E <b>104(</b>	· ·	artment of the Treasury—Internal Revenue Servi S. Individual Income Ta)		<sup>(99)</sup> 20	20	OMB No. 1545	-0074	IRS Use Only	–Do not w	rite or staple	in this space.
Filing Status Check only one box.	lf yc	Single Arried filing jointly source of the MFS box, enter the n son is a child but not your dependent	ame of y	ed filing separate your spouse. If yo				hold (HOH) box, enter th		, ,	. , . ,
Your first name	e and m	iddle initial	Last na	me					Your so	cial securi	ty number
GIRISH			GANJ	I					059-8	85-669	9
If joint return, s	spouse's	s first name and middle initial	Last na	me					Spouse'	s social se	curity number
		er and street). If you have a P.O. box, see SELINE ROAD UNIT 1057	instructio	ons.			Å	Apt. no.	Check h	iere if you,	
City, town, or p	oost offi	ce. If you have a foreign address, also co	mplete s	paces below.	Sta	ate	ZIP co	ode			ntly, want \$3
TEMPE					A	Z	852	283	U U	ow will not	Checking a change
Foreign countr	y name		F	oreign province/st	ate/coun	ity	Foreig	on postal code		or refund.	0
										You	Spouse
At any time du	uring 20	020, did you receive, sell, send, excl	nange, c	or otherwise acqu	ire any	financial intere	est in a	any virtual cu	irrency?	🗌 Yes	X No
Standard Deduction	_	<b>leone can claim:</b> You as a de Spouse itemizes on a separate retur	•	— ·		a dependent					
Age/Blindnes	s You	: Were born before January 2, 1	956	Are blind	Spouse	: Was bo	rn befo	ore January 2	2, 1956	🗌 ls bl	lind
Dependent	s (see	instructions):		(2) Social sec	urity	(3) Relationsh	nin	(4) 🖌 if a	ualifies for	r (see instru	ictions):
If more		irst name Last name		number	unity	to you		Child tax c	I		her dependents
than four											
dependents,											
see instruction and check	s ——										
here											
	1	Wages, salaries, tips, etc. Attach F	orm(s) \	N-2					. 1		
Attach	2a		2a		bТ	axable interes	t		2b		
Sch. B if	3a	· -	3a	22.		Ordinary divide			3b		22.
required.	4a	IRA distributions	4a			axable amoun			. 4b		
	5a	Pensions and annuities	5a		bТ	axable amoun	t		. 5b		
Standard	6a	Social security benefits	6a		bТ	axable amoun	t		. 6b		
Deduction for –	7	Capital gain or (loss). Attach Sche	dule D if	required. If not r	equired	l, check here		🕨 [	7		-576.
<ul> <li>Single or Married filing</li> </ul>	8	Other income from Schedule 1, lin	_		•				. 8		-5,500.
separately, \$12,400	9	Add lines 1, 2b, 3b, 4b, 5b, 6b, 7,	and 8. T	his is your <b>total</b> i	income				▶ 9		62,074.
Married filing	10	Adjustments to income:		2							
jointly or Qualifying	а	From Schedule 1, line 22				10	a				
widow(er),	b	Charitable contributions if you take					b				
\$24,800 • Head of	с	Add lines 10a and 10b. These are							► 10c	;	
household, \$18,650	11	Subtract line 10c from line 9. This							▶ 11		62,074.
<ul> <li>If you checked</li> </ul>	12	Standard deduction or itemized	,								12,400.
any box under Standard	13	Qualified business income deducti									
Deduction,	14										12,400.
see instructions.	15	Taxable income. Subtract line 14	from lin	e 11. If zero or le	ss, ente	er-0			. 15		49,674.
											1040

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

Form **1040** (2020)

Form 1040 (2020	))										Page 2
	16	Tax (see instructions). Check	if any from Form	(s): <b>1</b> 🗌 881	4 <b>2</b>	] 4972	3			16	6,719.
	17	Amount from Schedule 2, lin	e3							17	
	18	Add lines 16 and 17								18	6,719.
	19	Child tax credit or credit for	other dependen	ts						19	
	20	Amount from Schedule 3, lin	e7							20	
	21	Add lines 19 and 20								21	
	22	Subtract line 21 from line 18	. If zero or less,	enter -0						22	6,719.
	23	Other taxes, including self-e	mployment tax,	from Schedule	e 2, line 1	0.				23	0.
	24	Add lines 22 and 23. This is	your <b>total tax</b>						. Þ	24	6,719.
	25	Federal income tax withheld	from:								
	а	Form(s) W-2					25a	12	,365		
	b	Form(s) 1099					25b				
	С	Other forms (see instructions	s)				25c	:			
	d	Add lines 25a through 25c								25d	12,365.
• If you have a	26	2020 estimated tax payment								26	
qualifying child,	27	Earned income credit (EIC)			<sup>1</sup>	٩ö	27				
attach Sch. EIC.	28	Additional child tax credit. A	ttach Schedule	8812			28				
nontaxable combat pay,	29	American opportunity credit	from Form 8863	8, line 8			29				
see instructions.	30	Recovery rebate credit. See	instructions .				30				
	31	Amount from Schedule 3, lin	e13				31				
	32	Add lines 27 through 31. The	ese are your <b>tot</b> a	al other paym	ents and	l refund	able c	redits	. Þ	32	
	33	Add lines 25d, 26, and 32. T	hese are your <b>to</b>	tal payments					. 🕨	33	12,365.
Refund	34	If line 33 is more than line 24	, subtract line 2	4 from line 33.	This is tl	he amou	int you	overpaid		34	5,646.
neruna	35a	Amount of line 34 you want	refunded to you	<b>.</b> If Form 8888	3 is attacl	hed, che	ck her	e		35a	5,646.
Direct deposit?	►b	Routing number 0 7 1	0 0 0 0	1 3	► c Ty	rpe: 🗙	Chec	king	Saving	s	
See instructions.	►d	Account number 1 1 0	9 5 5 9	6 7							
	36	Amount of line 34 you want a	applied to your	2021 estimate	ed tax .	. 🕨	36				
Amount	37	Subtract line 33 from line 24	. This is the <b>amo</b>	ount you owe	now .				. 🕨	37	
You Owe		Note: Schedule H and Sch		-						or 🗌	
For details on how to pay, see		2020. See Schedule 3, line 1			•						
instructions.	38	Estimated tax penalty (see ir	structions) .			. 🕨	38				
Third Party	Do	you want to allow another					? See				
Designee	ins	structions	· · · · · ·				. 🕨	🗌 Yes. Co	omplete	e below.	X No
		signee's		Phone						ntification	
		me 🕨		no. 🕨					oer (PIN	/	
Sign		der penalties of perjury, I declare t ief, they are true, correct, and com									
Here		· · ·		Date		•	4004 01				nt you an Identity
	, 10	ur signature		Dale	rour occ	Supation					IN, enter it here
Joint return?					SOFT	WARE	ENGI	NEER	(se	ee inst.) 🕨	
See instructions.	Sp	ouse's signature. If a joint return, <b>t</b>	ooth must sign.	Date	Spouse'	s occupa	tion				nt your spouse an
Keep a copy for your records.	/										ection PIN, enter it here
your rocordo.			-							ee inst.) 🕨	
		one no. (217)341-852		Email address	gris	giris	1	ail.com			
Paid		eparer's name	Preparer's signat				Date		PTIN		Check if:
Preparer			SYAM PRIYA	RAM SAGAR	GUPTA	'I'ALLAM	1 09/	16/2021		82703	Self-employed
Use Only		m's name 🕨 GLOBAL TAX									678)965-9522
	Fir	m's address ► 2530 Pebb	le Creek L	n Cumming	g GA 3	30041			Fi	rm's EIN 🕨	
Go to www.irs.go	ov/Forn	n1040 for instructions and the late	st information.		BA	٩A	RE	V 07/28/21 PRC	)		Form <b>1040</b> (2020)

BAA

SCHEDULE	1
(Form 1040)	

# Additional Income and Adjustments to Income

OMB No. 1545-0074

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

	Attachment Sequence No. <b>01</b>
Your soc	ial security number
	~ ~ ~ ~

 

 Department of the Treasury Internal Revenue Service
 ► Go to www.irs.gov/F

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

GIRI	GIRISH GANJI 059-8			599
Pai	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 Sched	lule E	5	-5,500.
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,		
	line 8		9	-5,500.
Par	t II Adjustments to Income			
10	Educator expenses		10	
11	Certain business expenses of reservists, performing artists, and fee-basis govern	ment		
	officials. Attach Form 2106		11	

	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 <b>adjustments to income.</b> Enter here and on Form 1040, 1040-SR, or 1040-NR, line 10a	22
For Pa	perwork Reduction Act Notice, see your tax return instructions. BAA REV 07/28/21 PRO	Schedule 1 (Form 1040) 2020

# SCHEDULE D

(Form 1040)

# **Capital Gains and Losses**

OMB No. 1545-0074

20

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

20Attachment Sequence No. 12

Name(s) shown on return GIRISH GANJI

Department of the Treasury

Internal Revenue Service (99)

Your social security number

059-85-6699

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

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

lines This	instructions for how to figure the amounts to enter on the below. form may be easier to complete if you round off cents to e dollars.	<b>(d)</b> Proceeds (sales price)	<b>(e)</b> Cost (or other basis)	(g) Adjustment to gain or loss Form(s) 8949, F line 2, columr	from Part I,	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
1a	Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b.					
1b	Totals for all transactions reported on Form(s) 8949 with <b>Box A</b> checked	3,614.	4,190.			-576.
2	Totals for all transactions reported on Form(s) 8949 with <b>Box B</b> checked					
3	Totals for all transactions reported on Form(s) 8949 with <b>Box C</b> checked					
4	Short-term gain from Form 6252 and short-term gain or (I	oss) from Forms 4	684, 6781, and 88	324	4	
5	Net short-term gain or (loss) from partnerships, Schedule(s) K-1		,		5	
6	Short-term capital loss carryover. Enter the amount, if an <b>Worksheet</b> in the instructions	iy, from line 8 of y	our Capital Loss	Carryover	6	( )
7	Net short-term capital gain or (loss). Combine lines 1a term capital gains or losses, go to Part II below. Otherwise	7	-576.			

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

lines This	instructions for how to figure the amounts to enter on the below. form may be easier to complete if you round off cents to e dollars.	<b>(d)</b> Proceeds (sales price)	<b>(e)</b> Cost (or other basis)	(g) Adjustmen to gain or loss Form(s) 8949, f line 2, colum	from Part II,	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
	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.				(9)	
8b	Totals for all transactions reported on Form(s) 8949 with <b>Box D</b> checked					
9	Totals for all transactions reported on Form(s) 8949 with <b>Box E</b> checked					
10	Totals for all transactions reported on Form(s) 8949 with <b>Box F</b> checked.					
	Gain from Form 4797, Part I; long-term gain from Forms from Forms 4684, 6781, and 8824		11			
12 13	Net long-term gain or (loss) from partnerships, S corporat Capital gain distributions. See the instructions	. ,	12 13			
14	Long-term capital loss carryover. Enter the amount, if any <b>Worksheet</b> in the instructions	14	( )			
15	Net long-term capital gain or (loss). Combine lines 8a on the back .	•			15	

Part	III Summary			
16	Combine lines 7 and 15 and enter the result	16		-576.
	• If line 16 is a <b>gain,</b> 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 <b>loss,</b> skip lines 17 through 20 below. Then, go to line 21. Also be sure to complete line 22.			
	• If line 16 is <b>zero</b> , 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 <b>both</b> gains? <b>Yes.</b> Go to line 18.			
	<b>No.</b> Skip lines 18 through 21, and go to line 22.			
18	If you are required to complete the <b>28% Rate Gain Worksheet</b> (see instructions), enter the amount, if any, from line 7 of that worksheet	18		
19	If you are required to complete the <b>Unrecaptured Section 1250 Gain Worksheet</b> (see instructions), enter the amount, if any, from line 18 of that worksheet	19		
20	<ul> <li>Are lines 18 and 19 both zero or blank and are you not filing Form 4952?</li> <li>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.</li> </ul>			
	□ No. Complete the Schedule D Tax Worksheet in the instructions. Don't complete lines 21 and 22 below.			
21	If line 16 is a loss, enter here and on Form 1040, 1040-SR, or 1040-NR, line 7, the smaller of:			
	The loss on line 16; or     (\$3,000), or if married filing separately, (\$1,500)	21	(	576.)
	Note: When figuring which amount is smaller, treat both amounts as positive numbers.			
22	Do you have qualified dividends on Form 1040, 1040-SR, or 1040-NR, line 3a?			
	Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Forms 1040 and 1040-SR, line 16.			
	□ No. Complete the rest of Form 1040, 1040-SR, or 1040-NR.			

REV 07/28/21 PRO

Schedule D (Form 1040) 2020

Form	8949	
Form	8949	

# Sales and Other Dispositions of Capital Assets

OMB No. 1545-0074

Attachment

20

Department of the Treasury Internal Revenue Service ► 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.

 Sequence No. 12A

 Social security number or taxpayer identification number

Name(s) show	vn on return		
GIRISH	GANJI		

059-85-6699

Before you check Box A, B, or C below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check.

Part I Short-Term. Transactions involving capital assets you held 1 year or less are generally short-term (see instructions). For long-term transactions, see page 2.

**Note:** You may aggregate all short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 1a; you aren't required to report these transactions on Form 8949 (see instructions).

You *must* check Box A, B, or C below. Check only one box. If more than one box applies for your short-term transactions, complete a separate Form 8949, page 1, for each applicable box. If you have more short-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

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

[] (B) Short-term transactions reported on Form(s) 1099-B showing basis wasn't reported to the IRS

C Short-term transactions not reported to you on Form 1099-B

<b>1</b> (a) Description of property	<b>(b)</b> Date acquired	<b>(c)</b> Date sold or		(e) Cost or other basis. See the <b>Note</b> below	Adjustment, if If you enter an enter a co See the sep	(h) Gain or (loss). Subtract column (e)	
(Example: 100 sh. XYZ Co.)	rate = 100  ch  VV7 (ca) (Ma day $yr$ ) (	disposed of (Mo., day, yr.)		and see <i>Column (e)</i> in the separate instructions	(f) Code(s) from instructions	<b>(g)</b> Amount of adjustment	from column (d) and combine the result with column (g)
Robinhood Securities LLC	01/01/20	10/21/20	3,614.	4,190.			-576.
2 Totals. Add the amounts in column negative amounts). Enter each tot Schedule D, line 1b (if Box A abov above is checked), or line 3 (if Box	al here and inc e is checked), <b>lir</b>	lude on your 1e 2 (if Box B	3,614.	4,190.			-576.

Note: If you checked Box A above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See *Column* (g) in the separate instructions for how to figure the amount of the adjustment.

For Paperwork Reduction Act Notice, see your tax return instructions. BAA

SCHEDULE E	
(Form 1040)	

Department of the Treasury

Internal Revenue Service (99)

## **Supplemental Income and Loss**

OMB No. 1545-0074

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

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

		-
	Attachment Sequence No.	13

Name(s)	shown on return								Yo	ur social se	curity	numbe	÷r
GIRI	SH GANJI								0	59-85-	5699	,	
Part	Income or Loss	s Fror	m Rental Real Estate and R	oyaltie	s Note	: If you a	are in th	e business o	f rent	ing persor	al pro	perty,	use
	Schedule C. See i	instru	ctions. If you are an individual, re	eport far	m rental i	ncome o	or loss f	rom Form 48	<b>35</b> or	n page 2, l	ine 40	).	
A Dic	you make any paymer	nts in	2020 that would require you	to file F	orm(s) 1	099? S	ee inst	ructions .			<b>Y</b>	es 🛛	No
B If "	Yes," did you or will yo	ou file	e required Form(s) 1099?								<b>Y</b>	es 🗌	No
1a			property (street, city, state, Z										
A			SPSR Nellore Dist,			adesh	. TN	524129					
В		,					,						
C													
1b	Type of Property	2	For each rental real estate pro	oportvi	istad		Fair	Rental	Per	sonal Us	e		
	(from list below)	-	above report the number of t	fair rent	al and			Days		Days		Q,	JV
Α	3		personal use days. Check the if you meet the requirements	e QJV b	pox only	Α		365		0		Γ	
B	5		qualified joint venture. See in	structio	nsa Ins.	B		303		0			<u>ן</u> ר
C	+					C							<u>ן</u> ר
	of Property:					U							
		0	Vacation (Chart Tarm Danta)		nd			Dontol					
	gle Family Residence		Vacation/Short-Term Rental				7 Self-						
Incom	ti-Family Residence	4	Commercial Properties		yalties	-	8 Othe	r (describe)					
				_		Α		E				С	
3				3			650.						
_ 4				4									
Expen				_									
5	-			5									
6			ctions)	6									
7				7									
8				8		1,	200.						
9				9									
10	•		al fees	10									
11	-			11									
12			banks, etc. (see instructions)	12									
13				13									
14				14			250.						
15				15		1,	200.						
16				16									
17				17		2,	500.						
18	• •	e or de	epletion	18									
19	Other (list) ►												
20	•		5 through 19	20		б,	150.						
21			3 (rents) and/or 4 (royalties). I										
		instru	ictions to find out if you mus			_							
	file Form 6198			21		-5,	500.						
22			te loss after limitation, if any										
	on Form 8582 (see in:			22	(	-5,5	00.)	(		)(			)
23a			ed on line 3 for all rental prop		• •	• •	23a		6	50.			
b			ed on line 4 for all royalty pro	•			23b			_			
С			ed on line 12 for all properties				23c						
d			ed on line 18 for all properties				23d						
е			ed on line 20 for all properties				23e		6,1				
24			ounts shown on line 21. Do n						•	24			
25	Losses. Add royalty los	sses f	from line 21 and rental real esta	te losse	s from lir	ne 22. Ei	nter tot	al losses her	е.	25 (		5,5	500.)
26			nd royalty income or (loss).										
			d line 40 on page 2 do not						on			_	<b>F</b> 0 0
	Schedule 1 (Form 104	40), lir	ne 5. Otherwise, include this a	amoun	t in the t	otal on	line 41	on page 2		26		-5,	500.

# 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*
GIRISH	IGANJ I	Enter	059   85   6699
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 reque	sting direct debit or deposit.				
1 Arizona Adjusted Gross Income 9,216 00	- 1	Foreign Account Deposit/	Debit: See instructions below.				
2 Balance Of Tax 191 00		TYPE OF ACCOUNT					
3 Arizona Income Tax Withheld 166 00		Checking Savings					
Check box 4 <u>or</u> box 5:		ACCOUNT NUMBER					
4 <b>REFUND:</b> Enter the amount of refund	00						
5 AMOUNT YOU OWE: Enter the amount owed	25 00	DIRECT DEBIT REQUEST DATE	\$				

**Box 4 Checkbox – Refund:** You are due a refund based on the information provided on your tax return. Your refund amount will be deposited in the account listed in the Financial Institution Information Section (Part 3).

**Box 5 Checkbox – Amount You Owe:** You owe taxes based on the information provided on your tax return. You have elected to direct debit for payment. The payment will be withdrawn from the account and on the date listed in the Financial Institution Information Section (Part 3).

**Foreign Account Deposit/Debit Checkbox:** Check the "Foreign Account Deposit/Debit" box if your deposit will be ultimately placed in or come from a foreign account. If you check this box, do not enter your account numbers. If this box is checked, we will not direct deposit or debit your account. If you are due a refund, we will send you a check instead. If you owe tax, you must mail a check to the Arizona Department of Revenue, PO Box 29085, Phoenix, AZ 85038-9085.

### PART 4 – DECLARATION AND SIGNATURE AUTHORIZATION (Sign only after completing Part 2)

Under penalties of perjury, I declare that I have examined a copy of my electronic Arizona individual income tax return and accompanying schedules and statements for the year ending December 31, 2020, and to the best of my knowledge and belief, it is true, correct, and complete. I further declare that the amounts of Arizona adjusted gross income, total tax, Arizona income tax withheld, and refund (or amount owed) listed above are the amounts shown on the copy of my electronic Arizona income tax return.

- **6a** I consent that my refund be directly deposited as designated in the electronic portion of my 2020 Arizona individual income tax return. If I have filed a joint return, this is an irrevocable appointment of the other spouse as an agent to receive the refund.
- **6b** I do not want direct deposit of my refund or I am not receiving a refund.
- **6c** I authorize the Arizona Department of Revenue (ADOR) and its designated Financial Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of my Arizona taxes owed on this return. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment.

If I have filed a balance due return, I understand that if the ADOR does not receive full and timely payment of my tax liability by April 15, 2021, I will remain liable for the tax liability and all applicable interest and penalties. When electronically filing my federal and state tax returns, I understand that if there is an error on my federal return, my state return will also be rejected.

I consent to my Electronic Return Originator (ERO) or On-Line Service Provider (OLSP) sending my electronic Arizona individual income tax return and accompanying schedules and statements to ADOR, and I consent to my ERO or OLSP sending such information to ADOR through a transmitter. I consent to ADOR sending my ERO, OLSP and/or transmitter an acknowledgement of receipt of transmission and an indication of whether or not the transmission of my return is accepted and, if the return is rejected, the reason(s) for the rejection. If the processing of my return or refund is delayed, I authorize ADOR to disclose to my ERO, OLSP and/ or transmitter the reason(s) for the delay, or when the refund was sent. If ADOR contacts my ERO for a copy of my return, any documents or schedules to my return, and/or this authorization form, I authorize my ERO to release copies of the requested documents to ADOR.

## I authorize GLOBAL TAXES LLC

#### (ELECTRONIC RETURN ORIGINATOR)

to make the election that I want my electronic signature to my electronic federal individual income tax return to serve as my signature to my electronic Arizona individual income tax return for the year ending December 31, 2020. I understand that when my ERO makes the election that my electronic signature to my federal individual income tax return will serve as my signature to my Arizona individual income tax return. 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 140NR Nonresident Personal Income Tax Return							F		LENDAR YEAR
	82F		Check box 82F filing under extension OR FISCAL YEAR BEGINNING		2,0,2,	0 /			.	
用				ast Name			Enter			I Security Number
TOT		GIR		ANJI			Nour	05		85 6699
	1	Spous	se's First Name and Middle Initial (if box 4 or 6 checked)	ast Name			SSN(s).	Spou	ise's S I	ocial Security No.
ANY ITEMS			nt Home Address - number and street, rural route WEST BASELINE ROAD UNIT 105	/	Apt. No.		Daytime P <b>94</b> (217			area code)
Ň	_		Town or Post Office State	ZIP Code		L	ast Names Used in La			
		TEM:		85283						97
STAPLE	s	4	Married filing joint return <b>4a</b> Injured Spouse Protection	on of Joint Ove	ernavment	R	EVENUE USE ONLY.	DO N	от ма	RK IN THIS AREA.
ST/	ATU	5	Head of household: Enter name of qualifying child or dependent		npaymont	88	R			
NOT	FILING STATUS									
ž	IN	6	Married filing separate return: Enter spouse's name and Social	Security Numbe	er above.					
DO	Ē	7	Single							
	10b		↓ Enter the number claimed. Do not put a check mark.				7.044			D01/D
	and 1	8	Age 65 or over (you and/or spouse) If completing lines 8 and and 48. For lines 10a and			81	P PM		80R	RCVD
	10a a	9	Blind (you and/or spouse)	A 47 1		1				
	ts	10a		s: Age 17 and o			_			
		11-13	Residency Status (check one): 11 🛛 Nonresident 12 🗌 Non	nresident Active	e Military	13	Composite Return	i (see	instru	ctions - page 26)
	Depen		(Box 10a and 10b): Dependent Information. See instructions.			the			oage 4	
			(a) FIRST AND LAST NAME SOCIALSI	(b) ECURITYNO. F		шы	(d) NO. OF MONTHS ✓ Dep	(e) enden	t Age	(f) ✓ if you did not claim
	and 9		(Do not list yourself or spouse.)		LLAHONS		LIVED IN YOUR	cluded	in: 2	this person on your federal return due to
	œ						HOME IN 2020 (Box 1)	0a) (B	ox 10b)	educational credits
	Exemptions	10c					<u> </u>		⊢	
	mpti						<u> </u>	_	$\square$	
NR	Exel							-	+	
40		10f			han		 2020 FEDERAL			
after Form 140NR		14	Check box 14 if married and you are the spouse of an active duty who qualifies for relief under the Military Spouses Residency Rel			Am	ount from Federal Ret	urn		arce Amount Only
orr		15	Wages, salaries, tips, etc			15	68,128	00		9,216 00
۲. ۲			Interest			16		00		00
ffe		17	Dividends			17	22	00		0 00
ts â	a	18	Arizona income tax refunds			18		00		00
	nco	19	Business income or (loss) from federal Schedule C			19		00		00
m	Arizona Inc		Gains or (losses) from federal Schedule D. See instructions for ARI2		i	20	-576			0 00
100	Arizo		Rents, royalties, partnerships, estates, trusts, small business corporations			21	-5,500			0 00
ero	1		Other income reported on your federal return. Include your own a		1	22 23	62,074	00		0 00 9,216 00
ţ			Total income: Add lines 15 through 22 Other federal adjustments: Include your own schedule		1		02,071	00		00
oro			Federal adjusted gross income: Subtract line 24 from line 23 in the F				62,074			
es			Arizona gross income: Subtract line 24 from line 23 in the ARIZONA co					1		9,216 00
In		27	Arizona income ratio: Divide line 26 by line 25, and enter the result (							0.148
he		28	Total depreciation included in Arizona gross income					. 28		00
SC	ions	29	Partnership Income adjustment. See instructions					. 29		00
AZ	dditi	30	Net capital (loss) derived from the exchange of legal tender: See in box may be blank or may contain a printed barcode of data from your return							00
nd	Ā		алта плание на стои на налазивате на слага да полт настики на так то насти на на насти на саст на стои на наст				ne. See instructions			00
al a			n sa na na na sa				28, 29, 30, and 31 0	. 32		9,216 00
era	e 2		ye bol kot kanta kanta katika kati	33 AZ source 34 Short-terr	-		0	00		
fed	<ul> <li>cont. on page</li> </ul>		, and the second of the second s	35 Long-ter			0	00		
eq	u.		a de le	36 Net long				00		
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req					-		fied small business			00
Ъ	Subtractions		en in van de het het het het het het het het het he	39 Net capit	al gain from e	exch	ange of legal tender…	. 39		00
e al	trac		алы аларылар алар алардар аларылардар жаралар жарастар жаралардар жаралардар жаралардар жаралардар. Каралар жаралар				epreciation			00
Place any required federal and AZ schedules or other documer	Sub				•		ee instructions			00
Ы				42 Subtract	t lines 37 th	rouc	h 41 from line 32	. 42		9,21600

[	Your	Name (as shown on page 1)	Your Social Security Number					
	GI	RISH GANJI	059-85-669	9				
1 9	43	Interest on U.S. obligations such as U.S. savings bonds and treasury bills		. 43		00		
Subtractions ont. from pag	44	Agricultural crops contributed to Arizona charitable organizations				00		
fron	45	Other Subtractions from Income. See instructions for completing the schedule on page 5				00		
Sub cont.	46	Subtract lines 43 through 45 from line 42		9,216				
Ĩ	47	Age 65 or over: Multiply the number in box 8 by \$2,100		00		100		
su	48	Blind: Multiply the number in box 9 by \$1,500		00				
Exemptions	49	Other Exemptions. See instructions		00				
cem	50	Add lines 47, 48, and 49. Enter the total		00				
ш	51	Multiply line 50 by the Arizona ratio on line 27		51		00		
	52	Arizona adjusted gross income: Subtract line 51 from line 46. If less than zero, enter "0"			9,216	00		
	53	Deductions: Check box and enter amount. See instructions			1,835	00		
	54	If you checked box 53S and claim charitable deductions, check 54C Complete page 3. See ins	structions	. 54		00		
×	55	Arizona taxable income: Subtract lines 53 and 54 from line 52. If less than zero, enter "0"		. 55	7,381	00		
of Tax	56	Compute the tax using amount from line 55 and Tax Table X or Y		. 56	191	00		
ce o	57	Tax from recapture of credits from Arizona Form 301, Part 2, line 31				00		
Balance	58	Subtotal of tax: Add lines 56 and 57 and enter the total			191	00		
B	59	Dependent Tax Credit. See instructions		59		00		
	60	Nonrefundable credits from Arizona Form 301, Part 2, line 61		. 60		00		
	61	Balance of tax: Subtract lines 59 and 60 from line 58. If the sum of lines 59 and 60 is more than line 58, e	nter_"0"	. 61	191	00		
ind	62	2020 AZ income tax withheld	<u></u>	62	166	00		
nts a Cred	63	2020 AZ estimated tax payments <b>63a</b> 00 Claim of Right <b>63b</b>	00 Add 63a and 63b	63c		00		
Total Payments and Refundable Credits	64	2020 AZ extension payment (Form 204)		64		00		
al Pa unda	65	Other refundable credits: Check the box(es) and enter the total amount	308-I 65 <b>2</b> 34	9 65		00		
Tota	66	Total payments and refundable credits: Add lines 62 through 65 and enter the total	66	166				
or ent	67	TAX DUE: If line 61 is larger than line 66, subtract line 66 from line 61, and enter amount of tax due. Skip line	. 67	25	00			
oue ( aym	68	OVERPAYMENT: If line 66 is larger than line 61, subtract line 61 from line 66, and enter amount of overpay	. 68		00			
Tax Due or Overpayment	69	Amount of line 68 to be applied to 2021 estimated tax		69		00		
. 0	70	Balance of overpayment: Subtract line 69 from line 68				00		
fs	71	- 81 Voluntary Gifts to:Assigned to Schools						
Gi		Child Abuse Prevention						
Itary		Neighbors Helping Neighbors						
Voluntary Gifts	~~	I Didn't Pay Enough Fund		0				
>	82	Political Party (if amount is entered on line 75 - check only one): 821 Democratic 822 Libertarian	823 Republican			00		
nalty	83	Estimated payment penalty		83		00		
ena	84	841 Annualized/Other 842 Farmer or Fisherman 843 Form 221 included		0.5		00		
<b>•</b>		Add lines 71 through 81 and 83; enter the total.				00		
p	86	<b>REFUND:</b> Subtract line 85 from line 70. If less than zero, enter amount owed on line 87 <b>Direct Deposit of Refund:</b> <i>Check box 86A</i> if your deposit will be ultimately placed in a <b>foreign account</b> ; see				100		
d or		C Checking or C Checking or C Checking or C C Checking or C C C C C C C C C C C C C C C C C C		-				
efun		98 S Savings						
Refund or Amount Owed	87	AMOUNT OWED: Add lines 67 and 85. Make check payable to Arizona Department of Revenue; write you	ur SSN on payment.	. 87	25	00		
		Under penalties of perjury, I declare that I have read this return and any documents with it, and to				are		
		true, correct and complete. Declaration of preparer (other than taxpayer) is based on all informati	on of which prepa	rer has	any knowledge.			
<b>m</b>	→	g	OFTWARE ENG	ាក់ស្តែ	D			
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SIGN HERE	➔							
		SPOUSE'S SIGNATURE DATE SI	POUSE'S OCCUPATION	N				
ы Ш		SYAM PRIYA RAM SAGAR GUPTA TALLAM 09162021 GLOBAL TAXES L	LC					
Þ		PAID PREPARER'S SIGNATURE DATE FIRM'S NAME (PREPARER'S I				—		
PLEASE		2530 Pebble Creek Ln	30-10171					
P		PAID PREPARER'S STREET ADDRESS	PAID PREPARER	'S TIN				
		Cumming GA 30041 PAID PREPARER'S CITY STATE ZIP CODE	(678)965 PAID PREPARER					

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

# Arizona Individual Income Tax Payment Voucher for Electronic Filing

Your First Name and Middle Initial	Last Name	Your Social Security Number
1 GIRISH	GANJI	Enter 059 85 6699
Spouse's First Name and Middle Initial	Last Name	your Spouse's Social Security No.
1		SSN(s).
Current Home Address - number and street, rural route	Apt. No.	Daytime Phone (with area code)
2 647 WEST BASELINE ROAD UNIT 1057		94 (217)341-8528
City, Town or Post Office State	ZIP Code	REVENUE USE ONLY. DO NOT MARK IN THIS AREA.
3 TEMPE AZ	85283	88
Please indicate the filing status below:         Married filing joint return         Head of household: Enter name of qualifying child or dependent	ndent on next line:	
Married filing separate return: Enter spouse's name and	d Social Security Number above	81 PM 80 RCVD
Single		
		<b></b>
Enter the amount of payment enclosed		\$ 25 <b>00</b>

# If you are mailing this payment

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

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

If you are making an electronic payment

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

# www.AZTaxes.gov

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

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