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** ROHITHA JAKKIDI 053 | 17 | 7180 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. 2,550 00 1 Arizona Adjusted Gross Income ☐ Foreign Account Deposit/Debit: See instructions below. 2 Balance Of Tax 0 00 TYPE OF ACCOUNT ROUTING NUMBER 51 00 ☐ Checking ☐ Savings 3 Arizona Income Tax Withheld ... ACCOUNT NUMBER Check box 4 or box 5: 76 00 **4 REFUND**: Enter the amount of refund..... ไดด 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 The payment will be withdrawn from the account and on the PO Box 29085, Phoenix, AZ 85038-9085.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

SPOUSE'S PEN AND INK SIGNATURE

RETURN.			140 Resident Personal Income Tax Return				FO	for calendar year 2023		
	82F		Check box 82F f filing under extension	OR FISCAL YEAR BEGINNI	NG I I I	12,0,2,3	AND ENDING		1	. 66F
			First Name and Middle Initial		Last Name			Your S	ocial Security N	
10 THE	1	RO	HITHA		JAKKIDI		Enter	053	17 71	.80
	— [1]	Spouse's First Name and Middle Initial (if box 4 or 6 checked)					your SSN(s	Spouse	e's Social Securi	ty No.
回	_	Curre	ent Home Address - number and	d street, rural route		Apt. No.	Daytir	me Phone (v	with area code)	
<u>-</u>	2	18	31 E APACHE BLVD			3126	94 (602)451	-8097	
Ą	_	City, ⁻	Town or Post Office	State	ZIP Code	•	Last Names Used	in Last Four	Prior Year(s) (if dif	ferent)
Щ	3	TE:	MPE	AZ	85281					97
DO NOT STAPLE ANY ITEMS	3 STATUS	4 5	Married filing joint return Head of household. Enter	4a Injured Spouse Prot r name of qualifying child or depen		verpayment	REVENUE USE O	NLY. DO NO	T MARK IN THIS A	AREA.
N DO	SFILING	6 7		turn. Enter spouse's name and S ed. Do not put a check mark	•	oer above.				
	O	8		or spouse) If completing lines 8,		mploto linos 28				
	PI	9	Blind (you and/or spouse	1 00 144 5 11		-	81 PM		80 RCVD	
	EXEMPTIONS	10a	Dependents: Under age of	′	dents: Age 17 an	d over				
	Ε	11a	Qualifying parents and gr		ionio. Ago 17 an	4 5751.				
			(Box 10a and 10b): Depende	ent Information. See instruction	ons. For more s	pace, check th	e box 🔲 and c	omplete pa	ge 4, Part 1.	
	Dependents		(a) FIRST AND LAS (Do not list yourself		(b) OCIAL SECURITY NUMBER	(c) RELATIONSHIP	LIVED IN YOUR HOME IN 2023	(e) Dependent Agincluded in: 1 2 (Box 10a) (Box	this person federal return	n due to
	eper	10c] 🗆	
	ă	10d								
		10e								
_'			(Box 11a): Qualifying parents	s and grandparents. See instr	uctions. For mo	re space, check	the box 🔲 and	complete pa	age 4, Part 2.	
-orm 140	and		(a)		(b)	(c)	(d)	(e)	(f)	
	Qualifying Parentsand Grandparents		FIRST AND LAS (Do not list yourself		OCIAL SECURITY NUMBER	RELATIONSHIP	LIVED IN YOUR	OVER	OR	
							HOME IN 2023			
er	alify Gra	11b								ED 3 0 00 00 00 00 00 00 00 00 00 00 00 00
aft	σ̈.	11c								
ıts		12	Federal adjusted gross incom	me (from your federal return))			12	2,550	00
Jen		13	Small Business Income: 13S cl	heck the box if you are filing Arizona I	Form 140-SBI and e	nter the amount fro	m Form 140-SBI, line	e 10 13		00
Ħ		14	Modified federal adjusted gross	s income. Subtract line 13 from	m line 12			14	2,550	+00
ĕ	ns		Non-Arizona municipal interest							
ē	ij		Partnership Income adjustment Total federal depreciation							
닭	Ad		Other Additions to Income: Co							$\overline{}$
5			Subtotal: Add lines 14 through 1			2,550	$\overline{}$			
schedules or other documents after Form 140			Total net capital gain or (loss).					00		
			Total net short-term capital gair					00		
		22	Total net long-term capital gain	or (loss). See instructions		22	2	00		
		23	Net long-term capital gain from	assets acquired after Decemb	per 31, 2011. Se	e instructions. 23	3	0 00		
ΥZ			Multiply line 23 by 25% (.25) ar					I	0	
nd		25	Net capital gain derived from in	vestment in qualified small bu	siness			25		$\overline{}$
any required federal and	actions		Recalculated Arizona depreciat							
			Partnership Income adjustment							$\overline{}$
ed	ubtra		Interest on U.S. obligations suc							$\overline{}$
<u>5</u>	S		Exclusion for federal, Arizona s	=						$\overline{}$
<u>=</u>			Exclusion for benefits, annuities	I		00				
g			U.S. Social Security or Railroad			00				
۶ ۲			Certain wages of American Ind Pay received for active service							00
an					_					00
Jace			Net operating loss adjustment. Contributions to: 34a 529 College							00
<u>a</u>		٥.		rem line 10. Enter the differen		oodina)	auu 34a and	340 340	2 550	

Yc	our Name (as shown on page 1)	Your Social Security Number	ocial Security Number			
R	ROHITHA JAKKIDI	053-17-7180				
	26 Other Culturations from Income Complete Other Subtraction from Avisona Crace	Jacome sehedule en nege 6 26	00			
	36 Other Subtractions from Income. Complete Other Subtraction from Arizona Gross		00			
	37 Subtract line 36 from line 35. Enter the difference		00			
두	38 Age 65 or over: Multiply the number in box 8 by \$2,100		00			
npti	39 Blind: Multiply the number in box 9 by \$1,500		$\overline{}$			
uex 4	40 Other Exemptions. See instructions40EMultiply the number in box 40E by \$.		00			
_ '	41 Qualifying parents and grandparents: Multiply the number in box 11a by \$10,000	0.550	00			
	42 Arizona adjusted gross income: Subtract lines 38 through 41 from line 37. If less than		00			
	43 Deductions: Check box and enter amount. See instructions	_	$\overline{}$			
	44 If you checked box 43S and claim charitable contributions, check 44C Complete		00			
	45 Arizona taxable income: Subtract lines 43 and 44 from line 42. If less than zero, enter "0".	45	00			
ă 4	46 Tax: Multiply line 45 by 2.5% (.025). Enter the result		00			
Balance of Tax	47 Tax from recapture of credits from Arizona Form 301, Part 2, line 31		00			
9 <u>2</u>	48 Subtotal of tax: Add lines 46 and 47. Enter the total		00			
alar 🗸	49 Dependent Tax Credit. See instructions		00			
m É	50 Family income tax credit (from the worksheet - see instructions)					
Ę	51 Nonrefundable Credits from Arizona Form 301, Part 2, line 62		00			
Ę	52 Balance of tax: Subtract lines 49, 50 and 51 from line 48. If the sum of lines 49, 50 and 57	1 is greater than line 48, enter "0" 52	00			
Ę	53 2023 AZ income tax withheld	53	00			
	54 2023 AZ estimated tax payments54a 00 Claim of Right 54b		00			
2 0 E	55 2023 AZ extension payment (Form 204)		00			
redi	56 Increased Excise Tax Credit (from the worksheet - see instructions)					
<u>آ</u> د آ	57 Property Tax Credit from Arizona Form 140PTC		00			
dab	58 Other refundable credits: Check the box(es) and enter the total amount		00			
efun	59 Total payments and refundable credits: Add lines 53 through 58. Enter the total					
	60 TAX DUE: If line 52 is larger than line 59, subtract line 59 from line 52. Enter amount of tax		00			
ie i	61 OVERPAYMENT: If line 59 is larger than line 52, subtract line 52 from line 59. Enter amou					
aym	62 Amount of line 61 to be applied to 2024 estimated tax		00			
& a	Balance of overpayment: Subtract line 62 from line 61. Enter the difference		<u>UU</u>			
0 6	64 - 74 Voluntary Gifts to: Assigned to Schools64 UU Ariz	izona Wildlife				
छ		00 00 00 00 00 00 00 00 00 00 00 00 00				
Ğ	Custainable State Davida	eterans' Donations Fund 71 00				
ıtary		pay/Neuter of Animals 74 00				
2	75 Political Party (if amount is entered on line 68 - check only one): 751 Democratic 752	·				
7	76 Estimated payment penalty	76	00			
≥ 7	77 771 ☐Annualized/Other 772 ☐ Farmer or Fisherman 773 ☐ Form 221 included					
Penalt 7	78 Add lines 64 through 74 and 76; enter the total	78	00			
<u>م</u> ا	79 REFUND: Subtract line 78 from line 63. If less than zero, enter amount owed on line 80	 79	00			
0	Direct Deposit of Refund: Check box 79A if your deposit will be ultimately placed in a foreign	gn account; see instructions. 79A				
Amount Owed	C Checking or ROUTING NUMBER ACCOUNT NUMBER					
i i	98 S Savings					
100 8	80 AMOUNT OWED: Add lines 60 and 78. Make check payable to Arizona Department of F		مدا			
¥	and include with your return	80	00			
			_			
	Under penalties of perjury, I declare that I have read this return and any documents		, a			
	true, correct and complete. Declaration of preparer (other than taxpayer) is based or	ா all information of which preparer has any knowledge.				
₩ →	A					
		SOFTWARE DEVELOPER	_			
王	YOUR SIGNATURE DATE	OCCUPATION				
Z -	•					
<u> </u>			_			
S	SPOUSE'S SIGNATURE DATE	SPOUSE'S OCCUPATION				
S M		TAXES LLC	_			
Ř		(PREPARER'S IF SELF-EMPLOYED)				
PLEASE SIGN HERE	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 CODI	PAID PREPARER'S PHONE NUMBER	_			

If you are sending a payment with this return, mail to Arizona Department of Revenue, PO Box 52016, Phoenix, AZ 85072-2016. Include the payment with Form 140. If you are expecting a refund or owe no tax, or owe tax but are not sending a payment, mail to Arizona Department of Revenue, PO Box 52138, Phoenix, AZ 85072-2138.

ADOR 10413 (23) 1.555 AZ Form 140 (2023) REV 01/13/24 PRO Page 2 of 6