40001		Utah Indi	ividual In	Commission COME TAX Re ollars Fund Educati		2020 TC-40
1999		• Am	ended Return - e	enter code: (s	ee instructions)	
660893884 5	Your first name SAI SRIHI Spouse's first name	Your last name THA REDD VUYYURU Spouse's last nam	ne			Full-yr Resident? Y/N N
If deceased, complete	uddress LO15 E UN City CEMPE	IVERSITY DR, APT 2 <sub>State</sub> AZ	03 <sub>ZIP+4</sub> 85281		number 62 – 6851 Intry (if not U.S.)	
1 Filing Status - enter coo	le	• 2 Qualifying Dependents		3 Election Cam	paign Fund	
1 = Single		a Dependents age 16 and	under			luce your refund.
• <u>1</u> <b>2</b> = Married filing jo	•	<b>b</b> Other dependents		Enter the code for	the Yours	self Spouse
<b>3</b> = Married filing se		<b>c</b> O Total (add lines a and b)		party of your choic		•
4 = Head of house				See instructions		
5 = Qualifying wido		Dependents must be claimed for the		-		x.utah.gov/elect.
If using code 2 or 3, enter spouse's na	me and SSN above	credit on your federal return. See i	nstructions.	If no contribution,	enter N.	
4 Federal adjusted gross in	ncome from federa	al return			• 4	42460
5 Additions to income from	TC-40A, Part 1 (	attach TC-40A, page 1)			• 5	
6 Total income - add line 4	and line 5				6	42460
7 State tax refund included	on federal form 1	1040, Schedule 1, line 1 (if any)			• 7	
8 Subtractions from incom	e from TC-40A, Pa	art 2 (attach TC-40A, page 1)			• 8	
9 Utah taxable income (lo	oss) - subtract the	e sum of lines 7 and 8 from line 6			• 9	42460
10 Utah tax - multiply line 9	by 4.95% (.0495)	) (not less than zero)			• 10	2102
11 Utah personal exemption	(multiply line 2c b	y \$590)	• 11	0		
12 Federal standard or item	ized deductions		• 12	12400	is qui	tronic filing ck, easy and
13 Add line 11 and line 12			13	12400		e, and will p your refund.
14 State income tax deduct	ed on federal <b>Sch</b>	edule A, line 5a (if any)	• 14		To le	earn more,
15 Subtract line 14 from line	13		15	12400	tap	go to .utah.gov
16 Initial credit before phase	e-out - multiply line	e 15 by 6% (.06)	• 16	744		
17 Enter: <b>\$14,879</b> (if single	-		• 17	14879		
		ed filing jointly or qualifying widower) e 17 from line 9 (not less than zero)	18	27581		
19 Phase-out amount - mult	iply line 18 by 1.3	% (.013)	• 19	359		
20 Taxpayer tax credit - sub	tract line 19 from	line 16 (not less than zero)			• 20	385
21 If you are a qualified exe	mpt taxpayer, ent	er "X" (complete worksheet in instr.)	• 21			
22 Utah income tax - subtr REV 03/16/21 PRO	act line 20 from lir	ne 10 (not less than zero)			• 22	1717

400	Uta 002 SSN	h Individual Income 660893884	Tax Return (contine Last name VU		INTUIT	TC-40 2020	Pg. 2
23	Enter tax from	m TC-40, page 1, line 22				23	1717
24	Apportionabl	e nonrefundable credits from T	C-40A, Part 3 (attach TC-40	0A, page 1)		24	
25	,	ident, subtract line 24 from line year resident, complete and er	,	10B line 37	•	25	1717
26		nable nonrefundable credits fro			•	26	
27	Subtract line	26 from line 25 (not less than	zero)			27	1717
28	Voluntary co	ntributions from TC-40, page 3	, Part 4 (attach TC-40, page	3)	•	28	
29	AMENDED F	RETURN ONLY - previous refu	nd		•	29	
30	Recapture of	low-income housing credit			•	30	
31	Utah use tax				•	31	
32	Total tax, us	e tax and additions to tax (a	dd lines 27 through 31)			32	1717
33	Utah income	tax withheld shown on TC-40	N, Part 1 (attach TC-40W, pa	age 1)	•	33	2237
34	Credit for Uta	ah income taxes prepaid from <sup>-</sup>	ГС-546 and 2019 refund app	blied to 2020	•	34	
35	Pass-throug	n entity withholding tax shown	on TC-40W, Part 3 (attach T	C-40W, page 2)	•	35	
36	Mineral prod	uction withholding tax shown c	n TC-40W, Part 2 (attach TC	C-40W, page 2)	•	36	
37	AMENDED F	RETURN ONLY - previous pay	ments		•	37	
38	Refundable	credits from TC-40A, Part 5 (at	tach TC-40A,page 2)		•	38	
39	Total withhol	ding and refundable credits - a	dd lines 33 through 38			39	2237
40 41		ubtract line 39 from line 32 (no interest (see instructions)	t less than zero)	41	•	40	
42	-	- PAY THIS AMOUNT - add lin	ne 40 and line 41		•	42	
43	REFUND - s	ubtract line 32 from line 39 (no	t less than zero)		•	43	520
44	,	btractions from refund (not gre al from page 3, Part 5	ater than line 43)		•	44	
45		POSIT YOUR REMAINING RE		ormation (see instructions for	-	unts) checking ount type: • X	savings •

Under penaltie	Under penalties of perjury, I declare to the best of my knowledge and belief, this return and accompanying schedules are true, correct and complete.						
SIGN Your s	signature	Date	Spouse's signature (if filing jointly)			Date	
HERE							
Third Party	Name of designee (if any) you authorize t	o discuss this return		Designee's telephone number	Designee PIN		
Designee					•		
	Preparer's signature	Date		Preparer's telephone number	Preparer's PTIN		
Paid	SYAM PRIYA RAM SA	GAR G 03/31/2	1	6789659522	•	P02082703	
Preparer's	Firm's name GLOBAL T	AXES LLC			Preparer's EIN		
Section	and address 2530 PEB	BLE CREEK LN			•	301017196	
	CUMMING		G	A 30041			

Attach TC-40 page 3 if you: are filing for a deceased taxpayer, are filing a fiscal year return, filed IRS form 8886, are making voluntary contributions, want to deposit into a my529 account, want to apply all/part of your refund to next year's taxes, want to direct deposit to a foreign account, or no longer qualify for a homeowner's exemption. REV 03/16/21 PRO

	Non	and Part-year Resid	dent Schedule	INTUIT	TC-40B
40006	SSN	660-89-3884	Last name VUYYURU		2020

## Residency Status: • X Nonresident: Home state abbreviation: AZ • Part-year resident from: to

Res	Idency Status: • X Nonresident: Home state abbreviation: AZ • Part-	-year resident from:	mm/dd/yy	to mm/dd/yy
nco	me	Col. A - UTAH		Col. B - TOTAL
1	Wages, salaries, tips, etc. (1040 line 1)	45197		45197
2	Taxable interest income (1040 line 2b)	0		63
	Ordinary dividends (1040 line 3b)			
	IRAs, pensions and annuities - taxable amount (1040 lines 4b and 5b)			
	Social Security benefits - taxable amount (1040 line 6b)			
	Taxable refunds/credits/offsets of state/local income taxes (1040, Schedule 1, line 1)			
	Alimony received (1040, Schedule 1, line 2a)			
	Business income or (loss) (1040, Schedule 1, line 3)			
	Capital gain or (loss) (1040, line 7)			
0	Other gains or (losses) (1040, Schedule 1, line 4)			
1	Rental real estate, royalties, partnerships, S corps, trusts, etc. (1040, Schd 1, line 5)			
2	Farm income or (loss) (1040, Schedule 1, line 6)			
3	Unemployment compensation (1040, Schedule 1, line 7)			
4	Other income (1040, Schedule 1, line 8)			
5	Additions to income from TC-40A, Part 1 (Utah portion only in Utah column)			
6	Total income (loss) - add lines 1 through 15 for both columns A and B	45197		45260
diu	Istments	Col. A - UTAH		Col. B - TOTAL
7	Educator expenses (1040, Schedule 1, line 10)			
3	Certain bus. expenses of reservists, performing artists, etc. (1040, Schd 1, line 11)			
9	Health savings account deduction (1040, Schedule 1, line 12)			
0	Moving expenses (1040, Schedule 1, line 13) - col. A only expenses moving into Utah			
1	Deductible part of self-employment tax (1040, Schedule 1, line 14)			
2	Self-employed SEP, SIMPLE and qualified plans (1040, Schedule 1, line 15)			
3	Self-employed health insurance deduction (1040, Schedule 1, line 16)			
4	Penalty on early withdrawal of savings (1040, Schedule 1, line 17)			
5	Alimony paid (1040, Schedule 1, line 18a)			
6	IRA deduction (1040, Schedule 1, line 19)			
7	Student loan interest deduction (1040, Schedule 1, line 20)	0		2500
8	Tuition and fees (1040, Schedule 1, line 21)	0		2000
9	Reserved	0		300
0	Taxable refunds/credits/offsets of state and local income taxes (1040, Schd 1, line 1)	0		500
1	Subtractions from income from TC-40A, Part 2 (Utah portion only in Utah column)			
2	(see instructions):			
3	Total adjustments - add lines 17 through 32 for both columns A and B	0		2800
4	Subtract line 33 from line 16 for both columns A and B	45107		42460
4	Line 34, column B must equal TC-40, line 9	45197	•	42460
on 5	or Part-year Resident Utah Tax Divide line 34 column A by line 34 column B (to 4 decimal places)		35	1.0000
	Do not enter a number greater than 1.0000 or less than 0.0000		55	1.0000
6	Subtract TC-40, line 24 from TC-40, line 23 and enter the result (not less than zero) here	е	36	1717
7	<b>UTAH TAX</b> - Multiply line 36 by the decimal on line 35. Enter on TC-40, page 2, line 25		• 37	1717

Attach completed schedule to your Utah Income Tax Return.

Last name VUYYURU

Pg. 1

**TC-40W** 

2020

Line Explanations	IMPORTANT
<ol> <li>Employer/payer ID number from W-2 box "b" or 1099</li> <li>Utah withholding ID number from W-2 box "15" or 1099 (14 characters, ending in WTH, no hyphens)</li> <li>Employer/payer name and address from W-2 box "c" or 1099</li> <li>Enter "X" if reporting Utah withholding from form 1099</li> <li>Employee's Social Security number from W-2 box "a" or 1099</li> <li>Utah wages or income from W-2 box "16" or 1099</li> <li>Utah withholding tax from W-2 box "17" or 1099</li> </ol>	<ul> <li>Do not send your W-2s or 1099s with your return. Instead enter W-2 or 1099 information below, but only if there is Utah withholding on the form.</li> <li>Use additional forms TC-40W if you have more than four W-2s and/or 1099s with Utah withholding tax.</li> <li>Enter mineral production withholding from TC-675R in Part 2 of TC-40W; enter pass-through entity withholding in Part 3 of TC-40W.</li> </ul>
First W-2 or 1099	Second W-2 or 1099
1 135108880	1
<sup>2</sup> 12249890004WTH (14 characters, no hyphens)	2 (14 characters, no hyphens)
<sup>3</sup> GOLDMAN SACHS & CO LLC 30 HUDSON STREET 19TH FLOOR	3
JERSEY CITY NJ07302	
4	4
5 660893884	5
<sup>6</sup> 45197.	6
7 2237.	7
<b>Third W-2 or 1099</b> 1	Fourth W-2 or 1099 1
2 (14 characters, no hyphens)	2 (14 characters, no hyphens)
3	3
4	4
5	5
6	6
7	7

Enter total Utah withholding tax from all lines 7 here and on TC-40, page 2, line 33: 2237.

Submit page ONLY if data entered. Attach completed schedule to your Utah Income Tax Return. Do not attach W-2s or 1099s to your Utah return.

40009

## 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.

Your First Name and Initial	Last Name		Your Social Security Number*
SAI SRIHITHA REDDY	IVUYYURU	Enter	660   89   3884
Your Spouse's First Name and Initial (if filed joint)	li ast Name	your SSN(s).	Spouse's Social Security No.*

#### 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 42,460 00	Foreign Account Deposit/Debit: See instructions below	v.
2 Balance Of Tax 0 00	TYPE OF ACCOUNT ROUTING NUMBER	_
3 Arizona Income Tax Withheld 00	Checking 🔲 Savings	
Check box 4 <u>or</u> box 5:	ACCOUNT NUMBER	
4 REFUND: Enter the amount of refund		
5 AMOUNT YOU OWE: Enter the amount owed	0 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. I will have signed my Arizona individual income tax return and declared under penalties of perjury that to the best of my knowledge and belief the return is true, correct and complete.

ERE	→		
SE SIGN HERE	→	YOUR PEN AND INK SIGNATURE	DATE
PLEASE		SPOUSE'S PEN AND INK SIGNATURE	DATE

RETURN.			Arizona Form <b>140</b>	Resident	Persor	nal Inco	ome Tax	Return		-	LENDAR YEAR	
REI	32F		Check box 82F f filing under extension	OR FISCAL YEAR BEG			2,0,2,0					66F
풀	``		First Name and Middle Initial		Last	Name			You	ır Socia	Security Nu	mber
	1		I SRIHITHA REDDY		VUY	YURU					89 <sub> </sub> 388	
S 10	_	Spou	se's First Name and Middle Init	ial (if box 4 or 6 checked)	Last	Name			SSN(s).	ouse's S	ocial Security	y No.
Ξ	1											
Ë,	2		ent Home Address - number and	d street, rural route			Apt. No.		Daytime Phor			
ANY ITEMS			15 E UNIVERSITY DR Town or Post Office	State		ZIP Code	203		<b>94</b> (480)8 s Used in Last F			erent)
	3		MPE	AZ		85281					( ) (	97
DO NOT STAPLE	<b>FILINGSTATUS</b>	4 5	Married filing joint return Head of household. Ente	4a Injured Spouse r name of qualifying child or d			verpayment	REVENUE 88	USE ONLY. DO	NOT MA	RK IN THIS AI	REA.
DO N	FILIN	6 7	Married filing separate re	turn. Enter spouse's name a	and Social S	ecurity Numb	per above.					
			↓ Enter the number claim	ed. Do not put a check i	mark.							
	_	8	Age 65 or over (you and/	00				81 PM			RCVD	
	and 10b	9	Blind (you and/or spouse					81 - 1		80		
		10a 11a	Dependents: Under age Qualifying parents and gr		pendents:	Age 17 and	over.					
	10a	IId		· ·				<u> </u>			1 Dout 4	
	- Dependents		(Box 10a and 10b): Depend (a)	ent information. See inst		or more s	c)	(b)			<b>i, Part 1.</b>	
	bend		FIRST AND LA		SOCIAL SE		RELATIONSHI	P NO. OF MO			✓ if you did no this person on federal return of	t claim
	Dep		(Do not list yoursel	If or spouse.)				HOME IN	2020 1	2	federal return of educational cr	due to edits
	11a -	10c							(Box 10a)	(Box 10b)		
	and 11a	10d										
	°,	10e										
	ns 8,		(Box 11a): Qualifying parent	ts and grandparents. See	instruction	is. For moi	re space, chec	k the box	and comple	te page	4, Part 2.	
after Form 140	Exemptions		(a) FIRST AND LA (Do not list yoursel			D) CURITY NO.	(c) RELATIONSHI	(d) P NO. OF MC LIVED IN HOME IN			(f) ✓ IF DIED 2020	) IN
erF		11b	0							]		
aft		11c								]		
lts		12	Federal adjusted gross inco	me (from your federal re	turn)				12	2	42,460	00
		13	Non-Arizona municipal interes	t					13	<b>;</b>		00
cur	Additions	14	Partnership Income adjustmer									00
op	ddit		Total federal depreciation									00
her	۷		Net capital (loss) derived from Other Additions to Income: Co									00
. ot								-			42,460	
0 9		19	Total net capital gain or (loss).						00			
nle		20	Total net short-term capital gai						00			
edi		21	Total net long-term capital gain						00			
sch			0 1 0						0 00		0	00
Ž			Multiply line 22 by 25% (.25) a								0	00
/ pu		This	Net capital gain derived from in box may be blank or may contain a	printed barcode of data from	your return.	25 Net o	capital gain ex	change of le	egal tender 2			00
laı	ons		it pridentica da da da da da					-	ation 20			00
era	Subtractions				総約 🏼	1		•	nt 27			00
ed	ubtr			terretrer		28 Inter	est on U.S. of	oligations		3		00
ed f	S				1 KN 11	1			ovt. pensions. 29			00
uire						1			retainer pay 29			00
Place any required federal and AZ schedules or other docume						1			etirement Act 30			00
ny r				n en regensieren.		1	-		dians 3' vice member . 32			00
e al			oran an a	RAFERONYA 675, MCD ITELEN AD	N MARINE	1			33			00
act						1		-	ngs Plans 34			00
Ы		4005	P 10/13 (20)		A7 5-	35 Subtra	act lines 23 thro	ugh 34 from I	ine18 3	5	42,460	
		ADOF	<sup>R 10413 (20)</sup> 1555		AZ 70	orm 140 (20	,20)	F	REV 03/17/21 PRO		Page	010

	Your I	Name (as shown on page 1)	Your Social Security Nu	mber		
	SAI	SRIHITHA REDDY VUYYURU	660-89-3884			
	26	Other Subtractions from Income. Complete Adjustments to Arizona Gross Income schedule on	nago 5	26		00
	36				2,460	1
	37	Subtract line 36 from line 35 and enter the difference.				00
ions	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				00
Exer	40					00
	41	Qualifying parents and grandparents: Multiply the number in box 11a by \$10,000			2,460	1
	42	Arizona adjusted gross income: Subtract lines 38 through 41 from line 37. If less than zero, enter "0"			2,400	
	43	Deductions: Check box and enter amount. See instructions				00
	44	If you checked box 43 <b>S</b> and claim charitable deductions, check 44 <b>C</b> Complete page 3. See instr			,060	1
×	45	Arizona taxable income: Subtract lines 43 and 44 from line 42. If less than zero, enter "0"			799	1
of Tax	46	Compute the tax using amount on line 45 and Tax Table X, Y or Optional Tax Tables				
eol	47	Tax from recapture of credits from Arizona Form 301, Part 2, line 31			799	00
Balance	48	Subtotal of tax: Add lines 46 and 47 and enter the total				1
Bal	49	Dependent Tax Credit. See instructions				00
	50	Family income tax credit (from the worksheet - see instructions)			799	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				
d s	53	2020 AZ income tax withheld				00
s an redit	54		00 Add 54a and 54b			00
nent le C	55	2020 AZ extension payment (Form 204)				00
Payr	56	Increased Excise Tax Credit (from the worksheet - see instructions) Property Tax Credit from Arizona Form 140PTC				00
Total Payments and Refundable Credits	57	Other refundable credits: Check the box(es) and enter the total amount				00
F 12	58 59					00
. t	<u> </u>	Total payments and refundable credits: Add lines 53 through 58 and enter the total				00
Tax Due or Overpayment	61					00
ix Du	62	OVERPAYMENT: If line 59 is larger than line 52, subtract line 52 from line 59 and enter amount of overpay Amount of line 61 to be applied to 2021 estimated tax				00
° 13	63	Balance of overpayment: Subtract line 62 from line 61 and enter the difference				00
ŝ		- 74 Voluntary Gifts to:				100
Gif	04	Child Abuse Prevention		1		
tary				1		
Voluntary Gifts		Neighbors Helping Neighbors       69       00       Special Olympics       70       00       Veterans' Donations f         I Didn't Pay Enough Fund		1		
Š	75	Political Party (if amount is entered on line 68 - check only one): <b>751</b> Democratic <b>752</b> Libertarian	753 Republican	1		
ty		Estimated payment penalty		76		00
enalty	77	771 Annualized/Other 772 Farmer or Fisherman 773 Form 221 included				
P		Add lines 64 through 74 and 76; enter the total.		78		00
		<b>REFUND:</b> Subtract line 78 from line 63. If less than zero, enter amount owed on line 80				00
Refund or Amount Owed		Direct Deposit of Refund: Check box 79A if your deposit will be ultimately placed in a foreign account; see	e instructions. <b>79A</b>			
nt O						
Refu		98 S Savings				1
Ar	80	AMOUNT OWED: Add lines 60 and 78. Make check payable to Arizona Department of Revenue; write y and include with your return		80	0	00
		Inder penalties of perjury, I declare that I have read this return and any documents with it, and to				re
	τ	rue, correct and complete. Declaration of preparer (other than taxpayer) is based on all informati	on of which preparer	nas any knowle	age.	
RE	➔	14	JALYST			
E	7					-
SIGN	≯					
	5	POUSE'S SIGNATURE DATE SE	POUSE'S OCCUPATION			_
PLEASE		SYAM PRIYA RAM SAGAR GUPTA TALLAMO3312021 _ GLOBAL TAXES LI				
Þ		PAID PREPARER'S SIGNATURE DATE FIRM'S NAME (PREPARER'S II	,			
Ľ		2530 Pebble Creek Ln	30-1017			_
Δ.		AID PREPARER'S STREET ADDRESS	PAID PREPARE			
		Cumming GA 30041 PAID PREPARER'S CITY STATE ZIP CODE	(678)96		D	_
	- F	AID PREPARER'S CITY STATE ZIP CODE	PAID PREPARE	R'S PHONE NUMBE	ĸ	

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 - Standard Deduction Increase for Charitable Contributions

# You must complete this worksheet if you are taking an increased standard deduction for charitable contributions. Include the completed worksheet with your tax return, when filed. If you do not include the completed worksheet, your standard deduction will not be increased.

Taxpayers electing to take the Standard Deduction on their Arizona tax return may *increase* the standard deduction amount by 25% (.25) of the total amount of the taxpayer's charitable deductions that would have been allowed if the taxpayer elected to claim itemized deductions on the Arizona tax return.

Charitable contributions (lines 1C, 2C, and 3C) are those gifts allowed on federal 1040 Schedule A (Gifts to Charity) that you would have claimed had you elected to take itemized deductions on your federal return.

**NOTE 1:** If you did not itemize deductions on your federal return and reported the allowable deduction (not to exceed \$300) for qualifying charitable contributions on your federal return, you *must* reduce the total 2020 contributions by the amount for which you took the allowable deduction on your federal return. Enter the amount of your federal deduction on line 5C.

**NOTE 2:** You *must* reduce your contribution amount by the total 2020 contributions for which you are claiming an Arizona tax credit on Form 321 (line 20) and/or Form 352 (line 20) for the current tax year (2020) or claimed on your return for the prior tax year (2019). The prior tax year amounts can be found on line 10 of your 2019 Forms 321 and 352. Enter this amount on line 6C.

**NOTE 3:** If you itemized deductions on your federal return (1040 Schedule A) and were required to adjust the amount of your allowable contributions on your federal 1040 Schedule A for the amount claimed as a tax credit on your Arizona income tax return, include the amount of the federal contribution adjustment to line 1C and enter the amount of the Arizona tax credit on line 6C.

Complete the worksheet to determine your allowable increased standard deductioin for charitable contributions.

1C	2020 Gifts by cash or check	1C	300	00
2C	2020 Other than by cash or check	2C		00
3C	Carryover from prior year	3C		00
4C	Add lines 1C through 3C and enter the total	4C	300	00
5C	If you did not itemize deductions on your federal return (1040 Schedule A) and took a deduction for charitable contributions on your federal return, enter the amount of charitable contribution deduction reported on your federal return. (See <b>Note 1</b> )	5C	300	00
6C	Total charitable contributions made in 2020 for which you are claiming a credit under Arizona law for the current (2020) or prior (2019) tax year	6C		00
7C	Subtract lines 5C and 6C from line 4C and enter the difference. If less than zero, enter "0"	7C	0	00
8C	Multiply line 7C by 25% (.25) and enter the result	8C	0	00

• Enter the amount shown on line 8C on page 2, line 44.

- Be sure to check box 43S for Standard Deduction on line 43.
- Check box 44C for charitable deductions on line 44. If you do not check this box, you may be denied the increased standard deduction.

## Include with your return.

For the calendar year 2020 or fiscal year beginning [ 1 ] [ 1 ] [ 2 ] [ 0 ] [ 2 ] [ 0 ] ] and ending [ 1 ] [ 1 ] [ 1 ] [ 1 ] ].

Your	Name as shown on Form 140, 140PY, 140NR or 140X				Your Social Sec	curity Number	
SAI	SRIHITHA REDDY VUYYURU				660	89   3884	
	use's Name as shown on Form 140, 140PY, 140NR or 140X (if a j	oint return)			Spouse's Socia	I Security Number	
Par	t 1 Nonrefundable Individual Tax Credits Availa	able: Ente	r to	tal available tax cr	edits.	I	
				(a) Current	(b) Available	(c) Total	
				Year Credit	Carryover	Available Cred (a) + (b)	It
1	Military Reuse Zone Credit	Eorm 306	1				00
1	Credit for Increased Research Activities – Individuals		2				00
2	Credit for Taxes Paid to Another State or Country		3	799		790	00
4	Credit for Faxes Faid to Another State of Country		4				00
	Agricultural Water Conservation System Credit		5				00
5 6	Pollution Control Credit		6				00
-	Credit for Solar Hot Water Heater Plumbing Stub Outs and		0				
7	-	Eorm 210	7				00
0	Electric Vehicle Recharge Outlets		7				00
8	Credit for Employment of TANF Recipients		9				00
9 10	Credit for Contributions to Qualifying Charitable Organizations Credit for Contributions Made or Fees Paid to Public Schools		9 10				00
10			11				00
11	Credit for Contributions to Private School Tuition Organizations						00
12	Agricultural Pollution Control Equipment Credit						00
13	Credit for Donation of School Site		13				00
14	Credit for Employment by Healthy Forest Enterprises						00
15	Credit for Employing National Guard Members	Form 333 🏲	15				-00
16	Credit for Business Contributions by an S Corporation to	00515	40				00
	School Tuition Organization - Individual	orm 335-1 🕨	16				00
17	Credit for Solar Energy Devices – Commercial and		47				00
4.0	Industrial Applications						00
18	Credit for Investment in Qualified Small Businesses		18				00
19	Credit for Donations to the Military Family Relief Fund	Form 340 ►	19				00
20	Credit for Business Contributions by an S Corporation to School						
	Tuition Organizations for Displaced Students or Students with						00
	Disabilities - Individual						00
21	Renewable Energy Production Tax Credit						00
22	Credit for New Employment	Form 345 🕨	22				00
23	Additional Credit for Increased Research Activities for						
	Basic Research Payments	Form 346 🕨	23				00
24	Credit for Contributions to Certified School Tuition Organization						
	(for contributions that exceed the allowable credit on Arizona Form 323).	Form 348 🕨	24				00
25	Credit for Contributions to Qualifying Foster Care Charitable						
	Organizations						00
26	Reserved for future use		26				
27	Total available nonrefundable tax credits: Add lines 1 through	า 25				Continued on page	

You must include Form 301 and the corresponding credit form(s) for IMPORTANT which you computed your credit(s) with your individual income tax return.

Your	Name (as shown on page 1) Your Soci	al Security Numb	er	
SAI	SRIHITHA REDDY VUYYURU 660-8	9-3884		
Par	t 2 Application of Tax Credits and Recapture: Enter tax, recapture tax, and tax of	credits used t	his taxable year.	
28	Tax from Form 140, line 46; or Form 140PY, line 56; or Form 140NR, line 56; or Form 140X, line 35		799	00
29	Tax from recapture of Credits for Healthy Forest Enterprises from			
	Form 332, Part 9, line 39, and Part 10, line 45	00		
30	Tax from recapture of Credit for Qualified Facilities from Form 349, Part 7, line 19	00		
31	Recapture Total: Add lines 29 and 30. Enter here and on Form 140, line 47; or Form 140PY, line 57; or			
	Form 140NR, line 57;or Form 140X, line 36			00
32	Subtotal: Add lines 28 and 31		799	00
33	Family Income Tax Credit from Form 140, line 50; or Form 140PY, line 60; or Form 140X, line 38a; <i>plus</i> D	ependent		
	Tax Credit from Form 140, line 49; or Form 140PY, line 59; or Form 140NR, line 59; or Form 140X, box 38	b <u>33</u>		00
34	Subtract line 33 from line 32. Enter the difference. If less than zero, enter "0"		799	00

Nonrefundable Tax Credits Used This Taxable Year	: Enter amounts actually used from Part 1.

			<u> </u>		
35	Military Reuse Zone Credit	Form 306 🕨	35	0	00
36	Credit for Increased Research Activities – Individuals	. Form 308-I 🕨	36	0	00
37	Credit for Taxes Paid to Another State or Country	Form 309 🕨	37	799 0	00
38	Credit for Solar Energy Devices	Form 310 🕨	38	0	00
39	Agricultural Water Conservation System Credit	Form 312 🕨	39	0	00
40	Pollution Control Credit	Form 315 🕨	40	0	00
41	Credit for Solar Hot Water Heater Plumbing Stub Outs and				
	Electric Vehicle Recharge Outlets	Form 319 🕨	41	0	00
42	Credit for Employment of TANF Recipients	Form 320 🕨	42	0	00
43	Credit for Contributions to Qualifying Charitable Organizations	Form 321 🕨	43	0	00
44	Credit for Contributions Made or Fees Paid to Public Schools	Form 322 🕨	44	0	00
45	Credit for Contributions to Private School Tuition Organizations	Form 323 🕨	45	0	00
46	Agricultural Pollution Control Equipment Credit	Form 325 🕨	46	0	00
47	Credit for Donation of School Site	Form 331 ►	47	0	00
48	Credit for Employment by Healthy Forest Enterprises	Form 332 🕨	48	0	00
49	Credit for Employing National Guard Members	Form 333 🕨	49	0	00
50	Credit for Business Contribution by an S Corporation to				
	School Tuition Organization - Individual	. Form 335-I 🕨	50	0	00
51	Credit for Solar Energy Devices - Commercial and Industrial Applications	Form 336 🕨	51	0	00
52	Credit for Investment in Qualified Small Businesses	Form 338 🕨	52	0	00
53	Credit for Donations to the Military Family Relief Fund: Enter the smaller of				
	Form 301, Part 1, line 19 or Part 2, line 32	Form 340 🕨	53	0	00
54	Credit for Business Contributions by an S Corporation to School Tuition				
	Organizations for Displaced Students or Students with Disabilities - Individual	. Form 341-I 🕨	54	0	00
55	Renewable Energy Production Tax Credit	Form 343 🕨	55	0	00
56	Credit for New Employment	Form 345 🕨	56	0	00
57	Additional Credit for Increased Research Activities for Basic Research Payments	sForm 346 🕨	57	0	00
58	Credit for Contributions to Certified School Tuition Organization				
	(for contributions that exceed the maximum allowable credit on Arizona Form 323)	)Form 348 🕨	58	0	00
59	Credit for Contributions to Qualifying Foster Care Charitable Organizations	Form 352 🕨	59	0	00
60	Reserved for future use		60		
61	Total Tax Credits Used: Add lines 35 through 59. Total cannot be more th	han line 34.			
	Enter this amount on Form 140, line 51; or Form 140PY, line 61; or Form 140	NR, line 60; or	- For	m 140X, line 39	<b>61</b> 799 00

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## Credit for Taxes Paid to Another State or Country

## Include with your return. A separate form must be filed for each state or country for which a credit is claimed.

For the calendar year 2020 or fiscal year beginning <u>1 1 1 2 0 2 0</u> and ending <u>1 1 1 1 1 2 0</u>.

Your Name as shown on Form 140, 140NR, 140PY or 140X	Your Social Security Number
SAI SRIHITHA REDDY VUYYURU	660 89 3884
Spouse's Name as shown on Form 140, 140NR, 140PY or 140X (if joint return)	Spouse's Social Security Number

#### Part 1 Computation of Income Subject to Tax by Both Arizona and the Other State or Country During 2020

A. Other State: If claiming a credit for taxes paid to another state, enter the two-letter abbreviation for that state. See last page of the instructions for a list of state abbreviations ......

**B. Other Country:** If claiming a credit for taxes paid to another country, enter the country name If claiming a credit for taxes paid to more than one country, see instructions.

			(	(a)			(b)			(c)		
1	Description of income item(s). List each income item separately.	WAGES										
				(a)			(b)			(C)		
2	Amount of income from iter	n listed		()					[			
	on line 1 reportable to both	Arizona										
	and the other state or coun	ntry	2 \$	45,	197 (	00	\$	00		\$		00
3	Portion of income on line 2											
	included in Arizona adjuste											
	gross income		3 \$	45,	197 (	00	\$	00		\$	(	00
4	Portion of income on line 2											
	included in the other state											
	country's equivalent of Ariz		4 0	4 5	197 (		¢	00		¢		00
	adjusted gross income		4 \$	43,	197(	50	\$	00		\$	-	00
5	Income subject to tax by be	oth										
	Arizona and the other state											
	country. Enter the smaller of	of the										
	amount entered on line 3 o		5 \$	45,	197 (	00	\$	00		\$	0	00
6	Total income subject to tax			and the of	ther sta	ate	or country. Add line 5, colur	nns (a),				_
	(b), and (c). Include total fi	rom additi	onal sc	hedules.	If less	s tha	an zero, enter "0". See instru	ictions	6	\$ 45,19	•7 (	00
	_											
Part 2										1		
_	(Read specific line instruction											
-		•					dit)		7		9 (	
8									8	45,19		
9 40							tions e greater than one)		9 10	42,46		<u> </u>
10 11		•			`		e greater than one)		11	1.000	99 (	
12	Income tax paid to: Name o								12b	1		
13							. IZa ∟-		13	45,19		
14	,						is imposed. See instructions		14	45,19		
15	•			•			be greater than one)		15	1.000		50
16									16	1,71	_	00
							or country: If claiming a cre				Ť	
	-						aller of line 11 or line 16, and					

Arizona Form 301, Part 1, line 3, column (a)..... 17

799 00

Your Name (as shown on page 1)	Your Social Security Number
SAI SRIHITHA REDDY VUYYURU	660-89-3884

## Schedule of Income Allocation

Complete this schedule only if you are an Arizona resident who is also considered to be a resident of another state under the laws of that other state (dual resident); otherwise skip this schedule. See pages 2 and 9 of the instructions.

		(a)		(b)		(c)		(d)	
		Amount reported on your 2020 federal return		Amount entered in column (a) reported on your 2020 Form 140		Amount entered in column (a) reporte on your 2020 retur filed to your statutor state of residence	n	Amount entered in column (c) that would sourced to your statuto state of residence as income of a nonreside of that state	ory
1	Wages, salaries, tips, etc	¢	00	¢	00	¢	00	¢	00
1	wages, salaries, lips, etc	<u>.</u> Ф	00	<u></u> Δ	00	2	00	Δ	00
2	Interest	\$	00	\$	00	\$	00	\$	00
3	Dividends	\$	00	\$	00	\$	00	\$	00
4	Business income or (loss) from federal Schedule C	\$	00	\$	00	\$	00	\$	00
5	Gains or (losses) from								
	federal Schedule D Rents, royalties, partnerships,	\$	00	\$	00	\$	00	\$	00
	estates, trusts, small business								
	corporations from federal Schedule E	\$	00	\$	00	\$	00	\$	00
	Other income reported on your federal return	¢	00	¢	00	¢	00	¢	00
		ψ		Ψ	00	Ψ		Ψ	00
8	Total Income: Add lines 1 through 7.	\$	00	\$	00	\$	00	\$	00
9	Other federal adjustments: List on line	es 9a through 9c:							
0		<b>*</b>	00	<b>~</b>	~~	<b>^</b>	00	<b>•</b>	
9a		\$	00	<u>ð</u>	00	<b>b</b>	00	Δ	00
9b		\$	00	\$	00	\$	00	\$	00
9c		\$	00	\$	00	\$	00	\$	00
	Total adjustments: Add lines 9a through 9c for each column	\$	00	\$	00	\$	00	\$	00
	Adjusted Gross Income: Subtract line 9d from line 8 for each column	\$	00	\$	00	\$	00	\$	00