DRN.			Arizona Form 140	Resident Personal Income Tax R					r calendar year 2023	₹
Ā	82F		Check box 82F f filing under extension	OR FISCAL YEAR BEGINN	IING L	12,0,2,3	」AND ENDING ∟			66F
ш			First Name and Middle Initial		Last Name				ocial Security Nu	
Ξ	1	вна	ARATH KUMAR		DOMAKONDA		Enter	788	19 1 64	59
2	-		se's First Name and Middle Initi	al (if box 4 or 6 checked)	Last Name	•	your		e's Social Securit	
<u>S</u>	1	•		,			SSN(s).	'		,
	_	Curre	nt Home Address - number and	street, rural route		Apt. No.	Daytime	Phone (v	vith area code)	
Ξ	2	34:	24 TULANE DR	,		34	94	,	,	
\leq	_		Town or Post Office	State	ZIP Code	1 -	Last Names Used in L	ast Four F	Prior Year(s) (if diff	ferent)
Ę	3	-	ATTSVILLE	MD	20783					97
DO NOT STAPLE ANY ITEMS	_		_	4a D Juiumad Culausa Dua			REVENUE USE ONLY	. DO NOT	MARK IN THIS A	REA.
	ATI	-	warned liling joint return 44 injured Spouse Protection of Joint Overpayment				88			
		4 Married filing joint return 4a Injured Spouse Protection of Joint Overpayment The provided Head of Household. Enter name of qualifying child or dependent on next line. A Provided Head of Household. Enter name of qualifying child or dependent on next line.								
$\frac{2}{2}$	NG	c	Married filing congrets not		Ci-l Cit- N	h h				
0	FILING	7	✓ Married filing separate ret✓ Single	urn. Enter spouse's name and	Social Security Numi	per above.				
\Box		- /		ed. Do not put a check mar	·k					
	NO	8	Age 65 or over (you and/o							
	EXEMPTIONS	9	Blind (you and/or spouse)	' ' '	8, 9, and 11a, also cor s 10a and 10b, also cor	•	81 PM		80 RCVD	
	ΞMΕ	э 10а	Dependents: Under age of		·	•				
	ΙX	10a 11a	Qualifying parents and gra	<u> </u>	idents: Age 17 and	i over.				
	_		(Box 10a and 10b): Depende		ione For more s i	nace check ti	he hoy \square and com	nloto na	no / Part 1	
			(a)	THE IMPORTMENTATION. OCC INSTRUCT	(b)	(c)	(d)	(e)	(f)	
	s		FIRST AND LAS		SOCIAL SECURITY	RELATIONSHIP	NO. OF MONTHS VD	ependent Ag included in:	if you did no this person o	ot claim
	ents		(Do not list yourself	or spouse.)	NUMBER		HOME IN 2023	1 2		n due to
	Dependents						(Box	10a) (Box	10b)	roround
	Dep	10c						╡┼╞	 	
		10d						╡┼╞		
		10e								
o.	₽	(Box 11a): Qualifying parents and grandparents. See instructions. For more space, check the						mplete pa (e)	age 4, Part 2.	
14	ıtsan İs	FIRST AND LAST NAME SOCIAL SECURITY RELATIONSHIP					(d) P NO. OF MONTHS ✓ IF			=D
Ξ	ng Parentsand ndparents		(Do not list yourself		NUMBER		LIVED IN YOUR HOME IN 2023 OV		IN 2023	
ᅙ	ing l						TIOME IIV 2020			
e	g G	11b								
a∺	σ.	11c								
ţ		12	Federal adjusted gross incon	ne (from your federal returr	າ)			12	55,475	00
el		13	Small Business Income: 138 ch	eck the box if you are filing Arizona	Form 140-SBI and er	nter the amount fro	om Form 140-SBI, line 10	13		00
ī		14	Modified federal adjusted gross	income. Subtract line 13 fro	om line 12			14	55,475	00
<u>8</u>	SI	15	Non-Arizona municipal interest.					15		00
ž	Additions		16 Partnership Income adjustment. See instructions							00
Ę	Add		17 Total federal depreciation							00
0			Other Additions to Income: Cor	·						00
os.			Subtotal: Add lines 14 through 18						55,475	00
음			Total net capital gain or (loss).					00		
ᅙ			Total net short-term capital gain					00		
schedules or other documents after Form 140			Total net long-term capital gain					00		
S 7			Net long-term capital gain from			0	00			
J AZ			Multiply line 23 by 25% (.25) an			0	00			
Ĕ			Net capital gain derived from in				-			
=	Subtractions		•							00
<u>e</u>	acti		Partnership Income adjustment. See instructions							00
<u>e</u>	ubtr		Interest on U.S. obligations such as U.S. savings bonds and treasury bills							00
any required federal and	Ñ		9a Exclusion for federal, Arizona state or local government pensions (up to \$2,500 per taxpayer)							00
			29b Exclusion for benefits, annuities and pensions for retired/retainer pay of the uniformed services							00
										00
			11 Certain wages of American Indians							00
an			•		•					00
Place			Net operating loss adjustment. Contributions to: 34a 529 College							00
									55,475	
_	-		Subtract lines 24 through 34c from 10413 (23)	om line 19. Enter the differe	AZ Form 140 (20				/13/24 PRO Page	
		\	^{(10413 (23)} 1555		5 1-0 (20	,		01/	rage	. 5, 5

ſ	Your	Name (as shown on page 1)	Your Social Security Number					
	BHA	ARATH KUMAR DOMAKONDA	788-19-6459					
ŀ								
	36	Other Subtractions from Income. Complete Other Subtraction from Arizona Gross Income sched			F.F. 485	00		
	37	Subtract line 36 from line 35. Enter the difference			55,475			
S .	38	Age 65 or over: Multiply the number in box 8 by \$2,100				00		
Exemptions	39	Blind: Multiply the number in box 9 by \$1,500				00		
em	40	Other Exemptions. See instructions40E Multiply the number in box 40E by \$2,300				00		
ш	41	Qualifying parents and grandparents: Multiply the number in box 11a by \$10,000		41	55 455	00		
-	42	Arizona adjusted gross income: Subtract lines 38 through 41 from line 37. If less than zero, enter "0".			55,475			
	43	Deductions: Check box and enter amount. See instructions			13,850			
	44	If you checked box 43 S and claim charitable contributions, check 44 C Complete page 3. See in:				00		
	45	Arizona taxable income: Subtract lines 43 and 44 from line 42. If less than zero, enter "0"		I	41,625			
ă	46	Tax: Multiply line 45 by 2.5% (.025). Enter the result			1,041	<u>00</u> 00		
of.	47	· · · · · · · · · · · · · · · · · · ·						
Balance of Tax	48	8 Subtotal of tax: Add lines 46 and 47. Enter the total						
ala	49							
ш	50	Family income tax credit (from the worksheet - see instructions)				00		
	51	Nonrefundable Credits from Arizona Form 301, Part 2, line 62				00		
ŀ	52	Balance of tax: Subtract lines 49, 50 and 51 from line 48. If the sum of lines 49, 50 and 51 is greater than			1,041	00		
	53	2023 AZ income tax withheld		53	741			
	54	2023 AZ estimated tax payments54a 00 Claim of Right 54b	00 Add 54a and 54b.		ĺ	00		
and	55	2023 AZ extension payment (Form 204)			ĺ	00		
ents Cre	56	Increased Excise Tax Credit (from the worksheet - see instructions)			ĺ	00		
aym	57	Property Tax Credit from Arizona Form 140PTC			i	<u>00</u> 00		
Total Payments and Refundable Credits	58	Other refundable credits: Check the box(es) and enter the total amount			741			
요 ~	<u>59</u>	Total payments and refundable credits: Add lines 53 through 58. Enter the total		59	300	_		
	60	TAX DUE: If line 52 is larger than line 59, subtract line 59 from line 52. Enter amount of tax due. Skip lines (00		
or Jent	61	OVERPAYMENT: If line 59 is larger than line 52, subtract line 52 from line 59. Enter amount of overpayme Amount of line 61 to be applied to 2024 estimated tax				00		
Due	62 63	Balance of overpayment: Subtract line 62 from line 61. Enter the difference		63		00		
Tax Due or Overpayment		Solutions Teams		03		00		
	•	- 74 Voluntary Gifts to: Assigned to Schools						
Giffts		Neighbors Helping Neighbors69 00 Special Olympics70 00 Veterans' Donations Fi						
J.		I Didn't Pay Enough Fund72 00 Sustainable State Parks and Road Fund73 00 Spay/Neuter of Anima						
Voluntary	75	Political Party (if amount is entered on line 68 - check only one): 751 Democratic 752 Libertarian						
8		Estimated payment penalty		76		00		
>		771 Annualized/Other 772 Farmer or Fisherman 773 Form 221 included						
Penalty		Add lines 64 through 74 and 76; enter the total	78		00			
Pe	79	REFUND: Subtract line 78 from line 63. If less than zero, enter amount owed on line 80	79		00			
٥		Direct Deposit of Refund: Check box 79A if your deposit will be ultimately placed in a foreign account; see instructions. 79A						
o e		C Checking or S Sayings ACCOUNT NUMBER ACCOUNT NUMBER						
Refund or Amount Owed	00							
₽ E	80	AMOUNT OWED: Add lines 60 and 78. Make check payable to Arizona Department of Revenue; write y and include with your return		80	300	00		
`		and mode min you rount				00		
	ı.	Inder penalties of perjury, I declare that I have read this return and any documents with it, and to	the best of my kno	owledge and	belief they	/ are		
		rue, correct and complete. Declaration of preparer (other than taxpayer) is based on all informatio				,		
ш								
H	→_		ROJECT COORD	INATOR		_		
SIGN HERE	Y	OUR SIGNATURE DATE OCC	CUPATION					
Z	→							
8	_	POUSE'S SIGNATURE DATE SPC	DUSE'S OCCUPATION			_		
		SYAM PRIYA RAM SAGAR GUPTA TALLAM 03102024 GLOBAL TAXES LI						
PLEASE		AID PREPARER'S SIGNATURE DATE GLOBAL TAXES LI				_		
Щ		245 ROONEY CT	84-3171	965				
7	P	AID PREPARER'S STREET ADDRESS	PAID PREPAREF			_		
		E BRUNSWICK NJ 08816	(678)96	5-9522				
	_	AID PREPARER'S CITY STATE ZIP CODE	PAID PREPARER		/BER	_		

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) 1555 AZ Form 140 (2023) REV 01/13/24 PRO Page 2 of 6

Arizona Form
AZ-140V

Arizona Individual Income Tax Payment Voucher for Electronic Filing of Form 140, 140PY or 140NR

EPV 2023

Your First Name and Middle Initial		Last Name			Your Social Securi	ity Number
1 BHARATH KUMAR		DOMAKONDA		Enter	788 19	6459
Spouse's First Name and Middle In	itial	Last Name		your	Spouse's Social S	Security No.
1				SSN(s).	1 1	
Current Home Address - number ar	id street, rural route		Apt. No.	Daytime Ph	none (with area co	ode)
2 3424 TULANE DR			34	94		
City, Town or Post Office	State	ZIP Code		REVENUE USE ONLY.	DO NOT MARK IN	THIS AREA.
HYATTSVILLE	MD	20783		<u> </u> 88		
Please indicate the filing status below: Married filing joint return Head of household: Enter name of qualifying child or dependent on next line.						
☐ Married filing separate retur☑ Single	n: Enter spouse's name a	and Social Security Nun	nber above.	81 PM	80 RCVD)
Enter the amount of paymen	t enclosed				\$	300 00

If you are mailing this payment

To ensure proper application of this payment, be sure that you:

- ✓ Do not send cash.
- \checkmark Make your check or money order payable to Arizona Department of Revenue.
- ✓ Write your SSN, "2023 Tax" and 140 on your payment.
- ✓ Include your payment with this form.
- ✓ **Mail to** Arizona Department of Revenue, PO Box 29085, Phoenix, AZ 85038-9085.

If you are making an electronic payment

You can make this 140V payment by eCheck or credit card! American Express ♦ Visa ♦ Discover Card ♦ MasterCard www.AZTaxes.gov

- ✓ Click on "Make a Payment" and select "140V" as the Payment Type.
- ✓ Do not mail this form. We will apply this payment to your account.

NOTE: To avoid interest and penalties you must pay the full amount of your tax by April 15, 2024. You will not receive an additional notice from the Arizona Department of Revenue unless an error exists with your return.

ADOR 10944 (23) 1555 REV 01/13/24 PRO