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*
CHANDINEE	DAS	Enter	077 99 0900
Your Spouse's First Name and Initial (if filed joint)	l ast Name	your SSN(s).	Spouse's Social Security No.*
DINESH CHANDRA	PATIL	33N(S).	162 83 8232

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 INFORMA	ATION		PART 3 – FINANCIAL IN	STITUTION INFORMATION
			Must be present when requ	esting direct debit or deposit.
1 Arizona Adjusted Gross Income	225,998 00		Foreign Account Depos	it/Debit: See instructions below.
2 Balance Of Tax	4,857 00		TYPE OF ACCOUNT	
3 Arizona Income Tax Withheld	6,048 00		Checking Savings	
Check box 4 <u>or</u> box 5:			ACCOUNT NUMBER	
4 REFUND: Enter the amount of refu	ınd	1,191 00	207909606	
5 AMOUNT YOU OWE: Enter the arr	nount owed	00	DIRECT DEBIT REQUEST 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 The payment will be withdrawn from the account and on the date listed in the Financial Institution Information Section (Part 3).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. I will have signed 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 Income Tax Return					FOR CALENDAR YEAR					
	82F		Check box 82F f filing under extension Of	R FISCAL YEAR BEGINN		2,0,2,3	J AND ENDING	.			66F
Ξ	_		First Name and Middle Initial		Last Name		Enter	Your	Social	Security Nu	mber
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	_	•	se's First Name and Middle Initial (f box 4 or 6 checked)	Last Name		SSN(s).			ocial Security	•
ANY ITEMS	1		NESH CHANDRA	4	PATIL	Ant No				<u>83 823</u>	32
Ë,	2		ent Home Address - number and str	eet, rural route		Apt. No.			•	area code)	
Σ			47 W SLEEPY RANCH RD Town or Post Office	State	ZIP Code		Last Names Used in		0-99		erent)
	3	•	OENIX	AZ	85085		Last Hames Osca in	0			97
4							REVENUE USE ONL	Y. DO N		RK IN THIS A	
STA	STATUS	4 5	Married filing joint return 4	a Injured Spouse Pro		verpayment	88				
Ë		5		The of qualitying child of depe							
DO NOT STAPLE	FILING	6 Married filing separate return. Enter spouse's name and Social Security Number above.									
00	분	7	Single		,						
	NS	Enter the number claimed. Do not put a check mark.									
	XEMPTIONS	8	Age 65 or over (you and/or s		8, 9, and 11a, also con	-					
	Μ	9	Blind (you and/or spouse)		s 10a and 10b, also con	•	81 PM		80	RCVD	
		10a	Dependents: Under age of 1		idents: Age 17 and	l over.					
	Ш	11a	Qualifying parents and grand				[Dout 4	
			(Box 10a and 10b): Dependent (a)	Information. See Instruct	(b)	c) (c)		piete p (e)	bage 4,	, Part 1.	
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	lent		(Do not list yourself or s	pouse.)	NUMBER		LIVED IN YOUR HOME IN 2023	1	2	federal return educational	due to
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	Dei				50-73-7585	5011			╡┼	<u> </u>	
		10u						╡┼	=	— <u> </u>	
			(Box 11a): Qualifying parents an	d grandparents. See inst	tructions For mor	e space checl	\mathbf{k} the box \square and co	mplete	nage 4		
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orn	lifying Parents Grandparents						HOME IN 2023	OVE		IN 2023	
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nts á	Ĩ	12	Federal adjusted gross income (from your federal returr	n)			12	:	225,998	00
		13	Small Business Income: 138 check	the box if you are filing Arizona	a Form 140-SBI and en	ter the amount fro	om Form 140-SBI, line 10) 13			00
nu	-		14 Modified federal adjusted gross income. Subtract line 13 from line 12							225,998	00
p	su		Non-Arizona municipal interest								00
er	ditio		Partnership Income adjustment. S Total federal depreciation						6,382	00	
oth	Adi		Other Additions to Income: Compl							0,502	00
o			Subtotal: Add lines 14 through 18 an							232,380	
es			Total net capital gain or (loss). See					00			
qu			Total net short-term capital gain or					00			
vZ schedules or other docume Additions			Total net long-term capital gain or (l					00			
			Net long-term capital gain from ass					000			
A I			Multiply line 23 by 25% (.25) and e							0	00
and AZ:			Net capital gain derived from inves							6,382	00
al	ctions		Recalculated Arizona depreciation Partnership Income adjustment. S							0,302	00
der	ract		Interest on U.S. obligations such a								00
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juj		30	U.S. Social Security or Railroad Re	etirement Act benefits incl	uded as income or	n your federal	return (taxable amour	t) 30			00
rec			Certain wages of American Indians								00
any required federal		32 Pay received for active service as a member of the reserves, national guard or the U.S. armed forces								00	
e S			Net operating loss adjustment. See								00
Place			Contributions to: 34a 529 College Sav								00
д_	ļ		Subtract lines 24 through 34c from		AZ Form 140 (20					225,998	

36 Other Subtractions 37 Subtract line 36 from 38 Age 65 or over: Milling 39 Blind: Multiply the milling 40 Other Exemptions. 41 Qualifying parents 42 Arizona adjusted 43 Deductions: Che 44 If you checked box 45 Arizona taxable ind 46 Tax: Multiply line 45 47 Tax from recapture 48 Subtotal of tax: Ad 49 Dependent Tax Credition 50 Family income tax 51 Nonrefundable Credition 52 Balance of tax: S 53 2023 AZ estimated 55 2023 AZ extension 56 Increased Excise T 57 Property Tax Credition 58 Other refundable Credition 59 Total payments and 60 TAX DUE: If line 52 61 OVERPAYMENT: 62 Amount of line 61 tot 63 Balance of overpay 64 - 74 Voluntary Giffts Child A	[Your	Name (as shown on page 1) Your S	Social Security	Number		
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179 REFUND: Subtract	Pel	79	•			1,191	00
Direct Deposit of Re	-		Direct Deposit of Refund: Check box 79A if your deposit will be ultimately placed in a foreign account; see instr	uctions. 79A			100
98 C Checking 98 S Savings 80 AMOUNT OWED: and include with your	Neo 2						
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and include with your	¥		and include with your return		80		00
			Jnder penalties of perjury, I declare that I have read this return and any documents with it, and to the rue, correct and complete. Declaration of preparer (other than taxpayer) is based on all information of v				y
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	Ш			WARE EN	GTNFFK		
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	5	→	র০েন্স	WARE EN	GINEER		
	ົ້ວ			S OCCUPATION			
			SYAM PRIYA RAM SAGAR GUPTA TALLAM 02042024 GLOBAL TAXES LLC				
YOUR SIGNATURE	₽ S	_	PAID PREPARER'S SIGNATURE DATE FIRM'S NAME (PREPARER'S IF SELF-	EMPLOYED)			
YOUR SIGNATURE	щ		245 ROONEY CT	84-31	71965		
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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.