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

	1.070.1100 001.1100				
Submi	ssion Identification Number (SID)				
Taxpaye	r's name	Social securit	y numb	er	
ABH:	LASH VEERAIAHGARI	715-87-	-314	1	
Spouse'	s name	Spouse's soc	ial secu	ırity numbe	er
Part	Tax Return Information — Tax Year Ending December 31, 2020 (Enter	Vear Voll a	re all	thorizing	
	whole dollars only on lines 1 through 5.	ycai you a	ic au	inonzing	-)
	Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.				
1	Adjusted gross income		1	101	1,405.
2	Total tax		2		5,446.
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099		3		5,551.
4	Amount you want refunded to you		4		,105.
5	Amount you owe		5		
Part	Taxpayer Declaration and Signature Authorization (Be sure you get and k	eep a cop	y of y	our retu	ırn)
my known return (to send for any Agent t paymer authoriz paymer busines taxes t persona	penalties of perjury, I declare that I have examined a copy of the income tax return (original or amended) wledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I above original or amended) I am now authorizing. I consent to allow my intermediate service provider, transming return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejected and processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated to the financial institution account indicated to the reduction is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate at, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation requise days prior to the payment (settlement) date. I also authorize the financial institutions involved in the payment confidential information necessary to answer inquiries and resolve issues related to the payment (settlement) below is my signature for the income tax return (original or amended) I are a functional formation and the financial institution are return (original or amended) I are a functional fu	e are the amounter, or electroction of the tree S. Treasury are cated in the tree n to debit the the authorizatests must be processing of ayment. I furt	ounts for its cax prepartion. The receive the elements of the	rom the interpretation original sistems, (b) the designated paration so to this according to revoke wed no late ectronic pulknowledge.	acome tax ator (ERO) he reason I Financial oftware for ount. This (cancel) a ter than 2 ayment of e that the
	nic Funds Withdrawal Consent. yer's PIN: check one box only				
X		mv PIN 7	3 2	L 4 1	as my
	ERO firm name signature on the income tax return (original or amended) I am now authorizing.	Ent		digits, but r all zeros	,
	I will enter my PIN as my signature on the income tax return (original or amended) I am notifyou are entering your own PIN and your return is filed using the Practitioner PIN methology.				
Your s	ignature ▶ Date ▶	4/10/2	021		
Spous	e's PIN: check one box only				
Г	I authorize to enter or generate	ny PIN			as my
	ERO firm name		er five	digits, but	asiny
	signature on the income tax return (original or amended) I am now authorizing.			r all zeros	
	I will enter my PIN as my signature on the income tax return (original or amended) I am notifyou are entering your own PIN and your return is filed using the Practitioner PIN methology.				
Spous	e's signature ▶ Date ▶				
	Practitioner PIN Method Returns Only—continue below				
Part	Certification and Authentication — Practitioner PIN Method Only				
ERO's	EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN. 5 8	7 2 7	8 6 er all ze		3 9
authori	that the above numeric entry is my PIN, which is my signature for the electronic individual income ta zed to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am subments of the Practitioner PIN method and Pub. 1345 , Handbook for Authorized IRS e-file Providers of Inc.	x return (origi itting this retu	nal or Irn in a	amended) accordanc	
ERO's	signature ▶ Date ▶				
	ERO Must Retain This Form — See Instructions				
	Don't Submit This Form to the IRS Unless Requested To D	o So			

£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 bu checked the MFS box, enter the son is a child but not your depende	name of	ed filing separately your spouse. If you		_		, ,	_			
Your first name	and m	iddle initial	Last na	me					Your	soc	ial security	y number
ABHILASI	H		VEER	RAIAHGARI				715	715-87-3141			
If joint return, s	pouse's	s first name and middle initial	Last na	me					Spouse's social security number			urity number
Home address		er and street). If you have a P.O. box, se H ST	e instruction	ons.				Apt. no. 2101	Chec	ck he	ere if you,	•
City, town, or post office. If you have a foreign address, also complete SCOTTSDALE				paces below.	Sta A			code	to go	o to t	0,	tly, want \$3 Checking a
Foreign country name			F	Foreign province/state			+	eign postal cod	_		or refund.	Spouse
At any time du	ring 20	020, did you receive, sell, send, ex	change, c	or otherwise acquir	e any	financial intere	est in	any virtual	currency	y?	Yes	X No
Standard Deduction		leone can claim:	•			•						
Age/Blindness	You	: Were born before January 2,	1956	Are blind S	oouse	: Was bo	rn be	fore Januar	y 2, 195	6	☐ Is blii	nd
Dependents If more		instructions): irst name Last name		(2) Social secur number	ity	(3) Relationsl	nip	(4) ✓ if Child tax		- 1	(see instruc Credit for oth	ctions): ner dependents
than four dependents,]	_		
see instructions and check here ▶ □	s —]	\mp		
	1	Wages, salaries, tips, etc. Attach	Form(s)	W-2					.	1	10	7,404.
Attach	2a	Tax-exempt interest	2a		b T	axable interes	t		. [2b		
Sch. B if required.	За	Qualified dividends	3a		b (Ordinary divide	nds			3b		
required.	4a	IRA distributions	4a		b T	axable amour	nt .			4b		
	5a	Pensions and annuities	5a		b T	axable amour	nt.			5b		
Standard	6a	Social security benefits	6a		b T	axable amour	nt.			6b		
Deduction for—	7	Capital gain or (loss). Attach Sch	edule D if	required. If not red	quired	, check here		🕨		7		
Single or Married filing	8	Other income from Schedule 1, li	ine 9 .							8	_	5,999.
separately, \$12,400	9	Add lines 1, 2b, 3b, 4b, 5b, 6b, 7	, and 8. T	his is your total in	come				•	9	10	1,405.
Married filing	10	Adjustments to income:										
jointly or Qualifying	а	From Schedule 1, line 22				10	а					
widow(er), \$24,800	b	Charitable contributions if you tak	e the star	ndard deduction. Se	e inst	ructions 10	b					
Head of	С	Add lines 10a and 10b. These are	e your tot	al adjustments to	inco	me			•	10c		
household, \$18,650	11	Subtract line 10c from line 9. This	s is your a	adjusted gross ind	come				•	11	10	1,405.
If you checked	12	Standard deduction or itemized	d deduct	ions (from Schedu	le A)				. [12	1	2,400.
any box under Standard	13	Qualified business income deduc	ction. Atta	ach Form 8995 or F	orm 8	3995-A			. [13		
Deduction, see instructions.	14	Add lines 12 and 13							. [14	1	2,400.
222 11011 40110113.	15	Taxable income. Subtract line 1	4 from lin	e 11. If zero or less	s, ente	er -0			. [15	8	39,005.

Form 1040 (2020))									Page 2
	16	Tax (see instructions). Check	if any from Form	ı(s): 1 881	4 2 🗌 4972	3 🗌			16	15,446.
	17	Amount from Schedule 2, lin	ie 3				 .		17	
	18	Add lines 16 and 17							18	15,446.
	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	15,446.
	23	Other taxes, including self-e	mployment tax,	from Schedule	e 2, line 10 .				23	0.
	24	Add lines 22 and 23. This is							24	15,446.
	25	Federal income tax withheld	•							
	а	Form(s) W-2				25a	16,5	51.		
	b	Form(s) 1099				25b	•			
	С	Other forms (see instructions				25c				
	d	Add lines 25a through 25c	,						25d	16,551.
	26	2020 estimated tax payment							26	10/331.
 If you have a L qualifying child, 	27	Earned income credit (EIC)				27		•	20	
attach Sch. EIC.	28	Additional child tax credit. A				28				
If you have nontaxable	29	American opportunity credit				29				
combat pay, see instructions.	30	Recovery rebate credit. See		•		30				
see instructions.	31	Amount from Schedule 3, lir				31				
		Add lines 27 through 31. The						•	20	
	32								32	16 551
	33	Add lines 25d, 26, and 32. T							33	16,551.
Refund	34	If line 33 is more than line 24	•				•		34	1,105.
D: 1.1 :10	35a	Amount of line 34 you want						_	35a	1,105.
Direct deposit? See instructions.	►b	Routing number 1 2 2			▶ c Type: 🔀	Checking	Sav	/ings		
	►d	Account number 7 5 0				+				
	36	Amount of line 34 you want a	• • • • • • • • • • • • • • • • • • • •							
Amount	37	Subtract line 33 from line 24	. This is the am e	ount you owe	now				37	
You Owe For details on		Note: Schedule H and Sch	e for							
how to pay, see		2020. See Schedule 3, line 1	•			1 1				
instructions.	38	Estimated tax penalty (see in				38				
Third Party		you want to allow another	•							
Designee		structions				. ▶ ∐ Y	es. Comp			⊠ No
		signee's me ▶		Phone no. ▶			Persona number			
Cian		der penalties of perjury, I declare t	hat I have examine		t accompanying sch	nedules and st				et of my knowledge and
Sign		lief, they are true, correct, and com								
Here	Yo	ur signature		Date	Your occupation			If the	IRS ser	nt you an Identity
	k.	ALOL.		4/10/2021	·			1		IN, enter it here
Joint return?	L	Alpmosta			SOFTWARE 1			,	nst.) 🕨	
See instructions. Keep a copy for	Sp	ouse's signature. If a joint return, I	ooth must sign.	Date	Spouse's occupat	ion				nt your spouse an ection PIN, enter it here
your records.								1	nst.) ▶	Scholl III, enter it here
	———Ph	one no.		Email address				1,		
		eparer's name	Preparer's signal			Date	P-	TIN		Check if:
Paid		I PRIYA RAM SAGAR GUPTA TALLAM			מווסדם דמו.ו.אא)2082	703	Self-employed
Preparer		m's name GLOBAL TA		TOTAL DEGREE	COLIM INDUMIN	01/03/2	V21 F	1		678)965-9522
Use Only		m's address > 2530 Pebb		n Cummin	~ CA 30041					
0-1				ii Culliliiii				Limits	s EIN 🕨	
GO TO WWW.Irs.go	ov/r-orr	n1040 for instructions and the late	st information.		BAA	REV 03/25	/21 PRO			Form 1040 (2020)

SCHEDULE 1 (Form 1040)

Additional Income and Adjustments to Income

20**20**Attachment

OMB No. 1545-0074

Department of the Treasury Internal Revenue Service

ABHILASH VEERAIAHGARI

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

715-87-3141

Par	t I Additional Income		
1	Taxable refunds, credits, or offsets of state and local income taxes	1	
2 a	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	-5,999.
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	Г 000
Par	t II Adjustments to Income	9	-5,999.
		10	
10	Educator expenses	10	
11	Certain business expenses of reservists, performing artists, and fee-basis government 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

Department of the Treasury

Internal Revenue Service (99)

(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.

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

OMB No. 1545-0074

Attachment Sequence No. 13

Name(s) shown on return

Your social security number

ABHI	LASH VEERAIAHGA	RI						7.	15-87-	-3141	L	
Part	Income or Loss	From Rental Real Estate and Ro	yaltie	s Note: If	f you a	are in th	e business o	f rent	ing perso	onal pro	perty, u	ise
	Schedule C. See	instructions. If you are an individual, rep	ort far	m rental inc	ome c	or loss fi	om Form 48	335 or	n page 2,	line 40).	
A Did	l 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	<u> </u>	ERABAD TELENGANA IN 5000		,								
В												
С												
1b	Type of Property	2 For each rental real estate pro	nerty I	isted		Fair	Rental	Per	sonal L	Jse		
	(from list below)	above report the number of fa	iir rent	al and			ays		Days		QJ'	V
Α	3	personal use days. Check the if you meet the requirements to	QJV b	ox only—	Α		365					
В		qualified joint venture. See inst	tructio		В		300					
					C							
	of Property:											
	le Family Residence	3 Vacation/Short-Term Rental	5 la	nd	-	7 Self-	Rental					
_	i-Family Residence	4 Commercial		yalties			r (describe)	,				
Incom		Properties:	1	1	Ā	5 01110	<u>r (describe)</u> E				С	
3	Rents received		3			550.						
4			4			330.						
Expen			<u> </u>									
-			5						ŀ			
6		nstructions)	6									
7	· ·	ance	7			786.						
8			8			700.						
9			9									
10		ssional fees	10									
11	-		11			0.5.5						
12		d to banks, etc. (see instructions)	12			955.						
13			13									
14			14		1 '	750						
15			15			758. 850.						
			16		Δ,	050.						
16			17		1 .	200						
17			18		Ι,,	200.						
18	Other (list)	or depletion	19									
19	` ′	ines 5 through 19	20			T 4 0						
20	•	•	20		ο,:	549.						
21		line 3 (rents) and/or 4 (royalties). If										
		nstructions to find out if you must	04		E (999.						
			21		-5,	999.						
22		estate loss after limitation, if any,	00	,	г о	00)	1		\(١
220	on Form 8582 (see in	structions)	22		-5,9	99.) 23a	(Г	50.)
23a					•				50.			
b		eported on line 4 for all royalty prop	erues		•	23b						
C		eported on line 12 for all properties				23c						
d		eported on line 18 for all properties				23d		<i>c</i>	40			
e		eported on line 20 for all properties				23e		6,5				
24	•	e amounts shown on line 21. Do no		-					24		Г 00	, ,
25		sses from line 21 and rental real estate							25 (5,99	19.)
26		ate and royalty income or (loss).										
		V, and line 40 on page 2 do not		•				on	26		-5.9	999

Passive Activity Loss Limitations

► See separate instructions.

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

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

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

715-87-3141

Department of the Treasury Internal Revenue Service (99) Name(s) shown on return

ABHILASH VEERAIAHGARI

Identifying number

Part	2020 Passive Activity Loss		
	Caution: Complete Worksheets 1, 2, and 3 before completing Part I.		
Renta	Real Estate Activities With Active Participation (For the definition of active participation, see		
Speci	al Allowance for Rental Real Estate Activities in the instructions.)		
1a	Activities with net income (enter the amount from Worksheet 1, column (a)) . 1a 0.		
b	Activities with net loss (enter the amount from Worksheet 1, column (b)) 1b (5,999.)	
С	Prior years' unallowed losses (enter the amount from Worksheet 1, column (c)))	
d	Combine lines 1a, 1b, and 1c	1d	-5,999.
Comr	nercial Revitalization Deductions From Rental Real Estate Activities		
2a	Commercial revitalization deductions from Worksheet 2, column (a) 2a ()	
b	Prior year unallowed commercial revitalization deductions from Worksheet 2,		
	column (b))	
С	Add lines 2a and 2b	2c	()
All Ot	her Passive Activities		
3a	Activities with net income (enter the amount from Worksheet 3, column (a)) . 3a		
b	Activities with net loss (enter the amount from Worksheet 3, column (b)) 3b ()	
С	Prior years' unallowed losses (enter the amount from Worksheet 3, column (c)) 3c ()	
d	Combine lines 3a, 3b, and 3c	3d	
4	Combine lines 1d, 2c, and 3d. If this line is zero or more, stop here and include this form with your		
	return; all losses are allowed, including any prior year unallowed losses entered on line 1c, 2b, or 3c.		
	Report the losses on the forms and schedules normally used	4	-5,999.
	If line 4 is a loss and: • Line 1d is a loss, go to Part II.		
	 Line 2c is a loss (and line 1d is zero or more), skip Part II and go to Part III. 		
	 Line 3d is a loss (and lines 1d and 2c are zero or more), skip Parts II and III a 	_	
	on: If your filing status is married filing separately and you lived with your spouse at any time during the	e year,	do not complete
	or Part III. Instead, go to line 15.		
Part			
	Note: Enter all numbers in Part II as positive amounts. See instructions for an example.		
5	Enter the smaller of the loss on line 1d or the loss on line 4	5	5,999.
6	Enter \$150,000. If married filing separately, see instructions		
7	Enter modified adjusted gross income, but not less than zero. See instructions 7 107,404.		
	Note: If line 7 is greater than or equal to line 6, skip lines 8 and 9, enter -0- on		
	line 10. Otherwise, go to line 8.		
8	Subtract line 7 from line 6		
9	Multiply line 8 by 50% (0.50). Do not enter more than \$25,000. If married filing separately, see instructions	9	21,298.
10	Enter the smaller of line 5 or line 9	10	5,999.
	If line 2c is a loss, go to Part III. Otherwise, go to line 15.		
Part	III Special Allowance for Commercial Revitalization Deductions From Rental Real Est	ate Ac	tivities
	Note: Enter all numbers in Part III as positive amounts. See the example for Part II in the instruction	ns.	
11	Enter \$25,000 reduced by the amount, if any, on line 10. If married filing separately, see instructions .	11	
12	Enter the loss from line 4	12	
13	Reduce line 12 by the amount on line 10	13	
14	Enter the smallest of line 2c (treated as a positive amount), line 11, or line 13	14	
Part			
15	Add the income, if any, on lines 1a and 3a and enter the total	15	0.
16	Total losses allowed from all passive activities for 2020. Add lines 10, 14, and 15. See instructions		
	to find out how to report the losses on your tax return	16	5,999.

Caution: The worksheets must be filed v				/ for your	record	S.				
Worksheet 1—For Form 8582, Lines 1	a, 1b, and 1c (se	e instruction	ns)							
Name of activity	Currer	it year		Prior y	/ears		Overall ga	ain or loss		
Name of activity	(a) Net income (line 1a)	(b) Net lo (line 1b		(c) Una loss (lir		(d)) Gain	(e) Loss		
MALKAJGIRI	0.	5,9	99.					5,999.		
Total. Enter on Form 8582, lines 1a, 1b,	0	5.9	99.							
and 1c	a and 2b (see ins	structions)								
Name of activity	(a) Current deductions (year	unall	(b) Pri owed ded	or year uctions (line 2b)	(c)	Overall loss		
Total. Enter on Form 8582, lines 2a and										
2b	a , 3b, and 3c (se	e instruction	ns)							
	Currer		,	Prior y	/ears		Overall ga	all gain or loss		
Name of activity	(a) Net income (line 3a)	(b) Net Ic (line 3b		(c) Unallowed loss (line 3c)		(d)) Gain	(e) Loss		
Total. Enter on Form 8582, lines 3a, 3b, and 3c										
Worksheet 4—Use This Worksheet if a	n Amount Is Sh	own on Fo	rm 8	582. Line	10 or	14. See	instruction	ons.		
Name of activity	Form or schedule and line number to be reported on (see instructions)	(a) Loss		(b) R		(c)	Special wance	(d) Subtract column (c) from column (a)		
MALKAJGIRI	E Ln 22	5.0	99.	1.000	20000		5,999.	0.		
				2.000			3 / 2 2 2 .			
Total			99.	1.0	00		5,999.	0.		
Worksheet 5—Allocation of Unallowed	,									
Name of activity	Form or schedu and line number to be reported of (see instruction	er on	(a) Lo	ess	(b)) Ratio	(c)	Unallowed loss		
Total						1 00				

Arizona Form AZ-8879

E-file Signature Authorization

2020

AZ-0019		
Do not mail this form to the Arizon	na Department of Revenue	. The ERO must retain this document a minimum of four years.
	I completeness of the taxpayer (ERO) to affirm that the taxp	Your Social Security Number* 715 87 3141 Spouse's Social Security No.* *Do Not Truncate 's electronic income tax return. Doayer wishes to use the taxpayer's electronic signature to the taxpayer's payer's electronic Arizona individual income tax return.
PART 2 – TAX RETURN INFORMATI		PART 3 – FINANCIAL INSTITUTION INFORMATION
	01,405 00 3,055 00 2,900 00	Must be present when requesting direct debit or deposit. Foreign Account Deposit/Debit: See instructions below. TYPE OF ACCOUNT Checking Savings ACCOUNT NUMBER DIRECT DEBIT REQUEST DATE DIRECT DEBIT PAYMENT AMOUNT DIRECT DEBIT PAYMENT AMOUNT DIRECT DEBIT PAYMENT AMOUNT SOUTH
Box 4 Checkbox – Refund: You are due a re provided on your tax return. Your refund an account listed in the Financial Institution Information provided on your tax return. You for payment. The payment will be withdrawn date listed in the Financial Institution Information.	nount will be deposited in the rmation Section (Part 3). You owe taxes based on the u have elected to direct debit from the account and on the	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 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 SIGN	ATURE AUTHORIZATIO	N (Sign only after completing Part 2)
Under penalties of perjury, I declare that I I electronic Arizona individual income tax return and statements for the year ending December my knowledge and belief, it is true, correct, are that the amounts of Arizona adjusted grossincome tax withheld, and refund (or amount amounts shown on the copy of my electronic and I consent that my refund be directly delectronic portion of my 2020 Arizona If I have filed a joint return, this is a the other spouse as an agent to receive the company of the properties of my refund. 6c I authorize the Arizona Department	and accompanying schedules r 31, 2020, and to the best of nd complete. I further declare is income, total tax, Arizona towed) listed above are the circ Arizona income tax return. leposited as designated in the individual income tax return. In irrevocable appointment of the refund. If am not receiving a of Revenue (ADOR) and its	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 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.
designated Financial Agent to initial withdrawal (direct debit) entry to the indicated in the tax preparation softwat taxes owed on this return. I also authinvolved in the processing of the eleganterist confidential information necessory resolve issues related to the payment of I have filed a balance due return, I understated to the payment of my tax liamemain liable for the tax liability and all apply when electronically filing my federal and stathat if there is an error on my federal return rejected.	te an ACH electronic funds e financial institution account are for payment of my Arizona corize the financial institutions certronic payment of taxes to essary to answer inquiries and it. and that if the ADOR does not ibility by April 15, 2021, I will icable interest and penalties. The area of the account of the accoun	I authorize GLOBAL TAXES LLC (ELECTRONIC RETURN ORIGINATOR) to make the election that I want my electronic signature to my electronic federal individual income tax return to serve as my signature to my electronic Arizona individual income tax return for the year ending December 31, 2020. I understand that when my ERO makes the election that my electronic signature to my federal individual income tax return will serve as my signature to my Arizona individual income tax return, I will have signed my Arizona individual income tax return and declared under penalties of perjury that to the best of my knowledge and belief the return is true, correct and complete.
n 1 O L .		
YOUR PEN AND INK SIGNATURE SPOUSE'S PEN AND INK SIGNATURE		4/10/2021 DATE
SPOUSE'S PEN AND INK SIGNATU	JRE	DATE

KEIUKN.			Arizona Form 140 Resident Personal Income Tax Return							FOR CALENDAR YEAR 2020			
핃	82F	Cif	heck box 82F filing under extension	OR FISCAL YEAR BEGI	NNING		12,0,2,0	J AND ENDING	<u> </u>			66F	
분			irst Name and Middle Initial			ast Name			Your		Security Nu	mber	
= 2	1		IILASH		VE	EERAIAHG	ARI	Ente	71	.5 8	7 314	1	
	1	Spous	e's First Name and Middle Initi	al (if box 4 or 6 checked)	La	ast Name		SSN	Snou	se's So	cial Security	/ No.	
ANY IIEMS	_	Currer	nt Home Address - number and	l street, rural route			Apt. No.	Day	time Phone	(with a	rea code)		
₹	2		36 N 58TH ST				2101		(408)50				
	$\overline{}$	•	own or Post Office	State		ZIP Code		Last Names Use	ed in Last Fou	ır Prior Ye	ear(s) (if diffe	_	
7	3		TTSDALE	AZ	5 :	85254		REVENUE USE	ONLY DO N	OT MAR	K IN THIS AF	97 REA	
¥ ×	STATUS	4 5	Married filing joint return				erpayment	88	ONEI. DO N	OT MIAIN	IC IIC IIIIO AI	.	
	ST/	5	Head of flousefloid. Effet	r name of qualifying child or de	ерепает	on next line:							
DO NOI STAPLE	FILING	6	☐ Married filing separate ref	turn. Enter spouse's name a	nd Social	Security Numb	oer above.						
$\frac{1}{2}$	ᄩ	7	Single										
			↓ Enter the number claims					ļ					
	٩	8	Age 65 or over (you and/o	20 and 44 Fax		nd 11a, also con and 10b, also co		81 PM		80 R	CVD		
	d 10	9 10a	Blind (you and/or spouse) Dependents: Under age of)		s: Age 17 and				00			
	a an	11a	Qualifying parents and gr		Jonachi	s. Age 17 and	TOVCI.						
	and 11a - Dependents 10a and 10b		(Box 10a and 10b): Depend	ent Information. See instr	uctions.	For more s	pace, check t	he box 🔲 and	complete	page 4,	Part 1.		
	den		(a)			(b)	(c)	(d)	(e)		(f)	4 -1-:	
	eper		FIRST AND LA		SOCIALS	SECURITY NO.	RELATIONSHI	LIVED IN YOUR	included	in:	if you did no this person on federal return of	t claim your lue to	
	Ģ							HOME IN 2020	1 (Box 10a) (E	2	educational cr		
	17	10c							\Box	무			
	9, an	10d							┼┼┼	片+	_ 片		
		10e	(D 44 -) O life in					1.41 h			D40		
40.	Exemptions 8,		(Box 11a): Qualifying parent	s and grandparents. See	Instructi	(b)	re space, cned	(d)	(e)	page 4	, Part 2. (f)		
n 1	dme		FIRST AND LA		SOCIALS	SECURITY NO.	RELATIONSHI	P NO. OF MONTH LIVED IN YOUR			✓ IF DIED 2020	IN	
-or	ŭ		(Do not list yourse)	i or spouse.)				HOME IN 2020			2020		
nts after Form 140		11b											
att		11c											
nts			Federal adjusted gross incor								L01,405	00	
	"		Non-Arizona municipal interest									00	
n C	Additions		Partnership Income adjustmen Total federal depreciation						[00	
ğ	Addi		Net capital (loss) derived from						Г			00	
the	Ì		Other Additions to Income: Co	• •					Г			00	
<u>-</u>			Subtotal: Add lines 12 through 1								L01,405	00	
SS			Total net capital gain or (loss).						00				
<u></u>			Total net short-term capital gaiı Total net long-term capital gain	· · ·					00				
ue L			Net long-term capital gain from										
SC		23	Multiply line 22 by 25% (.25) a	nd enter the result					23		0	00	
¥		24	Net capital gain derived from ir ox may be blank or may contain a	nvestment in qualified sma	all busine	ess			24			00	
anc	က္ခ			Princed Barcode of Gata from S		25 1401 0	apital galli Cx	change of legal	teriaer 20			00	
<u></u>	Subtractions	ı ili						na depreciation	[00	
ge	btra		Pere seala dare bara		W W 1			e adjustment bligations	I			00	
Jace any required tederal and AZ schedules or other docume	Su	∭ Ří	ox may be blank or may contain a					tate or local govt. p				00	
ē				tetebakatetete				ervices retired/retain	I			00	
nbe			TAN					or Railroad Retiren				00	
≥ ≥								merican Indians	I			00	
a		W	ethodrom borrandaring (a.e.)	MAY KECOTSOLEDA JEUT REMLEREN	KKK/E		•	an active service n adjustment	Г			00	
ace						I	-	adjustrilerit College Savings P	I			00	
╗								ugh 34 from line 1			101.405	00	

	Your	Name (as shown on page 1)	Your Social Security	Numbe	er
		ILASH VEERAIAHGARI	715-87-314		
	36	Other Subtractions from Income. Complete Adjustments to Arizona Gross Income schedule on p	-		
	37	Subtract line 36 from line 35 and enter the difference		37	
ns	38	Age 65 or over: Multiply the number in box 8 by \$2,100			
bţi	39	Blind: Multiply the number in box 9 by \$1,500		39	00
Exemptions	40	Other Exemptions. See instructions40E Multiply the number in box 40E by \$2,300		40	00
ũ	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. If less than zero, enter "0".		42	101,405 00
	43	Deductions: Check box and enter amount. See instructions	43 S STANDAR	RD 43	12,400 00
	44	If you checked box 43S and claim charitable deductions, check 44C Complete page 3. See instru			
	45	Arizona taxable income: Subtract lines 43 and 44 from line 42. If less than zero, enter "0"			
Tax	46	Compute the tax using amount on line 45 and Tax Table X, Y or Optional Tax Tables			
of T	47	Tax from recapture of credits from Arizona Form 301, Part 2, line 31			
9	48	Subtotal of tax: Add lines 46 and 47 and enter the total			
Balance	49	Dependent Tax Credit. See instructions			
Ba		Family income tax credit (from the worksheet - see instructions)			
	50	Nonrefundable Credits from Arizona Form 301, Part 2, line 61			
	51				0 0 5 5 1
	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			
p s	53	2020 AZ income tax withheld.			
s an	54	2020 AZ estimated tax payments 54a 00 Claim of Right 54b	00 Add 54a and 54		
e Cr	55	2020 AZ extension payment (Form 204)			
Total Payments and Refundable Credits	56	Increased Excise Tax Credit (from the worksheet - see instructions)			
tal P	57	Property Tax Credit from Arizona Form 140PTC			
5 %	58	Other refundable credits: Check the box(es) and enter the total amount			
	59	Total payments and refundable credits: Add lines 53 through 58 and enter the total		59	
or	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	155 00
Due	61	OVERPAYMENT: If line 59 is larger than line 52, subtract line 52 from line 59 and enter amount of overpay	ment	61	00
Tax Due or Overpayment	62	Amount of line 61 to be applied to 2021 estimated tax		62	00
0	63	Balance of overpayment: Subtract line 62 from line 61 and enter the difference		63	00
Gifts	64	- 74 Voluntary Gifts to: Solutions Teams Assigned to Schools64 00 Arizona Wildlife	65	00	
Ē		Child Abuse Prevention	68	00	
ıtar		Neighbors Helping Neighbors 69 00 Special Olympics 70 00 Veterans' Donations F	und 71	00	
Voluntary		I Didn't Pay Enough Fund72 00 Sustainable State Parks and Road Fund73 00 Spay/Neuter of Anima	ıls 74	00	
>	75	Political Party (if amount is entered on line 68 - check only one): 751 Democratic 752 Libertarian		1	
<u>₹</u>		Estimated payment penalty	•		00
enalty		771 Annualized/Other 772 Farmer or Fisherman 773 Form 221 included			199
Pe		Add lines 64 through 74 and 76; enter the total		78	00
		REFUND: Subtract line 78 from line 63. If less than zero, enter amount owed on line 80			
Refund or Amount Owed	''	Direct Deposit of Refund: Check box 79A if your deposit will be ultimately placed in a foreign account; see			100
p d o		C Checking or ROUTING NUMBER ACCOUNT NUMBER			
Sefu		98 S Savings			
A A	80	AMOUNT OWED: Add lines 60 and 78. Make check payable to Arizona Department of Revenue; write y			
		and include with your return		80	155 00
		Under penalties of perjury, I declare that I have read this return and any documents with it, and to	the hest of my kn	owled	dge and belief they are
		rue, correct and complete. Declaration of preparer (other than taxpayer) is based on all information			
lш	l_	n101,			
SIGN HERE	→	4/10/2021 _{SC}	FTWARE ENG	INE	ER
一里	1	OUR SIGNATURE DATE OC	CUPATION		
z					
<u>ල</u>	→				
			OUSE'S OCCUPATION	1	
PLEASE		SYAM PRIYA RAM SAGAR GUPTA TALLAM 04052021 GLOBAL TAXES LL			
A		PAID PREPARER'S SIGNATURE DATE FIRM'S NAME (PREPARER'S IF	SELF-EMPLOYED)		
쁘	_	2530 Pebble Creek Ln	30-101		
٩		PAID PREPARER'S STREET ADDRESS	PAID PREPA		
		Cumming GA 30041	(678)		
		PAID PREPARER'S CITY STATE 7IP CODE	PAID PREPA	RFR'S	PHONE NUMBER

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 2020

Your First Name and Middle Initial		Last Name		- Fullow	Your Soc	ial Secu	rity Number
1 ABHILASH		VEERAIAHGA	ARI	Enter	715	87	3141
Spouse's First Name and Middle Initia	ı	Last Name		your SSN(s	Spouse's	s Social	Security No.
1				3311(8)			
Current Home Address - number and	street, rural route		Apt. No.	Daytim	ne Phone (wit	th area o	code)
2 16636 N 58TH ST			2101	94 (·	408)505-	1200	
City, Town or Post Office	State	ZIP Code		REVENUE USE O	ONLY. DO NOT	MARK IN	THIS AREA.
3 SCOTTSDALE	AZ	85254		<u> 88 </u>			
Please indicate the filing status Married filing joint return Head of household: Enter name Married filing separate return:	of qualifying child or depende		hove				
 ☑ Married lilling separate return. ☑ Single 	Enter spouse's name and S	ociai Security Number a	DOVE	81 PM	[RCVI	D
Enter the amount of payment	enclosed				sГ		155 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 03/17/21 PRO

THE FORM.		Arizona Form 140ES	Individual Esti	mated Income	e Tax I	Payment	for calendar year 2021			
뿚	Т	his estimated payment is for ta	x vear ending Decemb	er 31. 2021. or for	r tax ve	ar ending: ı				
10		our First Name and Middle Initial	<i></i>	Last Name	<u> </u>		Your Social Security Number			
	1	ABHILASH		VEERAIAHGARI		Ente	/15 87 3141			
ANY ITEMS	1	Spouse's First Name and Middle Initial	(if filing joint)	Last Name		your SSN	Spouse's Social Security No.			
Ž		Current Home Address - number and s	treet rural route	Apt.	No	Dav	time Phone (with area code)			
_		16636 N 58TH ST		210			(408)505-1200			
API		City, Town or Post Office	State	ZIP Code			ONLY. DO NOT MARK IN THIS AREA.			
ST	3	SCOTTSDALE	AZ	85254		88				
DO NOT STAPLE	STO	 Check if this payment is on bel DO NOT USE THIS FORM T Use this form only for mailing Payment: You must round your e 	O MAKE DELINQUENT I	NCOME TAX PAYM	IENTS.	81 PM	80 RCVD			
		Enter the amount of payment end		390		81 ' '*'	80 1.045			
		Enter the amount of payment end	Josea	9 39 0	<u>)U</u>					
	ı	Check only one box for the quart Do not select more than one quart	er. You must submit a se		h quarte	<i>r</i> for which a բ	payment is made.			
	ا آ	Payment for calendar year filers								
		1st Quarter – January to March	Due date is April 15, 202	1.						
		2nd Quarter – April to June [Oue date is June 15, 2021 .							
		3rd Quarter – July to September	er Due date is September	15, 2021.						
		4th Quarter – October to Decei Because January 15, 2022, falls on			ou have un	til January 18, 20.	22, to make this payment.			
	ļ	Payment for fiscal year filers are	due as follows:							
		1st Quarter – 15th day of the fo	ourth month of the current fis	cal year.						
		2nd Quarter – 15th day of the s	sixth month of the current fisc	cal year.						
		3rd Quarter – 15th day of the n	inth month of the current fisc	cal year.						
		4th Quarter – 15th day of the fi	rst month of the next fiscal y	ear.						
		If any you may make the required					lay following that day.			
		To ensure proper appli		he sure that you						
			submit this form in its en	_	hie nada	in half				
				-						
		, ,	ck or money order payabl	•	unent 0	Revenue.				
			I and tax year on your pa			m write #Com	anasita 140ND#			
		on payment ar	nade on behalf of a Nonr and include the tax year an	•	e retur	n , write "Con	iposite 140NR"			
	✓ 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 ele	ectronic payment							
		You can	make this estimated	I payment by e0	check o	or credit ca	rd!			
		American Express ♦ Visa ♦ Discover Card ♦ MasterCard								
		✓ C	www. lick on "Make a Payment"	AZTaxes.gov ' and select "140ES'	" as the	Payment Typ	e.			

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

TO THE FORM.		140ES Individual Estimated Income Tax Payment					FOR CALENDAR YEAR 2021	
뿓	Τŀ	nis estimated payment is for tax	v vear ending Decemb	er 31 2021	or for tax v	ear ending: .		
2		our First Name and Middle Initial	year chaing become	Last Name	or for tax y		Your Social Security Number	
	1 2	ABHILASH		VEERAIAHG	ARI	Enter	715 87 3141	
ANY ITEMS	_	spouse's First Name and Middle Initial	(if filing joint)	Last Name		your SSN(s)	Spouse's Social Security No.	
₹	1							
		Current Home Address - number and st	reet, rural route		Apt. No. 2101		e Phone (with area code) 08)505-1200	
₽ L	_	16636 N 58TH ST City, Town or Post Office	State	ZIP Code			LY. DO NOT MARK IN THIS AREA.	
STAPLE		SCOTTSDALE	AZ	85254		88		
DO NOT	_	Check if this payment is on beh			rn - 140NR			
	STOP	DO NOT USE THIS FORM TOUse this form only for mailing		NCOME TAX I	PAYMENTS			
	1 F	Payment: You must round your es	timated payment to a wh	ole dollar (no	cents).	81 PM	80 RCVD	
Enter the amount of payment enclosed								
					100			
	2 Check only one box for the quarter for which this payment is made. Do not select more than one quarter. You must submit a separate form for each quarter for which a payment is made.							
	F	Payment for calendar year filers a	are due as follows:					
		1st Quarter – January to March	Due date is April 15, 202	1.				
	2nd Quarter – April to June Due date is June 15 , 2021 .							
□ 3rd Quarter – July to September Due date is September 15, 2021. □ 4th Quarter – October to December Due date is January 15, 2022. Because January 15, 2022, falls on a Saturday and Monday, January 17, 2022, is a holiday, you have until January 18, 2022, to make this payment								
							to make this payment.	
Payment for fiscal year filers are due as follows:								
1st Quarter – 15th day of the fourth month of the current fiscal 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 first month of the next fiscal year.								
If any of the due dates fall on a Saturday, Sunda you may make the required payment for that quarter by midnight on the second s							following that day.	
		If you are mailing this pa						
		To ensure proper applic						
		, ,	ubmit this form in its en	-				
		, ,	k or money order payabl		epartment	ot Revenue.		
✓ Write your SSN and tax year on your payment.								
✓ If payment is made on behalf of a Nonresident Composite return, write "Composite on payment and include the tax year and entity's EIN.							osite 140NR"	
✓ 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 your payment are making an electronic payment						year.		
You can make this estimated payment by eCheck or credit card!							l!	
	American Express ♦ Visa ♦ Discover Card ♦ MasterCard							
		✓ Cli	www. ck on "Make a Payment"	AZTaxes.gc and select "1		e Payment Type.		

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

TO THE FORM.		Arizona Form 140ES	Individual Estimated Income Tax Payment				FOR CALENDAR YEAR 2021	
뿓	Thi	is estimated payment is for ta	v vear ending Decemb	er 31 2021 /	or for tax w	ear ending:		
5		ur First Name and Middle Initial	ix year ending becenib	Last Name	JI IOI LAN Y	ear ending.	Your Social Security Number	
		BHILASH		VEERAIAHG	ARI	Enter		
ANY ITEMS	Sp	ouse's First Name and Middle Initial	(if filing joint)	Last Name		your	Spouse's Social Security No.	
¥	1					SSN(
		irrent Home Address - number and s	street, rural route		Apt. No.		me Phone (with area code)	
P		ty, Town or Post Office	State	ZIP Code	2101		408)505-1200 DNLY. DO NOT MARK IN THIS AREA.	
STAPLE		COTTSDALE	AZ	85254		88	MEI. DO NOT MARKEN THIO AREA.	
DO NOT	□ c	• DO NOT USE THIS FORM T		omposite retu				
	STOP	 Use this form only for mailing 						
	1 Pa	ayment: You must round your e	stimated payment to a wh	ole dollar (no d	cents).	81 PM	80 RCVD	
		nter the amount of payment enc			39 00	[81] · ···	[80] 11812	
					32 00			
2 Check only one box for the quarter for which this payment is made. Do not select more than one quarter. You must submit a separate form for each quarter for which a payment is made.								
	Pa	ayment for calendar year filers	are due as follows:					
	[1st Quarter – January to March	Due date is April 15, 202	1.				
	2nd Quarter – April to June Due date is June 15, 2021 .							
3rd Quarter – July to September Due date is September 15, 2021.								
4th Quarter – October to December Due date is January 15, 2022. Because January 15, 2022, falls on a Saturday and Monday, January 17, 2022, is a holiday, you have until January 18, 2022, to make the same of the same o						2, to make this payment.		
	Pa	ayment for fiscal year filers are	due as follows:					
		1st Quarter – 15th day of the fo	burth month of the current fis	cal year.				
		2nd Quarter – 15th day of the s	sixth month of the current fisc	cal year.				
		3rd Quarter – 15th day of the n	inth month of the current fisc	cal year.				
		4th Quarter – 15th day of the fi	rst month of the next fiscal year	ear.				
		you may make the required					ay following that day.	
If you are mailing this payment To ensure proper application of this payment, be sure that you:								
						io in half		
Complete and submit this form in its entirety. Do not cut this page in half.								
✓ Make your check or money order payable to Arizona Department of Revenue.								
✓ Write your SSN and tax year on your payment.						rn write "Com	nosita 140NP"	
✓ If payment is made on behalf of a Nonresident Composite return, write "Composite 140N on payment and include the tax year and entity's EIN.							oosite 140iiit	
✓ 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 du If you are making an electronic payment						ssary during the	e year.	
You can make this estimated payment by eCheck or credit card! American Express ♦ Visa ♦ Discover Card ♦ MasterCard							rd!	
				AZTaxes.go		o Daymont Tues		
		√ C	lick on "Make a Payment"	and select 14	+ULJ 45 (11)	е гауппени туре	•	

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

TO THE FORM.	140ES Individual Estimated Income Tax Payment					Payment	for calendar year 2021		
뿓	Th	nis estimated payment is for tax	vear ending Decemb	er 31 2021	or for tax v	ear ending: 1	2.0		
2		our First Name and Middle Initial	t year chaing become	Last Name	or for tax y		Your Social Security Number		
	1 A	ABHILASH		VEERAIAHO	ARI	Enter	715 87 3141		
ANY ITEMS	_	pouse's First Name and Middle Initial	(if filing joint)	Last Name		your SSN(s)	Spouse's Social Security No.		
₹	1				I				
		urrent Home Address - number and st L6636 N 58TH ST	reet, rural route		Apt. No. 2101		e Phone (with area code) 08)505-1200		
STAPLE		ity, Town or Post Office	State	ZIP Code	J		ILY. DO NOT MARK IN THIS AREA.		
ST/		SCOTTSDALE	AZ	85254		88			
DO NOT	STOP	Check if this payment is on beh DO NOT USE THIS FORM TO Use this form only for mailing Cayment: You must round your es	D MAKE DELINQUENT I estimated payments.	PAYMENTS		80 RCVD			
		Inter the amount of payment encl			39 00	81 ' '''	80 1.04 B		
			,		39 00				
2 Check only one box for the quarter for which this payment is made. Do not select more than one quarter. You must submit a separate form for each quarter for which a payment is made.									
	Г	Payment for calendar year filers a		.4					
		1st Quarter – January to March	Due date is April 15, 202	.1.					
	2nd Quarter – April to June Due date is June 15, 2021 .								
3rd Quarter – July to September Due date is September 15, 2021. 4th Quarter – October to December Due date is January 15, 2022. Because January 15, 2022, falls on a Saturday and Monday, January 17, 2022, is a holiday, you have until January 18, 2022, to make this p									
							to make this payment.		
Payment for fiscal year filers are due as follows:									
		1st Quarter – 15th day of the fo	urth month of the current fis	cal 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.					
		If any of the due dates fall on a Saturday, Sunday or legal holiday, you may make the required payment for that quarter by midnight on the next business day following that day. If you are mailing this payment							
		To ensure proper applic		, be sure that	you:				
			ubmit 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 1 on payment and include the tax year and entity's EIN.							osite 140NR"		
✓ 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 sure making an electronic payment						ssary during the	year.		
You can make this estimated payment by eCheck or credit							l!		
	American Express ♦ Visa ♦ Discover Card ♦ MasterCard								
		↓ Cli	www. ck on "Make a Payment"	AZTaxes.go and select "1		e Payment Type.			

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