified Arizona gross income. Subtract line 28 from 26 .....	29		17,282	00
30	Total depreciation included in Arizona gross income .....	30			00
31	Partnership Income adjustment. See instructions .....	31			00
32	Other Additions to Income. Complete Other Additions to Arizona Gross Income schedule on page 5 .....	32			00
33	Subtotal: Add lines 29, 30, 31 and 32. Enter the total .....	33		17,282	00
34	Total Arizona sourced net capital gain or (loss). See instructions .....	34		00	
35	Total net short-term capital gain or (loss) included on line 20, ARIZONA column .....	35		00	
36	Total net long-term capital gain or (loss) included on line 20, ARIZONA column .....	36		00	
37	Net long-term capital gain from assets acquired after December 31, 2011. See instructions .....	37		00	
38	Multiply line 37 by 25% (.25) and enter the result .....	38			00
39	Net capital gain derived from investment in qualified small business .....	39			00
40	Recalculated Arizona depreciation .....	40			00
41	Partnership Income adjustment. See instructions .....	41			00
42	Subtract lines 38 through 41 from line 33. Enter the difference .....	42		17,282	00

Your Name (as shown on page 1) **LIKHITA RAVELLA** Your Social Security Number **701-81-3184**

Subtractions cont. from page 1	43	Interest on U.S. obligations such as U.S. savings bonds and treasury bills.....	43		00
	4	Agricultural crops contributed to Arizona charitable organizations.....	44		00
	45	Other Subtractions from Income: Complete <i>Other Subtractions from Arizona Gross Income</i> schedule on page 6.....	45		00
	46	Subtract lines 43, 44 and 45 from line 42. Enter the difference.....	46	17,282	00
Exemptions	47	Age 65 or over: Multiply the number in box 8 by \$2,100.....	47		00
	48	Blind: Multiply the number in box 9 by \$1,500.....	48		00
	49	Other Exemptions: See instructions.....49E <input type="checkbox"/> Multiply the number in box 49E by \$2,300.....	49		00
	50	Add lines 47, 48, and 49. Enter the total.....	50		00
Balance of Tax	51	Multiply line 50 by the Arizona ratio on line 27.....	51		00
	52	<b>Arizona adjusted gross income:</b> Subtract line 51 from line 46. If less than zero, enter "0".....	52	17,282	00
	53	<b>Deductions: Check box and enter amount.</b> See instructions.....53I <input checked="" type="checkbox"/> ITEMIZED 53S <input type="checkbox"/> STANDARD	53	2,450	00
	54	If you checked box 53S and claim charitable contributions, check 54C <input type="checkbox"/> Complete page 3. See instructions.....	54		00
	55	Arizona taxable income: Subtract lines 53 and 54 from line 52. If less than zero, enter "0".....	55	14,832	00
	56	Tax: Multiply line 55 by 2.5% (.025). Enter the result.....	56	371	00
	57	Tax from recapture of credits from Arizona Form 301, Part 2, line 31.....	57		00
	58	Subtotal of tax: Add lines 56 and 57. Enter the total.....	58	371	00
Total Payments and Refundable Credits	59	Dependent Tax Credit. See instructions.....	59		00
	60	Nonrefundable credits from Arizona Form 301, Part 2, line 62.....	60		00
	61	<b>Balance of tax:</b> Subtract lines 59 and 60 from line 58. If the sum of lines 59 and 60 is more than line 58, enter "0".....	61	371	00
	62	2023 AZ income tax withheld.....	62	346	00
Tax Due or Overpayment	63	2023 AZ estimated tax payments..63a <input type="checkbox"/> 00 Claim of Right 63b <input type="checkbox"/> 00 Add 63a and 63b.	63c		00
	64	2023 AZ extension payment (Form 204).....	64		00
	65	Other refundable credits: Check the box(es) and enter the total amount.....651 <input type="checkbox"/> 308-1 652 <input type="checkbox"/> 334 653 <input type="checkbox"/> 349	65		00
	66	<b>Total payments and refundable credits:</b> Add lines 62 through 65. Enter the total.....	66	346	00
Voluntary Gifts	67	<b>TAX DUE:</b> If line 61 is larger than line 66, subtract line 66 from line 61. Enter amount of tax due. Skip lines 68, 69 and 70.....	67	25	00
	68	<b>OVERPAYMENT:</b> If line 66 is larger than line 61, subtract line 61 from line 66. Enter amount of overpayment.....	68		00
	69	Amount of line 68 to be applied to 2024 estimated tax.....	69		00
	70	Balance of overpayment: Subtract line 69 from line 68. Enter the difference.....	70		00
Penalty	71 - 81	<b>Voluntary Gifts to:</b> Solutions Teams Assigned to Schools..... 71 <input type="checkbox"/> 00 Arizona Wildlife..... 72 <input type="checkbox"/> 00 Child Abuse Prevention..... 73 <input type="checkbox"/> 00 Domestic Violence Services..... 74 <input type="checkbox"/> 00 Political Gift..... 75 <input type="checkbox"/> 00 Neighbors Helping Neighbors..... 76 <input type="checkbox"/> 00 Special Olympics..... 77 <input type="checkbox"/> 00 Veterans' Donations Fund..... 78 <input type="checkbox"/> 00 I Didn't Pay Enough Fund..... 79 <input type="checkbox"/> 00 Sustainable State Parks and Road Fund..... 80 <input type="checkbox"/> 00 Spay/Neuter of Animals.. 81 <input type="checkbox"/> 00			
	82	Political Party (if amount is entered on line 75 - check only one): 821 <input type="checkbox"/> Democratic 822 <input type="checkbox"/> Libertarian 823 <input type="checkbox"/> Republican			
	83	Estimated payment penalty.....	83		00
	84	841 <input type="checkbox"/> Annualized/Other 842 <input type="checkbox"/> Farmer or Fisherman 843 <input type="checkbox"/> Form 221 included			
Refund or Amount Owed	85	Add lines 71 through 81 and 83. Enter the total.....	85		00
	86	<b>REFUND:</b> Subtract line 85 from line 70. If less than zero, enter amount owed on line 87..... <b>Direct Deposit of Refund: Check box 86A</b> if your deposit will be ultimately placed in a <b>foreign account</b> ; see instructions. 86A <input type="checkbox"/> C <input type="checkbox"/> Checking or S <input type="checkbox"/> Savings ROUTING NUMBER: <input type="text"/> ACCOUNT NUMBER: <input type="text"/>	86		00
	87	<b>AMOUNT OWED:</b> Add lines 67 and 85. Make check payable to Arizona Department of Revenue; write your SSN, 140NR on payment.....	87	25	00

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 belief, they are true, correct and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

**PLEASE SIGN HERE**

YOUR SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_ SOFTWARE ENGINEER  
OCCUPATION

SPOUSE'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_ SPOUSE'S OCCUPATION

SYAM PRIYA RAM SAGAR GUPTA TALLAM 03112024 GLOBAL TAXES LLC  
PAID PREPARER'S SIGNATURE DATE FIRM'S NAME (PREPARER'S IF SELF-EMPLOYED)

245 ROONEY CT 84-3171965  
PAID PREPARER'S STREET ADDRESS PAID PREPARER'S TIN

E BRUNSWICK NJ 08816 (678) 965-9522  
PAID PREPARER'S CITY STATE ZIP CODE PAID PREPARER'S PHONE NUMBER

**SCHEDULE A  
(Form 1040)**

Department of the Treasury  
Internal Revenue Service

**Itemized Deductions**

Attach to Form 1040 or 1040-SR.

Go to [www.irs.gov/ScheduleA](http://www.irs.gov/ScheduleA) for instructions and the latest information.

**Caution:** If you are claiming a net qualified disaster loss on Form 4684, see the instructions for line 16.

OMB No. 1545-0074

**2023**

Attachment  
Sequence No. **07**

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

LIKHITA RAVELLA

Your social security number

701-81-3184

<b>Medical and Dental Expenses</b>	<b>Caution:</b> Do not include expenses reimbursed or paid by others.				
	<b>1</b> Medical and dental expenses (see instructions)		<b>1</b>		
	<b>2</b> Enter amount from Form 1040 or 1040-SR, line 11	<b>2</b>			
	<b>3</b> Multiply line 2 by 7.5% (0.075)		<b>3</b>		
<b>4</b> Subtract line 3 from line 1. If line 3 is more than line 1, enter -0-				<b>4</b>	
<b>Taxes You Paid</b>	<b>5</b> State and local taxes.				
	<b>a</b> State and local income taxes or general sales taxes. You may include either income taxes or general sales taxes on line 5a, but not both. If you elect to include general sales taxes instead of income taxes, check this box <input checked="" type="checkbox"/>		<b>5a</b>	1,196	
	<b>b</b> State and local real estate taxes (see instructions)		<b>5b</b>	2,211	
	<b>c</b> State and local personal property taxes		<b>5c</b>		
	<b>d</b> Add lines 5a through 5c		<b>5d</b>	3,407	
	<b>e</b> Enter the smaller of line 5d or \$10,000 (\$5,000 if married filing separately)		<b>5e</b>	3,407	
	<b>6</b> Other taxes. List type and amount: _____		<b>6</b>		
<b>7</b> Add lines 5e and 6				<b>7</b>	3,407
<b>Interest You Paid</b>	<b>8</b> Home mortgage interest and points. If you didn't use all of your home mortgage loan(s) to buy, build, or improve your home, see instructions and check this box <input type="checkbox"/>				
	<b>a</b> Home mortgage interest and points reported to you on Form 1098. See instructions if limited		<b>8a</b>	14,875	
	<b>b</b> Home mortgage interest not reported to you on Form 1098. See instructions if limited. If paid to the person from whom you bought the home, see instructions and show that person's name, identifying no., and address _____		<b>8b</b>		
	<b>c</b> Points not reported to you on Form 1098. See instructions for special rules		<b>8c</b>		
	<b>d</b> Reserved for future use		<b>8d</b>		
	<b>e</b> Add lines 8a through 8c		<b>8e</b>	14,875	
<b>9</b> Investment interest. Attach Form 4952 if required. See instructions		<b>9</b>			
<b>10</b> Add lines 8e and 9				<b>10</b>	14,875
<b>Gifts to Charity</b>	<b>11</b> Gifts by cash or check. If you made any gift of \$250 or more, see instructions		<b>11</b>		
	<b>12</b> Other than by cash or check. If you made any gift of \$250 or more, see instructions. You <b>must</b> attach Form 8283 if over \$500		<b>12</b>		
	<b>13</b> Carryover from prior year		<b>13</b>		
	<b>14</b> Add lines 11 through 13				<b>14</b>
<b>Casualty and Theft Losses</b>	<b>15</b> Casualty and theft loss(es) from a federally declared disaster (other than net qualified disaster losses). Attach Form 4684 and enter the amount from line 18 of that form. See instructions				<b>15</b>
<b>Other Itemized Deductions</b>	<b>16</b> Other—from list in instructions. List type and amount: _____				<b>16</b>
<b>Total Itemized Deductions</b>	<b>17</b> Add the amounts in the far right column for lines 4 through 16. Also, enter this amount on Form 1040 or 1040-SR, line 12			<b>17</b>	18,282
	<b>18</b> If you elect to itemize deductions even though they are less than your standard deduction, check this box <input type="checkbox"/>				

*Include with your return.*

Your Name as shown on Form 140NR LIKHITA RAVELLA	Your Social Security Number 701   81   3184
Spouse's Name as shown on Form 140NR (if filing joint) CHARAN TEJA SOMEPALLI	Spouse's Social Security Number 659   95   9486

**Adjustment to Medical and Dental Expenses**

1 Medical and dental expenses.....	1		00
2 Medical expenses allowed to be taken as a federal itemized deduction.....	2		00
3 If line 1 is the same as or more than line 2, subtract line 2 from line 1; otherwise, go to line 4.....	3		00
4 If line 2 is more than line 1, subtract line 1 from line 2.....	4		00

**Adjustment to Interest Deduction**

5 If you received a federal credit for interest paid on mortgage credit certificates (from federal Form 8396), enter the amount of mortgage interest you paid for 2023 that is equal to the amount of your 2023 federal credit.....	5		00
---	---	--	----

**Adjustment to Charitable Contributions**

6 Amount of charitable contributions for which you are claiming a credit under Arizona law.....	6		00
---	---	--	----

**Adjustment to State Income Taxes**

7 Amount of state income taxes deducted on the federal Schedule A that are for contributions to a charity for which an Arizona credit was received. If your tax deductions were limited on your federal Schedule A, complete the worksheet on page 2 to determine the adjustment on line 7.....	7		00
---	---	--	----

**Itemized Deductions**

8 Add the amounts on lines 3 and 5.....	8		00
9 Add the amounts on lines 4, 6 and 7.....	9		00
10 Total federal itemized deductions allowed to be taken on federal return.....	10	18,282	00
11 Enter the amount from line 8 above.....	11		00
12 Add lines 10 and 11.....	12	18,282	00
13 Enter the amount from line 9 above.....	13		00
14 Adjusted itemized deductions: Subtract line 13 from line 12. If less than zero, enter "0".....	14	18,282	00
15 Enter your Arizona income ratio from Form 140NR, page 1, line 27.....	15	0.134	
16 Arizona itemized deductions: Multiply line 14 by the ratio on line 15. Enter the result here and on Form 140NR, page 2, line 53.....	16		2,450 00



**You must include a copy of federal Form 1040, Schedule A with your return if you itemize your deductions on your Arizona return.**

Your Name (as shown on page 1)  
LIKHITA RAVELLA

Your Social Security Number  
701-81-3184

## 2023 Form 140NR Schedule A(NR) Adjustment to State Income Taxes

**Arizona Revised Statutes § 43-1042 was amended to require taxpayers to reduce the amount of itemized deductions for amounts used to claim an Arizona credit, even if the amount was deducted on the federal return as state income taxes paid rather than charitable contributions.**

<b>1A</b>	Total state income taxes on the federal Schedule A before applying the federal limitations.....	<b>1A</b>	00
<b>2A</b>	Amount included in the line 1A for which you claimed an Arizona credit.....	<b>2A</b>	00
<b>3A</b>	Subtract line 2A from line 1A. Enter the difference.....	<b>3A</b>	00
<b>4A</b>	Limit from federal Schedule A. Enter \$10,000 (\$5,000 if married filing separate)..	<b>4A</b>	00
<b>5A</b>	Enter the smaller of line 3A or 4A.....	<b>5A</b>	00
<b>6A</b>	Enter total state income taxes claimed on federal Schedule A (after limitation).....	<b>6A</b>	00
<b>7A</b>	Subtract line 5A from line 6A. This is the amount of your Arizona adjustment. Enter the amount on page 1, line 7.....	<b>7A</b>	00



Your First Name and Middle Initial <b>1</b> LIKHITA		Last Name RAVELLA	Enter your SSN(s).	Your Social Security Number 701   81   3184	
Spouse's First Name and Middle Initial <b>1</b>		Last Name		Spouse's Social Security No.	
Current Home Address - number and street, rural route <b>2</b> 1110 BEECH BLVD			Apt. No.	Daytime Phone (with area code) <b>94</b>	
City, Town or Post Office <b>3</b> MELISSA			State TX	ZIP Code 75454	
<b>Please indicate the filing status below:</b> <input type="checkbox"/> Married filing joint return <input type="checkbox"/> Head of household: Enter name of qualifying child or dependent on next line. _____ <input checked="" type="checkbox"/> Married filing separate return: Enter spouse's name and Social Security Number above. <input type="checkbox"/> Single			<b>REVENUE USE ONLY. DO NOT MARK IN THIS AREA.</b> <b>88</b> <b>81</b> PM <b>80</b> RCVD		

Enter the amount of payment enclosed..... \$ 

25	00
----	----

If you are mailing this payment

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

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

If you are making an electronic payment

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

**www.AZTaxes.gov**

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

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