RETURN.			Arizona Form 140	Resident Personal Income Tax Return				F	FOR CALENDAR YEAR 2023	
Æ	82F		Check box 82F If filing under extension	OR FISCAL YEAR BEG	INNING	12.0.2.3	AND ENDING	1 . 1		. 66F
			First Name and Middle Initial	0111100112111112	Last Name		, , 2 2		Social Security Nu	
王	1	VI	BHORE		KUMAR		Enter		2 23 99	
IS T0	<u> </u>		use's First Name and Middle Ini	tial (if box 4 or 6 checked)			your SSN(Spou	se's Social Securi	
Ξ	_	Curre	ent Home Address - number an	d street, rural route		Apt. No.	Davt	ime Phone	(with area code)	
ANY ITEMS	2		40E BROADWAY RD	,		#2123	94		(
Ş	_		Town or Post Office	State	ZIP Code			d in Last Foເ	ır Prior Year(s) (if dif	ferent)
	3	-	MPE	AZ	85282					97
P.	$\overline{\mathbb{N}}$	4	Married filing joint return	4a Injured Spouse	Protection of Joint Ox	vernavment	REVENUE USE	ONLY. DO N	OT MARK IN THIS A	REA.
ST/	ΑŢ	5	_	er name of qualifying child or d		vorpaymont	88			
5	S			or riamo or qualitying or ind or a	rependent on next line.					
DO NOT STAPLE	FILING STATUS	6	Married filing separate re	eturn. Enter spouse's name a	and Social Security Numb	ber above.				
20	ᇤ	7	⊠ Single	·	•					
			♦ Enter the number claim	♦ Enter the number claimed. Do not put a check mark.						
	EXEMPTIONS	8	Age 65 or over (you and		nes 8, 9, and 11a, also con	mplete lines 38,				
	₽	9	Blind (you and/or spouse	e) 39, and 41. For	lines 10a and 10b, also con	nplete line 49.	81 PM	80 RC		
		10a	Dependents: Under age		pendents: Age 17 and	d over.				
	Ш	11a	Qualifying parents and g	•			<u> </u>			
			(Box 10a and 10b): Depend	dent Information. See instr	ructions. For more sp (b)		ne box Land o	complete p	page 4, Part 1.	
			FIRST AND LA	ST NAME	SOCIAL SECURITY	(c) RELATIONSHIF	NO. OF MONTHS	✓ Dependent included	Age ✓ if you did no	
	ents		(Do not list yourse	If or spouse.)	NUMBER		HOME IN 2023	1 1	federal return	n due to
	Dependents							(Box 10a) (B	i educational	credits
	Dep	10c						- - - - - - - - - - - - - -		
		10d						井남	 	
		10e			–					
<u>ö</u>	ا ا		(Box 11a): Qualifying paren	ts and grandparents. See	(b)	e space, cneci	k the box i and	(e)	page 4, Part 2.	
ter Form 140	Qualifying Parentsand Grandparents		FIRST AND LA		SOCIAL SECURITY	RELATIONSHIP	NO. OF MONTHS			ED
	y Pare		(Do not list yourself or spouse.)		NUMBER		LIVED IN YOUR HOME IN 2023 OV		R IN 2023	3
F.	ifying									
fe	Qual	11b								
Sa	Ī	11c	Federal adjusted gross inco	mo /from your fodoral re	turn)				25 , 743	nn
or other documents				· -	•				20,713	00
Ē										
20	" 0									
ğ	tions		Partnership Income adjustmer							00
he	dditi	17	Total federal depreciation					17		00
Ę	⋖		Other Additions to Income: Co	•			. •			00
	H		Subtotal: Add lines 14 through						25 , 743	00
schedules			1 0 ()					00		
ed			1 0					00		
Ş			Total net long-term capital gair							
AZ s		23 Net long-term capital gain from assets acquired <i>after</i> December 31, 2011. See instructions. 23 0 0 0 24 Multiply line 23 by 25% (.25) and enter the result								00
ρ			Net capital gain derived from i					I		00
and	v		Recalculated Arizona deprecia							00
federal	actions		Partnership Income adjustmer							00
de	trac		Interest on U.S. obligations su					I .		00
æ	Subtr		Exclusion for federal, Arizona	-				I .		00
<u>s</u>		29b	Exclusion for benefits, annuitie	es and pensions for retired	/retainer pay of the ur	niformed service	es	29b		00
required			U.S. Social Security or Railroa			•	•	· · ·		00
ē			Certain wages of American Inc							00
any			Pay received for active service		•					00
ě			Net operating loss adjustment							00
Place			Contributions to: 34a 529 Colleg		00 34b 529A (ABLE acc				05 740	00
Д	<u> </u>		Subtract lines 24 through 34c R 10413 (23) 1555	rrom line 19. Enter the diff	ference AZ Form 140 (20				25,743 01/13/24 PRO Page	
	,	YDOK	1555		74 I OIIII 140 (20)		I \L V	- Page	1 01 0

[Your	Name (as shown on page 1)	Your Social Security Number		
	VIE	BHORE KUMAR	132-23-9948		
suc					
	36	Other Subtractions from Income. Complete Other Subtraction from Arizona Gross Income sche	, •	25,743	00
	37	Subtract line 36 from line 35. Enter the difference	_	23,743	
	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
xen	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		25,743	00
ŀ	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		13,030	
	44	If you checked box 43 S and claim charitable contributions, check 44 C Complete page 3. See		11,893	00
	45	Arizona taxable income: Subtract lines 43 and 44 from line 42. If less than zero, enter "0"		297	
of Tax	46	Tax: Multiply line 45 by 2.5% (.025). Enter the result		231	
o e	47	Tax from recapture of credits from Arizona Form 301, Part 2, line 31		297	00
Balance	48	Subtotal of tax: Add lines 46 and 47. Enter the total		231	00
Bala	49	Dependent Tax Credit. See instructions			
	50	Family income tax credit (from the worksheet - see instructions)			00
	51			297	_
ŀ	<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		395	
	53 54	2023 AZ income tax withheld		330	00
ی ح	55	2023 AZ extension payment (Form 204)			00
s an	56	Increased Excise Tax Credit (from the worksheet - see instructions)			00
nent le Cr	57	Property Tax Credit from Arizona Form 140PTC			00
Payr	58	Other refundable credits: Check the box(es) and enter the total amount			00
Total Payments and Refundable Credits	59	Total payments and refundable credits: Add lines 53 through 58. Enter the total		395	
řæ.	60	TAX DUE: If line 52 is larger than line 59, subtract line 59 from line 52. Enter amount of tax due. Skip lines			00
ų	61	OVERPAYMENT: If line 59 is larger than line 52, subtract line 52 from line 59. Enter amount of overpaym		98	00
Tax Due or Overpayment	62	Amount of line 61 to be applied to 2024 estimated tax			00
x Du	63	Balance of overpayment: Subtract line 62 from line 61. Enter the difference		98	00
ove 1	64	- 74 Voluntary Gifts to: Solutions Teams Assigned to Schools64 00 Arizona Wildlife			
		Child Abuse Prevention	68		
Giffts		Neighbors Helping Neighbors, 69 00 Special Olympics	Fund 71 00		
ıntary		I Didn't Pay Enough Fund 72 00 Sustainable State Parks and Road Fund 73 00 Spay/Neuter of Anin	nals 74		
Volun	75	Political Party (if amount is entered on line 68 - check only one): 751 Democratic 752 Libertarian	753 Republican		
^	76		76		00
<u>₹</u>	77	771 ☐ Annualized/Other 772 ☐ Farmer or Fisherman 773 ☐ Form 221 included			
Penalty	78	Add lines 64 through 74 and 76; enter the total			00
۵	79			98	00
ed _		Direct Deposit of Refund: Check box 79A if your deposit will be ultimately placed in a foreign account; so CD Checking or ROUTING NUMBER ACCOUNT NUMBER	ee instructions. 79A		
Refund or Amount Owed		98 S Savings 0 4 3 0 0 0 0 9 6 1 0 7 8 8 6 8 8 6 7			
oun	80	AMOUNT OWED: Add lines 60 and 78. Make check payable to Arizona Department of Revenue; write	your SSN on payment;		
A m		and include with your return	• • •		00
		Inder penalties of perjury, I declare that I have read this return and any documents with it, and			y are
	tr	rue, correct and complete. Declaration of preparer (other than taxpayer) is based on all informati	on of which preparer has a	ny knowledge.	
Ä	→		CEDUTCE		
單	_ Y		SERVICE CCUPATION		_
SIGN HERE					
5	→				
	S	POUSE'S SIGNATURE DATE SI	POUSE'S OCCUPATION		_
SE	_	SYAM PRIYA RAM SAGAR GUPTA 04162024 GLOBAL TAXES I			
Ä	P	AID PREPARER'S SIGNATURE DATE FIRM'S NAME (PREPARER'S I	F SELF-EMPLOYED)		
PLEASE	_	245 ROONEY CT	84-3171965		
Δ.		AID PREPARER'S STREET ADDRESS	PAID PREPARER'S TIN	- 0 0	
		E BRUNSWICK NJ 08816	(678) 965-95		

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.