Form **8879**

(Rev. January 2021)

Department of the Treasury Internal Revenue Service

IRS e-file Signature Authorization

▶ ERO must obtain and retain completed Form 8879.

► Go to www.irs.gov/Form8879 for the latest information.

OMB No. 1545-0074

- Internal n	levertude det vice					
Submis	ssion Identification Number (SID)					
Taxpayer	r's name	Social se	curity num	ber		
SAIT	EJA YAMUSANI	866-	25-046	8		
Spouse's	s name	Spouse's	s social sec	urity nu	umber	
Part	Tax Return Information — Tax Year Ending December 31,	Enter year yo	u are ai	ıthoria	zina)	
	whole dollars only on lines 1 through 5.	Littor your yo	o are ac	11110112		
	Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.					
	Adjusted gross income		. 1		70,	040.
	Total tax					468.
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099		. 3		10,	717.
4	Amount you want refunded to you		. 4			049.
5	Amount you owe		. 5			
Part I	Taxpayer Declaration and Signature Authorization (Be sure you get	and keep a	copy of	your	returi	า)
return (o to send for any o Agent to paymen authoriz paymen business taxes to persona	wledge and belief, it is true, correct, and complete. I further declare that the amounts in Part original or amended) I am now authorizing. I consent to allow my intermediate service provider, t my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account of my federal taxes owed on this return and/or a payment of estimated tax, and the financial in ation is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to ter t, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellations adays prior to the payment (settlement) date. I also authorize the financial institutions involved to receive confidential information necessary to answer inquiries and resolve issues related to ali identification number (PIN) below is my signature for the income tax return (original or amendatic Funds Withdrawal Consent.	ransmitter, or el for rejection of to the U.S. Treasunt indicated in tastitution to debirminate the author requests musin the processing the payment.	ectronic re he transm iry and its he tax pre t the entry orization. st be rece ng of the e	eturn or ssion, design paratic to this To rev ived n lectror cknow	riginato (b) the nated Fon software s account oke (ca o later nic pay ledge t	or (ERO) reason inancial vare for nt. This ancel) a than 2 ment of that the
	yer's PIN: check one box only					
X	l authorize GLOBAL TAXES LLC to enter or gene	erate my PIN	5 0	4 6	8	as my
•	ERO firm name signature on the income tax return (original or amended) I am now authorizing.	orate my r mv	Enter five don't ent		but	ao my
	I will enter my PIN as my signature on the income tax return (original or amended) I if you are entering your own PIN and your return is filed using the Practitioner PIN below.					
Your si	gnature ▶ Date	e▶				
Spous	e's PIN: check one box only					
	I authorize to enter or gene	erate my DINI				as my
	ERO firm name	erate my r m	Enter five	diaits.		as my
	signature on the income tax return (original or amended) I am now authorizing.		don't ent			
	I will enter my PIN as my signature on the income tax return (original or amended) I if you are entering your own PIN and your return is filed using the Practitioner PIN below.					
Spouse	e's signature ▶ Date	e►				
	Practitioner PIN Method Returns Only—continue b	elow				
Part I	II Certification and Authentication — Practitioner PIN Method Only					
FRO's	EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN.	5 8 7 2	7 8 6	$ _1 _1$	9 8	9
2110 0	Entri Int Enter your old aight Entri followed by your investight oon selected this.		t enter all z		- -	
authoriz	that the above numeric entry is my PIN, which is my signature for the electronic individual incomed to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I amount of the Practitioner PIN method and Pub. 1345 , Handbook for Authorized IRS e-file Provide	submitting this	return in	accord	danće ν	
ERO's	signature ► Date	e ▶				
	ERO Must Retain This Form — See Instructio					
	Don't Submit This Form to the IRS Unless Requested					

£1040

Department of the Treasury—Internal Revenue Service (99)

U.S. Individual Income Tax Return

2020

OMB No. 1545-007

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

Filing Status Check only one box.	If yo	Single Married filing jointly u checked the MFS box, enter the son is a child but not your depende	name of										
Your first name	and m	iddle initial	Last na	ame					Yo	ur so	cial securit	y number	
SAITEJA			MAY	JSANI					86	56-2	25-046	8	
If joint return, s	pouse's	s first name and middle initial	Last na	ame					Sp	ouse'	s social sec	curity number	
	•	er and street). If you have a P.O. box, se	e instructi	ions.				Apt. no.	- 1	Presidential Election Campaign			
18909 N					1 -				- 1		nere if you, if filing ioin	or your tly, want \$3	
	ost offi	ce. If you have a foreign address, also o	complete s	spaces below.	Sta			code			· ·	Checking a	
Phoenix				.	/ A.			5050			ow will not		
Foreign country	y name			Foreign province/stat	e/coun	ty	Fo	reign postal co	de yo	ur tax	or refund.	Spouse	
At any time du	ring 20	020, did you receive, sell, send, ex	change,	or otherwise acquir	e any	financial i	nterest i	n any virtual	currer	ncy?	Yes	⊠ No	
Standard Deduction		eone can claim:				•	dent						
Age/Blindness	You	Were born before January 2,	1956	Are blind S	pouse	e: 🗌 Wa	ıs born b	efore Janua	ry 2, 19	956	☐ Is bli	ind	
Dependents	s (see	instructions):		(2) Social secur	itv	(3) Rela	tionship	(4) 🗸	if qualif	ies for	r (see instru	ctions):	
If more	•	irst name Last name		number	,	to		Child ta		- 1		her dependents	
than four													
dependents,											[
see instructions and check	s —										[
here ▶ □													
	1_	Wages, salaries, tips, etc. Attach	Form(s)	W-2						1	3	30,252.	
Attach	2a	Tax-exempt interest	2a		b T	axable in	terest			2b			
Sch. B if required.	3a	Qualified dividends	3a		b (Ordinary d	ividends			3b			
	4a	IRA distributions	4a		b T	axable ar	nount .			4b			
	5a	Pensions and annuities	5a		b T	axable ar	nount .			5b			
Standard	6a	Social security benefits	6a		b T	axable ar	nount .			6b			
Deduction for— Single or	7	Capital gain or (loss). Attach Sch	edule D i	f required. If not re	quired	l, check h	ere .	•	· 🗌	7	-	-1,062.	
Married filing	8	Other income from Schedule 1, li	ne 9 .							8	-	-6,900.	
separately, \$12,400	9	Add lines 1, 2b, 3b, 4b, 5b, 6b, 7	, and 8. 1	Γhis is your total in	come					9		72,290.	
Married filing	10	Adjustments to income:											
jointly or Qualifying	а	From Schedule 1, line 22					10a	2,0	00.				
widow(er), \$24,800	b	Charitable contributions if you tak	e the star	ndard deduction. Se	ee inst	ructions	10b	2	250.				
Head of	С	Add lines 10a and 10b. These are	e your to	tal adjustments to	inco	me .			•	10c		2,250.	
household, \$18,650	11	Subtract line 10c from line 9. This	s is your	adjusted gross in	come				•	11		70,040.	
If you checked	12	Standard deduction or itemized	d deduct	t ions (from Schedu	le A)					12		12,400.	
any box under Standard	13	Qualified business income deduc	tion. Atta	ach Form 8995 or F	orm 8	3995-A				13			
Deduction, see instructions.	14	Add lines 12 and 13								14		12,400.	
	15	Taxable income. Subtract line 1	4 from lir	ne 11. If zero or less	s, ente	er -0				15	[57,640.	

Form 1040 (2020))									Page 2
	16	Tax (see instructions). Check	if any from Form	n(s): 1 881	4 2 🗌 4972	3 🗌		. 1	16	8,468.
	17	Amount from Schedule 2, lir	ne3					. 1	17	
	18	Add lines 16 and 17						. 1	8	8,468.
	19	Child tax credit or credit for	other dependen	ts				. 1	9	
	20	Amount from Schedule 3, lin	ne7					. 2	20	
	21	Add lines 19 and 20						. 2	21	
	22	Subtract line 21 from line 18	B. If zero or less,	enter -0				. 2	22	8,468.
	23	Other taxes, including self-e	mployment tax,	from Schedule	2, line 10 .			. 2	23	0.
	24	Add lines 22 and 23. This is	your total tax					▶ 2	24	8,468.
	25	Federal income tax withheld	I from:							
	а	Form(s) W-2				25a	10,7	17.		
	b	Form(s) 1099				25b				
	С	Other forms (see instruction	s)			25c				
	d	Add lines 25a through 25c						. 2	5d	10,717.
If you have a	26	2020 estimated tax paymen	ts and amount a	pplied from 20	119 return			. 2	26	
qualifying child,	27	Earned income credit (EIC)			No .	27				
attach Sch. EIC.	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	instructions .			30	1,8	00.		
	31	Amount from Schedule 3, lir				31				
	32	Add lines 27 through 31. The						▶ 3	32	1,800.
	33	Add lines 25d, 26, and 32. T	hese are your to	tal payments				▶ 3	33	12,517.
Defund	34	If line 33 is more than line 24							34	4,049.
Refund	35a	Amount of line 34 you want							5a	4,049.
Direct deposit?	▶b	Routing number 0 2 1			▶ c Type: 🔀	_		rings		
See instructions.	►d	Account number 2 6 3	3 3 5 7	7 7			_			
	36	Amount of line 34 you want			ed tax ►	36				
Amount	37	Subtract line 33 from line 24	. This is the am e	ount vou owe	now			▶ 3	37	
You Owe		Note: Schedule H and Sch								
For details on		2020. See Schedule 3, line 1	·	•	•		you our	0 101		
how to pay, see instructions.	38	Estimated tax penalty (see in	nstructions) .		🕨	38				
Third Party	Do	you want to allow another				? See				
Designee	ins	structions				. ▶ ☐ Ye	s. Comp	olete belo	w.	X No
		signee's		Phone				identificat	ion ${\color{red} { bullet}}$	
		me ►		no. ►			number (
Sign		der penalties of perjury, I declare t ief, they are true, correct, and com								
Here		ur signature	•	Date						you an Identity
	, 10	ui signature		Date	Tour occupation					I, enter it here
Joint return?					JAVA DEVELO	PER (IT PF	ROFES	(see inst.) 🏲 🗌	
See instructions.	Sp	ouse's signature. If a joint return, I	both must sign.	Date	Spouse's occupa	tion				your spouse an
Keep a copy for your records.	,							Identity F (see inst.		ction PIN, enter it here
,								(See IIISt.	/ _	
		one no. eparer's name	D	Email address		D-4-		FINI		Ol I - if-
Paid		•	Preparer's signat		G110m2 m2112	Date		ΓΙΝ NO O O O O O	- 1	Check if:
Preparer		I PRIYA RAM SAGAR GUPTA TALLAM		KAM SAGAR	GOPTA TALLAM	1 02/27/20	71 PC	208270	_	Self-employed
Use Only		m's name ► GLOBAL TA		0 '	- Ch 20041					578)965-9522
		m's address ► 2530 Pebb		in Cumming				Firm's El	<u>N</u> ▶	30-1017196
Go to www.irs.go	ov/Forn	n1040 for instructions and the late	est information.		BAA	REV 02/21/2	1 PRO			Form 1040 (2020)

SCHEDULE 1 (Form 1040)

Additional Income and Adjustments to Income

OMB No. 1545-0074

2020
Attachment Sequence No. 01

Department of the Treasury Internal Revenue Service

SAITEJA YAMUSANI

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

Sequence No. 01
Your social security number
866-25-0468

Par	Additional Income		
1	Taxable refunds, credits, or offsets of state and local income taxes	1	
2a	Alimony received	2a	
b	Date of original divorce or separation agreement (see instructions) ▶		
3	Business income or (loss). Attach Schedule C	3	
4	Other gains or (losses). Attach Form 4797	4	
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	5	-6,900.
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,	9	6 000
Par	t II Adjustments to Income	9	-6,900.
		40	
10 11	Educator expenses	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	2,000.
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	2,000.

SCHEDULE D (Form 1040)

Capital Gains and Losses

OMB No. 1545-0074

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 Your social security number 866-25-0468 SAITEJA YAMUSANI

Did you dispose of any investment(s) in a qualified opportunity fund during the tax year? If "Yes," attach Form 8949 and see its instructions for additional requirements for reporting your gain or loss. Short-Term Capital Gains and Losses - Generally Assets Held One Year or Less (see instructions) Part I See instructions for how to figure the amounts to enter on the (h) Gain or (loss) (g) Adjustments Subtract column (e) lines below. Proceeds Cost to gain or loss from from column (d) and This form may be easier to complete if you round off cents to (sales price) Form(s) 8949, Part I, combine the result (or other basis) whole dollars. with column (g) line 2. column (a) 1a Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b . **1b** Totals for all transactions reported on Form(s) 8949 with Box A checked 6,918. 7,904. -986. 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 -986. Part II Long-Term Capital Gains and Losses—Generally Assets Held More Than One Year (see instructions) See instructions for how to figure the amounts to enter on the (h) Gain or (loss) (g) Adjustments Subtract column (e) (d) (e) lines below. Proceeds to gain or loss from from column (d) and Cost This form may be easier to complete if you round off cents to Form(s) 8949, Part II, (sales price) (or other basis) combine the result whole dollars. line 2. column (a) with column (a) 8a Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b . 8b Totals for all transactions reported on Form(s) 8949 with 306. -25. 255. -76. 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

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

-76.

14

15

Schedule D (Form 1040) 2020 Page 2

Part III **Summary** 16 Combine lines 7 and 15 and enter the result 16 -1,062. • If line 16 is a gain, enter the amount from line 16 on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 17 below. • If line 16 is a loss, skip lines 17 through 20 below. Then, go to line 21. Also be sure to complete • If line 16 is zero, skip lines 17 through 21 below and enter -0- on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 22. 17 Are lines 15 and 16 both gains? ☐ **Yes.** Go to line 18. No. Skip lines 18 through 21, and go to line 22. 18 If you are required to complete the 28% Rate Gain Worksheet (see instructions), enter the 18 19 If you are required to complete the Unrecaptured Section 1250 Gain Worksheet (see instructions), enter the amount, if any, from line 18 of that worksheet . 19 20 Are lines 18 and 19 both zero or blank and are you not filing Form 4952? ☐ Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Forms 1040 and 1040-SR, line 16. Don't complete lines 21 and 22 below. □ No. Complete the Schedule D Tax Worksheet in the instructions. Don't complete lines 21 and 22 below. If line 16 is a loss, enter here and on Form 1040, 1040-SR, or 1040-NR, line 7, the smaller of: 21 • The loss on line 16; or 21 1,062.) • (\$3,000), or if married filing separately, (\$1,500) Note: When figuring which amount is smaller, treat both amounts as positive numbers. Do you have gualified dividends on Form 1040, 1040-SR, or 1040-NR, line 3a? 22 ☐ Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Forms 1040 and 1040-SR, line 16. No. Complete the rest of Form 1040, 1040-SR, or 1040-NR.

Form **8949**

Department of the Treasury

Internal Revenue Service

Part I

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.

2020 Attachment Sequence No. 12A

OMB No. 1545-0074

Name(s) shown on return
SAITEJA YAMUSANI

Social security number or taxpayer identification number

866-25-0468

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.

instructions). For long-term transactions, see page 2.

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

Note: You may aggregate all short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 1a; you aren't required to report these transactions on Form 8949 (see instructions). You must check Box A. B. or C below. Check only one box. If more than one box applies for your short-term transactions. complete a separate Form 8949, page 1, for each applicable box. If you have more short-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need. X (A) Short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see Note above) (B) Short-term transactions reported on Form(s) 1099-B showing basis wasn't reported to the IRS (C) Short-term transactions not reported to you on Form 1099-B Adjustment, if any, to gain or loss. 1 If you enter an amount in column (a). (h) enter a code in column (f). Cost or other basis Gain or (loss). (d) (c) (a) (b) Date sold or Proceeds See the **Note** below See the separate instructions. Subtract column (e) Description of property Date acquired disposed of (sales price) from column (d) and and see Column (e) (Example: 100 sh. XYZ Co.) (Mo., day, yr.) combine the result (Mo., day, yr.) (see instructions) in the separate (g) Code(s) from Amount of adjustment instructions with column (a) instructions ROBINHOOD SECURITIES LLC 07/06/20 08/13/20 6,918. 7,904. -986. 2 Totals. Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include 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.

6,918.

-986.

Schedule D, line 1b (if Box A above is checked), line 2 (if Box B above is checked), or line 3 (if Box C above is checked) ▶

7,904.

Form 8949 (2020) Attachment Sequence No. **12A** Page **2**

Name(s) shown on return. Name and SSN or taxpayer identification no. not required if shown on other side SAITEJA YAMUSANI

Social security number or taxpayer identification number 866-25-0468

Before you check Box D, E, or F 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 II

Long-Term. Transactions involving capital assets you held more than 1 year are generally long-term (see instructions). For short-term transactions, see page 1.

Note: You may aggregate all long-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 8a; you aren't required to report these transactions on Form 8949 (see instructions).

You *must* check Box D, E, *or* F below. Check only one box. If more than one box applies for your long-term transactions, complete a separate Form 8949, page 2, for each applicable box. If you have more long-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.

✗ (D) Long-term transactions☐ (E) Long-term transactions☐ (F) Long-term transactions	reported on	Form(s) 1099	-B showing bas				e)
1 (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 co	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 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	05/25/19	08/13/20	255.	306.	E	-25.	-76.
2 Totals. Add the amounts in columns negative amounts). Enter each total Schedule D. line 8b (if Box D above	al here and inc	lude on your					

Note: If you checked Box D 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.

above is checked), or line 10 (if Box F above is checked) ▶

255.

306.

SCHEDULE E

(Form 1040)

Supplemental Income and Loss

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

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

OMB No. 1545-0074

Attachment Sequence No. **13**

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. Your social security number

SAIT	'EJA YAMUSANI								6-25-04		
Part	Income or Loss From Rental Real Estate an	d Ro	yaltie	s Not	e: If you	are in t	he business o	of rentir	ng personal	prope	rty, use
	Schedule C. See instructions. If you are an individua	al, rep	ort farı	m rental	income	or loss	from Form 48	335 on	page 2, line	40.	
A Did	d you make any payments in 2020 that would require	you to	file F	orm(s)	1099? 5	See ins	tructions .		🗆	Yes	X No
B If "	Yes," did you or will you file required Form(s) 1099?								🗆	Yes	☐ No
1a	Physical address of each property (street, city, stat	e, ZIF	code	e)							
Α	HYD HY IN										
В											
С											
1b	Type of Property 2 For each rental real estat	e prop	perty I	isted			r Rental		sonal Use		QJV
	(from list below) 3 above, report the number personal use days. Check if you meet the requirements above.	k the	ir rent QJV b	ai and oox only	_		Days		Days		
<u>A</u>	3 if you meet the requirement of	ents to	o file a	is a	Α		365		0		Ц
В	qualified joint venture. Se	e msi	ructio	ns.	В						<u> </u>
С					С						
	of Property:										
	gle Family Residence 3 Vacation/Short-Term Re	ental					-Rental				
	ti-Family Residence 4 Commercial ne: Proper	tios:	6 Rc	yalties		8 Oth	er (describe		I		
ncom	-		_		Α	400	E	5		С	
3	Rents received		3			400.	1				
4 =vnor	Royalties received	•	4				+				
Exper 5			_								
	Advertising		5 6								
6 7	Cleaning and maintenance		7			900.					
8	Commissions.		8			900.					
9	Insurance		9								
10	Legal and other professional fees		10								
11	Management fees		11		1	100.					
12	Mortgage interest paid to banks, etc. (see instruction		12		Δ,	100.					
13	Other interest	,	13								
14	Repairs		14		2	000.					
15	Supplies		15			800.					
16	Taxes		16								
17	Utilities		17		1	500.					
18	Depreciation expense or depletion		18			300.					
19	Other (list)	•	19								
20	Total expenses. Add lines 5 through 19		20		7 .	300.					
21	Subtract line 20 from line 3 (rents) and/or 4 (royaltie		_		. ,	- ·	1				
-1	result is a (loss), see instructions to find out if your										
	file Form 6198		21		-6,	900.					
22	Deductible rental real estate loss after limitation, if	any,									
•	on Form 8582 (see instructions)	•	22	(-6,9	900.)()(
23a	Total of all amounts reported on line 3 for all rental p	orope	rties			23 a		40	00.		
b	Total of all amounts reported on line 4 for all royalty					23b					
С	Total of all amounts reported on line 12 for all prope	erties				230					
d	Total of all amounts reported on line 18 for all prope	erties				230					
е	Total of all amounts reported on line 20 for all prope	erties				23 e		7,30	00.		
24	Income. Add positive amounts shown on line 21.	o no	t inclu	ude any	losses				24		
25	Losses. Add royalty losses from line 21 and rental real	estate	losse	s from li	ne 22. E	Enter to	tal losses her	e.	25 (6	,900.
26	Total rental real estate and royalty income or (lo	oss). (Comb	ine line	s 24 ar	nd 25.	Enter the re	sult			
	here. If Parts II, III, IV, and line 40 on page 2 do										
	Schedule 1 (Form 1040), line 5. Otherwise, include t	his ar	noun	t in the	total on	line 4	1 on page 2	.	26	-	6,900.

Form **8917** (Rev. January 2020)

Department of the Treasury

Internal Revenue Service

Tuition and Fees Deduction

► Attach to Form 1040 or 1040-SR.

► Go to www.irs.gov/Form8917 for the latest information.

OMB No. 1545-0074

Attachment Sequence No. **60**

Name(s) snown on return SAITEJA YAMUSANI Your social security number 866-25-0468



Use this form for qualified tuition and fees paid in 2018, 2019, or 2020, and later years if legislation extends the deduction (see instructions). File a separate Form 8917 for each year after 2017 for which you qualify to take the deduction.

You can't take both an education credit from Form 8863 and the tuition and fees deduction from this form for the same student for the same tax year.

Before you begin:

- ✓ To see if you qualify for this deduction, see Who Can Take the Deduction in the instructions below.
- ✓ If you file Form 1040 or 1040-SR, figure any write-in adjustments.
 - For 2018: Figure any write-in adjustments to be entered on the dotted line next to Schedule 1 (Form 1040), line 36.
 - For 2019: Figure any write-in adjustments to be entered on the dotted line next to Schedule 1 (Form 1040 or 1040-SR), line 22.
 - For 2020 and later years: Figure any write-in adjustments for Schedule 1 (Form 1040 or 1040-SR); see the Instructions for Forms 1040 and 1040-SR.

1	(a) Stude	nt's name (as shown on page 1 of your tax ret Last name	urn)		 Student's social seculumber (as shown on particular) 1 of your tax return) 		(c) Adjusted qualified expenses (see instructions)
	SAITEJA	YAMUSANI			866-25-0468		7,200.
2	Add the amounts o	on line 1, column (c), and enter the total .				2	7,200.
3		from your "total income" line of Form	1040 or 3		72,290.		
4	(Form 1040), lines 2	ne total of the amounts on your 2018 Sch 23 through 33, plus any write-in adjustme ted line next to Schedule 1 (Form 1040), li	nts you				
	Schedule 1 (Form 1 write-in adjustment	20: Enter the total of the amounts on your 1040 or 1040-SR), lines 10 through 20, plus you entered on the dotted line next to 1040 or 1040-SR), line 22.					
	-	ee <i>www.irs.gov/Form8917</i> to find out if thor 2019 have changed					
5		m line 3.* If the result is more than \$80,0 e the deduction for tuition and fees				5	72,290.
		m 2555, 2555-EZ, or 4563, or you're exc nt of Your Income on the Amount of You line 5.					
6	Tuition and fees of filing jointly)?	deduction. Is the amount on line 5 more	e than \$65,00	00 (8	\$130,000 if married		
	X Yes. Enter the	smaller of line 2, or \$2,000.				6	2,000.

Also enter this amount on line 21 of the 2019 and 2020 Schedule 1 (Form 1040 or 1040-SR), or line 34 of the 2018 Schedule 1 (Form 1040). See *www.irs.gov/Form8917* to find out if the line references above for 2019 have changed.

Arizona Form **AZ-8879**

E-file Signature Authorization

2020

Do not mail this form to the Arizona De	partment of Revenue	. The ERO must retain this document a minimum of four years.
Your First Name and Initial	Last Name	Your Social Security Number*
SAITEJA	YAMUSANI	Enter 866 25 0468
Your Spouse's First Name and Initial (if filed joint)		your Spouse's Social Security No.*
PART 1 – PURPOSE		*Do Not Truncate
 To certify the truthfulness, correctness, and comp To authorize the Electronic Return Originator (ERC	O) to affirm that the tax	r's electronic income tax return. 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
		Must be present when requesting direct debit or deposit.
,	40 00	Foreign Account Deposit/Debit: See instructions below.
	47 00	TYPE OF ACCOUNT ROUTING NUMBER
3 Arizona Income Tax Withheld 1,5	99 00	☐ Checking ☐ Savings ☐ ☐ Checking ☐ Checking ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐
Check box 4 or box 5:		ACCOUNT NUMBER
4 ■ REFUND: Enter the amount of refund		00
5⊠ AMOUNT YOU OWE: Enter the amount owe	d 14	B 8 00 DIRECT DEBIT REQUEST DATE DIRECT DEBIT PAYMENT AMOUNT .00
Box 4 Checkbox – Refund: You are due a refund by provided on your tax return. Your refund amount was account listed in the Financial Institution Information	will be deposited in the n Section (Part 3).	Foreign Account Deposit/Debit Checkbox: Check the "Foreign Account Deposit/Debit" box if your deposit will be ultimately placed in or come from a foreign account. If you check this box, do not enter your account numbers. If this box is checked, we will not direct deposit or debit you
Box 5 Checkbox – Amount You Owe: You ow information provided on your tax return. You have for payment. The payment will be withdrawn from a date listed in the Financial Institution Information Section 1.	elected to direct debit the account and on the	account. If you are due a refund, we will send you a check instead. If you owe tax, you must mail a check to the Arizona Department of Revenue PO Box 29085, Phoenix, AZ 85038-9085.
PART 4 - DECLARATION AND SIGNATUR	RE AUTHORIZATIO	N (Sign only after completing Part 2)
Under penalties of perjury, I declare that I have e electronic Arizona individual income tax return and are and statements for the year ending December 31, 2 my knowledge and belief, it is true, correct, and come that the amounts of Arizona adjusted gross income tax withheld, and refund (or amount ower amounts shown on the copy of my electronic Arizona and I consent that my refund be directly deposite electronic portion of my 2020 Arizona individual of I have filed a joint return, this is an irrevathe other spouse as an agent to receive the State of I authorize the Arizona Department of Redesignated Financial Agent to initiate an withdrawal (direct debit) entry to the finan indicated in the tax preparation software for taxes owed on this return. I also authorize involved in the processing of the electronic receive confidential information necessary tresolve issues related to the payment. If I have filed a balance due return, I understand the receive full and timely payment of my tax liability the remain liable for the tax liability and all applicable	ccompanying schedules companying schedules (1920, and to the best of plete. I further declare me, total tax, Arizona d) listed above are the ona income tax return. Led as designated in the dual income tax return. Cocable appointment of the refund. The process of the core is a more considerable appointment of the refund. The core is a more considerable appointment of the refund. The core is a more considerable and institution account payment of my Arizona the financial institutions to answer inquiries and the core is a more considerable at if the ADOR does not by April 15, 2021, I will interest and penalties.	I consent to my Electronic Return Originator (ERO) or On-Line Service Provider (OLSP) sending my electronic Arizona individual income tax return and accompanying schedules and statements to ADOR, and it consent to my ERO or OLSP sending such information to ADOR through a transmitter. I consent to ADOR sending my ERO, OLSP and/or transmitter an acknowledgement of receipt of transmission and an indication of whether or not the transmission of my return is accepted and, if the return is rejected, the reason(s) for the rejection. If the processing of my return or refund is delayed, I authorize ADOR to disclose to my ERO, OLSP and, or transmitter the reason(s) for the delay, or when the refund was sent If ADOR contacts my ERO for a copy of my return, any documents of schedules to my return, and/or this authorization form, I authorize my ERO to release copies of the requested documents to ADOR. I authorize GLOBAL TAXES LLC (ELECTRONIC RETURN ORIGINATOR) to make the election that I want my electronic signature to my electronic Arizona individual income tax return for the year ending December 31, 2020. I understand that when my ERO makes the election that my electronic signature to my federal individual income tax return will serve as my signature to my Arizona individual income tax return, I will have signed my Arizona individual income tax return and declared under penalties of perjury that to the best of my knowledge and belief the return
When electronically filing my federal and state tax that if there is an error on my federal return, my s rejected. YOUR PEN AND INK SIGNATURE		is true, correct and complete. DATE
YOUR PEN AND INK SIGNATURE SPOUSE'S PEN AND INK SIGNATURE		DATE

KEIUKN.				Arizona Form 140		Resident	Pers	onal Inc	ome Tax	Return	F		endar year 020	
7	82F	□c if	heck b	ox 82F under extensi	on OR FIS	CAL YEAR BEG	INNING		12,0,2,0	AND ENDING	3 <u> </u>			66F
분				ne and Middle In			L	ast Name		Ent	Your	Social	Security Nu	ımber
_ _	1		TEJA					AMUSANI		you	86	6 2	25 046	8
	_	Spous	e's First	Name and Midd	lle Initial (if box	(4 or 6 checked)	L	ast Name		SSN	Spou	se's So	ocial Securit	y No.
ž	1								T					
ANY IIEMS	_			Address - numb	er and street, i	rural route			Apt. No.		time Phone			
≥	2			44TH ST Post Office		State		ZIP Code		Last Names Us	(913)40			foront)
	[3]	•	own or F enix	Post Office		AZ		85050	=	Last Names Us	eu III Last Fou	II FIIOI 1	rear(s) (ii uiii	97
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N N	STATUS	4 5	=	rried filing joint r		Injured Spouse qualifying child or o			verpayment	88				
=	ST	3		ad of flousefloid	. Litter flatfie of	qualifying child of t	aependen	t on next line.						
ž	FILING	6	ПМа	rried filing separ	ate return. Ent	ter spouse's name a	and Socia	I Security Num	ber above.					
2	ᇤ	7	-	ngle				,						
			↓ Ent	ter the number	claimed. Do r	not put a check	mark.							
		8	Ag	e 65 or over (you	u and/or spous	/			mplete lines 38,	DM.			CVD	
	100	9		nd (you and/or s	,				omplete line 49.	81 PM		80 r	RCVD	
	and	10a	1 1	pendents: Under	•		pendent	ts: Age 17 an	d over.					
	10a	11a		alifying parents										
	and 11a - Dependents 10a and 10b		(Box 1	0a and 10b): D	ependent Infor (a)	mation. See inst	ructions	(b)	space, check (c)	the box and (d)	l complete _l	page 4	, Part 1.	
	pue			FIRSTA	ND LAST NAME	≣	SOCIAL	SECURITY NO.	RELATIONSHI	IP NO. OF MONTH	S Dependen		✓ if you did no	ot claim
	Dep			(Do not list	yourself or spouse	e.)				HOME IN 2020	K	2	this person or federal return educational c	due to
	<u>a</u>	4.0									(Box 10a) (B	Box 10b)	educational c	redits
	1 pc	10c									╅	片	ᅮ片	
	9, a	10a	-									┧		
	s,		(Box 1	1a). Qualifying i	narents and gr	andparents. See	instruct	ions Forma	re space, chec	ck the box 🗆 a	nd complete	nage 4	 1 Part 2	
[40	tion		(20%)		(a)			(b)	(c)	(d)	(e)		(f)	
nts atter Form 140	Exemptions 8,				ND LAST NAME yourself or spouse		SOCIAL	SECURITY NO.	RELATIONSHI	IP NO. OF MONTH			✓ IF DIED	O IN
힏	ũ			`	,	,				HOME IN 2020)			
er		11b												
att		11c												
Its		12	Federal	adjusted gross	income (fron	n your federal re	eturn)				12		70,040	
														00
3	Additions					structions								00
8	dditi			•										00
Jer	ď			, ,		nange of legal ter A <i>djustments to A</i>								00
ot						ter the total				-			70,040	
0						ructions					,062 00		, 0 , 0 1 0	100
<u>es</u>						s). See instructions					-986 00			
ng		21	Total net	t long-term capita	al gain or (loss)	. See instructions			2	21	-76 00			
č		22	Net long	_J -term capital gai	n from assets	acquired <i>after</i> De	ecember	31, 2011. Se	ee instructions. 2	22	0 00			
S 7						the result							0	00
d A		24 This b	Net capi ox may b	<u>ital gain derived :</u> be blank or may cor	<u>from investme</u> ntain a printed ba	nt in qualified sm arcode of data from	<u>all busin</u> your retu	rn. c- N			24			00
an	SI	III W	8000	ALOR BOTH DEATHOR B	A DELLA KAN)\V \V \V \V \V \V \V \V \V \V	25 1101	capital gaill cx	change of legal	teriaci 20			00
<u>a</u>	Subtractions									ona depreciation ne adjustment				00
ge	btra					252545263	/			bligations				00
<u> </u>	Su	III k								state or local govt. p				00
Place any required tederal and AZ schedules or other docume			rever T			arcode of data from				ervices retired/retai				00
n O							3.00	30 U.S.	Social Security	or Railroad Retire	ment Act 30			00
<u>-</u>		$\ \S$	y IV III)\\(\f\\)		_	American Indian				00
an						XXLXXIIAXIAX NIS			-	an active service r	Г			00
පු		• •	••••				-	I		adjustment				00
<u>Б</u>										College Savings Fough 34 from line1			70,040	00
_	,	ADOR	10413 (2	²⁰⁾ 1555			AZ	Form 140 (2	(020)		02/15/21 PRO			1 of 5

[Your	Name (as shown on page 1)	Your Social Security	Number		\neg
		TEJA YAMUSANI	866-25-04			
l						
		Other Subtractions from Income. Complete Adjustments to Arizona Gross Income schedule on			70.040	00
	37	Subtract line 36 from line 35 and enter the difference			70,040	
ons	38	Age 65 or over: Multiply the number in box 8 by \$2,100				00
npti	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		I		00
ш	41	Qualifying parents and grandparents: Multiply the number in box 11a by \$10,000		I .	70,040	00
	42	Arizona adjusted gross income: Subtract lines 38 through 41 from line 37. If less than zero, enter "0".			12,400	
	43	Deductions: Check box and enter amount. See instructions				00
	44	If you checked box 43 S and claim charitable deductions, check 44 C Complete page 3. See instructions to you have a context of the context			57,640	
×	45 46	Arizona taxable income: Subtract lines 43 and 44 from line 42. If less than zero, enter "0"		I .	1,747	
f Ta	46 47	Compute the tax using amount on line 45 and Tax Table X, Y or Optional Tax Tables			±, / - ± /	00
0 e2	47 48	Tax from recapture of credits from Arizona Form 301, Part 2, line 31			1,747	
Balance of Tax	48 49	Dependent Tax Credit. See instructions			Δ,,,,,	00
Ва	50	Family income tax credit (from the worksheet - see instructions)				00
	51	Nonrefundable Credits from Arizona Form 301, Part 2, line 61				00
	52	Balance of tax: Subtract lines 49, 50 and 51 from line 48. If the sum of lines 49, 50 and 51 is greater than			1,747	$\overline{}$
	53	2020 AZ income tax withheld			1,599	
nd	54	2020 AZ estimated tax payments54a 00 Claim of Right 54b	00 Add 54a and 5		± , J , J	00
ts ar	55	2020 AZ extension payment (Form 204)		_		00
men ble C	56	Increased Excise Tax Credit (from the worksheet - see instructions)				00
Pay	57	Property Tax Credit from Arizona Form 140PTC				00
Total Payments and Refundable Credits	58	Other refundable credits: Check the box(es) and enter the total amount				00
_		Total payments and refundable credits: Add lines 53 through 58 and enter the total			1,599	
ı,	60	TAX DUE: If line 52 is larger than line 59, subtract line 59 from line 52 and enter amount of tax due. Skip lin		I .		$\overline{}$
ue o	61	OVERPAYMENT: If line 59 is larger than line 52, subtract line 52 from line 59 and enter amount of overpay		Г		00
Tax Due or Overpayment		Amount of line 61 to be applied to 2021 estimated tax				00
⊢ ó		Balance of overpayment: Subtract line 62 from line 61 and enter the difference		I .		00
fts		- 74 Voluntary Gifts to: Solutions Teams Assigned to Schools64 00 Arizona Wildlife		00		
y Gifts		Child Abuse Prevention		00		
ntar		Neighbors Helping Neighbors 69 00 Special Olympics 70 00 Veterans' Donations F		00		
Voluntary		I Didn't Pay Enough Fund72 00 Sustainable State Parks and Road Fund73 00 Spay/Neuter of Anima	als 74	00		
>	75	Political Party (if amount is entered on line 68 - check only one): 751 Democratic 752 Libertarian	753 Republica	ın		
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
ъ	79	REFUND: Subtract line 78 from line 63. If less than zero, enter amount owed on line 80				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	e instructions. 79A	┙▮		
fun (98 S Savings		1		
Re Re	80	AMOUNT OWED: Add lines 60 and 78. Make check payable to Arizona Department of Revenue; write y	our SSN on noveme	nt.		
٩	00	and include with your return			148	00
			the best of marrie		a and haliaf that	
		Jnder penalties of perjury, I declare that I have read this return and any documents with it, and to rue, correct and complete. Declaration of preparer (other than taxpayer) is based on all informati				re
l		rad, contact and complete. Declaration of property (early than taxpayor) to bacca on an information	on or willon prope	1101 1100	any knowledge.	
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PLEASE		SYAM PRIYA RAM SAGAR GUPTA TALLAM O2272021 DATE GLOBAL TAXES LI DATE FIRM'S NAME (PREPARER'S IF				_
M		`	,	17106		
닏		2530 Pebble Creek Ln Pald PREPARER'S STREET ADDRESS	30-10 PAID PREF		N	_
-						
		Cumming GA 30041		965-9	522	_

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).

Your Name (as shown on page 1)	Your Social Security Number
SAITEJA YAMUSANI	866-25-0468

2020 Form 140 - Standard Deduction Increase for Charitable Contributions

You must complete this worksheet if you are taking an increased standard deduction for charitable contributions. Include the completed worksheet with your tax return, when filed. If you do not include the completed worksheet, your standard deduction will not be increased.

Taxpayers electing to take the Standard Deduction on their Arizona tax return may *increase* the standard deduction amount by 25% (.25) of the total amount of the taxpayer's charitable deductions that would have been allowed if the taxpayer elected to claim itemized deductions on the Arizona tax return.

Charitable contributions (lines 1C, 2C, and 3C) are those gifts allowed on federal 1040 Schedule A (Gifts to Charity) that you would have claimed had you elected to take itemized deductions on your federal return.

NOTE 1: If you did not itemize deductions on your federal return and reported the allowable deduction (not to exceed \$300) for qualifying charitable contributions on your federal return, you *must* reduce the total 2020 contributions by the amount for which you took the allowable deduction on your federal return. Enter the amount of your federal deduction on line 5C.

NOTE 2: You *must* reduce your contribution amount by the total 2020 contributions for which you are claiming an Arizona tax credit on Form 321 (line 20) and/or Form 352 (line 20) for the current tax year (2020) or claimed on your return for the prior tax year (2019). The prior tax year amounts can be found on line 10 of your 2019 Forms 321 and 352. Enter this amount on line 6C.

NOTE 3: If you itemized deductions on your federal return (1040 Schedule A) and were required to adjust the amount of your allowable contributions on your federal 1040 Schedule A for the amount claimed as a tax credit on your Arizona income tax return, include the amount of the federal contribution adjustment to line 1C and enter the amount of the Arizona tax credit on line 6C.

Complete the worksheet to determine your allowable increased standard deductioin for charitable contributions.

1C	2020 Gifts by cash or check	1C	250	00
2C	2020 Other than by cash or check	2C		00
3C	Carryover from prior year	3C		00
4C	Add lines 1C through 3C and enter the total	4C	250	00
5C	If you did not itemize deductions on your federal return (1040 Schedule A) and took a deduction for charitable contributions on your federal return, enter the amount of charitable contribution deduction reported on your federal return. (See Note 1)	5C	250	00
6C	Total charitable contributions made in 2020 for which you are claiming a credit under Arizona law for the current (2020) or prior (2019) tax year	6C		00
7C	Subtract lines 5C and 6C from line 4C and enter the difference. If less than zero, enter "0"	7C	0	00
8C	Multiply line 7C by 25% (.25) and enter the result	8C	0	00

- Enter the amount shown on line 8C on page 2, line 44.
- Be sure to check box 43S for Standard Deduction on line 43.
- Check box 44C for charitable deductions on line 44. If you do not check this box, you may be denied the increased standard deduction.

Arizona Form
AZ-140V

Arizona Individual Income Tax Payment Voucher for Electronic Filing

EPV 2020

Your First Name and Middle Initial	'	Last Name			Your Social Security Nu	mber
1 SAITEJA		YAMUSANI		Enter	866 25 046	8
Spouse's First Name and Middle Init	ial	Last Name		your	Spouse's Social Securit	ty No.
1				SSN(s).	7	
Current Home Address - number and		Apt. No.	Daytim	e Phone (with area code)		
2 18909 N 44TH ST				94 (9	913)406-9676	
City, Town or Post Office	State	ZIP Code			ONLY. DO NOT MARK IN THIS A	AREA.
3 Phoenix	AZ	85050		88		
Please indicate the filing status below: Married filing joint return Head of household: Enter name of qualifying child or dependent on next line:						
☑ Married filing separate return☑ Single	1: Enter spouse's name and So	cial Security Number a	bove	81 PM	80 RCVD	
Enter the amount of payment enclosed\$						8 00

If you are mailing this payment

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

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

If you are making an electronic payment

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

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

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

ADOR 10944 (20) 1555 REV 02/15/21 PRO