

DO NOT STAPLE ANY ITEMS TO THE RETURN.

Arizona Form 140PY

Part-Year Resident Personal Income Tax Return

FOR CALENDAR YEAR 2023

82F Check box 82F if filing under extension OR FISCAL YEAR BEGINNING 2, 0, 2, 3 AND ENDING 66F

1 Your First Name and Middle Initial FARAAZ HYDER Last Name KHAJA AHMED Enter your SSN(s) 94 Your Social Security Number 331 51 0776 Spouse's First Name and Middle Initial (if box 4 or 6 checked) Last Name Spouse's Social Security No.

2 Current Home Address - number and street, rural route 8191 E 106TH STREET Apt. No. Daytime Phone (with area code) 94 (602) 812-9351 City, Town or Post Office State ZIP Code FISHERS IN 46038 Last Names Used in Last Four Prior Year(s) (if different) 97

3 FILING STATUS 4 Married filing joint return 4a Injured Spouse Protection of Joint Overpayment 5 Head of household: Enter name of qualifying child or dependent on next line: 6 Married filing separate return: Enter spouse's name and Social Security Number above. 7 Single

8 Age 65 or over (you and/or spouse) 9 Blind (you and/or spouse) 10a Dependents: Under age of 17. 10b Dependents: Age 17 and over. 11a Qualifying parents and grandparents

12-13 Residency Status (check one): 12 Part-Year Resident Other than Active Military 13 Part-Year Resident Active Military

Table with 6 columns: (a) FIRST AND LAST NAME, (b) SOCIAL SECURITY NUMBER, (c) RELATIONSHIP, (d) NO. OF MONTHS LIVED IN YOUR HOME IN 2023, (e) Dependent Age included in, (f) if you did not claim this person on your federal return due to educational credits.

Table with 6 columns: (a) FIRST AND LAST NAME, (b) SOCIAL SECURITY NUMBER, (c) RELATIONSHIP, (d) NO. OF MONTHS LIVED IN YOUR HOME IN 2023, (e) IF AGE 65 OR OVER, (f) IF DIED IN 2023.

14 Dates of Arizona residency: From 0, 1, 0, 1, 2, 0, 2, 3 to 0, 1, 0, 7, 2, 0, 2, 3 List other state(s) of residency: IN

Main income table with columns for 2023 FEDERAL Amount from Federal Return and 2023 ARIZONA Amount Only. Rows include Wages, Interest, Dividends, Arizona income tax refunds, Business income, Gains, Rents, Other income, Total income, Federal adjusted gross income, Arizona gross income, Arizona income ratio, Small Business income, Modified Arizona gross income, Total depreciation, Other Additions to Income, Subtotal, Total Arizona net capital gain, Total Arizona net short-term capital gain, Total Arizona net long-term capital gain, Net long-term capital gain from assets acquired after December 31, 2011, Multiply line 36 by 25% (.25) and enter the result, Net capital gain derived from investment in qualified small business, Subtract lines 37 and 38 from line 32.

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

Exemptions 8, 9, and 11a - Dependents 10a and 10b Arizona Income Subtractions - cont. on page 2 Additions

Your Name (as shown on page 1) **FARAAZ HYDER KHAJA AHMED** Your Social Security Number **331-51-0776**

Subtractions cont. from page 1	40	Recalculated Arizona depreciation	40		00
	41	Contributions to: 41a 529 College Savings Plans [00] 41b 529A (ABLE accounts) [00] add 41a and 41b... 41c			00
	42	Interest on U.S. obligations such as U.S. savings bonds and treasury bills.....	42		00
	43	U.S. Social Security or Railroad Retirement Act benefits included in your Arizona income	43		00
	44	Other Subtractions from Income. Complete <i>Other Subtractions from Arizona Gross Income</i> schedule on page 6	44		00
	45	Subtract lines 40 through 44 from line 39. Enter the difference	45	53,441	00
Exemptions	46	Age 65 or over: Multiply the number in box 8 by \$2,100.....	46		00
	47	Blind: Multiply the number in box 9 by \$1,500	47		00
	48	Other Exemptions. See instructions.....48E [] Multiply the number in box 48E by \$2,300.....	48		00
	49	Qualifying parents and grandparents: Multiply the number in box 11a by \$10,000.....	49		00
	50	Add lines 46 through 49. Enter the total.....	50		00
	51	Multiply line 50 by the Arizona income ratio on line 27.....	51		00
	52	Arizona adjusted gross income: Subtract line 51 from line 45. If less than zero, enter "0"	52	53,441	00
Balance of Tax	53	Deductions: Check box and enter amount. See instructions.....53I <input type="checkbox"/> ITEMIZED 53S <input checked="" type="checkbox"/> STANDARD 53	53	13,850	00
	54	If you checked box 53S and claim charitable contributions check 54C <input type="checkbox"/> Complete page 3. See instructions.....	54		00
	55	Arizona taxable income: Subtract lines 53 and 54 from line 52. If less than zero, enter "0".....	55	39,591	00
	56	Tax: Multiply line 55 by 2.5% (.025). Enter the result.....	56	990	00
	57	Tax from recapture of credits from Arizona Form 301, Part 2, line 31	57		00
	58	Subtotal of tax: Add lines 56 and 57. Enter the total	58	990	00
	59	Dependent Tax Credit. See instructions.....	59		00
	60	Family income tax credit (from the worksheet - see instructions)	60		00
	61	Nonrefundable credits from Arizona Form 301, Part 2, line 62.....	61		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 58, enter "0"	62	990	00
Total Payments and Refundable Credits	63	2023 AZ income tax withheld.....	63	1,272	00
	64	2023 AZ estimated tax payments..64a [00] Claim of Right 64b [00] Add 64a and 64b.. 64c	64		00
	65	2023 AZ extension payment (Form 204)	65		00
	66	Increased Excise Tax Credit (from the worksheet - see instructions)	66		00
	67	Other refundable credits: Check the box(es) and enter the total amount.....671 <input type="checkbox"/> 308-I 672 <input type="checkbox"/> 334 673 <input type="checkbox"/> 349 67	67		00
68	Total payments and refundable credits: Add lines 63 through 67. Enter the total	68	1,272	00	
Tax Due or Overpayment	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, 71 and 72.....	69		00
	70	OVERPAYMENT: If line 68 is larger than line 62, subtract line 62 from line 68. Enter amount of overpayment.....	70	282	00
	71	Amount of line 70 to be applied to 2024 estimated tax.....	71		00
	72	Balance of overpayment: Subtract line 71 from line 70. Enter the difference.....	72	282	00
Voluntary Gifts	73 - 83 Voluntary Gifts to:				
		Solutions Teams Assigned to Schools.....	73		00
		Arizona Wildlife.....	74		00
	Child Abuse Prevention.....	75		00	
		Domestic Violence Services.....	76		00
		Political Gift.....	77		00
	Neighbors Helping Neighbors.....	78		00	
		Special Olympics.....	79		00
	Veterans' Donations Fund.....	80		00	
	Sustainable State Parks and Road Fund.....	82		00	
	Spay/Neuter of Animals..	83		00	
84	Political Party (if amount is entered on line 77- check only one): 841 <input type="checkbox"/> Democratic 842 <input type="checkbox"/> Libertarian 843 <input type="checkbox"/> Republican				
Penalty	85	Estimated payment penalty	85		00
	86	861 <input type="checkbox"/> Annualized/Other 862 <input type="checkbox"/> Farmer or Fisherman 863 <input type="checkbox"/> Form 221 included			
	87	Add lines 73 through 83 and 85; enter the total.....	87		00
Refund or Amount Owed	88	REFUND: Subtract line 87 from line 72. If less than zero, enter amount owed on line 89	88	282	00
		Direct Deposit of Refund: Check box 88A if your deposit will be ultimately placed in a foreign account ; see instructions. 88A <input type="checkbox"/>			
		<input checked="" type="checkbox"/> C <input type="checkbox"/> Checking or <input type="checkbox"/> S <input type="checkbox"/> Savings ROUTING NUMBER: 1 2 2 1 0 0 0 2 4 ACCOUNT NUMBER: 6 9 9 6 7 0 6 8 0			
89	AMOUNT OWED: Add lines 69 and 87. Make check payable to Arizona Department of Revenue; write your SSN on payment. 89			00	

PLEASE SIGN HERE

Under penalties of perjury, I declare that I have read this return and any documents with it, and to the best of my knowledge and belief, they are true, correct and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

YOUR SIGNATURE _____ DATE _____ SOFTWARE DEVELOPER
OCCUPATION

SPOUSE'S SIGNATURE _____ DATE _____ SPOUSE'S OCCUPATION
SYAM PRIYA RAM SAGAR GUPTA 04132024 GLOBAL TAXES LLC

PAID PREPARER'S SIGNATURE _____ DATE _____ FIRM'S NAME (PREPARER'S IF SELF-EMPLOYED)
245 ROONEY CT 84-3171965
PAID PREPARER'S STREET ADDRESS PAID PREPARER'S TIN
E BRUNSWICK NJ 08816 (678)965-9522
PAID PREPARER'S CITY STATE ZIP CODE PAID PREPARER'S PHONE NUMBER

Additional Information From Form 140PY: Part-Year Resident Personal Return**Form 140PY: Part-Year Resident Personal Return****Other Income Reported on Federal Return****Continuation Statement**

Description	Amount
Taxable Pension Distribution	3,523

**Indiana Part-Year or Full-Year Nonresident
Individual Income Tax Return** **2023**

If filing for a fiscal year, enter the dates (see instructions) (MM/DD/YYYY):
from to:

Due April 15, 2024
Place "X" in box
if amending

Your Social Security Number 331 51 0776

Spouse's Social Security Number

Place "X" in box if applying for ITIN

Place "X" in box if applying for ITIN

Your first name FARAAZ HYDER Initial Last name KHAJA AHMED Suffix

If filing a joint return, spouse's first name Initial Last name Suffix

Present address (number and street or rural route) 8191 E 106TH STREET Place "X" in box if you are married filing separately.

City FISHERS State IN ZIP/Postal code 46038

Foreign country 2-character code (see instructions)

Enter below the **2-digit county code** numbers (found on the back of Schedule CT-40PNR) for the county where you lived and worked on Jan. 1, 2023.

County where you lived 00 County where you worked 00 County where spouse lived County where spouse worked

Round all entries

1. Complete Schedule A first. Enter here the amount from Section 3, line 36B, and enclose Schedule A _____ **Indiana Income** 1 0.00
2. Enter amount from Schedule B, line 6, and enclose Schedule B _____ **Indiana Add-Backs** 2 0.00
3. Add line 1 and line 2 _____ 3 0.00
4. Enter amount from Schedule C, line 12, and enclose Schedule C _____ **Indiana Deductions** 4 0.00
5. Subtract line 4 from line 3 _____ 5 0.00
6. You must complete Schedule D. Enter amount from Schedule D, line 9, and enclose Schedule D _____ **Indiana Exemptions** 6 0.00
7. Subtract line 6 from line 5 _____ **Indiana Adjusted Gross Income** 7 0.00
8. State adjusted gross income tax: multiply line 7 by 3.15% (.0315) (if answer is less than zero, leave blank) 8 0.00
9. County tax. Enter county tax due from Schedule CT-40PNR (if answer is less than zero, leave blank) 9 0.00
10. Other taxes. Enter amount from Schedule E, line 5 (enclose sch.) 10 0.00
11. Add lines 8, 9 and 10. Enter total here and on line 15 on the back _____ **Indiana Taxes** 11 0.00



12. Enter credits from Schedule F, line 13 (enclose schedule) 12 .00

13. Enter offset credits from Schedule G, line 8 (enclose schedule) 13 .00

14. Add lines 12 and 13 _____ **Indiana Credits** 14 .00

15. Enter amount from line 11 _____ **Indiana Taxes** 15 0.00

16. If line 14 is equal to or more than line 15, subtract line 15 from line 14 (if smaller, skip to line 23) 16 0.00

17. Enter donations from Schedule IN-DONATE (enclose schedule); cannot be greater than line 16 17 .00

18. Subtract line 17 from line 16 _____ **Overpayment** 18 0.00

19. Amount from line 18 to be applied to your 2024 estimated tax account (see instructions).

Enter your county code county tax to be applied \$ a .00

Spouse's county code county tax to be applied \$ b .00

Indiana adjusted gross income tax to be applied _____ \$ c .00

Total to be applied to your estimated tax account (a + b + c; cannot be more than line 18) _____ 19d .00

20. Penalty for underpayment of estimated tax from Schedule IT-2210 and IT-2210A _____ 20 .00

a. Enter code A if annualizing. Enter Code F if Farmer or Fisherman a

21. **Refund:** Line 18 minus lines 19d and 20. Note: If less than zero, see line 23 instructions _____ **Your Refund** 21 0.00

22. **Direct Deposit** (see instructions)

a. Routing Number

b. Account Number

c. Type: Checking Savings Hoosier Works MC

d. Place an "X" in the box if refund will go to an account outside the United States

23. If line 15 is more than line 14, subtract line 14 from line 15. Add to this any amount on line 20 (see instructions) _____ 23 .00

24. Penalty if filed after due date (see instructions) _____ 24 .00

25. Interest if filed after due date (see instructions) _____ 25 .00

26. **Amount Due:** Add lines 23, 24 and 25 _____ **Amount You Owe** 26 .00

Do not send cash. Please make your check or money order payable to:
Indiana Department of Revenue. See instructions if paying by credit card.

Sign and date this return after reading the Authorization statement on Schedule H. You must enclose Schedule H (both pages).

Your Signature Date Spouse's Signature Date

- If enclosing payment mail to: Indiana Department of Revenue, P.O. Box 7224, Indianapolis, IN 46207-7224.
- Mail all other returns to: Indiana Department of Revenue, P.O. Box 40, Indianapolis, IN 46206-0040.

Name(s) shown on Form IT-40PNR

Your Social Security Number

FARAAZ HYDER KHAJA AHMED

331

51

0776

Section 1: Income or (Loss) Enter in Column A the same income or loss you reported on your 2023 federal income tax return, Form 1040, Form 1040-SR, and Form 1040 Schedule 1 (except for line 19B and/or a net operating loss carryforward on line 20B; see instructions). Round all entries.

	Column A Income from Federal Return		Column B Income Taxed by Indiana	
1. Your wages, salaries, tips, commissions, etc _____	1A	53441.00	1B	0.00
2. Spouse's wages, salaries, tips, commissions, etc _____	2A	0.00	2B	0.00
3. Taxable interest income _____	3A	485.00	3B	0.00
4. Dividend income _____	4A	0.00	4B	0.00
5. Taxable refunds, credits, or offsets of state and local taxes from your federal return _____	5A	0.00	5B	0.00
6. Alimony received _____	6A	0.00	6B	0.00
7. Business income or loss from federal Schedule C _____	7A	0.00	7B	0.00
8. Capital gain or loss from sale or exchange of property from your federal return _____	8A	62.00	8B	0.00
9. Other gains or (losses) from Form 4797 _____	9A	0.00	9B	0.00
10. Taxable IRA distribution _____	10A	0.00	10B	0.00
11. Taxable pensions and annuities _____	11A	3523.00	11B	0.00
12. Net rent or royalty income or loss reported on federal Schedule E _____	12A	0.00	12B	0.00
13. Income or loss from partnerships _____	13A	0.00	13B	0.00
14. Income or loss from trusts and estates _____	14A	0.00	14B	0.00
15. Income or loss from S corporations _____	15A	0.00	15B	0.00
16. Farm income or loss from federal Schedule F _____	16A	0.00	16B	0.00
17. Unemployment compensation _____	17A	0.00	17B	0.00
18. Taxable Social Security benefits _____	18A	0.00	18B	0.00
19. Indiana apportioned income from Schedule IT-40PNRA _____			19B	0.00
20. Other income reported on your federal return _____	20A	0.00	20B	0.00
List source(s). (Do not include federal net operating loss in Column B. See instructions.)				
21. Subtotal: add lines 1 through 20 _____	21A	57511.00	21B	0.00

Proration Section See instructions.

21C. **Note:** Nonresident military personnel see special instructions and complete worksheet _____ 21C .00

21D. For all other individuals, divide the amount on line 21B by the amount on line 21A (see instructions if either line 21A and/or 21B are less than zero). Please round your answer to a decimal followed by three numbers. Example: $\$3,100 \div \$8,000 = .3875$, which rounds to .388 (do not enter a number greater than 1.00). Enter result here and on Schedule D, line 8 _____ 21D 0.000

Section 2: Adjustments to Income Note: Enter in Column A only those deductions claimed on your 2023 federal income tax return, Form 1040, Form 1040-SR, and Form 1040, Schedule 1, Part II. Round all entries.

	Column A Federal Adjustments		Column B Indiana Adjustments	
22. Educator expenses (see instructions) _____	22A	<input type="text"/> .00	22B	<input type="text"/> .00
23. Certain business expenses of reservists, performing artists, etc _____	23A	<input type="text"/> .00	23B	<input type="text"/> .00
24. Health savings account deduction _____	24A	<input type="text"/> .00	24B	<input type="text"/> .00
25. Moving expenses (see instructions) _____	25A	<input type="text"/> .00	25B	<input type="text"/> .00
26. Deductible part of self-employment tax _____	26A	<input type="text"/> .00	26B	<input type="text"/> .00
27. Self-employed, SEP, SIMPLE, and qualified plans _____	27A	<input type="text"/> .00	27B	<input type="text"/> .00
28. Self-employed health insurance deduction _____	28A	<input type="text"/> .00	28B	<input type="text"/> .00
29. Penalty on early withdrawal of savings _____	29A	<input type="text"/> .00	29B	<input type="text"/> .00
30. Alimony paid _____	30A	<input type="text"/> .00	30B	<input type="text"/> .00
31. IRA deduction _____	31A	<input type="text"/> .00	31B	<input type="text"/> .00
32. Student loan interest deduction (see instructions) _____	32A	<input type="text"/> 2500 .00	32B	<input type="text"/> 0 .00
33. Reserved for future use _____	33A	<input type="text"/> .00	33B	<input type="text"/> .00
34. Other (see instructions) <input type="text"/>	34A	<input type="text"/> .00	34B	<input type="text"/> .00
35. Add lines 22 through 34 _____	35A	<input type="text"/> 2500 .00	35B	<input type="text"/> 0 .00

Section 3: Totals

36. Subtract line 35 from line 21 of Section 1. Carry amount from line 36B to Form IT-40PNR, line 1 _____ 36A 55011 .00 36B 0 .00



Name(s) shown on Form IT-40PNR

Your Social Security Number

FARAAZ HYDER KHAJA AHMED

331 51 0776

Section 1: Residency Information

List all state(s) and dates of your (and your spouse's, if filing jointly) residency during 2023. Enter 2-letter state name (e.g. "IL" for Illinois) or the letters "OC" if you were a resident of a foreign country (see instructions).

Example

State of Residence	Date From (MM/DD)	Date To (MM/DD)	Did you file a tax return with the state/country? Place "X" in appropriate box.
IL	01 01 2023	06 01 2023	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
IN	06 02 2023	12 31 2023	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

Your information

	(a) State of Residence	(b) Date From (MM/DD)	(c) Date To (MM/DD)	Did you file a tax return with the state/country? Place "X" in appropriate box.
1A	IN	08 01 2023	12 31 2023	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
1B	AZ	01 01 2023	07 31 2023	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
1C				Yes <input type="checkbox"/> No <input type="checkbox"/>
1D				Yes <input type="checkbox"/> No <input type="checkbox"/>

Spouse's information if married filing jointly

	(a) State of Residence	(b) Date From (MM/DD)	(c) Date To (MM/DD)	Did you file a tax return with the state/country? Place "X" in appropriate box.
2A				Yes <input type="checkbox"/> No <input type="checkbox"/>
2B				Yes <input type="checkbox"/> No <input type="checkbox"/>
2C				Yes <input type="checkbox"/> No <input type="checkbox"/>
2D				Yes <input type="checkbox"/> No <input type="checkbox"/>

Turn over to complete Section 2



Section 2: Additional Information

1. Federal filing information

Are you filing a federal income tax return for 2023? Place "X" in appropriate box. Yes No

2. Extension of time to file

a. Place "X" in box if you have filed a federal extension of time to file, Form 4868, or made an online extension payment.

b. Place "X" in box if you have filed an Indiana extension of time to file, Form IT-9, or made an Indiana extension payment online.

3. Farm/Fishing income

Place "X" in box if at least two-thirds of your gross income was made from farming or fishing.

Important: If you placed an "X" in the box, you MUST attach Schedule IT-2210.

4. Schedule IN-40PA filers. If you are eligible to file federal Form 8857, Request for Innocent Spouse Relief, and are completing Indiana Schedule IN-40PA, enclose Schedule IN-40PA and check the box.

5. Date of death

If any individual listed at the top of the IT-40PNR died during 2023, enter date of death (MM/DD).

Taxpayer's date of death 2023 Spouse's date of death 2023

Authorization: Sign Form IT-40PNR after reading the following statement.

Under penalty of perjury, I have examined this return and all attachments and to the best of my knowledge and belief, it is true, complete and correct. I understand that if this is a joint return, any refund will be made payable to us jointly and each of us is liable for all taxes due under this return. Also, my request for direct deposit of my refund includes my authorization to the Indiana Department of Revenue (DOR) to furnish my financial institution with my routing number, account number, account type and Social Security number to ensure my refund is properly deposited. I grant permission to DOR to contact the Social Security Administration to confirm that the Social Security number(s) used on this return is correct.

6. Your daytime telephone number

Your email address

I authorize the Department to discuss my return with my personal representative.

Yes No If yes, complete the information below.

Personal Representative's Name (please print)

Telephone number

Address

City

State ZIP Code

Paid Preparer: Firm's Name (or yours if self-employed)

IN-OPT on file with paid preparer if not filing electronically

PTIN

Address

City

State ZIP Code

Preparer's signature



Part IV. Declaration

I
N
D
I
A
N
A

Under penalties of perjury, I declare that the information I have given my ERO and the amounts in Part I above agree with the amounts on the corresponding lines of the electronic portion of my income tax return. To the best of my knowledge and belief, my 2023 return is true, correct and complete. I consent to my ERO sending my return, this declaration, and accompanying schedules and statements to the DOR. In addition, by using a computer system and software to prepare and transmit my return electronically, I consent to the disclosure to the DOR of all information pertaining to my use of the system and software and to the transmission of my return electronically. I also consent to the DOR sending my ERO and/or transmitter an acknowledgement of receipt of transmission and an indication of whether or not my return is accepted, and, if rejected, the reason(s) for the rejection. If the processing of my return or refund is delayed, I authorize the DOR to disclose to my ERO and/or transmitter the reason(s) for the delay of when the refund was sent.

Your PIN: Check one box only

I authorize GLOBAL TAXES LLC to enter my PIN

1	0	7	7	6
---	---	---	---	---

 as my signature on my tax year 2023 electronically filed income tax return.
Do not enter all zeros

I will enter my PIN as my signature on my tax year 2023 electronically filed income tax return. 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 IV below.

Your signature ► _____ Date _____

Spouse's PIN: Check one box only

I authorize _____ to enter my PIN

--	--	--	--	--

 as my signature on my tax year 2023 electronically filed income tax return.
Do not enter all zeros

I will enter my PIN as my signature on my tax year 2023 electronically filed income tax return. 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 IV below.

Your signature ► _____ Date _____

Part V. Practitioner 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
<small>Do not enter all zeros</small>										

I certify that the above numeric entry is my PIN, which is my signature for the tax year 2023 electronically filed income tax return for the taxpayer(s) indicated above. I confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method.

ERO's signature ► _____ Date _____