E1040 Department of the Treasury—Internal Revenue Service (99)
U.S. Individual Income Tax Return

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

Filing Statu	s 🔀 :	Single Married filing jointly	Marrie	ed filing separately	(MFS) Hea	d of hou	sehold (HOI	H) [Qua	lifying wid	dow(er) (QW)
Check only one box.	If yo	ou checked the MFS box, enter the son is a child but not your depende		our spouse. If you	chec	ked the HC)H or Q\	W box, ente	er the	child's	name if t	the qualifying
Your first name	and m	iddle initial	Last na	me					١	our so	cial secur	rity number
AVINASH	RED	DY	GOPU						,	278-	31-487	78
If joint return, s	pouse's	s first name and middle initial	Last nai	me					8	Spouse'	s social se	ecurity number
Home address	(numbe	er and street). If you have a P.O. box, se	ee instruction	ons.				Apt. no.				tion Campaign
		LBACK RD						U508			nere if you	u, or your intly, want \$3
		ce. If you have a foreign address, also o	complete s	paces below.	Sta			code		•	0,	I. Checking a
SCOTTSD					A			5251			ow will no	
Foreign countr	y name		F	Foreign province/state	e/cour	nty	For	reign postal co	ode y	our tax	or refund	
At any time du	ıring 20	D20, did you receive, sell, send, ex	change, o	r otherwise acquire	e any	financial ir	nterest in	n any virtua	al curr	ency?	Yes	s ⊠ No
Standard Deduction	_	neone can claim:	•				ent					
Age/Blindnes	s You	: Were born before January 2,	1956	Are blind Sp	ouse	e: Was	born b	efore Janua	ary 2,	1956	☐ Is b	blind
Dependent	s (see	instructions):		(2) Social securi	ty	(3) Relati	onship	(4) 🗸	if qua	lifies fo	r (see instr	ructions):
If more	(1) F	irst name Last name		number		to y	ou	Child to	ax cred	dit	Credit for c	other dependents
than four												
dependents, see instruction	s —							[
and check												
here ►												
Attack	_1_	Wages, salaries, tips, etc. Attach	Form(s) \	V-2						1		L24,745.
Attach Sch. B if	2a	Tax-exempt interest	2a		b ⁻	Taxable int	erest			2b		
required.	3a_	Qualified dividends	3a		b (Ordinary di	vidends			3b		
	4a	IRA distributions	4a			Taxable am				4b		
	5a	Pensions and annuities	5a			Taxable am				5b		
Standard Deduction for—	6a	Social security benefits	6a			Taxable am				6b		
Single or	7	Capital gain or (loss). Attach Sch		•	quire	d, check he	ere .	!	▶ ∐	7		
Married filing separately,	8	Other income from Schedule 1, li								8		-6,240.
\$12,400	9	Add lines 1, 2b, 3b, 4b, 5b, 6b, 7	, and 8. T	his is your total in	come				. ▶	9	$\frac{1}{1}$	L18,505.
 Married filing jointly or 	10	Adjustments to income:										
Qualifying	а	From Schedule 1, line 22					10a					
widow(er), \$24,800	b	Charitable contributions if you tak	e the stan	dard deduction. Se	e ins	tructions	10b					
Head of household	С	Add lines 10a and 10b. These are	e your tot	al adjustments to	inco	me			. ▶	100	_	
household, \$18,650	11	Subtract line 10c from line 9. This	•	-					. ▶	11		L18,505.
 If you checked any box under 	12	Standard deduction or itemized		,	,					12		12,400.
Standard	13	Qualified business income deduc	ction. Atta	ch Form 8995 or F	orm 8	3995-A .				13	_	
Deduction, see instructions.	14	Add lines 12 and 13								14		12,400.
	15	Taxable income. Subtract line 1	4 from lin	e 11. If zero or less	, ente	er-0				15	. 1	L06,105.

Form 1040 (2020))									Page 2
	16	Tax (see instructions). Check	if any from Form	n(s): 1 881	4 2 🗌 4972	3 🗌			16	19,545.
	17	Amount from Schedule 2, lin	ne 3						17	
	18	Add lines 16 and 17							18	19,545.
	19	Child tax credit or credit for	other dependen	ts					19	
	20	Amount from Schedule 3, lin	ne 7						20	
	21	Add lines 19 and 20							21	
	22	Subtract line 21 from line 18	3. If zero or less,	enter -0					22	19,545.
	23	Other taxes, including self-e	employment tax,	from Schedule	e 2, line 10 .				23	0.
	24	Add lines 22 and 23. This is	your total tax						24	19,545.
	25	Federal income tax withheld	d from:							, , , , , , , , , , , , , , , , , , , ,
	а	Form(s) W-2				25a	23	,005.		
	b	Form(s) 1099				25b		,		
	С	Other forms (see instruction				25c				
	d	Add lines 25a through 25c	,						25d	23,005.
	26	2020 estimated tax paymen							26	20,000.
 If you have a L qualifying child, 	27	Earned income credit (EIC)				27			20	
attach Sch. EIC.	28	Additional child tax credit. A				28				
If you have nontaxable	29	American opportunity credit				29				
combat pay,	30	Recovery rebate credit. See				30			-	
see instructions.		•							-	
	31	Amount from Schedule 3, lir Add lines 27 through 31. Th				31	a dita		-	
	32	· ·	,						32	22 005
	33	Add lines 25d, 26, and 32. T							33	23,005.
Refund	34	If line 33 is more than line 2				•	=		34	3,460.
Di	35a	Amount of line 34 you want Routing number 1 2 1							35a	3,460.
Direct deposit? See instructions.	▶b					Check	ing	Savings		
	► d	Account number 3 2 5 0 4 1 6 8 5 2 4 0								
A	36	-							07	
Amount You Owe	37	Subtract line 33 from line 24		-					37	
For details on		Note: Schedule H and Schedule SE filers, line 37 may not represent all of the taxes you owe for							-	
how to pay, see		2020. See Schedule 3, line 12e, and its instructions for details. Estimated tax penalty (see instructions)								
instructions.	38					38				
Third Party		you want to allow another						amalata	halaur	▽ Na
Designee						. ▶	Yes. C			⊠ No
		signee's me ▶		Phone no. ▶				onal iden ber (PIN)		
Sign		der penalties of perjury, I declare	that I have examine		d accompanying sch	hedules a				st of my knowledge and
		ief, they are true, correct, and com								
Here	Yo	ur signature		Date	Your occupation			If th	ne IRS se	nt you an Identity
	k							- 1		IN, enter it here
Joint return?					SOFTWARE :		IEER		e inst.) 🕨	
See instructions. Keep a copy for	Sp	ouse's signature. If a joint return,	both must sign.	Date	Spouse's occupat	tion				nt your spouse an ection PIN, enter it here
your records.									e inst.) 🕨	Collor Fire, criter it fiere
	———Ph	one no.		Email address						
		eparer's name	Preparer's signat			Date		PTIN		Check if:
Paid		I PRIYA RAM SAGAR GUPTA TALLAM			GUPTA TAT.T.AM		2/2021	P0208	32703	Self-employed
Preparer						- 02/2	, _ 0 _ 1			(678) 965-9522
Use Only								n's EIN ▶	,	
Co.to				Cullillering			00/45/5 : =:		II 9 EIIN	
GO TO WWW.Irs.go	v/r-orn	n1040 for instructions and the late	si information.		BAA	REV	02/15/21 PR	J		Form 1040 (2020)

SCHEDULE 1 (Form 1040)

Additional Income and Adjustments to Income

OMB No. 1545-0074

2020
Attachment Sequence No. 01

Department of the Treasury Internal Revenue Service

AVINASH REDDY GOPU

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

Your social security number 278-31-4878

Par	Additional Income		
1	Taxable refunds, credits, or offsets of state and local income taxes	1	
2a	Alimony received	2a	
b	Date of original divorce or separation agreement (see instructions) ▶		
3	Business income or (loss). Attach Schedule C	3	
4	Other gains or (losses). Attach Form 4797	4	
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	5	-6,240.
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	-6,240.
Par	t II Adjustments to Income	J	-0,240.
10	Educator expenses	10	
11	Certain business expenses of reservists, performing artists, and fee-basis government	10	
••	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 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

Department of the Treasury Internal Revenue Service (99)

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

Sequence No. 13 Name(s) shown on return Your social security number AVINASH REDDY GOPU 278-31-4878 Income or Loss From Rental Real Estate and Royalties Note: If you are in the business of renting personal property, use Part I Schedule C. See instructions. If you are an individual, report farm rental income or loss from Form 4835 on page 2, line 40. A Did you make any payments in 2020 that would require you to file Form(s) 1099? See instructions Physical address of each property (street, city, state, ZIP code) Α 5-1-3 ADARSHNAGAR ROADNO.5 BANDLAGUDA , JAGIR HYDERABAD, TELANGANA IN 500086 В C 1b Fair Rental **Personal Use** Type of Property For each rental real estate property listed QJV above, report the number of fair rental and (from list below) **Days Days** personal use days. Check the **QJV** box only if you meet the requirements to file as a Α 365 Α 0 qualified joint venture. See instructions. В В С С Type of Property: Single Family Residence 3 Vacation/Short-Term Rental 5 Land 7 Self-Rental 2 Multi-Family Residence 4 Commercial 6 Royalties 8 Other (describe) Income: Properties: Α B 3 Rents received . 3 520. 4 Royalties received 4 Expenses: Advertising 5 5 80. 6 Auto and travel (see instructions) 6 320. 7 Cleaning and maintenance . . . 7 250. 8 8 Commissions. 9 Insurance 9 10 Legal and other professional fees . . . 10 11 11 12 Mortgage interest paid to banks, etc. (see instructions) 12 13 Other interest. 13 5,800. 14 14 Repairs. 310. 15 15 Supplies . Taxes 16 16 17 17 18 Depreciation expense or depletion . . 18 Other (list) ----19 19 Total expenses. Add lines 5 through 19 6,760. 20 20 Subtract line 20 from line 3 (rents) and/or 4 (royalties). If 21 result is a (loss), see instructions to find out if you must file Form 6198 21 -6,240.22 Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions) -6,240.) 520 23a Total of all amounts reported on line 3 for all rental properties 23a **b** Total of all amounts reported on line 4 for all royalty properties 23b

c Total of all amounts reported on line 12 for all properties 23c d Total of all amounts reported on line 18 for all properties 23d 23e 6,760. Total of all amounts reported on line 20 for all properties Income. Add positive amounts shown on line 21. Do not include any losses 24 24 25 Losses. Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here. 25 6,240.

Total rental real estate and royalty income or (loss). Combine lines 24 and 25. Enter the result 26 here. If Parts II, III, IV, and line 40 on page 2 do not apply to you, also enter this amount on

Schedule 1 (Form 1040), line 5. Otherwise, include this amount in the total on line 41 on page 2

26 -6,240. Schedule E (Form 1040) 2020

Passive Activity Loss Limitations

► See separate instructions.

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

OMB No. 1545-1008 Attachment Sequence No. **858**

Department of the Treasury Internal Revenue Service (99)

▶ Go to www.irs.gov/Form8582 for instructions and the latest information.

Name(s) shown on return Identifying number AVINASH REDDY GOPU 278-31-4878

Par	t I 2020 Passive Activity Loss			
	Caution: Complete Worksheets 1, 2, and 3 before completing Part I.			
	al Real Estate Activities With Active Participation (For the definition of active participation (For the definition of active participation).	cipation, see		
1а		0.		
b	Activities with net loss (enter the amount from Worksheet 1, column (b)) 1b (6,240.)		
С	Prior years' unallowed losses (enter the amount from Worksheet 1, column (c)) 1c ()		
d	Combine lines 1a, 1b, and 1c		1d	-6,240.
	mercial Revitalization Deductions From Rental Real Estate Activities			,
2a	Commercial revitalization deductions from Worksheet 2, column (a) 2a ()		
b	Prior year unallowed commercial revitalization deductions from Worksheet 2, column (b))		
С	Add lines 2a and 2b		2c ()
All O	ther Passive Activities			
3a	Activities with net income (enter the amount from Worksheet 3, column (a)) . 3a			
b	Activities with net loss (enter the amount from Worksheet 3, column (b)) 3b ()		
С	Prior years' unallowed losses (enter the amount from Worksheet 3, column (c)) 3c ()		
d	Combine lines 3a, 3b, and 3c		3d	
4	Combine lines 1d, 2c, and 3d. If this line is zero or more, stop here and include this fo	rm with your		
	return; all losses are allowed, including any prior year unallowed losses entered on line	•		
	Report the losses on the forms and schedules normally used		4	-6,240.
	If line 4 is a loss and: • Line 1d is a loss, go to Part II.			
	 Line 2c is a loss (and line 1d is zero or more), skip Part II and g 	jo to Part III.		
	 Line 3d is a loss (and lines 1d and 2c are zero or more), skip P 	arts II and III an	d go to	o line 15.
Cauti	ion: If your filing status is married filing separately and you lived with your spouse at any	ime during the	year,	do not complete
	I or Part III. Instead, go to line 15.	· ·		•
Part	Special Allowance for Rental Real Estate Activities With Active Particip	ation		
	Note: Enter all numbers in Part II as positive amounts. See instructions for an exam	ple.		
5	Enter the smaller of the loss on line 1d or the loss on line 4		5	6,240.
6	Enter \$150,000. If married filing separately, see instructions	150,000.		
7	Enter modified adjusted gross income, but not less than zero. See instructions 7	124,745.		
	Note: If line 7 is greater than or equal to line 6, skip lines 8 and 9, enter -0- on			
	line 10. Otherwise, go to line 8.			
8	Subtract line 7 from line 6	25,255.		
9	Multiply line 8 by 50% (0.50). Do not enter more than \$25,000. If married filing separately, se	e instructions	9	12,628.
10	Enter the smaller of line 5 or line 9		10	6,240.
	If line 2c is a loss, go to Part III. Otherwise, go to line 15.	·		
Part	Special Allowance for Commercial Revitalization Deductions From Rer	tal Real Esta	te Ac	tivities
	Note: Enter all numbers in Part III as positive amounts. See the example for Part II in	the instruction	ıs.	
11	Enter \$25,000 reduced by the amount, if any, on line 10. If married filing separately, see in	nstructions .	11	
12	Enter the loss from line 4	[12	
13	Reduce line 12 by the amount on line 10	[13	
14	Enter the smallest of line 2c (treated as a positive amount), line 11, or line 13	[14	
Part	IV Total Losses Allowed			
15	Add the income, if any, on lines 1a and 3a and enter the total		15	0.
16	Total losses allowed from all passive activities for 2020. Add lines 10, 14, and 15. See	+		
	to find out how to report the losses on your tax return		16	6,240.

Caution: The worksheets must be filed Worksheet 1—For Form 8582, Lines 1				y for your	record	S.		, ,
	Currer			Prior	years		Overall ga	ain or loss
Name of activity	(a) Net income (line 1a)	(b) Net (line 1		(c) Unallowed loss (line 1c)		(d) Gain		(e) Loss
5-1-3 ADARSHNAGAR ROADNO.5	0.		240.	,				6,240.
Total. Enter on Form 8582, lines 1a, 1b, and 1c ▶	0.	6,	240.					
Worksheet 2—For Form 8582, Lines 2	,)					
Name of activity	(a) Current deductions (unal	(b) Pri lowed ded	or year uctions (line 2b)	(c)	Overall loss
Total. Enter on Form 8582, lines 2a and 2b								
Worksheet 3—For Form 8582, Lines 3	a, 3b, and 3c (se	e instruc	ions)					
	Currer	nt vear		Prior	/ears		Overall ga	ain or loss
Name of activity			1					I
	(a) Net income (line 3a)	(b) Net (line 3		loss (li	allowed ne 3c) (d)) Gain	(e) Loss
		,		,	,			
Total. Enter on Form 8582, lines 3a, 3b, and 3c								
Worksheet 4—Use This Worksheet if a	an Amount Is Sh	own on F	orm 8	582, Line	e 10 or	14. See	e instructi	ons.
Name of activity	Form or schedule and line number to be reported on (see instructions)	(a) Lo	ss	(b) R	atio	1	Special owance	(d) Subtract column (c) from column (a)
5-1-3 ADARSHNAGAR ROADNO.5	E Ln 22	6,	240.	1.000	00000		6,240.	0.
Total		6,	240.	1.0	00		6,240.	0.
Worksheet 5-Allocation of Unallowe	,		5)	1				
Name of activity	Form or scheduling and line number to be reported (see instruction	er on	(a) Lo	oss	(b) Ratio	(c)	Unallowed loss
Total						1 00		

Schedule E

Schedule E Worksheet

► Keep for your records

2020

Name(s) shown on return AVINASH REDDY GOPU		Social Security No. 278-31-4878
General Information: Property description	type is other, enter a descript NAGAR ROADNO.5 State ZIP HYDERABAD, TELANGANA Foreign country Ind	ion
If yes, did you or will you file all required Form(s) 109 Complete For All Rental Properties: Days rented at fair rental value		<u> </u>
Check All That Apply: A Owned by spouse	Material participation Some investment is not at Complete taxable dispositiome tax	risk
Ownership Percentage: N		
Vacation Home or Property with Personal Use Days: R Check to allocate interest and taxes using the Tax S Number of days property owned if less than the ent		

Prop	perty Location			Page 2		
5-	-1-3 ADARSHNAGAR ROADNO.5, BANDLAGUDA ,	JAGIR, H	HYDERA	BAD, TELANGANA	, 500086,	India
Inco	me			% if Different	Total	
3	Enter rental income (not reported elsewhere)		520.			
	Rental income from Form 1099-MISC					
	Rental income from Form 1099-K					
	Rental Income from Cancellation of Debt Wks					
	Total rents received		520.	100.000000	5	20.
4	Enter royalties received (not reported elsewhere)					
	Royalty income from Form 1099-MISC					
	Royalty income from Form 1099-K					
	Royalty Income from Cancellation of Debt Wks					
	Royalty Income from Schedule K-1					
	Total royalties received					

Expei	ises	(a) Total	(b) Enter % if not	(c) Reported On Schedule E	(d) Vacation Home Loss Limitation	(e) Allocated to Personal use
5	Advertising	80.	100.00	80.	Limitation	use
	Auto					
b	Travel	320.		320.		
	Cleaning and maint	250.		250.		
	Commissions					
9 a	Mort insur qualified					
	From Form 1098 import					
	Total mort insur qual .					
b	Other Insurance					
	Legal & other prof fees					
	Management fees					
	Mortgage int qualified .					
	From Form 1098 import		-			
	Total mort int qualified					
h	Mort int other					
	From Form 1098 import		-			
	Total mort int other					
3	Other interest	5,800.		5,800.		
	Repairs	310.		310.		
	Supplies	310.		310.		
	Real estate taxes					
	From Form 1098 import		-			
	Total real estate taxes					
b						
	Other taxes					
	Utilities					
	Depreciation					
	Depletion					
	Depreciation carryover					
-	Other expenses					
а						
b .						
C.						
d ₋	1 12 / 22					
	Indirect operating exp .					
	Operating exp carryover		-			
_	Vehicle rental					
	Amortization					
	Add lines 5 through 19	6 , 760.		6,760.		
	Income or (loss)			-6,240.		
2	Deductible rental real estate	e loss		-6,240.		

Arizona Form
AZ-8879

E-file Signature Authorization

2020

REV 02/02/21 PRO

Do <u>not</u> mail this form to the Arizona De	partment of Revenue.	The ERO must retain this document a minimum of four years.
Your First Name and Initial	Last Name	Your Social Security Number*
AVINASH REDDY	GOPU	Enter 278 31 4878
Your Spouse's First Name and Initial (if filed joint)	Last Name	Spouse's Social Security No.*
		33N(S).
PART 1 – PURPOSE		*Do Not Truncate
• To certify the truthfulness, correctness, and comp		
		yer wishes to use the taxpayer's electronic signature to the taxpayer's ayer'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 118,5		Foreign Account Deposit/Debit: See instructions below.
	768 00	TYPE OF ACCOUNT ROUTING NUMBER
3 Arizona Income Tax Withheld 3, 3	368 00	☐ Checking ☐ Savings ☐ 1 2 1 0 0 0 3 5 8
Check box 4 or box 5:		ACCOUNT NUMBER
4 REFUND: Enter the amount of refund		00 3 2 5 0 4 1 6 8 5 2 4 0
5⊠ AMOUNT YOU OWE: Enter the amount owe	ed 400	OO DIRECT DEBIT REQUEST DATE
Box 4 Checkbox – Refund: You are due a refund b	ased on the information	Foreign Account Deposit/Debit Checkbox: Check the "Foreign Account
provided on your tax return. Your refund amount		Deposit/Debit" box if your deposit will be ultimately placed in or com
account listed in the Financial Institution Informatio Box 5 Checkbox – Amount You Owe: You ov		from a foreign account. If you check this box, do not enter your accounnumbers. If this box is checked, we will not direct deposit or debit you
information provided on your tax return. You have		account. If you are due a refund, we will send you a check instead. If yo
for payment. The payment will be withdrawn from	the account and on the	owe tax, you must mail a check to the Arizona Department of Revenue PO Box 29085, Phoenix, AZ 85038-9085.
date listed in the Financial Institution Information S	ection (Part 3).	FO BOX 23000, FIIOEIIX, AZ 03030-3000.
PART 4 – DECLARATION AND SIGNATU	RE AUTHORIZATION	
Under penalties of perjury, I declare that I have ϵ		I consent to my Electronic Return Originator (ERO) or On-Line Service
electronic Arizona individual income tax return and a and statements for the year ending December 31, 2	ccompanying schedules	Provider (OLSP) sending my electronic Arizona individual income ta return and accompanying schedules and statements to ADOR, and
my knowledge and belief, it is true, correct, and com		consent to my ERO or OLSP sending such information to ADOR through
that the amounts of Arizona adjusted gross inco		transmitter. I consent to ADOR sending my ERO, OLSP and/or transmitter an acknowledgement of receipt of transmission and an indication of
income tax withheld, and refund (or amount owe amounts shown on the copy of my electronic Ariz	ona income tax return.	whether or not the transmission of my return is accepted and, if the retur
6a I consent that my refund be directly deposit		is rejected, the reason(s) for the rejection. If the processing of my retur
electronic portion of my 2020 Arizona indivi		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 I have filed a joint return, this is an irre- the other spouse as an agent to receive the	vocable appointment of e refund.	If ADOR contacts my ERO for a copy of my return, any documents of
6b ☐ I do not want direct deposit of my refund		schedules to my return, and/or this authorization form, I authorize my ER to release copies of the requested documents to ADOR.
refund. 6c X I authorize the Arizona Department of Re	evenue (ADOR) and its	
designated Financial Agent to initiate an		I authorize GLOBAL TAXES LLC
withdrawal (direct debit) entry to the finar	ncial institution account	(ELECTRONIC RETURN ORIGINATOR)
indicated in the tax preparation software for taxes owed on this return. I also authorize		to make the election that I want my electronic signature to my electronic
involved in the processing of the electron		federal individual income tax return to serve as my signature to m
receive confidential information necessary	to answer inquiries and	electronic Arizona individual income tax return for the year endin
resolve issues related to the payment.		December 31, 2020. I understand that when my ERO makes the electio that my electronic signature to my federal individual income tax return with the control of the control
If I have filed a balance due return, I understand the receive full and timely payment of my tax liability.		serve as my signature to my Arizona individual income tax return, I wi
remain liable for the tax liability and all applicable		have signed my Arizona individual income tax return and declared under
When electronically filing my federal and state tax		penalties of perjury that to the best of my knowledge and belief the retur is true, correct and complete.
that if there is an error on my federal return, my s rejected.	state return will also be	,
,		
W ->		DATE
YOUR PEN AND INK SIGNATURE		DATE
SIG		
YOUR PEN AND INK SIGNATURE SPOUSE'S PEN AND INK SIGNATURE		
SPOUSE'S PEN AND INK SIGNATURE		DATE
<u>a</u>		

KEIUKN.			Arizona Form 140	Resi	dent Pei	rsonal Inc	ome Tax	Return	FOR CALENDAR YEAR 2020			
짇	82F	☐C if	heck box 82F filing under extension	OR FISCAL YEA	AR BEGINNIN	NG L , L ,	2 0 2 0	AND ENDING		1 1		66F
분			irst Name and Middle Initial			Last Name			Your		ecurity Nun	<u>—</u> nber
2	1		NASH REDDY			GOPU		Ente	27		4878	
ANY IIEMIS I	1	Spous	e's First Name and Middle Initi	al (if box 4 or 6 ch	necked)	Last Name		SSN(Spous	se's Soci	al Security	No.
1	_	Currer	nt Home Address - number and	d street, rural route	е		Apt. No.		ime Phone			
ž	2		0 E CAMELBACK RD	04-4-		710.0 - 1-	U508	Last Names Use	818) 392			
	[3]	,	own or Post Office TTSDALE	State AZ		ZIP Code 85251		Last Names Use	d in Last Foul	Prior Yea	ar(s) (ii dinei	rent) 97
7			☐ Married filing joint return		Snouse Prote		vernavment	REVENUE USE	ONLY. DO NO	T MARK	IN THIS AR	
2	STATUS	5	Head of household. Enter	-			respayment	88				
5	GST				<u> </u>							
JO NOI STAPLE	FILING	6	Married filing separate re	turn. Enter spouse'	's name and So	cial Security Numl	oer above.					
ă	ΙŒ	7	Single✓ Enter the number claims	nd Do not put a	chock mark							
		8	Age 65 or over (you and/o			9, and 11a, also con	nplete lines 38.					
	9	9	Blind (you and/or spouse	. / 20 =	-	10a and 10b, also co		81 PM		80 RC	:VD	
	, pur	10a	Dependents: Under age of	of 17. 10b [Depende	ents: Age 17 and	d over.					
	and 11a - Dependents 10a and 10b	11a	Qualifying parents and gr	andparents								
	nts '		(Box 10a and 10b): Depend	ent Information.	See instruction				complete p	age 4, P	Part 1.	
	ende		FIRST AND LA	ST NAME	soci	(b) IAL SECURITY NO.	(c) RELATIONSHI		1 /- `.' .	Age ✓	if you did not his person on y	claim
	Dep		(Do not list yoursel	f or spouse.)				HOME IN 2020	1	2 fe	ederal return di educational cre	ue to
	1a -	100							(Box 10a) (Box	ox 10b)		
	nd 1	10d								5		
	တ်	10e										
	ns 8,		(Box 11a): Qualifying parent	s and grandparen	ts. See instr	uctions. For mo	re space, chec	k the box 🔲 an	d complete	page 4, I		
atter Form 140	Exemptions		(a) FIRST AND LA	STNAME	soc	(b) IAL SECURITY NO.	(c)	(d) P NO. OF MONTHS	(e) ✓ IF AGE 6	5 OR	✓ _{IF DIED}	IN
Ē	Exen		(Do not list yoursel					LIVED IN YOUR HOME IN 2020	OVER		2020	
7												
1te		11b									- -	
nts a		11c	Federal adjusted gross inco	me (from your fe	deral return)				12	1	<u></u> 18 , 505	00
			Non-Arizona municipal interes						 			00
AZ schedules or other docume	suc		Partnership Income adjustmen									00
ğ	Additions		Total federal depreciation									00
ē	ĕ		Net capital (loss) derived from Other Additions to Income: Co	_	-							00
5			Subtotal: Add lines 12 through 1					_		1:	18,505	
3 0			Total net capital gain or (loss).						00		,	
ă E			Total net short-term capital gai						00			
ed			Total net long-term capital gain						00			
Sch			Net long-term capital gain from Multiply line 22 by 25% (.25) a	•							0	00
K		24	Net capital gain derived from in	nvestment in quali	ified small bu	siness			 			00
nd		This b	ox may be blank or may contain a	printed barcode of d	ata from your r	a friend		change of legal t	 			00
<u>a</u>	tions			ROMENTAL PROPERTY.		26 Rec	alculated Arizo	na depreciation	26			00
Jer	Subtractions					≠ ■		e adjustment				00
<u>ĕ</u>	Sub		0+5+5+5+5+5+5+5+5+5	ebebebebe	TETETEN.	C1		oligations tate or local govt. pe				00
Place any required federal and			ox may be blank or may contain a			' • 		ervices retired/retain				00
inb		W				KENNIN I		r Railroad Retirem				00
<u>ح</u>			es per l'est le régle vanet d'ar Gladia de l'este d La la			9 6 1 1 1 1 1	_	merican Indians				00
an			X-10-90 (C.57-10-X-10-40), (2-4-2), (2-4-2)	Macada principal (A)	(COURTAIN) E7			an active service m				00
ace						l l	-	adjustment College Savings Pl				00
_								uah 31 from line18		1 .	18.505	ÓΩ

	Your I	Name (as shown on page 1)		Your Social Security Nu	ımber					
	AVI	NASH REDDY GOPU		278-31-4878						
			S to				00			
	36	Other Subtractions from Income. Complete Adjustments to Arizona G		. •		118,505	1			
"0	37 38	Subtract line 36 from line 35 and enter the difference				110,000	00			
Exemptions	39	Blind: Multiply the number in box 9 by \$1,500					00			
mpt	40		n box 40E by \$2,300				00			
Exe	41	Qualifying parents and grandparents: Multiply the number in box 11a by \$					00			
	42	Arizona adjusted gross income: Subtract lines 38 through 41 from line 3				118,505	1			
	43	Deductions: Check box and enter amount. See instructions				12,400				
	44	If you checked box 43S and claim charitable deductions, check 44C					00			
	45	Arizona taxable income: Subtract lines 43 and 44 from line 42. If less than	· · · ·			106,105	1			
ax	46	Compute the tax using amount on line 45 and Tax Table X, Y or Option				3,768				
Balance of Tax	47	Tax from recapture of credits from Arizona Form 301, Part 2, line 31			00					
og (48	Subtotal of tax: Add lines 46 and 47 and enter the total		3,768						
alar	49	Dependent Tax Credit. See instructions					00			
ω	50	50		00						
	51	51		00						
	52	Balance of tax: Subtract lines 49, 50 and 51 from line 48. If the sum of lines	s 49, 50 and 51 is greater that	n line 48, enter "0"	52	3,768	00			
	53	2020 AZ income tax withheld	·····		53	3,368	00			
and	54	2020 AZ estimated tax payments 54a 00 Claim of	Right 54b	00 Add 54a and 54b	54c		00			
nts a	55	2020 AZ extension payment (Form 204)					00			
Total Payments and Refundable Credits	56	Increased Excise Tax Credit (from the worksheet - see instructions)			56		00			
al Pa fund	57	Property Tax Credit from Arizona Form 140PTC			57		00			
Red Total	58	Other refundable credits: Check the box(es) and enter the total amount	581	□308-I 582 □349	58		00			
	59	Total payments and refundable credits: Add lines 53 through 58 and e	59	3,368	00					
or	60	TAX DUE: If line 52 is larger than line 59, subtract line 59 from line 52 and en	60	400	00					
Due	61	OVERPAYMENT: If line 59 is larger than line 52, subtract line 52 from line 58					00			
Tax Due or Overpayment	62	Amount of line 61 to be applied to 2021 estimated tax	62		00					
0	63	Balance of overpayment: Subtract line 62 from line 61 and enter the different			63		00			
Gifts	64	- 74 Voluntary Gifts to: Solutions Teams Assigned to Schools64	Arizona Wildlife		1					
_ნ		Child Abuse Prevention	00 Political Gift Veterans' Donations		1					
ınta		Neighbors Helping Neighbors 69 Special Olympics	-							
Voluntary		I Didn't Pay Enough Fund 72 00 Sustainable State Parks and Road Fund	Spay/Neuter of Anim							
		Political Party (if amount is entered on line 68 - check only one): 751 Demo					1			
nalty		Estimated payment penalty			. 76		00			
Pen	77	771 ☐ Annualized/Other 772 ☐ Farmer or Fisherman 773 ☐ Form 221 include	led				T			
		Add lines 64 through 74 and 76; enter the total					00			
. pa	79	REFUND: Subtract line 78 from line 63. If less than zero, enter amount owed Direct Deposit of Refund: <i>Check box 79A</i> if your deposit will be ultimately pla	on line 80	e instructions 70 A	79		00			
Refund or Amount Owed		C Checking or ROUTING NUMBER ACCOUNT NU		e instructions. 79A						
efun		98 S Savings								
Am A	80	AMOUNT OWED: Add lines 60 and 78. Make check payable to Arizona D	epartment of Revenue; write	your SSN on payment;						
		and include with your return			. 80	400	00			
	ι	Under penalties of perjury, I declare that I have read this return and any	documents with it, and to	the best of my know	wledge and	belief, they a	are l			
		rue, correct and complete. Declaration of preparer (other than taxpaye								
ш										
	→_			OFTWARE ENGI	NEER		_			
三	١	OUR SIGNATURE	DATE O	CCUPATION						
Z	→									
SIGN HERE	_	SPOUSE'S SIGNATURE	DATE S	POUSE'S OCCUPATION			-			
		SYAM PRIYA RAM SAGAR GUPTA TALLAM 02222021	21 GLOBAL TAXES LLC							
PLEASE		PAID PREPARER'S SIGNATURE DATE	FIRM'S NAME (PREPARER'S I		MPLOYED)					
Ē	2	2530 Pebble Creek Ln		30-1017	196					
P	_	PAID PREPARER'S STREET ADDRESS		PAID PREPARI			-			
	(Cumming GA 30041		(678) 96	55-9522					
		PAID PREPARER'S CITY STATE ZIP CODE PAID PREPARER'S PHO								

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

THE FORM.	Arizona Form 140ES Individual Estimated Income Tax Payment 2021								
뿦	This o	atimatad n	avment is for tax veer	anding Dagamb	or 24 2024 .	or for tox v	or ondings	2.	Λ .
101			ayment is for tax year d Middle Initial	ending Decemb	Last Name	or for tax ye	ear ending.		curity Number
		IASH REDI			GOPU		Enter	278 31	14878
			e and Middle Initial (if filing	joint)	Last Name		your	Spouse's Soci	al Security No.
ANY ITEMS	1						SSN(s)		
			ess - number and street, ru	ral route		Apt. No.		e Phone (with are	
F		E CAMEI		04-4-	710.0.1.	U508		18) 392-0127	
STA	_ `	own or Post O	лпсе	State	ZIP Code		REVENUE USE ON	ILY. DO NOT MARK	IN THIS AREA.
0T §	3 SCOI	TSDALE		AZ	85251		 		
DO NOT STAPLE	Chec	k if this pa	yment is on behalf of	a Nonresident Co	omposite retu	rn - 140NR			
<u> </u>	. • [OO NOT US	E THIS FORM TO MAK	E DELINQUENT I	NCOME TAX F	PAYMENTS.			
			n only for mailing estima						
	1 Paym	ant: Vou m	ust round your estimate	d navment to a wh	ole dollar (no (cente)			
						00 00	81 PM	80 RC	VD
	Enter	tne amount	of payment enclosed.		P	.00 00			
		-	box for the quarter for w						
	Do no	t select mor	re than one quarter. You	ı must submit a se	parate form for	each quarte	<i>er</i> for which a pay	ment is made.	
	Paym	ent for cale ı	ndar year filers are due	as follows:					
	×		- January to March Due		 ?1.				
	ዙ		- April to June Due date		45 0004				
		Sid Quarter -	– July to September Due	date is September	15, 2021.				
			October to December ary 15, 2022, falls on a Saturda			day, you have u	ntil January 18, 2022,	to make this paymer	nt.
	Paym	ent for fisca	al year filers are due as	follows:					
		1st Quarter -	– 15th day of the fourth mo	onth of the current fis	cal year.				
		2nd Quarter	– 15th day of the sixth mo	nth of the current fisc	cal year.				
		3rd Quarter -	– 15th day of the ninth mo	nth of the current fisc	cal year.				
		4th Quarter -	– 15th day of the first mon	th of the next fiscal y	ear.				
	У	ou may ma	If any of the ake the required paym	edue dates fall or ent for that quart				following that	day.
	If you are mailing this payment								
		To ensur	re proper application	of this payment,	, be sure that y	you:			
	✓ Complete and submit this form in its entirety. Do not cut this page in half.								
		✓	Make your check or m	oney order payab	le to Arizona D	epartment o	of Revenue.		
		_	Write your SSN and ta	x year on your pa	yment.				
		✓	If payment is made or on payment and include				rn , write "Compo	osite 140NR"	
		_	Include your payment	with this form.					
			Mail to Arizona Depar	tment of Revenue,	PO Box 29085	, Phoenix, A	Z 85038-9085.		

You can make this estimated payment by eCheck or credit card!

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

- $_{\checkmark}\,$ 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	140ES Individual Estimated Income Tax Payment							
핒	This estimated payment is for tax year ending December 31, 2021, or for tax year ending:								
701	Your First Name and Middle Initial	year ending Decemb	Last Name	or ior tax y	Your Social Security Number	er			
			GOPU		Enter 278 31 4878	J1			
E	Spouse's First Name and Middle Initial (i	f filing joint)	Last Name		your Spouse's Social Security No	<u> </u>			
ANY ITEMS	1	9 je,			SSN(s).	•			
		eet, rural route		Apt. No.	Daytime Phone (with area code)	_			
느	2 7940 E CAMELBACK RD			U508	94 (818) 392-0127				
¥	City, Town or Post Office	State	ZIP Code		REVENUE USE ONLY. DO NOT MARK IN THIS AREA	۹.			
LS	3 SCOTTSDALE	AZ	85251		88				
DO NOT STAPLE	 Check if this payment is on behand DO NOT USE THIS FORM TO Use this form only for mailing examples Payment: You must round your est 								
				.00 00	80 1. 1.				
	Enter the amount of payment enclo	osea	ð [.00 00					
2 Check only one box for the quarter for which this payment is made. Do not select more than one quarter. You must submit a separate form for each quarter for which a payment is made.									
	Payment for calendar year filers are due as follows:								
	1st Quarter – January to March Due date is April 15, 2021.								
	2nd Quarter – April to June Due date is June 15, 2021 .								
3rd Quarter – July to September Due date is September 15, 2021.									
4th Quarter – October to December Due date is January 15, 2022. Because January 15, 2022, falls on a Saturday and Monday, January 17, 2022, is a holiday, you have until January 18, 2022, to make this payment.									
	Payment for fiscal year filers are due as follows:								
	1st Quarter – 15th day of the fo u	rth month of the current fi	scal year.						
	2nd Quarter – 15th day of the six	th month of the current fis	cal year.						
	3rd Quarter – 15th day of the nin	th month of the current fis	cal year.						
	4th Quarter – 15th day of the firs								
If any of the due dates fall on a Saturday, Sunday or legal holiday, you may make the required payment for that quarter by midnight on the next business day following that day. If you are mailing this payment To ensure proper application of this payment, be sure that you:									
								✓ Complete and submit this form in its entirety. Do not cut this page in half.	
✓ Make your check or money order payable to Arizona Department of Revenue.									
✓ Write your SSN and tax year on your payment.									
					www. wwite WCarenasite 140ND//				
	↓ Jr payment is ma	aue on benait of a Non i	resident Com	posite reti	urn, write "Composite 140NR"				

on payment and include the tax year and entity's EIN.

Include your payment with this form.

You can make this estimated payment by eCheck or credit card!

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

THE FORM.	Arizona Form 140ES	140ES Individual Estimated Income Tax Payment										
포	This estimated payment is for tax year ending December 31, 2021, or for tax year ending:											
T0 T	Your First Name and Middle Initial	year ending Decemb	Last Name	or for tax y	Year ending: Your Social Security Number							
			GOPU		Enter 278 31 4878							
E	Spouse's First Name and Middle Initial (if filing joint)	Last Name		your Spouse's Social Security No							
ANY ITEMS	1	9 (2)	24011141119		SSN(s).							
		eet, rural route		Apt. No.	Daytime Phone (with area code)							
Ä	2 7940 E CAMELBACK RD			U508	94 (818) 392-0127							
ΙAΡ	City, Town or Post Office	State	ZIP Code		REVENUE USE ONLY. DO NOT MARK IN THIS AREA							
S	3 SCOTTSDALE	AZ	85251		<u> [88]</u>							
DO NOT STAPLE	Check if this payment is on beha	alf of a Nonresident C	omposite retu	rn - 140NR	R							
DO NOT USE THIS FORM TO MAKE DELINQUENT INCOME TAX PAYMENTS. Use this form only for mailing estimated payments.												
	1 Payment: You must round your es	timated payment to a wi	nole dollar (no d	cents).	81 PM 80 RCVD							
	Enter the amount of payment encl			00 00	[81] F W [80] NO V D							
2 Check only one box for the quarter for which this payment is made. Do not select more than one quarter. You must submit a separate form for each quarter for which a payment is made.												
									Payment for calendar year filers are due as follows:			
	1st Quarter – January to March Due date is April 15, 2021.											
	2nd Quarter – April to June Due date is June 15, 2021 .											
3rd Quarter – July to September Due date is September 15, 2021. 4th Quarter – October to December Due date is January 15, 2022. Because January 15, 2022, falls on a Saturday and Monday, January 17, 2022, is a holiday, you have until January 18, 2022, to make this payment. Payment for fiscal year filers are due as follows:												
								1st Quarter – 15th day of the fou		scal year.		
								2nd Quarter – 15th day of the six	xth month of the current fis	cal year.		
	3rd Quarter – 15th day of the nir	nth month of the current fis	cal year.									
	4th Quarter – 15th day of the first	st month of the next fiscal y	/ear.									
If any of the due dates fall on a Saturday, Sunday or legal holiday, you may make the required payment for that quarter by midnight on the next business day following If you are mailing this payment												
To ensure proper application of this payment, be sure that you:												
✓ Complete and submit this form in its entirety. Do not cut this page in half.												
✓ Make your check or money order payable to Arizona Department of Revenue.												
	· · · · · · · · · · · · · · · · · · ·	and tax year on your pa										
	✓ If payment is m	ade on behalf of a Non i	resident Com	posite retu	urn, write "Composite 140NR"							

on payment and include the tax year and entity's EIN.

Include your payment with this form.

You can make this estimated payment by eCheck or credit card!

Mail to Arizona Department of Revenue, PO Box 29085, Phoenix, AZ 85038-9085.
Be sure to review your estimated income and adjust your payments as necessary during the year.

- $_{\checkmark}\,$ 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	140ES Individual Estimated Income Tax Payment							
빞						0 0			
T0T	This estimated payment is for tax your First Name and Middle Initial	year ending Decemb	er 31, 2021, o Last Name	or for tax ye	ear ending:	Your Social Security Number			
	1 AVINASH REDDY		GOPU		Enter	278 31 4878			
E	Spouse's First Name and Middle Initial (if	filing joint)	Last Name		your	Spouse's Social Security No.			
ANY ITEMS		ming joint,	Lastramo		SSN(s).				
	Current Home Address - number and stre	et, rural route	I	Apt. No.	Daytime	Phone (with area code)			
Ä	2 7940 E CAMELBACK RD			U508	94 (81	8)392-0127			
ΙĀ	City, Town or Post Office	State	ZIP Code			Y. DO NOT MARK IN THIS AREA.			
S	3 SCOTTSDALE	AZ	85251		88				
DO NOT STAPLE	 Check if this payment is on behalt DO NOT USE THIS FORM TO Use this form only for mailing est Payment: You must round your esting 	81 PM	80 RCVD						
	Enter the amount of payment enclo			00 00	81 · ···	80 KOVB			
				00 00					
	2 Check only one box for the quarter								
	Do not select more than one quarter.	You must submit a se	parate form for	each quarte	er for which a payr	nent is made.			
	Payment for calendar year filers are due as follows:								
1st Quarter – January to March Due date is April 15, 2021.									
2nd Quarter – April to June Due date is June 15, 2021 .									
3rd Quarter – July to September Due date is September 15, 2021.									
4th Quarter – October to December Due date is January 15, 2022. Because January 15, 2022, falls on a Saturday and Monday, January 17, 2022, is a holiday, you have until January 18, 2022, to make this payment. Payment for fiscal year filers are due as follows:									
								1st Quarter – 15th day of the four	th month of the current fis
	2nd Quarter – 15th day of the sixt	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.								
If any of the due dates fall on a Saturday, Sunday or legal holiday, you may make the required payment for that quarter by midnight on the next business day following that day.									
	If you are mailing this payment								
	To ensure proper application of this payment, be sure that you:								
	✓ Complete and submit this form in its entirety. Do not cut this page in half.								
	✓ Make your check or money order payable to Arizona Department of Revenue.								
	✓ Write your SSN a	nd tax year on your pa	yment.						
	✓ If payment is ma	de on behalf of a Nonr include the tax year an	esident Com _l	osite retu	rn, write "Compos	site 140NR"			

✓ Include your payment with this form.

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

- $_{\checkmark}\,$ 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.