Department of the Treasury Internal Revenue Service

IRS e-file Signature Authorization

OMB No. 1545-0074

ERO must obtain and retain completed Form 8879. ▶ Go to www.irs.gov/Form8879 for the latest information.

Submission Identification Number (SID)

Taxpayer's name	Social security numb	er			
SUNDEEP YARLAGADDA 853-83-4235					
Spouse's name		Spouse's social secu	rity number		
SPANDANA KADIYALA		358-97-9857	7		
Part I Tax Return Information – Tax Year Ending December 31,	2023 (Enter	year you are aut	horizing.)		
Enter whole dollars only on lines 1 through 5.					
Note: Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.					
1 Adjusted gross income		1	183,293.		
2 Total tax		2	22,772.		
3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099		3	19,710.		
4 Amount you want refunded to you		4			
5 Amount you owe		5	3,103.		

Under penalties of periury. I declare that I have examined a copy of the income tax return (original or amended) I am now authorizing, and to the best of my knowledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I above are the amounts from the income tax return (original or amended) I am now authorizing. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution to debit the entry to this account. This authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate the authorization. To revoke (cancel) a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation requests must be received no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I further acknowledge that the personal identification number (PIN) below is my signature for the income tax return (original or amended) I am now authorizing and, if applicable, my Electronic Funds Withdrawal Consent.

Taxpayer's PIN: check one box only

$\mathbf{\nabla}$	Louthorizo	GLOBAL TA	YES I	LC	to optor or gonorato my PIN	3
	rauthorize	GLOBAL IA.	AES L		to enter or generate my PIN	Ε.
			E	ERO firm name		

3	4	2	3	5	
Ent don	er fiv n't er	ve di iter a	gits, all ze	but ros	as my

signature on the income tax return (original or amended) I am now authorizing.

I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box only if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Your signature

Spouse's PIN: check one box only

X lauthorize GLOBAL TAXES LLC ERO firm name

to enter or generate my PIN

Date

7	9	8	5	7	as my
	er fiv n't er				

signature on the income tax return (original or amended) I am now authorizing. I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box only

if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Spouse's signatur	re 🕨 🛛 Da	te 🕨	•							
	Practitioner PIN Method Returns Only—continue	bel	ow							
Part III Certi	ification and Authentication – Practitioner PIN Method Only									
ERO's EFIN/PIN.	. Enter your six-digit EFIN followed by your five-digit self-selected PIN.	2	2		 	0 all ze	 2	7	1	

I certify that the above numeric entry is my PIN, which is my signature for the electronic individual income tax return (original or amended) I am now authorized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and Pub. 1345, Handbook for Authorized IRS e-file Providers of Individual Income Tax Returns.

ERO's signature ►		Date 🕨	
	RO Must Retain This Form — See mit This Form to the IRS Unless		
For Denominarily Deduction Act Nation and	nu tou votum instructions		Earm 8879 (Bay, 01 2021)

For Paperwork Reduction Act Notice, see your tax return instructions. BAA REV 03/07/24 PRO

1040		artment of the Treasury—Internal Revenue Servi S. Individual Income Tax		turn	202	3	OMB No. 1545	-0074	IRS Use Onl	y—Do not v	vrite or sta	aple in this space.
For the year Jan	. 1–Dec	c. 31, 2023, or other tax year beginning			, 2023, end	ding			, 20	See se	parate i	instructions.
Your first name	and m	iddle initial	Last r	ame						Your so	cial sec	urity number
SUNDEEP			YAR	LAGADE	LAGADDA 853 8							4235
If joint return, sp	oouse's	s first name and middle initial	Last r	ame						Spouse	's social	security numbe
SPANDANA	7		KAD	IYALA						358	97	9857
Home address	(numbe	er and street). If you have a P.O. box, see	instruc	tions.				A	Apt. no.			ection Campaigr
10469 W	DEAI	NNA DR,									,	ou, or your
City, town, or p	ost offi	ce. If you have a foreign address, also co	mplete	spaces be	low.	Sta	ite	ZIP c	ode		0.	jointly, want \$3 nd. Checking a
PEORIA						AZ	Z	853	82			not change
Foreign country	name			Foreign p	rovince/state/	count	ty	Foreig	gn postal code	your ta	x or refu	ind.
											Yo	ou 🗌 Spouse
Filing Status	; [] Single					Head of he	ouseh	old (HOH)			
Check only	X	Married filing jointly (even if only or	ne had	l income)								
one box.] Married filing separately (MFS)					Qualifying	surviv	ing spouse/	(QSS)		
		you checked the MFS box, enter the			pouse. If yo	u che	ecked the HOF	l or Q	SS box, ent	er the ch	ild's na	me if the
	qu	alifying person is a child but not you	ır depe	endent:								
Digital	At ar	ny time during 2023, did you: (a) rece	eive (a	s a reward	d, award, or	payr	ment for prope	rty or	services); o	r (b) sell,		
Assets		hange, or otherwise dispose of a digi									🗌 Ye	es 🛛 No
Standard	Som	neone can claim: 🗌 You as a de	pende	nt 🗌	Your spous	e as	a dependent					
Deduction		Spouse itemizes on a separate return	n or yo	ou were a	dual-status	alien	1					
Age/Blindness	You	: 🗌 Were born before January 2, 1	959	Are bl	lind Sp	ouse	: 🗌 Was bor	n befo	ore January	2, 1959		s blind
Dependents	s (see	instructions):		(2) S	Social security	/	(3) Relationsh	ip (4			i Š	(see instructions):
If more	(1) F	irst name Last name			number		to you		Child tax o	credit	Credit fo	or other dependents
than four	SON	NIKA YARLAGADDA		488	-35-307	0	Daughter		×			
dependents, see instructions	. —											
and check									<u> </u>			
here 🗌			. ,								<u> </u>	
Income	1a	Total amount from Form(s) W-2, be			,							201,938.
Attach Form(s)	b	Household employee wages not re	•							. 1k		
W-2 here. Also attach Forms	C L	Tip income not reported on line 1a	•		,					. 10		
W-2G and	d	Medicaid waiver payments not rep Taxable dependent care benefits f			, ,			• •		· 10		
1099-R if tax was withheld.	e f	Employer-provided adoption bene						• •	• • •	. 11		
If you did not	, ,				,			• •		· 10		
get a Form	9 h	Wages from Form 8919, line 6 . Other earned income (see instructi				• •		• •		· · · · · · · · · · · · · · · · · · ·		0.
W-2, see instructions.	i	Nontaxable combat pay election (s	,			• •	· · · · ·					
	z	Add lines 1a through 1h								. 12	,	201,938.
Attach Sch. B		Ŭ I	2a		· · ·	 b Т	axable interest	 t .		. 2k		1.
if required.	3a		3a	1,	,039.		rdinary divider			. 3k		2,283.
	4a	-	4a				axable amount			. 4k	,	
Standard Deduction for—	5a		5a			bТ	axable amount	t		. 5k	,	
Single or	6a	Social security benefits	6a				axable amount			. 6t)	
Married filing separately,	с	If you elect to use the lump-sum elect	lection	method,	check here	(see	instructions)					
\$13,850	7	Capital gain or (loss). Attach Schee	dule D	if required	d. If not req	uired	, check here			7		-5.
 Married filing jointly or 	8	Additional income from Schedule								. 8		-20,924.
Qualifying spouse,	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7,	and 8	. This is y	our total in	com	e			. 9		183,293.
\$27,700	10	Adjustments to income from Sche	dule 1	, line 26						. 10		
 Head of household, 	11	Subtract line 10 from line 9. This is	your	adjusted	gross inco	ne				. 11		183,293.
\$20,800 • If you checked г	12	Standard deduction or itemized	deduc	tions (fro	m Schedule	A)				. 12	2	27,700.
any box under	13	Qualified business income deducti	on fro	m Form 8	995 or Form	n 899	5-A			. 13	3	5.
Standard Deduction,	14	Add lines 12 and 13								. 14	<u>ا ا</u>	27,705.
see instructions.	15	Subtract line 14 from line 11. If zer	o or le	ss, enter	-0 This is y	our	taxable incom	ie .		. 15	5	155,588.

For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate instructions.

Form **1040** (2023)

Form 1040 (2023	5)								Page 2
Tax and	16	Tax (see instructions). Check	if any from Form	(s): 1 🗌 881	4 2 4972	3 🗌		16	24,772.
Credits	17	Amount from Schedule 2, lin	e3				[17	
	18	Add lines 16 and 17						18	24,772.
	19	Child tax credit or credit for	other dependen	ts from Sched	ule 8812			19	2,000.
	20	Amount from Schedule 3, lin	e8					20	
	21	Add lines 19 and 20					[21	2,000.
	22	Subtract line 21 from line 18	. If zero or less,	enter -0			[22	22,772.
	23	Other taxes, including self-e	mployment tax,	from Schedule	e 2, line 21 .		[23	0.
	24	Add lines 22 and 23. This is					[24	22,772.
Payments	25	Federal income tax withheld							
, ,	а	Form(s) W-2				25a 19	,710.		
	b	Form(s) 1099				25b			
	с	Other forms (see instructions	6)			25c			
	d	Add lines 25a through 25c	,					25d	19,710.
If you have a	26	2023 estimated tax payment					[26	
qualifying child,	27	Earned income credit (EIC)		••		27			
attach Sch. EIC.	28	Additional child tax credit from				28	_		
	29	American opportunity credit				29	_		
	30	Reserved for future use .		·		30			
	31	Amount from Schedule 3, lin				31			
	32	Add lines 27, 28, 29, and 31.						32	
	33	Add lines 25d, 26, and 32. T					-	33	19,710.
Refund	34	If line 33 is more than line 24						34	
neiuliu	35a	Amount of line 34 you want				, .		35a	
Direct deposit?	b	Routing number X X X					Savings	004	
See instructions.	ď	Account number X X X					ouvingo		
	36	Amount of line 34 you want a				36			
Amount		•	•• •			50	_		
You Owe	37	Subtract line 33 from line 24 For details on how to pay, go						37	3,103.
	38	Estimated tax penalty (see in				38	41.	51	5,105.
							41.		
Third Party Designee		you want to allow another	•				omplete be	low	× No
Designee		signee's		Phone			onal identific		
	nar			no.			per (PIN)		
Sign		der penalties of perjury, I declare this ief, they are true, correct, and com							, ,
Here		· · · ·	piete. Declaration						, ,
	Yo	ur signature		Date	Your occupation				nt you an Identity IN, enter it here
Joint return?					SOFTWARE	DEVELOPER	(see in:		in, enter it here
See instructions.	Sp	ouse's signature. If a joint return, k	oth must sign.	Date	Spouse's occupat		If the IF		nt your spouse an
Keep a copy for	-1-		g				Identity	/ Prote	ection PIN, enter it here
your records.					SOFTWARE ENGINEER (see				
	Ph	one no. (510)456-890	1	Email address	SUNDEEP094	52@GMAIL.CC	M		
Paid	Pre	eparer's name	Preparer's signat	ure		Date	PTIN	Ţ	Check if:
	SYA	M PRIYA RAM SAGAR GUPTA	SYAM PRIY	A RAM SAC	GAR GUPTA	04/16/2024	P020827	/03	Self-employed
Preparer Use Only	Fin	m's name GLOBAL TAX	KES LLC				Phone	no. (678)965-9522
	Fin	m's address 245 ROONE	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	st information.		BAA	REV 03/07/24 PRO			Form 1040 (2023)

SCHEDULE	1
(Form 1040)	

Department of the Treasury

Additional Income and Adjustments to Income

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

Attachment Sequence No. **01**

Your social security number

853-83-4235

Internal Revenue Service Go to www.irs.gov/Form1040 for instruction
Name(s) shown on Form 1040, 1040-SR, or 1040-NR
SUNDEEP YARLAGADDA & SPANDANA KADIYALA

Par	t 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. Attach	Schedule E .	5	-20,924.
6	Farm income or (loss). Attach Schedule F		6	
7	Unemployment compensation		7	
8	Other income:			
а	Net operating loss	ı ()	
b	Gambling)		
С	Cancellation of debt	;	_	
d	Foreign earned income exclusion from Form 2555 . . 8c	· ·)	
е	Income from Form 8853		_	
f	Income from Form 8889		_	
g	Alaska Permanent Fund dividends		_	
h	Jury duty pay		_	
i	Prizes and awards		_	
j	Activity not engaged in for profit income		_	
k	Stock options	<u> </u>	_	
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 8		_	
m	Olympic and Paralympic medals and USOC prize money (see			
	instructions)		-	
n	Section 951(a) inclusion (see instructions)		-	
0	Section 951A(a) inclusion (see instructions)		_	
р	Section 461(I) excess business loss adjustment		_	
q	Taxable distributions from an ABLE account (see instructions) 8c		_	
r	Scholarship and fellowship grants not reported on Form W-2	•	-	
S	Nontaxable amount of Medicaid waiver payments included on Form	(、 	
	1040, line 1a or 1d	; (4	
t	Pension or annuity from a nonqualifed deferred compensation plan or			
	a nongovernmental section 457 plan		-	
u	Wages earned while incarcerated	1	-	
Z	Other income. List type and amount:	.		
•	Tatal other income. Add lines to through 27			
9	Total other income. Add lines 8a through 8z.		9	
10	Combine lines 1 through 7 and 9. This is your additional income . Enter he 1040, 1040-SR, or 1040-NR, line 8	re and on Form	10	-20,924.
For Pa	perwork Reduction Act Notice, see your tax return instructions.	· · · ,		ule 1 (Form 1040) 2023

Par	t II Adjustments to Income			
11	Educator expenses		11	
12	Certain business expenses of reservists, performing artists, and fee-basis	s government		
	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		19a	
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:			
 a	Jury duty pay (see instructions)			
b	Deductible expenses related to income reported on line 8I from the		-	
D	rental of personal property engaged in for profit			
с	Nontaxable amount of the value of Olympic and Paralympic medals		-	
C	and USOC prize money reported on line 8m			
d			-	
	Repayment of supplemental unemployment benefits under the Trade		-	
е	Act of 1974			
			-	
f			-	
g	Contributions by certain chaplains to section 403(b) plans 24g		-	
h	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	er here and on		
	Form 1040, 1040-SR, or 1040-NR, line 10	<u></u>	26	
	BAA REVO)3/07/24 PRO	Schedule 1 (F	orm 1040) 202

SCHEDULE	В
(Form 1040)	

Financial Assets.

See instructions.

8

Interest and Ordinary Dividends

OMB No. 1545-0074 5

12

Department of the Tr Internal Revenue Ser					nt No. 08	3
Name(s) shown on r	ame(s) shown on return					er
SUNDEEP YA	RLAGA	ADDA & SPANDANA KADIYALA	853	-83-423	5	
Part I	1	List name of payer. If any interest is from a seller-financed mortgage and the		Amo	ount	
Interest		buyer used the property as a personal residence, see the instructions and list this interest first. Also, show that buyer's social security number and address:				
(See instructions and the Instructions for Form 1040, line 2b.)		ROBINHOOD SECURITIES LLC				1.
Note: If you received a Form 1099-INT, Form 1099-OID, or substitute statement from a brokerage firm,			1			
list the firm's name as the payer and enter the total interest shown on that form.						
	2	Add the amounts on line 1	2			1.
	3	Excludable interest on series EE and I U.S. savings bonds issued after 1989. Attach Form 8815.	3			
	4	Subtract line 3 from line 2. Enter the result here and on Form 1040 or 1040-SR, line 2b	4			1.
		If line 4 is over \$1,500, you must complete Part III.		Amo		
Part II	5	List name of payer: VANGUARD MARKETING CORPORATION			1,61	
Ordinary Dividends (See instructions and the Instructions for Form 1040,		ROBINHOOD SECURITIES LLC				57.
line 3b.) Note: If you received a Form 1099-DIV or substitute statement from a brokerage firm, list the firm's name as the payer and enter			5			
the ordinary dividends shown on that form.	6 Note:	Add the amounts on line 5. Enter the total here and on Form 1040 or 1040-SR, line 3b If line 6 is over \$1,500, you must complete Part III.	6		2,28	33.
Part III	Your	nust complete this part if you (a) had over \$1,500 of taxable interest or ordinary d	ividen	ds: (b) had	d a for	reian
Foreign		nt; or (c) received a distribution from, or were a grantor of, or a transferor to, a foreign				oigii
Accounts					Yes	No
and Trusts Caution: If required, failure to		At any time during 2023, did you have a financial interest in or signature authority of account (such as a bank account, securities account, or brokerage account) locate country? See instructions				×
file FinCEN Form 114 may result in substantial penalties.		If "Yes," are you required to file FinCEN Form 114, Report of Foreign Bank Accounts (FBAR), to report that financial interest or signature authority? See FinC and its instructions for filing requirements and exceptions to those requirements.	EN F	orm 114		
Additionally, you may be required to file Form 8938, Statement of Specified Foreign		If you are required to file FinCEN Form 114, list the name(s) of the foreign country(financial account(s) is (are) located:		here the		

During 2023, did you receive a distribution from, or were you the grantor of, or transferor to, a

foreign trust? If "Yes," you may have to file Form 3520. See instructions . For Paperwork Reduction Act Notice, see your tax return instructions. BAA REV 03/07/24 PRO

Schedule B (Form 1040) 2023

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SCHEDULE D (Form 1040)

Capital Gains and Losses

OMB No. 1545-0074

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

Use Form 8949 to list your transactions for lines 1b, 2, 3, 8b, 9, and 10. Go to *www.irs.gov/ScheduleD* for instructions and the latest information.

20**23** Attachment Sequence No. 12

Internal Revenue Service Name(s) shown on return

Department of the Treasury

SUNDEEP YARLAGADDA & SPANDANA KADIYALA

Your social security number 853-83-4235

Did you dispose of any investment(s) in a qualified opportunity fund during the tax year?
Yes X No
If "Yes," attach Form 8949 and see its instructions for additional requirements for reporting your gain or loss.

Part I Short-Term Capital Gains and Losses – Generally Assets Held One Year or Less (see instructions)

lines This	nstructions for how to figure the amounts to enter on the below. form may be easier to complete if you round off cents to	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustment to gain or loss Form(s) 8949, F	from	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result
whol	e dollars.	· · /	, , , , , , , , , , , , , , , , , , ,	line 2, columr	n (g)	with column (g)
1a	Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b.					
1b	Totals for all transactions reported on Form(s) 8949 with Box A checked					
2	Totals for all transactions reported on Form(s) 8949 with Box B checked	153.	158.			-5.
3	Totals for all transactions reported on Form(s) 8949 with Box C checked					
4	Short-term gain from Form 6252 and short-term gain or (I	oss) from Forms 4	684, 6781, and 88	324	4	
5	Net short-term gain or (loss) from partnerships, Schedule(s) K-1				5	
6	6 Short-term capital loss carryover. Enter the amount, if any, from line 8 of your Capital Loss Carryover Worksheet in the instructions					()
7 Net short-term capital gain or (loss). Combine lines 1a through 6 in column (h). If you have any long-term capital gains or losses, go to Part II below. Otherwise, go to Part III on the back					7	-5.

Part II Long-Term Capital Gains and Losses—Generally Assets Held More Than One Year (see instructions)

lines This	instructions for how to figure the amounts to enter on the below. form may be easier to complete if you round off cents to e dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustmen to gain or loss Form(s) 8949, l line 2, colum	from Part II,	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
8a	Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b.					
8b	Totals for all transactions reported on Form(s) 8949 with Box D checked					
9	Totals for all transactions reported on Form(s) 8949 with Box E checked					
10	Totals for all transactions reported on Form(s) 8949 with Box F checked.					
	Gain from Form 4797, Part I; long-term gain from Forms from Forms 4684, 6781, and 8824		11			
12 13	Net long-term gain or (loss) from partnerships, S corporat Capital gain distributions. See the instructions	12 13				
	Long-term capital loss carryover. Enter the amount, if any Worksheet in the instructions	14	()			
15	Net long-term capital gain or (loss). Combine lines 8a on the back .	15				

Part	III Summary			
16	Combine lines 7 and 15 and enter the result	16		-5.
	• If line 16 is a gain , enter the amount from line 16 on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 17 below.			
	• If line 16 is a loss , skip lines 17 through 20 below. Then, go to line 21. Also be sure to complete line 22.			
	• If line 16 is zero , skip lines 17 through 21 below and enter -0- on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 22.			
17	Are lines 15 and 16 both gains? Yes. Go to line 18. No. Skip lines 18 through 21, and so to line 22.			
	No. Skip lines 18 through 21, and go to line 22.			
18	If you are required to complete the 28% Rate Gain Worksheet (see instructions), enter the amount, if any, from line 7 of that worksheet	18		
19	If you are required to complete the Unrecaptured Section 1250 Gain Worksheet (see instructions), enter the amount, if any, from line 18 of that worksheet	19		
20	 Are lines 18 and 19 both zero or blank and you are not filing Form 4952? Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 16. Don't complete lines 21 and 22 below. 			
	□ No. Complete the Schedule D Tax Worksheet in the instructions. Don't complete lines 21 and 22 below.			
21	If line 16 is a loss, enter here and on Form 1040, 1040-SR, or 1040-NR, line 7, the smaller of:			
	The loss on line 16; or (\$3,000), or if married filing separately, (\$1,500)	21	(5.)
	Note: When figuring which amount is smaller, treat both amounts as positive numbers.			
22	Do you have qualified dividends on Form 1040, 1040-SR, or 1040-NR, line 3a?			
	Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 16.			
	□ No. Complete the rest of Form 1040, 1040-SR, or 1040-NR.			

BAA REV 03/07/24 PRO

Schedule D (Form 1040) 2023

	2010
Form	UJ4J

Department of the Treasury

Internal Revenue Service

Sales and Other Dispositions of Capital Assets

File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D.



Go to www.irs.gov/Form8949 for instructions and the latest information.

Name(s) shown on return	Social security number or taxpayer identification num				
SUNDEEP YARLAGADDA & SPANDANA KADIYALA	853-83-4235				

Before you check Box A, B, or C below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check.

Short-Term. Transactions involving capital assets you held 1 year or less are generally short-term (see Part I instructions). For long-term transactions, see page 2.

Note: You may aggregate all short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 1a; you aren't required to report these transactions on Form 8949 (see instructions).

You must check Box A. B. or C below. Check only one box. If more than one box applies for your short-term transactions. complete a separate Form 8949, page 1, for each applicable box. If you have more short-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

(A) Short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see Note above)

X (B) Short-term transactions reported on Form(s) 1099-B showing basis wasn't reported to the IRS

C) Short-term transactions not reported to you on Form 1099-B

1 (a) Description of property	(b) Date acquired	(c) Date sold or disposed of (Mo., day, yr.)	(d) Proceeds	(e) Cost or other basis See the Note below	If you enter an enter a ce	amount in column (g), ode in column (f). arate instructions.	(h) Gain or (loss) Subtract column (e)	
(Example: 100 sh. XYZ Co.)	(Mo., day, yr.)		(sales price) (see instructions)	and see <i>Column</i> (e) in the separate instructions.	(f) Code(s) from instructions	(g) Amount of adjustment	from column (d) and combine the result with column (g).	
COINBASE	10/12/23	10/12/23	153.	158.			-5.	
2 Totals. Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, line 1b (if Box A above is checked), line 2 (if Box B above is checked), or line 3 (if Box C above is checked).			153.	158.			-5.	

Note: If you checked Box A above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See Column (g) in the separate instructions for how to figure the amount of the adjustment.

For Paperwork Reduction Act Notice, see your tax return instructions. BAA

SCHE (Form	DULE E 1040)	E Supplemental Income and Loss (From rental real estate, royalties, partnerships, S corporations, estates, trusts, REMICs, etc.)						OMB No. 1545-0074				
. Departm	ent of the Treasury	(i i olii i e	Attach to Form 1040, 1040-SR, 1040-NR, or 1041. Go to <i>www.irs.gov/ScheduleE</i> for instructions and the latest information.									
	Revenue Service		Go to www.irs.	gov/ScheduleE for	rinstru	uctions an	d the la	itest in				ce No. 13
()	,								al securityı 3–4235	number		
Part				Real Estate an	d Do	valtion				853-8	3-4235	
Fait	Note: If yo	ou are in th	e business of rent	ing personal proper on page 2, line 40.			c . See	e instru	ctions. If you are	e an indiv	vidual, repo	ort farm
A D				would require you	to file	Form(s) 1	099? 5	See ins	structions		. 🗌 Ye	s 🕅 No
				orm(s) 1099?								_
1 a	Physical addr	ess of ea	ch property (stre	eet, city, state, ZIF	⊃ code	e)						
Α	PATAMATA	VIJAYA	AWADA ANDHR	A PRADESH I	IN 52	20010						
B												
<u> </u>								_				
1b	Type of Prope (from list below			real estate prope				Fa	ir Rental Days	Person Da	al Use	QJV
A	3			ays. Check the Q.			Α		365	Du	0	
B	5			requirements to f			B				0	
С			qualified joint v	enture. See instru	ictions	3.	С					
Туре о	of Property:							1	•		I	
1 :	Single Family R	esidence	3 Vacatior	n/Short-Term Ren	tal	5 Land	l		Self-Rental			
2	Multi-Family Re	sidence	4 Comme	rcial		6 Roya	alties	8	Other (describ	oe)		
									Properties	s:		
Incom	e:						Α		В	-		С
3	Rents received	k			3		8	90.				
4	Royalties recei	ived			4							
Expen												
5	•				5							
6			tructions)		6							
7	•		nce		7		2,7	65.				
8 9					8 9							
9 10			ional fees		9 10							
11	0	•			11		2.4	84.				
12	•		to banks, etc. (s		12		/ _					
13	Other interest				13							
14	Repairs				14		4,4	15.				
15					15		3,9	85.				
16					16							
17					17			87.				
18	-	xpense o	r depletion		18 19		4,5	78.				
19 20	Other (list)	s Add ling	es 5 through 19		20		21,8	14				
20 21	•		•	or 4 (royalties). If	20		0 ـ ـ ـ	± ± •				
				l out if you must								
	•			•	21	-	-20,9	24.				
22				limitation, if any,								
		-	ructions)		22	1.	20,92)	()
23a		-		or all rental prope				23a		890.		
b				or all royalty prop				23b				
c d	cTotal of all amounts reported on line 12 for all properties23cdTotal of all amounts reported on line 18 for all properties23d4,578.											
e				for all properties				23u		814.		
24				on line 21. Do not						24		
25				nd rental real estate				nter to	tal losses here	25	(2	20,924.)
26				come or (loss).								
				on page 2 do no								
		,		se, include this ar				ne 41		26		-20,924.
For Pa	perwork Reduct	ion Act No	otice, see the sep	arate instructions.		NF	Α		-20,924.	Sch	nedule E (Fo	orm 1040) 2023

Schedule E (Form 1040) 2023

SCHEDULE 8812 (Form 1040)

14

Credits for Qualifying Children and Other Dependents

OMB No. 1545-0074

Attach to	Form 1040	. 1040-SR.	or 1040-NR.
Attuon to	1 01111 10-10	, 1040 011,	01 1040 1010

20 23 Attachment

2,000.

14

Schedule 8812 (Form 1040) 2023

. .

	Department of the Treasury nternal Revenue Service Go to www.irs.gov/Schedule8812 for instructions and the latest information.			A	ttachment equence No. 47
Name(s	s) shown on return		Your se	cial s	ecurity number
SUND	EEP YARLAGADDA & SPANDANA KADIYALA		853-	83-4	4235
Pa	rt I Child Tax Credit and Credit for Other Dependents				
1	Enter the amount from line 11 of your Form 1040, 1040-SR, or 1040-NR			1	183,293.
2a	Enter income from Puerto Rico that you excluded	2a			
b	Enter the amounts from lines 45 and 50 of your Form 2555	2b	0.		
c	Enter the amount from line 15 of your Form 4563	2c			
d	Add lines 2a through 2c			2d	0.
3	Add lines 1 and 2d		[3	183,293.
4	Number of qualifying children under age 17 with the required social security number	4	1		
5	Multiply line 4 by \$2,000			5	2,000.
6	Number of other dependents, including any qualifying children who are not under age				
	17 or who do not have the required social security number	6	0		
	Caution: Do not include yourself, your spouse, or anyone who is not a U.S. citizen, U.S.	national, or U.S. resi	dent		
	alien. Also, do not include anyone you included on line 4.				
7	Multiply line 6 by \$500		[7	
8	Add lines 5 and 7		[8	2,000.
9	Enter the amount shown below for your filing status.				
	• Married filing jointly—\$400,000				
	• All other filing statuses— $$200,000 \int \dots \dots$			9	400,000.
10	Subtract line 9 from line 3.				
	• If zero or less, enter -0				
	• If more than zero and not a multiple of \$1,000, enter the next multiple of \$1,000. For	}			
	\mathbf{I}			10	0.
11	Multiply line 10 by 5% (0.05)			11	0.
12	Is the amount on line 8 more than the amount on line 11?		[12	2,000.
	■ No. STOP. You cannot take the child tax credit, credit for other dependents, or ac Skip Parts II-A and II-B. Enter -0- on lines 14 and 27.	lditional child tax c	redit.		
	Yes. Subtract line 11 from line 8. Enter the result.				
13	Enter the amount from Credit Limit Worksheet A		[13	24,772.

If the amount on line 12 is more than the amount on line 14, you may be able to take the additional child tax credit on Form 1040, 1040-SR, or 1040-NR, line 28. Complete your Form 1040, 1040-SR, or 1040-NR through line 27 (also complete Schedule 3, line 11) before completing Part II-A.

Enter the smaller of line 12 or line 13. This is your child tax credit and credit for other dependents

Enter this amount on Form 1040, 1040-SR, or 1040-NR, line 19.

For Paperwork Reduction Act Notice, see your tax return instructions.

BAA

REV 03/07/24 PRO

Schedu	ıle 8812 (Form 1040) 2023		Page 2
Part	II-A Additional Child Tax Credit for All Filers		
Cautio	on: If you file Form 2555, you cannot claim the additional child tax credit.		
15	Check this box if you do not want to claim the additional child tax credit. Skip Parts II-A and II-B. Enter -0- on lin	e 27	🔲
16a	Subtract line 14 from line 12. If zero, stop here; you cannot take the additional child tax credit. Skip Parts II-A		
	and II-B. Enter -0- on line 27	16a	0.
b	Number of qualifying children under 17 with the required social security number: x \$1,600.		
	Enter the result. If zero, stop here; you cannot claim the additional child tax credit. Skip Parts II-A and II-B.		
	Enter -0- on line 27	16b	
	TIP: The number of children you use for this line is the same as the number of children you used for line 4.		
17	Enter the smaller of line 16a or line 16b	17	
18a	Earned income (see instructions)		
b	Nontaxable combat pay (see instructions)		
19	Is the amount on line 18a more than \$2,500?		
	No. Leave line 19 blank and enter -0- on line 20.		
	Yes. Subtract \$2,500 from the amount on line 18a. Enter the result 19		
20	Multiply the amount on line 19 by 15% (0.15) and enter the result $\ldots \ldots \ldots \ldots \ldots \ldots \ldots \ldots \ldots \ldots$	20	
	Next. On line 16b, is the amount \$4,800 or more?		
	No. If you are a bona fide resident of Puerto Rico, go to line 21. Otherwise, skip Part II-B and enter the		
	smaller of line 17 or line 20 on line 27.		
	Yes. If line 20 is equal to or more than line 17, skip Part II-B and enter the amount from line 17 on line 27.		
	Otherwise, go to line 21.		
Part		IS OT H	vuerto Rico
21	Withheld social security, Medicare, and Additional Medicare taxes from Form(s) W-2,		
	boxes 4 and 6. If married filing jointly, include your spouse's amounts with yours. If		
	your employer withheld or you paid Additional Medicare Tax or tier 1 RRTA taxes, or		
	if you are a bona fide resident of Puerto Rico, see instructions	-	
22	Enter the total of the amounts from Schedule 1 (Form 1040), line 15; Schedule 2 (Form		
22	1040), line 5; Schedule 2 (Form 1040), line 6; and Schedule 2 (Form 1040), line 13 . 22	-	
23	Add lines 21 and 22	-	
24	1040 and 1040-SR filers: Enter the total of the amounts from Form 1040 or 1040-SR, line 27,)		
	and Schedule 3 (Form 1040), line 11.		
	1040-NR filers: Enter the amount from Schedule 3 (Form 1040), line 11.		
25	Subtract line 24 from line 23. If zero or less, enter -0	25	
23 26	Enter the larger of line 20 or line 25	23	
-0	Next, enter the smaller of line 17 or line 26 on line 27.	20	
Part	II-C Additional Child Tax Credit		
27	This is your additional child tax credit. Enter this amount on Form 1040, 1040-SR, or 1040-NR, line 28	27	
	•		812 (Form 1040) 2023

Qualified Business Income Deduction Simplified Computation

Attach to your tax return.

Department of the Treasury Internal Revenue Service

Go to www.irs.gov/Form8995 for instructions and the latest information
--

OMB No. 1545-2294

Your taxpaye	r identification number

853-83-4235

Name(s) shown on return

SUNDEEP YARLAGADDA & SPANDANA KADIYALA

Note. You can claim the qualified business income deduction **only** if you have qualified business income from a qualified trade or business, real estate investment trust dividends, publicly traded partnership income, or a domestic production activities deduction passed through from an agricultural or horticultural cooperative. See instructions.

Use this form if your taxable income, before your qualified business income deduction, is at or below \$182,100 (\$364,200 if married filing jointly), and you aren't a patron of an agricultural or horticultural cooperative.

1	(a) Trade, business, or aggregation name	(b) Taxpayer identification number		Qualified business income or (loss)
i				
ii				
iii				
iv				
V				
2	Total qualified business income or (loss). Combine lines 1i through 1v,			
-	column (c)	2	-	
3	Qualified business net (loss) carryforward from the prior year	3 ()		
4	Total qualified business income. Combine lines 2 and 3. If zero or less, enter -0-	4	_	
5	Qualified business income component. Multiply line 4 by 20% (0.20)		5	
6	Qualified REIT dividends and publicly traded partnership (PTP) income or (loss) (see instructions)	6 27.		
7	Qualified REIT dividends and qualified PTP (loss) carryforward from the prior	0 27.	-	
1	year.	7 ()		
8	Total qualified REIT dividends and PTP income. Combine lines 6 and 7. If zero			
•	or less, enter -0	8 27.		_
9	REIT and PTP component. Multiply line 8 by 20% (0.20)		9	<u> </u>
10 11	Qualified business income deduction before the income limitation. Add lines 5 an		10	5.
	Taxable income before qualified business income deduction (see instructions)	11 155,593.	-	
12	Enter your net capital gain, if any, increased by any qualified dividends (see instructions)	12 1,039.		
13	Subtract line 12 from line 11. If zero or less, enter -0	13 154,554.	-	
14	Income limitation. Multiply line 13 by 20% (0.20)		14	30,911.
15	Qualified business income deduction. Enter the smaller of line 10 or line 14. Also			,
	the applicable line of your return (see instructions)		15	5.
16	Total qualified business (loss) carryforward. Combine lines 2 and 3. If greater than		16	(0.)
17	Total gualified REIT dividends and PTP (loss) carryforward. Combine lines 6 a			
	zero, enter -0		17	(0.)
For Pri		07/24 PRO		Form 8995 (2023)

Ганта	8867	Paid Preparer's Due Diligence Checkli			No. 1545	
	ovember 2023)	Earned Income Credit (EIC), American Opportunity Tax Credit (AOT Child Tax Credit (CTC) (including the Additional Child Tax Credit (ACT Credit for Other Dependents (ODC)), and Head of Household (HOH) Filir.	TC), 'C) and ng Status		or tax ye 20 <u>23</u>	
	ent of the Treasury Revenue Service	To be completed by preparer and filed with Form 1040, 1040-SR, 1040-NR, 1040 Go to www.irs.gov/Form8867 for instructions and the latest inform	0-PR, or 1040-SS.	Attack Seque	nment ence No.	70
Taxpaye	er name(s) shown on	return	Taxpayer identification	n number		
SUNI	DEEP YARLAG	ADDA & SPANDANA KADIYALA	853-83-423	5		
Prepare	r's name		Preparer tax identifica	ation num	ber	
		SAGAR GUPTA	P02082703			
Part		gence Requirements				
		ropriate box for the credit(s) and/or HOH filing status claimed on the ret ed (check all that apply).		e the rel AOTC		arts I-\ HOH
1		ete the return based on information for the applicable tax year provided obtained by you?		Yes X	No	N/A
2	If credits are worksheets for 1040) instructi	claimed on the return, did you complete the applicable EIC and/or C und in the Form 1040, 1040-SR, 1040-NR, 1040-PR, 1040-SS, or Scheo ons, and/or the AOTC worksheet found in the Form 8863 instruction nat provides the same information, and all related forms and schedules	CTC/ACTC/ODC dule 8812 (Form is, or your own	X		
3	Did you satisfy the following.Interview the determine thReview infor	taxpayer, ask questions, and contemporaneously document the taxpayer at the taxpayer is eligible to claim the credit(s) and/or HOH filing status. mation to determine that the taxpayer is eligible to claim the credit(s) ar	r's responses to nd/or HOH filing	X		
4	information rea	nation provided by the taxpayer or a third party for use in preparing asonably known to you, appear to be incorrect, incomplete, or inconsis ons 4a and 4b. If " No ," go to question 5.)	stent? (If "Yes,"		X	
а	Did you make	reasonable inquiries to determine the correct, complete, and consistent in	formation? .			
b	you asked, wh	mporaneously document your inquiries? (Documentation should includ om you asked, when you asked, the information that was provided, and d on your preparation of the return.)	the impact the			
5	keep a copy of applicable wor 8867 and any taxpayer that y the amount(s)	r the record retention requirement? To meet the record retention require i your documentation referenced in question 4b, a copy of this Form 886 ksheet(s), a record of how, when, and from whom the information used to applicable worksheet(s) was obtained, and a copy of any document(s) you relied on to determine eligibility for the credit(s) and/or HOH filing sta of the credit(s)	7, a copy of any to prepare Form provided by the atus or to figure	X		
6	credit(s) and/o	e taxpayer whether he/she could provide documentation to substantiate r HOH filing status and the amount(s) of any credit(s) claimed on the ed for audit?	return if his/her	X		
7	-	e taxpayer if any of these credits were disallowed or reduced in a previous	s year?	X		
		e disallowed or reduced, go to question 7a; if not, go to question 8.)				
а	• •	ete the required recertification Form 8862?				
8		is reporting self-employment income, did you ask questions to prepare				
	correct Schedu	ıle C (Form 1040)?				

For Paperwork Reduction Act Notice, see separate instructions.

REV 03/07/24 PRO

Form **8867** (Rev. 11-2023)

Form 88	367 (Rev. 11-2023)			Page 2
Part	II 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?			
c	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	Due Diligence Questions for Returns Claiming CTC/ACTC/ODC (If the return does not or ODC, go to Part IV.)	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 X	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?	X		
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?	X		
Part		, go to	Part \	/.)
13	Did the taxpayer provide substantiation for the credit, such as a Form 1098-T and/or receipts for the qu tuition and related expenses for the claimed AOTC?	alified	Yes	No
Part	V Due Diligence Questions for Claiming HOH (If the return does not claim HOH filing statu	s, go to	o Part	VI.)
14	Have you determined that the taxpayer was unmarried or considered unmarried on the last day of the ta and provided more than half of the cost of keeping up a home for the year for a qualifying person?	k year	Yes	No
Part	 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: A. Interview the taxpayer, ask adequate questions, contemporaneously document the taxpayer's response. 		•	
	in 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);	s) and/c	or HOH	filing
	B. Complete this Form 8867 truthfully and accurately and complete the actions described in this check credit(s) claimed and HOH filing status, if claimed;	list for a	iny 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 88 Document Retention.	67 instri	uctions	under
	1. A copy of this Form 8867.			
	2. The applicable worksheet(s) or your own worksheet(s) for any credit(s) claimed.			

- 3. Copies of any documents provided by the taxpayer on which you relied to determine the taxpayer's eligibility for the credit(s) and/or HOH filing status and to figure the amount(s) of the credit(s).
- 4. A record of how, when, and from whom the information used to prepare this form and the applicable worksheet(s) was obtained.
- 5. A record of any additional information you relied upon, including questions you asked and the taxpayer's responses, to determine the taxpayer's eligibility for the credit(s) and/or HOH filing status and to figure the amount(s) of the credit(s).

If you have not complied with all due diligence requirements, you may have to pay a penalty for each failure to comply related to a claim of an applicable credit or HOH filing status (see instructions for more information).

15	Do you certify that all of the answers on this Form 8867 are, to the best of your knowledge, true, correct, and	Yes	No
	complete?	×	

REV 03/07/24 PRO

Form 8867 (Rev. 11-2023)

E-file Signature Authorization (Arizona Forms 140, 140A, 140EZ, 140NR and 140PY)

Do not mail this form to the Arizona Department of Revenue. The ERO must retain this document a minimum of four years.

Your First Name and Initial	Last Name		Your Social Security Number*
SUNDEEP	YARLAGADDA	Enter	853 83 4235
Your Spouse's First Name and Initial (if filed joint)	Last Name	your SSN(s).	Spouse's Social Security No.*
SPANDANA	KADIYALA	00N(S).	358 97 9857
PART 1 – PURPOSE (If you are e-filing a s	Small Business Income Tax Return, also con	nplete Form	AZ-8879 SBI)*Do Not Truncate
• To certify the truthfulness, correctness, and comp	pleteness of the taxpayer's electronic income tax retu	rn.	
• To authorize the Electronic Return Originator (ER	O) to affirm that the taxpayer wishes to use the taxp	ayer's electron	ic signature to the taxpayer's
federal individual income tax return as the taxpay	ver's signature to the taxpayer's electronic Arizona ind	lividual income	e tax return.

PART 2 – TAX RETURN INFO	RMATION		PART 3 – FINANCIAL INSTITUTION INFORMAT			
			Must be preser	nt when reques	sting direct debit or deposit.	
1 Arizona Adjusted Gross Income	183,293 00		Foreign Ac	count Deposit/	Debit: See instructions below.	
2 Balance Of Tax	3,790 00		TYPE OF ACCOUNT			
3 Arizona Income Tax Withheld	4,039 00		🔀 Checking	Savings	3 2 2 2 7 1 6 2 7	
Check box 4 <u>or</u> box 5:			ACCOUNT NUMBER			
4 REFUND: Enter the amount of	^f refund	249 00	6 3 1 9 7	2 8 1 2		
5 AMOUNT YOU OWE: Enter th	e amount owed	00	DIRECT DEBIT REQU	JEST DATE	\$	

Box 4 Checkbox – Refund: You are due a refund based on the information provided on your tax return. Your refund amount will be deposited in the account listed in the Financial Institution Information Section (Part 3).

Box 5 Checkbox – Amount You Owe: You owe taxes based on the information provided on your tax return. You have elected to direct debit for payment. The payment will be withdrawn from the account and on the date listed in the Financial Institution Information Section (Part 3).

Foreign Account Deposit/Debit Checkbox: Check the "Foreign Account Deposit/Debit" box if your deposit will be ultimately placed in or come from a foreign account. If you check this box, do not enter your account numbers. If this box is checked, we will not direct deposit or debit your account. If you are due a refund, we will send you a check instead. If you owe tax, you must mail a check to the Arizona Department of Revenue, PO Box 29085, Phoenix, AZ 85038-9085.

PART 4 – DECLARATION AND SIGNATURE AUTHORIZATION (Sign only after completing Part 2)

Under penalties of perjury, I declare that I have examined a copy of my electronic Arizona individual income tax return and accompanying schedules and statements for the year ending December 31, 2023, and to the best of my knowledge and belief, it is true, correct, and complete. I further declare that the amounts of Arizona adjusted gross income, total tax, Arizona income tax withheld, and refund (or amount owed) listed above are the amounts shown on the copy of my electronic Arizona income tax return.

- **6a** X I consent that my refund be directly deposited as designated in the electronic portion of my 2023 Arizona individual income tax return. If I have filed a joint return, this is an irrevocable appointment of the other spouse as an agent to receive the refund.
- **6b** I do not want direct deposit of my refund or I am not receiving a refund.
- **6c** I authorize the Arizona Department of Revenue (ADOR) and its designated Financial Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of my Arizona taxes owed on this return. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment.

If I have filed a balance due return, I understand that if the ADOR does not receive full and timely payment of my tax liability by April 15, 2024, I will remain liable for the tax liability and all applicable interest and penalties. When electronically filing my federal and state tax returns, I understand that if there is an error on my federal return, my state return will also be rejected.

I consent to my Electronic Return Originator (ERO) or On-Line Service Provider (OLSP) sending my electronic Arizona individual income tax return and accompanying schedules and statements to ADOR, and I consent to my ERO or OLSP sending such information to ADOR through a transmitter. I consent to ADOR sending my ERO, OLSP and/or transmitter an acknowledgement of receipt of transmission and an indication of whether or not the transmission of my return is accepted and, if the return is rejected, the reason(s) for the rejection. If the processing of my return or refund is delayed, I authorize ADOR to disclose to my ERO, OLSP and/ or transmitter the reason(s) for the delay, or when the refund was sent. If ADOR contacts my ERO for a copy of my return, any documents or schedules to my return, and/or this authorization form, I authorize my ERO to release copies of the requested documents to ADOR.

I authorize GLOBAL TAXES LLC

(ELECTRONIC RETURN ORIGINATOR)

to make the election that I want my electronic signature to my electronic federal individual income tax return to serve as my signature to my electronic Arizona individual income tax return for the year ending December 31, 2023. I understand that when my ERO makes the election that my electronic signature to my federal individual income tax return will serve as my signature to my Arizona individual income tax return and declared under penalties of perjury that to the best of my knowledge and belief the return is true, correct and complete.

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

RETURN.			Arizona Form 140	Resident	Personal Inco	ome Tax	Return	F	FOR CALENDAR YEAR	
E	82F		heck box 82F filing under extension	OR FISCAL YEAR BEG		2,0,2,3	AND ENDING			66F
E E	,		First Name and Middle Initial		Last Name	· · · ·		Your	Social Security Nu	
Ē	1	SUI	NDEEP		YARLAGADD	A	Enter	85	3 83 423	35
2		Spous	se's First Name and Middle Initi	al (if box 4 or 6 checked)	Last Name		your		se's Social Security	y No.
٨S	1	SP	ANDANA		KADIYALA		SSN(s).	35	8 97 985	57
Ξ	(Curre	nt Home Address - number and	l street, rural route	· ·	Apt. No.	Daytime	e Phone	(with area code)	
Σ	2	104	469 W DEANNA DR,						6-8901	
A.	(City, 7	own or Post Office	State	ZIP Code		Last Names Used in	Last Fou	r Prior Year(s) (if diffe	erent)
DO NOT STAPLE ANY ITEMS	3	PE	ORIA	AZ	85382					97
ΑP	Ĕ	4	Married filing joint return	4a 🔲 Injured Spouse	Protection of Joint Ov	verpayment		LY. DO N	OT MARK IN THIS AI	REA.
ST	STATUS	5	Head of household. Enter	name of qualifying child or c	dependent on next line.		88			
0					I					
Z	FILING	6	Married filing separate ret	turn. Enter spouse's name a	and Social Security Numb	per above.				
ă		7	Single							
	Z		↓ Enter the number claime							
	E	8	Age 65 or over (you and/o		ines 8, 9, and 11a, also con lines 10a and 10b, also con		81 PM		80 RCVD	
	ž	9 10a	Blind (you and/or spouse))						
	IX	10a 11a	Qualifying parents and gr		ependents: Age 17 and	I OVEI.				
			(Box 10a and 10b): Depende		ructions For more sr	ace, check ti	he box 🗌 and cor	nplete r	age 4. Part 1.	
			(a)		(b)	(c)	(d)	(e)	(f)	
	ş		FIRST AND LAS (Do not list yourself		SOCIAL SECURITY NUMBER	RELATIONSHIP	NO. OF MONTHS	Dependent included i	in: this person o	n your
	Dependents			or spouse.)	NOMBER		HOME IN 2023	1	2 federal return educational	due to
	pen	10c	SONIKA YAR	LAGADDA	488-35-3070	Daughter	1 1	DX 10a) (Bo		
	å	10d			100 00 0070	200311001				
		10e								
after Form 140.			(Box 11a): Qualifying parents	s and grandparents. See	instructions. For mor	e space, chec	k the box □ and c	omplete	page 4. Part 2.	
	and		(a)		(b)	(c)	(d)	(e)	(f)	
	ents		FIRST AND LAS (Do not list yourself		SOCIAL SECURITY NUMBER	RELATIONSHIP	P NO. OF MONTHS ✓ LIVED IN YOUR	IF AGE 6: OVEF		D
-ino	ng Pa Idpai			,			HOME IN 2023	OVE	11 2020	
er Fo	Grai	11b								
aft	ð	11c								
nts		12 Federal adjusted gross income (from your federal return)						12	183,293	00
		13 Small Business Income: 135 check the box if you are filing Arizona Form 140-SBI and enter the amount from Form 140-SBI, li						10 13		00
or other docume			Modified federal adjusted gross						183,293	100
ğ	su		Non-Arizona municipal interest							00
er	Additions	16 Partnership Income adjustment. See instructions 17 Total federal depreciation							4,578	00
g	Ad		Other Additions to Income: Col						1,570	00
or			Subtotal: Add lines 14 through 18	•					187,871	
es	1		Total net capital gain or (loss).					-5 00	- , -	100
schedules			Total net short-term capital gair					-5 00		
hec			Total net long-term capital gain					00		
sc		23	Net long-term capital gain from	assets acquired after De	cember 31, 2011. See	instructions. 2	3	0 00		
AZ			Multiply line 23 by 25% (.25) ar						0	00
nd		25	Net capital gain derived from in	vestment in qualified sma	all business			25		00
ll a	suc		Recalculated Arizona depreciat						4,578	
era	action		Partnership Income adjustment							00
ed	Subtra		Interest on U.S. obligations suc	-	-					00
² d	รั		Exclusion for federal, Arizona s	-						00
any required federal and			Exclusion for benefits, annuities							00
BgL			U.S. Social Security or Railroad			-				<u>00</u> 00
V L			Certain wages of American Indi Pay received for active service							00
an			Net operating loss adjustment.		•					00
Ce			Contributions to: 34a 529 College							00
Place			Subtract lines 24 through 34c fr						183,293	
	-		10/13 (23)		A7 Form 140 (20				01/13/24 PRO Page 1	

18 Subtotal of tax: Add lines 46 and 47. Enter the total 48 3,890 00 49 Dependent Tax Credit. See instructions 49 100 00 50 Family income tax credit (from the worksheet - see instructions) 50 000 50 Family income tax credit (from the worksheet - see instructions) 50 000 51 Nonrefundable Credits from Arizona Form 301, Part 2, line 62 51 000 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 line 48, enter "0" 52 3, 7.90 00 53 2023 AZ estimated tax payments. stal 000 Claim of Right stab 000 Add 54a and 54b. 54c 000 54 2023 AZ extension payment (Form 204) 55 55 000 56 000 Add 54a and 54b. 54c 000 56 000 57 Property Tax Credit from Arizona Form 140PTC 57 000 57 000 58 000 59 104 payments and refundable credits: Add lines 53 through 58. Enter the total 59 4, 0.39 00 000 60 14, 0.39 00 000 60 14, 0.39 00 000		Your	Name (as shown on page 1)	Your Social Secu	rity Number				
37 Subtract line 36 from line 35. Enter the difference 37 183,293 00 38 Age 65 or over: Multiply the number in box 8 by 52,100 38 39 00 39 Billiot: Multiply the number in box 8 by 52,100 39 39 00 40 Other Exemptions. See instructions		SUN	IDEEP YARLAGADDA & SPANDANA KADIYALA	853-83-4	235				
37 Subtract line 36 from line 35. Enter the difference 37 183,293 00 38 Age 65 or over: Multiply the number in box 8 by 22,100 38 39 00 39 Billiot, Multiply the number in box 8 by 22,100 39 39 00 00 40 Other Exemptions. See instructions				h.l ^	a a [00		
38 Age 65 or over: Multiply the number in box 8 by \$2,100 38 00 39 Bilnd: Multiply the number in box 8 by \$2,100 39 00 40 Other Exemptions. See instructions. as [•			192 202	00		
39 Blind: Multiply the number in box 9 by \$1,500 39 00 40 Other Exemptions. See instructions	_					105,275			
12 Arizona adjusted gross income: Subtract lines 38 through 41 from line 37. If less than zero, enter '0'	suc								
12 Arizona adjusted gross income: Subtract lines 38 through 41 from line 37. If less than zero, enter '0'	ptic								
12 Arizona adjusted gross income: Subtract lines 38 through 41 from line 37. If less than zero, enter '0'	хел								
43 Deductions: Check box and enter amount. See instructions	Ш	41				102 202	00		
44 If you checked box 4sS and claim charitable contributions, check 44CComplete page 3. See instructions. 44 000 45 Arizona taxable income: subtract lines 43 and 44 from line 42. If less than zero, enter "0"		42							
45 Arizona taxable income: Subtract lines 43 and 44 from line 42. If less than zero, enter '0'		43				27,700			
46 Tax: Multiply line 45 by 2.5% (025). Enter the result. 46 3,890 00 47 Tax from recapture of credits from Arizona Form 301, Part 2, line 31. 47 48 3,890 00 49 Dependent Tax Credit See instructions. 49 100 00 50 Family income tax credit (from the worksheet - see instructions). 50 000 51 Nonrefundable Credits from Arizona Form 301, Part 2, line 62. 51 000 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 line 48. enter "0". 52 3, 790 00 53 2023 AZ estimated tax payments. stal 000 Claim of Right stb 000 Add Sta and Stb. Stdc 000 54 2023 AZ estimated tax payments. Stal 000 Claim of Right stb 000 Add Sta and Stb. Stdc 000 55 000 56 000 56 000 000 Add Sta and Stb. Stdc 000 56 100 Claim of Right stb 000 Add Sta and Stb. Stdc 000 000 Add Sta and Stb. Stdc 000 57 Property Tax Credit (from Arizona Form 140PTC 55 000 000 000 000 000 000 000 000<		44	-			155 500			
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Standard Colspan="2">Standard Colspan="2" Standard Colspan= Colspan="2" Standard Colspan="2" Standard Colspan="2"	alaı	49	Dependent Tax Credit. See instructions		49	100			
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60 TAX DUE: If line 52 is larger than line 59, subtract line 59 from line 52. Enter amount of tax due. Skip lines 61, 62 and 63	lits	55					00		
60 TAX DUE: If line 52 is larger than line 59, subtract line 59 from line 52. Enter amount of tax due. Skip lines 61, 62 and 63	al Payments a fundable Cred	56					00		
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60 TAX DUE: If line 52 is larger than line 59, subtract line 59 from line 52. Enter amount of tax due. Skip lines 61, 62 and 63		58	Other refundable credits: Check the box(es) and enter the total amount	□334 58 3 □	349 58		00		
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78 Add lines 64 through 74 and 76; enter the total	×	76	Estimated payment penalty		76		00		
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^C C Checking or ^{SOUTING NUMBER} ^{ACCOUNT NUMBER} ^{SOUTING NUMBER} ^{ACCOUNT NUMBER} ^{ACCOUNT NUMBER} ^{ACCOUNT NUMBER} ^{ACCOUNT NUMBER} ^{ACCOUNT NUMBER} ^{AMOUNT OWED:} ^{Add} lines 60 and 78. Make check payable to Arizona Department of Revenue; write your SSN on payment; and include with your return	р		Direct Deposit of Refund: Check box 79A if your deposit will be ultimately placed in a foreign account; see	e instructions. 79					
80 AMOUNT OWED: Add lines 60 and 78. Make check payable to Arizona Department of Revenue; write your SSN on payment; and include with your return	we				- I				
80 AMOUNT OWED: Add lines 60 and 78. Make check payable to Arizona Department of Revenue; write your SSN on payment; and include with your return	int C				→				
and include with your return	nou	80							
	A		and include with your return		80		100		
							ey ar		
Under penalties of perjury, I declare that I have read this return and any documents with it, and to the best of my knowledge and belief, they al true, correct and complete. Declaration of preparer (other than taxpaver) is based on all information of which preparer has any knowledge					salor nas any	interneuge.			
true, correct and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.	2	→	S	OFTWARE	DEVELOPE	'R			
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true, correct and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.	Ă	P	AID PREPARER'S SIGNATURE DATE FIRM'S NAME (PREPARER'S IF	SELF-EMPLOYED))				
true, correct and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.	Щ		245 ROONEY CT						
true, correct and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.	٩	P	AID PREPARER'S STREET ADDRESS	PAID PRE	EPARER'S TIN				
True, correct and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge. Your Signature Date SOFTWARE DEVELOPER YOUR SIGNATURE Date SOFTWARE ENGINEER SPOUSE'S SIGNATURE Date SOFTWARE ENGINEER SPOUSE'S SIGNATURE DATE DATE SOFTWARE ENGINEER SPOUSE'S SIGNATURE DATE DATE SPOUSE'S OCCUPATION SYAM PRIYA RAM SAGAR GUPTA 04162024 GLOBAL TAXES LLC PAID PREPARER'S SIGNATURE DATE FIRM'S NAME (PREPARER'S IF SELF-EMPLOYED)			E BRUNSWICK NJ 08816	(678	8)965-952	2			
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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.