E-file Signature Authorization (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* |
|---|-------------|-----------------|-------------------------------|
| FARAAZ HYDER | KHAJA AHMED | Enter | 331 51 0776 |
| 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 – FIN | ANCIAL INS | FITUTION INFORMATION |
|--------------------------------------|---------------|---------------|-----------------|----------------|--------------------------------|
| | | | Must be prese | nt when reque | sting direct debit or deposit. |
| 1 Arizona Adjusted Gross Income | 53,441 00 | _ | Foreign Ac | count Deposit/ | Debit: See instructions below. |
| 2 Balance Of Tax | 990 00 | | TYPE OF ACCOUNT | | |
| 3 Arizona Income Tax Withheld | 1,272 00 | | 🛛 Checking | Savings | 12210024 |
| Check box 4 <u>or</u> box 5: | | | ACCOUNT NUMBER | | |
| 4 REFUND: Enter the amount of | refund | 282 00 | 69967 | 0 6 8 0 | |
| 5 AMOUNT YOU OWE: Enter th | e 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 The payment will be withdrawn from the account and on the date listed in the Financial Institution Information Section (Part 3).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. I will have signed my Arizona individual income tax return and declared under penalties of perjury that to the best of my knowledge and belief the return is true, correct and complete.

| RE | → | | | |
|--------------|---|--------------------------------|------|--|
| SE SIGN HERE | → | YOUR PEN AND INK SIGNATURE | DATE | |
| PLEASE | | SPOUSE'S PEN AND INK SIGNATURE | DATE | |

| THE RETURN. | | | Arizona Form 140PY | Part-Year Res | ide | nt Persona | l Incom | e 1 | Fax Retur | 'n | | ENDAR YEAR | |
|---|----------------------|--|---|------------------------------------|----------|---|-------------|------------------|--------------------------------|--|-------------------|---|--------------|
| ER | 82F | | Check box 82F filing under extension | OR FISCAL YEAR BE | GINNII | | 2,0,2, | 3 . | AND ENDING | | | | 66F |
| | _ | Your I | First Name and Middle Initial | | | Last Name | | | Enter | | Social S | Security Num | nber |
| - 1 | | | AAZ HYDER | | <u>,</u> | KHAJA AHM | ED | | your | 33 | - | 1 07 | - |
| Ň. | 1 | Spous | se's First Name and Middle Init | ial (If box 4 or 6 checked |) | Last Name | | | SSN(| s). | se's So | cial Security | NO. |
| ANY ITEMS | | Curre | nt Home Address - number and | d street, rural route | | | Apt. No. | | Dayti | me Phone | (with a | rea code) | |
| N | 2 | 819 | 1 E 106TH STREET | | | | | | | (602)81 | | | |
| ш | _ | City, 7 | own or Post Office | State | | ZIP Code | | L | ast Names Used | l in Last Fou | r Prior Ye | ear(s) (if differ | <u> </u> |
| STAPLI | | | HERS | IN | | 46038 | | | | | | | 97 |
| ST | ATU: | 4 | Married filing joint return | | | ection of Joint Ov | verpayment | | | DNLY. DO N | OIMAR | K IN THIS AR | EA. |
| NOT | ST/ | 5 | Head of household: Ente | er name of qualifying child or | depend | dent on next line: | | ľ | | | | | |
| DO | FILING STATUS | 6 | Married filing separate re | turn: Enter spouse's name | and So | ocial Security Numb | per above. | | | | | | |
| | Ē | 7 | Single | | | | | | | | | | |
| | | | ↓ Enter the number claim | | | | | | IP PM | | _{80R} R | CVD | |
| | 10b | 8 | Age 65 or over (you and/ | 47 and 40 Ea | | 9, and 11a, also com 10a and 10b, also coi | | 81 | | | 80R | 010 | |
| | and 10b | 10a | Dependents: Under age | · | epend | ents: Age 17 and | over. | ʻ | | | | | |
| | 10a | 11a | Qualifying parents and g | | • | 0 | | | _ | | | | |
| | and 11a - Dependents | 12-1 | | | | | | | | | | • | |
| | pend | | (Box 10a and 10b): Depend (a) | lent Information. See ins | tructio | ons. For more s (b) | pace, check | the | box i and o | complete p | bage 4, | Part 1. (f) | |
| | - Del | | FIRST AND LA | | soc | CIAL SECURITY | | HIP | NO. OF MONTHS LIVED IN YOUR | Dependent included | tAge 🗸 | if you did not o this person on yo federal return due | claim our |
| | 11a | | (Do not list yoursel | f or spouse.) | | NUMBER | | | HOME IN 2023 | 1 (Box 10a) (B | 2 f ox 10b) | federal return due educational crec | e to dits |
| | | 10c | | | | | | | | | 므 | <u> </u> | |
| א. | 8, 9, | 10d | | he and succedurate Ca | . : | | | | | <u> </u> | | | |
| 40 | ions | | (Box 11a): Qualifying parent | is and grandparents. See | | (b) | (c) | | (d) | (e) | | (f) | |
| 1 1 | Exemptions 8, | | FIRST AND LA (Do not list yoursel | | soc | CIAL SECURITY | RELATIONS | HIP | NO. OF MONTHS LIVED IN YOUR | ✓ IF AGE 6 OVER | 5 OR | ✓ IF DIED II 2023 | N |
| schedules or other documents after Form 140PY | ĔX | 11ь | | | | | | | HOME IN 2023 | | | | |
| ter | | 11c | | | | | | | | | | | |
| s af | | 14 | Dates of Arizona residency: From | | 3 to | 0,10,72 | 0,2,3 | ۸ | 2023 FEDE | | | 3 ARIZONA | |
| ent | | 15 | List other state(s) of residency: | | |] | 15 | nount from Feder | 441 00 | A | mount Only 53,441 | 00 | |
| m | | 15 16 | Interest | | | | | 16 | | 485 00 | | | 00 |
| doc | | 17 | Dividends | | | | | 17 | | 00 | | | 00 |
| er | e | 18 | Arizona income tax refunds | | | | | | | 00 | | | 00 |
| ot | Vrizona Income | 19 20 | Business income (or loss) from Gains (or losses) from federal | | | | | <u>19</u> 20 | | 62 00 | | 0 | 00 00 |
| s or | na Ir | 21 | Rents, royalties, partnerships, esta | ates, trusts, small business c | orporat | tions from federal S | chedule E | 21 | | 00 | | | 00 |
| ules | Arizo | 22 Other income reported on your federal return: Include your ow | | | | n scheduleS | EE STMT | 22 | | <u>523 00</u> | | | 00 |
| ned | | 23 | Total income: Add lines 15 throu | • | | | | 23 | | 511 00 | | 53,441 | 00 |
| | | 24 25 | Other federal adjustments: Inc Federal adjusted gross income | | | | | | | 011 00 | | 0 | 00 |
| AZ | | 26 | Arizona gross income: Subtrac | | | | | | | | | 53,441 | 00 |
| and | | 27 | Arizona income ratio: Divide | | | • • | | | | | | 0.971 | |
| ral | ons | 28 | Small Business income: 285 Modified Arizona gross income | check the box if you are filing Fo | | | | | | | | 53,441 | 00 |
| sde | Additions | 29 30 | Total depreciation included in A | | | | | | | | | 55,441 | 00 |
| d fe | Ā | 31 | Other Additions to Income. Co | - | | | | | | | | | 00 |
| anv required federal and AZ | ge 2 | 32 | Subtotal: Add lines 29, 30 and | | | | | | | | | 53,441 | 00 |
| ear | on pa | 33 | Total Arizona net capital gain o | | | | | | | 0 00 | | | |
| nv r | cont. | 34 35 | Total Arizona net short-term ca Total Arizona net long-term ca | | | | | | | 000 | | | |
| e a | 1 | 20 | Net long-term capital gain from | | | | | | | 0 00 | | | |
| Place | action | 37 | Multiply line 36 by 25% (.25) a | | | | | | | | | | 00 |
| α. | Subtractions | 38 39 | Net capital gain derived from i | | | | | | | | | 53,441 | 00 |
| | | | Subtract lines 37 and 38 from 10149 (23) | | | AZ Form 140PY | | | | | 24 PRO | 53,441 Page 1 | |

(2023)

REV 01/13/24 PRO

| | Your | Name (as shown on page 1) | Your Social Security N | umber | |
|--|------|---|-------------------------------|--------|----------------------|
| | | | | | |
| | FAF | RAAZ HYDER KHAJA AHMED | 331-51-077 | 6 | |
| - | 40 | Recalculated Arizona depreciation | | 40 | 00 |
| ons | 41 | Contributions to: 41a 529 College Savings Plans 00 41b 529A (ABLE accounts) | | | 00 |
| action | 42 | Interest on U.S. obligations such as U.S. savings bonds and treasury bills | | | 00 |
| Subtractions int. from page | 43 | U.S. Social Security or Railroad Retirement Act benefits included in your Arizona income | | | 00 |
| Subtractions cont. from page 1 | 44 | Other Subtractions from Income. Complete Other Subtractions from Arizona Gross Income sche | | | 00 |
| 0 | 44 | Subtract lines 40 through 44 from line 39. Enter the difference | | | 53,44100 |
| _ | | Age 65 or over: Multiply the number in box 8 by \$2,100 | | | 55,44100 |
| | 46 | | | 00 | |
| jon | 47 | Blind: Multiply the number in box 9 by \$1,500 | | 00 | |
| npt | 48 | Other Exemptions. See instructions | | 00 | |
| Exemptions | 49 | Qualifying parents and grandparents: Multiply the number in box 11a by \$10,000 | | 00 | |
| | 50 | Add lines 46 through 49. Enter the total | | 00 | |
| | 51 | Multiply line 50 by the Arizona income ratio on line 27 | | | 000 |
| | 52 | Arizona adjusted gross income: Subtract line 51 from line 45. If less than zero, enter "0" | | | 53,441 00 |
| | 53 | Deductions: Check box and enter amount. See instructions | | | 13,850 00 |
| | 54 | If you checked box 53S and claim charitable contributions check 54C Complete page 3. See instr | | | 00 |
| | 55 | Arizona taxable income: Subtract lines 53 and 54 from line 52. If less than zero, enter "0" | | | 39,59100 |
| Ta | 56 | Tax: Multiply line 55 by 2.5% (.025). Enter the result | | | 990 00 |
| Balance of Tax | 57 | Tax from recapture of credits from Arizona Form 301, Part 2, line 31 | | | 00 |
| anc | 58 | Subtotal of tax: Add lines 56 and 57. Enter the total | | | 990 00 |
| Bal | 59 | Dependent Tax Credit. See instructions | | | 00 |
| | 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 | | | 990 00 |
| its u | 63 | 2023 AZ income tax withheld | | | 1,27200 |
| nts a Cred | 64 | 2023 AZ estimated tax payments64a 00 Claim of Right 64b | 00 Add 64a and 64b | | 00 |
| /met | 65 | 2023 AZ extension payment (Form 204) | | 65 | 00 |
| l Pay | 66 | Increased Excise Tax Credit (from the worksheet - see instructions) | | | 00 |
| Total Payments and Refundable Credits | 67 | Other refundable credits: Check the box(es) and enter the total amount | ☐ 334 67 3☐ 349 | 67 | 00 |
| | 68 | Total payments and refundable credits: Add lines 63 through 67. Enter the total | | | 1,27200 |
| ent | 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 |
| Tax Due or Overpayment | 70 | OVERPAYMENT: If line 68 is larger than line 62, subtract line 62 from line 68. Enter amount of overpayment | nt | 70 | 282 00 |
| verp | 71 | Amount of line 70 to be applied to 2024 estimated tax | | | 00 |
| 0 | 72 | Balance of overpayment: Subtract line 71 from line 70. Enter the difference | | | 282 00 |
| ifts | 73 | - 83 VOLUNTARY GITTS TO:Assigned to Schools | 74 00 | | |
| G | | Child Abuse Prevention | | | |
| Voluntary G | | Neighbors Helping Neighbors 78 00 Special Olympics 79 00 Veterans' Donations F | | | |
| lor | | I Didn't Pay Enough Fund | |) | |
| > | 84 | Political Party (if amount is entered on line 77- check only one): 841 Democratic 842 Libertarian 84 | | | |
| ≥ | 85 | Estimated payment penalty | | 85 | 00 |
| Penalty | 86 | 861 Annualized/Other 862 Farmer or Fisherman 863 Form 221 included | | | |
| ď | 87 | Add lines 73 through 83 and 85; enter the total | | | 00 |
| - | 88 | REFUND: Subtract line 87 from line 72. If less than zero, enter amount owed on line 89 | | | 282 00 |
| Refund or Amount Owed | | Direct Deposit of Refund: Check box 88A if your deposit will be ultimately placed in a foreign account; see | e instructions. 88A | 1 | |
| fund | | C⊠ Checking or S□ Savings ROUTING NOMBER ACCOUNT NOMBER 1221000024 6996706880 | | | |
| Amo Mo | ~~ | | | | 00 |
| ٩ | 89 | AMOUNT OWED: Add lines 69 and 87. Make check payable to Arizona Department of Revenue; write y | our SSN on payment. | . 89 | 00 |
| | | Index nonaltice of nations I dealars that I have read this return and any desumants with it and to | the best of my la | | and halist they are |
| 2 | 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 pro | eparer has any knowl | edge. | ind beller, they are |
| 뿌 | ➔ | | OFTWARE DEV | ELOPER | |
| $\overline{-}$ | | YOUR SIGNATURE DATE OC | CUPATION | | |
| G | →. | SPOUSE'S SIGNATURE DATE SP | OUSE'S OCCUPATION | | |
| S | | SYAM PRIYA RAM SAGAR GUPTA 04132024 GLOBAL TAXES LI | LC | | |
| З Ш | Ē | PAID PREPARER'S SIGNATURE DATE FIRM'S NAME (PREPARER'S IF | | | |
| Þ | ÷ | 245 ROONEY CT PAID PREPARER'S STREET ADDRESS | 84-31719 PAID PREPARER'S | | |
| PLEASE SIGN HERE | ŀ | E BRUNSWICK NJ 08816 | (678)965 | | |
| Ъ | Ē | PAID PREPARER'S CITY STATE ZIP CODE | PAID PREPARER'S | | MBER |
| | | u are sending a payment with this return, mail to Arizona Department of Revenue, PO Box 52016, Phoenix, AZ | | | |

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 |

| | Form Indiana Part-Year or Full-Year Nonresident IT-40PNR Individual Income Tax Return 2 | 2023 | |
|----------|---|--|-------------------------------------|
| | State Form 472 (R22 / 9-23) If filing for a fiscal year, enter the dates (see instructions) (MM/DD/YYYY | | Due April 15, 2024 |
| | from to: to: | | Place "X" in box |
| | Your Social Security Number Spouse's Social Security Number Spouse's Social Security Number Place "X" in box if applying for ITIN Place "X" in box | | ng for ITIN |
| | Your first name Initial Last name | | Suffix |
| | FARAAZ HYDER KHAJA AHMED | | |
| | 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 | | in box if you are iling separately. |
| | | ostal code | |
| | FISHERS IN 4 | 6038 | |
| | Foreign country 2-character code (see instructions) | | |
| | | | |
| | | ounty wher nty where Ise worked | |
| | | Rou | nd 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 | |
| 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 | .00 |
| | Subtract line 4 from line 3 | 5 | 0.00 |
| | You must complete Schedule D. Enter amount from Schedule D, line 9, | [] | |
| 0. | and enclose Schedule D Indiana Exemptions | 6 | 0.00 |
| 7 | Subtract line 6 from line 5 Indiana Adjusted Gross Income | 7 | 0.00 |
| 7. 8. | State adjusted gross income tax: multiply line 7 by 3.15% (.0315) | | |
| ۵ | (if answer is less than zero, leave blank) 80.0 | | |
| 0. | (if answer is less than zero, leave blank) 90. | 0 | |
| 10. | Other taxes. Enter amount from Schedule E, line 5 (enclose sch.) | 0 | |
| 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 | ne 14 | (if smaller, skip to line 23) | 16 | 0.00 |
| 17. | Enter donations from Schedule IN-DONATE (enclose schedule); | ; cann | ot 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 ac | count | t (see instructions). | | |
| | Enter your county code county tax to be applied\$ | а | .00 | | |
| | Spouse's county code county tax to be applied_\$ | b | .00 | | |
| | Indiana adjusted gross income tax to be applied\$ | с | .00 | | |
| | Total to be applied to your estimated tax account (a + b + c; can | not be | e more than line 18) | 19d | .00 |
| 20. | Penalty for underpayment of estimated tax from Schedule IT-22 | 10 an | d IT-2210A | 20 | .00 |
| | a. Enter code A if annualizing. Enter Code F if Farmer or Fisherr | nan _ | а | | |
| 21. | Refund: Line 18 minus lines 19d and 20. Note: If less than zero, see lin | ne 23 ir | nstructions Your Refund | 21 | 0.00 |
| 22. | Direct Deposit (see instructions) a. Routing Number b. Account Number c. Type: Checking Savings Hoosier Wor d. Place an "X" in the box if refund will go to an account outside | | | | |
| 23. | If line 15 is more than line 14, subtract line 14 from line 15. Add (see instructions) | | - | 23 | .00 |
| 24. | Penalty if filed after due date (see instructions) | | | 24 | |
| 25. | Interest if filed after due date (see instructions) | | | 25 | .00 |
| | Do not send cash. Please make your check or money order pay. Indiana Department of Revenue. See instructions if paying by cr | able t edit c | ard. | 26 | .00 |
| Sig | n and date this return after reading the Authorization stateme | ent or | n Schedule H. You must en | close Schedu | ile H (both pages). |
| | r Signature Date | | pouse's Signature | 7 700 / | Date |
| • If • M | enclosing payment mail to: Indiana Department of Revenue, P.O. ail all other returns to: Indiana Department of Revenue, P.O. Box | . вох 40, Ir | /∠∠4, Indianapolis, IN 46207 ndianapolis, IN 46206-0040. | -1224. | |
| | REV 03/05/24 PRO 1572312 | | | | |

| Schedule A |
|-----------------------------------|
| Form IT-40PNR State Form 48719 |
| (R22 / 9-23) |

Schedule A Section 1: Income or Loss

(Complete Proration, Section 2 and Section 3 on back)

Enclosure Sequence No. 01 Page 1 of 2

Name(s) shown on Form IT-40PNR

Your Social Security Number

2023

| | 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.

| | | | rom Federal Return | | ked by Indiana |
|-----|--|-----|--------------------|-----|----------------|
| 1. | Your wages, salaries, tips, commissions, etc | 1A | 53441.00 | 1B | .00 |
| 2. | Spouse's wages, salaries, tips, commissions, etc | 2A | .00 | 2B | .00 |
| 3. | Taxable interest income | 3A | 485.00 | 3B | 0.00 |
| 4. | Dividend income | 4A | .00 | 4B | .00 |
| 5. | Taxable refunds, credits, or offsets of state and local taxes from your federal return | 5A | .00 | 5B | .00 |
| 6. | Alimony received | 6A | .00 | 6B | .00 |
| | Business income or loss from federal Schedule C | 7A | .00 | 7B | .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 | .00 | 9B | .00 |
| 10. | Taxable IRA distribution | 10A | .00 | 10B | .00 |
| | Taxable pensions and annuities | 11A | 3523.00 | 11B | 0.00 |
| 12. | Net rent or royalty income or loss reported on federal Schedule E | 12A | .00 | 12B | .00 |
| 13. | Income or loss from partnerships | 13A | .00 | 13B | .00 |
| 14. | Income or loss from trusts and estates | 14A | .00 | 14B | .00 |
| 15. | Income or loss from S corporations | 15A | .00 | 15B | .00 |
| 16. | Farm income or loss from federal Schedule F | 16A | .00 | 16B | .00 |
| 17. | Unemployment compensation | 17A | .00 | 17B | .00 |
| | Taxable Social Security benefits | 18A | .00 | 18B | .00 |
| 19. | Indiana apportioned income from Schedule IT-40PNRA | | | 19B | .00 |
| 20. | Other income reported on your federal return List source(s). (Do not include federal net operating loss | 20A | ee instructions.) | 20B | .00 |
| | | | | | |
| 21. | Subtotal: add lines 1 through 20 | 21A | 57511.00 | 21B | 0.00 |







Schedule A Proration; Section 2: Adjustments to Income

00

Proration Section See instructions.

| 21C. | Note: Nonresident military personnel see special instructions and complete worksheet | 21C |
|------|--|-----|
| | | |

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 ÷ \$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 | .00 | 22B | .00 | |
| 23. Certain business expenses of reservists, performing artists, etc | 23A | .00 | 23B | | |
| 24. Health savings account deduction | 24A | .00 | 24B | .00 | |
| 25. Moving expenses (see instructions) | 25A | .00 | 25B | | |
| 26. Deductible part of self-employment tax | 26A | .00 | 26B | | |
| 27. Self-employed, SEP, SIMPLE, and qualified plans | 27A | .00 | 27B | | |
| 28. Self-employed health insurance deduction | 28A | .00 | 28B | | |
| 29. Penalty on early withdrawal of savings | 29A | .00 | 29B | | |
| 30. Alimony paid | 30A | .00 | 30B | | |
| 31. IRA deduction | 31A | .00 | 31B | | |
| 32. Student loan interest deduction (see instructions) | 32A | 2500.00 | 32B | 0.00 | |
| 33. Reserved for future use | 33A | .00 | 33B | | |
| 34. Other (see instructions) | 34A | .00 | 34B | | |
| 35. Add lines 22 through 34 | 35A | 2500.00 | 35B | 0.00 | |

Section 3: Totals

REV 03/05/24 PRO

| 36. Subtract line 35 from line 21 of Section 1. Carry | | | | | | |
|---|-----|-------|----|----|-----|-----|
| amount from line 36B to Form IT-40PNR, line 1 | 36A | 55011 | 00 | 36 | 3 0 | .00 |





| | Schedule Form IT-40P State Form 540 (R14 / 9-23) | NR | Schedu (Cor | le H Section 1: Resignment of the section 2: Additional Ir | dency Information | 2023 | Enclosure Sequence No. 07 Page 1 of 2 |
|------------|---|--|----------------|--|--------------------------------------|------------------------------------|---|
| Na | me(s) shown on | Form IT-40PNR | | | Your Socia | I Security Numb | er |
| FAI | RAAZ HYDI | ER KHAJA | AHMED | | 331 | 51 | 0776 |
| Se | ction 1: Res Info | | | and dates of your (and your spo g. "IL" for Illinois) or the letters "C | | | |
| <u>Exa</u> | Imple State of Residence | Date From (MM/DD) | | Date To (MM/DD) | | tax return with ppropriate box | the state/country? |
| | IL | 01 01 | 2023 | 06 01 2023 | Yes X | No | |
| | IN | 06 02 | 2023 | 12 31 2023 | Yes X | No | |
| <u>Υοι</u> | <u>ır informati</u> | | | | | | |
| | (a) State of Residence | (b) Date From (MM/DD) | | (c) Date To (MM/DD) | | tax return with appropriate box | the state/country? |
| 1 A | IN | 08 01 | 2023 | 12 31 2023 | Yes X | No | |
| 1B | AZ | 01 01 | 2023 | 07 31 2023 | Yes X | No | |
| 1C | | | 2023 | 2023 | Yes | No | |
| 1D | | | 2023 | | Yes | No | |
| - | Duse's infor (a) State of Residence | mation if m (b) Date From (MM/DD) | arried filir | n g jointly (c) Date To (MM/DD) | Did you file a ta Place "X" in ap | | he state/country? |
| 2A | | | 2023 | | | | |
| 2B | | | 2023 | | Yes | No | |
| 2C | | | 2023 | | Yes | No | |
| 2D | | | 2023 | | Yes | No | |
| | | | | | | Turn over t | o complete Section 2 |





Schedule H Section 2: Additional Required Information

Section 2: Additional Information

1. Federal filing information

| Are you filing a federal income tax return for 2023? Place "X" in appropriate box. Yes X 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 <i>during</i> 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 | 6028129351 | Your email address | FARAAZHYDER1@GMAIL.COM |
|--|------------------------------------|-----------------------|--|
| I authorize the Departme representative. | nt to discuss my return with my pe | ersonal | Paid Preparer: Firm's Name (or yours if self-employed) |
| Yes No If ye | es, complete the information below | <i>ı</i> . | GLOBAL TAXES LLC |
| Personal Representative | 's Name (please print) | | IN-OPT on file with paid preparer if not filing electronically |
| | | | PTIN P02082703 |
| Telephone number | | | Address 245 ROONEY CT |
| Address | | | City E BRUNSWICK |
| City | | | State NJ ZIP Code 08816 |
| State | ZIP Code | | Preparer's signature SYAM PRIYA RAM SAGAR GUPTA |







| Form | | | | | |
|------------------|--|--|--|--|--|
| IT-8879 | | | | | |
| State Form 53399 | | | | | |
| (R19 / 9-23) | | | | | |

Indiana Individual Income Tax DECLARATION OF ELECTRONIC FILING

Income Tax for the Tax Year January 1 - December 31, 2023

| Submission ID | | | | | | |
|--|------|--------------------|-------|---------------------------------|--------|--------------------------|
| First Name and Middle Initial | | Last Name | | | Your S | Social Security Number |
| FARAAZ HYDER | | KHAJA AHMED | | | 331 | 51 0776 |
| Spouse's First Name and Middle Initial | | Spouse's Last Name | | Spouse's Social Security Number | | |
| | | | | | | |
| Street Address | City | | State | ZIP Code | | Daytime Telephone Number |
| 8191 E 106TH STREET | FISH | HERS | IN | 46038 | | 602 812 9351 |

Part I. Tax Return Information (See instructions on next page)

| 1. Federal Adjusted Gross Income | 1. | 55011. |
|----------------------------------|----|--------|
| 2. Indiana Adjusted Gross Income | 2. | 0. |
| 3. Total Indiana Tax | 3. | 0. |
| 4. Total State Tax Withheld | 4. | |
| 5. Total County Tax Withheld | 5. | |
| 6. Total Indiana Tax Credits | 6. | |
| 7. Refund | 7. | 0. |
| 8. Amount You Owe | 8. | |

Part II. Estimated Payments

| 9. Estimated Payments | : Payment 1: | Amount | Date of Withdrawal | |
|-------------------------|--------------------------|----------------------|--------------------|--|
| | Payment 2: | Amount | Date of Withdrawal | |
| | Payment 3: | Amount | Date of Withdrawal | |
| | Payment 4: | Amount | Date of Withdrawal | |
| | Part III. | Electronic Settlemen | t | |
| 10. Type of settlement: | Direct Deposit of Refund | | | |

| | Direct Debit of Amount Owed | Amount | Date of Withdrawal |
|-------------------------|--|----------------------------------|--|
| 11. Routing number: | | Note: The first two digits of | the routing number must be 01 - 12 or 21 - 32. |
| 12. Account number: | | | Do Not Mail |
| 13. Type of account: | □ Checking □ Savings □ Hoos | This Form | |
| 14. Place an "X" in the | box if refund will go to an account ou | utside the United States. \Box | To DOR |

My request for direct deposit of my refund, direct debit of the amount I owe, or direct debit for estimated payments of the amount I owe, includes my authorization for the Indiana Department of Revenue to furnish my financial institution with my routing number, account number, account type, and social security number to ensure my refund or payment is properly processed.

Part IV. Declaration

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. | L |
|---|----|
| Your PIN: Check one box only | |
| I authorize <u>GLOBAL TAXES LLC</u> to enter my PIN <u>1</u> 0 7 7 6 filed income tax return. | ¥ |
| □ 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. | |
| □ 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. | _ |
| 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 | d. |

ERO's signature
_____ Date ____