Form **8879**

(Rev. January 2021)

Department of the Treasury Internal Revenue Service

IRS e-file Signature Authorization

▶ ERO must obtain and retain completed Form 8879.

► Go to www.irs.gov/Form8879 for the latest information.

OMB No. 1545-0074

Subm	ission Identification Number (SID)		-		
Taxpaye	er's name	Social securi	ty numl	ber	
SAG	AR MIGLANI	301-19	-648	9	
Spouse	's name	Spouse's soo	ial sec	urity numb	per
Part	Tax Return Information — Tax Year Ending December 31, 2023 (Ent	 er year you a	re au	thorizin	g.)
Enter	whole dollars only on lines 1 through 5.				<u> </u>
Note:	Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.				
1	Adjusted gross income		1		0,532.
2	Total tax		2	2	24,180.
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099		3		<u>81,433.</u>
4	Amount you want refunded to you		4		7,253.
5	Amount you owe		5	L	
Part	Taxpayer Declaration and Signature Authorization (Be sure you get and penalties of perjury, I declare that I have examined a copy of the income tax return (original or amende				
to send for any Agent in payme authori payme busines taxes to person	(original or amended) I am now authorizing. I consent to allow my intermediate service provider, transd my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for roadleay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account in the financial institution account in the financial institution is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminant, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation residus prior to the payment (settlement) date. I also authorize the financial institutions involved in the to receive confidential information necessary to answer inquiries and resolve issues related to the lal identification number (PIN) below is my signature for the income tax return (original or amended) I	ejection of the tr U.S. Treasury a idicated in the tration to debit the atte the authorizate quests must be ne processing of payment. I furt	ransmis nd its of ax preparently ation. The receiver the election	ssion, (b) designate paration s to this ac To revoke ved no la lectronic cknowled	the reason ed Financial software for count. This e (cancel) a ater than 2 payment of ge that the
	nic Funds Withdrawal Consent.				7
	ayer's PIN: check one box only	9	6	4 8 9	
×	I authorize GLOBAL TAXES LLC to enter or generat	ř En		digits, bu	
	signature on the income tax return (original or amended) I am now authorizing.	ao	n't ente	er all zeros	5
	I will enter my PIN as my signature on the income tax return (original or amended) I am if you are entering your own PIN and your return is filed using the Practitioner PIN me below.				
Yours	signature ▶ Date ▶				
Snous	se's PIN: check one box only				_
Г	I authorize to enter or generat	e my PIN			as my
	ERO firm name	-	ter five	digits, but	
	signature on the income tax return (original or amended) I am now authorizing.	do	n't ente	er all zeros	6
	I will enter my PIN as my signature on the income tax return (original or amended) I am if you are entering your own PIN and your return is filed using the Practitioner PIN me below.				
Spous	se's signature ▶ Date ▶				
	Practitioner PIN Method Returns Only—continue belo	w			
Part	III Certification and Authentication — Practitioner PIN Method Only				
ERO's	s EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN.	2 2 4 9	6 0	8 2	7 1
	, , , , , , , , , , , , , , , , , , , ,	Don't ent	er all ze	eros	
authori	y that the above numeric entry is my PIN, which is my signature for the electronic individual income ized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am subsements of the Practitioner PIN method and Pub. 1345 , Handbook for Authorized IRS <i>e-file</i> Providers or	mitting this retu	ırn in a	accordan	ce with the
ERO's	s signature ▶ Date ▶				
	ERO Must Retain This Form — See Instructions				
	Don't Submit This Form to the IRS Unless Requested To	Do So			

E1040 Department of the Treasury—Internal Revenue Service U.S. Individual Income Tax Return



OMB No. 1545-0074

IRS Use Only-Do not write or staple in this space

For the year Jan.	1–Dec	:. 31, 2023, or other tax year beginning		, 2023, end	ling _			, 20		See se	parate ins	tructions.
Your first name	and mi	iddle initial	Last na	ame						Your so	ocial securi	ty number
SAGAR			MIGI	ANT						301	19 6	3489
	ouse's	s first name and middle initial	Last na									curity number
										719	82 1	478
Home address (numbe	er and street). If you have a P.O. box, see	instruct	ions.				Apt. no.				ion Campaign
19940 N								2051			here if you,	
		ce. If you have a foreign address, also co	mplete	spaces below.	Sta	ite		code		•	٠,	ntly, want \$3
PHOENIX					A2	7,	8.5	027			o this fund. Iow will not	Checking a
Foreign country	name			Foreign province/state/o				ign postal	code		x or refund	
										•	You	Spouse
Filing Status		Single				☐ Head of h	ouse	hold (HO	——' Н)			
Check only		Married filing jointly (even if only or	ne had	income)				•	,			
one box.	X	Married filing separately (MFS)		,		☐ Qualifying	surv	iving spo	use ((QSS)		
		ou checked the MFS box, enter the	name	of your spouse. If you	ı che						ild's name	if the
	qu	alifying person is a child but not you	ır depe	ndent: ANUSHREE	Т	AORI						
District	Λ+ or	ov time during 2022, did vou: (a) reco	oivo (oo	a roward award ar	D0) (F	mont for propo	rt. (0)). or	(b) coll		
Digital Assets		ny time during 2023, did you: (a) rece ange, or otherwise dispose of a digi					-				Yes	⊠ No
Standard		eone can claim: You as a de		_ <u>`</u>		<u>-</u>	,,, (,		
Deduction	_	Spouse itemizes on a separate return	•	•		•						
		_		_								
Age/Blindness	You:	Were born before January 2, 1	959 [Are blind Spo	ouse	: Was bor				•	Is b	
Dependents				(2) Social security	,	(3) Relationsh	ip (1	e instructions):
If more	(1) F	irst name Last name		number		to you		Child	tax cr	edit	Credit for ot	ther dependents
than four									<u> </u>			<u> </u>
dependents, see instructions									<u> </u>			<u> </u>
and check									<u> </u>			
here \square										<u> </u>		<u> </u>
Income	1a	Total amount from Form(s) W-2, be	•	,						. 1a		56,625.
Attach Form(s)	b	Household employee wages not re	•	• •						. 1k		
W-2 here. Also	C	Tip income not reported on line 1a	•	•			٠			. 10		
attach Forms W-2G and	d	Medicaid waiver payments not rep		, , , ,	nstru	uctions)	٠			. 10		
1099-R if tax	е	Taxable dependent care benefits f		•			٠			. 16		
was withheld.	f	Employer-provided adoption bene					•		•	. 11		
If you did not get a Form	g	Wages from Form 8919, line 6 .					•		•	. 10		0.
W-2, see	h	Other earned income (see instructi	,				i		•	. <u>1</u>	1	0.
instructions.	i	Nontaxable combat pay election (s	see inst	ructions)		<u>1i</u>					1	E 6 6 2 E
	<u>z</u>	<u> </u>	 . i						•	. 12		56,625.
Attach Sch. B if required.	2a	'	2a			axable interest			•	. 2t		
	3a		3a			Ordinary divide			•	. 3t		
Standard	4a		4a			axable amoun			•	. 4k		
Deduction for—	5a	_	5a			axable amoun			•	. 5k		
Single or Married filing	6a	,	6a			axable amoun	τ.			. 6k	,	
separately, \$13,850	C 7	If you elect to use the lump-sum e		•	•	,	•			_ 		
Married filing	7	Capital gain or (loss). Attach Schedule:					•		. L			16 002
jointly or Qualifying	8	Add lines 17, 2h, 2h, 4h, 5h, 6h, 7	•				•		•	. 8		16,093.
surviving spouse, \$27,700	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7,		•	omo	.	•		•	. 9		40,532.
Head of	10	Adjustments to income from Sche	-				•		•	. 10		40 522
household, \$20,800	11	Subtract line 10 from line 9. This is	•	-					•	. 11		40,532.
If you checked any box under	12	Standard deduction or itemized Qualified business income deduction		,	,	 NE A			•	12		13 , 850.
Standard	13 14	Add lines 12 and 13	וטוו ווטוו	THORE OF FORM	099		•		•	. 13		13,850.
Deduction, see instructions.	15	Subtract line 14 from line 11. If zer	o or les		our t	taxable incom	16		•	15		26,682.

Form 1040 (2023	3)								Page Z
Tax and	16	Tax (see instructions). Check	if any from Form	(s): 1 881	4 2 🗌 4972	з 🗌		16	23,804.
Credits	17	Amount from Schedule 2, lir	ne 3					17	
	18	Add lines 16 and 17						18	23,804.
	19	Child tax credit or credit for	other dependent	ts from Sched	ule 8812			19	
	20	Amount from Schedule 3, lir	ne 8					20	
	21	Add lines 19 and 20						21	
	22	Subtract line 21 from line 18	B. If zero or less,	enter -0				22	23,804.
	23	Other taxes, including self-e	employment tax,	from Schedule	e 2, line 21			23	376.
	24	Add lines 22 and 23. This is	your total tax				[24	24,180.
Payments	25	Federal income tax withheld	from:						
-	а	Form(s) W-2				25a 31	,433.		
	b	Form(s) 1099				25b			
	С	Other forms (see instruction	s)			25c	0.		
	d	Add lines 25a through 25c						25d	31,433.
If you have a	26	2023 estimated tax paymen	ts and amount a	pplied from 20	22 return		[26	
qualifying child,	27	Earned income credit (EIC)				27			
attach Sch. EIC.	28	Additional child tax credit fro	m Schedule 8812			28			
	29	American opportunity credit	from Form 8863	3, line 8		29			
	30	Reserved for future use .				30			
	31	Amount from Schedule 3, lir	ne 15			31			
	32	Add lines 27, 28, 29, and 31	. These are your	total other pa	ayments and refu	ndable credits		32	
	33	Add lines 25d, 26, and 32. T	hese are your to	tal payments			[33	31,433.
Refund	34	If line 33 is more than line 24	4, subtract line 2	4 from line 33.	This is the amour	nt you overpaid		34	7,253.
	35a	Amount of line 34 you want	refunded to you	ı. If Form 8888	is attached, chec	k here	. 🗆 🛚	35a	7,253.
Direct deposit?	b	Routing number 0 3 1	0 0 0 5	0 3	c Type:	Checking :	Savings		
See instructions.	d	Account number 6 9 9	4 0 5 8	6 2 3			- 1		
	36	Amount of line 34 you want	applied to your	2024 estimate	ed tax	36			
Amount	37	Subtract line 33 from line 24	I. This is the amo	ount you owe					
You Owe		For details on how to pay, g						37	
	38	Estimated tax penalty (see i	nstructions) .			38			
Third Party	Do	you want to allow another	person to disc	cuss this retu	n with the IRS?	See			
Designee	ins	structions				. 🗌 Yes. Co	omplete be	low.	⊠ No
		signee's		Phone			onal identific	ation	
<u>~</u>	nar	der penalties of perjury, I declare t	hat I have everning	no.	accompanying acho		per (PIN)	hoot	of my knowledge and
Sign		der penaities of perjury, I declare t ief, they are true, correct, and com			, , ,		,		, ,
Here		ur signature	•	Date	Your occupation				nt you an Identity
	10	ui signature		Date	Tour occupation		I		IN, enter it here
Joint return?					IT CONSULT	'ANT	(see in:	st.)	
See instructions.	Sp	ouse's signature. If a joint return,	both must sign.	Date	Spouse's occupati	on			nt your spouse an
Keep a copy for your records.							Identity (see in:	•	ection PIN, enter it here
,		400410000000	2			-010	,		
		one no. (931) 998-021		Email address	SAGARMIGLAN	I24@GMAIL.CC			Charle if
Paid		eparer's name	Preparer's signat		OUDER ESTATES	Date	PTIN	700	Check if:
Preparer		I PRIYA RAM SAGAR GUPTA TALLAM	1	KAM SAGAR	GUPTA TALLAM	02/14/2024	P02082		Self-employed
Use Only		m's name GLOBAL TA			- 00015				(678) 965-9522
			Y CT E BRU	NSWICK N	J 08816		Firm's	EIN	84-3171965
Go to www.irs.go	ov/Forn	n1040 for instructions and the late	est information.		BAA	REV 02/05/24 PRO			Form 1040 (2023)

SCHEDULE 1 (Form 1040)

Additional Income and Adjustments to Income

OMB No. 1545-0074

2023

Attachment
Seguence No. 01

Department of the Treasury Internal Revenue Service

SAGAR MIGLANI

Name(s) shown on Form 1040, 1040-SR, or 1040-NR

Attach to Form 1040, 1040-SR, or 1040-NR.

Go to www.irs.gov/Form1040 for instructions and the latest information.

	Sequence No. 01
Your soc	ial security number
301-19	-6489

Par	t I Additional Income			
1	Taxable refunds, credits, or offsets of state and local income taxes		1	
2a	Alimony received		2a	
b	Date of original divorce or separation agreement (see instructions):			
3	Business income or (loss). Attach Schedule C		3	
4	Other gains or (losses). Attach Form 4797		4	
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Atta		5	-16,093.
6	Farm income or (loss). Attach Schedule F		6	
7	Unemployment compensation		7	
8	Other income:			
а	Net operating loss	8a ()	
b	Gambling	8b		
C	Cancellation of debt	8c		
d	Foreign earned income exclusion from Form 2555	8d ()	
е	Income from Form 8853	8e		
f	Income from Form 8889	8f		
g	Alaska Permanent Fund dividends	8g		
h	Jury duty pay	8h		
i	Prizes and awards	8i		
j	Activity not engaged in for profit income	8j		
k	Stock options	8k		
I	Income from the rental of personal property if you engaged in the rental			
	for profit but were not in the business of renting such property	81		
m	Olympic and Paralympic medals and USOC prize money (see			
	instructions)	8m		
n	Section 951(a) inclusion (see instructions)	8n		
0	Section 951A(a) inclusion (see instructions)	80		
р	Section 461(I) excess business loss adjustment	8p		
q	Taxable distributions from an ABLE account (see instructions)	8q		
r	Scholarship and fellowship grants not reported on Form W-2	8r		
S	Nontaxable amount of Medicaid waiver payments included on Form		,	
	1040, line 1a or 1d	8s (<u>)</u>	
t	Pension or annuity from a nonqualifed deferred compensation plan or	_		
	a nongovernmental section 457 plan	8t		
u	Wages earned while incarcerated	8u		
Z	Other income. List type and amount:			
_		8z		
9	Total other income. Add lines 8a through 8z		9	
10	Combine lines 1 through 7 and 9. This is your additional income . Enter	here and on Form		16.000
	1040, 1040-SR, or 1040-NR, line 8		10	-16 , 093.

Schedule 1 (Form 1040) 2023 Page **2**

Par	t II Adjustments to Income			
11	Educator expenses		11	_
12	Certain business expenses of reservists, performing artists, and fee-basis government	nent		_
	officials. Attach Form 2106	🗠	12	
13	Health savings account deduction. Attach Form 8889	🗀	13	
14	Moving expenses for members of the Armed Forces. Attach Form 3903		14	
15	Deductible part of self-employment tax. Attach Schedule SE		15	 _
16	Self-employed SEP, SIMPLE, and qualified plans		16	 _
17	Self-employed health insurance deduction	🗠	17	 _
18	Penalty on early withdrawal of savings		18	_
19a	Alimony paid		9a	_
b	Recipient's SSN			
С	Date of original divorce or separation agreement (see instructions):			
20	IRA deduction		20	 _
21	Student loan interest deduction		21	_
22	Reserved for future use		22	
23	Archer MSA deduction	🛂	23	 _
24	Other adjustments:			
а	Jury duty pay (see instructions)			
b	Deductible expenses related to income reported on line 8l from the			
	rental of personal property engaged in for profit			
С	Nontaxable amount of the value of Olympic and Paralympic medals			
	and USOC prize money reported on line 8m			
d	Reforestation amortization and expenses			
е	Repayment of supplemental unemployment benefits under the Trade Act of 1974			
f	Contributions to section 501(c)(18)(D) pension plans			
g	Contributions by certain chaplains to section 403(b) plans 24g			
_	Attorney fees and court costs for actions involving certain unlawful			
	discrimination claims (see instructions)			
i	Attorney fees and court costs you paid in connection with an award			
	from the IRS for information you provided that helped the IRS detect			
	tax law violations			
j	Housing deduction from Form 2555			
k	Excess deductions of section 67(e) expenses from Schedule K-1 (Form			
	1041)			
Z	Other adjustments. List type and amount:			
	24z			
25	Total other adjustments. Add lines 24a through 24z		25	
26	Add lines 11 through 23 and 25. These are your adjustments to income. Enter here and			
	Form 1040, 1040-SR, or 1040-NR, line 10	1	26	_

SCHEDULE 2 (Form 1040)

Department of the Treasury Internal Revenue Service

Additional Taxes

Attach to Form 1040, 1040-SR, or 1040-NR.

Go to www.irs.gov/Form1040 for instructions and the latest information.

OMB No. 1545-0074

2023

Attachment
Sequence No. 02

Name(s) shown on Form 1040, 1040-SR, or 1040-NR

Your social security number

0210	AIN PHOLINI		<u> </u>
Pa	tl Tax		
1	Alternative minimum tax. Attach Form 6251	1	
2	Excess advance premium tax credit repayment. Attach Form 8962	2	
3	Add lines 1 and 2. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 17.	3	
Par	t II Other Taxes		
4	Self-employment tax. Attach Schedule SE	4	
5	Social security and Medicare tax on unreported tip income. Attach Form 4137		
6	Uncollected social security and Medicare tax on wages. Attach Form 8919		
7	Total additional social security and Medicare tax. Add lines 5 and 6	7	
8	Additional tax on IRAs or other tax-favored accounts. Attach Form 5329 if required.		
	If not required, check here	8	
9	Household employment taxes. Attach Schedule H	9	
10	Repayment of first-time homebuyer credit. Attach Form 5405 if required	10	
11	Additional Medicare Tax. Attach Form 8959	11	376.
12	Net investment income tax. Attach Form 8960	12	
13	Uncollected social security and Medicare or RRTA tax on tips or group-term life insurance from Form W-2, box 12	13	
14	Interest on tax due on installment income from the sale of certain residential lots and timeshares	14	
15	Interest on the deferred tax on gain from certain installment sales with a sales price over \$150,000	15	
16	Recapture of low-income housing credit. Attach Form 8611	16	
	(co	ontinu	ed on page 2)

Schedule 2 (Form 1040) 2023 Page **2**

Part II Other Taxes (continued)

7	Other additional taxes:			
а	Recapture of other credits. List type, form number, and amount:			
		17a		
b	Recapture of federal mortgage subsidy, if you sold your home	476		
	see instructions	17b	-	
	Additional tax on HSA distributions. Attach Form 8889	17c	_	
a	Additional tax on an HSA because you didn't remain an eligible individual. Attach Form 8889	17d		
е	Additional tax on Archer MSA distributions. Attach Form 8853.	17e		
f	Additional tax on Medicare Advantage MSA distributions. Attach Form 8853	17f		
g	Recapture of a charitable contribution deduction related to a fractional interest in tangible personal property	17g		
h	Income you received from a nonqualified deferred compensation plan that fails to meet the requirements of section 409A	17h		
i	Compensation you received from a nonqualified deferred compensation plan described in section 457A	17i		
j	Section 72(m)(5) excess benefits tax	17j		
k	Golden parachute payments	17k		
I	Tax on accumulation distribution of trusts	171		
m	Excise tax on insider stock compensation from an expatriated corporation	17m		
n	Look-back interest under section 167(g) or 460(b) from Form 8697 or 8866	17n		
0	Tax on non-effectively connected income for any part of the year you were a nonresident alien from Form 1040-NR	17 0		
р	Any interest from Form 8621, line 16f, relating to distributions from, and dispositions of, stock of a section 1291 fund	17p		
q	Any interest from Form 8621, line 24	17q		
Z	Any other taxes. List type and amount:			
		17z		
8	Total additional taxes. Add lines 17a through 17z		18	
9	Reserved for future use		19	
20	Section 965 net tax liability installment from Form 965-A	20		
21	Add lines 4, 7 through 16, and 18. These are your total other taxe			
	on Form 1040 or 1040-SR, line 23, or Form 1040-NR, line 23b . $$.		21	376.

SCHEDULE E (Form 1040)

Supplemental Income and Loss

(From rental real estate, royalties, partnerships, S corporations, estates, trusts, REMICs, etc.)

Attach to Form 1040, 1040-SR, 1040-NR, or 1041.

Your social security number

Department of the Treasury Internal Revenue Service Name(s) shown on return

Go to www.irs.gov/ScheduleE for instructions and the latest information.

Attachment Sequence No. 13

OMB No. 1545-0074

SAGA	AR MIGLANI							301-1	9-6489	
Par	Note: If you are i	oss From Rental Real Estate an n the business of renting personal proper loss from Form 4835 on page 2, line 40.			C . See	instruct	ions. If you a			
	Did you make any payr	ments in 2023 that would require you I you file required Form(s) 1099?								
		f each property (street, city, state, ZIF								
	WARD NO. 3, LAKHPATI COLONY JUNNARDEO, DIST, CHHINDWARA IN 480551									
A B	WARD NO. 3, LAI	KHPATI COLONY JUNNARDEO,	DIST,	Снит	INDWAL	KA IN	480551			
1b	Type of Property (from list below)	2 For each rental real estate prope above, report the number of fair	rental a	nd	Fair Rental Days			Person	QJV	
Α	3	personal use days. Check the Qu		only	Α		340		0	
В		if you meet the requirements to f qualified joint venture. See instru	ile as a		В					
С		quaimed joint venture. See instru	ictions.		С					
1	of Property: Single Family Resider Multi-Family Residend			5 Land 6 Roya			Self-Rental Other (desc			
_							Properti	es:	1	
Incon					Α		В			С
3			3		6	80.				
4			4							
Expe			_							
5	_		6							
6		instructions)	7		1 0	5.0				
7 8		enance	8		1,0	39.				
9			9							
10		essional fees	10							
11	-		11		2,2	1 0				
12		aid to banks, etc. (see instructions)	12		4,4	19.				
13			13							
14			14		3,8	45				
15			15		4,7	_				
16			16		-, ,					
17			17		1,8	55.				
18		se or depletion	18		3,0					
19		Llipan E through 10	19		- , ,					
20	Total expenses, Add	l lines 5 through 19	20		16,7	73.				
21	Subtract line 20 from result is a (loss), see	n line 3 (rents) and/or 4 (royalties). If instructions to find out if you must	21	-	-16,0					
22		al estate loss after limitation, if any, nstructions)	22 (16,09			,)()
23a		reported on line 3 for all rental prope				23a		680.		,
b		reported on line 4 for all royalty prop				23b				
С	Total of all amounts	reported on line 12 for all properties				23c				
d	Total of all amounts				23d	3	3,073.			
е	Total of all amounts				23e	16	773.			
24	Income. Add positiv	t include	any los	sses			. 24			
25	Losses. Add royalty lo	osses from line 21 and rental real estate	e losses	from lin	e 22. Er	nter tota	ıl losses her	e 25	(16,093.)
26		tate and royalty income or (loss).								
	here. If Parts II, III, and IV, and line 40 on page 2 do not apply to you, also enter this amount or Schedule 1 (Form 1040), line 5. Otherwise, include this amount in the total on line 41 on page 2.									-16 , 093.

(Rev. November 2023)

Department of the Treasury Internal Revenue Service

Paid Preparer's Due Diligence Checklist

Earned Income Credit (EIC), American Opportunity Tax Credit (AOTC), Child Tax Credit (CTC) (including the Additional Child Tax Credit (ACTC) and Credit for Other Dependents (ODC)), and Head of Household (HOH) Filing Status

To be completed by preparer and filed with Form 1040, 1040-SR, 1040-NR, 1040-PR, or 1040-SS. Go to www.irs.gov/Form8867 for instructions and the latest information.

OMB No. 1545-0074 For tax year **20** _ 23

Attachment

Sequence No. 70 Taxpayer name(s) shown on return Taxpayer identification number SAGAR MIGLANI 301-19-6489 Preparer's name Preparer tax identification number SYAM PRIYA RAM SAGAR GUPTA TALLAM **Due Diligence Requirements** Please check the appropriate box for the credit(s) and/or HOH filing status claimed on the return and complete the related Parts I-V for the benefit(s) claimed (check all that apply). ☐ EIC X CTC/ACTC/ODC ☐ AOTC Did you complete the return based on information for the applicable tax year provided by the taxpayer No N/A × If credits are claimed on the return, did you complete the applicable EIC and/or CTC/ACTC/ODC 2 worksheets found in the Form 1040, 1040-SR, 1040-NR, 1040-PR, 1040-SS, or Schedule 8812 (Form 1040) instructions, and/or the AOTC worksheet found in the Form 8863 instructions, or your own worksheet(s) that provides the same information, and all related forms and schedules for each credit X Did you satisfy the knowledge requirement? To meet the knowledge requirement, you must do both of the following. • Interview the taxpayer, ask questions, and contemporaneously document the taxpayer's responses to determine that the taxpayer is eligible to claim the credit(s) and/or HOH filing status. · Review information to determine that the taxpayer is eligible to claim the credit(s) and/or HOH filing Did any information provided by the taxpayer or a third party for use in preparing the return, or information reasonably known to you, appear to be incorrect, incomplete, or inconsistent? (If "Yes." X Did you make reasonable inquiries to determine the correct, complete, and consistent information? . Did you contemporaneously document your inquiries? (Documentation should include the questions you asked, whom you asked, when you asked, the information that was provided, and the impact the information had on your preparation of the return.) Did you satisfy the record retention requirement? To meet the record retention requirement, you must keep a copy of your documentation referenced in question 4b, a copy of this Form 8867, a copy of any applicable worksheet(s), a record of how, when, and from whom the information used to prepare Form 8867 and any applicable worksheet(s) was obtained, and a copy of any document(s) provided by the taxpayer that you relied on to determine eligibility for the credit(s) and/or HOH filing status or to figure List those documents provided by the taxpayer, if any, that you relied on: Did you ask the taxpayer whether he/she could provide documentation to substantiate eligibility for the credit(s) and/or HOH filing status and the amount(s) of any credit(s) claimed on the return if his/her Did you ask the taxpayer if any of these credits were disallowed or reduced in a previous year? . . . (If credits were disallowed or reduced, go to question 7a; if not, go to question 8.) If the taxpayer is reporting self-employment income, did you ask questions to prepare a complete and

orm 88	867 (Rev. 11-2023)			Page 2
Part	Due Diligence Questions for Returns Claiming EIC (If the return does not claim EIC, go	to Part	III.)	
9a	Have you determined that the taxpayer is eligible to claim the EIC for the number of qualifying children claimed, or is eligible to claim the EIC without a qualifying child? (If the taxpayer is claiming the EIC and does not have a qualifying child, go to question 10.)	Yes	No	N/A
b	Did you ask the taxpayer if the child lived with the taxpayer for over half of the year, even if the taxpayer has supported the child the entire year?			
С	Did you explain to the taxpayer the rules about claiming the EIC when a child is the qualifying child of more than one person (tiebreaker rules)?			
Part		claim C	CTC, A	CTC,
10	Have you determined that each qualifying person for the CTC/ACTC/ODC is the taxpayer's dependent who is a citizen, national, or resident of the United States?	Yes	No	N/A
11	Did you explain to the taxpayer that he/she may not claim the CTC/ACTC if the child has not lived with the taxpayer for over half of the year, even if the taxpayer has supported the child, unless the child's custodial parent has released a claim to exemption for the child?	×		
12	Did you explain to the taxpayer the rules about claiming the CTC/ACTC/ODC for a child of divorced or separated parents (or parents who live apart), including any requirement to attach a Form 8332 or similar statement to the return?	×		
Part			Part \	/.)
13	Did the taxpayer provide substantiation for the credit, such as a Form 1098-T and/or receipts for the quatuition and related expenses for the claimed AOTC?	alified	Yes	No
Part			Part	VI.)
14	Have you determined that the taxpayer was unmarried or considered unmarried on the last day of the tax and provided more than half of the cost of keeping up a home for the year for a qualifying person?		Yes	No
Part	VI Eligibility Certification			
	You will have complied with all due diligence requirements for claiming the applicable credit(s) and on the return of the taxpayer identified above if you:	or HO	H filing	status
	A. Interview the taxpayer, ask adequate questions, contemporaneously document the taxpayer's respoint your notes, review adequate information to determine if the taxpayer is eligible to claim the credit(status and to figure the amount(s) of the credit(s);	nses on s) and/c	the ret or HOH	urn or filing
	 B. Complete this Form 8867 truthfully and accurately and complete the actions described in this checkled credit(s) claimed and HOH filing status, if claimed; 	ist for a	ny app	licable
	C. Submit Form 8867 in the manner required; and			
	D. Keep all five of the following records for 3 years from the latest of the dates specified in the Form 880 Document Retention.	37 instru	uctions	under
	1. A copy of this Form 8867.			
	2. The applicable worksheet(s) or your own worksheet(s) for any credit(s) claimed.			
	Copies of any documents provided by the taxpayer on which you relied to determine the taxpayer credit(s) and/or HOH filing status and to figure the amount(s) of the credit(s).	's eligib	ility for	the
	A record of how, when, and from whom the information used to prepare this form and the applical obtained.	ble work	ksheet(s) was
	5. A record of any additional information you relied upon, including questions you asked and the taxle determine the taxpayer's eligibility for the credit(s) and/or HOH filing status and to figure the amount of the taxles of the credit o	oayer's int(s) of	respon the cre	ses, to dit(s).
	If you have not complied with all due diligence requirements, you may have to pay a penalty for eac related to a claim of an applicable credit or HOH filing status (see instructions for more information	h failur).	e to co	mply
15	Do you certify that all of the answers on this Form 8867 are, to the best of your knowledge, true, correct complete?		Yes	No

Form **8959**

Department of the Treasury Internal Revenue Service

Additional Medicare Tax

If any line does not apply to you, leave it blank. See separate instructions. Attach to Form 1040, 1040-SR, 1040-NR, or 1040-SS.

Go to www.irs.gov/Form8959 for instructions and the latest information.

OMB No. 1545-0074

2023

Attachment
Sequence No. 71

Name(s) shown on return
SAGAR MIGLANI
301–19–6489

01101	111011111	- 0 - 0	
Part			
1	Medicare wages and tips from Form W-2, box 5. If you have more than one		
	Form W-2, enter the total of the amounts from box 5		
2	Unreported tips from Form 4137, line 6		
3	Wages from Form 8919, line 6		
4	Add lines 1 through 3		
5	Enter the following amount for your filing status:		
	Married filing jointly		
	Married filing separately		
	Single, Head of household, or Qualifying surviving spouse \$200,000 5 125,000.		
6	Subtract line 5 from line 4. If zero or less, enter -0	6	41,729.
7	Additional Medicare Tax on Medicare wages. Multiply line 6 by 0.9% (0.009). Enter here and go to	_	27.6
B	Part II	7	376.
Part	• •		
8	Self-employment income from Schedule SE (Form 1040), Part I, line 6. If you		
•	had a loss, enter -0		
9	Enter the following amount for your filing status:		
	Married filing jointly		
	Married filing separately		
40	Single, Head of household, or Qualifying surviving spouse \$200,000 9		
10	Enter the amount from line 4	-	
11	Subtract line 10 from line 9. If zero or less, enter -0	10	
12	Subtract line 11 from line 8. If zero or less, enter -0	12	
13	Additional Medicare Tax on self-employment income. Multiply line 12 by 0.9% (0.009). Enter here and	13	
Part	go to Part III	13	
	Railroad retirement (RRTA) compensation and tips from Form(s) W-2, box 14		
14	(see instructions)		
15	Enter the following amount for your filing status:	-	
13	Married filing jointly \$250,000		
	Married filing separately \$125,000		
	Single, Head of household, or Qualifying surviving spouse \$200,000		
16	Subtract line 15 from line 14. If zero or less, enter -0	16	
17	Additional Medicare Tax on railroad retirement (RRTA) compensation. Multiply line 16 by 0.9% (0.009).	.0	
.,	Enter here and go to Part IV	17	
Part	V Total Additional Medicare Tax	1 1	
18	Add lines 7, 13, and 17. Also include this amount on Schedule 2 (Form 1040), line 11 (Form 1040-SS		
	filers, see instructions), and go to Part V	18	376.
Part	V Withholding Reconciliation	1 1	370.
19	Medicare tax withheld from Form W-2, box 6. If you have more than one Form		
	W-2, enter the total of the amounts from box 6		
20	Enter the amount from line 1		
21	Multiply line 20 by 1.45% (0.0145). This is your regular Medicare tax		
	withholding on Medicare wages		
22	Subtract line 21 from line 19. If zero or less, enter -0 This is your Additional Medicare Tax		
	withholding on Medicare wages	22	0.
23	Additional Medicare Tax withholding on railroad retirement (RRTA) compensation from Form W-2, box		
•	14 (see instructions)	23	
24	Total Additional Medicare Tax withholding. Add lines 22 and 23. Also include this amount with		
	federal income tax withholding on Form 1040, 1040-SR, or 1040-NR, line 25c (Form 1040-SS filers,		
	see instructions)	24	0.

Form **8960**

Net Investment Income Tax— Individuals, Estates, and Trusts

Department of the Treasury Internal Revenue Service Attach to your tax return.

Go to www.irs.gov/Form8960 for instructions and the latest information.

2023 Attachment Sequence No. 72

OMB No. 1545-2227

Name(s) shown on your tax return Your social security number or EIN SAGAR MIGLANI 301-19-6489 Part I Investment Income ☐ Section 6013(g) election (see instructions) ☐ Section 6013(h) election (see instructions) ☐ Regulations section 1.1411-10(g) election (see instructions) 1 2 2 3 3 Rental real estate, royalties, partnerships, S corporations, trusts, trades or 4a -16,093. Adjustment for net income or loss derived in the ordinary course of a nonsection 1411 trade or business (see instructions) 4b 4c -16,093. Net gain or loss from disposition of property (see instructions) 5a 5a Net gain or loss from disposition of property that is not subject to net investment income tax (see instructions) 5b Adjustment from disposition of partnership interest or S corporation stock (see 5d 6 Adjustments to investment income for certain CFCs and PFICs (see instructions) 6 7 7 Other modifications to investment income (see instructions) Total investment income. Combine lines 1, 2, 3, 4c, 5d, 6, and 7. 8 -16,093Part II Investment Expenses Allocable to Investment Income and Modifications State, local, and foreign income tax (see instructions) 9b Miscellaneous investment expenses (see instructions) . . 9c 9d 10 10 Total deductions and modifications. Add lines 9d and 10 11 11 Part III Tax Computation Net investment income. Subtract Part II, line 11, from Part I, line 8. Individuals, complete lines 13-17. 12 12 0. Individuals: Modified adjusted gross income (see instructions) 13 140,532. 125,000. 14 15 Subtract line 14 from line 13. If zero or less, enter -0- 15 15,532. 16 16 0. Net investment income tax for individuals. Multiply line 16 by 3.8% (0.038). Enter here and include 17 17 0. **Estates and Trusts:** 18a Deductions for distributions of net investment income and charitable 18b Undistributed net investment income. Subtract line 18b from line 18a (see 18c 19a Highest tax bracket for estates and trusts for the year (see instructions) . . . 19b 19c 20 20 Net investment income tax for estates and trusts. Multiply line 20 by 3.8% (0.038). Enter here and 21 21

SPOUSE'S PEN AND INK SIGNATURE

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** MIGLANI 301 | 19 | 6489 SAGAR 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. 140,532 00 1 Arizona Adjusted Gross Income ☐ Foreign Account Deposit/Debit: See instructions below. 2 Balance Of Tax 3,167 **00** ROUTING NUMBER 3,132 **00** ☐ Checking ☐ Savings 3 Arizona Income Tax Withheld... ACCOUNT NUMBER Check box 4 or box 5: 00 **4** ■ **REFUND**: Enter the amount of refund...... 35**|**00 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 provided on your tax return. Your refund amount will be deposited in the Deposit/Debit" box if your deposit will be ultimately placed in or come 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 an acknowledgement of receipt of transmission and an indication of income tax withheld, and refund (or amount owed) listed above are the 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** X 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 designated Financial Agent to initiate an ACH electronic funds I authorize GLOBAL TAXES LLC 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

RETURN.			Arizona Form 140	Resident Pe	rsonal Inc	ome Tax f	Return	F	FOR CALENDAR YEAR 2023			
	82F		Check box 82F f filing under extension	OR FISCAL YEAR BEGINNI	ING	12.0.2.3	AND ENDING	1 , 1 ,		. 66F		
			First Name and Middle Initial		Last Name			Your	Social Security N	umber		
TO THE	1	SA	GAR		MIGLANI		Enter	30:	1 19 64	89		
	_	Spou	se's First Name and Middle Initi	al (if box 4 or 6 checked)	Last Name		your SSN(s	Spous	se's Social Securi	ty No.		
≌	1		USHREE		TAORI			71	9 82 14	78		
世	_		ent Home Address - number and	l street, rural route		Apt. No.			(with area code)			
≽	2		940 N 23RD AVENUE			2051		931) 998				
₹	_	•	Town or Post Office	State	ZIP Code	•	Last Names Used	in Last Fou	r Prior Year(s) (if dif	ferent)		
DO NOT STAPLE ANY ITEMS	3	PH	OENIX 	AZ	85027			50 114		97		
₫	TATUS	4	☐ Married filing joint return	4a Injured Spouse Prot	tection of Joint O	verpayment	88	NLY. DO NO	OT MARK IN THIS A	AREA.		
S	STA	5	Head of household. Enter	name of qualifying child or depen	ndent on next line.							
9			\									
<u></u>	FILING	6	_	turn. Enter spouse's name and S	ocial Security Num	ber above.						
Ω	-	7	Single✓ Enter the number claims	ed Do not put a check mark	k							
	ON	8		or spouse) If completing lines 8		mnlete lines 38						
	PTI	9	Blind (you and/or spouse	1 00 144 5 11			81 PM		80 RCVD			
	EXEMPTIONS	10a	Dependents: Under age of		dents: Age 17 and	d over.	<u> </u>					
	EX	11a	Qualifying parents and gr	 .								
			(Box 10a and 10b): Depende	ent Information. See instruction	ons. For more s	pace, check th	e box 🔲 and c	omplete p	age 4, Part 1.			
			(a))T N/AME	(b)	(c)	(d) NO. OF MONTHS	(e) Dependent	Age (f)	-4 alaina		
	ηts		FIRST AND LAS (Do not list yourself		OCIAL SECURITY NUMBER	RELATIONSHIP	LIVED IN YOUR	included in	n: this person	on your		
	Dependents		, ,				HOME IN 2023	1 (Box 10a) (Bo	educationa			
	ebe	10c										
	Ω	10d										
		10e										
<u>.</u>			(Box 11a): Qualifying parents	s and grandparents. See instr	ructions. For mo i	re space, check	the box 🔲 and	complete	page 4, Part 2.			
after Form 140.	(a) (b) (c) (d) FIRST AND LAST NAME (Do not list yourself or spouse.) (b) SOCIAL SECURITY NUMBER (Do not list yourself or spouse.) (a) (b) (c) (d) NO. OF MONT LIVED IN YOU HOME IN 202							(e)	OR (f) √ IF DIE			
Ξ	arent		(Do not list yourself	· · · · · · · · · · · · · · · · · · ·	NUMBER	KLLATIONSTIIF	LIVED IN YOUR	OVEF				
ᅙ	ing P						HOME IN 2023					
er	Jalify	11b										
aŧ	σ̈.	11c										
ıts		l .	Federal adjusted gross incom						140,532			
schedules or other documents		l .	Small Business Income: 138 ch					I	140 520	00		
ij			Modified federal adjusted gross						140,532	$\overline{}$		
පි	Suc		Non-Arizona municipal interest Partnership Income adjustment							00		
ē	Addition		Total federal depreciation						3,073			
₹	Ad		Other Additions to Income: Co						,	00		
5		i	Subtotal: Add lines 14 through 1	•					143,605	$\overline{}$		
es			Total net capital gain or (loss).					00				
n p			Total net short-term capital gair					00				
ÿ			Total net long-term capital gain					00				
		l .	Net long-term capital gain from					I		1		
K		l .	Multiply line 23 by 25% (.25) ar					I	C	00		
ğ			Net capital gain derived from in						2 073	00		
=	ctions	l .	Recalculated Arizona depreciat						3,073	$\overline{}$		
<u>e</u> :	acti	l .	Partnership Income adjustment					I		00		
any required federal and	Subtra	l .	Interest on U.S. obligations suc							00		
g	Ō	l .	Exclusion for federal, Arizona s Exclusion for benefits, annuities					I .		00		
Ě		l .						I		00		
ed ed		30 U.S. Social Security or Railroad Retirement Act benefits included as income on your federal return (taxa 31 Certain wages of American Indians								00		
Σ		l .	Pay received for active service					I		00		
ā			Net operating loss adjustment.		=					00		
Jace			Contributions to: 34a 529 College					I		00		
<u> </u>				rom line 10 Enter the differen	·			25	1/10 532			

[Your	Name (as shown on page 1)	Your Social Security I	Number		
	SAG	GAR MIGLANI	301-19-648	19		
Ì				[
	36	Other Subtractions from Income. Complete Other Subtraction from Arizona Gross Income s	1 0		140,532	00
	37	Subtract line 36 from line 35. Enter the difference			140,532	
suc	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	I		00	
Cem	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		140 E20	00	
ŀ	42	Arizona adjusted gross income: Subtract lines 38 through 41 from line 37. If less than zero, enter			140,532	
	43	Deductions: Check box and enter amount. See instructions			13,850	
	44	If you checked box 43S and claim charitable contributions, check 44C Complete page 3. S			106 600	00
	45	Arizona taxable income: Subtract lines 43 and 44 from line 42. If less than zero, enter "0"			126,682	
ă	46	Tax: Multiply line 45 by 2.5% (.025). Enter the result			3,167	
ō.	47	Tax from recapture of credits from Arizona Form 301, Part 2, line 31			2 165	00
Balance of Tax	48	Subtotal of tax: Add lines 46 and 47. Enter the total			3,167	$\overline{}$
3a la	49	Dependent Tax Credit. See instructions				00
	50	Family income tax credit (from the worksheet - see instructions)				00
	51	Nonrefundable Credits from Arizona Form 301, Part 2, line 62			2 1 6 7	00
-	52	Balance of tax: Subtract lines 49, 50 and 51 from line 48. If the sum of lines 49, 50 and 51 is greater			3,167	
	53	2023 AZ income tax withheld			3,132	_
	54	2023 AZ estimated tax payments54a 00 Claim of Right 54b 2023 AZ extension payment (Form 204)				00
and	55					00
ents e Cre	56	Increased Excise Tax Credit (from the worksheet - see instructions)				00
aym	57	· ·				00
Total Payments and Refundable Credits	58	Other refundable credits: Check the box(es) and enter the total amount			3,132	
P & .	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 due. Skip			35	00
or nent	61	OVERPAYMENT: If line 59 is larger than line 52, subtract line 52 from line 59. Enter amount of overp	•			00
Due	62	Amount of line 61 to be applied to 2024 estimated tax				00
Tax Due or Overpayment	63	Balance of overpayment: Subtract line 62 from line 61. Enter the difference		63		100
	04	00	0			
Giffts						
ر ج		Neighbors Helping Neighbors 69 UU Special Olympics				
Voluntary	75	Political Party (if amount is entered on line 68 - check only one): 751 Democratic 752 Libertari		<u>U</u>		
<u>o</u>		Estimated payment penalty		76		00
		771 ☐ Annualized/Other 772 ☐ Farmer or Fisherman 773 ☐ Form 221 included		/6		100
alty		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, enter amount owed on line 80	79		00	
	13	Direct Deposit of Refund: Check box 79A if your deposit will be ultimately placed in a foreign accour			100	
Refund or Amount Owed		C Checking or ROUTING NUMBER ACCOUNT NUMBER				
un d		98 S Savings				
Ref mou	80	AMOUNT OWED: Add lines 60 and 78. Make check payable to Arizona Department of Revenue; w	rite your SSN on paymen	t;	25	00
₹		and include with your return		80		100
		Jnder penalties of perjury, I declare that I have read this return and any documents with it, a rue, correct and complete. Declaration of preparer (other than taxpayer) is based on all inforr				y are
	u	tue, correct and complete. Decial attorn of preparer (other than taxpayer) is based on all inform	nation of which prepare	ei iias aiiy	Kilowiedge.	
2	→		IT CONSULTAN	JT		
뿌	Y	OUR SIGNATURE DATE	OCCUPATION	<u> </u>		_
ラ	_					
SIGN HERE	→_					
	S	POUSE'S SIGNATURE DATE	SPOUSE'S OCCUPATION			
PLEASE						
Þ		AID PREPARER'S SIGNATURE DATE FIRM'S NAME (PREPARER	,			
Ę		245 ROONEY CT	84-317			
Φ.		AID PREPARER'S STREET ADDRESS	PAID PREPAI			
		E BRUNSWICK NJ 08816		965-952		
	P.	AID PREPARER'S CITY STATE ZIP CODE	PAID PREPAI	RER'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

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 Security Num	ber
1 SAGAR		MIGLANI		Enter	301 19 6489)
Spouse's First Name and Middle Init	tial	Last Name		your	Spouse's Social Security	No.
1				SSN(s).		
Current Home Address - number an	d street, rural route		Apt. No.	Daytime	Phone (with area code)	
2 19940 N 23RD AVENUE			2051	94 (9	31)998-0218	
City, Town or Post Office	State	ZIP Code			NLY. DO NOT MARK IN THIS AF	₹EA.
3 PHOENIX	AZ	85027		<u> 88 </u>		
Please indicate the filing statu Married filing joint return Head of household: Enter na	me of qualifying child or d					
☑ Married filing separate return☐ Single	Π. Enter spouse s name a	and Social Security Numi	per above.	81 PM	80 RCVD	
Enter the amount of payment	t enclosed				\$ 35	00

If you are mailing this payment

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

- ✓ Do not send cash.
- ✓ 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

STAPLE ANY ITEMS TO THE FORM.		Arizona Form 140ES	Individual Estimated Income Tax Payment				FOR CALENDAR YEAR 2024				
분	ΤĿ	ais astimated navment is for t	ay yaar anding Dagamb	or 21 2024 .	or for toy	voor onding:					
⊵-		nis estimated payment is for to Your First Name and Middle Initial	ax year ending Decemb	Last Name	JI IOI LAX	year ending.	Your Social Security Number				
<u>.</u> ⊡	1 5	SAGAR		MIGLANI		Enter	301 19 6489				
<u></u>	s	pouse's First Name and Middle Initia	al (if filing joint)	Last Name		your	Spouse's Social Security No.				
[≩	1					SSN(s).					
E A		Current Home Address - number and	street, rural route		Apt. No.	95a Married filing joint retur					
킬		19940 N 23RD AVENUE City, Town or Post Office	State	ZIP Code	2051	95b Married filing separate	return 95d Single 7. DO NOT MARK IN THIS AREA.				
<u>S</u> [PHOENIX	AZ	85027		88	. DO NOT MARKEN THIS AREA.				
<u> </u>	_	Your Daytime Phone (with area				_					
] } }	TOP	 Check if this payment is on be DO NOT USE THIS FORM Use this form only for mailing 	chalf of a Nonresident Co TO MAKE DELINQUENT II g estimated payments.	omposite retu NCOME TAX F	PAYMENTS	S					
1		Payment: You must round your				81 PM	80 RCVD				
	Е	Enter the amount of payment e n	closed	§	9 00						
2	C	· · · · · · · · · · · · · · · · · · ·	eck only one box for the quarter for which this payment is made. not select more than one quarter. You must submit a separate form for each quarter for which a payment is made.								
		<u> </u>	h Due date is April 15, 202	4.							
		2nd Quarter – April to June	· · · · · · · · · · · · · · · · · · ·	otil lung 17, 203	M to make t	this navmont					
Because June 15, 2024 falls on a weekend, you have until June 17, 2024 to make this payment. 3rd Quarter – July to September Due date is September 15, 2024.											
	-	Because September 15, 2024 falls on a weekend, you have until September 16, 2024 to make this payment.									
		4th Quarter – October to Dece	4th Quarter – October to December Due date is January 15, 2025 .								
	Payment for fiscal year filers are due as follows:										
		1st Quarter – 15th day of the	fourth month of the current fis	cal year.							
		2nd Quarter – 15th day of the	sixth month of the current fisc	cal year.							
		3rd Quarter – 15th day of the	ninth month of the current fisc	al year.							
		4th Quarter – 15th day of the									
If any of the due dates fall on a Saturday, Sunday, or legal holiday, you may make the required payment for that quarter by midnight on the next business day following that											
		If you are mailing this	· ·								
			cation of this payment, b								
		, ,	submit this form in its enti	•							
		•	ck or money order payable		•	of Revenue.					
		· · ·	, "Tax Year 2024" and "14								
		"Tax Year 2024	✓ If payment is made on behalf of a Nonresident Composite return , write "Composite 140NR", "Tax Year 2024" and the entity's EIN on your payment.								
\checkmark Include your payment with this form.											
	✓ Mail to Arizona Department of Revenue, PO Box 29085, Phoenix, AZ 85038-9085.										
Be sure to review your estimated income and adjust your payments as necessary during the year.						r.					
		If you are making an e	ectronic payment								
	You can make this estimated payment by eCheck or credit card! American Express ♦ Visa ♦ Discover Card ♦ MasterCard www.AZTaxes.gov Click on "Make a Payment" and select "140ES" as the Payment Type. Do not mail this form. We will apply this payment to your account.										

140ES	Individual Esti	mated Inc	ome Ta	x Payment	2024									
This estimated payment is for tax y Your First Name and Middle Initial														
This estimated payment is for tax y Your First Name and Middle Initial	ear ending Decemb		or for tax	year ending:	Year See id See with Number									
		Last Name MIGLANI		Enter	Your Social Security Number									
Spouse's First Name and Middle Initial (if	filing joint)	Last Name		your	Spouse's Social Security No.									
SAGAR Spouse's First Name and Middle Initial (if Current Home Address - number and stree	ming joint/	Lastranic		SSN(s).										
Current Home Address - number and stree	et, rural route		Apt. No.		e same as Form 140, 140NR or 140PY									
			2051	95a Married filing joint retu										
2 19940 N 23RD AVENUE City, Town or Post Office 3 PHOENIX	State	ZIP Code			Y. DO NOT MARK IN THIS AREA									
	AZ	85027												
94 Your Daytime Phone (with area code	e): <u>(931)998-021</u>	8												
Check if this payment is on behal														
• DO NOT USE THIS FORM TO I		INCOME TAX F	PAYMENT	S.										
• Use this form only for mailing es	stimated payments.													
1 Payment: You must round your estir	nated payment to a wh	hole dollar (no	cents).	81 PM	80 RCVD									
Enter the amount of payment enclose	sed	\$	9 00	0.1	00									
		4:												
2 Check only one box for the quarter Do not select more than one quarter.	• •		each aus	erter for which a nave	aont is mado									
Do not select more than one quarter.	You must submit a se	eparate form to	each qua	inter for which a payri	ient is made.									
Payment for calendar year filers are	due as follows:													
1st Quarter – January to March	Due date is April 15, 202	24.												
2nd Quarter – April to June Due	date is June 15. 2024.													
<u> • • • </u>	2nd Quarter – April to June Due date is June 15, 2024. Because June 15, 2024 falls on a weekend, you have until June 17, 2024 to make this payment.													
3rd Quarter – July to September Due date is September 15, 2024. Because September 15, 2024 falls on a weekend, you have until September 16, 2024 to make this payment. 4th Quarter – October to December Due date is January 15, 2025.														
									Payment for fiscal year filers are du	e as follows:				
									1st Quarter – 15th day of the four t	th month of the current fi	scal year.			
									2nd Quarter – 15th day of the sixt	h month of the current fis	scal year.			
3rd Quarter – 15th day of the nintl	n month of the current fis	cal year.												
4th Quarter – 15th day of the first	month of the next fiscal y	year.												
If any of the du	e dates fall on a Satu	urday, Sunday	or legal	holiday, you may m	ake									
the required payment														
If you are mailing this pay	ment:													
To ensure proper application														
· '	✓ Complete and submit this form in its entirety. Do not cut this page in half.													
	r money order payable			of Revenue.										
	ax Year 2024" and "14													
✓ If payment is made "Tax Year 2024" an	e 140NR",													
✓ Include your paym														
√ Mail to Arizona De														
Be sure to review your estima	nted income and adjus	st your paymen	ts as nece	essary during the yea	nr.									
If you are making an electi														
You can ma	ake this estimated	d payment h	v eChec	k or credit card!										
	rican Express ♦ Visa													
		AZTaxes.go		_										
/ Click	on "Make a Payment"	and select "14	()FS" ac th	ie Payment Tyne										

Arizona Form

5	140ES	Individual Esti	imated Inc	ome Ta	x Payment	2024				
				_						
_	This estimated payment is for tax y Your First Name and Middle Initial	<u>/ear ending Decemb</u>		or for tax	year ending:	2 0				
	SAGAR		Last Name MIGLANI		Enter	Your Social Security Number				
┋╚	Spouse's First Name and Middle Initial (if	filing joint)	Last Name		your	Spouse's Social Security No.				
1	-	ming joint)	Last Name		SSN(s).	Cpouse o Goolal Gooding No				
	Current Home Address - number and stre	et, rural route		Apt. No.		e same as Form 140, 140NR or 140PY				
	19940 N 23RD AVENUE			2051	95a Married filing joint retu					
2 3	City, Town or Post Office	State	ZIP Code			Y. DO NOT MARK IN THIS AREA.				
	PHOENIX	AZ	85027							
94	Your Daytime Phone (with area code	e): <u>(931)998-021</u>	.8							
\subseteq	Check if this payment is on behal									
ST	DO NOT USE THIS FORM TO I		INCOME TAX	PAYMENT	S.					
4	Use this form only for mailing es	timated payments.								
1	Payment: You must round your estir	nated payment to a w	hole dollar (no	cents).	81 PM	80 RCVD				
	Enter the amount of payment enclose	sed	\$	9 00	0.1	00				
_	• •		4 in							
2	Check only one box for the quarter Do not select more than one quarter.	• •		r each aus	urter for which a nave	aont is made				
	Do not select more than one quarter.	You must submit a se	eparate form to	i eacri qua	irter for which a payri	ient is made.				
	Payment for calendar year filers are	due as follows:								
	1st Quarter – January to March	Due date is April 15, 20	24.							
	2nd Quarter – April to June Due	date is June 15. 2024 .								
	2nd Quarter – April to June Due date is June 15 , 2024 . Because June 15, 2024 falls on a weekend, you have until June 17, 2024 to make this payment.									
	☐ Srd Quarter – July to September Due date is September 15, 2024.									
	Because September 15, 2024 falls on a weekend, you have until September 16, 2024 to make this payment.									
	4th Quarter – October to December Due date is January 15, 2025 .									
	Payment for fiscal year filers are due as follows:									
	1st Quarter – 15th day of the four t	h month of the current fi	scal year.							
	2nd Quarter – 15th day of the sixt	h month of the current fis	scal year.							
	3rd Quarter – 15th day of the nintl	n month of the current fis	scal year.							
	4th Quarter – 15th day of the first	month of the next fiscal	year.							
	If any of the due	e dates fall on a Satu	urday, Sunday	, or legal	holiday, you may m	ake				
	the required payment	for that quarter by n	nidnight on th	e next bu	siness day following	g that day.				
	If you are mailing this pay	ment:								
			ho curo that ::	011.						
	To ensure proper application				ao in half					
	· ·	nit this form in its ent	•	•						
		r money order payable			oi kevenue.					
	✓ Write your SSN, "To	- 140NP//								
	e 140NR",									
	✓ Include your paym									
	✓ Mail to Arizona De	partment of Revenue,	PO Box 29085,	Phoenix,	AZ 85038-9085.					
	Be sure to review your estima	ted income and adjus	st your paymer	ts as nece	ssary during the yea	ar.				
	If you are making an elect	ronic payment				-				
	You can ma	ike this estimated	d pavment h	v eChec	k or credit card!					
		rican Express ♦ Vis								
			AZTaxes.go		_					
	l Click	on "Make a Payment"	and select "14	()FS" as th	e Payment Tyne					

Arizona Form

140ES	individual Estim	nated income Ta	ax Payment	2024					
		04 0004 6 4							
This estimated payment is for ta Your First Name and Middle Initial		r 31, 2024, or for tax Last Name	year ending:	Your Social Security Numb					
1 SAGAR		MIGLANI	Enter	301 19 6489					
Spouse's First Name and Middle Initial		Last Name	your	Spouse's Social Security N					
1			SSN(s).						
Current Home Address - number and s	treet, rural route	Apt. No.	95. Filing Status. Must be the 95a Married filing joint retur	rsame as Form 140, 140NR or 140PY 95c Head of Household					
2 19940 N 23RD AVENUE City, Town or Post Office	Ctata	ZIP Code	95b Married filing separate	return 95d Single 7. DO NOT MARK IN THIS ARE					
3 PHOENIX	State AZ	85027	88	. DO NOT WARK IN THIS ARE					
Your Daytime Phone (with area c		03027							
Check if this payment is on bel		mnosite return - 1401	NR						
DO NOT USE THIS FORM T									
Use this form only for mailing	estimated payments.								
Payment: You must round your e	stimated payment to a who	ole dollar (no cents).	81 PM	80 RCVD					
Enter the amount of payment end			81	80 11012					
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Check only one box for the quart Do not select more than one quart			arter for which a never	ont is made					
Do not select more than one quart	er. Tou must submit a sep	arate form for each qu	arter for which a payir	ient is made.					
Payment for calendar year filers	are due as follows:								
1st Quarter – January to March	Due date is April 15, 2024								
2nd Quarter – April to June E	Due date is June 15, 2024 .								
Because June 15, 2024 falls	on a weekend, you have unt	il June 17, 2024 to make	e this payment.						
3rd Quarter – July to September Due date is September 15, 2024. Because September 15, 2024 falls on a weekend, you have until September 16, 2024 to make this payment.									
Payment for fiscal year filers are	duo as follows:								
1st Quarter – 15th day of the fo		al year.							
2nd Quarter – 15th day of the sixth month of the current fiscal year.									
3rd Quarter – 15th day of the n									
4th Quarter – 15th day of the fi	rst month of the next fiscal year	ar.							
If any of the	due dates fall on a Saturo	day, Sunday, or legal	holiday, you may m	ake					
	nt for that quarter by mid								
If you are mailing this p	ayment:								
To ensure proper applica	ation of this payment, be	e sure that you:							
✓ Complete and su	ubmit this form in its entire	ety. Do not cut this pa	ige in half.						
· · · · · · · · · · · · · · · · · · ·	c or money order payable t								
√ Write your SSN, "Tax Year 2024" and "140ES" on your payment.									
	ade on behalf of a Nonres and the entity's EIN on yo		urn, write "Composite	e 140NR",					
✓ Include your pay									
✓ Mail to Arizona	Department of Revenue, PC	D Box 29085, Phoenix,	AZ 85038-9085.						
Be sure to review your esti	mated income and adjust	your payments as nec	essary during the yea	r.					
If you are making an ele	ectronic payment								
You can make this estimated payment by eCheck or credit card!									
Ar	nerican Express ♦ Visa www. A	♦ Discover Card ♦ I ZTaxes.gov	riasterCard						
√ Cli	ck on "Make a Payment" ar		he Payment Type.						
	not mail this form. We wi								