

IRS e-file Signature Authorization

▶ 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 ASHOK ARPULA | Social security number 169-67-3040 |
| 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 | 1 | 25,105. |
| 2 Total tax | 2 | 1,133. |
| 3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099 | 3 | 3,070. |
| 4 Amount you want refunded to you | 4 | 1,937. |
| 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 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

| | | | | |
|---|---|---|---|---|
| 7 | 3 | 0 | 4 | 0 |
|---|---|---|---|---|

 as my signature on the income tax return (original or amended) I am now authorizing.
ERO firm name
Enter five digits, but don't enter all zeros
- 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

| | | | | |
|--|--|--|--|--|
| | | | | |
|--|--|--|--|--|

 as my signature on the income tax return (original or amended) I am now authorizing.
ERO firm name
Enter five digits, but don't enter all zeros
- 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 | 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 ▶ _____ 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 ASHOK | Last name ARPULA | Your social security number 169 67 3040 |
| If joint return, spouse's first name and middle initial | Last name | Spouse's social security number |

| | | | |
|---|--|-------------------------------|---|
| Home address (number and street). If you have a P.O. box, see instructions. 2255 W GERMANN RD | | Apt. no. 2015 | Presidential Election Campaign 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. <input type="checkbox"/> You <input type="checkbox"/> Spouse |
| City, town, or post office. If you have a foreign address, also complete spaces below. CHANDLER | | State AZ | |
| Foreign country name | | Foreign province/state/county | |

Filing Status Single Head of household (HOH)

Check only one box. Married filing jointly (even if only one had income) Qualifying surviving spouse (QSS)

Married filing separately (MFS) 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: _____

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

| Dependents (see instructions): | (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 |
| If more than four dependents, see instructions and check here <input type="checkbox"/> | | | | | Credit for other dependents |
| | | | | | <input type="checkbox"/> |
| | | | | | <input type="checkbox"/> |
| | | | | | <input type="checkbox"/> |
| | | | | | <input type="checkbox"/> |

| | | | |
|--|---|-----------|---------|
| Income | 1a Total amount from Form(s) W-2, box 1 (see instructions) | 1a | 25,105. |
| Attach Form(s) W-2 here. Also attach Forms W-2G and 1099-R if tax was withheld. If you did not get a Form W-2, see instructions. | b Household employee wages not reported on Form(s) W-2 | 1b | |
| | c Tip income not reported on line 1a (see instructions) | 1c | |
| | d Medicaid waiver payments not reported on Form(s) W-2 (see instructions) | 1d | |
| | e Taxable dependent care benefits from Form 2441, line 26 | 1e | |
| | f Employer-provided adoption benefits from Form 8839, line 29 | 1f | |
| | g Wages from Form 8919, line 6 | 1g | |
| | h Other earned income (see instructions) | 1h | 0. |
| | i Nontaxable combat pay election (see instructions) 1i | | |
| | z Add lines 1a through 1h | 1z | 25,105. |

| | | | | |
|-----------------------------------|---|--|--|--|
| Attach Sch. B if required. | 2a Tax-exempt interest 2a | | b Taxable interest 2b | |
| | 3a Qualified dividends 3a | | b Ordinary dividends 3b | |
| | 4a IRA distributions 4a | | b Taxable amount 4b | |
| | 5a Pensions and annuities 5a | | b Taxable amount 5b | |
| | 6a Social security benefits 6a | | b Taxable amount 6b | |

| | | | |
|---|---|-----------|---------|
| Standard Deduction for— | c If you elect to use the lump-sum election method, check here (see instructions) <input type="checkbox"/> | | |
| <ul style="list-style-type: none"> • Single or Married filing separately, \$13,850 • Married filing jointly or Qualifying surviving spouse, \$27,700 • Head of household, \$20,800 • If you checked any box under Standard Deduction, see instructions. | 7 Capital gain or (loss). Attach Schedule D if required. If not required, check here <input type="checkbox"/> | 7 | |
| | 8 Additional income from Schedule 1, line 10 | 8 | |
| | 9 Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income | 9 | 25,105. |
| | 10 Adjustments to income from Schedule 1, line 26 | 10 | |
| | 11 Subtract line 10 from line 9. This is your adjusted gross income | 11 | 25,105. |
| | 12 Standard deduction or itemized deductions (from Schedule A) | 12 | 13,850. |
| | 13 Qualified business income deduction from Form 8995 or Form 8995-A | 13 | |
| 14 Add lines 12 and 13 | 14 | 13,850. | |
| 15 Subtract line 14 from line 11. If zero or less, enter -0-. This is your taxable income | 15 | 11,255. | |

Table with columns for line numbers (16-24), descriptions (Tax and Credits), and amounts. Total tax is 1,133.

Table for Payments (lines 25-33). Includes federal income tax withheld (3,070) and total payments (3,070).

Table for Refund (lines 34-36). Shows overpaid amount (1,937) and amount applied to 2024 tax (36).

Table for Amount You Owe (lines 37-38). Shows amount owed (37) and estimated tax penalty (38).

Third Party Designee section with checkboxes for Yes/No and fields for name, phone, and PIN.

Sign Here section with signature lines for taxpayer and spouse, occupation fields, and date fields.

Paid Preparer Use Only section with fields for preparer name, signature, date, PTIN, firm name, address, and EIN.

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 ASHOK | Last Name ARPULA | Enter your SSN(s). | Your Social Security Number* 169 67 3040 |
| Your Spouse's First Name and Initial (if filed joint) | Last Name | | Spouse's Social Security No.* |

PART 1 – PURPOSE (If you are e-filing a Small Business Income Tax Return, also complete Form AZ-8879 SBI) *Do Not Truncate

- To certify the truthfulness, correctness, and completeness of the taxpayer's electronic income tax return.
- To authorize the Electronic Return Originator (ERO) to affirm that the taxpayer wishes to use the taxpayer's electronic signature to the taxpayer's federal individual income tax return as the taxpayer's signature to the taxpayer's electronic Arizona individual income tax return.

PART 2 – TAX RETURN INFORMATION

| | | |
|-----------------------------------|--------|----|
| 1 Arizona Adjusted Gross Income | 25,105 | 00 |
| 2 Balance Of Tax | 281 | 00 |
| 3 Arizona Income Tax Withheld ... | | 00 |

Check box 4 or box 5:

| | | |
|--|-----|----|
| 4 <input type="checkbox"/> REFUND: Enter the amount of refund..... | | 00 |
| 5 <input checked="" type="checkbox"/> AMOUNT YOU OWE: Enter the amount owed..... | 281 | 00 |

PART 3 – FINANCIAL INSTITUTION INFORMATION

Must be present when requesting direct debit or deposit.

Foreign Account Deposit/Debit: See instructions below.

TYPE OF ACCOUNT ROUTING NUMBER

Checking Savings

ACCOUNT NUMBER

DIRECT DEBIT REQUEST DATE DIRECT DEBIT PAYMENT AMOUNT

 \$

.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 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.

| | | | |
|-------------------------|--------------------------------|--|-------|
| PLEASE SIGN HERE | → _____ | | _____ |
| | YOUR PEN AND INK SIGNATURE | | DATE |
| | → _____ | | _____ |
| | SPOUSE'S PEN AND INK SIGNATURE | | DATE |

DO NOT STAPLE ANY ITEMS TO THE RETURN.

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

Your First Name and Middle Initial ASHOK Last Name ARPULA Your Social Security Number 169 67 3040 Spouse's First Name and Middle Initial (if box 4 or 6 checked) Last Name Spouse's Social Security No.

Current Home Address - number and street, rural route Apt. No. Daytime Phone (with area code) 2255 W GERMANN RD 2015 (94) (602) 283-8139 City, Town or Post Office State ZIP Code Last Names Used in Last Four Prior Year(s) (if different) CHANDLER AZ 85286 97

FILING STATUS: 4 Married filing joint return 4a Injured Spouse Protection of Joint Overpayment 5 Head of household. Enter name of qualifying child or dependent on next line. 6 Married filing separate return. Enter spouse's name and Social Security Number above. 7 Single. EXEMPTIONS: 8 Age 65 or over (you and/or spouse) 9 Blind (you and/or spouse) 10a Dependents: Under age of 17. 10b Dependents: Age 17 and over. 11a Qualifying parents and grandparents. 81 PM 80 RCVD

Table for Dependents (Box 10a and 10b) with columns for Name, Social Security Number, Relationship, Months lived in home, and checkboxes for dependent age and educational credits.

Table for Qualifying Parents and Grandparents (Box 11a) with columns for Name, Social Security Number, Relationship, Months lived in home, and checkboxes for age 65 or over and died in 2023.

Main tax calculation table with rows for Federal adjusted gross income, Small Business Income, Modified federal adjusted gross income, Additions (Non-Arizona municipal interest, Partnership Income adjustment, Total federal depreciation, Other Additions to Income), Subtractions (Total net capital gain or loss, Recalculated Arizona depreciation, Partnership Income adjustment, Interest on U.S. obligations, Exclusion for federal, Arizona state or local government pensions, Exclusion for benefits, annuities and pensions for retired/retainer pay, U.S. Social Security or Railroad Retirement Act benefits, Certain wages of American Indians, Pay received for active service, Net operating loss adjustment, Contributions to 529 College Savings Plans and ABLA accounts), and Subtotal.

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

Your Name (as shown on page 1) ASHOK ARPULA Your Social Security Number 169-67-3040

| | | | | | | |
|------------------------|---|--|---|--------|----|----|
| Exemptions | 36 | Other Subtractions from Income. Complete <i>Other Subtraction from Arizona Gross Income</i> schedule on page 6..... | 36 | | 00 | |
| | 37 | Subtract line 36 from line 35. Enter the difference | 37 | 25,105 | 00 | |
| | 38 | Age 65 or over: Multiply the number in box 8 by \$2,100..... | 38 | | 00 | |
| | 39 | Blind: Multiply the number in box 9 by \$1,500 | 39 | | 00 | |
| Balance of Tax | 40 | Other Exemptions. See instructions.....40E <input type="checkbox"/> Multiply the number in box 40E by \$2,300..... | 40 | | 00 | |
| | 41 | Qualifying parents and grandparents: Multiply the number in box 11a by \$10,000..... | 41 | | 00 | |
| | 42 | Arizona adjusted gross income: Subtract lines 38 through 41 from line 37. If less than zero, enter "0"..... | 42 | 25,105 | 00 | |
| | 43 | Deductions: Check box and enter amount. See instructions 43I <input type="checkbox"/> ITEMIZED...43S <input checked="" type="checkbox"/> STANDARD | 43 | 13,850 | 00 | |
| | 44 | If you checked box 43S and claim charitable contributions, check 44C <input type="checkbox"/> Complete page 3. See instructions..... | 44 | | 00 | |
| | 45 | Arizona taxable income: Subtract lines 43 and 44 from line 42. If less than zero, enter "0"..... | 45 | 11,255 | 00 | |
| | 46 | Tax: Multiply line 45 by 2.5% (.025). Enter the result..... | 46 | 281 | 00 | |
| | 47 | Tax from recapture of credits from Arizona Form 301, Part 2, line 31 | 47 | | 00 | |
| | 48 | Subtotal of tax: Add lines 46 and 47. Enter the total | 48 | 281 | 00 | |
| | Total Payments and Refundable Credits | 49 | Dependent Tax Credit. See instructions | 49 | | 00 |
| 50 | | Family income tax credit (from the worksheet - see instructions)..... | 50 | | 00 | |
| 51 | | Nonrefundable Credits from Arizona Form 301, Part 2, line 62..... | 51 | | 00 | |
| 52 | | Balance of tax: Subtract lines 49, 50 and 51 from line 48. If the sum of lines 49, 50 and 51 is greater than line 48, enter "0" | 52 | 281 | 00 | |
| 53 | | 2023 AZ income tax withheld..... | 53 | | 00 | |
| 54 | | 2023 AZ estimated tax payments..54a <input type="checkbox"/> 00 Claim of Right 54b <input type="checkbox"/> 00 Add 54a and 54b.. | 54c | | 00 | |
| 55 | | 2023 AZ extension payment (Form 204) | 55 | | 00 | |
| 56 | | Increased Excise Tax Credit (from the worksheet - see instructions) | 56 | | 00 | |
| 57 | | Property Tax Credit from Arizona Form 140PTC | 57 | | 00 | |
| Tax Due or Overpayment | | 58 | Other refundable credits: Check the box(es) and enter the total amount.....581 <input type="checkbox"/> 308-I 582 <input type="checkbox"/> 334 583 <input type="checkbox"/> 349 | 58 | | 00 |
| | 59 | Total payments and refundable credits: Add lines 53 through 58. Enter the total..... | 59 | | 00 | |
| | 60 | TAX DUE: If line 52 is larger than line 59, subtract line 59 from line 52. Enter amount of tax due. Skip lines 61, 62 and 63..... | 60 | 281 | 00 | |
| Voluntary Gifts | 61 | OVERPAYMENT: If line 59 is larger than line 52, subtract line 52 from line 59. Enter amount of overpayment..... | 61 | | 00 | |
| | 62 | Amount of line 61 to be applied to 2024 estimated tax..... | 62 | | 00 | |
| | 63 | Balance of overpayment: Subtract line 62 from line 61. Enter the difference | 63 | | 00 | |
| | 64 - 74 Voluntary Gifts to: | | | | | |
| | Solutions Teams Assigned to Schools..... 64 <input type="checkbox"/> 00 Arizona Wildlife..... 65 <input type="checkbox"/> 00 | | | | | |
| | Child Abuse Prevention 66 <input type="checkbox"/> 00 Domestic Violence Services..... 67 <input type="checkbox"/> 00 Political Gift..... 68 <input type="checkbox"/> 00 | | | | | |
| | Neighbors Helping Neighbors..... 69 <input type="checkbox"/> 00 Special Olympics..... 70 <input type="checkbox"/> 00 Veterans' Donations Fund..... 71 <input type="checkbox"/> 00 | | | | | |
| | I Didn't Pay Enough Fund..... 72 <input type="checkbox"/> 00 Sustainable State Parks and Road Fund..... 73 <input type="checkbox"/> 00 Spay/Neuter of Animals.. 74 <input type="checkbox"/> 00 | | | | | |
| | 75 Political Party (if amount is entered on line 68 - check only one): 751 <input type="checkbox"/> Democratic 752 <input type="checkbox"/> Libertarian 753 <input type="checkbox"/> Republican | | | | | |
| | Penalty | 76 | Estimated payment penalty | 76 | | 00 |
| 77 | | 771 <input type="checkbox"/> Annualized/Other 772 <input type="checkbox"/> Farmer or Fisherman 773 <input type="checkbox"/> Form 221 included | | | | |
| 78 | | Add lines 64 through 74 and 76; enter the total..... | 78 | | 00 | |
| Refund or Amount Owed | 79 | REFUND: Subtract line 78 from line 63. If less than zero, enter amount owed on line 80 | 79 | | 00 | |
| | Direct Deposit of Refund: Check box 79A if your deposit will be ultimately placed in a foreign account ; see instructions. 79A <input type="checkbox"/> | | | | | |
| | <input checked="" type="checkbox"/> C <input type="checkbox"/> Checking or ROUTING NUMBER ACCOUNT NUMBER <input type="checkbox"/> S <input type="checkbox"/> Savings | | | | | |
| | 80 | AMOUNT OWED: Add lines 60 and 78. Make check payable to Arizona Department of Revenue; write your SSN on payment; and include with your return..... | 80 | 281 | 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

VENKATA SAI PAVAN KUMAR DUDIPALLI _____ GLOBAL TAXES LLC
PAID PREPARER'S SIGNATURE DATE FIRM'S NAME (PREPARER'S IF SELF-EMPLOYED)

245 ROONEY CT _____ 88-2145487
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

| | | | | | | |
|---|--|---------------------|------------------|--------------------------|--|--|
| Your First Name and Middle Initial 1 ASHOK | | Last Name ARPULA | | Enter your SSN(s). | Your Social Security Number 169 67 3040 | |
| Spouse's First Name and Middle Initial 1 | | Last Name | | | Spouse's Social Security No. | |
| Current Home Address - number and street, rural route 2 2255 W GERMANN RD | | | Apt. No. 2015 | | Daytime Phone (with area code) 94 (602) 283-8139 | |
| City, Town or Post Office 3 CHANDLER | | | State AZ | | ZIP Code 85286 | |
| Please indicate the filing status below: <input type="checkbox"/> Married filing joint return <input type="checkbox"/> Head of household: Enter name of qualifying child or dependent on next line. _____ <input type="checkbox"/> Married filing separate return: Enter spouse's name and Social Security Number above. <input checked="" type="checkbox"/> Single | | | | | | REVENUE USE ONLY. DO NOT MARK IN THIS AREA. 88 81 PM 80 RCVD |

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

| | |
|-----|----|
| 281 | 00 |
|-----|----|

If you are mailing this payment

| |
|--|
| <p>To ensure proper application of this payment, be sure that you:</p> <ul style="list-style-type: none"> ✓ 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

| |
|---|
| <p>You can make this 140V payment by eCheck or credit card! American Express ♦ Visa ♦ Discover Card ♦ MasterCard</p> <p style="text-align: center;">www.AZTaxes.gov</p> <ul style="list-style-type: none"> ✓ 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.