# **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)

Internal Revenue Service

Taxpayer's name		Social security numb	ber
VIRENDER KUMAR		399-81-253	3
Spouse's name		Spouse's social secu	urity number
KANUPRIYA SHARMA		955-96-261	7
Part I Tax Return Information – Tax Year Ending December 31,	2020 (Enter	year you are au	thorizing.)
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.			
<b>1</b> Adjusted gross income		1	117,060.
<b>2</b> Total tax		2	9,881.
<b>3</b> Federal income tax withheld from Form(s) W-2 and Form(s) 1099		3	11,899.
4 Amount you want refunded to you		4	3,718.
<b>5</b> Amount you owe		5	

#### Taxpayer Declaration and Signature Authorization (Be sure you get and keep a copy of your return) Part II

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

				FBO firm name	с :	Ē
X	l authorize	GLOBAL	TAXES	ГГС	to enter or generate my PIN	
$\mathbf{x}$		OT OD AT		110		11

1	2	5	3	3	00 mV					
Enter five digits, but don't enter all zeros										

2

6 1

Enter five digits, but don't enter all zeros

6

7

as mv

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

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 signature 🕨	Da	te 🕨	•				 		
Practitioner PIN Method Returns Only—	continue	bel	ow						
Part III Certification and Authentication – Practitioner PIN Method	d Only								
ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selecter	d PIN.	5	8		_	6 all zei	 9	8	9

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 ►	
	This Form — See Instructions to the IRS Unless Requested To Do So	
		E 9970 (D 01 0001)

Date

to enter or generate my PIN

E1040		artment of the Treasury—Internal Revenue Serv S. Individual Income Tax		<sup>(99)</sup> urn 20	20	OMB No. 1545	5-0074	IRS Use	Only-	–Do not w	rite or staple	in this space.
Filing Status Check only one box.	lf yc	Single $\mathbf{X}$ Married filing jointly ou checked the MFS box, enter the r son is a child but not your dependen	name of y	ed filing separa /our spouse. If					<i>′</i> .		, ,	. , . ,
Your first name	and m	iddle initial	Last na	me						Your so	cial securit	ty number
VIRENDE	R		KUMA	R	399-81-2533							
If joint return, s	pouse's	s first name and middle initial	Last na	me	Spouse's social security number							
KANUPRI	YA		SHAR	MA	955-96-2617							
Home address 11350 E		er and street). If you have a P.O. box, see UARO DR	e instructio	ons.			· · ·	ot. no. 15		Check h	iere if you,	
City, town, or p	oost offi	ce. If you have a foreign address, also co	omplete s	paces below.	Sta	ite	ZIP cod	le				ntly, want \$3 Checking a
SCOTTSD	ALE				A	Z	8525	59		0	ow will not	•
Foreign countr	y name		F	Foreign province/	state/coun	ty	Foreign	postal co	de	your tax	or refund.	
At any time du	uring 20	020, did you receive, sell, send, exc	hange, o	or otherwise ac	quire any	financial intere	est in an	ıy virtua	l cur	rrency?		X No
Standard Deduction		eone can claim:  You as a de Spouse itemizes on a separate retur	n or you		tatus alier	_	rn hofor		m 0	1056	□ Is bl	lind
		Were born before January 2, 1	920		Spouse				-			-
Dependent		Instructions): irst name Last name		(2) Social se numbe		(3) Relationsh to you	nip	(4) ✔ Child ta		1	r (see instru	ictions): her dependents
lf more than four	<u> </u>	IVAAY SHARMA		787-12-		Son				euit		
dependents,	501	IVAAI SHARMA		707-12-	0073	3011		Ľ	<u> </u>		l	
see instruction	s ——									l		
and check here ►								L	╡		[	
	1	Wages, salaries, tips, etc. Attach I	Form(s) \	N-2						1	1	17,060.
Attach	2a		2a		ЬТ	axable interes	t			2b		
Sch. B if	3a	· -	3a			Ordinary divide				3b		
required.	4a	IRA distributions	4a			axable amoun				4b		
	5a	Pensions and annuities	5a		b T	axable amoun	ıt			5b		
Standard	6a	Social security benefits	6a		b T	axable amoun	ıt			6b		
Deduction for-	7	Capital gain or (loss). Attach Sche	dule D if	required. If no	 t required	l, check here				7		
<ul> <li>Single or Married filing</li> </ul>	8	Other income from Schedule 1, lin	ne9							8		
separately, \$12,400	9	Add lines 1, 2b, 3b, 4b, 5b, 6b, 7,	and 8. T	his is your <b>tot</b> a	I income					▶ 9	1.	17,060.
Married filing	10	Adjustments to income:										
jointly or Qualifying	а	From Schedule 1, line 22				10	a					
widow(er),	b	Charitable contributions if you take					b					
\$24,800 • Head of	с	Add lines 10a and 10b. These are	your tot	al adjustment	s to inco	me			. )	► 10c	;	
household, \$18,650	11	Subtract line 10c from line 9. This								▶ 11	1.	17,060.
<ul> <li>If you checked</li> </ul>	12	Standard deduction or itemized	-							12		24,800.
any box under Standard	13	Qualified business income deduct			,	3995-A				13		<u>`</u>
Deduction, see instructions.	14	Add lines 12 and 13								14	1 :	24,800.
	15	Taxable income. Subtract line 14	from lin	e 11. If zero or	less, ente	er-0	<u> </u>	<u> </u>		15		92,260.

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

Form **1040** (2020)

Form 1040 (2020	))										Pa	ge <b>2</b>
	16	Tax (see instructions). Check	if any from Form	(s): <b>1</b> 🗌 881	4 2	4972	3			16	11,881	ī.
	17	Amount from Schedule 2, lir	ne3							17		
	18	Add lines 16 and 17								18	11,881	1.
	19	Child tax credit or credit for	other dependen	ts						19	2,000	J.
	20	Amount from Schedule 3, lir	ne7							20		
	21	Add lines 19 and 20								21	2,000	J.
	22	Subtract line 21 from line 18	. If zero or less,	enter -0						22	9,88	1.
	23	Other taxes, including self-e	mployment tax,	from Schedule	e 2, line 1	0.				23	(	Ο.
	24	Add lines 22 and 23. This is	your <b>total tax</b>						. 🕨	24	9,88	1.
	25	Federal income tax withheld	from:									
	а	Form(s) W-2					25a	11	,899	.		
	b	Form(s) 1099					25b					
	с	Other forms (see instructions	s)				25c					
	d	Add lines 25a through 25c								25d	11,899	Э.
• If you have a	26	2020 estimated tax payment	ts and amount a	pplied from 20	19 returr	ı				26		
qualifying child,	27	Earned income credit (EIC)					27					
attach Sch. EIC.	28	Additional child tax credit. A	ttach Schedule	8812			28					
nontaxable combat pay,	29	American opportunity credit	from Form 8863	8, line 8			29					
see instructions.	30	Recovery rebate credit. See	instructions .				30	1	,700			
	31	Amount from Schedule 3, lir	ne 13				31					
	32	Add lines 27 through 31. The	ese are your <b>tot</b> a	al other paym	ents and	l refunda	ble cr	edits	. 🕨	32	1,700	Э.
	33	Add lines 25d, 26, and 32. T	hese are your <b>to</b>	tal payments					. 🕨	33	13,599	۶.
Refund	34	If line 33 is more than line 24	1, subtract line 2	4 from line 33.	This is the	he amour	nt you	overpaid		34	3,718	3.
neiuliu	35a	Amount of line 34 you want	refunded to you	<b>J.</b> If Form 8888	3 is attacl	hed, cheo	ck here	)		35a	3,718	3.
Direct deposit?	►b	Routing number 0 1 1			► c Ty		Chec		Savings			
See instructions.	►d	Account number 3 9 4	0 0 6 1	1 5 2 0	0 7	·		-	-			
	36	Amount of line 34 you want a	applied to your	2021 estimate	ed tax .	. 🕨	36					
Amount	37	Subtract line 33 from line 24	. This is the <b>amo</b>	ount vou owe	now .				. 🕨	37		
You Owe		Note: Schedule H and Sch		-								
For details on		2020. See Schedule 3, line 1			•			taxoo you	0110 101			
how to pay, see instructions.	38	Estimated tax penalty (see ir	nstructions) .			. 🕨	38					
Third Party	Do	you want to allow another					See	1				
Designee		tructions						Yes. Co	omplete	below.	🗙 No	
		signee's		Phone						tification		
		ne 🕨		no. 🕨					oer (PIN)			
Sign		der penalties of perjury, I declare t ief, they are true, correct, and com										
Here		· · ·			Your occ		iseu on				nt you an Identity	ye.
	, TO	ur signature		Date	YOUR OCC	Supation					IN, enter it here	
Joint return?					COMPL	JTER E	NG/A	RCHITEC	T (se	e inst.) 🕨		$\square$
See instructions.	Sp	ouse's signature. If a joint return, I	both must sign.	Date	Spouse's	s occupati	on				nt your spouse an	<u> </u>
Keep a copy for your records.	<b>*</b>										ection PIN, enter it	here
your rocordo.					HOME	MAKER			(se	e inst.) 🕨		
		one no.	Duran and 1	Email address							Observice in	
Paid		parer's name	Preparer's signat		a		Date	.1	PTIN		Check if:	
Preparer		PRIYA RAM SAGAR GUPTA TALLAM		RAM SAGAR	GUPTA	TALLAM	04/	01/2021	P0208		Self-employe	
Use Only		m's name ► GLOBAL TA		~ '	~						678)965-95	
		m's address ► 2530 Pebb		n Cummin	g GA 3	30041			Firi	n's EIN 🖡	1	
Go to www.irs.go	ov/Forn	n1040 for instructions and the late	st information.		BA	٩A	RE\	03/25/21 PRC	)		Form <b>1040</b> (	2020)

	<b>B867</b> Paid Preparer's Due Diligence Checklist	ON	IB No. 154	5-0074
Form	Earned Income Credit (EIC), American Opportunity Tax Credit (AOTC), Child Tax Credit (CTC) (including the Additional Child Tax Credit (ACTC) and Credit for Other Dependents (ODC)), and Head of Household (HOH) Filing Status		202	20
	hent of the Treasury Revenue Service <b>Completed by preparer and filed with Form 1040, 1040-SR, 1040-NR, 1040-PR, or 1040-S</b> <b>Completed by preparer and filed with Form 1040, 1040-SR, 1040-NR, 1040-S</b>	S. Atta	achment quence No	. <b>70</b>
	er name(s) shown on return	entification	number	
VIR	ENDER KUMAR & KANUPRIYA SHARMA 399-81	-2533		
Enter pr	eparer's name and PTIN			
SYAI	M PRIYA RAM SAGAR GUPTA TALLAM P02082	703		
Part	Due Diligence Requirements			
Please	e check the appropriate box for the credit(s) and/or HOH filing status claimed on the return and comp	ete the r	elated I	Parts I–V
1	Did you complete the return based on information for tax year 2020 provided by the taxpayer of		No	N/A
	reasonably obtained by you?	×		
2	If credits are claimed on the return, did you complete the applicable EIC and/or CTC/ACTC/OD			
	worksheets found in the Form 1040, 1040-SR, 1040-NR, 1040-PR, or 1040-SS instructions, and/or the			
	AOTC worksheet found in the Form 8863 instructions, or your own worksheet(s) that provides the sam information, and all related forms and schedules for each credit claimed?			
•		×		
3	Did you satisfy the knowledge requirement? To meet the knowledge requirement, you must do both the following.			
	<ul> <li>Interview the taxpayer, ask questions, and contemporaneously document the taxpayer's responses to determine that the taxpayer is eligible to claim the credit(s) and/or HOH filing status.</li> </ul>	.0		
	• Review information to determine that the taxpayer is eligible to claim the credit(s) and/or HOH filir status and to figure the amount(s) of any credit(s)	ig 🛛		
4	Did any information provided by the taxpayer or a third party for use in preparing the return, or information reasonably known to you, appear to be incorrect, incomplete, or inconsistent? (If <b>"Yes</b> answer questions 4a and 4b. If <b>"No,"</b> go to question 5.)		X	
а	Did you make reasonable inquiries to determine the correct, complete, and consistent information?			
_				
b	Did you contemporaneously document your inquiries? (Documentation should include the question you asked, whom you asked, when you asked, the information that was provided, and the impact the information had on your preparation of the return.)			
5	Did you satisfy the record retention requirement? To meet the record retention requirement, you mu	st		
	keep a copy of your documentation referenced in 4b, a copy of this Form 8867, a copy of ar applicable worksheet(s), a record of how, when, and from whom the information used to prepare For 8867 and any applicable worksheet(s) was obtained, and a copy of any document(s) provided by the	ny m		
	taxpayer that you relied on to determine eligibility for the credit(s) and/or HOH filing status or to figure			
	the amount(s) of the credit(s)	×		
	List those documents provided by the taxpayer, if any, that you relied on:			
		-		
		-		
		-		
6	Did you ask the taxpayer whether he/she could provide documentation to substantiate eligibility for th credit(s) and/or HOH filing status and the amount(s) of any credit(s) claimed on the return if his/he return is selected for audit?	ər		
7	Did you ask the taxpayer if any of these credits were disallowed or reduced in a previous year?	X		
1	(If credits were disallowed or reduced, go to question 7a; if not, go to question 8.)			
а	Did you complete the required recertification Form 8862?			
8	If the taxpayer is reporting self-employment income, did you ask questions to prepare a complete ar			
5	correct Schedule C (Form 1040)?			
For Pa	perwork Reduction Act Notice, see separate instructions. REV 03/25/21 PRO		Form <b>8</b>	<b>367</b> (2020)

Form 8	367 (2020)			Page <b>2</b>
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
	Did you ask the taxpayer if the child lived with the taxpayer for over half of the year, even if the taxpayer has supported the child the entire year?			
С	Did you explain to the taxpayer the rules about claiming the EIC when a child is the qualifying child of more than one person (tiebreaker rules)?			
Part		claim C	CTC, A	CTC,
10	Have you determined that each qualifying person for the CTC/ACTC/ODC is the taxpayer's dependent who is a citizen, national, or resident of the United States?	Yes X	No	N/A
11	Did you explain to the taxpayer that he/she may not claim the CTC/ACTC if the taxpayer has not lived with the child for over half of the year, even if the taxpayer has supported the child, unless the child's custodial parent has released a claim to exemption for the child?			
12	Did you explain to the taxpayer the rules about claiming the CTC/ACTC/ODC for a child of divorced or separated parents (or parents who live apart), including any requirement to attach a Form 8332 or similar statement to the return?	X		
Part			Part \	
13	Did the taxpayer provide substantiation for the credit, such as a Form 1098-T and/or receipts for the que tuition and related expenses for the claimed AOTC?	alified	Yes	No
Part				
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?	-	Yes	No
Part		• •		
	You will have complied with all due diligence requirements for claiming the applicable credit(s) a status on the return of the taxpayer identified above if you:			-
	A. Interview the taxpayer, ask adequate questions, contemporaneously document the taxpayer's responsion 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);			
	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	ny app	licable
	C. Submit Form 8867 in the manner required; and			
	D. Keep all five of the following records for 3 years from the latest of the dates specified in the Form 88 Document Retention.	67 instr	uctions	under
	1. A copy of this Form 8867.			
	2. The applicable worksheet(s) or your own worksheet(s) for any credit(s) claimed.			41
	3. Copies of any documents provided by the taxpayer on which you relied to determine the taxpayer credit(s) and/or HOH filing status and to figure the amount(s) of the credit(s).	-	-	
	<ol><li>A record of how, when, and from whom the information used to prepare this form and the applica obtained.</li></ol>			
	5. A record of any additional information you relied upon, including questions you asked and the tax determine the taxpayer's eligibility for the credit(s) and/or HOH filing status and to figure the amount of the taxpayer's eligibility for the credit(s) and/or HOH filing status and to figure the amount of the taxpayer's eligibility for the credit(s) and/or HOH filing status and to figure the amount of the taxpayer's eligibility for the credit(s) and/or HOH filing status and to figure the amount of the taxpayer's eligibility for the credit(s) and/or HOH filing status and to figure the amount of the taxpayer's eligibility for the credit(s) and/or HOH filing status and to figure the amount of the taxpayer's eligibility for the credit(s) and/or HOH filing status and to figure the amount of the taxpayer's eligibility for the credit(s) and/or HOH filing status and to figure the amount of the taxpayer's eligibility for the credit(s) and/or HOH filing status and to figure the amount of the taxpayer's eligibility for the credit(s) and/or HOH filing status and to figure the amount of taxpayer's eligibility for the credit(s) and for HOH filing status and to figure the amount of taxpayer's eligibility for the credit(s) and for HOH filing status and to figure the amount of taxpayer's eligibility for the credit(s) and for HOH filing status and to figure the amount of taxpayer's eligibility for the credit (s) and for HOH filing status and to figure the amount of taxpayer's eligibility for the credit (s) and for HOH filing status and to figure the amount of taxpayer's eligibility for taxpayer's eligibil			
	If you have not complied with all due diligence requirements, you may have to pay a \$540 penalty comply related to a claim of an applicable credit or HOH filing status.	for eac	ch failu	re to
15	Do you certify that all of the answers on this Form 8867 are to the best of your knowledge true correc	t and	Yes	No

15	Do you certify	that	all	of t	he a	ansv	vers	s on	thi:	s F	Forn	n 8	867	are	, to	the	best	t of	your	' kno	owl	edg	le, i	true	, C	orre	ect	, a	nd	Yes		No
	complete?																													X		
																		F	REV 03	/25/21	1 PRC	C							F	orm <b>88</b>	67	(2020)

# Arizona Form AZ-8879

# **E-file Signature Authorization**

2020

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*
VIRENDER	KUMAR	Enter	399   81   2533
Your Spouse's First Name and Initial (if filed joint)	Last Name	your SSN(s).	Spouse's Social Security No.*
KANUPRIYA	SHARMA	50N(5).	955   96   2617
			*Do Not Truncate

#### PART 1 – PURPOSE

• 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.
1 Arizona Adjusted Gross Income 117,060 00	Foreign Account Deposit/Debit: See instructions below.
2 Balance Of Tax 2,572 00	TYPE OF ACCOUNT ROUTING NUMBER
3 Arizona Income Tax Withheld 3,161 00	🛛 Checking 🔲 Savings 🛛 0 1 1 5 0 0 0 1 0
Check box 4 <u>or</u> box 5:	ACCOUNT NUMBER
4 REFUND: Enter the amount of refund	589 00 3 9 4 0 0 6 1 1 5 2 0 7
5 AMOUNT YOU OWE: Enter the amount owed	00 DIRECT DEBIT REQUEST DATE DIRECT DEBIT PAYMENT AMOUNT \$ .00

**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, 2020, 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** I consent that my refund be directly deposited as designated in the electronic portion of my 2020 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, 2021, 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, 2020. 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.

ERE	<b>→</b>		
SE SIGN HERE	→	YOUR PEN AND INK SIGNATURE	DATE
PLEASE		SPOUSE'S PEN AND INK SIGNATURE	DATE

THE RETURN.		Arizona Form <b>140</b> Resident Personal Income Tax Return					F	FOR CALENDAR						
RE	32F	Check box 82F If filing under extension OR FISCAL YEAR BEGINNING						G L . L		66F				
뿓.	_	Your First Name and Middle Initial					La	st Name		Ente	Your	Social Securi	ly Number	
5	1			IDER				MAR		you	. 39		2533	
S I	_	•		First Name and Midd	le Initial (if box 4	or 6 checked)		st Name		SSN	Spou I(s).	se's Social Se	•	
ΞĪ	1	Current Home Address - number and street, rural route				SH	ARMA	Apt. No.		95	5   96   (with area co			
Ē	2							115		(401)40		ue)		
ANY ITEMS TO				or Post Office		tate		ZIP Code	-	Last Names Us			(if different)	
	3			SDALE	A	.Z		85259					97	
DO NOT STAPLE	FILINGSTATUS	<ul> <li>4 X Married filing joint return</li> <li>5 Head of household. Enter name of qualifying child or definition of the second secon</li></ul>						verpayment	REVENUE USE 88	ONLY. DO N	OT MARK IN TI	IIS AREA.		
DO N	FILINO	6 7		Married filing separa Single	ate return. Enter s	spouse's name a	and Social	Security Numb	per above.					
			$\mathbf{+}$	Enter the number of		put a check i	mark.							
	0	8		Age 65 or over (you				nd 11a, also con nd 10b, also co		81 PM		80 RCVD		
	and 10b	9		Blind (you and/or sp	,					81		80 1000		
		10a 11a	-	<ul> <li>Dependents: Under Qualifying parents a</li> </ul>	•		pendents	: Age 17 and	i over.					
	Dependents 10a		(B	ox 10a and 10b): De			ructions	For more s	pace, check t	he box 🗌 and	l complete	page 4. Part 1		
	dent				(a)			(b)	(c)	(d)	(e)		(f)	
	pen				ND LAST NAME yourself or spouse.)		SOCIAL S	ECURITY NO.	RELATIONSHI	P NO. OF MONTH LIVED IN YOUI		in: this per	u did not claim son on your	
					(	, ,					HOME IN 2020	) 1 (Box 10a) (E	educat	return due to ional credits
	and 11a	10c	SI	HIVAAY	SHARMA		787-1	2-0073	Son	1				
	and	10d	I											
	8, 9,	10e												
ö	suc	(Box 11a): Qualifying parents and grandparents. See instructions. For more space, check the box and complete page 4, Part 2.												
after Form 140	Exemptions				(a) ND LAST NAME yourself or spouse.)		SOCIAL S	(b) ECURITY NO.	(c) RELATIONSHI	(d) P NO. OF MONTH LIVED IN YOUI HOME IN 2020	R OVE	S5 OR ✓ IF R 2	(f) 5 DIED IN 2020	
er		11b												
afi		11c	;											
nts				leral adjusted gross							12	117,		
me	(0			n-Arizona municipal in									00	
no	Additions			tnership Income adjus al federal depreciatior									00	
dq	Addi			capital (loss) derived									00	
hei	1			er Additions to Incom									00	
rot				ototal: Add lines 12 thr						•		117,	060 <mark>00</mark>	
Place any required federal and AZ schedules or other docume		19	Tota	al net capital gain or (	loss). See instruct	ions			1	9	00			
ule				al net short-term capit	<b>o</b> ( )						00			
led				al net long-term capita							00			
sch				long-term capital gain tiply line 22 by 25% (.		•					0 00		0 00	
AZ													00	
p		This I	box r	<u>capital gain derived f</u> nay be blank or may con	ntain a printed barco	de of data from	your return	1. 1. 25 Neto	capital gain ex	change of legal	tender 25		00	
lai	ons		I. I.	NETHORA SS FOR			の間目			na depreciatior			00	
era	Subtractions		X				W[[7]]			e adjustment			00	
ed	ubti		14					28 Inter	rest on U.S. ob	ligations	28		00	
èd f	0		ХЧ.					29a Exclusion for fed., AZ state or local govt. pen					00	
uire			ιBΕ							ervices retired/retai			00	
edi			ИĽ							r Railroad Retirer			00	
ז ער			僻	STATES DE LA CARACTERIA DE			978KS		-	merican Indiana an active service r			00	
ar			XSR (							an active service r adjustment			00	
ace			an Willi							College Savings F			00	
Ъ								35 Subtr	act lines 23 thro	ugh 34 from line1			060 <mark>00</mark>	
		ADOF	R 104	<sup>13 (20)</sup> 1555			AZ F	orm 140 (20	J20)	REV	03/17/21 PRO		Page 1 of 5	

[	Your Name (as shown on page 1) Your Social Sec				curity Number		
	VIR	ENDER KUMAR & KANUPRIYA SHARMA	399-81-253	33			
						00	
	36	Other Subtractions from Income. Complete Adjustments to Arizona Gross Income schedule on			117.000	00	
_	37	Subtract line 36 from line 35 and enter the difference	117,060				
suo	38	Age 65 or over: Multiply the number in box 8 by \$2,100			00		
ipti	39	Blind: Multiply the number in box 9 by \$1,500		00			
Exemptions	40	Other Exemptions. See instructions40E Multiply the number in box 40E by \$2,300				00	
ш	41	Qualifying parents and grandparents: Multiply the number in box 11a by \$10,000				00	
	42	Arizona adjusted gross income: Subtract lines 38 through 41 from line 37. If less than zero, enter "0"			117,060		
	43	Deductions: Check box and enter amount. See instructions			24,800		
	44	If you checked box 43 <b>S</b> and claim charitable deductions, check 44 <b>C</b> Complete page 3. See inst	ructions	44		00	
	45	Arizona taxable income: Subtract lines 43 and 44 from line 42. If less than zero, enter "0"			92,260		
of Tax	46	Compute the tax using amount on line 45 and Tax Table X, Y or Optional Tax Tables			2,672		
of	47	Tax from recapture of credits from Arizona Form 301, Part 2, line 31		47		00	
Balance	48	Subtotal of tax: Add lines 46 and 47 and enter the total		48	2,672		
Bala	49	Dependent Tax Credit. See instructions			100		
-	50	Family income tax credit (from the worksheet - see instructions)		50		00	
	51	Nonrefundable Credits from Arizona Form 301, Part 2, line 61		51		00	
	52	Balance of tax: Subtract lines 49, 50 and 51 from line 48. If the sum of lines 49, 50 and 51 is greater than	n line 48, enter "0"	52	2,572		
	53	2020 AZ income tax withheld	<del></del>		3,161		
and dits	54	2020 AZ estimated tax payments54a 00 Claim of Right 54b				00	
Total Payments and Refundable Credits	55	2020 AZ extension payment (Form 204)		55		00	
ayme	56	Increased Excise Tax Credit (from the worksheet - see instructions)		56		00	
al Pa	57	Property Tax Credit from Arizona Form 140PTC		57		00	
Tot	58	Other refundable credits: Check the box(es) and enter the total amount	308-I 5823	849 <b>58</b>		00	
	59	Total payments and refundable credits: Add lines 53 through 58 and enter the total	3,161				
or Tent	60	TAX DUE: If line 52 is larger than line 59, subtract line 59 from line 52 and enter amount of tax due. Skip lin	nes 61, 62 and 63	60		00	
Tax Due or Overpayment	61	OVERPAYMENT: If line 59 is larger than line 52, subtract line 52 from line 59 and enter amount of overpage	61	589	00		
Tax verp	62	Amount of line 61 to be applied to 2021 estimated tax		62		00	
0	63	Balance of overpayment: Subtract line 62 from line 61 and enter the difference		63	589	00	
ifts	64	- 74 Voluntary Gifts to: Solutions Teams Assigned to Schools	65	00			
с С		Child Abuse Prevention	68	00			
ntar		Neighbors Helping Neighbors       69       00       Special Olympics       70       00       Veterans' Donations         I Didn't Pay Enough Fund	Fund <b>71</b>	00			
Voluntary Gifts		I Didn't Pay Enough Fund 72 00 Sustainable State Parks and Road Fund	als <b>74</b>	00			
_	75	Political Party (if amount is entered on line 68 - check only one): 751 Democratic 752 Libertarian	753 Republica	n	1		
enalty	76	Estimated payment penalty		76		00	
Pen	77	771 Annualized/Other 772 Farmer or Fisherman 773 Form 221 included					
_	78	Add lines 64 through 74 and 76; enter the total		78		00	
σ	79	REFUND: Subtract line 78 from line 63. If less than zero, enter amount owed on line 80			589	00	
l or Owe		Direct Deposit of Refund: Check box 79A if your deposit will be ultimately placed in a foreign account; se ROUTING NUMBER ACCOUNT NUMBER	e instructions. 79A				
func Int (		<b>B8 C</b> Checking or <b>S</b> Savings <b>Nonserv Nonserv Nonserv</b> <th>]</th> <th></th> <th></th>	]				
Refund or Amount Owed	80	AMOUNT OWED: Add lines 60 and 78. Make check payable to Arizona Department of Revenue; write		1			
٩	00	and include with your return				00	
		Jnder penalties of perjury, I declare that I have read this return and any documents with it, and to rue, correct and complete. Declaration of preparer (other than taxpayer) is based on all informat				are	
l			on or which prope		s any knowledge.		
HERE	≯	C	OMPUTER ENG	3/ARC	HITECT		
1	Ī		CCUPATION	5,11100		-	
Ī	L.						
SIGN	→		OMEMAKER				
S	5	SPOUSE'S SIGNATURE DATE S	POUSE'S OCCUPATIO	Ν			
EASE		SYAM PRIYA RAM SAGAR GUPTA TALLAM 04012021 GLOBAL TAXES LI					
A		PAID PREPARER'S SIGNATURE DATE FIRM'S NAME (PREPARER'S I	,		_		
PLE		2530 Pebble Creek Ln	30-10 PAID PREP				
		PAID PREPARER'S STREET ADDRESS					
		Cumming GA 30041(678)965PAID PREPARER'S CITYSTATEZIP CODEPAID PREPARER'S CITYSTATEZIP CODE				_	
	ŀ	ALD PREPARER 5 CITY STATE ZIP CODE	PAID PREP	AKERSI			

If you are also sending a payment, mail to Arizona Department of Revenue, PO Box 52016, Phoenix, AZ 85072-2016 (PO Box 29204, Phoenix, AZ 85038-9204 if your return has a barcode). If you are not sending a payment, mail to Arizona Department of Revenue, PO Box 52138, Phoenix, AZ 85072-2138 (PO Box 29205, Phoenix, AZ 85038-9205 if your return has a barcode).

# 2020 Form 140 Dependent and Other Exemption Information

Include page 4 with your return if:

• You are listing additional dependents (for box 10a and 10b) from page 1.

• You are listing additional qualifying parents and grandparents (for box 11a) from page 1.

• You are claiming Other Exemptions on page 2, line 40.

### Part 1: Dependents (Box 10a and 10b) continued from page 1

Information used to compute your allowable **Dependent Tax Credit** on page 2, line 49. **NOTE:** If you have more than three qualifying dependents, you **must** complete Part 1 and the worksheet in the instructions, to compute your Dependent Tax Credit on line 49.

[	(a)	(b)	(c)	(d)	(e	e)	(f)
	FIRST AND LAST NAME (Do not list yourself or spouse.)	SOCIAL SECURITY NO.	RELATIONSHIP	NO. OF MONTHS LIVED IN YOUR HOME IN 2020	✓ Depen includ	dent Age ed in:	✓ IF YOU DID NOT CLAIM THIS PERSON ON YOUR FEDERAL RETURN DUE TO
					1 (Box 10a)	2 (Box 10b)	EDUCATIONAL
10f							
10g							
10h							
10i							
10j							
10k							
10							
10m							
10n							
<b>10</b> °							
10p							

# Part 2: Qualifying parents and grandparents (Box 11a) continued from page 1

Additional qualifying parents and grandparents information used to compute your allowable exemption on page 2, line 41.

		(a)	(b)	(C)	(d)	(e)	(f)
	FIRST AND LAST NAME (Do not list yourself or spouse.)		SOCIAL SECURITY NO.	RELATIONSHIP	NO. OF MONTHS LIVED IN YOUR HOME IN 2020	✓ IF AGE 65 OR OVER	✓ IF DIED IN 2020
<b>11</b> d							
<b>11</b> e							
<b>11</b> f							
11g							
11h							
<b>11</b> i							

# Part 3: Other Exemptions

Information used to compute your allowable Other Exemptions on page 2, line 40.

	(a)	(b)	(c)		(d)
	FIRST AND LAST NAME (Do not list yourself or spouse.)	SOCIAL SECURITY NO.	✓ AGE 65 OR OVER (see instructions)		✓ STILLBORN CHILD IN 2020
			C1	C2	
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					

Enter the total number of individuals listed in Part 3 in box 40E on page 2, line 40.