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.

OMB No. 1545-0074

Submis	sion Identification Number (SID)		•					
Taxpayer'	s name	Social secur	ty numb	er				
NITH	ISH BHARGAV DONTHU	819-73-3341						
Spouse's	name	Spouse's so	cial secu	ırity num	ber			
Part I	Tax Return Information — Tax Year Ending December 31, 2023 (Enter	ı Year you a	are au	horizir	ng.)			
	hole dollars only on lines 1 through 5.	, ,			<u> </u>			
	orm 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.							
1 /	Adjusted gross income		1	1	16,5	558.		
	Total tax		2		18,0	50.		
	Federal income tax withheld from Form(s) W-2 and Form(s) 1099		3			760.		
	Amount you want refunded to you		4		3,7	710.		
	Amount you owe		5	OUR FO	turn			
Part I	enalties of perjury, I declare that I have examined a copy of the income tax return (original or amended							
to send of for any of Agent to payment authorized payment business taxes to personal	riginal or amended) I am now authorizing. I consent to allow my intermediate service provider, transmy return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejulelay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account ind of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate to contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation required actions to the payment (settlement) date. I also authorize the financial institutions involved in the receive confidential information necessary to answer inquiries and resolve issues related to the procession in the contact of the payment (PIN) below is my signature for the income tax return (original or amended) I at a C Funds Withdrawal Consent.	ection of the too. S. Treasury a cated in the too to debit the eath authorize the authorize must be processing coayment. I fur	ransmis and its of ax prepared e entry fation. The ation. The e receif the el ther ac	ssion, (b) designat varation to this ac o revok ved no ectronic knowled	the index of the software countries (care later index paymalge the software index in	reason nancial are for the thick this need are then 2 nent of the		
	er's PIN: check one box only				\neg			
Тахрау	I authorize GLOBAL TAXES LLC to enter or generate	my DINI 3	3 3	3 4 1		ıs my		
	ERO firm name signature on the income tax return (original or amended) I am now authorizing.	ř Er		digits, bu r all zero	ıt	is iiiy		
	I will enter my PIN as my signature on the income tax return (original or amended) I am n if you are entering your own PIN and your return is filed using the Practitioner PIN methoelow.							
Your sig	gnature ▶ Date ▶							
Spouse	e's PIN: check one box only				_			
	I authorize to enter or generate	mv PIN				ıs my		
	ERO firm name	Er		digits, bu	ıt			
	signature on the income tax return (original or amended) I am now authorizing.			r all zero				
	I will enter my PIN as my signature on the income tax return (original or amended) I am n if you are entering your own PIN and your return is filed using the Practitioner PIN metholow.							
Spouse	's signature ▶ Date ▶							
	Practitioner PIN Method Returns Only—continue below							
Part II	Certification and Authentication — Practitioner PIN Method Only							
ERO's	EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN. 2 2	2 4 9	6 0	8 2	7	1		
	, , , , , , , , , , , , , , , , , , , ,	Don't en	ter all ze	ros				
authorize	that the above numeric entry is my PIN, which is my signature for the electronic individual income to the tax year indicated above for the taxpayer(s) indicated above. I confirm that I am subments of the Practitioner PIN method and Pub. 1345 , Handbook for Authorized IRS e-file Providers of In	itting this ret	urn in a	ccordar	nće w			
ERO's s	signature ▶ Date ▶							
	ERO Must Retain This Form — See Instructions							
	Don't Submit This Form to the IRS Unless Requested To I	Do So						

E 1040 Department of the Treasury—Internal Revenue Service U.S. Individual Income Tax Return



For the year Jan	n. 1–Dec	c. 31, 2023, or other tax year beginning		, 2023, end	ding		, 20		See se	parate ins	tructions.
Your first name	and m	iddle initial	Last na	ame					Your so	cial securi	ty number
NITHISH	BHAI	RGAV	DONT	гни					819	73 3	341
		s first name and middle initial	Last na								curity number
Home address	(numbe	er and street). If you have a P.O. box, see	instructi	ions.			Apt. no.		Preside	ntial Electi	ion Campaign
1831 E A	APACI	HE BLVD					3126		Check I	here if you,	, or your
City, town, or p	ost offi	ce. If you have a foreign address, also co	mplete s	spaces below.	Stat	e	ZIP code				ntly, want \$3 Checking a
TEMPE					AZ		85281		-	ow will not	0
Foreign country	y name			Foreign province/state/o	county	y	Foreign postal	code	your tax	k or refund	
										You	Spouse
Filing Status	, X	Single			[Head of h	ousehold (HO	H)			
Check only		Married filing jointly (even if only or	ne had	income)							
one box.		Married filing separately (MFS)			[Oualifying	surviving spo	use (0	QSS)		
	lf y	ou checked the MFS box, enter the	name	of your spouse. If you	u che	cked the HOH	or QSS box,	enter	the ch	ild's name	if the
	qu	alifying person is a child but not you	ır depei	ndent:							
Digital	At ar	ny time during 2023, did you: (a) rece	eive (as	a reward, award, or	pavm	nent for prope	rtv or services	s): or (b) sell.		
Assets		nange, or otherwise dispose of a digi								☐ Yes	⊠ No
Standard	Som	neone can claim:	penden	t Your spouse	e as a	a dependent					
Deduction		Spouse itemizes on a separate retur	n or you	u were a dual-status	alien						
Age/Blindness	. Vou	: Were born before January 2, 1	050 [Are blind Spo	ouse:	□ Was hor	n before Janu	iany 2	1050	☐ Is b	lind
	_		JJJ [-			(4) Ob I				instructions):
Dependents		irst name Last name		(2) Social security number	′	(3) Relationsh to you	iib I.,	tax cre			ther dependents
If more than four	(.,					. , ,		П			
dependents,											
see instructions	s							П			
and check here]							П			
Income	1a	Total amount from Form(s) W-2, be	ox 1 (se	ee instructions)				- .	1a	1	<u> </u>
	b	Household employee wages not re	,	,					1b		·
Attach Form(s) W-2 here. Also	С	Tip income not reported on line 1a (see instructions)									
attach Forms	d	Medicaid waiver payments not rep	orted c	on Form(s) W-2 (see ir	nstrud	ctions)			1d	1	
W-2G and 1099-R if tax	е	Taxable dependent care benefits from Form 2441, line 26								,	
was withheld.	f	Employer-provided adoption bene	fits fror	n Form 8839, line 29					1f		
If you did not	g	Wages from Form 8919, line 6 .							1g	ı e	
get a Form W-2, see	h	Other earned income (see instruction	ions)						1h	ı	0.
instructions.	i	Nontaxable combat pay election (s	see inst	ructions)		1i					
	z	Add lines 1a through 1h	. ;						1z	. 1	29,511.
Attach Sch. B	2a	Tax-exempt interest	2a		b Ta	axable interest	t		2 b	,	
if required.	3a	Qualified dividends	3a		b Or	rdinary divider	nds		3b		
Standard	4a	IRA distributions	4a			axable amoun			4b		
Deduction for—	5a	-	5a			axable amoun			5b		
Single or Married filing	6a	,	6a			axable amoun	t	· <u>·</u>	6b)	
separately,	С	If you elect to use the lump-sum e		•	•	,					
\$13,850 Married filing	7	Capital gain or (loss). Attach Scheo			-			. L	7		
jointly or Qualifying	8	Additional income from Schedule	•						8		12,953.
surviving spouse,	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7,		•					9		16,558.
\$27,700 • Head of	10	Adjustments to income from Sche							10		16 550
household, \$20,800	11	Subtract line 10 from line 9. This is	-	-					11		<u>16,558.</u>
If you checked	12	Standard deduction or itemized				· · · ·			12		13,850.
any box under Standard	13	Qualified business income deducti			1 8995	D-A			13		12 050
Deduction, see instructions.	14 15	Add lines 12 and 13 Subtract line 14 from line 11. If zer				 avahla inaa			14		13,850. 02,708.
	15	Subtract line 14 HOITI IIIIE 11. IT Zer	o or ies	oo, enter -u This is y	our ta	avanie iiicow			15	/ L'	04,100.

Form 1040 (2023	3)							Page 2
Tax and	16	Tax (see instructions). Check if any from Forr	n(s): 1 881	4 2 4972	3 🗌		16	18,050.
Credits	17	Amount from Schedule 2, line 3					17	
	18	Add lines 16 and 17					18	18,050.
	19	Child tax credit or credit for other dependen	nts from Sched	ule 8812			19	
	20	Amount from Schedule 3, line 8					20	
	21	Add lines 19 and 20					21	
	22	Subtract line 21 from line 18. If zero or less	, enter -0				22	18,050.
	23	Other taxes, including self-employment tax					23	0.
	24	Add lines 22 and 23. This is your total tax					24	18,050.
Payments	25	Federal income tax withheld from:						
•	а	Form(s) W-2			25a 23	L,760.		
	b	Form(s) 1099			25b			
	С	Other forms (see instructions)			25c			
	d	Add lines 25a through 25c					25d	21,760.
If you have a	26	2023 estimated tax payments and amount	applied from 20	022 return			26	
qualifying child,	27	Earned income credit (EIC)			27			
attach Sch. EIC.	28	Additional child tax credit from Schedule 881			28			
	29	American opportunity credit from Form 886	3, line 8		29			
	30	Reserved for future use			30			
	31	Amount from Schedule 3, line 15			31			
	32	Add lines 27, 28, 29, and 31. These are you	r total other p	ayments and refu	ındable credits		32	
	33	Add lines 25d, 26, and 32. These are your t	otal payments				33	21,760.
Refund	34	If line 33 is more than line 24, subtract line	24 from line 33	. This is the amour	nt you overpaid		34	3,710.
	35a	Amount of line 34 you want refunded to yo		3 is attached, ched	ck here	🗆	35a	3,710.
Direct deposit?	b	Routing number 1 2 2 1 0 0 0		c Type: 🛛	Checking	Savings		
See instructions.	d	Account number 6 9 6 0 3 0 5	3 2					
	36	Amount of line 34 you want applied to you	2024 estimate	ed tax	36			
Amount You Owe	37	Subtract line 33 from line 24. This is the arr For details on how to pay, go to www.irs.go	•				37	
	38	Estimated tax penalty (see instructions) .	-		38			
Third Party Designee		you want to allow another person to dis	cuss this retu	rn with the IRS?	_	omplete b	elow.	⊠ No
_ co.gcc	De	signee's	Phone			onal identif		_
		me	no.			ber (PIN)		
Sign Here		der penalties of perjury, I declare that I have examine ief, they are true, correct, and complete. Declaration		, , ,		,		, ,
TICIC	Yo	ur signature	Date	Your occupation				nt you an Identity
				COEMMADE		Prote		IN, enter it here
Joint return? See instructions.		ouse's signature. If a joint return, both must sign.	Date	SOFTWARE E				nt your spouse an
Keep a copy for your records.		ouse's signature. If a joint return, both must sign.	Date	Spouse's occupan	OII		ity Prote	ection PIN, enter it here
	Ph	one no. (602)335-9340	Email address	DONTHUNITHISHBHA	ARGAVWG31@GMAIL.	COM		
Paid	Pre	eparer's name Preparer's signa	ature		Date	PTIN		Check if:
	SYA	M PRIYA RAM SAGAR GUPTA SYAM PRIY	YA RAM SAG	GAR GUPTA	04/02/2024	P02082	2703	Self-employed
Preparer Use Only	Fir	m's name GLOBAL TAXES LLC				Phor	e no. (678)965-9522
————	Fir	m's address 245 ROONEY CT E BR	UNSWICK N	J 08816		Firm'	s EIN	
0	/-	1010 ()						- 1040 :

SCHEDULE 1 (Form 1040)

Additional Income and Adjustments to Income

OMB No. 1545-0074

2023

Attachment
Seguence No. 01

Department of the Treasury Internal Revenue Service

NITHISH BHARGAV DONTHU

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

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

Go to www.irs.gov/Form1040 for instructions and the latest information.

	Sequence No. 01
Your soc	ial security number
819-73	-3341

Par	t I Additional Income			
1	Taxable refunds, credits, or offsets of state and local income taxes		1	
2a	Alimony received		2a	
b	Date of original divorce or separation agreement (see instructions):			
3	Business income or (loss). Attach Schedule C		3	
4	Other gains or (losses). Attach Form 4797		4	
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Att	ach Schedule E .	5	-12,953.
6	Farm income or (loss). Attach Schedule F		6	
7	Unemployment compensation		7	
8	Other income:			
а	Net operating loss	8a ()	
b	Gambling	8b		
С	Cancellation of debt	8c		
d	Foreign earned income exclusion from Form 2555	8d ()	
е	Income from Form 8853	8e		
f	Income from Form 8889	8f		
g	Alaska Permanent Fund dividends	8g		
h	Jury duty pay	8h		
i	Prizes and awards	8i		
j	Activity not engaged in for profit income	8j		
k	Stock options	8k		
ı	Income from the rental of personal property if you engaged in the rental			
	for profit but were not in the business of renting such property	81		
m	Olympic and Paralympic medals and USOC prize money (see			
	instructions)	8m		
n	Section 951(a) inclusion (see instructions)	8n		
0	Section 951A(a) inclusion (see instructions)	80		
р	Section 461(I) excess business loss adjustment	8p		
q	Taxable distributions from an ABLE account (see instructions)	8q		
r	Scholarship and fellowship grants not reported on Form W-2	8r		
S	Nontaxable amount of Medicaid waiver payments included on Form			
	1040, line 1a or 1d	8s (<u>)</u>	
t	Pension or annuity from a nonqualifed deferred compensation plan or			
	a nongovernmental section 457 plan	8t		
u	Wages earned while incarcerated	8u		
Z	Other income. List type and amount:			
_		8z		
9	Total other income. Add lines 8a through 8z		9	
10	Combine lines 1 through 7 and 9. This is your additional income . Ente	r here and on Form		10 0-5
	1040, 1040-SR, or 1040-NR, line 8		10	-12,953.

Schedule 1 (Form 1040) 2023 Page **2**

Par	t II Adjustments to Income				
11	Educator expenses			. 11	
12	Certain business expenses of reservists, performing artists, and fee-				
	officials. Attach Form 2106			. 12	
13	Health savings account deduction. Attach Form 8889			. 13	
14	Moving expenses for members of the Armed Forces. Attach Form 3903			. 14	
15	Deductible part of self-employment tax. Attach Schedule SE				
16	Self-employed SEP, SIMPLE, and qualified plans				
17	Self-employed health insurance deduction				
18	Penalty on early withdrawal of savings				
19a	Alimony paid				
b	Recipient's SSN				
С	Date of original divorce or separation agreement (see instructions):				Į.
20	IRA deduction				
21	Student loan interest deduction				
22	Reserved for future use				
23	Archer MSA deduction			. 23	
24	Other adjustments:				
а	,	24a			
b	Deductible expenses related to income reported on line 8l from the				
		24b			
С	Nontaxable amount of the value of Olympic and Paralympic medals				
	· · · · · · · · · · · · · · · · · · ·	24c			
d	the state of the s	24d			
е	Repayment of supplemental unemployment benefits under the Trade Act of 1974	24e			
f		24f			
g	Contributions by certain chaplains to section 403(b) plans	24g			
h	Attorney fees and court costs for actions involving certain unlawful				
	discrimination claims (see instructions)	24h			
i	Attorney fees and court costs you paid in connection with an award				
	from the IRS for information you provided that helped the IRS detect				
	-	24i			
j		24j			
k	Excess deductions of section 67(e) expenses from Schedule K-1 (Form				
		24k			
Z	Other adjustments. List type and amount:				
		24z			Į.
25	Total other adjustments. Add lines 24a through 24z				
26	Add lines 11 through 23 and 25. These are your adjustments to income . Form 1040, 1040-SR, or 1040-NR, line 10	. Enter	r here and	on 26	
	1 OITH 1070, 1070-011, 01 1070-1111, 11110-10	• •		. 20	

SCHEDULE E (Form 1040)

Supplemental Income and Loss

(From rental real estate, royalties, partnerships, S corporations, estates, trusts, REMICs, etc.)

Attach to Form 1040, 1040-SR, 1040-NR, or 1041.

Department of the Treasury Internal Revenue Service Name(s) shown on return

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

OMB No. 1545-0074

Attachment Sequence No. 13 Your social security number

					819-7	819-73-3341			
Part									
	Note: If you are in the business of renting personal proper rental income or loss from Form 4835 on page 2, line 40.	ty, use	Schedule	C. See	instru	ctions. If you ar	e an ind	ividual, rep	ort farm
Α [Did you make any payments in 2023 that would require you		. \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	es 🗵 No					
	f "Yes," did you or will you file required Form(s) 1099? .								
1a	Physical address of each property (street, city, state, ZIF								
Α	FLAT:101, ALEKYA BLUE BELLS HITEX CITY,		<u> </u>	י דידיד	ANCA	NA IN 500	<u> </u>		
B	FLAT-101, ADERTA DEGE BELLS HITEK CITT,	111111	INADAD	11111	AUGA	NA IN 300	001		
C									
1b	Type of Property 2 For each rental real estate prope	rtv list	ted		Fa	ir Rental	Perso	nal Use	0.07
	(from list below) above, report the number of fair	rental	and			Days		ays	QJV
Α	personal use days. Check the Q			Α		365		0	
В	if you meet the requirements to f qualified joint venture. See instru			В					
С		10110110	,. 	С					
	of Property:				_				
	Single Family Residence 3 Vacation/Short-Term Ren	tal	5 Land			Self-Rental	. \		
2	Multi-Family Residence 4 Commercial		6 Roya	ities	8	Other (descri	be)		
						Propertie	s:		
Incon	ne:			Α		В			С
3	Rents received	3		6	12.				
_ 4	Royalties received	4							
Expe		_							
5	Advertising	5 6							
6 7	Auto and travel (see instructions)	7		1,424.					
8	Commissions	8		т, т	24.				
9	Insurance	9							
10	Legal and other professional fees	10							
11	Management fees	11		9	14.				
12	Mortgage interest paid to banks, etc. (see instructions)	12							
13	Other interest	13							
14	Repairs	14			68.				
15	Supplies	15		2,4	56.				
16	Taxes	16							
17	Utilities	17			97.				
18	Depreciation expense or depletion	18		4,0	06.				
19 20	Other (list) Total expenses. Add lines 5 through 19	20		13,5	65				
21	Subtract line 20 from line 3 (rents) and/or 4 (royalties). If	20		13,3	05.				
21	result is a (loss), see instructions to find out if you must								
	file Form 6198	21	-	-12,9	53.				
22	Deductible rental real estate loss after limitation, if any,								
	on Form 8582 (see instructions)	22	(12,95	3.)	(,	()
23a	Total of all amounts reported on line 3 for all rental prope				23a		612.		
b	Total of all amounts reported on line 4 for all royalty prop	erties			23b			_	
С	Total of all amounts reported on line 12 for all properties				23c		006	_	
d	Total of all amounts reported on line 18 for all properties				23d		,006.		
e 24	Total of all amounts reported on line 20 for all properties				23e	13,	,565.		
24 25	Income. Add positive amounts shown on line 21. Do not Losses. Add royalty losses from line 21 and rental real estate		-		 ntorto	tal loccoc horo	24 25	1	12,953.)
25 26	Total rental real estate and royalty income or (loss).							(14,700.
20	here. If Parts II, III, and IV, and line 40 on page 2 do no								
	Schedule 1 (Form 1040), line 5. Otherwise, include this ar						26		-12.953

E-file Signature Authorization

2023

(Arizona Forms 140, 140A, 140EZ, 140NR and 140PY) 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* **Enter** NITHISH BHARGAV DONTHU 819 | 73 | 3341 vour Your Spouse's First Name and Initial (if filed joint) Last Name Spouse's Social Security No.* SSN(s). 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 PART 3 - FINANCIAL INSTITUTION INFORMATION Must be present when requesting direct debit or deposit. 88,800 00 1 Arizona Adjusted Gross Income ☐ Foreign Account Deposit/Debit: See instructions below. 2 Balance Of Tax 1,874 00 ROUTING NUMBER 1,776 00 ☐ Checking ☐ Savings 3 Arizona Income Tax Withheld ... ACCOUNT NUMBER Check box 4 or box 5: 00 **4** ■ **REFUND**: Enter the amount of refund...... 98|**00** DIRECT DEBIT REQUEST DATE DIRECT DEBIT PAYMENT AMOUNT 5 ★ AMOUNT YOU OWE: Enter the amount owed....... 00 Box 4 Checkbox - Refund: You are due a refund based on the information Foreign Account Deposit/Debit Checkbox: Check the "Foreign Account Deposit/Debit" box if your deposit will be ultimately placed in or come provided on your tax return. Your refund amount will be deposited in the account listed in the Financial Institution Information Section (Part 3). 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 Box 5 Checkbox - Amount You Owe: You owe taxes based on the information provided on your tax return. You have elected to direct debit 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. for payment. The payment will be withdrawn from the account and on the PO Box 29085, Phoenix, AZ 85038-9085. date listed in the Financial Institution Information Section (Part 3). PART 4 – DECLARATION AND SIGNATURE AUTHORIZATION (Sign only after completing Part 2) I consent to my Electronic Return Originator (ERO) or On-Line Service Under penalties of perjury, I declare that I have examined a copy of my Provider (OLSP) sending my electronic Arizona individual income tax electronic Arizona individual income tax return and accompanying schedules return and accompanying schedules and statements to ADOR, and I and statements for the year ending December 31, 2023, and to the best of consent to my ERO or OLSP sending such information to ADOR through a my knowledge and belief, it is true, correct, and complete. I further declare transmitter. I consent to ADOR sending my ERO, OLSP and/or transmitter that the amounts of Arizona adjusted gross income, total tax, Arizona income tax withheld, and refund (or amount owed) listed above are the an acknowledgement of receipt of transmission and an indication of whether or not the transmission of my return is accepted and, if the return amounts shown on the copy of my electronic Arizona income tax return. is rejected, the reason(s) for the rejection. If the processing of my return **6a** I consent that my refund be directly deposited as designated in the or refund is delayed, I authorize ADOR to disclose to my ERO, OLSP and/ electronic portion of my 2023 Arizona individual income tax return. or transmitter the reason(s) for the delay, or when the refund was sent. If I have filed a joint return, this is an irrevocable appointment of If ADOR contacts my ERO for a copy of my return, any documents or the other spouse as an agent to receive the refund. schedules to my return, and/or this authorization form, I authorize my ERO **6b** 🛛 I do not want direct deposit of my refund or I am not receiving a to release copies of the requested documents to ADOR. 6c I authorize the Arizona Department of Revenue (ADOR) and its I authorize GLOBAL TAXES LLC designated Financial Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account (ELECTRONIC RETURN ORIGINATOR) indicated in the tax preparation software for payment of my Arizona taxes owed on this return. I also authorize the financial institutions to make the election that I want my electronic signature to my electronic involved in the processing of the electronic payment of taxes to federal individual income tax return to serve as my signature to my receive confidential information necessary to answer inquiries and electronic Arizona individual income tax return for the year ending December 31, 2023. I understand that when my ERO makes the election resolve issues related to the payment. that my electronic signature to my federal individual income tax return will If I have filed a balance due return, I understand that if the ADOR does not serve as my signature to my Arizona individual income tax return, I will receive full and timely payment of my tax liability by April 15, 2024, I will have signed my Arizona individual income tax return and declared under remain liable for the tax liability and all applicable interest and penalties. penalties of perjury that to the best of my knowledge and belief the return When electronically filing my federal and state tax returns, I understand is true, correct and complete. that if there is an error on my federal return, my state return will also be rejected. PLEASE SIGN HERE YOUR PEN AND INK SIGNATURE DATE

DATE

REV 01/13/24 PRO

SPOUSE'S PEN AND INK SIGNATURE

THE RETURN			Arizona Form 140PY	Part-Year Res	ideı	nt Persona	l Incom	e 7	Гах Return	F	or calendar year 2023	
H Y	82F		heck box 82F filing under extension									
			First Name and Middle Initial			Last Name				Your	Social Security Number	
2	1	NIT	HISH BHARGAV			DONTHU			Enter	81	9 73 3341	
	_ ;	Spous	e's First Name and Middle Initi	al (if box 4 or 6 checked)		Last Name			your	Spou	se's Social Security No.	
[1								SSN(s).			
ANY ITEMS		Curre	nt Home Address - number and	street, rural route			Apt. No.		Daytime	Phone	(with area code)	
إج			l e apache blvd				3126			-	5-9340	
괵.		City, T	own or Post Office	State		ZIP Code		L	ast Names Used in L	ast Fou	r Prior Year(s) (if different)	
STAPLE	_	TEM	PE	AZ		85281					97	
S	ΙΞΙ	4	■ Married filing joint return	4a Injured Spouse	Prote	ection of Joint Ov	erpayment/		_	. DO N	OT MARK IN THIS AREA.	
5	STATUS	5	Head of household: Enter	name of qualifying child or o	depend	dent on next line:		Ľ	8R			
DO 001	כי		_									
\leq	FILIN	6	Married filing separate ref	turn: Enter spouse's name	and So	ocial Security Numb	oer above.					
	Ш	7	Single ✓ Enter the number claims	ad. Da wat mut a abaab				_				
						9, and 11a, also con	anloto linos 46		_{1P} PM		80R RCVD	
	10b	8 9	Age 65 or over (you and/o	/ 17 and 10 Fac		10a and 10b, also con		🏴	<u> 1P</u>		808 113 12	
	and 10b	10a	Dependents: Under age of		nend	ents: Age 17 and	lover	'				
	0a 8	11a	Qualifying parents and gr		рспа	enis. Age 17 and	OVCI.	_				
	ıts 1	12-1	, , , ,		eside	nt Other than Ac	tive Military	13	☐ Part-Year Res	dent A	ctive Military	
	and 11a - Dependents 10a		(Box 10a and 10b): Depende									
	ebei		(a)			(b)	(c)		(d)	(e) ependent	(f)	
	-		FIRST AND LAS (Do not list yourself		SO	CIAL SECURITY NUMBER	RELATIONS	HIP	NO. OF MONTHS V D	included i	this person on your	
	11a		(Bo not not yourson	or opouco.)		NOMBER			HOME IN 2023 (Box	1 10a) (Bo	2 federal return due to educational credits	
	and	10c										
٠.	3, 9,	10 d							<u> </u>			
흦	Exemptions 8,		(Box 11a): Qualifying parents	s and grandparents. See	instr	uctions. For mo	re space, che	eck				
14	ptio		· ·			OCIAL SECURITY RELATIONSHI			(d) NO. OF MONTHS ✓	(e) F AGE 6	i5 OR ✓ IF DIED IN	
Œ	m e		(Do not list yourself			NUMBER			LIVED IN YOUR HOME IN 2023	OVER	2023	
오	ш	11ь										
Ę		11c										
₽		14	Dates of Arizona residency: From	0,411,312,0,2,	<u>3</u> to	1, 2, 3, 1, 2	, 0, 2, 3,		2023 FEDERAL	.	2023 ARIZONA	
ents after Form 140PY.			List other state(s) of residency:	VA				An	nount from Federal R		Amount Only	
			Wages, salaries, tips, etc					15	129,51		88,800 00	
docum			Interest					16		00	00	
			Dividends				00	00				
or other	9		Arizona income tax refunds Business income (or loss) from			00	00					
5	00		Gains (or losses) from federal							00	00	
5	Arizona Income		Rents, royalties, partnerships, esta						-12,95		0 00	
es	izor		Other income reported on you						12/55	00	0 00	
schedules	₹		Total income: Add lines 15 throu						116,55		88,800 00	
ij			Other federal adjustments: Inc							00	00	
S		25	Federal adjusted gross income	e: Subtract line 24 from line	23 in t	he FEDERAL colu	mn	25	116,55	8 00		
¥		26	Arizona gross income: Subtract	line 24 from line 23 in the Af	RIZON	IA column				26	88,800 00	
and			Arizona income ratio: Divide	-							0.762	
ਛ	us		Small Business income: 288								00	
ē	Additions		Modified Arizona gross income								88,800 00	
<u>ĕ</u>	Ad		Total depreciation included in A	=							00	
reduired tederal	7		Other Additions to Income. Co								88,800 00	
≣	page		Subtotal: Add lines 29, 30 and 3 Total Arizona net capital gain of							32	00,000 00	
eg eg	o d		Total Arizona net short-term ca							00		
anv	cont.		Total Arizona net long-term ca							00		
a a	1		Net long-term capital gain from							0 00		
Place	ction		Multiply line 36 by 25% (.25) a								00	
☲	Subtractions		Net capital gain derived from in							II.	00	
		39	Subtract lines 37 and 38 from		nce					II.	88,800 00	
	A	ADOR	^{10149 (23)}		- 1	AZ Form 140PY	(2023)		RF	V 01/13/2	Page 1 of 6	

İ	Your I	Name (as shown on page 1)	our Social Security N	lumber						
	רדו	THISH BHARGAV DONTHU	1							
_			819-73-334							
tions page 1	40	Recalculated Arizona depreciation	_	00						
Subtractions nt. from page	41	Contributions to: 41a 529 College Savings Plans 000 41b 529A (ABLE accounts)			00					
btract from	42	Interest on U.S. obligations such as U.S. savings bonds and treasury bills			00					
Su ont.	43	U.S. Social Security or Railroad Retirement Act benefits included in your Arizona income			00					
ပ	44	Other Subtractions from Income. Complete Other Subtractions from Arizona Gross Income sched			88,800 0 0					
	45	Subtract lines 40 through 44 from line 39. Enter the difference			00,000 <u>U</u> (
ω.	46	Age 65 or over: Multiply the number in box 8 by \$2,100		00						
Exemptions	47			00						
ם	48	Other Exemptions. See instructions48E Multiply the number in box 48E by \$2,3004		00						
Exe	49	Qualifying parents and grandparents: Multiply the number in box 11a by \$10,000		00						
	50 54	Add lines 46 through 49. Enter the total		00	0 00					
	51	Multiply line 50 by the Arizona income ratio on line 27.		· · ·	88,800 00					
	52	Arizona adjusted gross income: Subtract line 51 from line 45. If less than zero, enter "0"		_	13,850 00					
	53	If you checked box 53S and claim charitable contributions check 54C Complete page 3. See instructions		l l	13,830 00					
	54	Arizona taxable income: Subtract lines 53 and 54 from line 52. If less than zero, enter "0"			74,950 00					
×	55 56	Tax: Multiply line 55 by 2.5% (.025). Enter the result			1,87400					
ī.	56 57	Tax from recapture of credits from Arizona Form 301, Part 2, line 31			00					
Balance of Tax	5 <i>1</i>	Subtotal of tax: Add lines 56 and 57. Enter the total			1,87400					
a a	59	Dependent Tax Credit. See instructions			00					
å	60	Family income tax credit (from the worksheet - see instructions)			00					
	61	Nonrefundable credits from Arizona Form 301, Part 2, line 62			00					
	62	Balance of tax: Subtract lines 59, 60 and 61 from line 58. If the sum of lines 59, 60 and 61 is more than line			1,87400					
	63	2023 AZ income tax withheld			1,776 00					
Total Payments and Refundable Credits	64									
ents e Cr	65	2023 AZ extension payment (Form 204)			00					
aym	66	Increased Excise Tax Credit (from the worksheet - see instructions)			00					
tal P	67	Other refundable credits: Check the box(es) and enter the total amount			00					
5 %	68	Total payments and refundable credits: Add lines 63 through 67. Enter the total		l l	1,776 00					
. =	69	TAX DUE: If line 62 is larger than line 68, subtract line 68 from line 62. Enter amount of tax due. Skip lines 70			98 00					
Tax Due or Overpayment	70	OVERPAYMENT: If line 68 is larger than line 62, subtract line 62 from line 68. Enter amount of overpaymen			00					
E D	71	Amount of line 70 to be applied to 2024 estimated tax			00					
ğ	72	Balance of overpayment: Subtract line 71 from line 70. Enter the difference			00					
ဟ		- 83 Voluntary Gifts to: Solutions Teams Assigned to Schools 73 00 Arizona Wildlife								
Giffs		Child Abuse Prevention75 00 Domestic Violence Services 76 00 Political Gift	77							
ar _Z		Neighbors Helping Neighbors78 00 Special Olympics								
Voluntary G		I Didn't Pay Enough Fund81 00 Sustainable State Parks and Road Fund82 00 Spay/Neuter of Animals	s 83	0						
8	84	Political Party (if amount is entered on line 77- check only one): 841 Democratic 842 Libertarian 843	Republican							
>	85	Estimated payment penalty		85	00					
Penalty	86	861 ☐ Annualized/Other 862 ☐ Farmer or Fisherman 863 ☐ Form 221 included								
8	87	Add lines 73 through 83 and 85; enter the total		. 87	00					
	88	REFUND: Subtract line 87 from line 72. If less than zero, enter amount owed on line 89		88	00					
o wed		Direct Deposit of Refund: Check box 88A if your deposit will be ultimately placed in a foreign account; see	instructions. 88A]						
E C		Checking or ROUTING NUMBER ACCOUNT NUMBER								
Refund or Amount Owed		98 S Savings			0.0					
٩	89	AMOUNT OWED: Add lines 69 and 87. Make check payable to Arizona Department of Revenue; write yo	ur SSN on payment	. 89	98 00					
		Index populies of periury I declare that I have read this return and any decuments with it and to	the heat of my k	nowlodgo	and boliof thay are					
	_ t	Jnder 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 of which pre	parer has any know	ledge.	and belief, they are					
ᅵ뿌	→ ਼	SINEER								
SIGN HERE	→	OUR SIGNATURE DATE OCC	CUPATION							
<u>5</u>		SPOUSE'S SIGNATURE DATE SPO	OUSE'S OCCUPATION							
S		SYAM PRIYA RAM SAGAR GUPTA 04022024 GLOBAL TAXES LL								
SE	Ē	PAID PREPARER'S SIGNATURE DATE FIRM'S NAME (PREPARER'S IF S	SELF-EMPLOYED) P020827(
EASE	Ē	PAID PREPARER'S STREET ADDRESS	PAID PREPARER'S							
PE		E BRUNSWICK NJ 08816	(678)965							
	-									

If you are sending a payment with this return, mail to Arizona Department of Revenue, PO Box 52016, Phoenix, AZ 85072-2016. Include your payment with return 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.