£1040

Department of the Treasury—Internal Revenue Service (99)

U.S. Individual Income Tax Return

2020

OMB No. 1545-0074

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

Filing Status Check only			_	ed filing separately	•	_		·	. –	_				
one box.		ou checked the MFS box, enter the son is a child but not your depende		your spouse. If you	chec	ked the H	OH or Q	W box, ente	er the	child's	name if t	the qualifying		
Your first name	and m	iddle initial	Last na	ast name							Your social security number			
HARISH I	REDD	Y	THUM	ĪŪ					-	781-68-8398				
If joint return, s	pouse's	s first name and middle initial	Last na	me					5	Spouse's social security number				
Home address	(numbe	er and street). If you have a P.O. box, se	e instruction	ons.				Apt. no.	F	Preside	ntial Elect	tion Campaign		
3010 W	YORK	SHIRE DR						3033			here if you			
City, town, or p	ost offi	ce. If you have a foreign address, also o	complete s	paces below.		ate		P code		•	٠,	intly, want \$3 I. Checking a		
PHOENIX	PHOENIX					.Z		5027	k	oox bel	ow will no	ot change		
Foreign country name				Foreign province/state	e/cour	nty	Fo	oreign postal c	ode \	our tax	x or refund You	d. Spouse		
At any time du	uring 20	020, did you receive, sell, send, ex	change, c	or otherwise acquire	e any	financial i	interest	in any virtua	al curr	ency?	Yes			
Standard Deduction	_	eone can claim:	•				dent							
Deduction	Ш,	Spouse itemizes on a separate retu	irn or you	were a dual-status	s alle	n .								
Age/Blindness	s You	Were born before January 2,	1956	Are blind Sp	ous	e: 🗌 Wa	s born b	efore Janua	ary 2,	1956	_ ls b	olind		
Dependent	s (see	instructions):		(2) Social security number (3) Relative to yo					qualifies for (see instructions):					
If more	(1) F	irst name Last name				to you			dit	Credit for o	other dependents			
than four											Ц			
dependents, see instruction	s													
and check									<u>Ц</u>			Ц		
here ►											Ц			
Attack	_1_	Wages, salaries, tips, etc. Attach	Form(s) \	N-2						1	+	84,288.		
Attach Sch. B if	2a	Tax-exempt interest	2a		b ·	Taxable in	terest			2b				
required.	3a	Qualified dividends	3a		b	Ordinary d	lividends	3		3b)			
	4a	IRA distributions	4a		b ·	Taxable ar	mount .			4b)			
	5a	Pensions and annuities	5a		b ·	Taxable ar	mount .			5b)			
Standard	6a	Social security benefits	6a			Taxable ar				6b				
• Single or	7	Capital gain or (loss). Attach Sch	edule D if	required. If not red	quire	d, check h	ere .		▶ ∐	7				
Married filing separately,	8	Other income from Schedule 1, li	ine 9							8	+	<u>-4,850.</u>		
\$12,400	9	Add lines 1, 2b, 3b, 4b, 5b, 6b, 7	, and 8. T	his is your total in	come				. ▶	9	\bot	79,438.		
 Married filing jointly or 	10	Adjustments to income:												
Qualifying	а	From Schedule 1, line 22					10a			_				
widow(er), \$24,800	b	Charitable contributions if you tak	e the stan	ndard deduction. Se	e ins	tructions	10b							
Head of	С	Add lines 10a and 10b. These are	e your tot	al adjustments to	inco	me .			. ▶	100	3			
household, \$18,650	11	Subtract line 10c from line 9. This	s is your a	adjusted gross inc	ome				. ▶	11		79,438.		
 If you checked any box under 	12	Standard deduction or itemized	d deducti	ions (from Schedul	e A)					12	!	12,400.		
Standard	13	Qualified business income deduc	ction. Atta	ich Form 8995 or F	orm	8995-A				13	-			
Deduction, see instructions.	14	Add lines 12 and 13								14	,	12,400.		
	15	Taxable income. Subtract line 1	4 from lin	e 11. If zero or less	, ent	er -0				15	;	67,038.		

Form 1040 (2020))									Page 2
	16	Tax (see instructions). Check	if any from Form	(s): 1 881	4 2 🗌 4972	3 🗌			16	10,536.
	17	Amount from Schedule 2, lin	ne 3						17	
	18	Add lines 16 and 17							18	10,536.
	19	Child tax credit or credit for	other dependen	ts					19	
	20	Amount from Schedule 3, lin	ie 7						20	
	21	Add lines 19 and 20							21	
	22	Subtract line 21 from line 18	. If zero or less,	enter -0					22	10,536.
	23	Other taxes, including self-e	mployment tax,	from Schedule	e 2, line 10 .				23	0.
	24	Add lines 22 and 23. This is	your total tax					. ▶	24	10,536.
	25	Federal income tax withheld	from:							
	а	Form(s) W-2				25a	11	,316		
	b	Form(s) 1099				25b				
	С	Other forms (see instructions	s)			25c				
	d	Add lines 25a through 25c							25d	11,316.
If you have a	26	2020 estimated tax payment	ts and amount a	pplied from 20	019 return				26	
qualifying child,	27	Earned income credit (EIC)				27				
attach Sch. EIC. F If you have	28	Additional child tax credit. A				28				
nontaxable	29	American opportunity credit	from Form 8863	3, line 8		29				
combat pay, see instructions.	30	Recovery rebate credit. See		-		30		240		
	31	Amount from Schedule 3. lin				31				
	32	Add lines 27 through 31. The	ese are vour tot a	al other pavm	ents and refund	dable cr	edits	. •	32	240.
	33	Add lines 25d, 26, and 32. T	•						_	11,556.
Defend	34	If line 33 is more than line 24							34	1,020.
Refund	35a	Amount of line 34 you want				-	-	▶ □		1,020.
Direct deposit?	▶b	Routing number 0 8 1				≺ Chec		Savings		
See instructions.	▶d	Account number 3 5 5						, armige		
	36	Amount of line 34 you want a				36	Τ΄			
Amount	37	Subtract line 33 from line 24						_	37	
You Owe	31			-						
For details on		Note: Schedule H and Schedule 3, line 1								
how to pay, see instructions.	38	Estimated tax penalty (see in	•			38				
Third Party		you want to allow another								
Designee		structions	•				Yes. Co	mplete	below.	X No
3	De	signee's		Phone			Perso	nal iden	ntification	
	na	me ►		no. ►			numb	er (PIN)		
Sign		der penalties of perjury, I declare t								
Here		lief, they are true, correct, and com	plete. Declaration of		,	oased on	ali informatio			, ,
	Yo	ur signature		Date	Your occupation					nt you an Identity IN, enter it here
Joint return?					SOFTWARE	DEVE	OPER	- 1	e inst.)	IIV, CITICI II TICIC
See instructions.	Sp	ouse's signature. If a joint return, t	ooth must sign.	Date	Spouse's occupa			If ti	he IRS se	nt your spouse an
Keep a copy for	,	,	Ü					- 1		ection PIN, enter it here
your records.								(se	e inst.) >	
		one no. (660)238-165		Email address	HARISHREDDY		@GMAIL.CO			1
Paid	Pre	eparer's name	Preparer's signat	ture		Date		PTIN		Check if:
Preparer	SYAM	M PRIYA RAM SAGAR GUPTA TALLAM	SYAM PRIYA	RAM SAGAR	GUPTA TALLA	M 09/	15/2021	P020	82703	Self-employed
Use Only	Fir	m's name ► GLOBAL TAX	XES LLC					Ph	one no.	(678)965-9522
————	Fir	m's address ▶ 2530 Pebb	le Creek L	n Cummin	g GA 30041			Fir	m's EIN 🕨	30-1017196
Go to www.irs.go	ov/Forr	n1040 for instructions and the late	st information.		BAA	REV	07/28/21 PRO			Form 1040 (2020)

SCHEDULE 1 (Form 1040)

Additional Income and Adjustments to Income

OMB No. 1545-0074

Department of the Treasury Internal Revenue Service

HARISH REDDY THUMU

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

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

Attachment Sequence No. **01** Your social security number

781-68-8398

Par	t I Additional Income		
1	Taxable refunds, credits, or offsets of state and local income taxes	1	
2a	Alimony received	2a	
b	Date of original divorce or separation agreement (see instructions) ▶		
3	Business income or (loss). Attach Schedule C	3	
4	Other gains or (losses). Attach Form 4797	4	
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	5	-4,850.
6	Farm income or (loss). Attach Schedule F	6	
7	Unemployment compensation	7	
8	Other income. List type and amount ▶		
_		8	
9	Combine lines 1 through 8. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8	9	-4,850.
Par	line 8	J	-4,030.
10	Educator expenses	10	
11	Certain business expenses of reservists, performing artists, and fee-basis government	10	
	officials. Attach Form 2106	11	
12	Health savings account deduction. Attach Form 8889	12	
13	Moving expenses for members of the Armed Forces. Attach Form 3903	13	
14	Deductible part of self-employment tax. Attach Schedule SE	14	
15	Self-employed SEP, SIMPLE, and qualified plans	15	
16	Self-employed health insurance deduction	16	
17	Penalty on early withdrawal of savings	17	
18a	Alimony paid	18a	
b	Recipient's SSN		
С	Date of original divorce or separation agreement (see instructions) ▶		
19	IRA deduction	19	
20	Student loan interest deduction	20	
21	Tuition and fees deduction. Attach Form 8917	21	
22	Add lines 10 through 21. These are your adjustments to income. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 10a	22	

SCHEDULE E

(Form 1040)

Supplemental Income and Loss

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

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

OMB No. 1545-0074

Internal Revenue Service (99) Name(s) shown on return

Department of the Treasury

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

Attachment Sequence No. 13 Your social security number

HARI	SH REDDY THUMU							78	81-68	-8398	3	
Part	Income or Loss	From Rental Real Estate and Ro	yaltie	s Note: If	f you a	are in th	e business c	f rent	ing pers	onal pr	operty, ι	ıse
	Schedule C. See	instructions. If you are an individual, rep	ort farr	m rental inc	ome o	or loss fi	om Form 48	335 or	n page 2	, line 40).	
A Dic	d you make any payme	nts in 2020 that would require you to	file F	orm(s) 109	99? S	ee instr	uctions .			П	es X	No
		ou file required Form(s) 1099?										No
1a		each property (street, city, state, ZIF										
Α		RABAD TELANGANA IN 5000		,								
В												
С												
1b	Type of Property	2 For each rental real estate prop	nerty l	isted		Fair	Rental	Personal Use				····
	(from list below)	above report the number of fa	above report the number of fair rental:				ays		Days		QJV	V
Α	3	personal use days. Check the	QJV b o file a	ox only s a	Α		365		(0		
В		qualified joint venture. See inst		В								
С					С							
Type o	of Property:											
	gle Family Residence	3 Vacation/Short-Term Rental	5 La	nd		7 Self-	Rental					
-	ti-Family Residence	4 Commercial	6 Ro	valties		3 Othe	r (describe))				
Incom		Properties:			Α		E				С	
3	Rents received		3			650.						
4			4									
Expen												
5			5			100.						
6		nstructions)	6			300.						
7		nance	7									
8			8									
9			9									
10		ssional fees	10									
11	-		11									
12		d to banks, etc. (see instructions)	12									
13			13		5,	000.						
14			14			100.						
15			15									
16			16									
17			17									
18		or depletion	18									
19	Other (list) ▶		19									
20		lines 5 through 19	20		5,	500.						
21	Subtract line 20 from	line 3 (rents) and/or 4 (royalties). If										
		instructions to find out if you must										
	file Form 6198		21		-4,	850.						
22	Deductible rental real	estate loss after limitation, if any,										
	on Form 8582 (see in		22		- 4 ,8	50.)	()()
23a	Total of all amounts re	eported on line 3 for all rental prope	rties			23a		6	50.			
b	Total of all amounts re	eported on line 4 for all royalty prop	erties			23b						
С	Total of all amounts re	eported on line 12 for all properties				23c						
d	Total of all amounts re	eported on line 18 for all properties				23d						
е		eported on line 20 for all properties				23e		5,5	00.			
24	Income. Add positive	e amounts shown on line 21. Do no	t inclu	ide any los	sses				24			
25	Losses. Add royalty lo	sses from line 21 and rental real estate	losse	s from line	22. E	nter tota	al losses her	е.	25 (4,8	50.)
26	Total rental real esta	ate and royalty income or (loss).	Comb	ine lines 2	4 an	d 25. E	nter the re	sult				
		V, and line 40 on page 2 do not										
	Schedule 1 (Form 10/	10) line 5. Otherwise, include this ar	mount	in the tota	al on	line 41	on page 2		26		-4.	350.

Arizona Form **AZ-8879**

E-file Signature Authorization

2020

Do not mail this form to the Arizona Dep	partment of Revenue.	The ERO must retain this document a minimum of four years.
Your First Name and Initial	Last Name	Your Social Security Number*
HARISH REDDY	THUMU	Enter 781 68 8398
Your Spouse's First Name and Initial (if filed joint)	Last Name	your Spouse's Social Security No.*
PART 1 – PURPOSE		*Do Not Truncate
 To certify the truthfulness, correctness, and comp 		
federal individual income tax return as the taxpay		payer wishes to use the taxpayer's electronic signature to the taxpayer's payer's electronic Arizona individual income tax return.
PART 2 – TAX RETURN INFORMATION		PART 3 – FINANCIAL INSTITUTION INFORMATION
1 Arizona Adjusted Gross Income 79, 43	20 00	Must be present when requesting direct debit or deposit. Foreign Account Deposit/Debit: See instructions below.
,	38 00	TYPE OF ACCOUNT ROUTING NUMBER
	76 00	☐ Checking ☐ Savings ☐ Sa
Check box 4 or box 5:	70100	ACCOUNT NUMBER
4⊠ REFUND: Enter the amount of refund	13	8 00 3 5 5 0 0 5 8 5 4 3 2 0
5 ■ AMOUNT YOU OWE: Enter the amount owe		00 DIRECT DEBIT REQUEST DATE DIRECT DEBIT PAYMENT AMOUNT \$ 0.00
		<u> </u>
Box 4 Checkbox – Refund: You are due a refund ba provided on your tax return. Your refund amount w		Foreign Account Deposit/Debit Checkbox: Check the "Foreign Account Deposit/Debit" box if your deposit will be ultimately placed in or come
account listed in the Financial Institution Information		from a foreign account. If you check this box, do not enter your account
Box 5 Checkbox - Amount You Owe: You ow		numbers. If this box is checked, we will not direct deposit or debit you
information provided on your tax return. You have		account. If you are due a refund, we will send you a check instead. If you owe tax, you must mail a check to the Arizona Department of Revenue
for payment. The payment will be withdrawn from t date listed in the Financial Institution Information Se		PO Box 29085, Phoenix, AZ 85038-9085.
PART 4 – DECLARATION AND SIGNATUR	E ALITHODIZATION	N (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 exelectronic Arizona individual income tax return and ac		Provider (OLSP) sending my electronic Arizona individual income ta:
and statements for the year ending December 31, 2	020, and to the best of	return and accompanying schedules and statements to ADOR, and
my knowledge and belief, it is true, correct, and com that the amounts of Arizona adjusted gross inco		consent to my ERO or OLSP sending such information to ADOR through a transmitter. I consent to ADOR sending my ERO, OLSP and/or transmitter
income tax withheld, and refund (or amount owed		an acknowledgement of receipt of transmission and an indication of
amounts shown on the copy of my electronic Arizo		whether or not the transmission of my return is accepted and, if the return is rejected, the reason(s) for the rejection. If the processing of my return
6a ☐ I consent that my refund be directly deposite electronic portion of my 2020 Arizona indivice.		or refund is delayed, I authorize ADOR to disclose to my ERO, OLSP and
If I have filed a joint return, this is an irrev		or transmitter the reason(s) for the delay, or when the refund was sent
the other spouse as an agent to receive the	refund.	If ADOR contacts my ERO for a copy of my return, any documents o schedules to my return, and/or this authorization form, I authorize my ERO
6b I do not want direct deposit of my refund or refund.	r I am not receiving a	to release copies of the requested documents to ADOR.
6c I authorize the Arizona Department of Rev	venue (ADOR) and its	
designated Financial Agent to initiate an	ACH electronic funds	I authorize GLOBAL TAXES LLC
withdrawal (direct debit) entry to the financial indicated in the tax preparation software for		(ELECTRONIC RETURN ORIGINATOR)
taxes owed on this return. I also authorize the		to make the election that I want my electronic signature to my electroni
involved in the processing of the electronic		federal individual income tax return to serve as my signature to m
receive confidential information necessary to resolve issues related to the payment.	answer inquiries and	electronic Arizona individual income tax return for the year ending December 31, 2020. I understand that when my ERO makes the election
. ,	1.(11 ADOD 1 1	that my electronic signature to my federal individual income tax return wi
If I have filed a balance due return, I understand tha receive full and timely payment of my tax liability b		serve as my signature to my Arizona individual income tax return, I wi
remain liable for the tax liability and all applicable	interest and penalties.	have signed my Arizona individual income tax return and declared unde penalties of periury that to the best of my knowledge and belief the return
When electronically filing my federal and state tax		is true, correct and complete.
that if there is an error on my federal return, my si rejected.	ate return will also be	
₩ →		
WOULD DENIAND INIT OF STATE OF		DATE
YOUR PEN AND INK SIGNATURE		DATE
SIS		
YOUR PEN AND INK SIGNATURE SPOUSE'S PEN AND INK SIGNATURE		
SPOUSE'S PEN AND INK SIGNATURE		DATE

ORN.		Arizona Form 140 Resident Personal Income Tax						FC	2020	
RET	82F	□ if	heck box 82F filing under extension	OR FISCAL YEAR BEGINN	NING L	12,0,2,0	AND ENDING			Ē
0 THE			First Name and Middle Initial		Last Name		Enter	Your S	Social Security Number	= er
0	1		RISH REDDY		THUMU		your	781	L 68 8398	
TEMS T	1	Spous	se's First Name and Middle Initia	al (if box 4 or 6 checked)	Last Name		SSN(s	Spous	e's Social Security No	٥.
Ξ		Curre	nt Home Address - number and	street, rural route		Apt. No.	Daytii	me Phone (with area code)	_
ANY	2		.0 W YORKSHIRE DR			3033		660)238		
Ā			own or Post Office	State	ZIP Code	9	Last Names Used	in Last Four	Prior Year(s) (if different	Ĺ
DO NOT STAPLE	3 တ		DENIX	AZ	85027		DEVENUE USE O	NI V DO NO	9: T MARK IN THIS AREA	_
I	STATUS	4	Married filing joint return	_ , ,		verpayment	88	NLI. DO NO	I WARR IN THIS AREA	•
S	ST/	5	Head of nousehold. Enter	name of qualifying child or depe	endent on next line:		<u> </u>			
2	FILING	6	Married filing separate ret	urn. Enter spouse's name and	Social Security Num	ber above.				
00	≓	7	∑ Single							
				d. Do not put a check ma	rk.					
	٥	8	Age 65 or over (you and/o	00! 44!	s 8, 9, and 11a, also co es 10a and 10b, also c	mplete lines 38,	81 PM		80 RCVD	—
	d 10	9	Blind (you and/or spouse)				<u> 61 </u> · ···		80	
	a an	10a 11a	Dependents: Under age of Qualifying parents and gra		ndents: Age 17 an	a over.				
	and 11a - Dependents 10a and 10b		(Box 10a and 10b): Depende	•	tions For more	snace check th	ne box \square and α	omplete n	age 4 Part 1	_
	dent		(a)		(b)	(c)	(d)	(e)	(f)	
	ben		FIRST AND LAS (Do not list yourself		OCIAL SECURITY NO.	RELATIONSHIF	NO. OF MONTHS LIVED IN YOUR	included in	this person on your	m r
	- D		(= , - =				HOME IN 2020	1 (Box 10a) (Bo	2 federal return due to educational credits	
	1 _a	10c								
		10d						무무	<u> </u>	
	8, 9,	10e								
10	ions		(Box 11a): Qualifying parents	s and grandparents. See ins	structions. For mo	ore space, check (c)	k the box L and	complete (e)	page 4, Part 2.	
nts after Form 140	Exemptions		FIRST AND LAS	51 147 UVIL	OCIAL SECURITY NO.	RELATIONSHIP	IP NO. OF MONTHS VIFAGE		OR IF DIED IN	
orn	Ä		(Do not list yourself	or spouse.)			HOME IN 2020	OVER	2020	
er F		11b								_
aft		11c								
ıts		12	Federal adjusted gross incor	ne (from your federal retui	rn)			12	79,438 00	<u>)</u>
			Non-Arizona municipal interest						00	
g	Additions		Partnership Income adjustment						00	_
0	\ddi1		Total federal depreciation Net capital (loss) derived from the capital (loss) derived						00	
<u>he</u>	1		Other Additions to Income: Co						00	
Place any required federal and AZ schedules or other docume		18	Subtotal: Add lines 12 through 1	7 and enter the total			-	18	79,438 00)
S O			Total net capital gain or (loss).					00		
<u>=</u>			Total net short-term capital gair					00		
hec			Total net long-term capital gain Net long-term capital gain from							
SC			Multiply line 22 by 25% (.25) ar					-	0 00	_)
AZ		24	Net capital gain derived from in	vestment in qualified small l	hueinaee			I	00	
m	(A)	This b	oox may be blank or may contain a r	orinted barcode of data from you	ur return. 25 Net	capital gain exc	change of legal te	ender 25	00	<u>)</u>
ਛ	Subtractions		#L. 7 E. 7 EN (27 ML) B. 7 ML)		26 Red		na depreciation		00	_
der	otrac				27 Par		e adjustment		00	_
ě	Suk		Rububububububu		29a Exclu	erest on U.S. ob usion for fed., AZ sta		00	_	
red			oox may be blank or may contain a p		29b Pens		rvices retired/retaine		00	_
dui					30 U.S.		r Railroad Retireme		00	_
re /			YY MORTANA MAY HOE BAY FROU PAS		31 Cer	tain wages of A	merican Indians .	31	00	_
an)					32 Pay	•	an active service me		00	_
g					33 Net	-	adjustment		00	_
<u>0</u>						college Savings Pla		79.438 00		

ADOR 10413 (20) 1555

	Your	Name (as shown on page 1)	Your Social Security	Number		$\overline{}$
		ISH REDDY THUMU	781-68-839			
	11171			Г		
	36	Other Subtractions from Income. Complete Adjustments to Arizona Gross Income schedule on p	· ·	Г		00
	37	Subtract line 36 from line 35 and enter the difference			79,438	$\overline{}$
ons	38	Age 65 or over: Multiply the number in box 8 by \$2,100				00
ıptic	39	Blind: Multiply the number in box 9 by \$1,500		I		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				00
	42	Arizona adjusted gross income: Subtract lines 38 through 41 from line 37. If less than zero, enter "0".			79,438	
	43	Deductions: Check box and enter amount. See instructions			12,400	
	44	If you checked box 43S and claim charitable deductions, check 44C Complete page 3. See instru	T F	57.020	00	
	45	Arizona taxable income: Subtract lines 43 and 44 from line 42. If less than zero, enter "0"		I	67,038	
Тах	46	Compute the tax using amount on line 45 and Tax Table X, Y or Optional Tax Tables			2,138	
Balance of Tax	47	Tax from recapture of credits from Arizona Form 301, Part 2, line 31			2 120	00
ance	48	Subtotal of tax: Add lines 46 and 47 and enter the total		T F	2,138	1
Bal	49	Dependent Tax Credit. See instructions		1		00
	50	Family income tax credit (from the worksheet - see instructions)		Г		00
	51	Nonrefundable Credits from Arizona Form 301, Part 2, line 61		Г	0 120	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			2,138	
- v	53	2020 AZ income tax withheld			2,276	$\overline{}$
Total Payments and Refundable Credits	54	2020 AZ estimated tax payments 54a 00 Claim of Right 54b	00 Add 54a and 54			00
e Cr	55	2020 AZ extension payment (Form 204)		Г		00
aym	56	Increased Excise Tax Credit (from the worksheet - see instructions)				00
tal Pefun	57	Property Tax Credit from Arizona Form 140PTC				00
₽ œ	58	Other refundable credits: Check the box(es) and enter the total amount		T F	2 276	00
	_59	Total payments and refundable credits: Add lines 53 through 58 and enter the total			2,276	
e or men	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		Г	120	00
c Du	61	OVERPAYMENT: If line 59 is larger than line 52, subtract line 52 from line 59 and enter amount of overpayr			138	$\overline{}$
Tax Due or Overpayment	62	Amount of line 61 to be applied to 2021 estimated tax			138	
	63	Balance of overpayment: Subtract line 62 from line 61 and enter the difference Solutions Teams				UU
Gifts	64	- 74 Voluntary Gifts to: Assigned to Schools		00		
ary		Child Abuse Prevention		00		
Voluntary		Sustainable State Barks		00		
≥						
≥		Political Party (if amount is entered on line 68 - check only one): 751 Democratic 752 Libertarian	753 Republicar			00
nalty	77	Estimated payment penalty		/6		100
Pe		Add lines 64 through 74 and 76; enter the total		70		00
	79	REFUND: Subtract line 78 from line 63. If less than zero, enter amount owed on line 80		78 79	138	
Refund or Amount Owed	19	Direct Deposit of Refund: Check box 79A if your deposit will be ultimately placed in a foreign account; see			130	100
nd of		CM Checking or ROUTING NUMBER ACCOUNT NUMBER				
Refu nour		98 S Savings 0 8 1 0 0 0 0 3 2 3 5 5 0 0 5 8 5 4 3 2 0		Į		
Ā	80	AMOUNT OWED: Add lines 60 and 78. Make check payable to Arizona Department of Revenue; write years				
		and include with your return		80		00
		Under penalties of perjury, I declare that I have read this return and any documents with it, and to				ire
	1	rue, correct and complete. Declaration of preparer (other than taxpayer) is based on all informatic	on of which prepa	rer has	any knowledge.	
川川	→					
一造			FTWARE DEV	ELOP:	ER	_
lΞ		OUR SIGNATURE DATE OC	CUPATION			
5	→					
SIGN HERE	3	SPOUSE'S SIGNATURE DATE SPO	OUSE'S OCCUPATION	١		-
		SYAM PRIYA RAM SAGAR GUPTA TALLAM 09152021 GLOBAL TAXES LL				
PLEASE		PAID PREPARER'S SIGNATURE DATE FIRM'S NAME (PREPARER'S IF				-
Ш		2530 Pebble Creek Ln	30-101	L7196	5	
P	Ī	PAID PREPARER'S STREET ADDRESS	PAID PREPA			_
		Cumming GA 30041	(678)			
	- :	DAID DEEDABED'S CITY STATE ZID CODE	DAID DDED	DEDIO	DUONE NI IMPED	

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).