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

Subm	nission Identification Number (SID)					
Taxpay	er's name	Social securit	y number			
TEJ	ASWI BADE	792-81-	-4003			
Spouse	e's name	Spouse's soci	Spouse's social security number			
Par	·	year you a	re autho	rizing.)		
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	84,2		
2	Total tax		2	11,5	592.	
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099		3	12,6	523.	
4	Amount you want refunded to you		4	1,0	031.	
5	Amount you owe		5			
Part	Taxpayer Declaration and Signature Authorization (Be sure you get and k	eep a copy	of you	r return)	
return to sen for any Agent payme author payme busine taxes persor	owledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I abov (original or amended) I am now authorizing. I consent to allow my intermediate service provider, transm d my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for reject delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the financial institution accounts and fine of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution ization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate and, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation requests days prior to the payment (settlement) date. I also authorize the financial institutions involved in the to receive confidential information necessary to answer inquiries and resolve issues related to the phall identification number (PIN) below is my signature for the income tax return (original or amended) I around Funds Withdrawal Consent.	itter, or electro- ection of the trans. Treasury are cated in the tate on to debit the the authoriza- uests must be processing of ayment. I furt	nic return ansmission d its design x prepara entry to the tion. To re received the electro her ackno	originator n, (b) the ingnated Firtion softwhis account evoke (can no later to onic paym wledge the	reason nancial rare for nt. This ncel) a than 2 nent of nat the	
	ayer's PIN: check one box only					
	I authorize GLOBAL TAXES LLC to enter or generate	my PIN 1	4 0 0	0 3 2	as my	
	ERO firm name signature on the income tax return (original or amended) I am now authorizing.	Ent	er five digit n't enter all	ts, but	y	
	I will enter my PIN as my signature on the income tax return (original or amended) I am n if you are entering your own PIN and your return is filed using the Practitioner PIN meth below.					
Your	signature ► <u>Tejaswi</u> Date ► _					
	se's PIN: check one box only					
Г	I authorize to enter or generate	my DIN			ne mv	
L	ERO firm name	,	er five digit		as my	
	signature on the income tax return (original or amended) I am now authorizing.		't enter all			
	I will enter my PIN as my signature on the income tax return (original or amended) I am n if you are entering your own PIN and your return is filed using the Practitioner PIN meth below.					
Spou	se's signature ▶ Date ▶					
	Practitioner PIN Method Returns Only—continue below					
Part	III Certification and Authentication — Practitioner PIN Method Only					
ERO'	s EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN. 5 8		8 6 1 er all zeros	9 8	9	
author	by that the above numeric entry is my PIN, which is my signature for the electronic individual income to fized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am submements of the Practitioner PIN method and Pub. 1345, Handbook for Authorized IRS e-file Providers of Ir	itting this retu	rn in acco	rdanće w		
EDO:	o cignatura N					
ERO'S	S signature ► Date ► ERO Must Retain This Form — See Instructions					
	ENU WIUSI NEIZIII TIIIS FOITII — See IIISITUCTIONS					

Don't Submit This Form to the IRS Unless Requested To Do 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.

			_	ed filing separately	•	_		,	. –	_		
Check only one box.		ou checked the MFS box, enter the son is a child but not your depende		your spouse. If you	ched	ked the H	OH or Q	W box, ent	er the	child's	name if t	the qualifying
Your first name	and m	iddle initial	Last na	me					,	Your so	cial secur	rity number
TEJASWI			BADE	1 1						792-	81-400)3
, , , , , , , , , , , , , , , , , , , ,			Last na	me						Spouse's social security number		
Home address	(numbe	er and street). If you have a P.O. box, se	ee instruction	ons.				Apt. no.		Preside	ntial Elect	tion Campaign
16801 N	49T	H STREET						214	- 1		nere if you	
City, town, or p	ost offi	ce. If you have a foreign address, also o	complete s	paces below.	St	ate	ZIF	code		•	0,	intly, want \$3 I. Checking a
SCOTTSD	ALE				A	Z	8	5254			ow will no	
Foreign countr	Foreign country name			Foreign province/state	e/coui	nty	Fo	reign postal o	ode)			
At any time du	ıring 20	020, did you receive, sell, send, ex	change, c	or otherwise acquire	e any	financial	nterest i	n any virtua	al curr	ency?	Yes	
Standard	Som	neone can claim: You as a d	lependent	t Your spou	ise as	s a depend	dent					
Deduction		Spouse itemizes on a separate retu	ırn or you	were a dual-statu	s alie	n						
Age/Blindness	s You	: Were born before January 2,	1956	Are blind S	oous	e: Wa	ıs born b	efore Janu	ary 2,	1956	☐ Is b	olind
Dependent	s (see	instructions):		(2) Social securi	ity	(3) Rela	tionship	(4)	f qua	alifies fo	r (see instr	ructions):
If more	(1) F	irst name Last name		number		to you		Child tax cr		dit	Credit for c	other dependents
than four												
dependents, see instruction	s —											
and check												
here ►												
A + + -	_1_	Wages, salaries, tips, etc. Attach	Form(s) \	N-2						1		88,875.
Attach Sch. B if	2a	Tax-exempt interest	2a		b	Taxable in	terest			2b)	
required.	3a	Qualified dividends	3a		b	Ordinary d	ividends			3b)	
	4a	IRA distributions	4a		b	Taxable ar	nount .			4b)	
	5a	Pensions and annuities	5a		b	Taxable ar	nount .			5b)	
Standard	6a	Social security benefits	6a			Taxable ar				6b)	
Deduction for— Single or	7	Capital gain or (loss). Attach Sch	edule D if	required. If not red	quire	d, check h	ere .		▶ □	7		
Married filing separately,	8	Other income from Schedule 1, li	ine 9							8		-4,400.
\$12,400	9	Add lines 1, 2b, 3b, 4b, 5b, 6b, 7	, and 8. T	his is your total in	com	e			. ▶	9	_	84,475.
 Married filing jointly or 	10	Adjustments to income:					1 1					
Qualifying	а	From Schedule 1, line 22					10a			_		
widow(er), \$24,800	b	Charitable contributions if you tak	e the stan	ndard deduction. Se	e ins	tructions	10b		250			
Head of household	С	Add lines 10a and 10b. These are	e your tot	al adjustments to	inco	me .			. ▶	100		250.
household, \$18,650	11	Subtract line 10c from line 9. This	•	-					. ▶	11	_	84,225.
If you checked any box under	12	Standard deduction or itemized		•	,					12		12,400.
Standard	13	Qualified business income deduc	ction. Atta	ich Form 8995 or F	orm	8995-A				13	_	
Deduction, see instructions.	14	Add lines 12 and 13								14		12,400.
	15	Taxable income. Subtract line 1	4 from lin	e 11. If zero or less	s, ent	er -0				15	5	71,825.

Form 1040 (2020	0)										Page 2
	16	Tax (see instructions). Check	if any from Form	(s): 1 881	4 2 🗌 4972	3 🗌			. 16	11,5	92.
	17	Amount from Schedule 2, lin	ne 3				·		. 17		
	18	Add lines 16 and 17							. 18	11,5	92.
	19	Child tax credit or credit for	other dependen	ts					. 19		
	20	Amount from Schedule 3, lin	ne 7						. 20		
	21	Add lines 19 and 20							. 21		
	22	Subtract line 21 from line 18	. If zero or less,	enter -0					. 22	11,5	92.
	23	Other taxes, including self-e	mployment tax,	from Schedule	e 2, line 10 .				. 23		0.
	24	Add lines 22 and 23. This is	your total tax					. 1	▶ 24	11,5	
	25	Federal income tax withheld	from:								
	а	Form(s) W-2				25a	12	,623	3.		
	b	Form(s) 1099				25b					
	С	Other forms (see instructions	s)			25c					
	d	Add lines 25a through 25c	,						. 25d	12,6	23.
	26	2020 estimated tax payment								·	
 If you have a L qualifying child, 	27	Earned income credit (EIC)				27					
attach Sch. EIC. • If you have	28	Additional child tax credit. A				28					
nontaxable	29	American opportunity credit				29					
combat pay, see instructions.	30	Recovery rebate credit. See		•		30					
	31	Amount from Schedule 3, lir				31					
	32	Add lines 27 through 31. The					edits		32	1	
	33	Add lines 25d, 26, and 32. T	•							12,6	23
	34	If line 33 is more than line 24						• '	. 34		31.
Refund	35a	Amount of line 34 you want				-	-	·	_ —		31.
Direct denosit?	⊳ b	Routing number 0 2 1				Check		Savino		1,0	<u> </u>
Direct deposit? See instructions.	►d	Account number 3 8 1					(III)	Javiile	19		
	36					36	Γ'				
Amarint		Amount of line 34 you want a							27		
Amount You Owe	37	Subtract line 33 from line 24		•					37		
For details on		Note: Schedule H and Schedule SE filers, line 37 may not represent all of the taxes you owe for									
how to pay, see		2020. See Schedule 3, line 12e, and its instructions for details. Estimated tax penalty (see instructions)									
instructions.	38					38					
Third Party		you want to allow another	•				□vaa Ca	, no no lo	ta balaw	⊠ No	
Designee				Phone			☐ Yes. Co	•		_	
		signee's me ▶		no.				onal Ide ber (PIN	entification N)		\Box
Sign	Un	der penalties of perjury, I declare t	hat I have examine		d accompanying sci	hedules a	and statemer	nts. and	to the bes	st of my knowled	dge and
•		lief, they are true, correct, and com									
Here	Yo	ur signature		Date	Your occupation			If	the IRS se	nt you an Identit	:у
	k.									IN, enter it here	
Joint return?				5.	SOFTWARE		IEER	- + `	see inst.)	للللبا	
See instructions. Keep a copy for	Sp	ouse's signature. If a joint return, I	ooth must sign.	Date	Spouse's occupa	tion				nt your spouse a ection PIN, enter	
your records.									see inst.)		
	———Ph	one no.		Email address							
		eparer's name	Preparer's signat	l .		Date		PTIN		Check if:	
Paid		I PRIYA RAM SAGAR GUPTA TALLAM	'		GUPTA TALLAN		27/2021	P020	082703	Self-emple	oyed
Preparer		m's name ► GLOBAL TA				1 - 0 / 2	,			(678)965-9	
Use Only		m's address ► 2530 Pebb		n Cummin	a GA 30041				irm's EIN ▶		
Go to want ire a						DE:	02/22/24 DD 2		0 2114	Form 104	
GO TO WWW.IIS.go	JV/FOR	n1040 for instructions and the late	or illiorridilori.		BAA	KEV	03/23/21 PRC			rorm 104	(2020)

SCHEDULE 1 (Form 1040)

Additional Income and Adjustments to Income

OMB No. 1545-0074

2020
Attachment Sequence No. 01

Department of the Treasury Internal Revenue Service

TEJASWI BADE

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.

Your social security number 792-81-4003

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	-4,400.
6	Farm income or (loss). Attach Schedule F	6	
7	Unemployment compensation	7	
8	Other income. List type and amount ▶		
		8	
9	Combine lines 1 through 8. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8	9	4 400
Par	t II Adjustments to Income	9	-4,400.
10		10	
11	Educator expenses	10	
••	officials. Attach Form 2106	11	
12	Health savings account deduction. Attach Form 8889	12	
13	Moving expenses for members of the Armed Forces. Attach Form 3903	13	
14	Deductible part of self-employment tax. Attach Schedule SE	14	
15	Self-employed SEP, SIMPLE, and qualified plans	15	
16	Self-employed health insurance deduction	16	
17	Penalty on early withdrawal of savings	17	
18a	Alimony paid	18a	
b	Recipient's SSN		
С	Date of original divorce or separation agreement (see instructions) ▶		
19	IRA deduction	19	
20	Student loan interest deduction	20	
21	Tuition and fees deduction. Attach Form 8917	21	
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	
	<u> </u>		

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.

Attachment

OMB No. 1545-0074

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

Sequence No. 13

Name(s) shown on return Your social security number 792-81-4003 TEJASWI BADE Income or Loss From Rental Real Estate and Royalties Note: If you are in the business of renting personal property, use Part I Schedule C. See instructions. If you are an individual, report farm rental income or loss from Form 4835 on page 2, line 40. A Did you make any payments in 2020 that would require you to file Form(s) 1099? See instructions Physical address of each property (street, city, state, ZIP code) Α NIZAMPET HYDERABAD TELANGANA IN 500070 В C 1b Fair Rental **Personal Use** Type of Property For each rental real estate property listed QJV above, report the number of fair rental and (from list below) **Days Days** personal use days. Check the **QJV** box only if you meet the requirements to file as a Α 365 0 Α qualified joint venture. See instructions. В В С С Type of Property: Single Family Residence 3 Vacation/Short-Term Rental 5 Land 7 Self-Rental 2 Multi-Family Residence 4 Commercial 6 Royalties 8 Other (describe) Income: **Properties:** Α 3 Rents received . 3 400. 4 Royalties received 4 Expenses: Advertising 5 5 6 Auto and travel (see instructions) . . . 6 7 Cleaning and maintenance . . . 7 550. 8 8 Commissions. 9 9 Insurance 10 Legal and other professional fees . . . 10 11 11 700. 12 Mortgage interest paid to banks, etc. (see instructions) 12 13 Other interest. 13 14 Repairs. 14 1,150. 15 1,200. 15 Supplies . Taxes 16 16 17 1,200. 17 18 Depreciation expense or depletion . . 18 19 19 Total expenses. Add lines 5 through 19 20 20 4,800. 21 Subtract line 20 from line 3 (rents) and/or 4 (royalties). If result is a (loss), see instructions to find out if you must file Form 6198 21 -4,400.22 Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions) -4,400.) 400 23a Total of all amounts reported on line 3 for all rental properties 23a **b** Total of all amounts reported on line 4 for all royalty properties 23b 23c **c** Total of all amounts reported on line 12 for all properties d Total of all amounts reported on line 18 for all properties 23d 23e Total of all amounts reported on line 20 for all properties 4,800. Income. Add positive amounts shown on line 21. Do not include any losses 24 24 25 Losses. Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here. 25 4,400. 26 Total rental real estate and royalty income or (loss). Combine lines 24 and 25. Enter the result here. If Parts II, III, IV, and line 40 on page 2 do not apply to you, also enter this amount on Schedule 1 (Form 1040), line 5. Otherwise, include this amount in the total on line 41 on page 2 26 -4,400. Arizona Form **AZ-8879**

E-file Signature Authorization

2020

Do not mail this form to the Arizona Dep	partment of Revenue.	The ERO must retain this document a minimum of four years.
Your First Name and Initial	Last Name	Your Social Security Number*
TEJASWI	BADE	Enter 792 81 4003
Your Spouse's First Name and Initial (if filed joint)	Last Name	Spouse's Social Security No.*
DART 4 RUBBOSE		*Do Not Truncate
) to affirm that the taxp	ayer wishes to use the taxpayer's electronic signature to the taxpayer's
	er's signature to the taxp	payer's electronic Arizona individual income tax return.
PART 2 – TAX RETURN INFORMATION		PART 3 – FINANCIAL INSTITUTION INFORMATION
24.20	25 00	Must be present when requesting direct debit or deposit.
1 Arizona Adjusted Gross Income 84,22		Foreign Account Deposit/Debit: See instructions below.
	38 <mark>00</mark> 00 0 0	TYPE OF ACCOUNT Checking Savings ROUTING NUMBER
	30 00	Checking Savings 0212003339
Check box 4 or box 5: 4⊠ REFUND: Enter the amount of refund	6	200 3 8 1 0 4 4 5 9 3 8 9 4
5 ■ AMOUNT YOU OWE: Enter the amount owed		00 DIRECT DEBIT REQUEST DATE DIRECT DEBIT PAYMENT AMOUNT \$ 0.00
		φ
Box 4 Checkbox – Refund: You are due a refund ba provided on your tax return. Your refund amount waccount listed in the Financial Institution Information Box 5 Checkbox – Amount You Owe: You owe information provided on your tax return. You have for payment. The payment will be withdrawn from the date listed in the Financial Institution Information Se	vill be deposited in the a Section (Part 3). e taxes based on the elected to direct debit he 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 compart 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 SIGNATUR	E AUTHORIZATION	N (Sign only after completing Part 2)
Under penalties of perjury, I declare that I have exelectronic Arizona individual income tax return and ac and statements for the year ending December 31, 20 my knowledge and belief, it is true, correct, and comp that the amounts of Arizona adjusted gross incor income tax withheld, and refund (or amount owed amounts shown on the copy of my electronic Arizo 6a I consent that my refund be directly deposite electronic portion of my 2020 Arizona individ If I have filed a joint return, this is an irreve the other spouse as an agent to receive the 6b I do not want direct deposit of my refund o refund. 6c I authorize the Arizona Department of Revelosignated Financial Agent to initiate an withdrawal (direct debit) entry to the financi indicated in the tax preparation software for taxes owed on this return. I also authorize the involved in the processing of the electronic receive confidential information necessary to resolve issues related to the payment. If I have filed a balance due return, I understand that receive full and timely payment of my tax liability be remain liable for the tax liability and all applicable if When electronically filing my federal and state tax that if there is an error on my federal return, my strejected.	companying schedules 020, and to the best of plete. I further declare me, total tax, Arizona 1) listed above are the ona income tax return. It is dealy appointment of refund. If I am not receiving a venue (ADOR) and its ACH electronic funds cial institution account payment of my Arizona me financial institutions to answer inquiries and that if the ADOR does not by April 15, 2021, I will interest and penalties. returns, I understand	I consent to my Electronic Return Originator (ERO) or On-Line Service Provider (OLSP) sending my electronic Arizona individual income tareturn 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. 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 wi 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.
YOUR PEN AND INK SIGNATURE SPOUSE'S PEN AND INK SIGNATURE		DATE
SPOUSE'S PEN AND INK SIGNATURE		DATE

DRN.	Arizona Form 140			Resident Pe	Resident Personal Income Tax Return					FOR CALENDAR YEAR 2020			
RET	82F		Check box 82F filing under extension	OR FISCAL YEAR BEGINN	ING L	12,0,2,0	AND ENDING			66F			
O THE			First Name and Middle Initial		Last Name		Enter	Your S	Social Security Nur	nber			
⊢ 0	1		JASWI		BADE		your	792					
_	1	Spous	se's First Name and Middle Initi	al (if box 4 or 6 checked)	Last Name		SSN(s). Spous	e's Social Security	No.			
TEMS	=	Curre	nt Home Address - number and	street rural route		Apt. No.	Davti	me Phone (with area code)				
	2		301 N 49TH STREET	offoot, rural route		214		571)385	,				
AN			Town or Post Office	State	ZIP Code				Prior Year(s) (if diffe	rent)			
Щ	3	SCC	OTTSDALE	AZ	85254					97			
AΡ	STATUS	4	☐ Married filing joint return	4a 🔲 Injured Spouse Pro	tection of Joint O	verbavment i		ONLY. DO NO	T MARK IN THIS AF	REA.			
ည	ΙŽ	5	Head of household. Enter	name of qualifying child or depe	ndent on next line:		88						
9	189		Manifest 600 managements and										
DO NOT STAPLE	FILING	7	✓ Married filing separate ret✓ Single	urn. Enter spouse's name and S	Social Security Num	ber above.							
	1		♦ Enter the number claims	ed. Do not put a check mar	k.								
		8	Age 65 or over (you and/o	or spouse) If completing lines	8, 9, and 11a, also cor	mplete lines 38,							
	10b	9	Blind (you and/or spouse)	39, and 41. For lines	s 10a and 10b, also co	mplete line 49.	81 PM		80 RCVD				
	and	10a	Dependents: Under age of		dents: Age 17 and	d over.							
	and 11a - Dependents 10a and 10b	11a	Qualifying parents and gr	•									
	ents		(Box 10a and 10b): Dependent	ent Information. See instruct	ions. For more s	pace, check th	(d)	(e)	(f)				
	ende		FIRST AND LAS		CIAL SECURITY NO.	RELATIONSHIP	NO. OF MONTHS	✓ Dependent / included in	Age of if you did not	t claim			
	Dep		(Do not list yourself	or spouse.)			LIVED IN YOUR HOME IN 2020	l I	2 federal return d	ue to			
	<u> 1</u>	10c						(Box 10a) (Box	x 10b)				
	, pu	10d											
	တ်	10e											
O	ns 8,		(Box 11a): Qualifying parents	s and grandparents. See ins				d complete p					
nts after Form 140	Exemptions		(a) FIRST AND LAS	ST NAME SO	(b) CIAL SECURITY NO.	(c) RELATIONSHIF	(d) NO. OF MONTHS	(e) ✓ IF AGE 65	OR (f)	INI			
Ē	Exen		(Do not list yourself	51 147 WIL			LIVED IN YOUR HOME IN 2020	OVER	2020				
5	_												
fte		11b							<u> </u>				
Sa		11c	Federal adjusted gross incor	ne (from your federal retur	n)			12	84,225	00			
			Non-Arizona municipal interest					l l	,	00			
mn	Suc		Partnership Income adjustmen							00			
<u> </u>	Additions		Total federal depreciation							00			
ēľ	Ä	l .	Net capital (loss) derived from	• •						00			
ot			Other Additions to Income: Co Subtotal: Add lines 12 through 1	•		•	•		84,225	00			
0			Total net capital gain or (loss).					00	017223	100			
<u> es</u>			Total net short-term capital gair					00					
edu			Total net long-term capital gain					00					
Š			Net long-term capital gain from							00			
8 Z			Multiply line 22 by 25% (.25) ar						U	00			
þ		This I	Net capital gain derived from ir box may be blank or may contain a	printed barcode of data from your	return.	canital gain exc	hange of legal to	ender 25		00			
ਰ	ons		Candaran Karakan		26 Rec		na depreciation.			00			
era	actio				27 Parl		adjustment			00			
Ęġ	Subtractions		oox may be blank or may contain a		28 Inte		ligations			00			
. 09	0)				29a Exclu		ate or local govt. per			00			
Ĕ				Dec. Dec. Dec. Dec. Dec Dec Dec Dec Dec Dec Dec. Dec.	29b Pensi		rvices retired/retaine			00			
red					30 U.S. 31 Cert		Railroad Retiremenerican Indians	I		00			
'n					32 Pay	_	an active service me			00			
ě		 	AND TONE (MILITARE) AND	HENNESON FREST BARRIES CARRANTAL STATE		•	adjustment			00			
Place any required federal and AZ schedules or other docume							ollege Savings Pla		84.225	00			
ு		i			I KA Subti	TOOL HOOK 73 throu	an 3/1 trom lino19	36	04.445	11 11 1			

ADOR 10413 (20) 1555

	Your I	Name (as shown on page 1)	Your Social Security Nu	ımber	
	тыт	ASWI BADE	792-81-4003		
	120		Г		
	36	Other Subtractions from Income. Complete Adjustments to Arizona Gross Income schedule on page 15.	•		00
	37	Subtract line 36 from line 35 and enter the difference			84,225 00
ns	38	Age 65 or over: Multiply the number in box 8 by \$2,100			00
ptic	39	Blind: Multiply the number in box 9 by \$1,500			00
Exemptions	40	Other Exemptions. See instructions40E Multiply the number in box 40E by \$2,300		40	00
ш	41	Qualifying parents and grandparents: Multiply the number in box 11a by \$10,000		41	00
	42	Arizona adjusted gross income: Subtract lines 38 through 41 from line 37. If less than zero, enter "0".		42	84,225 00
	43	Deductions: Check box and enter amount. See instructions	43 S STANDARD	43	12,400 00
	44	If you checked box 43S and claim charitable deductions, check 44C 🛛 Complete page 3. See instru	uctions	44	0 00
	45	Arizona taxable income: Subtract lines 43 and 44 from line 42. If less than zero, enter "0"		45	71,825 00
Tax	46	Compute the tax using amount on line 45 and Tax Table X, Y or Optional Tax Tables		46	2,338 00
of T	47	Tax from recapture of credits from Arizona Form 301, Part 2, line 31		47	00
90	48	Subtotal of tax: Add lines 46 and 47 and enter the total	2,338 00		
Balance	49	Dependent Tax Credit. See instructions		00	
ă	50	Family income tax credit (from the worksheet - see instructions)		00	
	51	Nonrefundable Credits from Arizona Form 301, Part 2, line 61		Г	00
	52	Balance of tax: Subtract lines 49, 50 and 51 from line 48. If the sum of lines 49, 50 and 51 is greater than			2,338 00
	53	2020 AZ income tax withheld			2,400 00
nd	54	2020 AZ estimated tax payments54a 00 Claim of Right 54b	00 Add 54a and 54b.		00
ts ar	55	2020 AZ extension payment (Form 204)		00	
Total Payments and Refundable Credits		Increased Excise Tax Credit (from the worksheet - see instructions)			00
Pay ndab	56	Property Tax Credit from Arizona Form 140PTC	Г	00	
otal	57			Г	00
F 12	58	Other refundable credits: Check the box(es) and enter the total amount			2,400 00
=	_59_	Total payments and refundable credits: Add lines 53 through 58 and enter the total			
Tax Due or Overpayment	60	TAX DUE: If line 52 is larger than line 59, subtract line 59 from line 52 and enter amount of tax due. Skip line			62 00
	61	OVERPAYMENT: If line 59 is larger than line 52, subtract line 52 from line 59 and enter amount of overpay			
	62	Amount of line 61 to be applied to 2021 estimated tax			0 00
	63	Balance of overpayment: Subtract line 62 from line 61 and enter the difference			62 00
Gifts	64	- 74 Voluntary Gifts to: Assigned to Schools		1	
		Child Abuse Prevention		i i	
ınta		Neighbors Helping Neighbors 69 O Special Olympics		i i	
Voluntary		I Didn't Pay Enough Fund72 00 Sustainable State Parks and Road Fund73 00 Spay/Neuter of Animal			
	75	Political Party (if amount is entered on line 68 - check only one): 751 Democratic 752 Libertarian			
nalty		Estimated payment penalty		. 76	00
Pen	77	771 ☐ Annualized/Other 772 ☐ Farmer or Fisherman 773 ☐ Form 221 included			
	_78	Add lines 64 through 74 and 76; enter the total		78	00
ъ	79	REFUND: Subtract line 78 from line 63. If less than zero, enter amount owed on line 80		. 79	62 00
Refund or Amount Owed		Direct Deposit of Refund: Check box 79A if your deposit will be ultimately placed in a foreign account; see ROUTING NUMBER ACCOUNT NUMBER	e instructions. 79A		
und					
Ref				- 1	
⋖	80	AMOUNT OWED: Add lines 60 and 78. Make check payable to Arizona Department of Revenue; write y and include with your return			00
		and include with your return		. 00 [100
		Jnder penalties of perjury, I declare that I have read this return and any documents with it, and to			
	t	rue, correct and complete. Declaration of preparer (other than taxpayer) is based on all information	on of which prepare	r has	any knowledge.
	→				_
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エ	,	OUR SIGNATURE DATE OC	CUPATION		
12	→				
SIGN HERE		POUSE'S SIGNATURE DATE SP	OUSE'S OCCUPATION		
PLEASE		SYAM PRIYA RAM SAGAR GUPTA TALLAM AND PREPARER'S SIGNATURE 03272021 DATE GLOBAL TAXES LI FIRM'S NAME (PREPARER'S IF			
E		2530 Pebble Creek Ln	30-1017	1106	
7	_	AID PREPARER'S STREET ADDRESS	30-101 / PAID PREPAR		
_		Cumming GA 30041	(678)96		
		DUILIIII GA 30041 PAID PREPARER'S CITY STATE ZIP CODE	· · ·		HONE 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).

2020 Form 140 - Standard Deduction Increase for Charitable Contributions

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

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

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

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

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

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

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

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

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