E 1040 Department of the Treasury—Internal Revenue Service (99)
U.S. Individual Income Tax Return

IRS Use Only—Do not write or staple in this space.

Filing Status Check only one box.	If yo	Single Married filing jointly [ou checked the MFS box, enter the reson is a child but not your depender	name of y	0 . ,	,			` ,	_	•	Ū	` , ` ,
Your first name	and m	iddle initial	Last na	me					Your	social	security	number
ANIL				PA					805	805-84-0033		
If joint return, s	pouse's	s first name and middle initial	Last na	me					Spous	Spouse's social security number		
ROOHI			LNU						971	-99-	-6190	ı
Home address	(numbe	er and street). If you have a P.O. box, see	e instruction	ons.				Apt. no.	Presi	dential	Election	n Campaign
1480 EA	ST P	ECOS ROAD						2100			if you, o	•
City, town, or p	ost offi	ce. If you have a foreign address, also co	omplete s	paces below.	Sta A			to		spouse if filing jointly, want \$3 to go to this fund. Checking a		
Foreign countr	v name			oreign province/stat			_	eign postal cod			will not c refund	nange
r oreign country	y mame			oreign province/stat	e/ cour	ity	1 01	eigii postai cod				Spouse
At any time du	ıring 20	020, did you receive, sell, send, exc	hange, c	or otherwise acquir	e any	financial inter	est ir	any virtual	currency	? [Yes	⊠ No
Standard Deduction	_	eone can claim: You as a de Spouse itemizes on a separate retu	•	•		a dependent า						
Age/Blindness	s You:	Were born before January 2, 1	1956 F	Are blind S	pouse	: Was bo	rn be	efore Januar	, 2. 1956	з Г	ls blin	nd
Dependents				(2) Social secur		(3) Relations			qualifies			
If more		irst name Last name		number to you			p	Child tax cred		- 1		er dependents
than four										+		
dependents,										\top		ī
see instruction and check	s ——									\top		
here ▶ □										\top		
	· 1	Wages, salaries, tips, etc. Attach	Form(s) \	N-2						1	8	7,171.
Attach	2a	Tax-exempt interest	2a		b T	axable intere	st		. 7	2b		
Sch. B if	3a	Qualified dividends	3a	2.		Ordinary divide				3b		3.
required.	4a	IRA distributions	4a			axable amou			. 4	4b		
	5a	Pensions and annuities	5a		b 7	axable amou	nt .			5b		
Standard	6a	Social security benefits	6a		b 7	axable amou	nt .		. 🔽	3b		
Deduction for—	7	Capital gain or (loss). Attach Sche	dule D if	required. If not re	quirec	l, check here		•		7	_	1,604.
Single or Married filing	8	Other income from Schedule 1, lir	ne 9							8	_	6,550.
separately, \$12,400	9	Add lines 1, 2b, 3b, 4b, 5b, 6b, 7,	and 8. T	his is your total in	come				•	9	7	9,020.
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	the stan	dard deduction. S	ee inst	ructions 10)b					
\$24,800 • Head of	С	Add lines 10a and 10b. These are							> 1	0с		
household, \$18,650	11	Subtract line 10c from line 9. This	•	-					▶ -	11	7	9,020.
If you checked	12	Standard deduction or itemized	•							12		4,800.
any box under Standard	13	Qualified business income deduct		,	,	3995-A				13		
Deduction, see instructions.	14	Add lines 12 and 13								14	2	4,800.
occ manuchons.	15	Taxable income. Subtract line 14	from lin	e 11. If zero or les	s, ente	er -0				15	5	4,220.

Form 1040 (2020))								Page 2
	16	Tax (see instructions). Check	if any from Form	ı(s): 1 881	4 2 🗌 4972	3 🗌		. 16	6,112.
	17	Amount from Schedule 2, lir							
	18	Add lines 16 and 17						. 18	6,112.
	19	Child tax credit or credit for	other dependen	ts				. 19	
	20	Amount from Schedule 3, lir	•						
	21	Add lines 19 and 20						. 21	
	22	Subtract line 21 from line 18	B. If zero or less.	enter -0				. 22	6,112.
	23	Other taxes, including self-e	*						0.
	24	Add lines 22 and 23. This is						▶ 24	6,112.
	25	Federal income tax withheld	-						,,===,
	a	Form(s) W-2				25a	7,72	24.	
	b	Form(s) 1099				25b	.,		
	c	Other forms (see instruction				25c			
	d	Add lines 25a through 25c	•					. 25d	7,724.
	26	2020 estimated tax paymen							7,721.
 If you have a L qualifying child, 	27	Earned income credit (EIC)				27		. 20	
attach Sch. EIC.	28	Additional child tax credit. A				28			
If you have nontaxable	29	American opportunity credit				29		-	
combat pay,		,		•		30		_	
see instructions.	30	Recovery rebate credit. See						_	
	31	· · · · · · · · · · · · · · · · · · ·							
	32								7 704
	33	Add lines 25d, 26, and 32. T	-						7,724.
Refund	34	If line 33 is more than line 24						. 34	1,612.
D: 1.1 '10	35a								1,612.
Direct deposit? See instructions.	▶b				▶ c Type:] Checking	× Savır	ngs	
	►d	Account number 5 9 4							
	36	Amount of line 34 you want	applied to your	2021 estimate	ed tax ►	36			
Amount	37	Subtract line 33 from line 24	. This is the amo	ount you owe	now			▶ 37	
You Owe		Note: Schedule H and Schedule SE filers, line 37 may not represent all of the taxes you owe for							
For details on how to pay, see		2020. See Schedule 3, line 12e, and its instructions for details.							
instructions.	38	Estimated tax penalty (see in				38			
Third Party		you want to allow another	•						
Designee		structions					•		
		signee's me ▶		Phone no. ▶			ersonal i umber (P	dentification	
Cian		der penalties of perjury, I declare	that I have examine		l accompanying sch		,	,	st of my knowledge and
Sign		lief, they are true, correct, and com							
Here	Yo	ur signature		Date	Your occupation		- 1	If the IRS se	nt you an Identity
	k	-							IN, enter it here
Joint return?	L				SOFTWARE ENGINEER			(see inst.) ▶	
See instructions. Keep a copy for	Sp	ouse's signature. If a joint return,	both must sign.	Date Spouse's occupation					nt your spouse an
your records.			HOME MAKER				Identity Protection PIN, enter it her (see inst.) ▶ ☐ ☐ ☐ ☐		
	———Ph	one no. (901)451-220	Δ	Email address	ANILTHAPA.		COM		
		eparer's name	Preparer's signat		ANTITITAPA.	Date	PTII	N	Check if:
Paid		•	1 .		מווסדים דיםו.ד.או			2082703	Self-employed
Preparer									
Use Only		m's name ► GLOBAL 1A. m's address ► 2530 Pebb		n Cummin	~ C7 200/1				(678)965-9522
0-1				ii Culliliiii				Firm's EIN	
GO TO WWW.Irs.go	ov/Forr	n1040 for instructions and the late	est information.		BAA	REV 07/28/21	PRO		Form 1040 (2020)

SCHEDULE 1 (Form 1040)

Additional Income and Adjustments to Income

OMB No. 1545-0074

Department of the Treasury Internal Revenue Service

ANIL THAPA & ROOHI LNU

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

► 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

805-84-0033

Par	t I Additional Income		
1	Taxable refunds, credits, or offsets of state and local income taxes	1	
2a	Alimony received	2a	
b	Date of original divorce or separation agreement (see instructions) ▶		
3	Business income or (loss). Attach Schedule C	3	
4	Other gains or (losses). Attach Form 4797	4	
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	5	-6,550.
6	Farm income or (loss). Attach Schedule F	6	
7	Unemployment compensation	7	
8	Other income. List type and amount ▶		
		8	
9	Combine lines 1 through 8. Enter here and on Form 1040, 1040-SR, or 1040-NR,		6 550
Par	t II Adjustments to Income	9	-6,550.
		10	
10	Educator expenses	10	
11	Certain business expenses of reservists, performing artists, and fee-basis government 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	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	

SCHEDULE D (Form 1040)

Capital Gains and Losses

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

2020

OMB No. 1545-0074

Department of the Treasury Internal Revenue Service (99) ► 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.

Attachment Sequence No. **12**

Name(s) shown on return Your social security number 805-84-0033 ANIL THAPA & ROOHI LNU Did you dispose of any investment(s) in a qualified opportunity fund during the tax year? If "Yes," attach Form 8949 and see its instructions for additional requirements for reporting your gain or loss. Short-Term Capital Gains and Losses - Generally Assets Held One Year or Less (see instructions) Part I See instructions for how to figure the amounts to enter on the (h) Gain or (loss) (g) Adjustments Subtract column (e) lines below. Proceeds Cost to gain or loss from from column (d) and This form may be easier to complete if you round off cents to Form(s) 8949, Part I, combine the result (sales price) (or other basis) whole dollars. with column (g) line 2. column (a) 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 93,956. 99,674. 4,114. -1,604.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 Short-term gain from Form 6252 and short-term gain or (loss) from Forms 4684, 6781, and 8824 4 Net short-term gain or (loss) from partnerships, S corporations, estates, and trusts from 5 Short-term capital loss carryover. Enter the amount, if any, from line 8 of your Capital Loss Carryover 6 Net short-term capital gain or (loss). Combine lines 1a through 6 in column (h), If you have any longterm capital gains or losses, go to Part II below. Otherwise, go to Part III on the back 7 -1,604.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 (h) Gain or (loss) (g) Adjustments Subtract column (e) (d) (e) lines below. Proceeds to gain or loss from from column (d) and Cost This form may be easier to complete if you round off cents to Form(s) 8949, Part II, (sales price) (or other basis) combine the result whole dollars. line 2. column (a) with column (a) 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 Totals for all transactions reported on Form(s) 8949 with Box E checked 10 Totals for all transactions reported on Form(s) 8949 with 11 Gain from Form 4797, Part I; long-term gain from Forms 2439 and 6252; and long-term gain or (loss) 11 12 Net long-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1 12 13 14 Long-term capital loss carryover. Enter the amount, if any, from line 13 of your Capital Loss Carryover 14 15 Net long-term capital gain or (loss). Combine lines 8a through 14 in column (h). Then, go to Part III

BAA

15

Schedule D (Form 1040) 2020 Page 2

Part III **Summary** -1,604. 16 Combine lines 7 and 15 and enter the result 16 • 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 • If line 16 is zero, skip lines 17 through 21 below and enter -0- on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 22. 17 Are lines 15 and 16 both gains? ☐ **Yes.** Go to line 18. No. Skip lines 18 through 21, and 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. and 22 below. If line 16 is a loss, enter here and on Form 1040, 1040-SR, or 1040-NR, line 7, the smaller of: 21 • The loss on line 16; or 21 1,604.) • (\$3,000), or if married filing separately, (\$1,500) Note: When figuring which amount is smaller, treat both amounts as positive numbers. Do you have qualified dividends on Form 1040, 1040-SR, or 1040-NR, line 3a? 22 X 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.

Form **8949**

Sales and Other Dispositions of Capital Assets

► 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.

OMB No. 1545-0074

2020

Attachment
Sequence No. 12A

Internal Revenue Service

Name(s) shown on return

Department of the Treasury

Social security number or taxpayer identification number

805-84-0033

ANIL THAPA & ROOHI LNU

Before you check Box A, B, or C below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check. Short-Term. Transactions involving capital assets you held 1 year or less are generally short-term (see Part I instructions). For long-term transactions, see page 2. Note: You may aggregate all short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 1a; you aren't required to report these transactions on Form 8949 (see instructions). You must check Box A. B. or C below. Check only one box. If more than one box applies for your short-term transactions. complete a separate Form 8949, page 1, for each applicable box. If you have more short-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need. 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 Adjustment, if any, to gain or loss. 1 If you enter an amount in column (a). (h) enter a code in column (f). Cost or other basis Gain or (loss). (d) (c) (a) (b) Date sold or Proceeds See the **Note** below See the separate instructions. Subtract column (e) Description of property Date acquired disposed of (sales price) and see Column (e. from column (d) and (Example: 100 sh. XYZ Co.) (Mo., day, yr.) combine the result (Mo., day, yr.) (see instructions) in the separate (g) Code(s) from Amount of adjustment instructions with column (a) instructions Robinhood Crypto LLC 05/11/20 07/29/20 578. 448. 130. 08/31/20 12/24/20 86,255. 92,978. 4,114 -2,609.

Robinhood Securities LLC 08/31/20 12/24/20 86,255. 92,978. W 4,114. -2,609.

APEX CLEARING 01/01/20 12/31/20 7,123. 6,248. 875.

2 Totals. Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, line 10 (ff Box A above is checked). Fee Solve is checked, P = 93,956. 99,674. 4,114. -1,604.

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.

SCHEDULE E

Department of the Treasury

Internal Revenue Service (99)

(Form 1040)

Supplemental Income and Loss

(From rental real estate, royalties, partnerships, S corporations, estates, trusts, REMICs, etc.)

► Attach to Form 1040, 1040-SR, 1040-NR, or 1041.

OMB No. 1545-0074

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

Attachment Sequence No. 13

Name(s) shown on return Your social security number 805-84-0033 ANIL THAPA & ROOHI LNU Income or Loss From Rental Real Estate and Royalties Note: If you are in the business of renting personal property, use Part I Schedule C. See instructions. If you are an individual, report farm rental income or loss from Form 4835 on page 2, line 40. A Did you make any payments in 2020 that would require you to file Form(s) 1099? See instructions Physical address of each property (street, city, state, ZIP code) Α VILL KHIDDIAN SMAILPUR, SAMBA JAMMU AND KASHMIR IN 181133 В C 1b Fair Rental **Personal Use** Type of Property For each rental real estate property listed QJV 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 (from list below) **Days Days** 365 Α Α 0 qualified joint venture. See instructions. В В С С Type of Property: Single Family Residence 3 Vacation/Short-Term Rental 5 Land 7 Self-Rental 2 Multi-Family Residence 4 Commercial 6 Royalties 8 Other (describe) Income: **Properties:** Α 3 Rents received . 650. 3 4 Royalties received 4 Expenses: Advertising 5 5 6 Auto and travel (see instructions) . . . 6 7 Cleaning and maintenance . . . 7 1,500. 8 8 Commissions. 9 9 Insurance 10 Legal and other professional fees . . . 10 11 11 12 Mortgage interest paid to banks, etc. (see instructions) 12 13 Other interest. 13 14 Repairs. 14 1,600. 15 1,600. 15 Supplies . Taxes 16 16 17 2,500. 17 18 Depreciation expense or depletion . . 18 Other (list)
----19 19 Total expenses. Add lines 5 through 19 20 20 7,200. 21 Subtract line 20 from line 3 (rents) and/or 4 (royalties). If result is a (loss), see instructions to find out if you must file Form 6198 21 -6,550. 22 Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions) -6,550.) 650 23a Total of all amounts reported on line 3 for all rental properties 23a **b** Total of all amounts reported on line 4 for all royalty properties 23b 23c **c** Total of all amounts reported on line 12 for all properties d Total of all amounts reported on line 18 for all properties 23d 23e Total of all amounts reported on line 20 for all properties 7,200. Income. Add positive amounts shown on line 21. Do not include any losses 24 24 25 Losses. Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here. 25 6,550. 26 Total rental real estate and royalty income or (loss). Combine lines 24 and 25. Enter the result here. If Parts II, III, IV, and line 40 on page 2 do not apply to you, also enter this amount on -6,550. Schedule 1 (Form 1040), line 5. Otherwise, include this amount in the total on line 41 on page 2 26

Arizona Form

E-file Signature Authorization

2020

AZ-00/9				
Do not mail this form to the Arizona	Department of Rev	enue. The	ERO must retain this document a minimum	of four years.
Your First Name and Initial	Last Name		Your Social	Security Number*
ANIL	THAPA			84 0033
Your Spouse's First Name and Initial (if filed joi	nt) Last Name		Spouse's So	cial Security No.*
ROOHI	LNU		971	99 6190
PART 1 – PURPOSE				*Do Not Truncate
	(ERO) to affirm that th	ne taxpayer w	ronic income tax return. vishes to use the taxpayer's electronic signature to electronic Arizona individual income tax return.	the taxpayer's
PART 2 – TAX RETURN INFORMATION		<u> </u>	PART 3 – FINANCIAL INSTITUTION INFO	ORMATION
			Must be present when requesting direct debi	
1 Arizona Adjusted Gross Income 79	,020 00		Foreign Account Deposit/Debit: See inst	•
	,404 00		TYPE OF ACCOUNT ROUTING NUMBER	
3 Arizona Income Tax Withheld 2	2,354 00		☐ Checking ☐ Savings ☐ 2 1 1 3	9 1 8 2 5
Check box 4 or box 5:			ACCOUNT NUMBER	
4 ■ REFUND: Enter the amount of refund			5 9 4 2 5 0 3	
5 AMOUNT YOU OWE: Enter the amount	owed	00	DIRECT DEBIT REQUEST DATE S DIRECT DEBIT PA S DIRECT DEBIT PA	AYMENT AMOUNT .00
Box 4 Checkbox – Refund: You are due a refur provided on your tax return. Your refund amou account listed in the Financial Institution Inform Box 5 Checkbox – Amount You Owe: You information provided on your tax return. You he for payment. The payment will be withdrawn frought of the Financial Institution Information Information Information Information	ant will be deposited in ation Section (Part 3). owe taxes based or ave elected to direct om the account and or	n the De from the number of the from th	reign Account Deposit/Debit Checkbox: Check posit/Debit" box if your deposit will be ultimately m a foreign account. If you check this box, do nombers. If this box is checked, we will not direct count. If you are due a refund, we will send you a ce tax, you must mail a check to the Arizona Depart Box 29085, Phoenix, AZ 85038-9085.	y placed in or come of enter your account deposit or debit your check instead. If you
PART 4 – DECLARATION AND SIGNA	TURE AUTHORIZ	ATION (Si	gn only after completing Part 2)	
Under penalties of perjury, I declare that I have electronic Arizona individual income tax return ar and statements for the year ending December 3 my knowledge and belief, it is true, correct, and that the amounts of Arizona adjusted gross income tax withheld, and refund (or amount of amounts shown on the copy of my electronic amounts shown on the copy of my electronic perion of my 2020 Arizona in If I have filed a joint return, this is an inthe other spouse as an agent to receive feb I do not want direct deposit of my refurefund. 6c I authorize the Arizona Department of designated Financial Agent to initiate withdrawal (direct debit) entry to the findicated in the tax preparation software taxes owed on this return. I also author involved in the processing of the elect receive confidential information necessaresolve issues related to the payment. If I have filed a balance due return, I understand	and accompanying scheol 1, 2020, and to the becomplete. I further defincome, total tax, Ari wed) listed above are Arizona income tax reosited as designated in dividual income tax rerrevocable appointmenthe refund. Revenue (ADOR) and an ACH electronic financial institution accidence in the financial institution accidence for payment of my Ari ize the financial institution in the payment of taxe ary to answer inquiries	dules Procest of reticlare corrections to reticions to reticional reticions to reticional reticional reticions to reticional reticions to reticional reticional reticions reticional	onsent to my Electronic Return Originator (ERO) wider (OLSP) sending my electronic Arizona in urn and accompanying schedules and statemen issent to my ERO or OLSP sending such information insmitter. I consent to ADOR sending my ERO, OLS acknowledgement of receipt of transmission a ether or not the transmission of my return is accept ejected, the reason(s) for the rejection. If the propertion is delayed, I authorize ADOR to disclose to transmitter the reason(s) for the delay, or when the ADOR contacts my ERO for a copy of my return it is delayed. I authorize a copy of my return it is elease copies of the requested documents to ADOR (ELECTRONIC RETURN ORIGIN) make the election that I want my electronic signate is individual income tax return for cember 31, 2020. I understand that when my leas it my electronic signature to my federal individual income tax.	dividual income tax to ADOR, and In to ADOR through a SP and/or transmitter and an indication of ted and, if the return my ERO, OLSP and/the refund was sent. It, any documents or It, I authorize my ERO INR. IATOR) ture to my electronic my signature to my or the year ending on makes the election income tax return will
receive full and timely payment of my tax liabil remain liable for the tax liability and all applica When electronically filing my federal and state that if there is an error on my federal return, rejected.	ity by April 15, 2021, able interest and pena tax returns, I unders	I will havalties. per stand is t	ve as my signature to my Arizona individual inco ve signed my Arizona individual income tax return nalties of perjury that to the best of my knowledge rue, correct and complete.	and declared under
YOUR PEN AND INK SIGNATURE SPOUSE'S PEN AND INK SIGNATUR	E		DATE	
<u>a</u>				

RETURN.			Arizona Form 140	Resident P	FOR CALENDAR YEAR 2020					
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			First Name and Middle Initial		Last Name				l Security Number	
10 THE	1	ANI			THAPA		Enter \ ——your	805	84 0033	
		Spous	se's First Name and Middle Initi	al (if box 4 or 6 checked)	Last Name		SSN(s).	Spouse's S	Social Security No.	
Š	1	ROC			LNU	1			99 6190	
Ë	$\overline{}$		nt Home Address - number and	street, rural route		Apt. No.		Phone (with	•	
⋛	2		30 EAST PECOS ROAD own or Post Office	State	ZIP Code	2100	Last Names Used in L	1)451-22 ast Four Prior		
ΕÀ	[3]	- ,,	LBERT AZ 85295						97	
DO NOT STAPLE ANY ITEMS	TS	4	Married filing joint return	4a ☐ Injured Spouse Pr	rotection of Joint O	verpayment	REVENUE USE ONLY	. DO NOT MA	ARK IN THIS AREA.	
ST/	STATUS	5	Head of household. Enter							
0	וכיז		_							
Z	FILIN	6	☐ Married filing separate ret	urn. Enter spouse's name and	Social Security Num	ber above.				
<u>ڪ</u>	ΙĒ	7	Single							
			♦ Enter the number claime							
	g	8 9	Age 65 or over (you and/o	20 and 44 Far lin	s 8, 9, and 11a, also co nes 10a and 10b, also co		81 PM	80	RCVD	
	and 10b	э 10а	Dependents: Under age of		ndents: Age 17 an	d over	<u></u>			
		11a	Qualifying parents and gra		macrito. Ago 17 an	u 0voi.				
	- Dependents 10a		(Box 10a and 10b): Depende	ent Information. See instruc	ctions. For more s	space, check tl	ne box 🔲 and com	plete page	4, Part 1.	
	den		(a)		(b)	(c)	(d)	(e)	(f)	
	ben		FIRST AND LAS (Do not list yourself	- · · · · · · -	OCIAL SECURITY NO.	RELATIONSHIF	LIVED IN YOUR	incidaca iri.	if you did not claim this person on your federal return due to	
	ے						HOME IN 2020 (Box	1 2 (Box 10b)	educational credits	
	and 11a	10c								
		10d						닠丨片	 	
	တ် တ်	10e							Ш	
<u>.</u>	ons		(Box 11a): Qualifying parents	s and grandparents. See in	structions. For mo	re space, check	k the box and co	mplete page (e)	4, Part 2.	
17	Exemptions 8,		FIRST AND LAS	ST NAME S			ELATIONSHIP NO. OF MONTHS 🗸		✓ IF DIED IN	
Jrin	Exe		(Do not list yourself	f or spouse.)			HOME IN 2020	OVER	2020	
Ē.		441						\neg		
Ife		11b 11c						H	H	
ts a			Federal adjusted gross incor	me (from vour federal retu	rn)			12	79,020 00	
len			Non-Arizona municipal interest		00					
μü	Suc	14	Partnership Income adjustmen	t. See instructions				14	00	
용	Additions		Total federal depreciation		00					
ē	¥		Net capital (loss) derived from	• •					00	
당						Gross Income schedule on page 5			79,020 00	
ō			Total net capital gain or (loss).						79,020 100	
les			Total net short-term capital gair							
p			Total net long-term capital gain					00		
٠ ټ			Net long-term capital gain from	·				0 00	2 22	
ZS			Multiply line 22 by 25% (.25) ar						0 00	
ρ		This b	Net capital gain derived from in oox may be blank or may contain a	printed barcode of data from yo	ur return. 25 Not	capital gain ove	change of legal tende	24	00	
au	Su			Danger Dan Diction by Date of	26 Red	capital galli cxt	na depreciation	7 20	00	
iral	actic	ļ ķ			27 Par		e adjustment		00	
ege	Subtractio	9			28 Inte		igations	l	00	
Place any required federal and AZ schedules or other documents after Form 140.	Ñ	1 29a Exclusion for fed., AZ state or						s. 29a	00	
ii.					29b Pens		rvices retired/retainer pay		00	
ed					30 U.S.	2				
γľ		Ĥ			31 Cert 32 Pay	_	merican Indians an active service membe	l	00	
ar,			%\$P\$\&\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\				an active service membe adjustment	l	00	
ace					I	-	college Savings Plans	l	00	
_					ract lines 23 throu	igh 34 from line18	35	79.020 00		

ADOR 10413 (20) 1555

AZ Form 140 (2020)

REV 04/09/21 PRO

Page 1 of 5

	Your	Name (as shown on page 1)	Your Social Security	Number		\neg
		` ' '	805-84-003			
	771/1	I THATA & ROOTH DIVO	003 01 003	, 5		_
		Other Subtractions from Income. Complete Adjustments to Arizona Gross Income schedule on p	· ·	Г	000	00
	37	Subtract line 36 from line 35 and enter the difference			79,020	
ons	38	Age 65 or over: Multiply the number in box 8 by \$2,100				00
npti	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			79,020	00
	42	Arizona adjusted gross income: Subtract lines 38 through 41 from line 37. If less than zero, enter "0"			24,800	
	43	Deductions: Check box and enter amount. See instructions			27,000	00
	44	If you checked box 43 S and claim charitable deductions, check 44 C Complete page 3. See instru		54,220	_	
×	45 46	Arizona taxable income: Subtract lines 43 and 44 from line 42. If less than zero, enter "0"		1,404		
Balance of Tax	46 47	Tax from recapture of credits from Arizona Form 301, Part 2, line 31			Ι, 10 1	00
ce o	47	Subtotal of tax: Add lines 46 and 47 and enter the total			1,404	
lan	49	Dependent Tax Credit. See instructions			±, ± -	00
Ba	50	Family income tax credit (from the worksheet - see instructions)		Г		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		Г	1,404	
	53	2020 AZ income tax withheld			2,354	_
nd its	54	2020 AZ estimated tax payments 54a 00 Claim of Right 54b	00 Add 54a and 54		- , - ·	00
Total Payments and Refundable Credits	55	2020 AZ extension payment (Form 204)				00
/mer	56	Increased Excise Tax Credit (from the worksheet - see instructions)				00
l Pay unda	57	Property Tax Credit from Arizona Form 140PTC				00
Tota Ref	58	Other refundable credits: Check the box(es) and enter the total amount				00
	59	Total payments and refundable credits: Add lines 53 through 58 and enter the total			2,354	
or ent	60	TAX DUE: If line 52 is larger than line 59, subtract line 59 from line 52 and enter amount of tax due. Skip line				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 overpayr	ment	61	950	00
Fax [62	Amount of line 61 to be applied to 2021 estimated tax		62		00
0		Balance of overpayment: Subtract line 62 from line 61 and enter the difference		I	950	00
Gifts	64	- 74 Voluntary Gifts to: Solutions Teams Assigned to Schools64 00 Arizona Wildlife		00		
ح ح		Child Abuse Prevention		00		
ntaı		Neighbors Helping Neighbors 69 O Special Olympics		00		
Voluntary		I Didn't Pay Enough Fund72 00 Sustainable State Parks and Road Fund73 00 Spay/Neuter of Animal	ls 74 (00		
	75	Political Party (if amount is entered on line 68 - check only one): 751 Democratic 752 Libertarian	753 Republica	1		_
nalty		Estimated payment penalty		76		00
Per	77	771 ☐ Annualized/Other 772 ☐ Farmer or Fisherman 773 ☐ Form 221 included				00
		Add lines 64 through 74 and 76; enter the total		78	0.5.0	00
r /ed	79	REFUND: Subtract line 78 from line 63. If less than zero, enter amount owed on line 80			950	100
Refund or Amount Owed		— CD Checking or ROUTING NUMBER ACCOUNT NUMBER		_		
efur		98 S Savings 2 1 1 3 9 1 8 2 5 5 9 4 2 5 0 3				
A _m	80	AMOUNT OWED: Add lines 60 and 78. Make check payable to Arizona Department of Revenue; write you	our SSN on payme	nt;		
		and include with your return		80		00
	l	Under penalties of perjury, I declare that I have read this return and any documents with it, and to	the best of my kr	nowledg	e and belief, they a	re
	t	rue, correct and complete. Declaration of preparer (other than taxpayer) is based on all information	n of which prepa	rer has	any knowledge.	
Щ	→					
出	_		FTWARE ENG	INEE	R	_
프	,	OUR SIGNATURE DATE OC	CUPATION			
	→	нс	ME MAKER			
SIGN HERE	3		OUSE'S OCCUPATION	N		-
		SYAM PRIYA RAM SAGAR GUPTA TALLAM 09162021 GLOBAL TAXES LL	С			
A	Ē	AID PREPARER'S SIGNATURE DATE FIRM'S NAME (PREPARER'S IF	SELF-EMPLOYED)			_
PLEASE		2530 Pebble Creek Ln	30-103			
٩		AID PREPARER'S STREET ADDRESS	PAID PREPA			_
		Cumming GA 30041	(678)		522	_

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).