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)

Taxpay	axpayer's name			Social security number			
ASH	IOK ARPULA	169-67	169-67-3040				
Spouse	o's name	Spouse's so	cial secu	ırity number			
Par	t I Tax Return Information – Tax Year Ending December 31, 2023 (Enter	r year you a	are aut	thorizing.)			
Enter	whole dollars only on lines 1 through 5.						
Note	Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.						
1	Adjusted gross income		1	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				
Dow	Townsway Declayation and Connetwork Authomization (Decume you get and			· · · · · · · · · · · · · · · · · · ·			

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

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

Taxpayer's	PIN:	check	one	box	only
------------	------	-------	-----	-----	------

l authorize GLOBAL TAXES LLC to enter or generate my PIN

7	3	0	4	0	
Ent	er fiv	/e di	gits,	but	as
dor	n't er	nter a	all ze	ros	

my

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.

Your signature

X

Spouse's PIN: check one box only

I authorize

to enter or generate my PIN

Date

as mv Enter five digits, but don't enter all zeros

02/17/2024

ERO firm name signature on the income tax return (original or amended) I am now authorizing.

I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box only if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

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

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

ERO's signature <b>&gt;</b>		Date 🕨	
	RO Must Retain This Form — Second This Form This Form to the IRS Unless		
For Denemicarly Deduction Act Nation and	en ur tex veture instructions		Earm 8879 (Bay, 01 2021)

For Paperwork Reduction Act Notice, see your tax return instructions. BAA REV 02/11/24 PRO

For the year Jar	. 1-Dec	2. 31, 2023, or other tax year beginning		, 2023, en	ding		, 20		See ser	oarate inst	ructions.
Your first name	and m	iddle initial	Last n								
									Your social security number		
ASHOK	nouse's	s first name and middle initial	ARP Last n								urity numbe
in joint rotaini, o	p00000		Laorn						opence		
Home address	(numbe	er and street). If you have a P.O. box, see	instruc	tions.			Apt. no.		Preside	ntial Electio	on Campaig
2255 W (	GERM	ANN RD					2015			nere if you,	
		ce. If you have a foreign address, also co	omplete	spaces below.	Sta	ate	ZIP code				tly, want \$3
CHANDLEI	ર				AZ	Z	85286		•	ow will not	Checking a change
Foreign country	/ name			Foreign province/state	/coun	ty	Foreign postal			or refund.	
										You	Spouse
Filing Status	; 🗵	Single				Head of he	ousehold (HO	H)			
Check only		Married filing jointly (even if only o	ne had	income)		_					
one box.		Married filing separately (MFS)				, , ,	surviving spo	``	. ,		
		ou checked the MFS box, enter the			ou che	ecked the HOF	l or QSS box,	enter	the chi	ld's name	if the
	qu	alifying person is a child but not you	ur depe	endent:							
Digital	At ar	ny time during 2023, did you: (a) rec	eive (a	s a reward, award, or	r payr	ment for prope	rty or service	s); or (	b) sell,		
Assets	exch	hange, or otherwise dispose of a dig	ital ass	et (or a financial inte	rest in	n a digital asse	t)? (See instru	uction	s.)	🗌 Yes	🗙 No
Standard	Som	<b>eone can claim:</b> 🗌 You as a de	pende	nt 🗌 Your spous	se as	a dependent					
Deduction		Spouse itemizes on a separate retur	n or yc	ou were a dual-status	alien	า					
Age/Blindnes	s You:	: 🗌 Were born before January 2, 1	959	Are blind Sp	ouse	: 🗌 Was bor	n before Janu	Jarv 2	1959	🗌 ls bli	nd
Dependent				(2) Social securit		(3) Relationsh	(A) Cheal				instructions)
•		irst name Last name		number	y	to you		tax cre	· · · ·		ner dependent
If more than four										Γ	
dependents,										[	<u> </u>
see instruction	s ——									[	
here	]										
Income	1a	Total amount from Form(s) W-2, b	ox 1 (s	ee instructions) .					1a	2	25,105.
Attach Form(s)	b	Household employee wages not re	eported	d on Form(s) W-2.					1b		
W-2 here. Also	С	Tip income not reported on line 1a	a (see ii	nstructions)					1c		
attach Forms	d	Medicaid waiver payments not rep	oorted	on Form(s) W-2 (see	instru	uctions)			1d		
W-2G and 1099-R if tax	е	Taxable dependent care benefits f	from Fo	orm 2441, line 26					1e		
was withheld.	f	Employer-provided adoption bene	efits fro	m Form 8839, line 29	θ.				1f		
If you did not	g	Wages from Form 8919, line 6 .							1g		
get a Form W-2, see	h	Other earned income (see instruct	ions)						1h		0.
instructions.	i	Nontaxable combat pay election (s	see ins	tructions)		<b>1</b> i					
	Z	Add lines 1a through 1h	• ;						1z	2	25,105.
Attach Sch. B	<b>2</b> a	· · -	2a			axable interest			2b		
if required.	<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,	c	If you elect to use the lump-sum e						• _			
\$13,850 Married filing	7	Capital gain or (loss). Attach Sche						. L			
jointly or Qualifying	8	Additional income from Schedule							8		
surviving spouse, \$27,700	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7						• •	9	4	25,105.
Head of	10	Adjustments to income from Sche						• •	10		
household, \$20,800	11	Subtract line 10 from line 9. This is						• •	11		<u>25,105.</u>
If you checked	12	Standard deduction or itemized				 		• •	12		13,850.
any box under Standard	13	Qualified business income deduct				ъ-А.У.		• •	13		2 0 5 0
Deduction, see instructions.	14 15							• •	14	1	3,850.
	15	Subtract line 14 from line 11. If zer	o or le	ss, enter -U This is	your	laxable incom	е		15		1,255.

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

Form **1040** (2023)

Form 1040 (2023	3)								Page <b>2</b>
Tax and	16	Tax (see instructions). Check	if any from Form	(s): <b>1</b> 🗌 881	4 <b>2</b> 4972	3		16	1,133.
Credits	17	Amount from Schedule 2, lin	ne3				[	17	
	18	Add lines 16 and 17					[	18	1,133.
	19	Child tax credit or credit for	other dependen	ts from Sched	ule 8812			19	
	20	Amount from Schedule 3, lir	ne8					20	
	21	Add lines 19 and 20					[	21	
	22	Subtract line 21 from line 18	. If zero or less,	enter -0			[	22	1,133.
	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 <b>total tax</b>				[	24	1,133.
Payments	25	Federal income tax withheld							
-	а	Form(s) W-2				<b>25a</b> 3	,070.		
	b	Form(s) 1099				25b			
	с	Other forms (see instructions	s)			25c			
	d	Add lines 25a through 25c					:	25d	3,070.
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 from	n Schedule 8812			28			
	29	American opportunity credit	from Form 8863	8, line 8		29			
	30	Reserved for future use .				30			
	31	Amount from Schedule 3, lir	ne 15			31			
	32	Add lines 27, 28, 29, and 31	. These are your	total other pa	ayments and refe	undable credits		32	
	33	Add lines 25d, 26, and 32. T					[	33	3,070.
Refund	34	If line 33 is more than line 24	1, subtract line 2	4 from line 33.	This is the amou	nt you <b>overpaid</b>		34	1,937.
	35a	Amount of line 34 you want	refunded to you	<b>.</b> If Form 8888	is attached, che	ck here	. 🗆 🔅	35a	1,937.
Direct deposit?	b	Routing number 1 2 2			c Type: 🛛 🗙	] Checking 🛛 🕄	Savings		
See instructions.	d	Account number 5 3 9	8 9 7 5	0 7					
	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, g	o to <i>www.ir</i> s.gov	//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	n with the IRS?	See			_
Designee	ins	structions					omplete bel		X No
	De nai	signee's		Phone no.			onal identifica per (PIN)	ation	
Cian		der penalties of perjury, I declare ti	nat I have examined		accompanying sche		( )	hest o	f my knowledge and
Sign		ief, they are true, correct, and com			1 7 0		,		, ,
Here	Yo	ur signature		Date	Your occupation		If the IF	lS sen⁴	t you an Identity
									N, enter it here
Joint return?					SOFTWARE 1	ENGINEER	(see ins	st.)	
See instructions. Keep a copy for	Sp	ouse's signature. If a joint return, I	ooth must sign.	Date	Spouse's occupat	ion			t your spouse an ction PIN, enter it here
your records.							(see ins		Juon Pin, enter it here
	Ph	one no. (602)283-813	Q	Email address		LAP@GMAIL.CC	`		
		eparer's name $(602)283-813$	9 Preparer's signat		ASHUK400.U				Check if:
Paid		ATA SAI PAVAN KUMAR DUDIPALLI			AR DUDIPALLI		P024708		Self-employed
Preparer		n's name GLOBAL TA			W DODIENTI				678)965-9522
Use Only			Y CT E BRU	NGWICK N	J 08816		Firm's I		88-2145487
Go to www.ire.cr		1040 for instructions and the late		TIONICK IN			1.1111.81	_11N	Form <b>1040</b> (2023)
		in or to instructions and the late	sciniornation.		BAA	REV 02/11/24 PRO			1000 1070 (2023)

REV 02/11/24 PRO

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

2023

Do not mail this form to the Arizona Department of Revenue. The ERO must retain this document a minimum of four years.

Your First Name and Initial	Last Name		Your Social Security Number*
ASHOK	ARPULA	Enter	169 <sub> </sub> 67 <sub> </sub> 3040
Your Spouse's First Name and Initial (if filed joint)	Last Namo	your SSN(s).	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 INFO	RMATION		PART 3 – FINANCIAL INSTITUTION INFORMATION					
			Must be preser	nt when reques	sting direct debit or deposit.			
1 Arizona Adjusted Gross Income	25,105 <b>00</b>		Foreign Ac	count Deposit/	Debit: See instructions below.			
2 Balance Of Tax	281 <b>00</b>		TYPE OF ACCOUNT					
<b>3</b> Arizona Income Tax Withheld	00		Checking	Savings				
Check box 4 <u>or</u> box 5:			ACCOUNT NUMBER					
4 REFUND: Enter the amount of	00							
5 AMOUNT YOU OWE: Enter th	e amount owed	281 <mark>00</mark>		JEST DATE	\$			

**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 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	<b>→</b>	YOUR PEN AND INK SIGNATURE	DATE
PLEASE	-	SPOUSE'S PEN AND INK SIGNATURE	DATE

RETURN.			Arizona Form <b>140</b>	Resident	Resident Personal Income Tax Return				FOR CALENDAR YEAR		
RE	82F		Check box 82F if filing under extension		1			66F			
Ξ			First Name and Middle Initial		Last Name			Your	Social Se	curity Nur	
Ē	1	AS	SHOK		ARPULA		Enter	16	9 <sub> </sub> 67	1 304	10
ANY ITEMS TO	Spouse's First Name and Middle Initial (if box 4 or 6 checked) Last Name						your SSN(s)		I	al Security	/ No.
Έ		Curre	ent Home Address - number and	street, rural route		Apt. No.	Daytim	e Phone	(with are	a code)	
Σ	2		255 W GERMANN RD			2015			3-8139		
¥,	_	City, 1	Town or Post Office	State	ZIP Code		Last Names Used in	n Last Fou	r Prior Yea	r(s) (if diffe	erent)
Щ.	3	CH.	IANDLER	AZ	85286						97
DO NOT STAPLE	G STATUS	4 5	Married filing joint return Head of household. Enter	• •		verpayment	REVENUE USE ON	LY. DO NO	OT MARK	N THIS AR	REA.
DO N	S FILING	6 7	Married filing separate ret			per above.					
	NS		↓ Enter the number claime		mark.						
	XEMPTIONS	8	Age 65 or over (you and/o		nes 8, 9, and 11a, also con lines 10a and 10b, also con		81 PM		80 RC		
	Β	9	Blind (you and/or spouse)	,			81		80 1.0		
		10a 11a	Dependents: Under age of		pendents: Age 17 and	l over.					
		IIa	Qualifying parents and gr. (Box 10a and 10b): Depende		auctions For more su	nace check t	$\lfloor$	molete n		art 1	
			(a)		(b)		(d)	(e)		(f)	
	s		FIRST AND LAS		SOCIAL SECURITY	RELATIONSHIP	■ NO. OF MONTHS	Dependent included i		if you did not his person or	
	lent		(Do not list yourself	or spouse.)	NUMBER		HOME IN 2023	1	2 fe	deral return o educational c	due to
	Dependents	40-					(B	ox 10a) (Bo	ox 10b)		
	Del		2					片片	╡┼╴	- <u></u>	
		10u						허너허	╡┼╴	— <u> </u>	
		100		and grandparanta Saa	instructions For mor	a anaga ahaa		omploto		 + ?	
140.	2	(Box 11a): Qualifying parents and grandparents. See instructions. For more space, check the box and com								(f)	
	Qualifying Parentsand Grandparents		FIRST AND LAS		SOCIAL SECURITY NUMBER	RELATIONSHIP				✓ IF DIED	C
after Form	lifying Parents Grandparents		(Do not list yourself	or spouse.)	NUMBER		HOME IN 2023	OVEF	2	IN 2023	
Ĕ	ifying										
ftel	Qual	110						<u> </u>		_ <u>H</u> _	
s a	ī	11c	Federal adjusted gross incon	o (from your fodoral ro	turn)			12	2	5,105	00
ents			_								
other docume			Small Business Income: 135 ch Modified federal adjusted gross						2	5,105	00
noc			Non-Arizona municipal interest.								00
ğ	Additions		Partnership Income adjustment								00
he	ddit	17	Total federal depreciation					17			00
g	◄	18	Other Additions to Income: Cor	mplete Other Additions to	Arizona Gross Incom	e schedule on	ı page 5	18		1	00
s or	ł		Subtotal: Add lines 14 through 18						2	5,105	00
schedules			Total net capital gain or (loss).					00			
edl			Total net short-term capital gain					00			
cþ			Total net long-term capital gain					00			
ZS			Net long-term capital gain from Multiply line 23 by 25% (.25) an							0	00
and AZ			Net capital gain derived from in								00
an	6		Recalculated Arizona depreciat								00
a	Subtractions		Partnership Income adjustment								00
deı	tract		Interest on U.S. obligations suc								00
fe	Sub		Exclusion for federal, Arizona s	-	-						00
red			Exclusion for benefits, annuities								00
any required federal			U.S. Social Security or Railroad								00
rec		31	Certain wages of American Indi	ans				31			00
Ŋ		32	Pay received for active service	as a member of the reser	rves, national guard o	r the U.S. arm	ed forces	32			00
e a			Net operating loss adjustment.								00
Place			Contributions to: 34a 529 College							1	00
٩	Ī		Subtract lines 24 through 34c fr	om line 19. Enter the diff	ference					5,105	

	Your	Name (as shown on page 1)	Your Social Security	Number		
	ASH	IOK ARPULA	169-67-30	40		
	20	Other Subtractions from Income Complete Other Subtraction from Avience Orece Income	lulo on nort C	26		00
	36	Other Subtractions from Income. Complete Other Subtraction from Arizona Gross Income sched			25,105	
	37	Subtract line 36 from line 35. Enter the difference			23,103	
ons	38	Age 65 or over: Multiply the number in box 8 by \$2,100				00
Exemptions	39	Blind: Multiply the number in box 9 by \$1,500				00
хел	40	Other Exemptions. See instructions40E Multiply the number in box 40E by \$2,300			00	
ш	41	Qualifying parents and grandparents: Multiply the number in box 11a by \$10,000			25,105	00
	42	Arizona adjusted gross income: Subtract lines 38 through 41 from line 37. If less than zero, enter "0"			13,850	
	43	Deductions: Check box and enter amount. See instructions				
	44	If you checked box 43 <b>S</b> and claim charitable contributions, check 44 <b>C</b> Complete page 3. See ins			00	
	45	Arizona taxable income: Subtract lines 43 and 44 from line 42. If less than zero, enter "0"		11,255		
Гах	46	Tax: Multiply line 45 by 2.5% (.025). Enter the result			281	
of Tax	47	Tax from recapture of credits from Arizona Form 301, Part 2, line 31		47	0.01	00
Balance	48	Subtotal of tax: Add lines 46 and 47. Enter the total			281	
ala	49	Dependent Tax Credit. See instructions				00
ш	50	Family income tax credit (from the worksheet - see instructions)				00
	51	Nonrefundable Credits from Arizona Form 301, Part 2, line 62				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			281	
	53	2023 AZ income tax withheld				00
	54		00 Add 54a and \$			00
and dits	55	2023 AZ extension payment (Form 204)				00
Iotal Payments and Refundable Credits	56	Increased Excise Tax Credit (from the worksheet - see instructions)				00
	57	Property Tax Credit from Arizona Form 140PTC				00
al Pa undi	58	Other refundable credits: Check the box(es) and enter the total amount	334 <b>583</b> 34	19 58		00
Refi	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 6	61, 62 and 63	60	281	
ant -	61	OVERPAYMENT: If line 59 is larger than line 52, subtract line 52 from line 59. Enter amount of overpayment				00
ue o yme	62	Amount of line 61 to be applied to 2024 estimated tax		62 📃		00
overpayment	63	Balance of overpayment: Subtract line 62 from line 61. Enter the difference		63		00
ò	64	- 74 Voluntary Gifts to: Solutions Teams Assigned to Schools	65	00		
s		Child Abuse Prevention		00		
Gifts		Neighbors Helping Neighbors       69       00       Special Olympics	1	00		
tary		I Didn't Pay Enough Fund 72 00 Sustainable State Parks 00 Spay/Neuter of Animal Spay/Neuter of Animal	ls <b>74</b>	00		
Voluntary	75	Political Party (if amount is entered on line 68 - check only one): 751 Democratic 752 Libertarian	753 Republicar	ı		
>	76	Estimated payment penalty		76		00
ť	77	771 Annualized/Other 772 Farmer or Fisherman 773 Form 221 included				
Penalt	78	Add lines 64 through 74 and 76; enter the total		78		00
Pe	79			79		00
þ		Direct Deposit of Refund: Check box 79A if your deposit will be ultimately placed in a foreign account; see ROUTING NUMBER ACCOUNT NUMBER	e instructions. <b>79A</b>			
Amount Owed						
nut						
omv	80	AMOUNT OWED: Add lines 60 and 78. Make check payable to Arizona Department of Revenue; write you and include with your return			281	00
٩						00
		lunder menseliter of mentum. I deplete thet I have need this refume and survey depresents with it and t				
		Inder penalties of perjury, I declare that I have read this return and any documents with it, and to rue, correct and complete. Declaration of preparer (other than taxpayer) is based on all information				y are
			n or milor propu	for flab arry	interneuge.	
SIGN HERE	→	S	OFTWARE EN	GINEER		
뽀	Y		CUPATION	-		
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	S	POUSE'S SIGNATURE DATE SPC	OUSE'S OCCUPATION	1		
S Ш	_	VENKATA SAI PAVAN KUMAR DUDIPALLI GLOBAL TAXES LI				
Þ		AID PREPARER'S SIGNATURE DATE FIRM'S NAME (PREPARER'S IF S	SELF-EMPLOYED)			-
PLEASE		245 ROONEY CT	88-21			
Δ.	P	AID PREPARER'S STREET ADDRESS	PAID PREPA		_	
		E BRUNSWICK NJ 08816		965-952		
	P	AID PREPARER'S CITY STATE ZIP CODE re sending a payment with this return, mail to Arizona Department of Revenue, PO Box 52016, Phoenix, AZ 850		ARER'S PHON		

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.

# Arizona Individual Income Tax Payment Voucher for Electronic Filing of Form 140, 140PY or 140NR

	Your First Name and Middle I	nitial	Last Name		<b>F</b>		Social Security	Number	
1	ASHOK		ARPULA			nter 16	9   67   3	040	
	Spouse's First Name and Mic	Idle Initial	Last Name		-	Spour	se's Social Sec	urity No.	
1							SSN(s).		
Current Home Address - number and street, rural route			•	Da	Daytime Phone (with area code)				
2	2255 W GERMANN RI	)		2015	94	4 (602)28	3-8139		
_	City, Town or Post Office	State	ZIP Code			JSE ONLY. DO N	IOT MARK IN TH	IIS AREA.	
3	CHANDLER	AZ	85286		88				
	<ul> <li>ease indicate the filing status below:</li> <li>Married filing joint return</li> <li>Head of household: Enter name of qualifying child or dependent on next line.</li> </ul>								
	Married filing separate return: Enter spouse's name and Social Security Number above. Single				81 PM		80 RCVD		
Enter the amount of payment enclosed								281 00	

# If you are mailing this payment

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

- ✓ Do not send cash.
- $\checkmark$  Make your check or money order payable to Arizona Department of Revenue.
- ✓ Write your SSN, "2023 Tax" and 140 on your payment.
- $\checkmark$  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

- $\checkmark$  Click on "Make a Payment" and select "140V" as the Payment Type.
- $\checkmark$  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.

**EPV** 

2023