Form 8879
(Rev. January 2021)
Depertment of the Treesury

Department of the Treasury Internal Revenue Service

IRS e-file Signature Authorization

OMB No. 1545-0074

ERO must obtain and retain completed Form 8879. ► Go to www.irs.gov/Form8879 for the latest information.

Submission Identification Number (SID)

Taxpay	er's name		Social s	ecurity nu	umber	
ABH	ILASH VEERAIAHGARI		715	-87-31	141	
Spouse	s's name	Spouse	's social s	security number		
Par	Tax Return Information – Tax Year Ending December 31, 202	0 (Ente	r year y	ou are a	authorizing.)	
Enter	whole dollars only on lines 1 through 5.					
Note:	Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.					
1	Adjusted gross income			. 1	1 101,40	5.
2	Total tax			. 2	2 15,44	б.
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099			. 3	3 16,55	1.
4	Amount you want refunded to you			. 4	1,10	5.
5	Amount you owe			. 5	5	

Part II Taxpayer Declaration and Signature Authorization (Be sure you get and keep a copy of your return)

Under penalties of periury. I declare that I have examined a copy of the income tax return (original or amended) I am now authorizing, and to the best of my knowledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I above are the amounts from the income tax return (original or amended) I am now authorizing. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution to debit the entry to this account. This authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate the authorization. To revoke (cancel) a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation requests must be received no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I further acknowledge that the personal identification number (PIN) below is my signature for the income tax return (original or amended) I am now authorizing and, if applicable, my Electronic Funds Withdrawal Consent.

Taxpayer's PIN: check one box only

		- F -
X I authorize GLOBAL TAXES LLC to enter or generate my PI	1 l	_ /

7	3	1	4	1	
Ent don	as my				

signature on the income tax return (original or amended) I am now authorizing.

I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box only if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Your signature

Date

Spouse's PIN: check one box only

I authorize

to enter or generate my PIN

as mv Enter five digits, but don't enter all zeros

ERO firm name signature on the income tax return (original or amended) I am now authorizing.

I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box only if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Spouse's signature ►	Da	ate 🕨	•						 		
Practitioner PIN Method Returns Only—continue below											
Part III Certification and Authentication – Practitioner PIN Metho	d Only										
ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selecte	ed PIN.	5	8					6 all zer	 9	8 9	Э

I certify that the above numeric entry is my PIN, which is my signature for the electronic individual income tax return (original or amended) I am now authorized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and Pub. 1345, Handbook for Authorized IRS e-file Providers of Individual Income Tax Returns.

ERO's signature 🕨	Date 🕨								
_	ist Retain This Form — See Instructions his Form to the IRS Unless Requested To Do So								
For Denemorie Deduction Act Nation and vous to		Q (Pov. 01 2021)							

For Paperwork Reduction Act Notice, see your tax return instructions. BAA

E 1040		artment of the Treasury-Internal Revenue Servi S. Individual Income Tax		(99) S urn	20	20	OMB No. 1545	-0074	IRS Us	e Only	–Do not v	vrite or staple	in this space.	
Filing Status Check only one box.	lf yc	Single Married filing jointly ou checked the MFS box, enter the n son is a child but not your dependent	ame of	-	separately buse. If you	. ,				,		, ,	. , . ,	
Your first name	and m	iddle initial	Last na	ame							Your so	ocial securi	ty number	
ABHILASI	H		VEE	RAIAH	GARI						715-	87-314	1	
lf joint return, s	pouse's	s first name and middle initial	Last na	ame							Spouse	's social se	curity number	
Home address 16636 N		er and street). If you have a P.O. box, see H ST	instruct	ions.					Apt. no. 2101		Check	here if you,		
City, town, or p	ost offi	ce. If you have a foreign address, also co	mplete	spaces be	low.	Sta	te	ZIP co	ode				ntly, want \$3	
SCOTTSD	ALE					A	Z	852	254		Ŭ	low will not	Checking a change	
Foreign country	y name			Foreign p	rovince/stat	e/coun	ty	Foreig	n postal	code	1	your tax or refund.		
												You	Spouse	
At any time du	iring 20	020, did you receive, sell, send, excl	nange,	or otherv	vise acquii	re any	financial intere	est in a	ıny virtu	ial cu	irrency?	Yes	🗙 No	
Standard Deduction		eone can claim: Vou as a de Spouse itemizes on a separate retur	n or yo	u were a	dual-statu	is alier								
Age/Blindness			956	_ Are b	lind S	pouse	: 🗌 Was bo	rn beto				ls b	-	
Dependent				(2)	Social secur number	ity	(3) Relationsh to you	nip				or (see instru		
If more	(1) ⊦	irst name Last name						Child tax cre			credit Credit for other depend			
than four dependents,										<u> </u>		<u> </u>		
see instruction	s ——									⊢		<u> </u>		
and check here ►										$\frac{\Box}{\Box}$				
	4	Wares colorize time ato Attach	- a rma (a)	<u> </u>										
Attach	1	Wages, salaries, tips, etc. Attach F	111	VV-2 .	· · ·	· ·			• •	•	. <u>1</u> 2b		07,404.	
Sch. B if	2a	•	2a				axable interes		• •	•				
required.	3a 4a		3a 4a				Ordinary divide axable amoun		• •	•	. 3b . 4b			
/	, 4a 5a		4a 5a				axable amoun		• •	•	. 40. . 5b			
Chandand	5a 6a		5a 6a				axable amoun		• •	•	. 50. . 6b			
Standard Deduction for –	0a 7	Capital gain or (loss). Attach Sche		if roquiro	d If not ro			ι	• •	БГ	. <u>0.</u> 7			
Single or	8	Other income from Schedule 1, lin		•				• •	• •		. 8		-5,999.	
Married filing separately,	9	Add lines 1, 2b, 3b, 4b, 5b, 6b, 7,						• •	• •	•	. <u>0</u> ▶ 9		<u>-3,999.</u> 01,405.	
\$12,400Married filing	10	Adjustments to income:		11113 13 ye		come		• •	• •	•		-	<u>,105.</u>	
jointly or	a	,					10	a						
Qualifying widow(er),	b	Charitable contributions if you take									_			
\$24,800 • Head of	c	Add lines 10a and 10b. These are									▶ 10	c		
household,	11	Subtract line 10c from line 9. This								-	► 11	_	01,405.	
\$18,650If you checked	12	Standard deduction or itemized											12,400.	
any box under Standard	13	Qualified business income deduct		`		,							, 100.	
Deduction,	14	Add lines 12 and 13											12,400.	
see instructions.	15	Taxable income. Subtract line 14										1	<u>12,100.</u> 89,005.	
						-,				•		<u> </u>	10.10	

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

Form **1040** (2020)

Form 1040 (2020))										Page	∍ 2
	16	Tax (see instructions). Check	if any from Form	(s): 1 🗌 881	4 2	4972	3			16	15,446	
	17	Amount from Schedule 2, lir	ne3							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, lir	ne7							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 1	0.				23	0	
	24	Add lines 22 and 23. This is	your total tax						. 🕨	24	15,446	
	25	Federal income tax withheld	from:									
	а	Form(s) W-2					25a	16	,551			
	b	Form(s) 1099					25b					
	с	Other forms (see instructions	s)				25c					
	d	Add lines 25a through 25c								25d	16,551	•
• If you have a	26	2020 estimated tax payment								26		
qualifying child, attach Sch. EIC.	27	Earned income credit (EIC)			^N	IÓ .	27					
If you have	28	Additional child tax credit. A	ttach Schedule 8	3812			28					
nontaxable combat pay,	29	American opportunity credit	from Form 8863	8, line 8			29					
see instructions.	30	Recovery rebate credit. See	instructions .				30					
	31	Amount from Schedule 3, lin	ne 13				31					
	32	Add lines 27 through 31. The	ese are your tota	al other paym	ents and	refunda	able cr	edits	. 🕨	32		
	33	Add lines 25d, 26, and 32. T	hese are your to	tal payments					. 🕨	• 33	16,551	•
Refund	34	If line 33 is more than line 24	1, subtract line 2	4 from line 33.	This is th	ne amoui	nt you	overpaid		34	1,105	•
	35a	Amount of line 34 you want			3 is attacł	ned, cheo	ck here	ə] 35a	1,105	•
Direct deposit?	►b	Routing number 1 2 2			► c Ty	pe: 🗙	Chec	king	Saving	s		
See instructions.	►d	Account number 7 5 0	1 2 1 0	1 9								
	36	Amount of line 34 you want a	applied to your	2021 estimate	ed tax .	. 🕨	36					
Amount	37	Subtract line 33 from line 24	. This is the amo	ount you owe	now .				. 🕨	37		_
You Owe		Note: Schedule H and Sch	edule SE filers,	line 37 may r	not repres	sent all o	of the	taxes you	owe fo	or		
For details on how to pay, see		2020. See Schedule 3, line 1	2e, and its instru	uctions for det	ails.			1				
instructions.	38	Estimated tax penalty (see in	nstructions) .			. 🕨	38					
Third Party		you want to allow another	•					_			_	
Designee		tructions						UYes. Co	•		× No	
		signee's ne ►		Phone no.					onal ide oer (PIN	ntification		
C :		der penalties of perjury, I declare t	hat I have examine			nving sch	مطيامه			/		<u> </u>
Sign		ief, they are true, correct, and com										
Here	Yo	ur signature		Date	Your occ	cupation			lf	the IRS se	nt you an Identity	
		C C C C C C C C C C C C C C C C C C C									IN, enter it here	_
Joint return?						WARE E		NEER	`	ee inst.) 🕨		
See instructions. Keep a copy for	Sp	ouse's signature. If a joint return, I	ooth must sign.	Date	Spouse's	s occupati	ion				nt your spouse an ection PIN, enter it h	oro
your records.										ee inst.) 🕨		
	Ph	one no.		Email address								_
		parer's name	Preparer's signat	1			Date		PTIN		Check if:	
Paid		PRIYA RAM SAGAR GUPTA TALLAM			GUPTA '	TALLAM		05/2021		82703	Self-employed	1
Preparer		n's name ► GLOBAL TA					· · · /	,			678)965-952	
Use Only		n's address ► 2530 Pebb		n Cummin	a GA 3	30041				m's EIN ▶		
Go to www.irc.or		11040 for instructions and the late			BA		DEV	03/25/21 PRC			Form 1040 (20	
		ino io ioi monuodono anu de late	or mormation.		D/-	1 /1		JJZJZI FRU	/			/LU)

SCHEDULE	1
(Form 1040)	

Department of the Treasury

Internal Revenue Service

Additional Income and Adjustments to Income

OMB No. 1545-0074

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

soc	ial security number
	Attachment Sequence No. 01

Name(s) shown on Form 1040, 1040-SR, or 1040-NR	Your social security num
ABHILASH VEERAIAHGARI	715-87-3141

Part 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,		
Der		9	-5,999.
Par	t II Adjustments to Income		
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		18a	
b	Recipient's SSN		
с	Date of original divorce or separation agreement (see instructions)		
19		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	
For Pa	perwork Reduction Act Notice, see your tax return instructions. BAA REV 03/25/21 PRO	Schedu	e 1 (Form 1040) 2020

SCHEDULE	Е
(Form 1040)	

Supplemental Income and Loss

OMB No. 1545-0074

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

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

Department of the Treasury Internal Revenue Service (99) ►G

Internal nevenue		VIV
Name(s) shown	on	re

	,		,	
o to www.irs.gov/Sche	duleE for instru	ictions a	and the late	est information.

2020 Attachment Sequence No. 13

Name(s)	shown on return								Your soci	al security	/ number
ABHI	LASH VEERAIAHGA	ARI							715-8	7-3141	1
Part		s From Rental Real Esta	-	-		-			÷ .	•	
	Schedule C. See	instructions. If you are an inc	dividual, repo	ort farr	m rental i	ncome o	or loss fi	rom Form 48	335 on page	2, line 40	D.
A Dic	l you make any payme	ents in 2020 that would rec	quire you to	file F	orm(s) 1	099? S	ee instr	uctions .		. 🗌 Y	'es 🔀 No
B If "	Yes," did you or will yo	ou file required Form(s) 10	099?							. 🗌 Y	′es 🗌 No
1a		each property (street, city									
Α	MALKAJGIRI HYD	DERABAD TELENGANA	IN 5000)47							
В											
С											
1b	Type of Property	2 For each rental real	estate prop	perty l	isted		Fair	Rental	Persona	l Use	QJV
	(from list below)	above, report the nu personal use days.	umber of fai	ir rent	al and		0	Days	Day	s	QUV
Α	3	if you meet the reau	uirements to) file a	sa	Α		365		0	
В		qualified joint ventu	re. See inst	ructio	ns.	В					
С						С					
Туре с	of Property:										
1 Sing	le Family Residence	3 Vacation/Short-Ter	rm Rental	5 La	nd		7 Self-	Rental			
	i-Family Residence	4 Commercial		6 Ro	yalties		8 Othe	r (describe)			
Incom	e:	Pr	operties:			Α		E	8		С
3				3			550.				
4	Royalties received .			4							
Expen											
5	Advertising			5							
6	Auto and travel (see in	nstructions)		6							
7		nance		7			786.				
8				8							
9	Insurance			9							
10	Legal and other profe	essional fees		10							
11	Management fees .			11			955.				
12	Mortgage interest pai	id to banks, etc. (see insti	ructions)	12							
13	Other interest			13							
14	Repairs			14		1,	758.				
15	Supplies			15		1,	850.				
16	Taxes			16							
17	Utilities			17		1,	200.				
18		e or depletion		18							
19	Other (list) ►			19							
20	Total expenses. Add	lines 5 through 19		20		б,	549.				
21	Subtract line 20 from	line 3 (rents) and/or 4 (ro	yalties). If								
		instructions to find out if	you must								
	file Form 6198			21		-5,	999.				
22		l estate loss after limitation						,			
	on Form 8582 (see in	-		22	(-5,9	99.)	()	()
23a		eported on line 3 for all re					23a		550.		
b		eported on line 4 for all ro					23b				
С		eported on line 12 for all					23c				
d		eported on line 18 for all					23d				
е		eported on line 20 for all					23e		6,549.		
24		e amounts shown on line							. 24	(
25		osses from line 21 and renta								(5,999.)
26		ate and royalty income									
		IV, and line 40 on page									E 000
	Schedule I (Form 104	40), line 5. Otherwise, incl	iude this an	nount	. in the t	otal on	iine 41	on page 2	. 26		-5,999.

For Paperwork Reduction Act Notice, see the separate instructions.

Schedule E (Form 1040) 2020

5	Form 8582 Pepartment of the Treasury Passive Activity Loss Limitations See separate instructions. Attach to Form 1040, 1040-SR, or 1041.		0	OMB No. 1545-1008		
Form			20 20			
Departm						
	Internal Revenue Service (99) Go to www.irs.gov/Form8582 for instructions and the latest information.					
Name(s) shown on return		Identifying n	umber		
ABH1	LASH VEERA		715-87-	-3141		
Part		issive Activity Loss				
		Complete Worksheets 1, 2, and 3 before completing Part I.				
		Activities With Active Participation (For the definition of active participation, s	see			
-		or Rental Real Estate Activities in the instructions.)				
1a հ			$\frac{0}{0}$			
b		net loss (enter the amount from Worksheet 1, column (b)) 1b (5,99 hallowed losses (enter the amount from Worksheet 1, column (c)) 1c (<u>9.)</u>			
c d	-		, 1d	E 000		
		1a, 1b, and 1c .	. 10	-5,999.		
2a		evitalization deductions from Worksheet 2, column (a) 2a (
b		Illowed commercial revitalization deductions from Worksheet 2,				
	column (b)					
с	Add lines 2a a	N N	. 2c	()		
All Ot	her Passive Ac			<u> </u>		
3a	Activities with	net income (enter the amount from Worksheet 3, column (a)) . 3a				
b		net loss (enter the amount from Worksheet 3, column (b)) 3b ()			
с	Prior years' ur	allowed 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 y	our			
	return; all loss	es are allowed, including any prior year unallowed losses entered on line 1c, 2b, or	3c.			
		ses on the forms and schedules normally used	. 4	-5,999.		
	If line 4 is a lo	, 3				
		 Line 2c is a loss (and line 1d is zero or more), skip Part II and go to Part I 				
		• Line 3d is a loss (and lines 1d and 2c are zero or more), skip Parts II and	•			
		status is married filing separately and you lived with your spouse at any time during	g the year,	do not complete		
_		ead, go to line 15. Allowance for Rental Real Estate Activities With Active Participation				
Part		ter all numbers in Part II as positive amounts. See instructions for an example.				
5		ller of the loss on line 1d or the loss on line 4	. 5	5,999.		
6		0. If married filing separately, see instructions $\dots \dots \dots$		5,999.		
7		adjusted gross income, but not less than zero. See instructions 7 107,40				
•		is greater than or equal to line 6, skip lines 8 and 9, enter -0- on				
		vise, go to line 8.				
8	Subtract line 7		6.			
9		by 50% (0.50). Do not enter more than \$25,000. If married filing separately, see instruction		21,298.		
10	Enter the sma	ller of line 5 or line 9	. 10	5,999.		
	If line 2c is a lo	oss, go to Part III. Otherwise, go to line 15.				
Part	III Special	Allowance for Commercial Revitalization Deductions From Rental Real	Estate Ac	ctivities		
	Note: En	ter all numbers in Part III as positive amounts. See the example for Part II in the instru	ictions.			
11	. ,	reduced by the amount, if any, on line 10. If married filing separately, see instructions				
12		from line 4				
13		2 by the amount on line 10				
14		llest of line 2c (treated as a positive amount), line 11, or line 13	. 14			
Part		osses Allowed				
15		ne, if any, on lines 1a and 3a and enter the total		0.		
16		allowed from all passive activities for 2020. Add lines 10, 14, and 15. See instruction		E 000		
For D:		v to report the losses on your tax return	. 16	5,999. Form 8582 (2020)		
FOR Pa	perwork Reduct	ion Act Notice, see instructions. BAA REV 03/25/21 PRO		FORM OJOZ (2020)		

Caution: The worksheets must be filed with your tax return. Keep a copy for your records. Worksheet 1—For Form 8582, Lines 1a, 1b, and 1c (see instructions)

	Currer	nt year	Prior years Overall gain		ain or loss
Name of activity	(a) Net income (line 1a)	(b) Net loss (line 1b)	(c) Unallowed loss (line 1c)	(d) Gain	(e) Loss
MALKAJGIRI	0.	5,999.			5,999.
Total. Enter on Form 8582, lines 1a, 1b, and 1c	0.	5,999.			

Worksheet 2—For Form 8582, Lines 2a and 2b (see instructions)

Name of activity	(a) Current year deductions (line 2a)	(b) Prior year unallowed deductions (line 2b)	(c) Overall loss
Total. Enter on Form 8582, lines 2a and 2b			

Worksheet 3-For Form 8582, Lines 3a, 3b, and 3c (see instructions)

Name of activity	Currer	nt year	Prior years	Overall ga	ain or loss
	(a) Net income (line 3a)	(b) Net loss (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 an Amount Is Shown on Form 8582, Line 10 or 14. See instructions.

Name of activity	Form or schedule and line number to be reported on (see instructions)	(a) Loss	(b) Ratio	(c) Special allowance	(d) Subtract column (c) from column (a)
MALKAJGIRI	E Ln 22	5,999.	1.00000000	5,999.	0.
	1				
Total		5,999.	1.00	5,999.	0.

Worksheet 5—Allocation of Unallowed Losses (see instructions)

Name of activity	Form or schedule and line number to be reported on (see instructions)	(a) Loss	(b) Ratio	(c) Unallowed loss
Total			1.00	

Arizona Form

E-file Signature Authorization

2020

*Do Not Truncate

Do not mail this form to the Arizona Department of Revenue. The ERO must retain this document a minimum of four years.

Your First Name and Initial	Last Name		Your Social Security Number*
ABHILASH	IVEERAIAHGARI	Enter	715 87 3141
Your Spouse's First Name and Initial (if filed joint)	ll ast Name	your SSN(s).	Spouse's Social Security No.*

PART 1 – PURPOSE

• To certify the truthfulness, correctness, and completeness of the taxpayer's electronic income tax return.

• To authorize the Electronic Return Originator (ERO) to affirm that the taxpayer wishes to use the taxpayer's electronic signature to the taxpayer's federal individual income tax return as the taxpayer's signature to the taxpayer's electronic Arizona individual income tax return.

PART 2 – TAX RETURN INFORMATION			PART 3 – FINANCIAL INSTITUTION INFORMATION			
			Must be present when reque	esting direct debit or deposit.		
1 Arizona Adjusted Gross Income	101,405 00		Foreign Account Deposit	/Debit: See instructions below.		
2 Balance Of Tax	3,055 00		TYPE OF ACCOUNT			
3 Arizona Income Tax Withheld	2,900 00		Checking Savings			
Check box 4 <u>or</u> box 5:			ACCOUNT NUMBER			
4 REFUND: Enter the amount of	f refund	00				
5 AMOUNT YOU OWE: Enter th	e amount owed	155 00		\$		

Box 4 Checkbox – Refund: You are due a refund based on the information provided on your tax return. Your refund amount will be deposited in the account listed in the Financial Institution Information Section (Part 3).

Box 5 Checkbox – Amount You Owe: You owe taxes based on the information provided on your tax return. You have elected to direct debit for payment. The payment will be withdrawn from the account and on the date listed in the Financial Institution Information 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 your 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 SIGNATURE AUTHORIZATION (Sign only after completing Part 2)

Under penalties of perjury, I declare that I have examined a copy of my electronic Arizona individual income tax return and accompanying schedules and statements for the year ending December 31, 2020, and to the best of my knowledge and belief, it is true, correct, and complete. I further declare that the amounts of Arizona adjusted gross income, total tax, Arizona income tax withheld, and refund (or amount owed) listed above are the amounts shown on the copy of my electronic Arizona income tax return.

- **6a** I consent that my refund be directly deposited as designated in the electronic portion of my 2020 Arizona individual income tax return. If I have filed a joint return, this is an irrevocable appointment of the other spouse as an agent to receive the refund.
- **6b** I do not want direct deposit of my refund or I am not receiving a refund.
- **6c** I authorize the Arizona Department of Revenue (ADOR) and its designated Financial Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of my Arizona taxes owed on this return. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment.

If I have filed a balance due return, I understand that if the ADOR does not receive full and timely payment of my tax liability by April 15, 2021, I will remain liable for the tax liability and all applicable interest and penalties. When electronically filing my federal and state tax returns, I understand that if there is an error on my federal return, my state return will also be rejected.

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 I 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 or 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 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 and declared under penalties of perjury that to the best of my knowledge and belief the return is true, correct and complete.

ERE	→		
SE SIGN HERE	→	YOUR PEN AND INK SIGNATURE	DATE
PLEASE		SPOUSE'S PEN AND INK SIGNATURE	DATE

RETURN.			Arizona Form 140	Resident	Perso	nal Inco	ome Tax	Return	F	OR CALENDAR YEAR	२
RE	82F		Check box 82F	OR FISCAL YEAR BEG	SINNING L		2,0,2,0	AND ENDING			. 66F
Η̈́	`		First Name and Middle Initial		Las	t Name		Enter	Your	Social Security N	umber
TO THE	1		HILASH			ERAIAHG	ARI	your	71	5 87 31	
	_	Spous	se's First Name and Middle	Initial (if box 4 or 6 checked)) Las	t Name		SSN(s).	se's Social Securi	ity No.
ANY ITEMS	1	Curre	nt Home Address - number a	and street rural route			Apt. No.	Davt	ime Phone	with area code)	
ΥT	2		536 N 58TH ST				2101		408)505		
AN			Town or Post Office	State		ZIP Code	2101		,	r Prior Year(s) (if dif	ferent)
Щ.	3	SCC	OTTSDALE	AZ		85254					97
NOT STAPLE	ISI S	4	Married filing joint retu	rn 🛛 4a 🔲 Injured Spouse	e Protectior	n of Joint Ov	verpayment	REVENUE USE 0	ONLY. DO NO	OT MARK IN THIS A	AREA.
TS.	STA	5	Head of household. E	nter name of qualifying child or	dependent c	on next line:					
NON	Ű	6	Married filing separate	e return. Enter spouse's name	and Social S						
DO	FILINGSTATUS		Single	return. Enter spouse's name			Jei above.				
				imed. Do not put a check	mark.						
	_	8	Age 65 or over (you ar	00			nplete lines 38,	81 PM		80 RCVD	
	and 10b	9	Blind (you and/or spou				mplete line 49.			80 100 10	
	a an	10a 11a	Dependents: Under ag Qualifying parents and		ependents:	Age 17 and	i over.				
	9			endent Information. See ins	tructions	For more s	pace, check f	the box \square and	complete r	age 4. Part 1.	
	Dependents		(a)		(b)	(c)	(d)	(e)	(f)	
	ben			LAST NAME rself or spouse.)	SOCIAL SE	ECURITY NO.	RELATIONSHI	LIVED IN YOUR	included i	in: this person of	not claim on your
	ĕ			. ,				HOME IN 2020	1 (Box 10a) (Bo	2 educational	
	and 11a -	10c								<u> </u>	
	9, anc	10d								╡	
	ŵ	10e				-					
40.	tions			ents and grandparents. See a)		ns. For mo (b)	(c)	(d)	(e)	(f)	
after Form 140	Exemptions			LAST NAME rself or spouse.)	SOCIAL SE	CURITY NO.	RELATIONSHI	P NO. OF MONTHS LIVED IN YOUR	VIFAGE 6		D IN
For	Ě		(20 not not) ou					HOME IN 2020			
ter		11b									
afi		11c									
ents			Federal adjusted gross in							101,409	5 <u>00</u> 00
m	S		Non-Arizona municipal inter Partnership Income adjustm								00
001	Additions		Total federal depreciation								00
erd	Add	16	Net capital (loss) derived fro	om the exchange of legal ter	nder: See ir	structions			16		00
othe			Other Additions to Income:					-		101 401	00
or o			Subtotal: Add lines 12 throug Total net capital gain or (los							101,40	5 00
es			Total net short-term capital						00		
np			Total net long-term capital g						00		
che		22	Net long-term capital gain fr	rom assets acquired after D	ecember 3 ⁻	1, 2011. See	e instructions.	22	0 00		
ZS			Multiply line 22 by 25% (.25							(00 0
Ч	ŀ	24 This b	Net capital gain derived fror box may be blank or may contai	<u>m investment in qualified sm</u> n a printed barcode of data from	<u>all busines</u> your return	35		abango of logal t	24		00
an	suo		sirli derlydwlei	Silver Circles Mana	約, 約2 		apital gain cx	change of legal to ona depreciation.			00
eral	Subtractions			, marina yang kanang kanang Kanang kanang		11		e adjustment			00
ede	ubtr		J.B.B.CREPERCE	nden benen hende		11		oligations			00
èd f	S		<u>Cereceren</u> es.			29a Exclus	sion for fed., AZ s	tate or local govt. pe	nsions. 29a		00
uire						11		ervices retired/retaine	· · -		00
req					Me MS 🛛	11		or Railroad Retirem			00
Ń			A A A A A A A A A A A A A A A A A A A			11	-	an active service me			00
e a			and for the first most in the first of the f	AD DE PROFES MEN VALENDE ANTAL ANDRA DE LA MONTA ANDRA DE LA MONTA ANDRA DE LA MONTA ANDRA DE LA MONTA ANDRA D A de la mante de la mandra de la mandra de la mante	MUTH\(-■	11		adjustment			00
Place any required federal and AZ schedules or other docume								College Savings Pla		101,40	00
α.		ADOR	R 10413 (20) 1555		AZ F	35 Subtr orm 140 (20	act lines 23 thro 120)	ugh 34 from line18 REV 03	35 /17/21 PRO		> <u>UU</u> e 1 of 5

	Your	Name (as shown on page 1)	Your Social Security Number				
	ABH	IILASH VEERAIAHGARI	715-87-3141				
		26. Other Subtractions from Income. Complete Adjustments to Arizone Crees Income exhedule on page 5					
	36	Other Subtractions from Income. Complete Adjustments to Arizona Gross Income schedule on p	-		101 405	00	
	37	Subtract line 36 from line 35 and enter the difference			101,405	1	
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				00	
ш	41	Qualifying parents and grandparents: Multiply the number in box 11a by \$10,000			101 405	00	
	42	Arizona adjusted gross income: Subtract lines 38 through 41 from line 37. If less than zero, enter "0".			101,405		
	43	Deductions: Check box and enter amount. See instructions			12,400	1	
	44	If you checked box 43 S and claim charitable deductions, check 44 C Complete page 3. See instru				00	
	45	Arizona taxable income: Subtract lines 43 and 44 from line 42. If less than zero, enter "0"		. 45	89,005		
of Tax	46	Compute the tax using amount on line 45 and Tax Table X, Y or Optional Tax Tables			3,055	1	
of	47	Tax from recapture of credits from Arizona Form 301, Part 2, line 31		. 47		00	
Balance	48	Subtotal of tax: Add lines 46 and 47 and enter the total		48	3,055		
3ala	49	Dependent Tax Credit. See instructions		49		00	
	50	Family income tax credit (from the worksheet - see instructions)		. 50 🔄		00	
	51	Nonrefundable Credits from Arizona Form 301, Part 2, line 61		. 51		00	
	52	Balance of tax: Subtract lines 49, 50 and 51 from line 48. If the sum of lines 49, 50 and 51 is greater than	line 48, enter "0"	52	3,055	00	
	53	2020 AZ income tax withheld	<u></u>	53	2,900	00	
Total Payments and Refundable Credits	54	2020 AZ estimated tax payments 54a 00 Claim of Right 54b	00 Add 54a and 54b.	54c		00	
Cre	55	2020 AZ extension payment (Form 204)		55		00	
able	56	Increased Excise Tax Credit (from the worksheet - see instructions)		56		00	
al Pa und	57	Property Tax Credit from Arizona Form 140PTC		57		00	
Tot	58	Other refundable credits: Check the box(es) and enter the total amount	308-I 582 349	58		00	
	59	Total payments and refundable credits: Add lines 53 through 58 and enter the total		. 59	2,900		
or ent	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	
Tax Due or Overpayment	61	OVERPAYMENT: If line 59 is larger than line 52, subtract line 52 from line 59 and enter amount of overpay	ment	61		00	
ax E	62	Amount of line 61 to be applied to 2021 estimated tax				00	
٦ó	63	Balance of overpayment: Subtract line 62 from line 61 and enter the difference				00	
fts	64	- 74 Voluntary Gifts to: Solutions Teams Assigned to Schools	65 00				
Ö		Child Abuse Prevention	68 00				
tary			und 71 00				
Voluntary Gifts		Neighbors Helping Neighbors 69 00 Special Olympics	lls 74 00				
>	75	Political Party (if amount is entered on line 68 - check only one): 751 Democratic 752 Libertarian	753 Republican				
≩		Estimated payment penalty		.76		00	
enalty	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	
_		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	e instructions. 79A				
u q							
Refu		98 S Savings				1	
A	80	AMOUNT OWED: Add lines 60 and 78. Make check payable to Arizona Department of Revenue; write y			155	00	
		and include with your return					
		Jnder penalties of perjury, I declare that I have read this return and any documents with it, and to				are	
	1	rue, correct and complete. Declaration of preparer (other than taxpayer) is based on all information	on of which prepare	r has ar	ny knowledge.		
Ш	→						
HERE	,		FTWARE ENGI	NEER			
		TOUR SIGNATURE DATE OC	COPATION				
SIGN	€						
<u>ات</u>	3	SPOUSE'S SIGNATURE DATE SP	OUSE'S OCCUPATION			—	
		SYAM PRIYA RAM SAGAR GUPTA TALLAM 04052021 GLOBAL TAXES LI	C				
AS	Ī	PAID PREPARER'S SIGNATURE DATE FIRM'S NAME (PREPARER'S IF				-	
PLEASE		2530 Pebble Creek Ln	30-1017	196			
Р	ī	PAID PREPARER'S STREET ADDRESS	PAID PREPAR			-	
		Cumming GA 30041	(678)96	55-95	22		
		PAID PREPARER'S CITY STATE ZIP CODE	PAID PREPAR			-	

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 Individual Income Tax Payment Voucher for Electronic Filing

EF	٧٧
20	20

Your First Name and Middle Initial		Last Name			Your Social Security	Number
1 ABHILASH		VEERAIAHG	ARI	Enter	715 87 3	141
Spouse's First Name and Middle Initial		Last Name		your	Spouse's Social Sec	curity No.
1				SSN(s).		
Current Home Address - number and s	treet, rural route		Apt. No.	Daytime F	Phone (with area cod	e)
2 16636 N 58TH ST			2101	94 (40)	8)505-1200	
City, Town or Post Office	State	ZIP Code			Y. DO NOT MARK IN TH	IIS AREA.
3 SCOTTSDALE	AZ	85254		88		
Please indicate the filing status Married filing joint return Head of household: Enter name		ent on next line:				
 Married filing separate return: Single 	Enter spouse's name and S	ocial Security Number a	bove	81 PM	80 RCVD	
Enter the amount of payment	enclosed				\$	155 00

If you are mailing this payment

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

- ✓ Do not send cash.
- \checkmark Make your check or money order payable to Arizona Department of Revenue.
- ✓ Write your SSN and "2020 Tax" on your payment.
- \checkmark 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

- \checkmark Click on "Make a Payment" and select "140V" as the Payment Type.
- \checkmark 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.

Ari	zona	Form
14	40	ES

FORM.	Arizona Form 140ES	dual Esti	imated Inco	ome Tax	Payment	FOR CALENDAR YEAR
This estimated payment is for tax year ending December 31, 2021, or for tax year ending:						
2	Your First Name and Middle Initial		Last Name		Enter	Your Social Security Number
MS	1 ABHILASH		VEERAIAHG	ARI		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.
AN	Current Home Address - number and street, rural roo	ute		Apt. No.	Daytime P	Phone (with area code)
Щ	2 16636 N 58TH ST			2101	94 (408	3)505-1200
STAPLE	City, Town or Post Office	State	ZIP Code			DO NOT MARK IN THIS AREA.
DO NOT ST	3 SCOTTSDALE	AZ	85254		88	
	 DO NOT USE THIS FORM TO MAKE DE Use this form only for mailing estimated parts Payment: You must round your estimated parts 	ayments.			81 PM	80 RCVD
	Enter the amount of payment enclosed		\$	39 00	81] 「 ^m	
4	2 Check only <u>one</u> box for the quarter for which				for which a payme	(:l.
	Do not select more than one quarter. You mus	it submit a se	eparate form for	each quart	er for which a payme	ent is made.
	Payment for calendar year filers are due as f	ollows:				
	1st Quarter – January to March Due date i		21			
	2nd Quarter – April to June Due date is Ju	ne 15, 2021.				
	3rd Quarter – July to September Due date	is September	r 15, 2021.			

4th Quarter – October to December | Due date is January 15, 2022. Because January 15, 2022, falls on a Saturday and Monday, January 17, 2022, is a holiday, you have until January 18, 2022, to make this payment.

Payment for fiscal year filers are due as follows:

1st Quarter – 15th day of the fourth month of the current fiscal year.
2nd Quarter – 15th day of the sixth month of the current fiscal year.
3rd Quarter – 15th day of the ninth month of the current fiscal year.
4th Quarter – 15th day of the first month of the next fiscal year.

If any of the due dates fall on a Saturday, Sunday or legal holiday,

you may make the required payment for that quarter by midnight on the next business day following that day.

If you are mailing this payment

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

- \checkmark 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.
- If payment is made on behalf of a Nonresident Composite return, write "Composite 140NR" on payment and include the tax year and entity's EIN.
- Include your payment with this form.
- Mail to Arizona Department of Revenue, PO Box 29085, Phoenix, AZ 85038-9085.

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

If you are making an electronic payment

You can make this estimated payment by eCheck or credit card! American Express ♦ Visa ♦ Discover Card ♦ MasterCard

www.AZTaxes.gov

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

Ari	zona	Form
14	40	ES

THE FORM.	Arizona Form 140ES Individual Estimated Income Tax Payment 2021							
	This estimated payment is for tax year ending December 31, 2021, or for tax year ending: $2, 0,$							
5	Your First Name and Middle Initial	Last Name			Your Social Security Number			
١S	1 ABHILASH	VEERAIAHO	ARI	Enter	715 87 3141			
Ē	Spouse's First Name and Middle Initial (if filing joint)	Last Name		your	Spouse's Social Security No.			
ANY ITEMS	1			SSN(s).				
AN	Current Home Address - number and street, rural route		Apt. No.	Daytime	Phone (with area code)			
Ш	2 16636 N 58TH ST		2101	94 (40)	8)505-1200			
STAPLE	City, Town or Post Office State	ZIP Code			Y. DO NOT MARK IN THIS AREA.			
DO NOT ST	3 SCOTTSDALE AZ	85254		88				
	 Use this form only for mailing estimated payments. Payment: You must round your estimated payment to a whole dollar (no cents). Enter the amount of payment enclosed							
	Do not select more than one quarter. You must submit a		r each quart	<i>ter</i> for which a paym	nent is made.			
	Payment for calendar year filers are due as follows:							
	1st Quarter – January to March Due date is April 15, 2021.							
	2nd Quarter – April to June Due date is June 15, 2021.							
	3rd Quarter – July to September Due date is September 15, 2021.							
	4th Quarter – October to December Due date is January 15, 2022. Because January 15, 2022, falls on a Saturday and Monday, January 17, 2022, is a holiday, you have until January 18, 2022, to make this payment.							
	Payment for fiscal year filers are due as follows:							

· ~ ,					
	1st Quarter – 15th day of the fourth month of the current fiscal year.				
	2nd Quarter – 15th day of the sixth month of the current fiscal year.				
	3rd Quarter – 15th day of the ninth month of the current fiscal year.				
	4th Quarter – 15th day of the first month of the next fiscal year.				

If any of the due dates fall on a Saturday, Sunday or legal holiday,

you may make the required payment for that quarter by midnight on the next business day following that day.

If you are mailing this payment

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

- \checkmark 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.
- If payment is made on behalf of a Nonresident Composite return, write "Composite 140NR" on payment and include the tax year and entity's EIN.
- Include your payment with this form.
- Mail to Arizona Department of Revenue, PO Box 29085, Phoenix, AZ 85038-9085.

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

If you are making an electronic payment

You can make this estimated payment by eCheck or credit card! American Express ♦ Visa ♦ Discover Card ♦ MasterCard

www.AZTaxes.gov

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

Ari	zona	Form
14	40	ES

THE FORM.	Arizona Form 140ES	idual Est	imated Inc	ome Tax	Payment Payment
Ψ				_	
Ē	This estimated payment is for tax year end	ling Decem		or for tax y	
3 TO	Your First Name and Middle Initial		Last Name		Your Social Security Number
ž	1 ABHILASH		VEERAIAHG	ARI	715 87 3141
ANY ITEMS	Spouse's First Name and Middle Initial (if filing joint)		Last Name		Spouse's Social Security No.
AN	Current Home Address - number and street, rural ro	ute		Apt. No.	Daytime Phone (with area code)
Щ	2 16636 N 58TH ST			2101	94 (408)505-1200
STAPLE	City, Town or Post Office	State	ZIP Code		REVENUE USE ONLY. DO NOT MARK IN THIS AREA.
	3 SCOTTSDALE	AZ	85254		88
DO NOT	 DO NOT USE THIS FORM TO MAKE DI Use this form only for mailing estimated Payment: You must round your estimated pa Enter the amount of payment enclosed Check only one box for the quarter for which 	payments. yment to a w	nole dollar (no o		81 PM 80 RCVD
	Do not select more than one quarter. You mu	st submit a s	eparate form for	⁻ each quar	<i>ter</i> for which a payment is made.
	Payment for calendar year filers are due as	follows:			
	1st Quarter – January to March Due date	is April 15, 20	21.		
	2nd Quarter – April to June Due date is Ju	une 15, 2021.			
	3rd Quarter – July to September Due date	e is Septembe	r 15, 2021.		
	4th Quarter – October to December Due Because January 15, 2022, falls on a Saturday and			day, you have	until January 18, 2022, to make this payment.
	Payment for fiscal year filers are due as follo	ws:			
	1st Quarter – 15th day of the fourth month	of the current f	iscal year.		
	2nd Quarter – 15th day of the sixth month c	f the current fi	scal year.		

	Total day of the Sixta month of the carrent hood year.	
3rd Quarter –	15th day of the ninth month of the current fiscal year.	

4th Quarter - 15th day of the first month of the next fiscal year.

If any of the due dates fall on a Saturday, Sunday or legal holiday,

you may make the required payment for that quarter by midnight on the next business day following that day.

If you are mailing this payment

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

- \checkmark 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.
- If payment is made on behalf of a Nonresident Composite return, write "Composite 140NR" on payment and include the tax year and entity's EIN.
- Include your payment with this form.
- Mail to Arizona Department of Revenue, PO Box 29085, Phoenix, AZ 85038-9085.

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

If you are making an electronic payment

You can make this estimated payment by eCheck or credit card! American Express ♦ Visa ♦ Discover Card ♦ MasterCard

www.AZTaxes.gov

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

П

Ariz	ona	Form
14	10	ES

THE FORM.	Arizona Form 140ES Individual Est	imated Inc	ome Tax	Payment 2021		
10	Your First Name and Middle Initial	Last Name		Your Social Security Number		
ANY ITEMS	1 ABHILASH	VEERAIAHG	ARI	715 87 3141		
Ξ	Spouse's First Name and Middle Initial (if filing joint)	Last Name		your Spouse's Social Security No.		
Σ	1			SSN(s).		
AN	Current Home Address - number and street, rural route		Apt. No.	Daytime Phone (with area code)		
Щ	2 16636 N 58TH ST		2101	94 (408)505-1200		
DO NOT STAPLE	City, Town or Post Office State	ZIP Code		REVENUE USE ONLY. DO NOT MARK IN THIS AREA.		
ST	3 SCOTTSDALE AZ	85254		88		
	 Use this form only for mailing estimated payments. Payment: You must round your estimated payment to a w Enter the amount of payment enclosed 	/hole dollar (no o	cents). 39 00	81 PM 80 RCVD		
	2 Check only <u>one</u> box for the quarter for which this paymer Do not select more than one quarter. You must submit a s Payment for calendar year filers are due as follows:		each quarte	er for which a payment is made.		
	1st Quarter – January to March Due date is April 15, 20	021.				
	2nd Quarter – April to June Due date is June 15, 2021 .					
	3rd Quarter – July to September Due date is Septembe	er 15, 2021.				
	4th Quarter – October to December Due date is Januar Because January 15, 2022, falls on a Saturday and Monday, Januar		day, you have u	ntil January 18, 2022, 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 sixth month of the current fiscal year.
3rd Quarter – 15th day of the ninth month of the current fiscal year.
4th Quarter – 15th day of the first month of the next fiscal year.

If any of the due dates fall on a Saturday, Sunday or legal holiday,

you may make the required payment for that quarter by midnight on the next business day following that day.

If you are mailing this payment

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

- \checkmark 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.
- If payment is made on behalf of a Nonresident Composite return, write "Composite 140NR" on payment and include the tax year and entity's EIN.
- Include your payment with this form.
- Mail to Arizona Department of Revenue, PO Box 29085, Phoenix, AZ 85038-9085.

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

If you are making an electronic payment

You can make this estimated payment by eCheck or credit card! American Express ♦ Visa ♦ Discover Card ♦ MasterCard

www.AZTaxes.gov

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