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** VENKATA SUMEDHASRI CHALUVADI 753 ı 77 ı 7998 vour Last Name Your Spouse's First Name and Initial (if filed joint) 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. 7,274 00 1 Arizona Adjusted Gross Income ☐ Foreign Account Deposit/Debit: See instructions below. 2 Balance Of Tax 0 00 ROUTING NUMBER 36 00 ☑ Checking ■ Savings 2 1 0 3 Arizona Income Tax Withheld... ACCOUNT NUMBER Check box 4 or box 5: 4 5 7 0 4 7 9 1 4 7 9 | 9 61 00 **4 REFUND**: Enter the amount of refund..... DIRECT DEBIT REQUEST DATE ไดด 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 The payment will be withdrawn from the account and on the PO Box 29085, Phoenix, AZ 85038-9085.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 X 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** \prod I do not want direct deposit of my refund or I am not receiving a to release copies of the requested documents to ADOR. refund 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

SPOUSE'S PEN AND INK SIGNATURE

DATE

RETURN.			140 Resident Personal Income Tax Re					FC	FOR CALENDAR YEAR 2023		
	82F		Check box 82F f filing under extension	OR FISCAL YEAR BEGINNII	NG I I I	12.0.2.3	AND ENDING		1	. 66F	
			First Name and Middle Initial		Last Name			Your S	Social Security No	umber	
10 THE	1	VE	NKATA SUMEDHASRI		CHALUVADI	•	Enter	753	3 ₁ 77 ₁ 79	98	
		Spou	se's First Name and Middle Init	ial (if box 4 or 6 checked)	Last Name		your SSN(s	Spous Spous	e's Social Securi	ty No.	
回	_	Curre	ent Home Address - number and	d street, rural route	1	Apt. No.	Daytii	me Phone (with area code)		
<u>-</u>	2	95	955 WHITCOMB CT				94 (919)670-9563				
¥		City,	Town or Post Office	State	ZIP Code)	Last Names Used	in Last Four	Prior Year(s) (if dif	ferent)	
Щ	3	MI	LPITAS	CA	95035					97	
DO NOT STAPLE ANY ITEMS	STATUS	4 5	Married filing joint return Head of household. Ente	4a Injured Spouse Protor name of qualifying child or dependent		verpayment	REVENUE USE O	NLY. DO NO	T MARK IN THIS A	AREA.	
N O O	FILING	6 7	 ✓ Married filing separate return. Enter spouse's name and Social Security Number above. ✓ Single ✓ Enter the number claimed. Do not put a check mark. 								
	NS N	_									
	ΙĔΙ	8	Age 65 or over (you and/or spouse) Rind (you and/or spouse) If completing lines 8, 9, and 11a, also complete Ii 39, and 41. For lines 10a and 10b, also complete Ii			-			80 RCVD		
	EXEMPTIONS	9 100	Blind (you and/or spouse Dependents: Under age	,	•	•	01		00		
		10a 11a	Qualifying parents and gr		lents: Age 17 and	u over.					
				ent Information. See instruction	ons For more s	pace, check th	e box □ and c	omplete pa	ge 4. Part 1.		
	ents		(a) FIRST AND LAS (Do not list yourself	ST NAME SO	(b) OCIAL SECURITY NUMBER	(c) RELATIONSHIP	(d)	(e) Dependent A included in:	dge (f) ✓ if you did not this person federal return	n due to	
	end							(Box 10a) (Box		l credits	
	Dependents	10c						╌┾┤┾	<u> </u>		
		10d					+	┼┼	┼		
		10e				<u> </u>					
o;	ا و		(Box 11a): Qualifying parents	s and grandparents. See instr	uctions. For moi (b)	re space, check	the box L and (d)	complete p	page 4, Part 2.		
schedules or other documents after Form 140	Qualifying Parentsand Grandparents		FIRST AND LAS	ST NAME SC	CIAL SECURITY	RELATIONSHIP	NO. OF MONTHS			ΞD	
			(Do not list yourself	for spouse.)	NUMBER		HOME IN 2023	OVER	IN 2023	3	
ţ	Quali	11b						片			
af	Ī	11c								100	
nts			Federal adjusted gross incor	-					7,274		
me			Small Business Income: 138 c						7,274	00	
ij	-		Modified federal adjusted gross						7,271	$\overline{}$	
융	ons		5 Non-Arizona municipal interest							00	
je	ä		7 Total federal depreciation							00	
듕	ĕ		8 Other Additions to Income: Complete Other Additions to Arizona Gross Income schedule on page 5							00	
9		19	Subtotal: Add lines 14 through 18 and enter the total						7,274	100	
es		20	Total net capital gain or (loss).	See instructions		20)	00			
퓓			Total net short-term capital gair					00			
ÿ					2			00			
SC	23 Net long-term capital gain from assets acquired <i>after</i> December 3										
ΥZ			Multiply line 23 by 25% (.25) ar			U	00				
and and										00	
leral a	actions		Recalculated Arizona depreciation							00	
										00	
_{eq}	ubtra		28 Interest on U.S. obligations such as U.S. savings bonds and treasury bills							00	
lace any required federal and	Ś		29a 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	
			 30 U.S. Social Security or Railroad Retirement Act benefits included as income on your federal return (taxable amoun 31 Certain wages of American Indians 							00	
			Pay received for active service							00	
			Net operating loss adjustment.		_					00	
			Contributions to: 34a 529 College							00	
-0		~-		rem line 10. Enter the differen	•			35	7 274		

[Your Name (as shown on page 1) Your Social Securi						urity Number		
	VEN	IKATA SUMEDHASRI CHALUVADI		8					
ŀ									
	36	Other Subtractions from Income. Complete Other Su			1 0		7 274 2		
	37	Subtract line 36 from line 35. Enter the difference				7,274 00			
Su	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 Me	. 40	00					
ñ	41	Qualifying parents and grandparents: Multiply the num	. 41	00					
	42	Arizona adjusted gross income: Subtract lines 38 th	42	7,274 00					
	43	Deductions: Check box and enter amount. See in					13,850 00		
	44	If you checked box 43S and claim charitable contribut	. 44	00					
	45	Arizona taxable income: Subtract lines 43 and 44 from li		. 45	0 00				
×	46	Tax: Multiply line 45 by 2.5% (.025). Enter the result		46	0 00				
Balance of Tax	47	Tax from recapture of credits from Arizona Form 301,	47	00					
ce	48	Subtotal of tax: Add lines 46 and 47. Enter the total	48	0 00					
ılan	49	Dependent Tax Credit. See instructions		49	00				
ä	50						40 00		
	51	Nonrefundable Credits from Arizona Form 301, Part 2		51	00				
	52	Balance of tax: Subtract lines 49, 50 and 51 from line 48					0 00		
	53	2023 AZ income tax withheld					36 00		
	54	2023 AZ estimated tax payments54a		Right 54b			00		
nd ts	55	2023 AZ extension payment (Form 204)				55	00		
ts aı redi	56	Increased Excise Tax Credit (from the worksheet - see in	nstructions)			56	25 0 0		
Payments and indable Credits	57	Property Tax Credit from Arizona Form 140PTC				57	00		
Pay	58	Other refundable credits: Check the box(es) and enter the	he total amount	58 1 308-1	582 □ 334 583 □ 349	58	00		
Total Paymer Refundable	59	Total payments and refundable credits: Add lines 5					61 00		
	60	TAX DUE: If line 52 is larger than line 59, subtract line 59					00		
±.	61	OVERPAYMENT: If line 59 is larger than line 52, subtract		•			61 00		
e or	62	Amount of line 61 to be applied to 2024 estimated tax					00		
rp ay	63	Balance of overpayment: Subtract line 62 from line 61.					61 00		
Tax Due or Overpayment		Solutions Toom		00 Arizona Wildlife			100		
	•	Child Abuse Prevention		00 Political Gift		_			
Gifts				00 Veterans' Donation		_			
<u> </u>		Neighbors Helping Neighbors 69 00 Special Olympic Sustainable Stand Road Fund	ate Parks 73	00 Spay/Neuter of An					
Voluntary	75	Political Party (if amount is entered on line 68 - check only							
>		Estimated payment penalty	76	00					
	77		/ •	100					
alty	78	Add lines 64 through 74 and 76; enter the total	78	00					
Penalty	79	REFUND: Subtract line 78 from line 63. If less than zero,		61 00					
	13	Direct Deposit of Refund: Check box 79A if your deposit	j ' "	<u> </u>					
Retund or Amount Owed		Savings C Checking or Savings C C							
0 t									
Refu	80	AMOUNT OWED: Add lines 60 and 78. Make check p	ayable to Arizona [Department of Revenue; writ	te your SSN on paymen	;	00		
4		and include with your return							
		Inder penalties of perjury, I declare that I have read the							
	tr	ue, correct and complete. Declaration of preparer (oth	ner than taxpaye	r) is based on all informa	ation of which prepare	er has any k	nowledge.		
Ä	→		OTHER PARTY.						
山		OUR SIGNATURE		DATE	STUDENT OCCUPATION				
I		OUIT SIGNATURE		DATE	OCCUPATION				
Z									
SIGN	→ _	POUSE'S SIGNATURE		DATE	SPOUSE'S OCCUPATION				
S	→ S		04062024		SPOUSE'S OCCUPATION				
	→ s	SYAM PRIYA RAM SAGAR GUPTA	04062024 DATE	DATE GLOBAL TAXES FIRM'S NAME (PREPARER'S	LLC				
	→ SI PA	SYAM PRIYA RAM SAGAR GUPTA AID PREPARER'S SIGNATURE		GLOBAL TAXES	LLC B IF SELF-EMPLOYED)	1965			
PLEASE SIGN I	→ S	SYAM PRIYA RAM SAGAR GUPTA		GLOBAL TAXES	LLC				

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.

STATE

PAID PREPARER'S CITY

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

ZIP CODE

PAID PREPARER'S PHONE NUMBER