٤١	1	0.40	Department of the Treasury—Internal Revenue Service U.S. Individual Income Tax Retu	(99)
Ē		U4U	U.S. Individual Income Tax Retu	rn

2019

OMB No. 1545-0074

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

					OWID IVO. TO TO	, 007 1 000 0	J, D.	,	or otapio iii tino opacoi
Filing Status	X :	Single Married filing jointly	П Ма	arried filing separately (MFS	Head of househ	old (HOH)	Qualifvir	ıa widow	(er) (QW)
Check only		u checked the MFS box, enter the nar	_	0 1 1	, <u> </u>	, ,	,	Ü	. , . ,
one box.		ild but not your dependent.		,	,			. , ,	
Your first name	and m	iddle initial	L	ast name			Yo	ur socia	l security number
SANDEEP			l I	KOMMERA			6	56-38	3-7174
If joint return, s	pouse's	s first name and middle initial	L	ast name			Sp	ouse's s	ocial security number
Home address	(numbe	er and street). If you have a P.O. box, s	ee in	structions.		Apt. no.	Pr	esidentia	I Election Campaign
5635 E	BELL	RD 1098							you, or your spouse if filing
City, town or p	ost offic	ce, state, and ZIP code. If you have a f	oreigr	n address, also complete s	spaces below (see instru	ctions).	1.		3 to go to this fund. x below will not change your
SCOTTSD	ALE	AZ 85254						or refund.	You Spouse
Foreign country	y name			Foreign province/sta	ite/county	Foreign postal co	de If	more tha	n four dependents,
							se	e instruc	tions and ✓ here ►
Standard	Som	eone can claim: You as a depen	dent	Your spouse as a	a dependent				
Deduction		Spouse itemizes on a separate return o	or you	were a dual-status alien					
Age/Blindness									
	You:	,,,	55	Are blind Spouse		e January 2, 1955		Is blind	
Dependents ((1) First name	see iii:	Last name		(2) Social security number	(3) Relationship to you	Child ta		,	ee instructions): edit for other dependents
(I) Thist hame		Last Hame				Offind to			
								 	81,370.
	1	Wages, salaries, tips, etc. Attach For	1					1	01,370.
	2a	Tax-exempt interest	2a		b Taxable interest. A		•	2b	0
Standard	3a	Qualified dividends	3a		b Ordinary dividends.	Attach Sch. B if re	quired	3b	8.
• Single or Married	4a	IRA distributions	4a		b Taxable amount		•	4b	
filing separately,	c	Pensions and annuities	4c		d Taxable amount		•	4d	
\$12,200 Married filing	5a	Social security benefits	5a		b Taxable amount			5b	200
jointly or Qualifying widow(er),	6	Capital gain or (loss). Attach Schedu		required. If not required,	check here		· 🔲	6	328.
\$24,400	7a	Other income from Schedule 1, line						7a	<u>-6,390.</u>
 Head of household. 	b	Add lines 1, 2b, 3b, 4b, 4d, 5b, 6, an		•				7b	75,316.
\$18,350	8a	Adjustments to income from Schedu						8a	75 216
 If you checked any box under 	b	Subtract line 8a from line 7b. This is	-		· · · · · · · · · · · · · · · · · · ·		. •	8b	75,316.
Standard Deduction,	9	Standard deduction or itemized de		*			<u> </u>	-	
see instructions.	10	Qualified business income deduction	n. Atta	ach Form 8995 or Form 89	95-A 10)			10.000
	11a	Add lines 9 and 10						11a	12,200.
	b	Taxable income. Subtract line 11a f	rom li	ine 8b. If zero or less. ente	er-0			11b	63.116.

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

Form **1040** (2019)

Form 1040 (2019	9)								Page 2
	12a b	Tax (see inst.) Check if any from Form(s): 1 881 Add Schedule 2, line 3, and line 12a and enter the		3	12a 9,74	16. ▶ 12b		9,	746.
	13a b	Child tax credit or credit for other dependents . Add Schedule 3, line 7, and line 13a and enter the	total		13a	▶ 13b			
	14	Subtract line 13b from line 12b. If zero or less, ent	ter -0			. 14		9,	746.
	15	Other taxes, including self-employment tax, from S	Schedule 2, line	10		. 15			0.
	16	Add lines 14 and 15. This is your total tax				▶ 16		9,	746.
	17	Federal income tax withheld from Forms W-2 and	1099			. 17		12,	927.
If you have a	18	Other payments and refundable credits:							
qualifying child,	a	Earned income credit (EIC)	№о.		18a				
attach Sch. EIC. • If you have	b	Additional child tax credit. Attach Schedule 8812			18b				
nontaxable combat pay, see	С	American opportunity credit from Form 8863, line	8		18c				
instructions.	d	Schedule 3, line 14			18d				
	е	Add lines 18a through 18d. These are your total o	ther payments a	and refundable cred	its	▶ 18e			
	19	Add lines 17 and 18e. These are your total payme	ents			▶ 19		12,	927.
Refund	20	If line 19 is more than line 16, subtract line 16 from	n line 19. This is t	the amount you over	paid	. 20		3,	181.
11014114	21a	Amount of line 20 you want refunded to you. If Fo	orm 8888 is attac	hed, check here .	•	21a		3,	181.
Direct deposit? See instructions.	▶b	Routing number 1 2 1 0 4 2 8	8 2	► c Type: 🛛	Checking Savir	ıgs			
See Instructions.	► d	Account number 5 6 7 6 0 5 6	5 4 1						
	22	Amount of line 20 you want applied to your 2020	estimated tax		22				
Amount	23	Amount you owe. Subtract line 19 from line 16. F	or details on how	v to pay, see instructi	ons	▶ 23			
You Owe	24	Estimated tax penalty (see instructions)			24				
Third Party Designee	Do	you want to allow another person (other than your p	paid preparer) to	discuss this return w	ith the IRS? See instruct	=	Yes. C No	omplete	e below.
(Other than paid preparer)		signee's me ▶	Phone no. ▶		Personal ide			$\overline{}$	
-		•			number (PIN	/		-11-6 41	
Sign Here		der penalties of perjury, I declare that I have examined this rect, and complete. Declaration of preparer (other than taxpa				or my knowledg	je and b	eller, trie	y are true,
11010	Yo	our signature	Date	Your occupation		If the IRS se Protection P	,		,
Joint return?				 SOFTWARE E	NGINEED	(see inst.)	IIN, ente	I I	"
See instructions.	Sp	ouse's signature. If a joint return, both must sign.	Date	Spouse's occupation		If the IRS se	nt vour	spouse	an
Keep a copy for your records.						Identity Prot (see inst.)			
	Ph	one no.	Email address						
Doid	Pre	eparer's name Preparer's signa	ture		Date PTI	N	Chec	k if:	
Paid	APPAI	NA RUPA VENKATA SATYA SAI MANIKUMAR APPANA RUPA N	VENKATA SATYA	A SAI MANIKUMAR	02/18/2020 PO	2090332	☐ 3	rd Party	Designee
Preparer	Fir	m's name ▶ GLOBAL TAXES LLC			Phone no. (646)7	27-7157		Self-emp	oloyed
Use Only	Fin	m's address ▶ 2530 Pebble Creek I	Ln Cummin	g GA 30041		Firm's EIN	30) <u>-10</u> 1	7196
Go to www.irs.go	ov/Forn	n1040 for instructions and the latest information.		BAA	REV 02/06/20 PRO		Fo	orm 104	40 (2019)

SCHEDULE 1 (Form 1040 or 1040-SR)

Additional Income and Adjustments to Income

► Attach to Form 1040 or 1040-SR.

OMB No. 1545-0074 Attachment Sequence No. **01**

Your social security number

Department of the Treasury Internal Revenue Service

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

▶ Go to www.irs.gov/Form1040 for instructions and the latest information.

SAN	DEEP KOMMERA	656-	38-7174
	y time during 2019, did you receive, sell, send, exchange, or otherwise acquire any financial intere		
virtual	currency?		☐ Yes ☒ No
Part	Additional Income		
1	Taxable refunds, credits, or offsets of state and local income taxes	. 1	
2a	Alimony received		
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	-6,390.
6	Farm income or (loss). Attach Schedule F		
7	Unemployment compensation	. 7	
8	Other income. List type and amount ▶		
		Ι Ω	
9	Combine lines 1 through 8. Enter here and on Form 1040 or 1040-SR, line 7a		-6,390.
Part	II Adjustments to Income		
10	Educator expenses	. 10	
11	Certain business expenses of reservists, performing artists, and fee-basis government officials. Attack		
	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		
21	Tuition and fees. Attach Form 8917	. 21	
22	Add lines 10 through 21. These are your adjustments to income. Enter here and on Form 1040	or	
	1040-SR, line 8a	. 22	
For Pa			1040 or 1040-SR) 2019

SCHEDULE D

(Form 1040 or 1040-SR)

Capital Gains and Losses

OMB No. 1545-0074

2019

Attachment Sequence No. **12**

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

Name(s) shown on return

SANDEEP KOMMERA

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."

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) 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. line 2. column (a) with 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 2,109. 1,970. 189. 328. 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 7 328. 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 (sales price) (or other basis) Form(s) 8949, Part II, 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 10 Totals for all transactions reported on Form(s) 8949 with 11 Gain from Form 4797, Part I; long-term gain from Forms 2439 and 6252; and long-term gain or (loss) 11 12 Net long-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1 12 13 14 Long-term capital loss carryover. Enter the amount, if any, from line 13 of your Capital Loss Carryover 14

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

BAA

15

Part	Summary		
16	Combine lines 7 and 15 and enter the result	16	328.
	• If line 16 is a gain, enter the amount from line 16 on Form 1040 or 1040-SR, line 6; or Form 1040-NR, line 14. 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 line 22.		
	• If line 16 is zero , skip lines 17 through 21 below and enter -0- on Form 1040 or 1040-SR, line 6; or Form 1040-NR, line 14. 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	40	
	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? Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Forms 1040 and 1040-SR, line 12a (or in the instructions for Form 1040-NR, line 42). Don't complete lines 21 and 22 below.		
	■ 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 or 1040-SR, line 6; or Form 1040-NR, line 14, the smaller of:		
	• The loss on line 16; or • (\$3,000), or if married filing separately, (\$1,500)	21 (
	Note: When figuring which amount is smaller, treat both amounts as positive numbers.		
22	Do you have qualified dividends on Form 1040 or 1040-SR, line 3a; or Form 1040-NR, line 10b?		
	➤ Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Forms 1040 and 1040-SR, line 12a (or in the instructions for Form 1040-NR, line 42).		
	No Complete the rest of Form 10/0 10/0-SR or 10/0-NR		

Form **8949**

Department of the Treasury

Internal Revenue Service

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

2019
Attachment Sequence No. 12A

Name(s) shown on return SANDEEP KOMMERA

Social security number or taxpayer identification number

656-38-7174

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 1000 P

(o) chort torm transactions	not roported	i to you on i	опп тооо В				
(a) Description of property	(b) Date acquired	(c) Date sold or	(d) Proceeds	(e) Cost or other basis. See the Note below	If you enter an enter a c	f any, to gain or loss. amount in column (g), ode in column (f). arate instructions.	(h) Gain or (loss). Subtract column (e)
(Example: 100 sh. XYZ Ćo.)	(Mo., day, yr.)	disposed of (Mo., day, yr.)	(sales price) (see instructions)	and see Column (e) in the separate instructions	(f) Code(s) from instructions	(g) Amount of adjustment	from column (d) and combine the result with column (g)
ROBINHOOD SECURITIES LLC	01/14/19	05/28/19	2,109.	1,970.	W	189.	328.
2 Totals. Add the amounts in columns negative amounts). Enter each tota Schedule D, line 1b (if Box A above above is checked), or line 3 (if Box C	al here and inc is checked), lir	lude on your ne 2 (if Box B	2,109.	1,970.		189.	328.

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 or 1040-SR)

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.

Attachment

OMB No. 1545-0074

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.

Sequence No. 13

Your social security number

SANDEEP KOMMERA 656-38-7174 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 2019 that would require you to file Form(s) 1099? (see instructions) Physical address of each property (street, city, state, ZIP code) Α MIYAPUR HYDERABAD TELANGANA IN 500048 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 **Days Days** (from list below) personal use days. Check the QJV box only if you meet the requirements to file as Α Α 365 0 a qualified joint venture. See instructions. В В С C Type of Property: Single Family Residence 3 Vacation/Short-Term Rental 5 Land 7 Self-Rental 2 Multi-Family Residence 4 Commercial 6 Royalties 8 Other (describe) Income: **Properties:** Α 3 Rents received . 600. 3 4 Royalties received 4 Expenses: Advertising 5 5 120. 6 Auto and travel (see instructions) . . . 6 340. Cleaning and maintenance . . . 7 7 140. 8 Commissions. 8 9 9 Insurance 10 Legal and other professional fees . . . 10 11 11 12 Mortgage interest paid to banks, etc. (see instructions) 12 13 13 Other interest. 6,200. 14 Repairs. 14 190. 15 15 Supplies . Taxes 16 16 17 17 18 Depreciation expense or depletion . . 18 19 19 Total expenses. Add lines 5 through 19 20 20 6,990. 21 Subtract line 20 from line 3 (rents) and/or 4 (royalties). If result is a (loss), see instructions to find out if you must file Form 6198 21 -6,390.22 Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions) -6,390.) 600 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 6,990. Total of all amounts reported on line 20 for all properties 24 Income. Add positive amounts shown on line 21. Do not include any losses 24 25 Losses. Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here. 25 6,390. 26 Total rental real estate and royalty income or (loss). Combine lines 24 and 25. Enter the result here. If Parts II, III, IV, and line 40 on page 2 do not apply to you, also enter this amount on Schedule 1 (Form 1040 or 1040-SR), line 5, or Form 1040-NR, line 18. Otherwise, include this amount in the total on line 41 on page 2 -6,390. Arizona Form AZ-8879

E-file Signature Authorization

2019

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* **Enter** SANDEEP KOMMERA 38 ı vour Your Spouse's First Name and Initial (if filed joint) Last Name Spouse's Social Security No.* SSN(s). *Do Not Truncate PART 1 - PURPOSE • To certify the truthfulness, correctness, and completeness of the taxpaver's electronic income tax return. To authorize the Electronic Return Originator (ERO) to affirm that the taxpayer wishes to use the taxpayer's electronic signature to the taxpayer's federal individual income tax return as the taxpayer's signature to the taxpayer's electronic Arizona individual income tax return. PART 2 - TAX RETURN INFORMATION PART 3 - FINANCIAL INSTITUTION INFORMATION Must be present when requesting direct debit or deposit. 75,316 00 1 Arizona Adjusted Gross Income ☐ Foreign Account Deposit/Debit: See instructions below. 2 Balance Of Tax 1,993 00 ROUTING NUMBER 1,739 00 ☐ Checking ☐ Savings 3 Arizona Income Tax Withheld ... ACCOUNT NUMBER Check box 4 or box 5: 00 **4** ■ **REFUND**: Enter the amount of refund...... 254 00 DIRECT DEBIT REQUEST DATE 5 ★ AMOUNT YOU OWE: Enter the amount owed....... 00 Box 4 Checkbox - Refund: You are due a refund based on the information Foreign Account Deposit/Debit Checkbox: Check the "Foreign Account Deposit/Debit" box if your deposit will be ultimately placed in or come provided on your tax return. Your refund amount will be deposited in the account listed in the Financial Institution Information Section (Part 3). 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 Box 5 Checkbox - Amount You Owe: You owe taxes based on the information provided on your tax return. You have elected to direct debit 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. for payment. The payment will be withdrawn from the account and on the PO Box 29085, Phoenix, AZ 85038-9085. date listed in the Financial Institution Information Section (Part 3). PART 4 - DECLARATION AND SIGNATURE AUTHORIZATION (Sign only after completing Part 2) I consent to my Electronic Return Originator (ERO) or On-Line Service Under penalties of perjury, I declare that I have examined a copy of my Provider (OLSP) sending my electronic Arizona individual income tax electronic Arizona individual income tax return and accompanying schedules return and accompanying schedules and statements to ADOR, and I and statements for the year ending December 31, 2019, and to the best of consent to my ERO or OLSP sending such information to ADOR through a my knowledge and belief, it is true, correct, and complete. I further declare transmitter. I consent to ADOR sending my ERO, OLSP and/or transmitter that the amounts of Arizona adjusted gross income, total tax, Arizona an acknowledgement of receipt of transmission and an indication of income tax withheld, and refund (or amount owed) listed above are the whether or not the transmission of my return is accepted and, if the return amounts shown on the copy of my electronic Arizona income tax return. is rejected, the reason(s) for the rejection. If the processing of my return **6a** I consent that my refund be directly deposited as designated in the or refund is delayed, I authorize ADOR to disclose to my ERO, OLSP and/ electronic portion of my 2019 Arizona individual income tax return. or transmitter the reason(s) for the delay, or when the refund was sent. If I have filed a joint return, this is an irrevocable appointment of If ADOR contacts my ERO for a copy of my return, any documents or the other spouse as an agent to receive the refund. schedules to my return, and/or this authorization form, I authorize my ERO **6b** X I do not want direct deposit of my refund or I am not receiving a to release copies of the requested documents to ADOR. 6c I authorize the Arizona Department of Revenue (ADOR) and its I authorize GLOBAL TAXES LLC designated Financial Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account (ELECTRONIC RETURN ORIGINATOR) indicated in the tax preparation software for payment of my Arizona taxes owed on this return. I also authorize the financial institutions to make the election that I want my electronic signature to my electronic involved in the processing of the electronic payment of taxes to federal individual income tax return to serve as my signature to my receive confidential information necessary to answer inquiries and electronic Arizona individual income tax return for the year ending December 31, 2019. I understand that when my ERO makes the election resolve issues related to the payment. that my electronic signature to my federal individual income tax return will If I have filed a balance due return, I understand that if the ADOR does not serve as my signature to my Arizona individual income tax return, I will receive full and timely payment of my tax liability by April 15, 2020, I will have signed my Arizona individual income tax return and declared under remain liable for the tax liability and all applicable interest and penalties. penalties of perjury that to the best of my knowledge and belief the return When electronically filing my federal and state tax returns, I understand is true, correct and complete. that if there is an error on my federal return, state return will also be rejected. PLEASE SIGN HERE YOUR PEN AND INK SIGNATURE DATE SPOUSE'S PEN AND INK SIGNATURE DATE

TURN.			Arizona Form 140	Resident Pe	ersonal Inco	ome Tax F	Return	F	FOR CALENDAR YEAR 2019	
REL	82F		Check box 82F f filing under extension	OR FISCAL YEAR BEGINN	ING [M,MID,E	12,0,1,9	AND ENDING	$[M_1M_1D_1]$	D Y Y Y Y 661	F
			First Name and Middle Initial		Last Name			Your	Social Security Number	= er
O THE	1		NDEEP		KOMMERA		Enter your		6 38 7174	
ANY ITEMS TO	1	Spous	se's First Name and Middle Initia	al (if box 4 or 6 checked)	Last Name		SSN(s	Spous	se's Social Security No	0.
Ш	_	Curre	ent Home Address - number and	street, rural route		Apt. No.	Dayti	me Phone	(with area code)	_
<u></u>	2		35 E BELL RD 1098					224)778		
	$\overline{}$	-	Town or Post Office	State	ZIP Code		Last Names Used	in Last Fou	r Prior Year(s) (if differen	
30 NOT STAPLE	3 [()	SCC	OTTSDALE	AZ	85254		DEVENUE USE O	NIV DO NO	9 OT MARK IN THIS AREA	_
Z	STATUS	4	Married filing joint return	4a ☐ Injured Spouse Pro		zerbavinent i	88	INLY. DO NO	JI WARK IN THIS AREA	۱.
S		5	Head of household: Enter	name of qualifying child or deper	ndent on next line:		<u>—</u>			
2	FILING	6	Married filing separate retu	urn: Enter spouse's name and S	Social Security Numb	per above.				
2	분	7	∑ Single							
			♦ Enter the number claimed	d. Do not put a check mar	k.					
	۰	8	Age 65 or over (you and/o	00 44	8, 9, and 11a, also con s 10a and 10b, also co	nplete lines 38,	81 PM		80 RCVD	—
	d 10	9	Blind (you and/or spouse)				011		80 11012	
	a	10a 11a	Dependents: under age of Qualifying parents and gra		dents: Age 17 and	over.				
	and 11a - Dependents 10a and 10b		(Box 10a and 10b): Depende	•	ions For more s	pace, check th	ne box \square and α	complete r	page 4. Part 1.	_
	dent		(a)		(b)	(c)	(d)	(e) ✓ Dependent	(f)	
	ben		FIRST AND LAS (Do not list yourself		CIAL SECURITY NO.	RELATIONSHIP	LIVED IN YOUR	included	this person on you	im ir
	Ğ		_				HOME IN 2019	1 (Box 10a) (Box	educational credits	
	118	10c	:							
	9, and	10d						井내		
	ထ်	10e		and available to Can inch	turretions Forms		. 4ha haw 🗖 ana			_
40	tions		(Box 11a): Qualifying parents	and grandparents. See inst	(b)	(c)	(d)	(e)	(f)	
after Form 140	Exemptions		FIRST AND LAS (Do not list yourself		CIAL SECURITY NO.	RELATIONSHIP	NO. OF MONTHS LIVED IN YOUR	✓ IF AGE 69 OVE		
For	ñ		(20 1101 1101) 041 10011	o. opouso.,			HOME IN 2019			
ter		11b)							
af		11c								_
nts			Federal adjusted gross incom						75,316 00	
me	တ္		Non-Arizona municipal interest. Partnership Income adjustment						00	
000	Additions		Total federal depreciation						00	
ş	Add		Net capital (loss) derived from t						00	
ţ		17	Other Additions to Income: Cor	mplete Adjustments to Arizor	na Gross Income s	schedule on pa	ge 5	17	00	
<u>o</u>			Subtotal: Add lines 12 through 17					328 00	75,316 00	0
es			Total net capital gain or (loss): Total net short-term capital gain					328 00		
<u>n</u> p			Total net long-term capital gain					00		
che			Net long-term capital gain from					0 00		
ŠΖ			Multiply line 22 by 25% (.25) an						0 00	
d D		24 This b	Net capital gain derived from in box may be blank or may contain a p	vestment in qualified small be printed barcode of data from your	return.			24	00	
an	Su			X-y-1-16-307-1861/3-161-4-7161/4-326407-11-74-166-37-16 1-2-4-16/2-7-2014-361-361-361-361-361-361-361-361-361-361	25 Net 0	Japitai yairi Exc	hange of legal to	- 11uei 23	00	
ša	Subtractions		O DO DE LOS DE LOS DE LOS DE LA COMPANION DE LOS DE LA COMPANION DE LA COMPANION DE LA COMPANION DE LA COMPANI La Companion DE LA COMPANION D	### #	27 Part		adjustment		00	_
ede	ubtra), \$\dagger \land in the Table (\$\delta \text{in the	G (1), 14, 14, 14, 14, 14, 14, 14, 14, 14, 14	28 Inter		igations		00	_
ğ	S				29a Exclus	sion for fed., AZ sta	ate or local govt. per	nsions. 29a	00	_
ui.			box may be blank or may contain a p		29b Pensi		vices retired/retaine		00	_
ed			n van derge ingeger in de die gestellich der die geschiede der der der der der der der der der		30 U.S. 31 Certa		Railroad Retirementerican Indians	I	00	_
Š			i dan dina katan dan salah basa dan dan dan dan dan dan dan dan dan da		32 Pay r	_	an active service me		00	_
ë a		■■ 1111 k.'	ner i menni erranian desentitat perilahan dari bilah bila	n dan kan 1969, Mindika 1966 1, Ka nanan Madah Sinda II. Kab abatan	33 Net o		djustment	I	00	0
Place any required federal and AZ schedules or other docume							ollege Savings Pla		75.316 00	

ADOR 10413 (19) 1555

AZ Form 140 (2019)

REV 01/31/20 PRO

Page 1 of 5

[Your	Name (as shown on page 1)	Your Social Security I	Number		
		DEEP KOMMERA	656-38-717			
	D1111			ſ		<u> </u>
	36	Other Subtractions from Income. Complete Adjustments to Arizona Gross Income schedule on p	ŭ	ī		00
	37	Subtract line 36 from line 35 and enter the difference			75,316	1
Suc	38	Age 65 or over: Multiply the number in box 8 by \$2,100				00
ptic	39	Blind: Multiply the number in box 9 by \$1,500				00
Exemptions	40	Other Exemptions. See instructions40E Multiply the number in box 40E by \$2,300				00
ш	41	Qualifying parents and grandparents: Multiply the number in box 11a by \$10,000		41		00
	42	Arizona adjusted gross income: Subtract lines 38 through 41 from line 37 and enter the difference			75,316	
	43	Deductions: Check box and enter amount. See instructions	43 S⊠ STANDAR	D 43	12,200	1
	44	If you checked box 43S and claim charitable deductions, Check 44C Complete page 3. See instr		I		00
	45	Arizona taxable income: Subtract lines 43 and 44 from line 42. If less than zero, enter "0"		45	63,116	
Та	46	Compute the tax using amount on line 45 and Tax Table X, Y or Optional Tax Tables		46	1,993	1
of Tax	47	Tax from recapture of credits from Arizona Form 301, Part 2, line 35		47		00
Balance	48	Subtotal of tax: Add lines 46 and 47 and enter the total		48	1,993	00
Sala	49	Dependent Tax Credit. See instructions		49		00
-	50	Family income tax credit (from the worksheet - see instructions)		50		00
	51	Nonrefundable Credits from Arizona Form 301, Part 2, line 67		51		00
	52	Balance of tax: Subtract lines 49, 50 and 51 from line 48. If the sum of lines 49, 50 and 51 is greater than	line 48, enter "0"	52	1,993	00
	53	2019 AZ income tax withheld	······································	53	1,739	00
Total Payments and Refundable Credits	54	2019 AZ estimated tax payments 54a 00 Claim of Right 54b	00 Add 54a and 54b	1		00
Cre	55	2019 AZ extension payment (Form 204)		55		00
able	56	Increased Excise Tax Credit (from the worksheet - see instructions)		56		00
al Pa	57	Property Tax Credit from Arizona Form 140PTC		57		00
Ref	58	Other refundable credits: Check the box(es) and enter the total amount	308-I 582 3 4	9 58		00
	59	Total payments and refundable credits: Add lines 53 through 58 and enter the total		59	1,739	00
Tax Due or Overpayment	60	TAX DUE: If line 52 is larger than line 59, subtract line 59 from line 52 and enter amount of tax due. Skip line	es 61, 62 and 63	60	254	00
Due	61	OVERPAYMENT: If line 59 is larger than line 52, subtract line 52 from line 59 and enter amount of overpayments.	ment	61		00
Tax I verp	62	Amount of line 61 to be applied to 2020 estimated tax		62		00
. 0	63	Balance of overpayment: Subtract line 62 from line 61 and enter the difference		63		00
Gifts	64	- 74 Voluntary Gifts to: Solutions Teams Assigned to Schools64 00 Arizona Wildlife	65	0		
<u>ত</u>		Child Abuse Prevention	68	0		
ntar		Neighbors Helping Neighbors 69 00 Special Olympics 70 00 Veterans' Donations Fo	und 71 0	0		
Voluntary		I Didn't Pay Enough Fund72 00 Sustainable State Parks and Road Fund73 00 Spay/Neuter of Anima	ls 74	0		
>	75	Political Party (if amount is entered on line 68 - check only one): 751 Democratic 752 Green Party 753	3 ☐ Libertarian 754	Rep	ublican	
nalty	76	Estimated payment penalty		76		00
Pena	77	771 ☐ Annualized/Other 772 ☐ Farmer or Fisherman 773 ☐ Form 221 included				
-	78	Add lines 64 through 74 and 76; enter the total		78		00
-	79	REFUND: Subtract line 78 from line 63. If less than zero, enter amount owed on line 80	<u>.</u>	79		00
Refund or Amount Owed		Direct Deposit of Refund: Check box 79A if your deposit will be ultimately placed in a foreign account; see ROUTING NUMBER ACCOUNT NUMBER	instructions. 79AL	_		
und Int O		- CI I Checking or				
mot l		98 S Savings Savings				Т
⋖	80	AMOUNT OWED: Add lines 60 and 78. Make check payable to Arizona Department of Revenue; write ye and include with your return			254	00
		•				
		Under penalties of perjury, I declare that I have read this return and any documents with it, and to				ire
	'	rue, correct and complete. Declaration of preparer (other than taxpayer) is based on all information	in or which prepar	ernas	any knowledge.	
SIGN HERE	→	90	ביישא סבי באור	TNTEE	ס	
一一	,		FTWARE ENG	TIACC	K	-
一						
5	→					
	3	SPOUSE'S SIGNATURE DATE SPO	OUSE'S OCCUPATION			_
PLEASE		APPANA RUPA VENKATA SATYA SAI MANIKUMAR <u>02182020</u> <u>GLOBAL TAXES LL</u>				_
×		PAID PREPARER'S SIGNATURE DATE FIRM'S NAME (PREPARER'S IF				
Ш		2530 Pebble Creek Ln	30-101			_
4		PAID PREPARER'S STREET ADDRESS	PAID PREPA			
		Cumming GA 30041	(646)7		7157	_

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 2019

Your First Name and Middle Initial		Last Name			Social Security	/ Number
1 SANDEEP		KOMMERA			56 38 7	174
Spouse's First Name and Middle Initial		Last Name		SSN(s).	se's Social Se	curity No.
Current Home Address - number and stre	et, rural route		Apt. No.	Daytime Phone	(with area cod	(et
2 5635 E BELL RD 1098				94 (224)77	8-0208	
City, Town or Post Office	State	ZIP Code	,	REVENUE USE ONLY. DO N	OT MARK IN T	HIS AREA.
3 SCOTTSDALE	AZ	85254		88		
Please indicate the filing status be Married filing joint return Head of household: Enter name of q	ualifying child or depende					
☐ Married filing separate return: En☑ Single	ter spouse's name and So	ocial Security Number a	bove	81 PM	80 RCVD	
Enter the amount of payment en	closed			\$		254 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 "2019 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, 2020. You will not receive an additional notice from the Arizona Department of Revenue unless an error exists with your return.

ADOR 10944 (19) 1555 REV 01/31/20 PRO

TO THE FORM.	Arizona Form 140ES	Individual Esti	mated Inco	ome Tax	Payment	FOR CALENDAR YEAR 2020
빞	- 1	i: 5 1	04 0000			MDDQQVV
10	This estimated payment is for tax y	ear ending Decemb		or for tax y	ear ending: [W]	Your Social Security Numbe
S _T	_		Last Name		Enter	· ·
Š	1 SANDEEP Spouse's First Name and Middle Initial (if	filing ioint)	KOMMERA Last Name		your	656 38 7174 Spouse's Social Security No
ANY ITEMS	1		Last Name		SSN(s).	
	Current Home Address - number and stree	et, rural route		Apt. No.		e Phone (with area code)
岸	2 5635 E BELL RD 1098					24)778-0208
DO NOT STAPLE	City, Town or Post Office	State	ZIP Code			LY. DO NOT MARK IN THIS AREA
2	3 SCOTTSDALE	AZ	85254		88	
	 DO NOT USE THIS FORM TO I Use this form only for mailing es Payment: You must round your estir 	timated payments.		cents).	81 PM	80 RCVD
	Enter the amount of payment enclose	sed	\$	64 00		
	2. Charle and a na have for the guarden	far which this may make	t : a ma a d a			
	2 Check only one box for the quarter			s a a a b a u a m	tor for which a now	mont in made
	Do not select more than one quarter.	fou must submit a se	eparate form for	each quan	ter for writer a pay	ment is made.
	Payment for calendar year filers are	due as follows:				
	1st Quarter – January to March	Due date is April 15, 202	20.			
	2nd Quarter – April to June Due	date is June 15, 2020.				
	3rd Quarter – July to September	Due date is September	15, 2020.			
	4th Quarter – October to December	er Due date is January	y 15, 2021.			
	Payment for fiscal year filers are du	e as follows:				
	1st Quarter – 15th day of the fourt	h month of the current fi	scal year.			
	2nd Quarter – 15th day of the sixt	h month of the current fis	cal year.			
	3rd Quarter – 15th day of the nintl	n month of the current fis	cal year.			
	4th Quarter – 15th day of the first	month of the next fiscal y	/ear.			
	If any of the du- the required payment	e dates fall on a Sati for that quarter by n				
	If you are mailing this pay	ment				
	To ensure proper applicat	ion of this payment	, be sure that y	/ou:		
		omit this form in its er			ge in half.	

- Make your check or money order payable to Arizona Department of Revenue.
- Write your SSN and tax year on your payment.
- If payment is made on behalf of a Nonresident Composite return, write "Composite 140NR" on payment and include the tax year and entity's EIN.
- Include your payment with this form.
- 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.

If you are making an electronic payment

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

American Express ♦ Visa ♦ Discover Card ♦ MasterCard www.AZTaxes.gov

- ✓ 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.

TO THE FORM.	Arizona Form 140ES	Individual Esti	mated Inco	ome Tax	Payment	FOR CALENDAR YEAR 2020
빞	- 1		04 0000		. 0.4	M D D 2 0 V V
⊢ 0	This estimated payment is for tax Your First Name and Middle Initial	year ending Decemb		or for tax y	ear ending: [M]	Your Social Security Numb
S _T	_		Last Name		Enter	,
Š	1 SANDEEP Spouse's First Name and Middle Initial (if	filing ioint)	KOMMERA Last Name		your	656 38 7174 Spouse's Social Security N
ANY ITEMS	1		Last Name		SSN(s).	
	Current Home Address - number and stre	et, rural route		Apt. No.		Phone (with area code)
岸	2 5635 E BELL RD 1098					24)778-0208
DO NOT STAPLE	City, Town or Post Office	State	ZIP Code			LY. DO NOT MARK IN THIS ARE
2	3 SCOTTSDALE	AZ	85254		88	
	 DO NOT USE THIS FORM TO Use this form only for mailing ex Payment: You must round your esti 	stimated payments. mated payment to a wl		cents).	81 PM	80 RCVD
	Enter the amount of payment enclo	sed	\$	64 00		
	2. Check only one have for the guerter	for which this navman	t ia mada			
	2 Check only one box for the quarter Do not select more than one quarter.			ooob ayar	tor for which a nav	mont in made
	Do not select more than one quarter.	Tou must submit a se	sparate form for	each quan	ler for writerra payi	ment is made.
	Payment for calendar year filers are	e due as follows:				
	1st Quarter – January to March	Due date is April 15, 202	20.			
	2nd Quarter – April to June Due	e date is June 15, 2020.				
	3rd Quarter – July to September	Due date is September	15, 2020.			
	4th Quarter – October to Decemb	er Due date is January	y 15, 2021.			
	Payment for fiscal year filers are du	ie as follows:				
	1st Quarter – 15th day of the four	th month of the current fis	scal year.			
	2nd Quarter – 15th day of the sixt	h month of the current fis	scal year.			
	3rd Quarter – 15th day of the nint	h month of the current fis	cal year.			
	4th Quarter – 15th day of the first	month of the next fiscal y	year.			
	If any of the du the required payment	e dates fall on a Satu for that quarter by n				
	If you are mailing this pay	ment				
	To ensure proper applica	tion of this pavment	; be sure that v	/ou:		
		omit this form in its en			ge in half.	

- Make your check or money order payable to Arizona Department of Revenue.
- Write your SSN and tax year on your payment.
- If payment is made on behalf of a Nonresident Composite return, write "Composite 140NR" on payment and include the tax year and entity's EIN.
- Include your payment with this form.
- 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.

If you are making an electronic payment

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

American Express ♦ Visa ♦ Discover Card ♦ MasterCard www.AZTaxes.gov

- ✓ 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.

Your First Name and Middle Initial	ear ending Decemb	Last Name			Your Social Security Numb
SANDEEP		KOMMERA		Enter	656 38 7174
Spouse's First Name and Middle Initial (if fi	iling joint)	Last Name		your	Spouse's Social Security N
				SSN(s).	
Current Home Address - number and stree	t, rural route		Apt. No.		Phone (with area code)
5635 E BELL RD 1098 City, Town or Post Office	Ctoto	ZIP Code			24)778-0208 LY. DO NOT MARK IN THIS ARE
S SCOTTSDALE	State AZ	85254		88	LT. DO NOT MARK IN THIS ARE
SCOTISDALE	AZ	03234		<u> </u>	
Check if this payment is on behalf ■ DO NOT USE THIS FORM TO N		•			
Use this form only for mailing est	timated payments.				
Payment: You must round your estim		· ·		81 PM	80 RCVD
Enter the amount of payment enclos	ed	\$	64 00		
Check only one box for the quarter for not select more than one quarter.			each quarte	er for which a pay	ment is made.
· · · · · · · · · · · · · · · · · · ·	You must submit a se	eparate form for	each quarte	er for which a pay	ment is made.
Do not select more than one quarter. Payment for calendar year filers are	You must submit a sedue as follows: Due date is April 15, 202	eparate form for	each quarte	Ler for which a pay	ment is made.
Do not select more than one quarter. Payment for calendar year filers are 1st Quarter – January to March 1	You must submit a sedue as follows: Due date is April 15, 2020.	eparate form for	each quarte	er for which a pay	ment is made.
Do not select more than one quarter. Payment for calendar year filers are 1st Quarter – January to March I 2nd Quarter – April to June Due	You must submit a sedue as follows: Due date is April 15, 2020 date is June 15, 2020. Due date is September	eparate form for 20. 15, 2020.	each quarte	er for which a pay	ment is made.
Do not select more than one quarter. Payment for calendar year filers are 1st Quarter – January to March I 2nd Quarter – April to June Due 3rd Quarter – July to September	You must submit a sedue as follows: Due date is April 15, 2020 date is June 15, 2020. Due date is September	eparate form for 20. 15, 2020.	each quarte	er for which a pay	ment is made.
Do not select more than one quarter. Payment for calendar year filers are 1st Quarter – January to March 1 2nd Quarter – April to June Due 3rd Quarter – July to September 4th Quarter – October to December	You must submit a sedue as follows: Due date is April 15, 2020. date is June 15, 2020. Due date is September Due date is January as follows:	20. 215, 2020. 7 15, 2021.	each quarte	er for which a pay	ment is made.
Payment for calendar year filers are 1st Quarter – January to March Due 2nd Quarter – April to June Due 3rd Quarter – July to September 4th Quarter – October to Decembe	You must submit a sedue as follows: Due date is April 15, 2020. Due date is September T Due date is January e as follows: h month of the current fis	20. 15, 2020. 7 15, 2021.	each quarte	er for which a pay	ment is made.
Do not select more than one quarter. Payment for calendar year filers are 1st Quarter – January to March I 2nd Quarter – April to June Due 3rd Quarter – July to September 4th Quarter – October to Decembe Payment for fiscal year filers are due 1st Quarter – 15th day of the fourth	You must submit a sedue as follows: Due date is April 15, 2020. Due date is September T Due date is January e as follows: In month of the current fish In month of the current fish	20. 15, 2020. 15, 2021. Scal year.	each quarte	er for which a pay	ment is made.
Do not select more than one quarter. Payment for calendar year filers are 1st Quarter – January to March I 2nd Quarter – April to June Due 3rd Quarter – July to September 4th Quarter – October to Decembe Payment for fiscal year filers are due 1st Quarter – 15th day of the fourth 2nd Quarter – 15th day of the sixth	You must submit a sedue as follows: Due date is April 15, 2020. Due date is September T Due date is January e as follows: In month of the current fish month of the current fish month of the current fish	20. 15, 2020. 15, 2021. cal year. cal year.	each quarte	er for which a pay	ment is made.
Do not select more than one quarter. Payment for calendar year filers are 1st Quarter – January to March I 2nd Quarter – April to June Due 3rd Quarter – July to September 4th Quarter – October to Decembe Payment for fiscal year filers are due 1st Quarter – 15th day of the fourti 2nd Quarter – 15th day of the sixth 3rd Quarter – 15th day of the ninth 4th Quarter – 15th day of the first i	You must submit a sedue as follows: Due date is April 15, 2020. Due date is September T Due date is January The as follows: The month of the current fister The month of the next fiscal years The dates fall on a Sature	eparate form for 20. 15, 2020. 15, 2021. scal year. cal year. vear. urday, Sunday	or legal hol	liday, you may n	nake

FOR CALENDAR YEAR

- $\checkmark\,\,$ Make your check or money order payable to Arizona Department of Revenue.
- ✓ Write your SSN and tax year on your payment.
- If payment is made on behalf of a **Nonresident Composite return**, write "Composite 140NR" on payment and include the tax year and entity's EIN.
- \checkmark Include your payment with this form.
- 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.

If you are making an electronic payment

DO NOT STAPLE ANY ITEMS TO THE FORM.

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

American Express ♦ Visa ♦ Discover Card ♦ MasterCard www.AZTaxes.gov

- $\checkmark\,$ 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.

Arizona Form 140ES	Individual Esti	mated Inc	ome Tax	Payment	FOR CALENDAR YEAR 2020
This estimated payment is for tax	vear ending Decemb	er 31 2020 (or for tax v	ear ending:M.J	M.D.D.2.0.Y.Y.
Your First Name and Middle Initial	Tycar chaing Decemb	Last Name	or for tax y	car criaing.	Your Social Security Number
1 SANDEEP		KOMMERA		Enter	656 38 7174
Spouse's First Name and Middle Initial (if filing joint)	Last Name		your	Spouse's Social Security No.
1				SSN(s).	
Current Home Address - number and st	reet, rural route		Apt. No.		Phone (with area code)
2 5635 E BELL RD 1098 City, Town or Post Office	Ctata	ZIP Code			4)778-0208 Y. DO NOT MARK IN THIS AREA.
	State			88	1. DO NOT WARK IN THIS AREA.
3 SCOTTSDALE	AZ	85254		-	
 Check if this payment is on beh DO NOT USE THIS FORM TO Use this form only for mailing Payment: You must round your es 	D MAKE DELINQUENT I estimated payments.	NCOME TAX F	PAYMENTS		80 RCVD
Enter the amount of payment encl	. ,	` `	64 00	81 PW	80 KCVB
2 Check only one box for the quarter Do not select more than one quarter Payment for calendar year filers at 1st Quarter – January to March 2nd Quarter – April to June Do 3rd Quarter – July to September 4th Quarter – October to December	er. You must submit a se are due as follows: Due date is April 15, 202 ue date is June 15, 2020. Due date is September	parate form for 20.	each quart	ter for which a payn	nent is made.
Payment for fiscal year filers are o	due as follows:				
1st Quarter – 15th day of the for		scal year.			
2nd Quarter – 15th day of the si	xth month of the current fisc	cal year.			
3rd Quarter – 15th day of the ni	nth month of the current fisc	cal year.			
4th Quarter – 15th day of the fir	st month of the next fiscal y	ear.			
	due dates fall on a Satu nt for that quarter by m yment				
✓ Make your chec	ation of this payment, ubmit this form in its en k or money order payabl and tax year on your pa	tirety. Do not le to Arizona D	cut this pag		

If you are making an electronic payment

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

Include your payment with this form.

DO NOT STAPLE ANY ITEMS TO THE 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.

American Express ♦ Visa ♦ Discover Card ♦ MasterCard www.AZTaxes.gov

 $\checkmark\,$ Click on "Make a Payment" and select "140ES" as the Payment Type.

If payment is made on behalf of a Nonresident Composite return, write "Composite 140NR"

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

DO NOT MAIL THIS FORM TO THE FTB TAXABLE YEAR **FORM California e-file Signature Authorization for Individuals** Your name Your SSN or ITIN 656-38-7174 SANDEEP KOMMERA Spouse's/RDP's name Spouse's/RDP's SSN or ITIN Part I Tax Return Information (whole dollars only) Taxpayer Declaration and Signature Authorization (Be sure you obtain and keep a copy of your return.) Under penalties of perjury, I declare that I have examined a copy of my individual income tax return and accompanying schedules and statements for the tax year ending December 31, 2019, and to the best of my knowledge and belief, it is true, correct, and complete. I further declare that the information I provided to my electronic return originator (ERO), transmitter, or intermediate service provider (including my name, address, and social security number or individual tax identification number) and the amounts shown in Part I above agree with the information and amounts shown on the corresponding lines of my electronic income tax return. If applicable, I authorize an electronic funds withdrawal of the amount on line 2 and/or the estimated tax payments as shown on my return and on form FTB 8455, California e-file Payment Record for Individuals, or a comparable form. If applicable, I declare that direct deposit refund amount on line 3 agrees with the direct deposit authorization stated on my return. If I have filed a joint return, this is an irrevocable appointment of the other spouse/RDP as an agent to authorize an electronic funds withdrawal or direct deposit. I authorize my ERO, transmitter, or intermediate service provider to transmit my complete return to the Franchise Tax Board (FTB). If the processing of my return or refund is delayed, I authorize the FTB to disclose to my ERO, intermediate service provider, and/or transmitter the reason(s) for the delay or the date when the refund was sent. If I am filing a balance due return, I understand that if the FTB does not receive full and timely payment of my tax liability, I remain liable for the tax liability and all applicable interest and penalties. I acknowledge that I have read and consent to the Electronic Funds Withdrawal Consent included on the copy of my electronic income tax return. I have selected a personal identification number (PIN) as my signature for my electronic income tax return and, if applicable, my Electronic Funds Withdrawal Consent. Taxpayer's PIN: check one box only ■ I authorize GLOBAL TAXES LLC ERO firm name Do not enter all zeros as my signature on my 2019 e-filed California individual income tax return. 🔲 I will enter my PIN as my signature on my 2019 e-filed California individual income tax return. Check this box only if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below. _____ Date Your signature > Spouse's/RDP's PIN: check one box only ERO firm name Do not enter all zeros as my signature on my 2019 e-filed California individual income tax return. I will enter my PIN as my signature on my 2019 e-filed California individual income tax return. Check this box only if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below. Spouse's/RDP's signature Practitioner PIN Method Returns Only -- continue below Part III Certification and Authentication — Practitioner PIN Method Only **ERO's EFIN/PIN.** Enter your six-digit EFIN followed by your five-digit self-selected PIN. Do not enter all zeros

confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and FTB Pub. 1345, 2019 Handbook for Authorized e-file Providers.

I certify that the above numeric entry is my PIN, which is my signature for the 2019 California individual income tax return for the taxpayer(s) indicated above. I

ERO's signature ▶ Date ▶ 02/18/2020

TAXABLE YEAR

2019

CALIFORNIA FORM

California Nonresident or Part-Year Resident Income Tax Return

540NR

ATTACH FEDERAL RETURN

656-38-7174 KOMM SANDEEP KOMMERA 19

5635 E BELL RD 1098

SCOTTSDALE AZ85254

05-20-1987

Filing Status	1 2	X Singl Marri	e ied/R	filing status is different fro	5	Head of household Qualifying widow(See instructions.	d (with qualifying pers	on). S	Gee instructions	S.
	3	warr	ea/R	DP filing separately. Enter	spouse's/RL	JP'S 55N OF ITIN at	oove and tull name nei	e <u> </u>		
	6	If someone	can c	laim you (or your spouse/F	RDP) as a d	ependent, check th	e box here. See inst		. • 6	
•	For	line 7, line 8,	line !	9, and line 10: Multiply the	number you	enter in the box by	the pre-printed dollar	amou	nt for that line.	Whole dollars only
	7			checked box 1, 3, or 4 abov						
	_			5, enter 2. If you checked			ons. • 7 1 X \$1	22 =	• \$	122
	8 Blind: If you (or your spouse/RDP) are visually impaired, enter 1; if both are visually impaired, enter 2									
	9			your spouse/RDP) are 65			©0	ZZ =	• • <u> </u>	
		if both are 65	5 or 0	older, enter 2			9	22 =	\$	
	10	Dependents	: Do :	not include yourself or you Dependent 1	ır spouse/R	RDP. Dependent 2		-	Dependent 3	
Exemptions		First Name	\bullet			•				
Exen		Last Name	•			•				
		SSN	•			•		•		
		Dependent's relationship to you	•			•				
-	Total	dependent ex	xemp	otions			10 X \$37	3 = (\$	
		•					REV 02/07/20 PRC			
			-		75	3131194			Form 540NR	2019 Side 1

Υοι	r nar	me: KOMMERA Your SSN or ITIN: 656-38-7174		
	11	Exemption amount: Add line 7 through line 10	• 11 \$	122
	12	Total California wages from your federal		
	13	Enter federal AGI from federal Form 1040 or 1040-SR, line 8b; 1040NR, line 35;	.00	
ne	14	or 1040NR-EZ, line 10	13	75316 .00
otal Taxable Income	15	Part II, line 23, column B	• 14	
able		See instructions	15	75316 .00
al Tax	16	line 23, column C	• 16	00
Tot	17	Adjusted gross income from all sources. Combine line 15 and line 16	• 17	75316
	18	Enter the larger of: Your California itemized deductions from Schedule CA (540NR), Part III, line 30; OR Your California standard deduction . See instructions	■ 18	4537 .00
	19	Subtract line 18 from line 17. This is your total taxable income . If less than zero, enter -0	19	70779 .00
		Tax Table Tax Rate Schedule		
Φ	31	Tax. Check the box if from: FTB 3800 FTB 3803	• 31	3753
	32	CA adjusted gross income from Schedule CA	.00	
		(340NN), Fait IV, IIIIe I		15938
	35	CA Taxable Income from Schedule CA (540NR), Part IV, line 5	• 35	15938 .00
ncom	36	CA Tax Rate. Divide line 31 by line 19		
able I	37	CA Tax Before Exemption Credits. Multiply line 35 by line 36	● 37	845 .00
CA Taxable Income	38	CA Exemption Credit Percentage. Divide line 35 by line 19. If more than 1, enter 1.0000		
Ö	39	CA Prorated Exemption Credits. Multiply line 11 by line 38.		27 00
		If the amount on line 13 is more than \$200,534, see instructions	● 39 <u> </u>	010
	40	CA Regular Tax Before Credits. Subtract line 39 from line 37. If less than zero, enter -0	• 40	
	41	Tax. See instructions. Check the box if from: ● Schedule G-1 ● FTB 5870A	• 41	
	42	Add line 40 and line 41	• 42	818 _00
	50	Nonrefundable Child and Dependent Care Expenses Credit. See instructions.	. 50	.00
	51	Attach form FTB 3506	• 50	. 00
edits		See instructions • 51	<u> </u>	
Special Credits	52 53	Credit for dependent parent. See instructions • 52 Credit for senior head of household.	<u>.</u> 00	
Spec	54	See instructions • 53 Credit percentage. Enter the amount from line 38 here.	. 00	
	J-T	If more than 1, enter 1.0000. See instructions		
	55	Credit amount. See instructions	• 55	00

Side 2 Form 540NR 2019

175

3132194

REV 02/07/20 PRO

Your name: KOMMERA Your SSN or ITIN: 656-38-7174

panu	58	Enter credit name OTHER STATE code • 187 and amount • 58 449	
Special Credits continued	59	Enter credit name code ● and amount ● 5900	1
edits	60	To claim more than two credits. See instructions	1
ial Cr	61	Nonrefundable renter's credit. See instructions	
Spec	62	Add line 50 and line 55 through 61. These are your total credits]
	63	Subtract line 62 from line 42. If less than zero, enter -0]
	71	Alternative minimum tax. Attach Schedule P (540NR)	_
Taxes	72	Mental Health Services Tax. See instructions	
Other Taxes	73	Other taxes and credit recapture. See instructions	
	74	Add line 63, line 71, line 72, and line 73. This is your total tax	
			_ 1
	81	California income tax withheld. See instructions	
	82	2019 CA estimated tax and other payments. See instructions	
nts	83	Withholding (Form 592-B and/or 593). See instructions	
Payments	84	Excess SDI (or VPDI) withheld. See instructions	
<u>a</u>	85	Earned Income Tax Credit (EITC)	1
	86	Young Child Tax Credit (YCTC). See instructions	1
	87	Add lines 81 through 86. These are your total payments. See instructions	1
Θ			_ 1
ax Du	101	Overpaid tax. If line 87 is more than line 74, subtract line 74 from line 87 • 101	
Tax/Ta	102	Amount of line 101 you want applied to your 2020 estimated tax	
Overpaid Tax/Tax Due	103	Overpaid tax available this year. Subtract line 102 from line 101	
Ove	104	Tax due. If line 87 is less than line 74, subtract line 87 from line 74	

REV 02/07/20 PRO Form 540NR 2019 **Side 3**

Your name:

KOMMERA

Your SSN or ITIN:

656-38-7174

	<u>Code</u>	Amount
California Seniors Special Fund. See instructions	• 400	.00
Alzheimer's Disease and Related Dementia Voluntary Tax Contribution Fund	• 401	00
Rare and Endangered Species Preservation Voluntary Tax Contribution Program	• 403	.00
California Breast Cancer Research Voluntary Tax Contribution Fund	• 405	.00
California Firefighters' Memorial Fund	• 406	.00
Emergency Food for Families Voluntary Tax Contribution Fund	• 407	. 00
California Peace Officer Memorial Foundation Fund	• 408	.00
California Sea Otter Fund	• 410	.00
California Cancer Research Voluntary Tax Contribution Fund	• 413	.00
School Supplies for Homeless Children Fund	• 422	.00
State Parks Protection Fund/Parks Pass Purchase	• 423	.00
Protect Our Coast and Oceans Voluntary Tax Contribution Fund	• 424	.00
Keep Arts in Schools Voluntary Tax Contribution Fund	• 425	.00
Prevention of Animal Homelessness and Cruelty Voluntary Tax Contribution Fund	• 431	.00
California Senior Citizen Advocacy Voluntary Tax Contribution Fund	• 438	.00
Native California Wildlife Rehabilitation Voluntary Tax Contribution Fund	• 439	.00
Rape Kit Backlog Voluntary Tax Contribution Fund	• 440	.00
Organ and Tissue Donor Registry Voluntary Tax Contribution Fund	• 441	.00
National Alliance on Mental Illness California Voluntary Tax Contribution Fund	• 442	.00
Schools Not Prisons Voluntary Tax Contribution Fund	• 443	.00
Suicide Prevention Voluntary Tax Contribution Fund	• 444	.00
120 Add code 400 through code 444. This is your total contribution	120	

You	r nan	ne:	KOMMERA		Your SSN or ITIN	656-38-7	174				
Amount You Owe	121	Mail	OUNT YOU OWE. Add lir to: FRANCHISE TAX BO Online – Go to ftb.ca.go	DARD, PO BOX	X 942867, SACRAME				.00		
Interest and Penalties	122 123	Inter Unde	.00								
Inte	124		Check the box: FTB 5805 attached FTB 5805F attached 123 Total amount due. See instructions. Enclose, but do not staple, any payment								
irect Deposit	PREFUND OR NO AMOUNT DUE. Subtract line 120 from line 103. Mail to: FRANCHISE TAX BOARD, PO BOX 942840, SACRAMENTO CA 94240-0001 • 125 Fill in the information to authorize direct deposit of your refund into one or two accounts. Do not attach a voided check of See instructions. Have you verified the routing and account numbers? Use whole dollars only. All or the following amount of my refund (line 125) is authorized for direct deposit into the account shown below:										
Refund and D	©							■ 126 Direct	deposit amount 643		
The remaining amount of my refund (line 125) is authorized for direct deposit into the account shown below: Type Checking Savings								deposit amount			
To le	earn a	about v/forn	Attach a copy of your co your privacy rights, how ns and search for 1131. s of perjury, I declare that belief, it is true, correct	we may use y To request this at I have exam	your information, and s notice by mail, call nined this tax return, i	800.852.5711.			_		
	signat			,	Date		Spouse's/RDP's signature	e (if a joint tax retu	ırn, both must sign)		
Si	gn		Your email address. E	Enter only one er	mail address.				ed phone number		
	ere		Paid preparer's signature (declaration of preparer is based on all information of which preparer has any knowledge)								
It is unlawful to forge a spouse's/			APPANA RUPA VENKATA SATYA SAI MANIKUMAR Firm's name (or yours, if self-employed)						● PTIN		
RDP signa	''s ature.		GLOBAL TAXES LLC Firm's address						P02090332 ● Firm's FEIN		
Joint retur (See	n?		2530 PEBBLE	CREEK LN CUMMING GA 30041					301017196		
•	uctior	ns)	Do you want to allow		n to discuss this tax i	eturn with us? Se	e instructions	• Yes	× No		
			Print Third Party Desi	gnee's Name				Telephone	e Number		

REV 02/07/20 PRO Form 540NR 2019 **Side 5**

TAXABLE YEAR

SCHEDULE

California Adjustments — Nonresidents or Part-Year Residents

CA (540NR

Important: Attach this schedule behind Form 540NR, Side 5 as a supporting California schedule. Name(s) as shown on tax return SSN or ITIN SANDEEP KOMMERA 656387174 Part I Residency Information. Complete all lines that apply to you and your spouse/RDP for taxable year 2019. **During 2019:** 1 My California (CA) Residency (Check one) a Myself: • X Nonresident • Part-Year Resident • Resident **b** Spouse: Nonresident Part-Year Resident Yourself 2 a I was domiciled in (enter two letter code, see instructions) <u>C</u> <u>A</u> 3 I became a CA resident (enter state of prior residence and date (mm/dd/yyyy) of move) ... 4 I became a CA nonresident (enter new state of residence and date (mm/dd/yyyy) of move). I was a CA nonresident the entire year (enter state of residence)..... <u>A</u> <u>Z</u> Ν **Before 2019:** I was a CA resident for the period of C Part II Income Adjustment Schedule n Ε Section A - Income Federal Amounts Subtractions Additions **Total Amounts CA Amounts** (taxable amounts from See instructions See instructions Using CA Law (income earned or from federal Form 1040 or 1040-SR vour federal tax return) (difference between (difference between As If You Were a received as a CA CA & federal law) CA & federal law) **CA Resident** resident and income (subtract col. B from earned or received col. A; add col. C from CA sources to the result) as a nonresident) 1 Wages, salaries, tips, etc. See instructions (**•**) 81,370. 81,370 lacksquare16,960. before making an entry in col. B or C. 1 2 Taxable interest. a \odot lacksquare \odot \odot 3 Ordinary dividends. See instructions. 8. 3b 8. 0. 4 IRA distributions. See instructions. a 💿 lacksquare \odot \odot c Pensions and annuities. See instructions. c 4d (•) **5** Social security benefits. a 🕑 _ 5b lacksquare6 Capital gain or (loss). See instructions . . . 6 328 328 (ullet)0. Section B — Additional Income from federal Schedule 1 (Form 1040 or 1040-SR) 1 Taxable refunds, credits, or offsets of state 2a Alimony received. See instructions...... 2a \odot (ullet)(ullet)(**•**) \odot (•) lacksquare \odot \odot \odot **5** Rental real estate, royalties, partnerships, S corporations, trusts, etc 5 -6,390. -6,390.

	Α	В	C	D	E
Section B — Additional Income Continued	Federal Amounts (taxable amounts from your federal tax return)	Subtractions See instructions (difference between CA & federal law)	Additions See instructions (difference between CA & federal law)	Total Amounts Using CA Law As If You Were a CA Resident (subtract col. B from col. A; add col. C to the result)	CA Amounts (income earned or received as a CA resident and income earned or received from CA sources as a nonresident)
6 Farm income or (loss) 6	•	•	•	•	•
7 Unemployment compensation	•	•			
8 Other income.		′a 🔾	a		
a California lottery winnings		' a <u>•</u>			
 b Disaster loss deduction from FTB 3805V c Federal NOL (Schedule 1 (Form 1040 or 		b •	b		
1040-SR), line 8)		C	c <u>•</u>		
d NOL deduction from FTB 3805V 8	•	d <u>•</u>	d	8 💿	8 💿
e NOL from FTB 3805Z, FTB 3806, FTB 3807, or FTB 3809	1	e	e		
f Other (describe): •		f 🖲	f <u>•</u>		
g Student loan discharged due to closure of a for-profit school		, g •	g		
9 Total. Combine Section A, line 1 through line 6, and Section B, line 1 through line 8,					
in each column. Go to Section C 9	75,316.		•		16,960.
	A	В	С	D	E
Section C Adjustments to Income	Federal Amounts	Subtractions	Additions	Total Amounts	CA Amounts
Section C — Adjustments to Income from federal Schedule 1	(taxable amounts from	See instructions	See instructions	Using CA Law	(income earned or
(Form 1040 or 1040-SP)	your federal tax return)	(difference between	(difference between	As If You Were a	received as a CA

	A	В	С	D	E
Section C — Adjustments to Income from federal Schedule 1 (Form 1040 or 1040-SR)	Federal Amounts (taxable amounts from your federal tax return)		Additions See instructions (difference between CA & federal law)	Total Amounts Using CA Law As If You Were a CA Resident (subtract col. B from col. A; add col. C to the result)	CA Amounts (income earned or received as a CA resident and income earned or received from CA sources as a nonresident)
10 Educator expenses	lacktriangle	•			
11 Certain business expenses of reservists, performing artists, and fee-basis					
government officials11	•	•	•	•	o
$\textbf{12} \text{Health savings account deduction} \dots \dots \textbf{12}$	•	•			
13 Moving expenses. Attach federal Form 3903. See instructions	•			•	•
14 Deductible part of self-employment tax 14	•			•	•
15 Self-employed SEP, SIMPLE, and qualified plans	•			•	•
16 Self-employed health insurance deduction 16	•			•	o
17 Penalty on early withdrawal of savings 1718a Alimony paid. b Enter recipient's:	•			•	•
SSN • 18a					
	_		•	<u> </u>	<u>•</u>
19 IRA deduction	•			•	<u> </u>
20 Student loan interest deduction 20	•		•	•	O
21 Tuition and fees	•	•			
22 Add line 10 through line 21 in each column, A through E	•				•
23 Total. Subtract line 22 from line 9 in each column, A through E. See instructions 23	75,316.		•	75,316.	

	k the box if you did NOT itemize for federal but will itemize for California						
1	Medical and dental expenses						
2	Enter amount from federal Form 1040 or 1040-SR, line 8b • 75 , 316 2						
3	Multiply line 2 by 7.5% (0.075)						
4	Subtract line 3 from line 1. If line 3 is more than line 1, enter 0					(
axe	s You Paid						
5a	State and local income tax or general sales taxes	•	2,921.	•	2,921.		
	State and local real estate taxes	_					
5C	State and local personal property taxes	<u>•</u>					
5d	Add lines 5a through 5c	_	2,921.				
	Enter the smaller of line 5d or \$10,000 (\$5,000 if married filing separately) in column A						
	Enter the amount from line 5a, column B in line 5e, column B						
	Enter the difference from line 5d and line 5e, column A in line 5e, column C \dots 5e	ledow	2,921.	_	2,921.		C
6	Other taxes. List type $lacktriangledown$ $lacktriangledown$ 6	lacksquare		\odot		\odot	
7	Add lines 5e and 6	lacksquare	2,921.	lacksquare	2,921.	\odot	(
ite	est You Paid						
a	Home mortgage interest and points reported to you on Form 1098	lacksquare				•	
b	Home mortgage interest not reported to you on Form 1098	lacksquare				•	
C	Points not reported to you on Form 1098 8c	lacksquare				lacksquare	
d	Mortgage insurance premiums8d	lacksquare		lacksquare			
е	Add lines 8a through 8d	lacksquare		lacksquare		•	
	Investment interest	lacksquare		lacksquare		ledow	
0	Add lines 8e and 9	ledow		ledow		•	
ift	to Charity						
1	Gifts by cash or check	lacksquare		\odot		lacksquare	
2	Other than by cash or check	lacksquare		lacksquare		\odot	
3	Carryover from prior year	ledow		ledow		\odot	
4	Add lines 11 through 13	ledow		ledow		•	
as	alty and Theft Losses						
5	Casualty or theft loss(es) (other than net qualified disaster losses).						
	Attach federal Form 4684. See instructions	lacksquare		lacksquare		•	
the	r Itemized Deductions					•	
6	Other—from list in federal instructions	•		•		•	
7	Add lines 4, 7, 10, 14, 15, and 16 in columns A, B, and C		2,921.	(e)	2,921.	(a)	(

Job	Expenses and Certain Miscellaneous Deductions		
19	Unreimbursed employee expenses - job travel, union dues, job education, etc. Attach federal Form 2106 if required. See instructions		
20	Tax preparation fees		
21	Other expenses- investment, safe deposit box, etc. List type O .		
22	Add lines 19 through 21		
23	Enter amount from federal Form 1040 or 1040-SR, line 8b 75,316		
24	Multiply line 23 by 2% (0.02). If less than zero, enter 0		
25	Subtract line 24 from line 22. If line 24 is more than line 22, enter 0.	● 25	0.
26	Total Itemized Deductions. Add line 18 and line 25.	● 26 □	0.
27	Other adjustments. See instructions. Specify.	● 27	
28	, , , , , , , , , , , , , , , , , , ,	● 28	0.
29	Is your federal AGI (Form 540NR, line 13) more than the amount shown below for your filing status? Single or married/RDP filing separately \$200,534 Head of household \$300,805 Married/RDP filing jointly or qualifying widow(er) \$401,072 No. Transfer the amount on line 28 to line 29.		
	Yes. Complete the Itemized Deductions Worksheet in the instructions for Schedule CA (540NR), line 29	● 29	0.
30	Enter the larger of the amount on line 29 or your standard deduction listed below Single or married/RDP filing separately. See instructions	⊚ 30 □	4,537.
Pa	rt IV California Taxable Income		
1 2 3	California AGI. Enter your California AGI from Part II, line 23, column E Enter your deductions from line 30	<u> </u>	16,960.
	California Itemized/Standard Deductions. Multiply line 2 by the percentage on line 3	_	1,022.
อ	zero, enter -0	. • 5	15,938.

TAXABLE YEAR

CALIFORNIA SCHEDULE

2019 Other State Tax Credit

S

Attach to Form 540, Form 540NR, or For	rm 541.				
Name(s) as shown on your California tax return			SSN, ITIN, or FEIN	I	
SANDEEP KOMM	IERA		656387174		
Part I Double-Taxed Income (Read sp	pecific line instructions fo	or Part I before completing.)			
(a) Income item(s) description	(b) Double-taxed	d income taxable by California	(c) Double-taxed	income taxable by other	state
■ WAGES, SALARIES, TIPS	<u> </u>	16,960.	•	16,9	960.
•					
•			•		
1 Total double-taxed income	•	16,960.	•	16,9	960.
Part II Figure Your Other State Tax (Credit (Read specific lin	e instructions for Part II before co	mpleting.)		
2 California tax liability. See instructions				2818	. 00
3 Double-taxed income taxable by California	a. Enter the amount fron	n Part I, line 1, column (b)		316,960	. 00
4 California adjusted gross income. See ins	tructions			4 16,960	. 00
5 Divide line 3 by line 4. Do not enter more	than 1.0000			51.	0000
6 Multiply line 2 by line 5				6818	. 00
7 Income tax liability paid to other state (us	e state's abbreviation) (AZ See instructions		71,993	. 00
8 Double-taxed income taxable by other sta	te. Enter the amount fro	m Part I, line 1, column (c)		816,960	00 0
9 Adjusted gross income taxable by other s	tate. See instructions			975,316	. 00
10 Divide line 8 by line 9. Do not enter more	than 1.0000			10 0.:	2252
11 Multiply line 7 by line 10				11449	. 00
12 Other state tax credit. Enter the smaller of	line 6 or line 11. Use Cr	edit Code 187 . See instructions .		12 449.	. 00

٤١	1	0.40	Department of the Treasury—Internal Revenue Service U.S. Individual Income Tax Retu	(99)
Ē		U4U	U.S. Individual Income Tax Retu	rn

2019

OMB No. 1545-0074

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

		<u> </u>			OND NO. 10 10	, 00, 1	,	20 1101 11111	o or otapio iii tino opaco.
Filing Status	X :	Single Married filing jointly	П Ма	arried filing separately (MFS	Head of househ	old (HOH)	Qualif	vina wido	w(er) (QW)
Check only	heck only If you checked the MFS box, enter the name of spouse. If you checked the HOH or QW box, enter the child's name if the							, 0	, , , ,
one box.		ild but not your dependent.		,				. ,	
Your first name	and m	iddle initial	L	ast name				Your soci	ial security number
SANDEEP			I	KOMMERA				656-3	8-7174
If joint return, s	pouse's	s first name and middle initial	L	ast name				Spouse's	social security number
Home address	(numbe	er and street). If you have a P.O. box, s	ee in	structions.		Apt. no.		President	tial Election Campaign
5635 E	BELL	RD 1098							if you, or your spouse if filing
City, town or p	ost offic	ce, state, and ZIP code. If you have a f	oreigr	address, also complete s	spaces below (see instru	ctions).	1.		\$3 to go to this fund. ox below will not change your
SCOTTSD	ALE	AZ 85254						ax or refund.	
Foreign country	y name			Foreign province/sta	ate/county	Foreign postal	code	If more th	an four dependents,
								see instru	ictions and ✓ here ►
Standard	Som	eone can claim: You as a depen	dent	Your spouse as a	a dependent				
Deduction		Spouse itemizes on a separate return o	or you	were a dual-status alien					
Age/Blindness							T	¬	
	You:	, , , .	55	Are blind Spouse				Is blind	-
Dependents ((1) First name	see iii:	Last name		(2) Social security number	(3) Relationship to you	,	4) ✓ if q I tax cred		(see instructions): Credit for other dependents
(I) Thist hame		Last Hame				Office			
						+	$\frac{\sqcup}{\sqcap}$		
						+	$\frac{\sqcup}{\sqcap}$		
						+	$\frac{\sqcup}{\sqcap}$		
									81,370.
	1	Wages, salaries, tips, etc. Attach For	1	1				1	01,370.
	2a	Tax-exempt interest	2a		b Taxable interest. A				0
Standard	3a	Qualified dividends	3a		b Ordinary dividends	Attach Sch. B if	require		8.
Deduction for— Single or Married	4a	IRA distributions	4a		b Taxable amount			4b	
filing separately,	_ c	Pensions and annuities	4c		d Taxable amount			4d	
\$12,200 Married filing	5a	Social security benefits	5a		b Taxable amount			5b	200
jointly or Qualifying widow(er),	6	Capital gain or (loss). Attach Schedu		required. If not required,	check here		▶ _	6	328.
\$24,400	7a	Other income from Schedule 1, line						7a	-6,390.
 Head of household. 	b	Add lines 1, 2b, 3b, 4b, 4d, 5b, 6, an		•			. •	7b	75,316.
\$18,350	8a	Adjustments to income from Schedu					٠.	8a	75 216
 If you checked any box under 	b	Subtract line 8a from line 7b. This is	-				. ▶		75,316.
Standard	9	Standard deduction or itemized de		,			,200	-	
Deduction, see instructions.	10	Qualified business income deduction	n. Atta	ach Form 8995 or Form 89	995-A <u>10</u>)			10 000
	11a	Add lines 9 and 10						11a	12,200.
	b	Taxable income. Subtract line 11a f	rom li	ine 8b. If zero or less, ente	er-0			11b	63.116.

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

Form **1040** (2019)

Form 1040 (2019	9)								Page 2
	12a b	Tax (see inst.) Check if any from Form(s): 1 881 Add Schedule 2, line 3, and line 12a and enter the		3 🗌	12a 9,74	16. ▶ 12b		9,5	746.
	13a b	Child tax credit or credit for other dependents . Add Schedule 3, line 7, and line 13a and enter the	total		13a	▶ 13b			
	14	Subtract line 13b from line 12b. If zero or less, ent	er -0			. 14		9,5	746.
	15	Other taxes, including self-employment tax, from	Schedule 2, line 1	10		. 15			0.
	16	Add lines 14 and 15. This is your total tax				▶ 16		9,5	746.
	17	Federal income tax withheld from Forms W-2 and	1099			. 17		12,9	927.
If you have a	18	Other payments and refundable credits:							
qualifying child,	a	Earned income credit (EIC)	№о.		18a				
attach Sch. EIC. • If you have	b	Additional child tax credit. Attach Schedule 8812			18b				
nontaxable combat pay, see	С	American opportunity credit from Form 8863, line	8		18c				
instructions.	d	Schedule 3, line 14			18d				
	е	Add lines 18a through 18d. These are your total of	ther payments a	and refundable cred	its	▶ 18e			
	19	Add lines 17 and 18e. These are your total payme	ents			▶ 19		12,9	927.
Refund	20	If line 19 is more than line 16, subtract line 16 from	n line 19. This is t	he amount you over	paid	. 20		3,1	181.
11014114	21a	Amount of line 20 you want refunded to you. If Fo	orm 8888 is attac	hed, check here .	•	21a		3,1	181.
Direct deposit? See instructions.	▶b	Routing number 1 2 1 0 4 2 8	8 2	► c Type: 🛛	Checking Savir	ıgs			
See Instructions.	▶ d	Account number 5 6 7 6 0 5 6	5 4 1						
	22	Amount of line 20 you want applied to your 2020	estimated tax		22				
Amount	23	Amount you owe. Subtract line 19 from line 16. F	or details on how	v to pay, see instructi	ons	▶ 23			
You Owe	24	Estimated tax penalty (see instructions)			24				
Third Party Designee	Do	you want to allow another person (other than your p	paid preparer) to	discuss this return w	ith the IRS? See instruct	=	Yes. C No	omplete	below.
(Other than paid preparer)		signee's	Phone no. ▶		Personal ide			\top	
-		me ►			number (PIN	/		-11-6 41	
Sign Here	con	der penalties of perjury, I declare that I have examined this rect, and complete. Declaration of preparer (other than taxpa	ayer) is based on all	information of which pre					
	Yo	our signature	Date	Your occupation		If the IRS se Protection P	,		,
Joint return?				SOFTWARE E	NGINEER	(see inst.)	11, 01	1	
See instructions. Keep a copy for your records.	Sp	ouse's signature. If a joint return, both must sign.	Date	Spouse's occupation	Spouse's occupation If the			spouse a	an er it here
	———Ph	one no.	Email address						
		eparer's name Preparer's signa			Date PTI	N	Checl	k if:	
Paid	APPAI	NA RUPA VENKATA SATYA SAI MANIKUMAR APPANA RUPA V	VENKATA SATYA	SAT MANTKUMAR	02/18/2020 PO	2090332	□3	rd Party [Designee
Preparer		m's name ▶ GLOBAL TAXES LLC			Phone no. (646)7		s	elf-empl	loyed
Use Only		m's address ▶ 2530 Pebble Creek I	Ln Cummin	g GA 30041	· , ,			-101	7196
Go to www.irs.go		n1040 for instructions and the latest information.		BAA	REV 02/06/20 PRO	•			10 (2019)

SCHEDULE 1 (Form 1040 or 1040-SR)

Additional Income and Adjustments to Income

► Attach to Form 1040 or 1040-SR.

OMB No. 1545-0074 Attachment Sequence No. **01**

Your social security number

Department of the Treasury Internal Revenue Service

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

▶ Go to www.irs.gov/Form1040 for instructions and the latest information.

SAN	DEEP KOMMERA	656-	38-7174
	y time during 2019, did you receive, sell, send, exchange, or otherwise acquire any financial interest		
virtual	currency?		☐ Yes ☒ No
Part	Additional Income		
1	Taxable refunds, credits, or offsets of state and local income taxes	1	
2a	Alimony received		
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	-6,390.
6	Farm income or (loss). Attach Schedule F		
7	Unemployment compensation	7	
8	Other income. List type and amount ▶		
		ΙQ	
9	Combine lines 1 through 8. Enter here and on Form 1040 or 1040-SR, line 7a		-6,390.
Part	II Adjustments to Income		
10	Educator expenses	10	
11	Certain business expenses of reservists, performing artists, and fee-basis government officials. Attac		
	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		
21	Tuition and fees. Attach Form 8917	21	
22	Add lines 10 through 21. These are your adjustments to income. Enter here and on Form 1040 of	or	
	1040-SR, line 8a	22	
For Pa			1040 or 1040-SR) 2019

SCHEDULE D

(Form 1040 or 1040-SR)

Capital Gains and Losses

OMB No. 1545-0074

2019

Attachment Sequence No. **12**

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

Name(s) shown on return

SANDEEP KOMMERA

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."

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) 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. line 2. column (a) with 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 2,109. 1,970. 189. 328. 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 7 328. 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 (sales price) (or other basis) Form(s) 8949, Part II, 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 10 Totals for all transactions reported on Form(s) 8949 with 11 Gain from Form 4797, Part I; long-term gain from Forms 2439 and 6252; and long-term gain or (loss) 11 12 Net long-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1 12 13 14 Long-term capital loss carryover. Enter the amount, if any, from line 13 of your Capital Loss Carryover 14

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

BAA

15

Part	Summary		
16	Combine lines 7 and 15 and enter the result	16	328.
	• If line 16 is a gain, enter the amount from line 16 on Form 1040 or 1040-SR, line 6; or Form 1040-NR, line 14. 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 line 22.		
	• If line 16 is zero , skip lines 17 through 21 below and enter -0- on Form 1040 or 1040-SR, line 6; or Form 1040-NR, line 14. 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	40	
	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? Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Forms 1040 and 1040-SR, line 12a (or in the instructions for Form 1040-NR, line 42). Don't complete lines 21 and 22 below.		
	■ 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 or 1040-SR, line 6; or Form 1040-NR, line 14, the smaller of:		
	• The loss on line 16; or • (\$3,000), or if married filing separately, (\$1,500)	21 (
	Note: When figuring which amount is smaller, treat both amounts as positive numbers.		
22	Do you have qualified dividends on Form 1040 or 1040-SR, line 3a; or Form 1040-NR, line 10b?		
	➤ Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Forms 1040 and 1040-SR, line 12a (or in the instructions for Form 1040-NR, line 42).		
	No Complete the rest of Form 10/0 10/0-SR or 10/0-NR		

Form **8949**

Department of the Treasury

Internal Revenue Service

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

2019
Attachment Sequence No. 12A

Name(s) shown on return SANDEEP KOMMERA

Social security number or taxpayer identification number

656-38-7174

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

Short-Term. Transactions involving capital assets you held 1 year or less are generally short-term (see 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.

★ (A) Short-term transactions★ (B) Short-term transactions★ (C) Short-term transactions	reported on	Form(s) 1099	9-B showing bas				e)
(a) Description of property	(b) Date acquired	(c) Date sold or	(d) Proceeds	(e) Cost or other basis. See the Note below		(h) Gain or (loss). Subtract column (e	
(Example: 100 sh. XYZ Co.)	(Mo., day, yr.)	disposed of (Mo., day, yr.)	(sales price) (see instructions)	and see Column (e) in the separate instructions	(f) Code(s) from instructions	(g) Amount of adjustment	from column (d) and combine the result with column (g)
ROBINHOOD SECURITIES LLC	01/14/19	05/28/19	2,109.	1,970.	W	189.	328.
2 Totals. Add the amounts in columns negative amounts). Enter each total Schedule D. line 1b (if Box A above	al here and inc	lude on your					

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.

2,109.

328.

above is checked), or line 3 (if Box C above is checked) ▶

SCHEDULE E

(Form 1040 or 1040-SR)

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.

Attachment

OMB No. 1545-0074

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.

Sequence No. 13

Your social security number

SANDEEP KOMMERA 656-38-7174 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 2019 that would require you to file Form(s) 1099? (see instructions) Physical address of each property (street, city, state, ZIP code) Α MIYAPUR HYDERABAD TELANGANA IN 500048 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 **Days Days** (from list below) personal use days. Check the QJV box only if you meet the requirements to file as Α Α 365 0 a qualified joint venture. See instructions. В В С C Type of Property: Single Family Residence 3 Vacation/Short-Term Rental 5 Land 7 Self-Rental 2 Multi-Family Residence 4 Commercial 6 Royalties 8 Other (describe) Income: **Properties:** Α 3 Rents received . 600. 3 4 Royalties received 4 Expenses: Advertising 5 5 120. 6 Auto and travel (see instructions) . . . 6 340. Cleaning and maintenance . . . 7 7 140. 8 Commissions. 8 9 9 Insurance 10 Legal and other professional fees . . . 10 11 11 12 Mortgage interest paid to banks, etc. (see instructions) 12 13 13 Other interest. 6,200. 14 Repairs. 14 190. 15 15 Supplies . Taxes 16 16 17 17 18 Depreciation expense or depletion . . 18 19 19 Total expenses. Add lines 5 through 19 20 20 6,990. 21 Subtract line 20 from line 3 (rents) and/or 4 (royalties). If result is a (loss), see instructions to find out if you must file Form 6198 21 -6,390.22 Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions) -6,390.) 600 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 6,990. Total of all amounts reported on line 20 for all properties 24 Income. Add positive amounts shown on line 21. Do not include any losses 24 25 Losses. Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here. 25 6,390. 26 Total rental real estate and royalty income or (loss). Combine lines 24 and 25. Enter the result here. If Parts II, III, IV, and line 40 on page 2 do not apply to you, also enter this amount on Schedule 1 (Form 1040 or 1040-SR), line 5, or Form 1040-NR, line 18. Otherwise, include this amount in the total on line 41 on page 2 -6,390. Arizona Form AZ-8879

E-file Signature Authorization

2019

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* **Enter** SANDEEP KOMMERA 38 ı vour Your Spouse's First Name and Initial (if filed joint) Last Name Spouse's Social Security No.* SSN(s). *Do Not Truncate PART 1 - PURPOSE • To certify the truthfulness, correctness, and completeness of the taxpaver's electronic income tax return. To authorize the Electronic Return Originator (ERO) to affirm that the taxpayer wishes to use the taxpayer's electronic signature to the taxpayer's federal individual income tax return as the taxpayer's signature to the taxpayer's electronic Arizona individual income tax return. PART 2 - TAX RETURN INFORMATION PART 3 - FINANCIAL INSTITUTION INFORMATION Must be present when requesting direct debit or deposit. 75,316 00 1 Arizona Adjusted Gross Income ☐ Foreign Account Deposit/Debit: See instructions below. 2 Balance Of Tax 1,993 00 ROUTING NUMBER 1,739 00 ☐ Checking ☐ Savings 3 Arizona Income Tax Withheld ... ACCOUNT NUMBER Check box 4 or box 5: 00 **4** ■ **REFUND**: Enter the amount of refund...... 254 00 DIRECT DEBIT REQUEST DATE 5 ★ AMOUNT YOU OWE: Enter the amount owed....... 00 Box 4 Checkbox - Refund: You are due a refund based on the information Foreign Account Deposit/Debit Checkbox: Check the "Foreign Account Deposit/Debit" box if your deposit will be ultimately placed in or come provided on your tax return. Your refund amount will be deposited in the account listed in the Financial Institution Information Section (Part 3). 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 Box 5 Checkbox - Amount You Owe: You owe taxes based on the information provided on your tax return. You have elected to direct debit 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. for payment. The payment will be withdrawn from the account and on the PO Box 29085, Phoenix, AZ 85038-9085. date listed in the Financial Institution Information Section (Part 3). PART 4 - DECLARATION AND SIGNATURE AUTHORIZATION (Sign only after completing Part 2) I consent to my Electronic Return Originator (ERO) or On-Line Service Under penalties of perjury, I declare that I have examined a copy of my Provider (OLSP) sending my electronic Arizona individual income tax electronic Arizona individual income tax return and accompanying schedules return and accompanying schedules and statements to ADOR, and I and statements for the year ending December 31, 2019, and to the best of consent to my ERO or OLSP sending such information to ADOR through a my knowledge and belief, it is true, correct, and complete. I further declare transmitter. I consent to ADOR sending my ERO, OLSP and/or transmitter that the amounts of Arizona adjusted gross income, total tax, Arizona an acknowledgement of receipt of transmission and an indication of income tax withheld, and refund (or amount owed) listed above are the whether or not the transmission of my return is accepted and, if the return amounts shown on the copy of my electronic Arizona income tax return. is rejected, the reason(s) for the rejection. If the processing of my return **6a** I consent that my refund be directly deposited as designated in the or refund is delayed, I authorize ADOR to disclose to my ERO, OLSP and/ electronic portion of my 2019 Arizona individual income tax return. or transmitter the reason(s) for the delay, or when the refund was sent. If I have filed a joint return, this is an irrevocable appointment of If ADOR contacts my ERO for a copy of my return, any documents or the other spouse as an agent to receive the refund. schedules to my return, and/or this authorization form, I authorize my ERO **6b** X I do not want direct deposit of my refund or I am not receiving a to release copies of the requested documents to ADOR. 6c I authorize the Arizona Department of Revenue (ADOR) and its I authorize GLOBAL TAXES LLC designated Financial Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account (ELECTRONIC RETURN ORIGINATOR) indicated in the tax preparation software for payment of my Arizona taxes owed on this return. I also authorize the financial institutions to make the election that I want my electronic signature to my electronic involved in the processing of the electronic payment of taxes to federal individual income tax return to serve as my signature to my receive confidential information necessary to answer inquiries and electronic Arizona individual income tax return for the year ending December 31, 2019. I understand that when my ERO makes the election resolve issues related to the payment. that my electronic signature to my federal individual income tax return will If I have filed a balance due return, I understand that if the ADOR does not serve as my signature to my Arizona individual income tax return, I will receive full and timely payment of my tax liability by April 15, 2020, I will have signed my Arizona individual income tax return and declared under remain liable for the tax liability and all applicable interest and penalties. penalties of perjury that to the best of my knowledge and belief the return When electronically filing my federal and state tax returns, I understand is true, correct and complete. that if there is an error on my federal return, state return will also be rejected. PLEASE SIGN HERE YOUR PEN AND INK SIGNATURE DATE SPOUSE'S PEN AND INK SIGNATURE DATE

URN.			Arizona Form 140	ome Tax F	Return	F	FOR CALENDAR YEAR 2019			
RET	82F		Check box 82F f filing under extension	OR FISCAL YEAR BEGINNI	NG (M,MID,D	12,0,1,9	AND ENDING	$[M_1M_1D_1]$	D ₁ Y ₁ Y ₁ Y ₁ Y ₁ . 66	F
			First Name and Middle Initial		Last Name			Your	Social Security Numb	= - er
O THE	1		NDEEP		KOMMERA		Enter your		6 38 7174	
ANY ITEMS TO	1	Spous	se's First Name and Middle Initia	al (if box 4 or 6 checked)	Last Name		SSN(s	Spous	se's Social Security N	0.
Ш		Curre	ent Home Address - number and	street, rural route		Apt. No.	Dayti	me Phone	(with area code)	_
<u>_</u>	2		35 E BELL RD 1098					224)778		
			Town or Post Office	State	ZIP Code		Last Names Used	in Last Fou	r Prior Year(s) (if differen	<u></u>
OO NOT STAPLE	3 [()	SCO	OTTSDALE	AZ	85254		DEVENUE USE O	NIV DO NO	9 OT MARK IN THIS AREA	_
Z	STATUS	4	Married filing joint return	4a ☐ Injured Spouse Prof		rerbavillelli i	88	INLY. DO NO	JI WARK IN THIS AREA	١.
S		5	Head of household: Enter	name of qualifying child or deper	ident on next line:		<u>—</u>			
2	FILING	6	Married filing separate retu	urn: Enter spouse's name and S	Social Security Numb	per above.				
2		7	∑ Single							
			↓ Enter the number claime	d. Do not put a check mark	k.					
	۰	8	Age 65 or over (you and/o		3, 9, and 11a, also con a 10a and 10b, also co	nplete lines 38,	81 PM		80 RCVD	—
	d 10	9	Blind (you and/or spouse)				011		80 110 12	
	a	10a 11a	Dependents: under age of Qualifying parents and gra		lents: Age 17 and	over.				
	and 11a - Dependents 10a and 10b		(Box 10a and 10b): Depende	•	ons For more s	pace, check th	ne box \square and α	complete r	page 4. Part 1.	_
	dent		(a)		(b)	(c)	(d)	(e) ✓ Dependent	(f)	
	ben		FIRST AND LAS (Do not list yourself		CIAL SECURITY NO.	RELATIONSHIP	LIVED IN YOUR	included	this person on you	im ir
	Q						HOME IN 2019	1 (Box 10a) (Box	educational credits	
	118	10c	:							
	9, and	10d						井	<u> </u>	
	ထ်	10e	·	and mandanants. Casinat			. 4ha haw 🗖 ana			
40	tions		(Box 11a): Qualifying parents	and grandparents. See inst	(b)	(c)	(d)	(e)	(f)	
after Form 140	Exemptions		FIRST AND LAS (Do not list yourself		CIAL SECURITY NO.	RELATIONSHIP	NO. OF MONTHS LIVED IN YOUR	✓ IF AGE 69 OVE		
F0_r	ñ		(20 1101 1101) 0 111 0 111	o. epouco.,			HOME IN 2019			
ter		11b								
af		_11c							75 216	_
ints		l .	Federal adjusted gross incom						75,316	
E	S		Non-Arizona municipal interest. Partnership Income adjustment						0	
100	Additions		Total federal depreciation						0	
ird	Add	l .	Net capital (loss) derived from t						0	
ţ		17	Other Additions to Income: Cor	mplete Adjustments to Arizon	a Gross Income s	schedule on pa	ge 5	17	0	
<u>o</u>			Subtotal: Add lines 12 through 17					328 00	75,316 0	0
es			Total net capital gain or (loss): Total net short-term capital gain					328 00		
恴			Total net long-term capital gain					00		
che			Net long-term capital gain from					0 00		
ΖS			Multiply line 22 by 25% (.25) an						0 0	
d d		24 This I	Net capital gain derived from in box may be blank or may contain a p	vestment in qualified small bu printed barcode of data from your	return.			24	0	
an	us		(COS) COMPANÍA LLAN, BOOKS BOOKS BOOKS BOOKS AND COMPANIA TO THE CONTROL OF COMPANIA TO THE CONTROL OF COMPA Successive of Compania Compan	ing in Haller, Haller Haller Haller, Haller Halle	25 Net 0	Japitai yaiii exc	hange of legal to	- 11uei 23	0	
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e a			AND AND A DESCRIPTION OF BRANCH BATCHES TO CALL FOR	1944 - ANGER MARIE I VITE I FR IMINIS II (1944) - IVIZIONE II (1944) - IVIZIONE II (1944	33 Net o		djustment	I	0	_
Place any required federal and AZ schedules or other docume							ollege Savings Pla		75.316 0	
n					I 35 Cubtr	act lines 23 throu	ah 3/1 from line 18	35	/ 5 . 3 6 10	4 1

ADOR 10413 (19) 1555

AZ Form 140 (2019)

REV 01/31/20 PRO

Page 1 of 5

[Your	Name (as shown on page 1)	Your Social Security I	Number	•	
		DEEP KOMMERA	656-38-717			
	D1111					
	36	Other Subtractions from Income. Complete Adjustments to Arizona Gross Income schedule on p	ŭ			00
	37	Subtract line 36 from line 35 and enter the difference			75,316	
Suc	38	Age 65 or over: Multiply the number in box 8 by \$2,100				00
ptic	39	Blind: Multiply the number in box 9 by \$1,500			00	
Exemptions	40	Other Exemptions. See instructions40E Multiply the number in box 40E by \$2,300			00	
ш	41	Qualifying parents and grandparents: Multiply the number in box 11a by \$10,000	41		00	
	42	Arizona adjusted gross income: Subtract lines 38 through 41 from line 37 and enter the difference			75,316	
	43	Deductions: Check box and enter amount. See instructions	43 S⊠ STANDAR	D 43	12,200	1
	44	If you checked box 43S and claim charitable deductions, Check 44C Complete page 3. See instr				00
	45	Arizona taxable income: Subtract lines 43 and 44 from line 42. If less than zero, enter "0"		45	63,116	
of Tax	46	Compute the tax using amount on line 45 and Tax Table X, Y or Optional Tax Tables		46	1,993	1
ō	47	Tax from recapture of credits from Arizona Form 301, Part 2, line 35				00
Balance	48	Subtotal of tax: Add lines 46 and 47 and enter the total		48	1,993	00
sala	49	Dependent Tax Credit. See instructions		49		00
-	50	Family income tax credit (from the worksheet - see instructions)		50		00
	51	Nonrefundable Credits from Arizona Form 301, Part 2, line 67		51		00
	52	Balance of tax: Subtract lines 49, 50 and 51 from line 48. If the sum of lines 49, 50 and 51 is greater than	line 48, enter "0"	52	1,993	00
	53	2019 AZ income tax withheld		53	1,739	00
Total Payments and Refundable Credits	54	2019 AZ estimated tax payments 54a 00 Claim of Right 54b	00 Add 54a and 54b			00
Cre	55	2019 AZ extension payment (Form 204)		55		00
able	56	Increased Excise Tax Credit (from the worksheet - see instructions)		56		00
al Pa	57	Property Tax Credit from Arizona Form 140PTC		57		00
Tota Ref	58	Other refundable credits: Check the box(es) and enter the total amount	308-I 582 3 4	19 58		00
	59	Total payments and refundable credits: Add lines 53 through 58 and enter the total		59	1,739	
Tax Due or Overpayment	60	TAX DUE: If line 52 is larger than line 59, subtract line 59 from line 52 and enter amount of tax due. Skip line	es 61, 62 and 63	60	254	00
Due	61	OVERPAYMENT: If line 59 is larger than line 52, subtract line 52 from line 59 and enter amount of overpayments.	ment	61		00
Tax I verp	62	Amount of line 61 to be applied to 2020 estimated tax		62		00
. 0	63	Balance of overpayment: Subtract line 62 from line 61 and enter the difference		63		00
Gifts	64	- 74 Voluntary Gifts to: Solutions Teams Assigned to Schools64 00 Arizona Wildlife	65	0		
<u>ত</u>		Child Abuse Prevention	68	0		
ntar		Neighbors Helping Neighbors 69 00 Special Olympics 70 00 Veterans' Donations Fo	und 71 0	0		
Voluntary		I Didn't Pay Enough Fund72 00 Sustainable State Parks and Road Fund73 00 Spay/Neuter of Anima	ls 74	0		
>	75	Political Party (if amount is entered on line 68 - check only one): 751 Democratic 752 Green Party 753	3 ☐ Libertarian 754	Rep	publican	
nalty	76	Estimated payment penalty		76		00
Pena	77	771 ☐ Annualized/Other 772 ☐ Farmer or Fisherman 773 ☐ Form 221 included				
-	78	Add lines 64 through 74 and 76; enter the total		78		00
-	79	REFUND: Subtract line 78 from line 63. If less than zero, enter amount owed on line 80	<u>.</u>	<u></u> . 79		00
Refund or Amount Owed		Direct Deposit of Refund: Check box 79A if your deposit will be ultimately placed in a foreign account; see ROUTING NUMBER ACCOUNT NUMBER	instructions. 79AL	_		
und Int O		- CI I Checking or				
mot l		98 S Savings Savings				T
⋖	80	AMOUNT OWED: Add lines 60 and 78. Make check payable to Arizona Department of Revenue; write ye and include with your return			254	00
		•				
		Under penalties of perjury, I declare that I have read this return and any documents with it, and to				are
	'	rue, correct and complete. Declaration of preparer (other than taxpayer) is based on all information	in or which prepar	ernas	any knowledge.	
SIGN HERE	→	90	ביישא סבי באור	TNTEE	מי	
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5	→					
	3	SPOUSE'S SIGNATURE DATE SPO	OUSE'S OCCUPATION			
PLEASE		APPANA RUPA VENKATA SATYA SAI MANIKUMAR <u>02182020</u> <u>GLOBAL TAXES LL</u>				_
×		PAID PREPARER'S SIGNATURE DATE FIRM'S NAME (PREPARER'S IF				
Ш		2530 Pebble Creek Ln	30-101			_
4		PAID PREPARER'S STREET ADDRESS	PAID PREPA			
		Cumming GA 30041	(646)7		7157	_

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).