Filing Status X Single Married filing jointly Married filing separately (MFS) Head of household (HOH) Qualifying widow(er) (QW) Check only If you checked the MFS box, enter the name of your spouse. If you checked the HOH or QW box, enter the child's name if the qualifying on box. Prove soil ascurity number Your field ascurit / number B37-74-7184 Your social security number HEMANTH GOTTIPATI B37-74-7184 Home address (number and streed, If you have a P.O. box, see instructions. Apt. no. Presidential Election Campaign 6930 E SAHUEO DR 207 Check here if you, or your State SCOTTISTALE Foreign portune/state/county Foreign postal code Your booked will (HOH) (Namit S3 Foreign country name Foreign postal code State 210 code State SOCOTTISTALE Your soutes as a dependent Your spouse as a dependent Your spouse as a dependent Dependents, see instructions: (1) First name Last name (2) Social security Cheid to redependent Persidential Soute as a dependent Your spouse as a dependent You Soute as a dependent You Soute as a dependent Dependents, see instructions:	E1040		artment of the Treasury-Internal Revenue Servi S. Individual Income Tax		⁽⁹⁹⁾ 20	20	OMB No. 1545	-0074	IRS Use O	nly—Do r	not write	e or staple ir	n this space.
HEMANTH GOTTIPATI 837-74-7184 If joint return, spouse's first name and middle initial Last name Spouse's social security number Home address furmber and street, If you have a P.O. box, see instructions. Apt. no. Presidential Election Campaign G080 E SAHURO DR Apt. no. IO71 Presidential Election Campaign G10; tow, or post office. If you have a foreign address, also complete spaces below. State 2P code to or to to the find. Opcode there if you, royer spouse of filing jointly, want 3S Foreign country name Foreign province/state/county Foreign postal code you tax or refund. Standard Someone can claim: You as a dependent You Spouse: No Standard Someone can claim: You as a dependent You Spouse: No Dependents (9) exist the initial salien (9) exist the initial salien (9) exist the initial salien Age/Blindness You: Wages, salaries, tips, etc. Attach Form(s) W-2 1 7.9.282. Bandard Obeck Imme Imme Imme Imme Imme Attach 3a 2. b Taxable amount. 6b Imme Standar	Check only	lf yc	ou checked the MFS box, enter the n	ame of	• •	•	, <u> </u>		, ,				
If joint return, spouse's first name and middle initial Last name Spouse's social security number Home address (number and street). If you have a P.O. box, see instructions. Apt. no. 1071 Giby, town, or post office. If you have a toreign address, also complete spaces below. State 2P code SCOTTSDALE AZ 85253 box below will not change a box below. Onck here if you, or your Foreign country name Foreign province/state/county Foreign postal code your tax or refund. SCOTTSDALE Someone can claim: You as a dependent Your spouse as a dependent You Spouse it minimizes on a separate return or you were a dual-status allen Age/Blindness You: Was born before January 2, 1956 Are blind Spouse: Was born before January 2, 1956 is blind Dependents (see instructions): (i) First name Last name in you (all first in or is in province/state/status allen ad check	Your first name	and m	iddle initial	Last na	me					You	r socia	al security	y number
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6980 E SAHURO DR 1071 Check here if you, or your City, tow, or post office. If you have a foreign address, also complete spaces below. State 2/P code SCOTTSDALE AZ 85.253 box below will not change your tax or refund. Foreign country name Foreign province/state/country Foreign postal code U' tax or refund. Standard Someone can claim: You as a dependent Your spouse as a dependent U' tax or refund. Deduction Spouse itemizes on a separate return or you were a dual-status allen Age/Blindness You No Age/Blindness You: Were born before January 2, 1956 Are blind Spouse: Was born before January 2, 1956 Is blind Dependents (see instructions): (2) Social security (3) Relationship (4) 4/ if qualifies for (see instructions): Credit for other dependents see instructions	If joint return, s	pouse's	s first name and middle initial	Last na	me					Spo	use's s	social sec	urity number
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SCOTTSDALE AZ 85253 to go to this fund. Checking a box below will not change your tax or refund. Foreign country name Foreign province/state/county Foreign postal code You Spouse At any time during 2020, did you receive, sell, send, exchange, or otherwise acquire any financial interest in any virtual currency? Yes No Standard Someone can claim: You as a dependent Your spouse as a dependent You Spouse Age/Blindness You: Were bom before January 2, 1956 Are blind Spouse: Was bom before January 2, 1956 Is blind Dependents (see instructions): (2) Social security (3) Relationship (4) V' if qualifies for (see instructions): Cecit to other dependentes than chour (dependents, see instructions): Immer Immer Immer Immer see instructions Immer Immer Immer Immer Immer Immer ad check Immer Immer Immer Immer Immer Immer see instructions Immer Immer Immer Immer Immer Immer see instructions Immer Immer Immer				molete s	naces below	St	ata		-				
Foreign country name Foreign province/state/county Foreign postal code your tax or refund. Image: Someone can claim: You as a dependent Your someone can claim: You as a dependent. Deduction Spouse itemizes on a separate return or you were a dual-status alien Age/Blindness You: Ware born before January 2, 1956 Are blind Spouse: Was born before January 2, 1956 Is blind Dependents (see instructions): (2) Social security (3) Relationship (4) V if qualifies for (see instructions): Child tax credit Credit for other dependents if more (1) First name Last name number 1 79, 282. Attach 2a 2a b Credit for other dependents is ee instructions 3a 2 b Credit for other dependents is ee instructions 3a 2 b Definitions 2b Attach 3a 2 b Tax-exempt interest 2b 3b 2 Standard Qualified dividends 5a Sa Sa b Taxable amount 6b Gouther income from Schedule 1, line 9				inplete 3	paces below.								0
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If more than four dependents, see instructions and check Image: task name number to you Child tax credit Credit for other dependents see instructions and check Image: task name Ima	Age/Blindnes	s You	: Were born before January 2, 1	956	Are blind	Spouse	e: 🗌 Was bo	rn befo	ore Januar	y 2, 19	56	🗌 ls blii	nd
In Hore Image: Second Seco	-							nip					
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and check here i <t< td=""><td>dependents,</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td> </td><td></td><td>C</td><td>1</td></t<>	dependents,											C	1
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Sch. B if required. 3a Qualified dividends 3a Qualified dividends 3b Qualified dividends 3b Qualified dividends 3b Qualified dividends 4a b Drawable amount 4b 5a Pensions and annuities 5a b Taxable amount 5b 5b Standard Deduction for 6a Social security benefits 6a b Taxable amount 5b * Single or Married filing separately, \$12,400 8 Other income from Schedule 1, line 9 b Taxable amount 7 6,3433. 9 Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income > 9 79,077. 9 Add lines 10a and 10b. These are your total adjustments to income > 10a 10b 9 Add lines 10a and 10b. These are your total adjustments to income > 11 79,077. 9 Indext cline 10c from line 9. This is your adjusted gross income > 11 79,077. 9 Standard deduction or itemized deduction. Attach Form 8995 or Form 8995-A 13 12 12,400. 13 Qualified business income deduction. Attach Form 8995 or Form 8995-A 13	Attach	2a		1.1		b 1	Taxable interes	t.		. [2b		
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Standard Deduction for- 6a Social security benefits 6a b Taxable amount 6b • Single or Married filing separately, \$12,400 8 Other income from Schedule 1, line 9 10a 7 6,343 • Married filing jointly or Qualifying widow(er), \$24,800 • Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income 10a 9 79,077. • Charitable contributions if you take the standard deduction. See instructions 10b 10c 10c • Head of household, \$18,660 11 Subtract line 10c from line 9. This is your adjusted gross income 10c 11 79,077. • If you checked any box under Standard Deduction, see instructions. 12 12,400. 12 12,400. • If you checked any box under standard deduction, see instructions. 13 Qualified business income deduction. Attach Form 8995 or Form 8995-A 13 14 12,400. • 15 Taxable income. Subtract line 14 from line 11. If zero or less, enter -0- 15 66,677.	required.	4a	IRA distributions	4a			,			. [4b		
Deduction for- 7 Capital gain or (loss). Attach Schedule D if required. If not required, check here 7 6,343. • Single or Married filing separately, \$12,400 8 Other income from Schedule 1, line 9 8 -6,550. 9 79,077. 9 79,077. • Married filing jointly or Qualifying widow(er), \$24,800 • 10a 10a 10a • Head of household, \$18,650 • • 10c 10c • Head of household, \$18,650 • • 10c 11 79,077. • Head of household, \$18,650 • • 11 79,077. 12 11 79,077. • Head of household, \$18,650 • • • 11 79,077. 12 12 12,400. • If you checked any box under Standard Deduction, see instructions. • • 12 12,400. 13 • • • • • 14 12,400. • • • • • • 14 12,400. • • • • • • • • • <t< td=""><td></td><td>5a</td><td>Pensions and annuities</td><td>5a</td><td></td><td>b</td><td>Taxable amoun</td><td>t</td><td></td><td>. [</td><td>5b</td><td></td><td></td></t<>		5a	Pensions and annuities	5a		b	Taxable amoun	t		. [5b		
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 \$12,400 Married filing jointly or Qualifying widow(er), \$24,800 Head of household, \$18,650 C Add lines 10a and 10b. These are your total adjustments to income Interstep 10 Married filing jointly or Qualifying widow(er), \$24,800 C Add lines 10a and 10b. These are your total adjustments to income Interstep 10 Married filing jointly or Qualifying widow(er), \$24,800 C Add lines 10a and 10b. These are your total adjustments to income Interstep 10 Interstep 10	Married filing	8	Other income from Schedule 1, lin	e9.							8	-	6,550.
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Standard Deduction, see instructions. 13 Qualified business income deduction. Attach Form 8995 or Form 8995-A 13 13 14 Add lines 12 and 13 14 12,400. 14 12,400. 15 Taxable income. Subtract line 14 from line 11. If zero or less, enter -0- 15 66,677.	 If you checked 	12	Standard deduction or itemized	deduct	i ons (from Sche	edule A)				. [12	1	2,400.
see instructions. 14 12,400. 15 Taxable income. Subtract line 14 from line 11. If zero or less, enter -0 15 66,677.		13	Qualified business income deduction	ion. Atta	ch Form 8995 o	or Form	8995-A			. [13		
15 Taxable income. Subtract line 14 from line 11. If zero or less, enter -0		14		Add lines 12 and 13						-	14		
		15	Taxable income. Subtract line 14	from lin	e 11. If zero or I	ess, ent	er-0				15		

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

Form **1040** (2020)

Form 1040 (2020))										Page 2
	16	Tax (see instructions). Check	if any from Form	(s): 1 🗌 881	4 2	4972	3			16	10,459.
	17	Amount from Schedule 2, lin	e3							17	
	18	Add lines 16 and 17								18	10,459.
	19	Child tax credit or credit for	other dependen	ts						19	
	20	Amount from Schedule 3, lin	e7							20	
	21	Add lines 19 and 20								21	
	22	Subtract line 21 from line 18	. If zero or less,	enter -0						22	10,459.
	23	Other taxes, including self-e	mployment tax,	from Schedule	e 2, line 1	0.				23	0.
	24	Add lines 22 and 23. This is	your total tax						. 🕨	24	10,459.
	25	Federal income tax withheld	from:								
	а	Form(s) W-2					25a	14	,052.		
	b	Form(s) 1099					25b				
	с	Other forms (see instructions	s)				25c				
	d	Add lines 25a through 25c								25d	14,052.
• If you have a	26	2020 estimated tax payment	s and amount a	pplied from 20	19 returi	n				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				
	31	Amount from Schedule 3, lin	e13				31				
	32	Add lines 27 through 31. The	ese are your tot a	al other paym	ents and	l refund	able c	redits	. 🕨	32	
	33	Add lines 25d, 26, and 32. T	hese are your to	tal payments					. 🕨	33	14,052.
Refund	34	If line 33 is more than line 24	, subtract line 2	4 from line 33.	This is t	he amou	int you	overpaid		34	3,593.
neiuliu	35a	Amount of line 34 you want	refunded to you	. If Form 8888	3 is attac	hed, che	eck her	е		35a	3,593.
Direct deposit?	►b	Routing number 1 2 1	0 0 0 3	5 8	► c Ty	vpe: 🗙	Chec	king 🔲 :	Savings		
See instructions.	►d	Account number 3 2 5	0 5 7 1	8 8 9 5	5 1			- <u> </u>	-		
	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 am	ount vou owe	now .				. 🕨	37	
You Owe		Note: Schedule H and Sch		-							
For details on		2020. See Schedule 3, line 1			•	oon an	0		0.110 101		
how to pay, see instructions.	38	Estimated tax penalty (see ir	structions) .			. 🕨	38				
Third Party	Do	you want to allow another					? See	•			
Designee	ins	structions	· · · · · ·				. 🕨	🗌 Yes. Co	omplete	below.	X No
		signee's		Phone						tification	
		me 🕨		no. 🕨					per (PIN)		
Sign		der penalties of perjury, I declare t ief, they are true, correct, and com									
Here		· · ·	piete. Deciaration			•					nt you an Identity
	, 10	ur signature		Date	rour occ	cupation					IN, enter it here
Joint return?					SOFT	WARE	ENGI	NEER	(se	e inst.) 🕨	
See instructions.	Sp	ouse's signature. If a joint return, t	ooth must sign.	Date	Spouse'	s occupa	tion				nt your spouse an
Keep a copy for your records.	*										ection PIN, enter it here
your records.										e inst.) 🕨	
		one no. (916)802-399		Email address	HEMAN	TH.GOT		DGMAIL.CC			
Paid		eparer's name	Preparer's signat				Date		PTIN		Check if:
Preparer			SYAM PRIYA	RAM SAGAR	GUPTA	'I'ALLAM	1 09/	16/2021	P0208		Self-employed
Use Only		m's name 🕨 GLOBAL TAX							Pho	one no. (678)965-9522
	Fir	m's address ► 2530 Pebb	le Creek L	n Cumming	g GA :	30041			Firr	n's EIN 🖡	1
Go to www.irs.go	ov/Forn	n1040 for instructions and the late	st information.		B	AA	RE	V 07/28/21 PRC)		Form 1040 (2020)

BAA

SCHE	DULE	1
(Form	1040)	

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Additional Income and Adjustments to Income

OMB No. 1545-0074 2020

Attach to Form 1040, 1040-SR, or 1040-NR. ► Go to www.irs.gov/Form1040 for instructions and the latest information.

	Attachment Sequence No. 01						
Your social security number							
837-74	-7184						

10

Department of the Treasury Internal Revenue Service Name(s) shown on Form 1040, 1040-SR, or 1040-NR

HEMANTH GOTTIPATI

	officials. Attach Form 2106	11	
12	Health savings account deduction. Attach Form 8889	12	
13	Moving expenses for members of the Armed Forces. Attach Form 3903	13	
14	Deductible part of self-employment tax. Attach Schedule SE	14	
15	Self-employed SEP, SIMPLE, and qualified plans	15	
16	Self-employed health insurance deduction	16	
17	Penalty on early withdrawal of savings	17	
18a	Alimony paid	18a	
b	Recipient's SSN		
С	Date of original divorce or separation agreement (see instructions)		
19		19	

Pai	art I Additional Income	 	
1	Taxable refunds, credits, or offsets of state and local income taxes	 1	
2a	a Alimony received	 2a	
b	Date of original divorce or separation agreement (see instructions)		
3	Business income or (loss). Attach Schedule C	 3	

Other gains or (losses). Attach Form 4797	4	
Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	5	-6,550.
Farm income or (loss). Attach Schedule F	6	
Unemployment compensation	7	
Other income. List type and amount ►		
	8	
Combine lines 1 through 8. Enter here and on Form 1040, 1040-SR, or 1040-NR,		
line 8	9	-6,550.

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Certain business expenses of reservists, performing artists, and fee-basis government

Part II Adjustments to Income

Educator expenses

. . .

13	Moving expenses for members of the Armed Forces. Attach Form 3903	13
14	Deductible part of self-employment tax. Attach Schedule SE	14
15	Self-employed SEP, SIMPLE, and qualified plans	15
16	Self-employed health insurance deduction	16
17	Penalty on early withdrawal of savings	17
18a	Alimony paid	18a
b	Recipient's SSN	
С	Date of original divorce or separation agreement (see instructions)	
19	IRA deduction	19
20	Student loan interest deduction	20
21	Tuition and fees deduction. Attach Form 8917	21
22	Add lines 10 through 21. These are your adjustments to income. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 10a	22
For Pa	perwork Reduction Act Notice, see your tax return instructions. BAA REV 07/28/21 PRO	Schedule 1 (Form 1040) 2020

SCHEDULE D

(Form 1040)

Capital Gains and Losses

OMB No. 1545-0074

20

► Attach to Form 1040, 1040-SR, or 1040-NR. ▶ Go to www.irs.gov/ScheduleD for instructions and the latest information. ▶ Use Form 8949 to list your transactions for lines 1b, 2, 3, 8b, 9, and 10.

20Attachment Sequence No. 12

Internal Revenue Service (99) Name(s) shown on return

Department of the Treasury

Your social security number

HEMANTH GOTTIPATI

837-74-7184

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

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

lines	instructions 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, I	from	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result
	e dollars.	(sales price)		line 2, columr		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	80,832.	74,950.	4	61.	6,343.
2	Totals for all transactions reported on Form(s) 8949 with Box B checked					
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	Short-term capital loss carryover. Enter the amount, if an Worksheet in the instructions		-	-	6	()
7	Net short-term capital gain or (loss). Combine lines 1a term capital gains or losses, go to Part II below. Otherwise	•	.,		7	6,343.

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

See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars.		(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustmen to gain or loss Form(s) 8949, I 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	
	 13 Capital gain distributions. See the instructions					()
15	Net long-term capital gain or (loss). Combine lines 8a on the back .	0	() ()		15	

Part	III Summary		
16	Combine lines 7 and 15 and enter the result	16	6,343.
	• 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?		
	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 are you not filing Form 4952? Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Forms 1040 and 1040-SR, 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	()
	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 Forms 1040 and 1040-SR, line 16.		
	No. Complete the rest of Form 1040, 1040-SR, or 1040-NR.		

REV 07/28/21 PRO

Schedule D (Form 1040) 2020

Department of the Treasury

Internal Revenue Service

Sales and Other Dispositions of Capital Assets

OMB No. 1545-0074

(0)**2**(0)

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

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

Schedule D. Attachment Sequence No. 12A

Name(s) shown on return	Social security number or taxpayer identification number
HEMANTH GOTTIPATI	837-74-7184

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.

Part I Short-Term. Transactions involving capital assets you held 1 year or less are generally short-term (see 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.

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

(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		(e) Cost or other basis. See the Note below	If you enter an enter a co	f any, to gain or loss. 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.)	disposed of (Mo., day, yr.)	(sales price) (see instructions)	and see Column (e) in the separate instructions	(f) Code(s) from instructions	(g) Amount of adjustment	from column (d) and combine the result with column (g)	
Robinhood Securities LLC	01/01/20	11/27/20	80,832.	74,950.	W	461.	6,343.	
2 Totals. Add the amounts in columns negative amounts). Enter each tota Schedule D, line 1b (if Box A above above is checked), or line 3 (if Box C	80,832.	74,950.		461.	6,343.			

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

SCHEDULE E	
(Form 1040)	

Department of the Treasury

Internal Revenue Service (99)

Supplemental Income and Loss

OMB No. 1545-0074 2

 \mathbf{D}

Attach to Form 1040, 1040-SR, 1040-NR, or 1041. ► Go to www.irs.gov/ScheduleE for instructions and the latest information.

Vauraasi	al accurity numbe	
	Attachment Sequence No.	13
		-

Name(s)	shown on return							Your so	cial securi	ty numb	er
HEMA	NTH GOTTIPATI							837-	74-718	4	
Part		s From Rental Real Estate and Ro instructions. If you are an individual, rep	-		•			÷.	•		use
A Dic		nts in 2020 that would require you to									No
	, , , ,	ou file required Form(s) 1099?		· · ·							No
1a	Physical address of	each property (street, city, state, ZIF	P code)							
Α		OLONY KPHB KUKATPALLY			IN 5	00072)				
В							-				
С											
1b	Type of Property (from list below)	2 For each rental real estate pro above, report the number of fa	perty lis air renta	sted Il and		-	^r Rental Days	Person Da		Q	JV
Α	3	personal use days. Check the	above, report the number of fair rental and personal use days. Check the QJV box only if you meet the requirements to file as a				365		0	Г	7
B	 	qualified joint venture. See ins	truction	is.	A B		303				7
C				-	C						7
	of Property:				-						
	le Family Residence	3 Vacation/Short-Term Rental	5 Lan	nd		7 Self-	Rental				
-	ti-Family Residence	4 Commercial	6 Roy				er (describe)				
Incom		Properties:			Α	0 000	E			С	
3	Bents received		3			550.				•	
4			4								
Expen											
5			5								
6		nstructions)	6								
7			7			800.					
8			8								
9			9								
10		ssional fees	10								
11			11			800.					
12		d to banks, etc. (see instructions)	12								
13			13								
14			14		1.	500.					
15			15			500.					
16			16		- /						
17			17		2.	500.					
18		or depletion	18								
19			19								
20	Total expenses. Add	lines 5 through 19	20		7,	100.					
21	Subtract line 20 from	line 3 (rents) and/or 4 (royalties). If instructions to find out if you must									
	file Form 6198		21		-б,	550.					
22	on Form 8582 (see in		22	(-б,5	550.)	()()
23a		eported on line 3 for all rental prope				23a		550.			
b		eported on line 4 for all royalty prop				23b					
С		eported on line 12 for all properties				23c					
d	Total of all amounts re	eported on line 18 for all properties				23d					
е		eported on line 20 for all properties				23e		7,100.			
24	Income. Add positive	e amounts shown on line 21. Do no	ot inclu	de any	losses			. 24			
25	Losses. Add royalty lo	sses from line 21 and rental real estate	e losses	from lir	ne 22. E	inter tot	al losses her	e. 25	(6,5	550.)
26	Total rental real esta	ate and royalty income or (loss).	Combi	ne lines	s 24 an	id 25. E	Enter the rea	sult			
		V, and line 40 on page 2 do not 40), line 5. Otherwise, include this a						on . 26		-6	550.

For Paperwork Reduction Act Notice, see the separate instructions.

Schedule E (Form 1040) 2020

Arizona Form

E-file Signature Authorization

2020

*Do Not Truncate

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

837 74 7184	
Spouse's Social Security No.*	
S	

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 INS	TITUTION INFORMATION
	_	Must be present when reque	sting direct debit or deposit.
1 Arizona Adjusted Gross Income 79,077 00	<u>)</u>	Foreign Account Deposit/	Debit: See instructions below.
2 Balance Of Tax 2,123 00	<u>)</u>	TYPE OF ACCOUNT	
3 Arizona Income Tax Withheld 634 00	<u>)</u>	Checking Savings	
Check box 4 <u>or</u> box 5:		ACCOUNT NUMBER	
4 REFUND: Enter the amount of refund	00		
5 AMOUNT YOU OWE: Enter the amount owed	1,48900	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, 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	→		
SE SIGN HERE	→	YOUR PEN AND INK SIGNATURE	DATE
PLEASE		SPOUSE'S PEN AND INK SIGNATURE	DATE

RETURN.			Arizona Form 140	Resident Po	ersor	nal Inco	ome Tax	Return	F	OR CALEN	10ar year 20	
	82F		heck box 82F filing under extension	OR FISCAL YEAR BEGINN	NING ∟		2,0,2,0	J AND ENDI				66F
H	_`		First Name and Middle Initial		Last	Name		F	nter Your	Social Se	ecurity Nur	nber
101	1		IANTH			TIPATI			83		718	
ST	1	Spous	e's First Name and Middle Initia	ll (if box 4 or 6 checked)	Last	Name		S	SN(s).	se's Soci	al Security	No.
N E E		Curre	nt Home Address - number and	street, rural route			Apt. No.		aytime Phone	/with are	a code)	
ANY ITEMS	2		0 E SAHURO DR	,			1071		4 (916)802			
	_	City, T	own or Post Office	State		ZIP Code			Used in Last Fou			rent)
Щ.	3	SCO	DTTSDALE	AZ		85253						97
IAI	TU	4	Married filing joint return				rerpayment	88	SE ONLY. DO NO	JI WARK	IN THIS AF	KEA.
T S	ST/	5	Head of nousehold. Enter i	name of qualifying child or depe	endent on	i next line:						
DO NOT STAPLE	FILINGSTATUS	6	Married filing separate retu	Irn. Enter spouse's name and	Social Se	ecurity Numb	er above.					
2	Ē	7	X Single									
		•	↓ Enter the number claimed ↓				1					
	qo	8 9	Age 65 or over (you and/or Blind (you and/or spouse)	r spouse) If completing lines 39, and 41. For line				81 PM		80 RC	VD	
	and 10b	10a	Dependents: Under age of	17. 10b Deper	ndents: A	Age 17 and	over.					
	10a a	11a	Qualifying parents and gra	ndparents								
	nts 1		(Box 10a and 10b): Depende	nt Information. See instruc						bage 4, F		
	and 11a - Dependents		(a) FIRST AND LAS	T NAME SC	(b DCIAL SEC) CURITY NO.	(c) RELATIONSHI			t Age	(f) if you did not	t claim
	Dep		(Do not list yourself	or spouse.)				LIVED IN YO HOME IN 2	020 1	- -	if you did not his person on deral return d educational cre	your ue to edits
	11a -	10c							(Box 10a) (B	ox 10b)		
	and ,	10d										
	8 [,] 9 [,]	10e										
<u>.</u>	suo		(Box 11a): Qualifying parents	and grandparents. See ins				k the box (d)	and complete	page 4, I	Part 2.	
after Form 140	Exemptions		FIRST AND LAS		(b DCIAL SEC	URITY NO.	(c) RELATIONSHI	P NO. OF MON	ITHS VIF AGE 6		✓ IF DIED	IN
orn	Exe		(Do not list yourself	or spouse.)				LIVED IN YO HOME IN 2		ĸ	2020	
erF		11b										
		11c										
nts	_		Federal adjusted gross incom		,						79,077	00
me	s		Non-Arizona municipal interest.									00
ocu	Additions		Partnership Income adjustment. Total federal depreciation									00
er d	Add		Net capital (loss) derived from the									00
othe			Other Additions to Income: Con					-				00
or o	_		Subtotal: Add lines 12 through 17 Total net capital gain or (loss).						18 6,343 00	-	79,077	00
es			Total net short-term capital gain						6,343 00			
npe			Total net long-term capital gain o						00			
che			Net long-term capital gain from								0	00
YZ S			Multiply line 22 by 25% (.25) an								0	00 00
J pr		This k	<u>Net capital gain derived from inv</u> oox may be blank or may contain a p	rinted barcode of data from you	ir return.	25 Net c	apital gain ex	change of lec	al tender 25			00
l ar	ons				Ś.		alculated Arizo					00
lera	Subtractions					27 Parti	nership Incom	e adjustment	27			00
fed	Sub1		1, b V da Da Da Da Da Da Da Da Da Riba ba ba ba ba ba ba ba ba ba	м. С. н. О. н. С. н. Оні (МР.С. н. Оні. 19. ф. н. ф. н. ф. н. ф. н. ф. ф. ф.			est on U.S. ob	-				00
red			, _,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,						t. pensions . 29a etainer pay 29b			00
qui							Social Security of					00
<pre>/ re</pre>							ain wages of A					00
any			2-Mailtean Markey Brailes ar an Markey	ornozioarrenten entre Profesio	67 <u>2</u>		eceived for being					00
Place any required federal and AZ schedules or other docume						1	perating loss ibutions to 529 (-				00
P		1000	40.440 (00)		A7 5	35 Subtra	act lines 23 thro	ugh 34 from lin	e18 35		79,077	00
		ADOR	10413 (20) 1555		AZ F0	rm 140 (20	r∠0)	RE	V 04/09/21 PRO		Page 1	015

[Your	Name (as shown on page 1)	Your Social Security Number	er	
	HEM	IANTH GOTTIPATI	837-74-7184		
Ì	36	Other Subtractions from Income. Complete Adjustments to Arizona Gross Income schedule on	26 F		00
				79,077	
	37	Subtract line 36 from line 35 and enter the difference			00
ion	38	Age 65 or over: Multiply the number in box 8 by \$2,100			00
Exemptions	39	Blind: Multiply the number in box 9 by \$1,500			
xer	40	Other Exemptions. See instructions40E Multiply the number in box 40E by \$2,300			00
-	41	Qualifying parents and grandparents: Multiply the number in box 11a by \$10,000		70.077	00
	42	Arizona adjusted gross income: Subtract lines 38 through 41 from line 37. If less than zero, enter "0"			
	43	Deductions: Check box and enter amount. See instructions			1
	44	If you checked box 43 S and claim charitable deductions, check 44 C Complete page 3. See inst			00
	45	Arizona taxable income: Subtract lines 43 and 44 from line 42. If less than zero, enter "0"			
Balance of Tax	46	Compute the tax using amount on line 45 and Tax Table X, Y or Optional Tax Tables			1
e of	47	Tax from recapture of credits from Arizona Form 301, Part 2, line 31			00
anci	48	Subtotal of tax: Add lines 46 and 47 and enter the total			1
Bali	49	Dependent Tax Credit. See instructions			00
	50	Family income tax credit (from the worksheet - see instructions)			00
	51	Nonrefundable Credits from Arizona Form 301, Part 2, line 61			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			1
-	53	2020 AZ income tax withheld			1
Total Payments and Refundable Credits	54	2020 AZ estimated tax payments 54a OO Claim of Right 54b	00 Add 54a and 54b. 54		00
ents e Cre	55	2020 AZ extension payment (Form 204)			00
aym	56	Increased Excise Tax Credit (from the worksheet - see instructions)			00
func	57	Property Tax Credit from Arizona Form 140PTC			00
Ъ ъ	58	Other refundable credits: Check the box(es) and enter the total amount	308-1 582 349 58		00
	59	Total payments and refundable credits: Add lines 53 through 58 and enter the total		634	
or	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	1,489	1
Tax Due or Overpayment	61	OVERPAYMENT: If line 59 is larger than line 52, subtract line 52 from line 59 and enter amount of overpay	/ment61		00
	62	Amount of line 61 to be applied to 2021 estimated tax			00
Ŭ	63	Balance of overpayment: Subtract line 62 from line 61 and enter the difference			00
lifts	64	- 74 Voluntary Gifts to: Assigned to Schools			
Voluntary Gifts		Child Abuse Prevention			
		Neighbors Helping Neighbors 69 00 Special Olympics 70 00 Veterans' Donations I I Didn't Pay Enough Fund			
Volu			als 74 00		
	75	Political Party (if amount is entered on line 68 - check only one): 751 Democratic 752 Libertarian	753 Republican		
enalty	76	Estimated payment penalty			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			00
þ	79				00
d or		Direct Deposit of Refund: Check box 79A if your deposit will be ultimately placed in a foreign account; see			
ant		B C C Checking or S Savings ROUTING NUMBER ACCOUNT NUMBER			
Refund or Amount Owed	80	AMOUNT OWED: Add lines 60 and 78. Make check payable to Arizona Department of Revenue; write	vour SSN on payment.		1
		and include with your return	, ,	1,489	00
		Jnder penalties of perjury, I declare that I have read this return and any documents with it, and to	the best of my knowled	tao and boliof those	ro
		rue, correct and complete. Declaration of preparer (other than taxpayer) is based on all informati			
ш				, 0	
	➔	S	OFTWARE ENGINE	ER	
坣	1	/OUR SIGNATURE DATE O	CCUPATION		_
z					
SIGN HERE	→				
			POUSE'S OCCUPATION		
PLEASE		SYAM PRIYA RAM SAGAR GUPTA TALLAM 09162021 GLOBAL TAXES LI PAID PREPARER'S SIGNATURE DATE FIRM'S NAME (PREPARER'S I			
A			,	-	
L I		2530 Pebble Creek Ln PAID PREPARER'S STREET ADDRESS	30-101719 PAID PREPARER'S		
		Cumming GA 30041 PAID PREPARER'S CITY STATE ZIP CODE	(678)965- PAID PREPARER'S		_
			TAID T NEFANER 3		

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).

Arizona Individual Income Tax Payment Voucher for Electronic Filing

EF	٧٧
20	20

	Your First Name and Middle Initial		Last Name			Your Social Security Number
1	HEMANTH		GOTTIPATI		Enter	837 74 7184
	Spouse's First Name and Middle Initi	al	Last Name		your	Spouse's Social Security No.
1					SSN(s).	
	Current Home Address - number and	street, rural route		Apt. No.	Daytime F	Phone (with area code)
2	6980 E SAHURO DR			1071	94 (916	6)802-3998
	City, Town or Post Office	State	ZIP Code			Y. DO NOT MARK IN THIS AREA.
3	SCOTTSDALE	AZ	85253		88	
	ase indicate the filing statu Married filing joint return Head of household: Enter nam Married filing separate return	e of qualifying child or depende		bove	81] PM	80 RCVD
	Single					

If you are mailing this payment

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

- ✓ Do not send cash.
- \checkmark Make your check or money order payable to Arizona Department of Revenue.
- ✓ Write your SSN and "2020 Tax" on your payment.
- \checkmark Include your payment with this form.
- ✓ **Mail to** Arizona Department of Revenue, PO Box 29085, Phoenix, AZ 85038-9085.

If you are making an electronic payment

You can make this 140V payment by eCheck or credit card! American Express ♦ Visa ♦ Discover Card ♦ MasterCard

www.AZTaxes.gov

- \checkmark Click on "Make a Payment" and select "140V" as the Payment Type.
- \checkmark Do not mail this form. We will apply this payment to your account.

NOTE: To avoid interest and penalties you must pay the full amount of your tax by April 15, 2021. You will not receive an additional notice from the Arizona Department of Revenue unless an error exists with your return.

Arizona	Form
140	ES

FORM.	Arizona Form 140ES	Individual Esti	mated Inco	ome Tax	Payment	FOR CALENDAR YEAR
THE	This estimated payment is for tax ye	ar ending Decemb		or for tax ye	ear ending: 💶	
10	Your First Name and Middle Initial		Last Name		Enter	Your Social Security Number
Ĕ.	1 HEMANTH		GOTTIPATI		your	837 74 7184
ANY ITEMS	Spouse's First Name and Middle Initial (if fili	ng joint)	Last Name		SSN(s).	Spouse's Social Security No.
AN'	Current Home Address - number and street	rural route		Apt. No.	Daytime	Phone (with area code)
9	2 6980 E SAHURO DR			1071	94 (91	6)802-3998
STAPLE	City, Town or Post Office	State	ZIP Code			Y. DO NOT MARK IN THIS AREA.
ST	3 SCOTTSDALE	AZ	85253		88	
DO NOT	 Check if this payment is on behalf DO NOT USE THIS FORM TO M. Use this form only for mailing esti 	AKE DELINQUENT I	-			
-	Payment: You must round your estimation	ated payment to a wh	nole dollar (no c	ents).	81 PM	80 RCVD
	Enter the amount of payment enclose	d S	3	73 00		
2	2 Check only <u>one</u> box for the quarter for Do not select more than one quarter. Y			each quarte	Le <i>r</i> for which a payn	nent is made.
	Payment for calendar year filers are o	lue as follows:				
	Solution 1 St Quarter – January to March D	ue date is April 15, 202	:1.			
	2nd Quarter – April to June Due d	ate is June 15, 2021.				

П 3rd Quarter – July to September | Due date is September 15, 2021.

4th Quarter – October to December | Due date is **January 15, 2022**. Because January 15, 2022, falls on a Saturday and Monday, January 17, 2022, is a holiday, you have until January 18, 2022, to make this payment.

Payment for fiscal year filers are due as follows:

1st Quarter – 15th day of the fourth month of the current fiscal year.
2nd Quarter – 15th day of the sixth month of the current fiscal year.
3rd Quarter – 15th day of the ninth month of the current fiscal year.
4th Quarter – 15th day of the first month of the next fiscal year.

If any of the due dates fall on a Saturday, Sunday or legal holiday,

you may make the required payment for that quarter by midnight on the next business day following that day.

If you are mailing this payment

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

- \checkmark Complete and submit this form in its entirety. Do not cut this page in half.
- Make your check or money order payable to Arizona Department of Revenue.
- Write your SSN and tax year on your payment.
- If payment is made on behalf of a Nonresident Composite return, write "Composite 140NR" on payment and include the tax year and entity's EIN.
- Include your payment with this form.
- Mail to Arizona Department of Revenue, PO Box 29085, Phoenix, AZ 85038-9085.

Be sure to review your estimated income and adjust your payments as necessary during the year.

If you are making an electronic payment

You can make this estimated payment by eCheck or credit card! American Express ♦ Visa ♦ Discover Card ♦ MasterCard

- ✓ Click on "Make a Payment" and select "140ES" as the Payment Type.
- \checkmark Do not mail this form. We will apply this payment to your account.

Arizo	ona	Form
14	0	ES

FORM.	Arizona Form 140ES	ndividual Esti	mated Inco	ome Tax	Payment	FOR CALENDAR YEAR
\exists This estimated payment is for tax year ending December 31, 2021, or for tax year ending: $ 2 0 2 0 1 2 0 1 2 0 1 2 0 1 2 0 1 2 0 1 2 0 1 2 2 0 1 2 1 2 0 1 2 2 0 1 2 2 0 1 2 2 0 1 2 2 0 1 2 2 0 1 2 2 0 1 2 2 0 1 2 2 0 1 2 2 0 1 2 2 0 1 2 2 0 1 2 2 0 1 2 2 0 1 2 2 0 1 2 2 2 0 1 2 2 2 2 2 2 2 2 2$						
2	Your First Name and Middle Initial		Last Name		Enter	our Social Security Number
٨S	1 HEMANTH		GOTTIPATI			837 74 7184
ANY ITEMS	Spouse's First Name and Middle Initial (if filing 1	i joint)	Last Name		your SSN(s).	pouse's Social Security No.
AN	Current Home Address - number and street, ru	iral route		Apt. No.	Daytime Ph	one (with area code)
三二	2 6980 E SAHURO DR			1071	94 (916)	802-3998
STAPLE	City, Town or Post Office	State	ZIP Code			O NOT MARK IN THIS AREA.
DO NOT ST	3 SCOTTSDALE	AZ	85253		88	
	 DO NOT USE THIS FORM TO MAR Use this form only for mailing estimate Payment: You must round your estimate 	ated payments. ed payment to a wl	hole dollar (no c	cents).	81 PM	80 RCVD
	Enter the amount of payment enclosed		\$ 3	73 00		
2	 Check only <u>one</u> box for the quarter for which this payment is made. Do not select more than one quarter. You must submit a separate form for <i>each quarter</i> for which a payment is made. Payment for calendar year filers are due as follows: 					
	1st Quarter – January to March Due date is April 15, 2021.					
			- 1.			
	2nd Quarter – April to June Due date	e is June 15, 2021.				
	3rd Quarter – July to September Du	e date is September	[.] 15, 2021.			

4th Quarter – October to December | Due date is **January 15, 2022**. Because January 15, 2022, falls on a Saturday and Monday, January 17, 2022, is a holiday, you have until January 18, 2022, to make this payment.

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2nd Quarter – 15th day of the sixth month of the current fiscal year.
3rd Quarter – 15th day of the ninth month of the current fiscal year.
4th Quarter – 15th day of the first month of the next fiscal year.

If any of the due dates fall on a Saturday, Sunday or legal holiday,

you may make the required payment for that quarter by midnight on the next business day following that day.

If you are mailing this payment

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

- \checkmark Complete and submit this form in its entirety. Do not cut this page in half.
- Make your check or money order payable to Arizona Department of Revenue.
- Write your SSN and tax year on your payment.
- If payment is made on behalf of a Nonresident Composite return, write "Composite 140NR" on payment and include the tax year and entity's EIN.
- Include your payment with this form.
- Mail to Arizona Department of Revenue, PO Box 29085, Phoenix, AZ 85038-9085.

Be sure to review your estimated income and adjust your payments as necessary during the year.

If you are making an electronic payment

You can make this estimated payment by eCheck or credit card! American Express ♦ Visa ♦ Discover Card ♦ MasterCard

- ✓ Click on "Make a Payment" and select "140ES" as the Payment Type.
- \checkmark Do not mail this form. We will apply this payment to your account.

Arizo	ona	Form
14	0	ES

THE FORM.	Arizona Form Individual Estimated Income Tax Payment FOR CALENDAR YEAR 2021					
2	Your First Name and Middle Initial		Last Name		Enter	Your Social Security Number
MS.	1 HEMANTH		GOTTIPATI		your	837 74 7184
ANY ITEMS	Spouse's First Name and Middle Initial (if filing joi		Last Name		SSN(s).	
	Current Home Address - number and street, rural	route		Apt. No.		e Phone (with area code)
DO NOT STAPLE	2 6980 E SAHURO DR			1071	94 (9)	16)802-3998
AP.	City, Town or Post Office	State	ZIP Code			LY. DO NOT MARK IN THIS AREA.
เร	3 SCOTTSDALE	AZ	85253		88	
	 DO NOT USE THIS FORM TO MAKE DELINQUENT INCOME TAX PAYMENTS. Use this form only for mailing estimated payments. 					
	1 Payment: You must round your estimated payment to a whole dollar (no cents). Enter the amount of payment enclosed \$ 373 00				80 1000	
	 2 Check only one box for the quarter for which this payment is made. Do not select more than one quarter. You must submit a separate form for each quarter for which a payment is made. Payment for calendar year filers are due as follows: 					
	1st Quarter – January to March Due date is April 15, 2021.					
	2nd Quarter – April to June Due date is June 15, 2021.					
	3rd Quarter – July to September Due date is September 15, 2021.					
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Arizona	Form
140	ES

FORM.	Arizona Form Individual Estimated Income Tax Payment FOR CALENDAR YEAR 2021							
THE	This estimated payment is for tax year ending December 31, 2021, or for tax year ending:							
2	Your First Name and Middle Initial		Last Name			Enter Your S	Social Security Number	
MS	1 HEMANTH		GOTTIPATI			837	74 7184	
ANY ITEMS	Spouse's First Name and Middle Initial (if filing joint)				Last Name		SSN(s).	
-	Current Home Address - number and street, rural route			Apt. No.		Daytime Phone		
STAPLE	2 6980 E SAHURO DR			1071		94 (916)802		
IAP	City, Town or Post Office	State	ZIP Code			E USE ONLY. DO NO	OT MARK IN THIS AREA.	
NOT S	3 SCOTTSDALE	AZ	85253		88			
 DO NOT USE THIS FORM TO MAKE DELINQUENT INCOME TAX PAYMENTS. Use this form only for mailing estimated payments. 1 Payment: You must round your estimated payment to a whole dollar (no cents). 						80 RCVD		
	Enter the amount of payment enclosed	9	\$3	73 00				
2	2 Check only <u>one</u> box for the quarter for which this payment is made. Do not select more than one quarter. You must submit a separate form for <i>each quarter</i> for which a payment is made.						made.	
	Payment for calendar year filers are due as follows:							
	1st Quarter – January to March Due date is April 15, 2021.							
	2nd Quarter – April to June Due date is June 15, 2021.							
	3rd Quarter – July to September Due date is September Due date is	eptember	15. 2021.					

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