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** MYKALA 211 | 90 | 3221 vour Your Spouse's First Name and Initial (if filed joint) Last Name Spouse's Social Security No.* SSN(s). BANDARI 53 ı 6018 NIKHIL R 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. 414,327 00 1 Arizona Adjusted Gross Income ☐ Foreign Account Deposit/Debit: See instructions below. 2 Balance Of Tax 9,562 00 ROUTING NUMBER 0 | 5 | 3 | 0 | 0 | 11,292 00 ☑ Checking ☐ Savings 3 Arizona Income Tax Withheld... ACCOUNT NUMBER Check box 4 or box 5: 2 3 7 0 2 9 0 0 0 3 8 8 1,730 00 **4** ■ **REFUND**: Enter the amount of refund...... DIRECT DEBIT REQUEST DATE DIRECT DEBIT PAYMENT AMOUNT 5 ☐ AMOUNT YOU OWE: Enter the amount owed loo 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 The payment will be withdrawn from the account and on the PO Box 29085, Phoenix, AZ 85038-9085.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** X I consent that my refund be directly deposited as designated in the or refund is delayed, I authorize ADOR to disclose to my ERO, OLSP and/ electronic portion of my 2023 Arizona individual income tax return. or transmitter the reason(s) for the delay, or when the refund was sent. If I have filed a joint return, this is an irrevocable appointment of If ADOR contacts my ERO for a copy of my return, any documents or the other spouse as an agent to receive the refund. schedules to my return, and/or this authorization form, I authorize my ERO **6b** \prod I do not want direct deposit of my refund or I am not receiving a to release copies of the requested documents to ADOR. refund 6c I authorize the Arizona Department of Revenue (ADOR) and its 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.			140 Resident Personal Income Tax Return			Return	for calendar year 2023			
딫	82F		Check box 82F if filing under extension	OR FISCAL YEAR BEG	INNING I I I	12.0.2.3	AND ENDING		1 1	. 66F
	٠,	Your I	First Name and Middle Initial	01111007121127111220	Last Name		, 7.118 E1181110 E		ocial Security Nu	
10 THE	1		ETHA		MYKALA		Enter		1 90 1 32	
2	<u> </u>		use's First Name and Middle Init	tial (if box 4 or 6 checked)			your		e's Social Securit	
АS	1	NII	KHIL R		BANDARI		SSN(s).	468	ı 53 ı 60	18
Ē	_		ent Home Address - number an	d street, rural route		Apt. No.	Daytime		with area code)	
<u>-</u>	2	20	206 RAVENS END DR						-3081	
\forall	_	•	Town or Post Office	State	ZIP Code)	Last Names Used in L	ast Four	Prior Year(s) (if diff	
Щ	3	TAI	MPA	FL	33647					97
DO NOT STAPLE ANY ITEMS	STATUS	4		•		verpayment	REVENUE USE ONLY	. DO NO	T MARK IN THIS A	REA.
S		5	☐ Head of nousehold. Ente	er name of qualifying child or o	dependent on next line.					
$\frac{9}{2}$	FILING	6	Married filing senarate re	eturn. Enter spouse's name a	and Social Security Num	her ahove				
2		7	_	Starri. Enter opeded o name t	and Goolal Gooding Hum	boi abovo.				
_			♦ Enter the number claim	ed. Do not put a check i	mark.					
	EXEMPTIONS	8	Age 65 or over (you and	/or spouse) If completing li	ines 8, 9, and 11a, also co	mplete lines 38,				
	IFI	9	Blind (you and/or spouse	e) 39, and 41. For	lines 10a and 10b, also co	mplete line 49.	81 PM		80 RCVD	
	W W	10a	Dependents: Under age	of 17. 10b De	pendents: Age 17 an	d over.				
	ШÜ	11a	Qualifying parents and g				<u> </u>			
			(Box 10a and 10b): Depend	dent Information. See inst	ructions. For more s (b)	pace, check the (c)	he box L and com	plete pa (e)	ge 4, Part 1.	
			FIRST AND LA	STNAME	SOCIAL SECURITY	RELATIONSHIF	NO. OF MONTHS ✓ De	ependent A ncluded in:	ge if you did no	ot claim
	Dependents		(Do not list yourse	If or spouse.)	NUMBER		LIVED IN YOUR HOME IN 2023		federal return	due to
	end						(Box	10a) (Box	educational	credits
	Dep	10c						┽┼╞	! 	
		10d						╡┼╞		
		10e		tt	in the East			<u> </u>		
1 0	(Box 11a): Qualifying parents and grandparents. See instructions. For more space, check the box and grandparents. See instructions. For more space, check the box and grandparents.							ripiete p	age 4, Part 2.	
17	entsa nts	# FIRST AND LAST NAME			SOCIAL SECURITY RELATIONSHI NUMBER		1 1 2	AGE 65	OR VIF DIE	
nts after Form 140.	Qualifying Parentsand Grandparents		(Do not list yourse	if or spouse.)	NOMBLIX		HOME IN 2023	OVER	IN 2023	3
<u>ٽ</u>	lifyin Gran	11b						П		
f te	Ona	11c						Ħ		
Sa	Ī		Federal adjusted gross inco	me (from your federal re	turn)		'	12	414,327	00
										00
m			 Small Business Income: 13S check the box if you are filing Arizona Form 140-SBI and enter the amount from Form 140-SBI, line 10 Modified federal adjusted gross income. Subtract line 13 from line 12 						414,327	00
00	S	15	5 Non-Arizona municipal interest				15		00	
er c	Addition		Partnership Income adjustment. See instructions Total federal depreciation					- 1	10 500	00
Ę	Add		•						12,508	00
5			Other Additions to Income: Co Subtotal: Add lines 14 through						426,835	$\overline{}$
AZ schedules or other docume			Total net capital gain or (loss).					00	120,033	100
			Total net short-term capital gai					00		
þ			Total net long-term capital gain					00		
SC			Net long-term capital gain from					00		
Ϋ́		24	24 Multiply line 23 by 25% (.25) and enter the result						0	00
and I		25	Net capital gain derived from investment in qualified small business					25		00
	ctions		Recalculated Arizona deprecia						12,508	$\overline{}$
ers	actic		Partnership Income adjustmer							00
Place any required federal and	Subtra		28 Interest on U.S. obligations such as U.S. savings bonds and treasury bills						00	
	Ó		29a Exclusion for federal, Arizona state or local government pensions (up to \$2,500 per taxpayer)							00
									00	
			Certain wages of American Inc			-				00
			Pay received for active service							00
		33	Net operating loss adjustment	. See instructions		<u></u>		33		00
			Contributions to: 34a 529 College							00
			Subtract lines 24 through 34c	from line 19. Enter the dif					414,327	
		ADOR	R 10413 (23) 1555		AZ Form 140 (20	J 23)		REV 01	/13/24 PRO Page	1 of 6

You	ır Name (as shown on page 1)	You	r Social Security Number			
ME	ETHA MYKALA & NIKHIL R BANDARI	23	11-90-3221			
36				414,327 00		
37						
38 39 39 40 40 40 41	3			00		
를 39	, , , , , , , , , , , , , , , , , , , ,			00		
8 40		mber in box 40E by \$2,300		00		
				414,327 00		
42		•		31,841 00		
43				00		
44				382,486 00		
45				9,562 00		
of Tax 47				00		
47	,			9,562 00		
Balance 49				00		
Bag 50	'			00		
50 51				00		
52				9,562 00		
53	·	•		11,292 00		
54	4 2023 AZ estimated tax payments54a 00 Cla		0 Add 54a and 54b. 54c	, 00		
				00		
를 56				00		
Refundable Credits				00		
호 58				00		
يِّةِ چ 59				11,292 00		
60				00		
₌ 61	1 OVERPAYMENT: If line 59 is larger than line 52, subtract line 52 from	line 59. Enter amount of overpayment	61	1,730 00		
Overpayment 62 63 64	Amount of line 61 to be applied to 2024 estimated tax		62	0 00		
g 63	• •			1,730 00		
ð 64	4 - 74 Voluntary Gifts to: Solutions Teams Assigned to Schools64	4 00 Arizona Wildlife	55 00			
	Child Abuse Prevention	7 00 Political Gift	88 00			
E G	Neighbors Helping Neighbors 69 00 Special Olympics	0 Veterans' Donations Fund	71 00			
tary	I Didn't Pay Enough Fund 72 Sustainable State Parks and Road Fund 73	Spay/Neuter of Animals 7	7400			
Voluntary Gifts	5 Political Party (if amount is entered on line 68 - check only one): 751	Democratic 752 Libertarian 75	3 ☐ Republican			
76	6 Estimated payment penalty		76	00		
<u>≥</u> 77	7 77 1 Annualized/Other 77 2 Farmer or Fisherman 77 3 Form 221		<u> </u>			
75 Penalty 75	<u> </u>		1,730 00			
79	79 REFUND: Subtract line 78 from line 63. If less than zero, enter amount owed on line 80					
pg	ROUTING NUMBER ACCOL	siluctions. /aA				
Amount Owed	98 S Savings 0 5 3 0 0 0 1 9 6 2 3	7 0 2 9 0 0 0 3 8 8				
8 0		zona Department of Revenue; write your	SSN on payment;			
A P	and include with your return			00		
	Under penalties of perjury, I declare that I have read this return a	and any documents with it, and to th	e best of my knowledge	e and belief, they ar		
	true, correct and complete. Declaration of preparer (other than tax	(payer) is based on all information of	f which preparer has any	/ knowledge.		
ح لِا						
	YOUR SIGNATURE	$\overline{\hspace{1cm}}$ DATE $\overline{\hspace{1cm}}$	SECURITY PROFE	SSIONAL		
	TOUR SIGNATURE	ATION				
		SOF	TWARE			
ה ה	SPOUSE'S SIGNATURE		E'S OCCUPATION			
	SYAM PRIYA RAM SAGAR GUPTA 0404202	24 GLOBAL TAXES LLC				
rrease	PAID PREPARER'S SIGNATURE DATE	FIRM'S NAME (PREPARER'S IF SELI	F-EMPLOYED)			
4	245 ROONEY CT		84-3171965			
Ĺ	PAID PREPARER'S STREET ADDRESS		PAID PREPARER'S TIN			
	E BRUNSWICK NJ 08816		(678) 965-952			
	PAID PREPARER'S CITY STATE	ZIP CODE	PAID PREPARER'S PHON	IE 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

SCHEDULE A (Form 1040)

Itemized Deductions

Attach to Form 1040 or 1040-SR.

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

OMB No. 1545-0074 Attachment

Department of the Treasury Internal Revenue Service

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

Caution: If you are claiming a net qualified disaster loss on Form 4684, see the instructions for line 16.

Sequence No. 07

Your social security number

MEETHA MYKALA & NIKHIL R BANDARI 211-90-3221 Caution: Do not include expenses reimbursed or paid by others. Medical 1 and 1 Medical and dental expenses (see instructions) **Dental** 2 Enter amount from Form 1040 or 1040-SR, line 11 | 2 | **Expenses 3** Multiply line 2 by 7.5% (0.075) 3 4 Subtract line 3 from line 1. If line 3 is more than line 1, enter -0-. 4 **Taxes You** 5 State and local taxes. Paid a State and local income taxes or general sales taxes. You may include either income taxes or general sales taxes on line 5a, but not both. If vou elect to include general sales taxes instead of income taxes, 5a 11,292 **b** State and local real estate taxes (see instructions) 5b 2,366 **c** State and local personal property taxes 5c 5d 13,658 e Enter the smaller of line 5d or \$10,000 (\$5,000 if married filing 5e 10,000 6 Other taxes. List type and amount: 6 10,000 Interest 8 Home mortgage interest and points. If you didn't use all of your home You Paid mortgage loan(s) to buy, build, or improve your home, see Caution: Your instructions and check this box mortgage interest a Home mortgage interest and points reported to you on Form 1098. deduction may be limited. See 8a 21,841 instructions. b Home mortgage interest not reported to you on Form 1098. See instructions if limited. If paid to the person from whom you bought the home, see instructions and show that person's name, identifying no., 8b c Points not reported to you on Form 1098. See instructions for special 8с 8d 8e 21,841 9 Investment interest. Attach Form 4952 if required. See instructions 9 10 21,841 Gifts to 11 Gifts by cash or check. If you made any gift of \$250 or more, see Charity 11 Caution: If you 12 Other than by cash or check. If you made any gift of \$250 or more, made a gift and see instructions. You **must** attach Form 8283 if over \$500 . . . 12 got a benefit for it, see instructions. 13 Casualty and 15 Casualty and theft loss(es) from a federally declared disaster (other than net qualified **Theft Losses** disaster losses). Attach Form 4684 and enter the amount from line 18 of that form. See 15 **16** Other—from list in instructions. List type and amount: Other **Itemized Deductions** 16 Total 17 Add the amounts in the far right column for lines 4 through 16. Also, enter this amount on 17 Itemized 31,841 Deductions 18 If you elect to itemize deductions even though they are less than your standard deduction,

1555

Arizona Schedul

Itemized Deduction Adjustm For Full-Year Residents Filing Form 140

2023

Include with your return.

You	Name as shown on Form 140	Your Social Se	Security Number			
	THA MYKALA	211	90 3221			
Spo	use's Name as shown on Form 140 (if filing joint)	Spouse's Soci	al Security Number			
NIF	KHIL R BANDARI	468 j	53 6018			
	emize on your Arizona return, you must first complete a federal Schedule A even if you did not ite	•				
	n 140 Schedule A to adjust the amount shown on the federal Schedule A. Complete Form 140 Sc	hedule A onl	y if you are making			
cha	nges to the amount shown on the federal Schedule A. See instructions for details.					
Adjı	ustment to Medical and Dental Expenses					
1	Medical and dental expenses	0 00				
2	Medical expenses allowed to be taken as a federal itemized deduction 2	0 00				
3	If line 1 is the same as or more than line 2, subtract line 2 from line 1; otherwise, go to line 4	3	0 00			
4	If line 2 is more than line 1, subtract line 1 from line 2	4	00			
	stment to Interest Deduction					
5	If you received a federal credit for interest paid on mortgage credit certificates (from federal Form 8396),					
	enter the amount of mortgage interest you paid for 2023 that is equal to the amount of y					
	federal credit	5	0 00			
Adjı	ustments to Charitable Contributions					
6	Amount of charitable contributions for which you are claiming a credit under Arizona law	6	00			
_	stment to State Income Taxes					
7	Amount of state income taxes deducted on the federal Schedule A that are for contributions to a charity for					
	which an Arizona credit was received. If your tax deductions were limited on your federal Schedule A	-	00			
	the worksheet on page 2 to determine the adjustment on this line	7				
Oth	er Adjustments					
	Amount allowed as a federal itemized deduction that relates to income not subject to Arizona tax	•	00			
0	Amount allowed as a rederal itemized deduction that relates to income not subject to Anzona tax					
Adjı	sted Itemized Deductions					
9	Add the amounts on lines 3 and 5 9	0 00				
10	Add the amounts on lines 4, 6, 7, and 8	00				
11		841 00				
12	Enter the amount from line 9 above	0 00				
13		841 00				
14	Enter the amount from line 10 above	00				
15	Arizona itemized deductions: Subtract line 14 from line 13. Enter the difference here. Also, ent		21 041			
	amount on Form 140, page 2, line 43. If less than zero, enter "0"	15	31,841 00			



You must include a copy of federal Form 1040, Schedule A with your return if you itemize your deductions.

ADOR 10571 (23) PAGE 1 of 2 REV 01/13/24 PRO 1555

Your Name (as shown on page 1)	Your Social Security Number
MEETHA MYKALA	211-90-3221

2023 Form 140 Schedule A Adjustment to State Income Taxes

Arizona Revised Statutes § 43-1042 was amended to require taxpayers to reduce the amount of itemized deductions for amounts used to claim an Arizona credit even if the amount was deducted on the federal return as state income taxes paid rather than as charitable contributions.

If you claimed income taxes on your federal 1040 Schedule A, complete the following worksheet to determine the amount of your adjustment to enter on page 1, line 7.

1 A	Total state income taxes on the federal Schedule A before applying the federal limitations	1A	00
2A	Amount included in the line 1A for which you claimed an Arizona credit	2A	00
3A	Subtract line 2A from line 1A. Enter the difference	3A	00
4A	Limit from federal Schedule A. Enter \$10,000 (\$5,000 if married filing separate)	4A	00
5A	Enter the smaller of line 3A or 4A	5A	00
6A	Enter total state income taxes claimed on federal Schedule A (after limitation)	6A	00
7 A	Subtract line 5A from line 6A. This is the amount of your Arizona adjustment.		
	Enter the amount on page 1, line 7	7A	00

ADOR 10571 (23) 1555 AZ Schedule A (2023) REV 01/13/24 PRO PAGE 2 of 2