Form 8879
(Rev. January 2021)

Department of the Treasury Internal Revenue Service

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)

Taxpa	ver s name		Social security	/ number	
CHF	ISTABEL KUUNIFFAAH		052-77-	1323	
Spous	's name		Spouse's soci	al security n	umber
Par	t I Tax Return Information – Tax Year Ending December 31,	2023 (Enter	year you ar	e authori	zing.)
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	85,673.
2	Total tax		[2	11,108.
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099			3	10,860.
4	Amount you want refunded to you		[4	
5	Amount you owe			5	248.
Par	Taxpayer Declaration and Signature Authorization (Be sure	you get and k	keep a copy	of your	return)

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

Taxpayer's PIN: check one box only

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

7	1	3	2	3	00 mV
Ent don	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

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

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 ►							 		
	Practitioner PIN Method Returns Only—continue	bel	ow						
Part III	Certification and Authentication – Practitioner PIN Method Only								
ERO's EFII	N/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN.	2	2	2	 	 0 all zei	 2	7 1	1

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 🕨	
	O Must Retain This Form — See nit This Form to the IRS Unless I		
For Denominarily Deduction Act Nation and Va			Earm 8870 (Bay, 01 2021)

For Paperwork Reduction Act Notice, see your tax return instructions. BAA REV 03/07/24 PRO

1040		artment of the Treasury—Internal Revenue Servi S. Individual Income Tax		turn	202	3	OMB No. 1545	-0074	IRS Use C	Dnly—E	Do not wri	ite or sta	aple in this space.		
For the year Jar	. 1-Dec	c. 31, 2023, or other tax year beginning			, 2023, end	ding			, 20	s	see sep	arate i	instructions.		
Your first name	and m	iddle initial	Last r	name							our soc	ial sec	urity number		
CHRISTAN	SET.		ктлт	NIFFAA	Ч								1323		
		s first name and middle initial	Last r										security number		
Home address	(numbe	er and street). If you have a P.O. box, see	instruc	tions.				A	pt. no.	Р	residen	tial Ele	ection Campaigr		
13220 SC	DUTH	48TH STREET						1	122				ou, or your		
City, town, or post office. If you have a foreign address, also complete				spaces be	low.	Sta	ate	ZIP co	ode		spouse if filing jointly, want \$3 to go to this fund. Checking a				
PHOENIX						AZ	Z	850	44		0		not change		
Foreign country	/ name			Foreign p	rovince/state/	'coun	ty	Foreig	n postal co	de y	our tax	_	_		
												∐ Yo	ou Spouse		
Filing Status	; 🗵	Single					Head of he	ouseho	old (HOH))					
Check only		Married filing jointly (even if only o	ne hac	l income)			_								
one box.		Married filing separately (MFS)					Qualifying		• •		,				
		you checked the MFS box, enter the			pouse. If yo	u che	ecked the HOF	l or QS	SS box, e	nter t	he chil	d's na	me if the		
	qu	alifying person is a child but not you	ir depe	endent:											
Digital	At ar	ny time during 2023, did you: (a) rec	eive (a	s a reward	d, award, or	payr	ment for prope	rty or s	services);	or (b) sell,				
Assets	exch	ange, or otherwise dispose of a dig	ital ass	set (or a fi	nancial inter	est ir	n a digital asse	t)? (Se	e instruc	tions.	.)	🗌 Ye	es 🛛 No		
Standard	Som	eone can claim: 🗌 You as a de	pende	nt 🗌	Your spous	e as	a dependent								
Deduction		Spouse itemizes on a separate retur	n or yo	ou were a	dual-status	alien	1								
Age/Blindnes	s You:	: 🗌 Were born before January 2, 1	959	Are bl	lind Sp	ouse	: 🗌 Was bor	n befo	ore Januai	rv 2	1959		s blind		
Dependent				<u> </u>	•		(3) Relationsh	14		-			see instructions):		
•		irst name Last name		(2) 3	Social security number	y	to you	ip it	Child ta		· · ·		r other dependents		
lf more than four										7					
dependents,									<u>_</u>	1			$\overline{\square}$		
see instruction and check	s ——]					
here]														
Income	1a	Total amount from Form(s) W-2, b	ox 1 (s	ee instruc	ctions) .						1a		84,770.		
Attach Form(s)	b	Household employee wages not re	eporte	d on Form	n(s) W-2 .						1b				
W-2 here. Also	С	Tip income not reported on line 1a	(see i	nstruction	ıs)						1c				
attach Forms W-2G and	d	Medicaid waiver payments not reported on Form(s) W-2 (see instructions)						1d							
1099-R if tax	е	Taxable dependent care benefits f	rom F	orm 2441,	line 26					•	1e				
was withheld.	f	Employer-provided adoption bene								•	1f				
lf you did not get a Form	g	Wages from Form 8919, line 6 .						· ·		•	1g				
W-2, see	h	Other earned income (see instruct	,				· · · · ·	· ·		•	1h	-	0.		
instructions.	i	Nontaxable combat pay election (s	see ins	structions)		· ·	1 i				_		04 770		
		Add lines 1a through 1h	· ·		· · ·	· ·	· · · · ·	• •		•	1z	-	84,770.		
Attach Sch. B if required.	2a 2a	•	2a		67.		axable interest			•	2b		67.		
	<u>3a</u>		3a 4a		07.		Ordinary divider axable amount			•	3b 4b	-	07.		
Standard	4a 50		ња 5а				axable amoun			•	40 5b				
Deduction for-	5a 6a		5a 6a				axable amoun			•	50 6b				
 Single or Married filing 	C	If you elect to use the lump-sum e		method						· .	0.5				
separately, \$13,850	7	Capital gain or (loss). Attach Sche				•	,	• •			7		836.		
 Married filing jointly or 	8	Additional income from Schedule		•			, 5110010 11010				8				
Qualifying	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7	,				e			•	9		85,673.		
surviving spouse, \$27,700	10	Adjustments to income from Sche									10	1			
 Head of household, 	11	Subtract line 10 from line 9. This is			gross inco	me					11	1	85,673.		
\$20,800	12	Standard deduction or itemized									12	1	13,850.		
 If you checked any box under 	13	Qualified business income deduct		•		,	5-A				13		,		
Standard Deduction,	14	Add lines 12 and 13									14		13,850.		
see instructions.	15	Subtract line 14 from line 11. If zer	o or le	ss, enter	-0 This is y	/our	taxable incom	е.	<u> </u>	<u> </u>	15		71,823.		
					-		-								

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

Form **1040** (2023)

Form 1040 (2023	3)								Page 2
Tax and	16	Tax (see instructions). Check	if any from Form	(s): 1 🗌 881	4 2 4972	3 🗌		16	11,108.
Credits	17	Amount from Schedule 2, lir	e3				[17	
	18	Add lines 16 and 17					[18	11,108.
	19	Child tax credit or credit for	other dependen	ts from Sched	ule 8812		[19	
	20	Amount from Schedule 3, lir	e8					20	
	21	Add lines 19 and 20					[21	
	22	Subtract line 21 from line 18	. If zero or less,	enter -0			🗆	22	11,108.
	23	Other taxes, including self-e	mployment tax,	from Schedule	e 2, line 21 .		[23	0.
	24	Add lines 22 and 23. This is	your total tax				[24	11,108.
Payments	25	Federal income tax withheld							
,, ,	а	Form(s) W-2				25a 10	,860.		
	b	Form(s) 1099				25b			
	с	Other forms (see instruction:				25c			
	d	Add lines 25a through 25c						25d	10,860.
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)		••		27			
attach Sch. EIC.	28	Additional child tax credit from				28			
	29	American opportunity credit	from Form 8863	8, line 8		29			
	30	Reserved for future use .		· 		30			
	31	Amount from Schedule 3, lir				31			
	32	Add lines 27, 28, 29, and 31						32	
	33	Add lines 25d, 26, and 32. T			-			33	10,860.
Refund	34	If line 33 is more than line 24						34	
	35a	Amount of line 34 you want	refunded to you	I. If Form 8888	is attached, che	ck here	. 🗆 🗄	35a	
Direct deposit?	b	Routing number X X X					Savings		
See instructions.	d	Account number X X X					Ŭ		
	36	Amount of line 34 you want a				36			
Amount	37	Subtract line 33 from line 24	This is the amo	ount vou owe					
You Owe	•••	For details on how to pay, g						37	248.
	38	Estimated tax penalty (see in				38			
Third Party	Do	you want to allow another				? See			
Designee		structions	•				omplete bel	ow.	X No
-		signee's		Phone			onal identifica	ation	
	nai			no.			ber (PIN)		
Sign		der penalties of perjury, I declare the ief, they are true, correct, and com							
Here			pioto. Doolaration (、	,				, ,
	ŤŎ	ur signature		Date	Your occupation				nt you an Identity IN, enter it here
Joint return?					ENGINEER		(see ins		,
See instructions.	Sp	ouse's signature. If a joint return, I	ooth must sign.	Date	Spouse's occupat	tion			nt your spouse an
Keep a copy for your records.							Identity (see ins		ection PIN, enter it here
your records.							()	
		one no. (602)813-110		Email address	KUUNIFFAAHCHR	ISTABEL@GMAIL.CO			
Paid		eparer's name	Preparer's signat			Date	PTIN		Check if:
Preparer		M PRIYA RAM SAGAR GUPTA		A RAM SAG	GAR GUPTA	03/16/2024	P020827		Self-employed
Use Only		m's name GLOBAL TAX							678)965-9522
			Y CT E BRU	NSWICK N	J 08816		Firm's I	EIN	
Go to www.irs.go	ov/Forn	n1040 for instructions and the late	st information.		BAA	REV 03/07/24 PRO			Form 1040 (2023)

SCHEDULE D (Form 1040)

Capital Gains and Losses

OMB No. 1545-0074

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

Use Form 8949 to list your transactions for lines 1b, 2, 3, 8b, 9, and 10. Go to *www.irs.gov/ScheduleD* for instructions and the latest information.

2023 Attachment Sequence No. 12

Internal Revenue Service Name(s) shown on return

Department of the Treasury

CHRISTABEL KUUNIFFAAH

Your social security number

052-77-1323

Did you dispose of any investment(s) in a qualified opportunity fund during the tax year? **Yes X No** If "Yes," attach Form 8949 and see its instructions for additional requirements for reporting your gain or loss.

Part I Short-Term Capital Gains and Losses – Generally Assets Held One Year or Less (see instructions)

See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to		(d) Proceeds	(e) Cost	(g) Adjustment to gain or loss	from	(h) Gain or (loss) Subtract column (e) from column (d) and
	e dollars.	(sales price)	(or other basis)	Form(s) 8949, F line 2, columr		combine the result with column (g)
1a	Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b.					
1b	Totals for all transactions reported on Form(s) 8949 with Box A checked	698.	521.			177.
2	Totals for all transactions reported on Form(s) 8949 with Box B checked	2,012.	1,353.			659.
3	Totals for all transactions reported on Form(s) 8949 with Box C checked					
4	Short-term gain from Form 6252 and short-term gain or (oss) from Forms 4	684, 6781, and 88	324	4	
5	Net short-term gain or (loss) from partnerships, Schedule(s) K-1			usts from	5	
6	Short-term capital loss carryover. Enter the amount, if an Worksheet in the instructions		-	-	6	()
7	Net short-term capital gain or (loss). Combine lines 1a term capital gains or losses, go to Part II below. Otherwise				7	836.

Part II Long-Term Capital Gains and Losses—Generally Assets Held More Than One Year (see instructions)

		-	-	-		-
lines This	instructions for how to figure the amounts to enter on the below. form may be easier to complete if you round off cents to le dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustmen to gain or loss Form(s) 8949, I line 2, colum	from Part II,	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
8a	Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b.					
8b	Totals for all transactions reported on Form(s) 8949 with Box D checked					
9	Totals for all transactions reported on Form(s) 8949 with Box E checked					
10	Totals for all transactions reported on Form(s) 8949 with Box F checked.					
11	Gain from Form 4797, Part I; long-term gain from Forms from Forms 4684, 6781, and 8824				11 12	
12 Net long-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1						
13 Capital gain distributions. See the instructions						
14 Long-term capital loss carryover. Enter the amount, if any, from line 13 of your Capital Loss Carryover Worksheet in the instructions						()
15	Net long-term capital gain or (loss). Combine lines 8a on the back .	•	• • •		15	

Part	III Summary	
16	Combine lines 7 and 15 and enter the result	16 836.
	• If line 16 is a gain , enter the amount from line 16 on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 17 below.	
	• If line 16 is a loss , skip lines 17 through 20 below. Then, go to line 21. Also be sure to complete line 22.	
	• If line 16 is zero , skip lines 17 through 21 below and enter -0- on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 22.	
17	Are lines 15 and 16 both gains?	
	No. Skip lines 18 through 21, and go to line 22.	
18	If you are required to complete the 28% Rate Gain Worksheet (see instructions), enter the amount, if any, from line 7 of that worksheet	18
19	If you are required to complete the Unrecaptured Section 1250 Gain Worksheet (see instructions), enter the amount, if any, from line 18 of that worksheet	19
20	 Are lines 18 and 19 both zero or blank and you are not filing Form 4952? Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 16. Don't complete lines 21 and 22 below. 	
	□ No. Complete the Schedule D Tax Worksheet in the instructions. Don't complete lines 21 and 22 below.	
21	If line 16 is a loss, enter here and on Form 1040, 1040-SR, or 1040-NR, line 7, the smaller of:	
	 The loss on line 16; or (\$3,000), or if married filing separately, (\$1,500) 	21 ()
	Note: When figuring which amount is smaller, treat both amounts as positive numbers.	
22	Do you have qualified dividends on Form 1040, 1040-SR, or 1040-NR, line 3a?	
	Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 16.	
	No. Complete the rest of Form 1040, 1040-SR, or 1040-NR.	

BAA REV 03/07/24 PRO

Schedule D (Form 1040) 2023

Form **8949**

Department of the Treasury

Internal Revenue Service

Sales and Other Dispositions of Capital Assets

File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D.



Go to www.irs.gov/Form8949 for instructions and the latest information.

Social security number or taxpayer identification number

Name(s) shown on return	Social security number or taxpayer identification number
CHRISTABEL KUUNIFFAAH	052-77-1323

Before you check Box A, B, or C below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check.

Part I Short-Term. Transactions involving capital assets you held 1 year or less are generally short-term (see instructions). For long-term transactions, see page 2.

Note: You may aggregate all short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 1a; you aren't required to report these transactions on Form 8949 (see instructions).

You *must* check Box A, B, or C below. Check only one box. If more than one box applies for your short-term transactions, complete a separate Form 8949, page 1, for each applicable box. If you have more short-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

X (A) Short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see Note above)

(B) Short-term transactions reported on Form(s) 1099-B showing basis wasn't reported to the IRS

C) Short-term transactions not reported to you on Form 1099-B

1 (a) Description of property	(b) Date acquired (Mo., day, yr.) (Ko., day, yr.)	Proceeds	(e) Cost or other basis See the Note below and see <i>Column</i> (e) in the separate instructions.			(h) Gain or (loss) Subtract column (e)	
(Example: 100 sh. XYZ Co.)				(f) Code(s) from instructions	(g) Amount of adjustment	from column (d) and combine the result with column (g).	
Morgan Stanley Capital Management,LLC	08/18/23	11/27/23	698.	521.			177.
2 Totals. Add the amounts in columns negative amounts). Enter each tota Schedule D, line 1b (if Box A above above is checked), or line 3 (if Box C	al here and inc is checked), lir	lude on your 1e 2 (if Box B	698.	521.			177.

Note: If you checked Box A above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See Column (g) in the separate instructions for how to figure the amount of the adjustment.

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

8949

Department of the Treasury

Internal Revenue Service

Sales and Other Dispositions of Capital Assets

File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D.



Go to www.irs.gov/Form8949 for instructions and the latest information.

Name(s) shown on return	Social security number or taxpayer identification number
CHRISTABEL KUUNIFFAAH	052-77-1323

Before you check Box A, B, or C below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check.

Short-Term. Transactions involving capital assets you held 1 year or less are generally short-term (see Part I instructions). For long-term transactions, see page 2.

Note: You may aggregate all short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 1a; you aren't required to report these transactions on Form 8949 (see instructions).

You must check Box A. B. or C below. Check only one box. If more than one box applies for your short-term transactions. complete a separate Form 8949, page 1, for each applicable box. If you have more short-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

(A) Short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see Note above)

X (B) Short-term transactions reported on Form(s) 1099-B showing basis wasn't reported to the IRS

C) Short-term transactions not reported to you on Form 1099-B

1 (a) Description of property	(b) Date acquired	(c) Date sold or disposed of (Mo., day, yr.)	(d) Proceeds (sales price) (see instructions)	(e) Cost or other basis See the Note below			(h) Gain or (loss) Subtract column (e)	
(Example: 100 sh. XYZ Co.)	(Mo., day, yr.)			and see Column (e) in the separate instructions.	(f) Code(s) from instructions	(g) Amount of adjustment	from column (d) and combine the result with column (g).	
Morgan Stanley Capital Management,LLC	01/30/23	11/20/23	1,008.	646.			362.	
Morgan Stanley Capital Management,LLC	05/01/23	11/27/23	1,004.	707.			297.	
2 Totals. Add the amounts in columns negative amounts). Enter each tota Schedule D, line 1b (if Box A above above is checked), or line 3 (if Box C	al here and inc is checked), lir	lude on your ne 2 (if Box B	2,012.	1,353.			659.	

Note: If you checked Box A above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See Column (g) in the separate instructions for how to figure the amount of the adjustment.

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

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*
CHRISTABEL	KUUNIFFAAH	Enter	052 77 1323
Your Spouse's First Name and Initial (if filed joint)	Last Name	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 reque	sting direct debit or deposit.	
1 Arizona Adjusted Gross Income	85,673 00		Foreign Acc	count Deposit/	Debit: See instructions below.	
2 Balance Of Tax	1,796 00		TYPE OF ACCOUNT			
3 Arizona Income Tax Withheld	2,971 00		🛛 Checking	Savings	122100024	
Check box 4 <u>or</u> box 5:			ACCOUNT NUMBER			
4 REFUND: Enter the amount of	refund	1,175 00	8 5 9 7 8	6912		
5 AMOUNT YOU OWE: Enter the amount owed		00		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** X I consent that my refund be directly deposited as designated in the electronic portion of my 2023 Arizona individual income tax return. If I have filed a joint return, this is an irrevocable appointment of the other spouse as an agent to receive the refund.
- **6b** I do not want direct deposit of my refund or I am not receiving a refund.
- **6c** I authorize the Arizona Department of Revenue (ADOR) and its designated Financial Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of my Arizona taxes owed on this return. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment.

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

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

I authorize GLOBAL TAXES LLC

(ELECTRONIC RETURN ORIGINATOR)

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

ERE	→			
SE SIGN HERE	→	YOUR PEN AND INK SIGNATURE	DATE	
PLEASE		SPOUSE'S PEN AND INK SIGNATURE	DATE	

RETURN.		Arizona Form 140 Resident Personal Income Tax Return						F	FOR CALENDAR YEAR		
	82F		heck box 82F filing under extension	OR FISCAL YEAR BEG		2,0,2,3	J AND ENDING				66F
Ξ	_		First Name and Middle Initial		Last Name		Enter	Your	Social S	ecurity Nu	mber
101	1		RISTABEL		KUUNIFFAA	Н	your	05	2 7		
ANY ITEMS T	1	•	se's First Name and Middle Initi		Last Name	1	SSN(s).		ial Security	y No.
Ë	_		nt Home Address - number and			Apt. No.		me Phone	•		
≥	2		220 SOUTH 48TH STRE		ZID Code	1122		602)81			(ront)
A	3	City, Town or Post OfficeStateZIP CodeLast Names Used in LPHOENIXAZ85044						i in Last Fou	I PIIOI IE	ar(s) (ii uiite	97
Ц.							REVENUE USE C				
STA	STATUS	4 5	 Married filing joint return Head of household. Enter 	• •	Protection of Joint Ov	erpayment	88				
Ë	ST	5		name of qualitying child of c	ependent on next line.						
DO NOT STAPLE	FILING	6	Married filing separate ret	turn. Enter spouse's name a	and Social Security Numb	er above.					
20	E	7	Single								
	NS		✤ Enter the number claime	ed. Do not put a check i	mark.						
	2	8	Age 65 or over (you and/o		ines 8, 9, and 11a, also con		81 PM				
	Μ	9	Blind (you and/or spouse))	lines 10a and 10b, also con		81 PM		80 R0	540	
	$\mathbf{I} \times \mathbf{I}$	10a	Dependents: Under age of		pendents: Age 17 and	over.					
	ш	11a	Qualifying parents and gr. (Box 10a and 10b): Depende		ructions For more sr	aca chack th	\square	omplete n		Part 1	
			(a)		(b)	(c)	(d)	(e)		(f)	
	ŝ		FIRST AND LAS		SOCIAL SECURITY NUMBER	RELATIONSHIP	NO. OF MONTHS LIVED IN YOUR	 Dependent included i 	n: l	if you did not this person o	n vour
	dent		(Do not list yourself	or spouse.)	NOMBER		HOME IN 2023	1	2	federal return educational o	due to
	Dependents	10c						(Box 10a) (Bo	00 10b)		
	å							<u>i D</u>	5		
		10e									
			(Box 11a): Qualifying parents	and grandparents. See	instructions. For mor	e space, checl	the box 🗌 and	l complete	page 4,	Part 2.	
140	sand				(b) SOCIAL SECURITY	(c) RELATIONSHIP	(d) NO. OF MONTHS			(f) ✔ IF DIEI	_
	Qualifying Parentsand Grandparents		FIRST AND LAS (Do not list yourself		NUMBER	RELATIONSTIF	LIVED IN YOUR HOME IN 2023	VIFAGE 0		 IF DIEL IN 2023 	J
For	/ing F andpa										
after Form	Gr	11b					_				
af	0 ī	11c						<u> </u>			
nts			Federal adjusted gross incon							85,673	
other docume			Small Business Income: 135							85,673	00
DCU	ł		Modified federal adjusted gross							05,015	00 00
b D	ions		•		stions						00
hei	dditions										00
r ot	◄	18	Other Additions to Income: Cor	mplete Other Additions to	Arizona Gross Incom	e schedule on	page 5	18			00
s or	ł		Subtotal: Add lines 14 through 18							85,673	00
ule			Total net capital gain or (loss).					836 00 836 00			
ed			Total net short-term capital gain Total net long-term capital gain o					00			
schedules			Net long-term capital gain from								
Å			Multiply line 23 by 25% (.25) an							0	00
and AZ		25	Net capital gain derived from in	vestment in qualified sma	all business			25			00
lai	su	26	Recalculated Arizona depreciat	ion				26			00
era	Subtractions	27	Partnership Income adjustment	. See instructions				27			00
ed	ubtra		Interest on U.S. obligations suc	-	-						00
5d f	งั		Exclusion for federal, Arizona si	-							<u>00</u> 00
uire			Exclusion for benefits, annuities U.S. Social Security or Railroad								00
any required federal			Certain wages of American Indi			-					00
١Y			Pay received for active service								00
e al			Net operating loss adjustment.		•						00
Place			Contributions to: 34a 529 College								00
Р			Subtract lines 24 through 34c fr	rom line 19. Enter the dif	ference					85,673	

	Your	Name (as shown on page 1)	Your Social Securit	ty Number		
	CHF	RISTABEL KUUNIFFAAH	052-77-13	323		
	36	Other Subtractions from Income. Complete Other Subtraction from Arizona Gross Income sch	edule on nage 6	36		00
	30 37	Subtractions from line 35. Enter the difference	1 0		85,673	00
	37 38					00
Exemptions	30 39	Age 65 or over: Multiply the number in box 8 by \$2,100 Blind: Multiply the number in box 9 by \$1,500				00
npti		Other Exemptions. See instructions40E Multiply the number in box 40E by \$2,300			00	
xer	40				00	
ш	41	Qualifying parents and grandparents: Multiply the number in box 11a by \$10,000		85,673	00	
_	42	Arizona adjusted gross income: Subtract lines 38 through 41 from line 37. If less than zero, enter "(Deductions: Check box and enter amount. See instructions			13,850	00
	43	—			00	
	44	If you checked box 43 S and claim charitable contributions, check 44 C Complete page 3. See		71,823		
	45	Arizona taxable income: Subtract lines 43 and 44 from line 42. If less than zero, enter "0"		1,796		
of Tax	46	Tax: Multiply line 45 by 2.5% (.025). Enter the result			00	
e of	47	Tax from recapture of credits from Arizona Form 301, Part 2, line 31			1,796	
Balance	48	Subtotal of tax: Add lines 46 and 47. Enter the total				00
Bala	49	Dependent Tax Credit. See instructions				00
_	50	Family income tax credit (from the worksheet - see instructions)				
	51 52	Nonrefundable Credits from Arizona Form 301, Part 2, line 62			1,796	00
	<u>52</u>	Balance of tax: Subtract lines 49, 50 and 51 from line 48. If the sum of lines 49, 50 and 51 is greater that 2022 AZ income tax withheld			2,971	
	53 54	2023 AZ income tax withheld	00 Add 54a and	53		00
	54 55	2023 AZ estimated tax paymentss4a <u>100</u> claim of Right 54b				00
rotar Payments and Refundable Credits	55 56	Increased Excise Tax Credit (from the worksheet - see instructions)				00
e Cr	57	Property Tax Credit from Arizona Form 140PTC				00
dabl	58	Other refundable credits: Check the box(es) and enter the total amount				00
efun	59	Total payments and refundable credits: Add lines 53 through 58. Enter the total			2,971	
2 Å	<u> </u>	TAX DUE: If line 52 is larger than line 59, subtract line 59 from line 52. Enter amount of tax due. Skip line				00
	60 61	OVERPAYMENT: If line 59 is larger than line 52, subtract line 52 from line 59. Enter amount of overpayment of overpayment in the second seco			1,175	
Overpayment	62					00
payr		Balance of overpayment: Subtract line 62 from line 61. Enter the difference			1,175	
Dver		Solutions Teams		00	, <u>_</u>	00
Ŭ	04			00		
ifts				00		
ry G		Neighbors Helping Neighbors69 00 Special Olympics70 00 Veterans' Donations I Didn't Pay Enough Fund72 00 Sustainable State Parks and Road Fund		00		
Voluntary Gifts	75	Political Party (if amount is entered on line 68 - check only one): 751 Democratic 752 Libertarian				
Vol		Estimated payment penalty	-	76		00
		771 Annualized/Other 772 Farmer or Fisherman 773 Form 221 included		/0		100
alty	78	Add lines 64 through 74 and 76; enter the total		78		00
Penalty	79	REFUND: Subtract line 78 from line 63. If less than zero, enter amount owed on line 80			1,175	00
	10	Direct Deposit of Refund: Check box 79A if your deposit will be ultimately placed in a foreign account; s	ee instructions. 79A		-	00
Amount Owed		C Checking or ROUTING NUMBER		- I		
nt O		98 S Savings 1 2 2 1 0 0 2 4 8 5 9 7 8 6 9 1 2 1				
nou	80	AMOUNT OWED: Add lines 60 and 78. Make check payable to Arizona Department of Revenue; write				00
Ā		and include with your return		80		00
		Inder penalties of perjury, I declare that I have read this return and any documents with it, and rue, correct and complete. Declaration of preparer (other than taxpayer) is based on all informat				y are
	u	de, conect and complete. Declaration of preparer (other than taxpayer) is based on all information		arer nas any	y knowledge.	
R	→		ENGINEER			
뿌	Y		CCUPATION			
$\frac{1}{2}$	_					
SIGN HERE	→					
	S	POUSE'S SIGNATURE DATE S	POUSE'S OCCUPATIC	N		_
PLEASE	_	SYAM PRIYA RAM SAGAR GUPTA 03162024 GLOBAL TAXES I				
Ă		AID PREPARER'S SIGNATURE DATE FIRM'S NAME (PREPARER'S				
Щ		245 ROONEY CT	P0208			
₽		AID PREPARER'S STREET ADDRESS		PARER'S TIN		
	_	E BRUNSWICK NJ 08816 AID PREPARER'S CITY STATE ZIP CODE) 965-95		
lf -		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, 8		PARER'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.