£1040

Department of the Treasury—Internal Revenue Service (99)

U.S. Individual Income Tax Return

2020

OMB No. 1545-007

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

Filing Status Check only one box.	If yo	Single Married filing jointly uchecked the MFS box, enter the son is a child but not your dependent	name of									
Your first name	and m	iddle initial	Last na	me					Your	socia	al security	number
ADARSH 1	KUMA	R REDDY	PIDA	APARTHY					517	-57	7-9722	2
If joint return, s	pouse's	s first name and middle initial	Last na	me					Spou	se's s	ocial seci	urity number
	•	er and street). If you have a P.O. box, se	e instructi	ons.				Apt. no.	- 1			n Campaign
2220 W I					_		_	1168	- 1		re if you, o filing ioint	or your ly, want \$3
	ost offi	ce. If you have a foreign address, also c	omplete s	paces below.	Sta			code			0,	Checking a
PHOENIX					A		+	5021			will not o	change
Foreign country	/ name			Foreign province/state	e/coun	ty	For	eign postal cod	e your	tax o	r refund. You	Spouse
At any time du	ring 20	020, did you receive, sell, send, exc	change, c	or otherwise acquire	e any	financial intere	est in	any virtual	currency	/? [Yes	X No
Standard Deduction		eone can claim:				•						
Age/Blindness	You:	Were born before January 2,	1956	Are blind Sr	ouse	: Was bo	rn be	efore Januar	/ 2, 1956	6	☐ Is blir	nd
Dependents	_			(2) Social securi		(3) Relations					ee instruc	tions):
If more		irst name Last name		number	-,	to you		Child tax		- 1		er dependents
than four												
dependents,												
see instruction and check	s —											
here ►												
	1	Wages, salaries, tips, etc. Attach	Form(s)	W-2						1	9	0,180.
Attach	2a	Tax-exempt interest	2a		b T	axable interes	t			2b		
Sch. B if required.	3a	Qualified dividends	3a		b C	ordinary divide	nds			3b		
required.	4a	IRA distributions	4a		b T	axable amour	nt.			4b		
	5a	Pensions and annuities	5a		b T	axable amour	nt.		:	5b		
Standard	6a	Social security benefits	6a		b T	axable amour	nt.			6b		
Deduction for— Single or	7	Capital gain or (loss). Attach School	edule D it	f required. If not red	quired	, check here		•		7		840.
Married filing	8	Other income from Schedule 1, li	ne 9 .						· L	8	_	4,328.
separately, \$12,400	9	Add lines 1, 2b, 3b, 4b, 5b, 6b, 7	, and 8. T	his is your total in	come					9	8	6,692.
Married filing	10	Adjustments to income:										
jointly or Qualifying	а	From Schedule 1, line 22				10	а					
widow(er), \$24,800	b	Charitable contributions if you take	e the star	ndard deduction. Se	e inst	ructions 10	b					
Head of	С	Add lines 10a and 10b. These are	your to t	tal adjustments to	inco	me			▶ 1	0с		
household, \$18,650	11	Subtract line 10c from line 9. This	s is your a	adjusted gross inc	ome				•	11	8	6,692.
If you checked	12	Standard deduction or itemized	d deduct	ions (from Schedul	e A)					12	1	2,400.
any box under Standard	13	Qualified business income deduc	tion. Atta	ach Form 8995 or F	orm 8	995-A				13		
Deduction, see instructions.	14	Add lines 12 and 13								14		2,400.
	15	Taxable income. Subtract line 1-	4 from lin	e 11. If zero or less	, ente	er-0				15	7	4,292.

Form 1040 (2020))									Page 2
	16	Tax (see instructions). Check it	if any from Form	(s): 1 881	4 2 🗌 4972	3 🗌			. 16	12,131.
	17	Amount from Schedule 2, line	e3						. 17	
	18	Add lines 16 and 17							. 18	12,131.
	19	Child tax credit or credit for c	other dependen	ts					. 19	
	20	Amount from Schedule 3, line	e7						. 20	
	21	Add lines 19 and 20							. 21	
	22	Subtract line 21 from line 18.	If zero or less,	enter -0					. 22	12,131.
	23	Other taxes, including self-er	mployment tax,	from Schedule	2, line 10 .				. 23	0.
	24	Add lines 22 and 23. This is y	our total tax						▶ 24	12,131.
	25	Federal income tax withheld								
	а	Form(s) W-2				25a	12	,99	0.	
	b	Form(s) 1099				25b		•		
	С	Other forms (see instructions				25c				
	d	Add lines 25a through 25c .	•						. 25d	12,990.
	26	2020 estimated tax payments								12/330.
 If you have a L qualifying child, 	27	Earned income credit (EIC) .				27		•	. 20	
attach Sch. EIC.	28	Additional child tax credit. At				28				
If you have nontaxable	29	American opportunity credit				29			-	
combat pay,				-				<i>C</i> 1	_	
see instructions.	30	Recovery rebate credit. See i				30		61	5.	
	31	Amount from Schedule 3, line				31	!"		-	615
	32	Add lines 27 through 31. The	-						32	615.
	33	Add lines 25d, 26, and 32. Th	-					•		13,605.
Refund	34	If line 33 is more than line 24				-	-		. 34	1,474.
	35a	Amount of line 34 you want r							35a	1,474.
Direct deposit? See instructions.	►b	Routing number 1 0 1] Check	king	Savin	gs	
coc mondonone.	►d	Account number 1 4 5								
	36	Amount of line 34 you want a	pplied 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 For details on		Note: Schedule H and Sche	·	•	•	of the t	axes you	owe	for	
how to pay, see		2020. See Schedule 3, line 12	•			1 1	ĺ			
instructions.	38	Estimated tax penalty (see in				38				
Third Party		you want to allow another	•							.
Designee		tructions						•	ete below.	
		signee's me ▶		Phone no. ▶				onal ic ber (Pl	lentification	
Cian		der penalties of perjury, I declare th	nat I have evamine		l accompanying sch	nedules s				st of my knowledge and
Sign		ief, they are true, correct, and comp								
Here	Yo	ur signature		Date	Your occupation			H	f the IRS se	nt you an Identity
	k	C			·					IN, enter it here
Joint return?					SOFTWARE :	DEVEI	LOPER	((see inst.)	
See instructions. Keep a copy for	Sp	ouse's signature. If a joint return, b	oth must sign.	Date	Spouse's occupat	tion				nt your spouse an
your records.	,								see inst.) 🕨	ection PIN, enter it here
		/027/220 0170	<u> </u>	Consil address						
		one no. (937)239-917(parer's name	Preparer's signat	Email address	adarshkumar	Date	jiila⊥⊥.C(om PTIN	J	Check if:
Paid		'			מווחת החתוות		IE / 2021			Self-employed
Preparer		PRIYA RAM SAGAR GUPTA TALLAM		KAM SAGAR	GOPIA TALLAM	1 09/1	15/2021		082703	
Use Only		m's name ► GLOBAL TAX		C '	- GD 20041					(678)965-9522
		m's address ► 2530 Pebbl		n Cumming	g GA 30041				Firm's EIN	·
Go to www.irs.go	ov/Forn	n1040 for instructions and the lates	st information.		BAA	REV	07/28/21 PRO)		Form 1040 (2020)

SCHEDULE 1 (Form 1040)

Additional Income and Adjustments to Income

OMB No. 1545-0074

2020

Attachment

Department of the Treasury Internal Revenue Service

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

ADARSH KUMAR REDDY PIDAPARTHY

► 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

517-57-9722

Par	t I Additional Income		
1	Taxable refunds, credits, or offsets of state and local income taxes	1	
2 a	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	-4,350.
6	Farm income or (loss). Attach Schedule F	6	
7	Unemployment compensation	7	
8	Other income. List type and amount ▶ Other Income from box 3 of 1099-Misc 22.	8	22.
9	Combine lines 1 through 8. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8	9	-4,328.
Par			
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.

OMB No. 1545-0074

Attachment

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. Sequence No. 12 Name(s) shown on return Your social security number 517-57-9722

ADARSH KUMAR REDDY PIDAPARTHY 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 4,359. 3,519. 840. 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 7 840. 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)

12 Net long-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1

14 Long-term capital loss carryover. Enter the amount, if any, from line 13 of your Capital Loss Carryover

15 Net long-term capital gain or (loss). Combine lines 8a through 14 in column (h). Then, go to Part III

BAA

11

12

13

14

15

Schedule D (Form 1040) 2020 Page 2

Part III **Summary** 840. 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 • (\$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 gualified dividends on Form 1040, 1040-SR, or 1040-NR, line 3a? 22 ☐ 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.

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 Attachment Sequence No. 12A

Internal Revenue Service Name(s) shown on return

Department of the Treasury

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

Social security number or taxpayer identification number ADARSH KUMAR REDDY PIDAPARTHY 517-57-9722 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 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 (sales price) from column (d) and disposed of and see Column (e) (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 01/01/20 | 12/16/20 1,854. 1,697. 157. 01/01/20 12/30/20 2,505. 1,822. 683.

Robinhood Securities LLC APEX CLEARING 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 1b (if Box A above is checked), line 2 (if Box B 4,359. 3,519. above is checked), or line 3 (if Box C above is checked) ▶ 840.

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

(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

Attachment Sequence No. **13**

Department of the Treasury Internal Revenue Service (99) Name(s) shown on return

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

Your social security number

ADAR	SH KUMAR REDDY								17-57-97	
Part		s From Rental Real Estate and Roy	-						• .	
		instructions. If you are an individual, repo								
A Dic	l you make any payme	nts in 2020 that would require you to	file F	orm(s) 1	099? S	See insti	ructions .		🗆	Yes 🛛 No
B If "	Yes," did you or will yo	ou file required Form(s) 1099?							🗆	Yes No
1a	Physical address of	each property (street, city, state, ZIP	code	e)						
Α	BAHUBALINAGAR,	JALAHALLI BANGALORE KARN	ATA	KA IN	5600	13				
В										
С										
1b	Type of Property	2 For each rental real estate prop	perty	listed			Rental	Per	rsonal Use	QJV
	(from list below)	above, report the number of far personal use days. Check the	QJV k	oox only _r		L	Days		Days	
A	3	if you meet the requirements to qualified joint venture. See inst	o file a	asa il	Α		365		0	
В		quaimed joint venture. See inst	ructio	115.	В					
_ C					С					
	of Property:	0 V .: (0)				7 0 1	Б			
_	le Family Residence	3 Vacation/Short-Term Rental				7 Self-				
2 Mun	ti-Family Residence	4 Commercial Properties:	6 KC	oyalties		8 Othe	r (describe)			
		-	3		Α	650	Е	•		С
<u>3</u> 4			4	-		650.				
Expen			4							
5			5			100.				
6	_	nstructions)	6			300.				
7		nance	7			500.				
8	•		8							
9			9							
10		essional fees	10							
11	•		11							
12	_	d to banks, etc. (see instructions)	12							
13			13		4,	500.				
14			14			100.				
15	Supplies		15							
16	Taxes		16							
17	Utilities		17							
18	Depreciation expense	e or depletion	18							
19	Other (list)		19							
20	Total expenses. Add	lines 5 through 19	20		5,	000.				
21	Subtract line 20 from	line 3 (rents) and/or 4 (royalties). If								
		instructions to find out if you must			_					
	file Form 6198		21		-4,	350.				
22		estate loss after limitation, if any,		,		, ,	,			,
00	on Form 8582 (see in	•	22	[(-4,3	350.)	()()
23a		eported on line 3 for all rental proper				23a		6	50.	
b		eported on line 4 for all royalty properties				23b				
C C		eported on line 12 for all properties				23c				
d		eported on line 18 for all properties				23d 23e		5,0	00	
e 24		eported on line 20 for all properties e amounts shown on line 21. Do no t		 Ide anv		236		ى , د	24	
2 4 25	· ·	sses from line 21 and rental real estate		-		nter tot		· ~	25 (4,350.)
	, ,								20 (1 ,330.)
26		ate and royalty income or (loss). (V, and line 40 on page 2 do not a								
		40), line 5. Otherwise, include this ar							26	-4,350.

Arizona Form
AZ-8879

E-file Signature Authorization

2020

Do <u>not</u> mail this form to the Arizona D	epartment of Revenue.	The ERO must retain this do	ocument a minimum of four years.
Your First Name and Initial	Last Name		Your Social Security Number*
ADARSH KUMAR REDDY	PIDAPARTHY	Ente	517 57 9722
Your Spouse's First Name and Initial (if filed joint)	Last Name	you SSN	
PART 1 – PURPOSE			*Do Not Truncate
• To certify the truthfulness, correctness, and com	pleteness of the taxpayer's	s electronic income tax return.	
 To authorize the Electronic Return Originator (Electronic Individual Income tax return as the taxpa 			
PART 2 – TAX RETURN INFORMATION		PART 3 – FINANCIAL	INSTITUTION INFORMATION
		I —	equesting direct debit or deposit.
	692 00		posit/Debit: See instructions below.
	441 00	TYPE OF ACCOUNT	ROUTING NUMBER
	435 00	Checking Savi	ngs LIIIIIII
Check box 4 or box 5: 4☐ REFUND: Enter the amount of refund		ACCOUNT NUMBER	
5⊠ AMOUNT YOU OWE: Enter the amount on		5 00 DIRECT DEBIT REQUEST DATE	DIRECT DEBIT PAYMENT AMOUNT
SE AMOUNT FOO OWE. Enter the amount on	reu	7,00	\$.00
Box 4 Checkbox – Refund: You are due a refund		Foreign Account Deposit/De	bit Checkbox: Check the "Foreign Accoun
provided on your tax return. Your refund amount			posit will be ultimately placed in or come u check this box, do not enter your accoun
account listed in the Financial Institution Informati Box 5 Checkbox – Amount You Owe: You of	, ,		d check this box, do not enter your account ked, we will not direct deposit or debit you
information provided on your tax return. You have		account. If you are due a refu	nd, we will send you a check instead. If you
for payment. The payment will be withdrawn from		owe tax, you must mail a che PO Box 29085, Phoenix, AZ	ck to the Arizona Department of Revenue 85038-9085.
date listed in the Financial Institution Information			
PART 4 – DECLARATION AND SIGNATU	JRE AUTHORIZATION		-
Under penalties of perjury, I declare that I have electronic Arizona individual income tax return and			eturn Originator (ERO) or On-Line Service electronic Arizona individual income tax
and statements for the year ending December 31,			hedules and statements to ADOR, and
my knowledge and belief, it is true, correct, and co	mplete. I further declare		ending such information to ADOR through a
that the amounts of Arizona adjusted gross inc income tax withheld, and refund (or amount ow			R sending my ERO, OLSP and/or transmitte eipt of transmission and an indication o
amounts shown on the copy of my electronic Ari		whether or not the transmissio	on of my return is accepted and, if the return
6a I consent that my refund be directly depos		or refund is delayed. I authori	he rejection. If the processing of my return ze ADOR to disclose to my ERO, OLSP and
electronic portion of my 2020 Arizona indiv If I have filed a joint return, this is an irre		or transmitter the reason(s) for	or the delay, or when the refund was sent
the other spouse as an agent to receive the	ne refund.		or a copy of my return, any documents on this authorization form, I authorize my ERC
6b ⊠ I do not want direct deposit of my refund refund.	or I am not receiving a	to release copies of the reques	
6c I authorize the Arizona Department of R			
designated Financial Agent to initiate a withdrawal (direct debit) entry to the fina		I authorize GLOBAL TAXE	CTRONIC RETURN ORIGINATOR)
indicated in the tax preparation software fo	or payment of my Arizona	•	•
taxes owed on this return. I also authorize involved in the processing of the electron			ant my electronic signature to my electronic return to serve as my signature to my
receive confidential information necessary			income tax return for the year ending
resolve issues related to the payment.			tand that when my ERO makes the election
If I have filed a balance due return, I understand t		serve as my signature to my	my federal individual income tax return wil Arizona individual income tax return, I wil
receive full and timely payment of my tax liability remain liable for the tax liability and all applicabl		have signed my Arizona indivi	dual income tax return and declared unde
When electronically filing my federal and state to	ax returns, I understand	penalties of perjury that to the is true, correct and complete.	e best of my knowledge and belief the return
that if there is an error on my federal return, my rejected.	state return will also be	is true, correct and complete.	
rejected.			
# →			
YOUR PEN AND INK SIGNATURE		DATE	
SIG.			
₩ →			
YOUR PEN AND INK SIGNATURE SPOUSE'S PEN AND INK SIGNATURE		DATE	

IURN.			Arizona Form 140	Resident Personal Income Tax I				Return	FC	2020	AR.
REI	82F	□if	Check box 82F f filing under extension	OR FISCAL YEAR BEGINI	NING		0,2,0	AND ENDING			. 66F
ሦ			First Name and Middle Initial		Last Nam	ie		Ente	Your S	Social Security N	lumber
TO THE	1		ARSH KUMAR REDDY		PIDAPA	RTHY		your		7 57 97	22
	_	Spous	se's First Name and Middle Initi	al (if box 4 or 6 checked)	Last Nam	е		SSN(Spous	e's Social Secu	rity No.
Š	1										
ANY ITEMS			nt Home Address - number and	street, rural route		1 '	t. No.	اصاً		with area code)
≥	2		20 W MISSION LN Town or Post Office	State	710	11 Code	.68		937)239	Prior Year(s) (if d	ifforent
	3		DENIX	AZ	850			Last Names Oset	ı III Lası Foui	Filor fear(s) (ii u	97
DO NOT STAPLE	_						ov ma o nat	REVENUE USE (ONLY. DO NO	T MARK IN THIS	
žΣ	STATUS	4 5	Married filing joint return	4a Injured Spouse Proname of qualifying child or dep			ayment	88			
=		3	Tread of flodsefloid. Effet	name of qualifying child of dep	endent on next	iiiie.					
\geq	NG	6	Married filing separate ret	urn. Enter spouse's name and	Social Security	 ∕ Number a	bove.				
20	FILIN	7	⊠ Single	,	,						
				ed. Do not put a check ma	rk.						
		8	Age 65 or over (you and/o				e lines 38,	DM.		E DCVD	
	10k	9	Blind (you and/or spouse)			-		81 PM		80 RCVD	
	and	10a	Dependents: Under age of		ndents: Age 1	7 and ove	er.				
	10a	11a	Qualifying parents and gra	•							
	and 11a - Dependents 10a and 10b		(Box 10a and 10b): Depende	ent Information. See instruc	ctions. For m	ore spac	e, check tl (c)	ne box 🔲 and (d)	complete p	age 4, Part 1.	
	əpue		FIRST AND LAS	ST NAME S	OCIAL SECURIT	Y NO. RE	ELATIONSHIF	NO. OF MONTHS	1/5 1/1	Age ✓ if you did	not claim
	Dep		(Do not list yourself	or spouse.)				HOME IN 2020	1	this person federal reture educational	n due to
	la-	40							(Box 10a) (Bo	x 10b)	Credits
	1 pt	10c 10d							片片片	 	
	9, aı	10a							i ii ii	1 	
	s 8,		(Box 11a): Qualifying parents	s and grandparents. See in	structions Fo	or more si	nace chec	k the box \square and	d complete	nage 4 Part 2	
[40	otion		(a)		(b)		(c)	(d)	(e)	(f)	
nts after Form 140	Exemptions		FIRST AND LAS (Do not list yourself	- · · · · · · · · · · · · · · · · · · ·	OCIAL SECURIT	Y NO. RE	ELATIONSHIF	NO. OF MONTHS	F IF AGE 65 OVEF		ED IN 0
둳	Ê		,	' /				HOME IN 2020			
er		11b									
aft		11c									
nts			Federal adjusted gross incor							86,69	
			Non-Arizona municipal interest								00
Sur	ions		Partnership Income adjustment								00
9	Additions		Total federal depreciation								00
ler	٧		Net capital (loss) derived from to Other Additions to Income: Co								00
			Subtotal: Add lines 12 through 1					-		86,69	
0			Total net capital gain or (loss).						840 00		
<u>=</u>			Total net short-term capital gair						840 00		
p e			Total net long-term capital gain						00		
ਤੁ			Net long-term capital gain from						I .		
SZ			Multiply line 22 by 25% (.25) ar								0 00
ح و		24 This b	Net capital gain derived from in box may be blank or may contain a	<u>ivestment in qualified small</u> printed barcode of data from you	business ur return.	NI=4 ===:4			24		00
an	ns					ivet capit	ai gaiii exc	mange or legal t	ender 23		00
g	Subtractions				26 27			na depreciation. e adjustment			00
ge	btra				28			ligations			00
=	Su				29a			ate or local govt. pe			00
<u>ĕ</u>					29b			rvices retired/retaine			00
nb					30	U.S. Socia	al Security o	r Railroad Retirem	ent Act 30		00
31 Certain wages of American Indians 31						00					
an			(%-667ab)?4bb.prfxaiheegffvy;begger;b					an active service me			00
Se					33		_	adjustment			00
<u>Б</u>					34			college Savings Pla gh 34 from line18		86,69	2 00
		ADOR	R 10413 (20) 1555		AZ Form 1	40 (2020)			/09/21 PRO		e 1 of 5

ADOR 10413 (20) 1555

REV 04/09/21 PRO

Page 1 of 5

	Your I	Name (as shown on page 1)		Your Social Security N	umber		
	ADA	RSH KUMAR REDDY PIDAPARTHY		517-57-9722	2		
	36	Other Subtractions from Income. Complete Adjustments to Arizona G	Gross Income schedule on	page 5	. 36		00
	37	Subtract line 36 from line 35 and enter the difference				86,692	
US	38	Age 65 or over: Multiply the number in box 8 by \$2,100			38		00
otio	39	Blind: Multiply the number in box 9 by \$1,500			l l		00
Exemptions	40		n box 40E by \$2,300				00
Щ	41	Qualifying parents and grandparents: Multiply the number in box 11a by \$	\$10,000		. 41		00
	42	Arizona adjusted gross income: Subtract lines 38 through 41 from line 3				86,692	
	43	Deductions: Check box and enter amount. See instructions	43 I ITEMIZED.	43 S STANDARI) 43 <u> </u>	12,400	00
	44	If you checked box 43 S and claim charitable deductions, check 44 ${f C}$	Complete page 3. See inst	ructions	. 44		00
	45	Arizona taxable income: Subtract lines 43 and 44 from line 42. If less than				74,292	
Tax	46	Compute the tax using amount on line 45 and Tax Table X, Y or Option				2,441	
of	47	Tax from recapture of credits from Arizona Form 301, Part 2, line 31					00
Balance	48	Subtotal of tax: Add lines 46 and 47 and enter the total				2,441	
Bala	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	-			2,441	
T (0	53	2020 AZ income tax withheld				2,435	
and	54		Right 54b				00
nents le Cr	55	2020 AZ extension payment (Form 204)					00
Total Payments and Refundable Credits	56	Increased Excise Tax Credit (from the worksheet - see instructions)					00
otal Fefur	57	Property Tax Credit from Arizona Form 140PTC					00
₽ K	58	Other refundable credits: Check the box(es) and enter the total amount				2,435	00
ŧ	59	Total payments and refundable credits: Add lines 53 through 58 and e			l l	2,435	$\overline{}$
ie or /mer	60	TAX DUE: If line 52 is larger than line 59, subtract line 59 from line 52 and en					00
Tax Due or Overpayment	61	OVERPAYMENT: If line 59 is larger than line 52, subtract line 52 from line 58 Amount of line 61 to be applied to 2021 estimated tax		-			00
Ove	62	• •				00	
S	63	Balance of overpayment: Subtract line 62 from line 61 and enter the difference of the following substant of the following	nce		.		100
Gifts	04	00	00 Arizona Wildlife				
ary		Child Abuse Prevention	00 Political Gift Veterans' Donations		7		
Voluntary		I Didn't Pay Enough Fund72 OO special Olympics	00 Veterans Donations 00 Spay/Neuter of Anim		7		
8	75	Political Party (if amount is entered on line 68 - check only one): 751 Demo			<u>, </u>		
-₹		Estimated payment penalty		•	76		00
enalty		771 Annualized/Other 772 Farmer or Fisherman 773 Form 221 include			/ 6		100
Pe		Add lines 64 through 74 and 76; enter the total			78		00
	79	•					00
Refund or Amount Owed		Direct Deposit of Refund: Check box 79A if your deposit will be ultimately pla	aced in a foreign account; se				100
nt O		C Checking or ROUTING NUMBER ACCOUNT NU	JMBER				
Refu		98 S Savings					T
Ā	80	AMOUNT OWED: Add lines 60 and 78. Make check payable to Arizona D				6	00
	<u> </u>	and include with your return			80		100
		Under penalties of perjury, I declare that I have read this return and any					are
		rue, correct and complete. Declaration of preparer (other than taxpaye	r) is based on all informat	ion of which prepare	r has any	knowledge.	
8	→		C	Operation Detre	משת יי		
甲	7	YOUR SIGNATURE		OFTWARE DEVE	TOPEN		-
SIGN HERE	_						
5	→						
		SPOUSE'S SIGNATURE	DATE S	POUSE'S OCCUPATION			_
PLEASE	5	SYAM PRIYA RAM SAGAR GUPTA TALLAM 09152021	GLOBAL TAXES L				
A	F	PAID PREPARER'S SIGNATURE DATE	FIRM'S NAME (PREPARER'S I	ŕ	_		
ļ	2	2530 Pebble Creek Ln		30-101			
4		PAID PREPARER'S STREET ADDRESS		PAID PREPAR		^	
		Cumming GA 30041 PAID PREPARER'S CITY STATE	ZIP CODE	(678)90 PAID PREPAR			_
		AIDFREFARENCE	ZIF CODE	FAID FINEFAI	LIV 3 FITOINE	- NOMBLIX	,

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 Form
AZ-140V

Arizona Individual Income Tax Payment Voucher for Electronic Filing

EPV 2020

Your First Name and Middle Initial	'	Last Name			Your Social Security Number
1 ADARSH KUMAR REDDY		PIDAPARTHY	7	Enter	517 57 9722
Spouse's First Name and Middle Initia	I	Last Name		your	Spouse's Social Security No.
1				SSN(s)	
Current Home Address - number and	street, rural route		Apt. No.	Daytim	ne Phone (with area code)
2 2220 W MISSION LN			1168	94 (9	937)239-9170
City, Town or Post Office	State	ZIP Code			ONLY. DO NOT MARK IN THIS AREA.
3 PHOENIX	AZ	85021		88	
Please indicate the filing status Married filing joint return Head of household: Enter name	of qualifying child or depende				
☐ Married filing separate return:☒ Single	Enter spouse's name and S	ociai Security Number a	oove	81 PM	80 RCVD
Enter the amount of payment	enclosed				\$ 6 00

If you are mailing this payment

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

- ✓ Do not send cash.
- ✓ Make your check or money order payable to Arizona Department of Revenue.
- ✓ Write your SSN and "2020 Tax" on your payment.
- ✓ 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

- ✓ Click on "Make a Payment" and select "140V" as the Payment Type.
- ✓ 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.

ADOR 10944 (20) 1555 REV 04/09/21 PRO

THE FORM.		Arizona Form 140ES	Individual Esti	mated Income	Tax Paym		NDAR YEAR 21	
뿚	Т	his estimated payment is for ta	x vear ending Decemb	er 31. 2021. or for	tax vear endi	ng:	. 0	
10		our First Name and Middle Initial	<i></i>	Last Name	,	Your Social Se	ecurity Number	
	1	ADARSH KUMAR REDDY		PIDAPARTHY		Enter 517 57	9722	
ANY ITEMS		Spouse's First Name and Middle Initial	(if filing joint)	Last Name		Spouse's Soci	ial Security No.	
⋛	11	Current Home Address - number and s	treet rural route	Apt. I	No	Daytime Phone (with are	es code)	
_		2220 W MISSION LN	areet, rurai reate	116		94 (937)239-917		
4	-	City, Town or Post Office	State	ZIP Code		JE USE ONLY. DO NOT MARK		
STAPLE		PHOENIX	AZ	85021	88			
DO NOT	STO	 Check if this payment is on bel DO NOT USE THIS FORM T Use this form only for mailing Payment: You must round your e 	O MAKE DELINQUENT I	NCOME TAX PAYMI	ENTS.	□ P(CVD.	
		Enter the amount of payment end		2 0	_ [2]	80 RC		
		Enter the amount of payment end	:iosea	p [<u> </u>			
	I	Check only one box for the quart Do not select more than one quart	er. You must submit a se		quarter for whi	ich a payment is made.		
	, 	Payment for calendar year filers						
		1st Quarter – January to March	Due date is April 15, 202	:1. 				
		2nd Quarter – April to June [Oue date is June 15, 2021 .					
		3rd Quarter – July to September	er Due date is September	15, 2021.				
		4th Quarter – October to Decei Because January 15, 2022, falls on			ı have until January	y 18, 2022, to make this payme.	nt.	
	Į	Payment for fiscal year filers are	due as follows:		_			
		1st Quarter – 15th day of the fo	ourth month of the current fis	scal year.				
		2nd Quarter – 15th day of the	sixth month of the current fisc	cal year.				
		3rd Quarter – 15th day of the n	inth month of the current fisc	cal year.				
		4th Quarter – 15th day of the fi	rst month of the next fiscal y	ear.				
		If any you may make the required If you are mailing this p					t day.	
		To ensure proper appli		he sure that you				
			submit this form in its en	_	is nade in half			
				•				
		, ,	ck or money order payabl	·	ment of Revent	ue.		
			I and tax year on your pa nade on behalf of a Nonr		roturn write	"Composito 140NP"		
		on payment ar	d include the tax year an	-	e return, write	Composite 140NK		
		 ✓ Include your payment with this form. ✓ Mail to Arizona Department of Revenue, PO Box 29085, Phoenix, AZ 85038-9085. 						
		·	·					
		Be sure to review your es	timated income and adju	st your payments as	necessary dur	ring the year.		
		If you are making an ele	ectronic payment					
		1	make this estimated					
		A	merican Express ♦ Visa		♦ MasterCard	d		
		✓ C	www. lick on "Make a Payment"	AZTaxes.gov ' and select "140ES"	as the Paymer	nt Type.		

✓ Do not mail this form. We will apply this payment to your account.

THE FORM.		Arizona Form 140ES	Individual Esti	mated Inc	ome Tax	Payment	for calendar year 2021
뿚	T	his estimated payment is for tax	year ending Decemb	er 31, 2021, o	or for tax ye	ear ending:	
10	_	Your First Name and Middle Initial		Last Name		Enter	Your Social Security Number
MS	-	ADARSH KUMAR REDDY		PIDAPARTH	Y	your	517 57 9722
ANY ITEMS	1	Spouse's First Name and Middle Initial (i	filing joint)	Last Name		SSN(s).	Spouse's Social Security No.
Ž		Current Home Address - number and stre	eet. rural route		Apt. No.	Davtime	Phone (with area code)
		2220 W MISSION LN	754, 14141.15415		1168		37)239-9170
STAPLE		City, Town or Post Office	State	ZIP Code		REVENUE USE ON	LY. DO NOT MARK IN THIS AREA.
T ST	3	PHOENIX	AZ	85021		88	
DO NOT		Check if this payment is on beha	If of a Nonresident Co	omposite retu	rn - 140NR		
ă	ST0	DO NOT USE THIS FORM TO Use this form only for mailing e		NCOME TAX F	PAYMENTS.		
	1	Payment: You must round your est	mated navment to a wh	ole dollar (no d	cents)	DM DM	BCVD
		Enter the amount of payment enclo		e loic dollar (110 t	2 00	81 PM	80 RCVD
		Enter the amount of payment encic	seu	•	4 00		
		Check only one box for the quarter Do not select more than one quarter			each guarte	e <i>r</i> for which a pay	ment is made.
		Payment for calendar year filers ar			4	·····	
		1st Quarter – January to March		1.			
		2nd Quarter – April to June Du	e date is June 15, 2021 .				
		3rd Quarter – July to September	Due date is September	15, 2021.			
		4th Quarter – October to Decemb Because January 15, 2022, falls on a			day, you have u	ntil January 18, 2022, t	to make this payment.
		Payment for fiscal year filers are d	ue as follows:				
		1st Quarter – 15th day of the fou	rth month of the current fis	cal year.			
		2nd Quarter – 15th day of the six	th month of the current fisc	cal year.			
		3rd Quarter – 15th day of the nin	th month of the current fisc	al year.			
		4th Quarter – 15th day of the firs	t month of the next fiscal y	ear.			
		If any o you may make the required p	of the due dates fall or payment for that quart				following that day.
		If you are mailing this pay	rment				
		To ensure proper applica	tion of this payment,	be sure that	you:		
		✓ Complete and su	bmit this form in its en	tirety. Do not	cut this pag	e in half.	
		✓ Make your check	or money order payable	e to Arizona D	epartment o	of Revenue.	
		✓ Write your SSN a	ind tax year on your pa	yment.			
			de on behalf of a Nonr include the tax year an		posite retu	rn , write "Compo	site 140NR"
		✓ Include your pay	ment with this form.				
		✓ Mail to Arizona I	Department of Revenue,	PO Box 29085	, Phoenix, A	Z 85038-9085.	
		Be sure to review your esting	mated income and adju	st your payme	nts as neces	ssary during the y	/ear.
		If you are making an elec	tronic payment				
		You can m	ake this estimated erican Express ♦ Visa		Card ♦ Ma		!

✓ 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.

THE FORM.		Arizona Form 140ES	Individual Esti	mated Inc	ome Tax	Payment	FOR CALENDAR YEAR 2021	
HE (is estimated payment is for tax	year ending Decemb		or for tax ye	ear ending:		
3.70		our First Name and Middle Initial		Last Name		Enter	Your Social Security Number	
ANY ITEMS		.DARSH KUMAR REDDY pouse's First Name and Middle Initial (if	filing ioint)	PIDAPARTH Last Name	Y	your	517 57 9722 Spouse's Social Security No.	
Ē	1	Jouse's First Name and Middle Initial (II	ming joint)	Last Name		SSN(s).	Spouse's Social Security No.	
Ž		urrent Home Address - number and stre	et. rural route		Apt. No.	Davtime	Phone (with area code)	
		220 W MISSION LN	,		1168		37)239-9170	
STAPLE	Ci	ty, Town or Post Office	State	ZIP Code			LY. DO NOT MARK IN THIS AREA.	
LS	3 F	PHOENIX	AZ	85021		88		
DO NOT		Check if this payment is on beha						
	STOP	DO NOT USE THIS FORM TOUse this form only for mailing ex		NCOME TAX F	AYMEN 15.			
	1 P	ayment: You must round your esti	mated payment to a wh	ole dollar (no	cents).	81 PM	80 RCVD	
	Е	nter the amount of payment enclo	sed	S	2 00			
	2 C	heck only one box for the quarter	for which this payment	is made.				
		o not select more than one quarter			each quarte	er for which a pay	ment 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	e date is June 15, 2021 .					
		3rd Quarter – July to September	Due date is September	15, 2021.				
		4th Quarter – October to Decemb Because January 15, 2022, falls on a S			day, you have u	ntil January 18, 2022, t	o make this payment.	
	Р	ayment for fiscal year filers are du	ie as follows:					
		1st Quarter – 15th day of the four	th month of the current fis	cal year.				
		2nd Quarter – 15th day of the six	h month of the current fisc	cal year.				
		3rd Quarter – 15th day of the nint	h month of the current fisc	al year.				
		4th Quarter – 15th day of the first	month of the next fiscal year	ear.				
		If any o you may make the required p	f the due dates fall or ayment for that quart				following that day.	
		If you are mailing this pay	ment					
		To ensure proper applica	tion of this payment,	be sure that	you:			
		✓ Complete and sullette	omit this form in its en	tirety. Do not	cut this pag	e in half.		
		✓ Make your check	or money order payabl	e to Arizona D	epartment o	of Revenue.		
	✓ Write your SSN and tax year on your payment.							
			de on behalf of a Nonr Include the tax year an		posite retu	rn , write "Compo	site 140NR"	
		✓ Include your pay	ment with this form.					
		✓ Mail to Arizona D	epartment of Revenue,	PO Box 29085	, Phoenix, A	Z 85038-9085.		
		Be sure to review your esting	nated income and adju	st your payme	nts as neces	ssary during the y	rear.	
		If you are making an elect	ronic payment					
		You can make this estimated payment by eCheck or credit card!						
		Ame	erican Express ♦ Visa www.	a ♦ Discover AZTaxes.go		sterCard		

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

THE FORM.		Arizona Form 140ES	Individual Esti	mated Income T	ax Payment	for calendar year 2021		
뿚	TI	nis estimated payment is for ta	x vear ending Decemb	er 31. 2021. or for ta	ıx vear ending: 1			
2		our First Name and Middle Initial	<u> </u>	Last Name		Your Social Security Number		
	1 2	ADARSH KUMAR REDDY		PIDAPARTHY	Ente	51/ 5/ 9/22		
ANY ITEMS		Spouse's First Name and Middle Initial	(if filing joint)	Last Name	your SSN	Spouse's Social Security No.		
⋛	11	Current Home Address - number and s	treet rural route	Apt. No	Day	time Phone (with area code)		
_		2220 W MISSION LN	sireet, fural foute	1168		(937)239-9170		
4	-	City, Town or Post Office	State	ZIP Code		ONLY. DO NOT MARK IN THIS AREA.		
STAPLE		PHOENIX	AZ	85021	88			
DO NOT	STOR	 Check if this payment is on bel DO NOT USE THIS FORM T Use this form only for mailing Payment: You must round your e 	O MAKE DELINQUENT I	NCOME TAX PAYMEN	ITS.	I DOVD		
				2 00	81 PM	80 RCVD		
	t	Enter the amount of payment end	:iosea	p [
	[Check only <u>one</u> box for the quart Do not select more than one quart	er. You must submit a se		uarter for which a բ	payment is made.		
	- F	Payment for calendar year filers						
	-	1st Quarter – January to March	Due date is April 15, 202	1.				
		2nd Quarter – April to June [Oue date is June 15, 2021 .					
		3rd Quarter – July to September	er Due date is September	15, 2021.				
		4th Quarter – October to Decei Because January 15, 2022, falls on			ave until January 18, 20.	22, to make this payment.		
	F	Payment for fiscal year filers are	due as follows:					
		1st Quarter – 15th day of the fo	ourth month of the current fis	cal year.				
		2nd Quarter – 15th day of the s	sixth month of the current fisc	cal year.				
		3rd Quarter – 15th day of the n	inth month of the current fisc	cal year.				
		4th Quarter – 15th day of the fi	rst month of the next fiscal y	ear.				
		If any you may make the required If you are mailing this p				day following that day.		
		To ensure proper appli		he sure that you				
				_	page in half			
		· · ·	submit this form in its en	,				
		,	ck or money order payabl	·	ent of Revenue.			
			l and tax year on your pa			1 4 0 N D "		
		on payment ar	nade on behalf of a Nonr and include the tax year an	-	eturn, write "Con	iposite 140lvk		
		✓ Include your payment with this form.✓ Mail to Arizona Department of Revenue, PO Box 29085, Phoenix, AZ 85038-9085.						
		· ·	·					
		Be sure to review your es	timated income and adju	st your payments as n	ecessary during th	ne year.		
		If you are making an ele	ectronic payment					
		You can make this estimated payment by eCheck or credit card! American Express ♦ Visa ♦ Discover Card ♦ MasterCard						
		Ai	•	a ♦ Discover Card ♦ AZTaxes.gov	wastercard			
		√ C	lick on "Make a Payment"	_	s the Payment Typ	e.		

 $\checkmark\,$ Do not mail this form. We will apply this payment to your account.