

DO NOT STAPLE ANY ITEMS TO THE RETURN.

OR FISCAL YEAR BEGINNING [M, M, D, D] 2, 0, 1, 8 AND ENDING [M, M, D, D] 2, 0, Y, Y, [66]

Personal information section including names, addresses, and social security numbers for the taxpayer and spouse.

Filing status and exemptions section, including checkboxes for marital status and exemption categories.

Main tax calculation table with columns for line number, description, and amount. Includes sections for federal adjusted gross income, Arizona adjusted gross income, deductions, and tax payments.

Place any required federal and AZ schedules or other documents after Form 140X.

Your Name (as shown on page 1) NIRANJAN P YALISSETTY & CHAITHANYA L MAKAM	Your Social Security Number
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You **must** complete Part 1, **Dependent Exemptions**, for **each** person included in the number entered on page 1, in box(es) 15 or 16. If you do not complete Part 1, the exemption(s) may be denied. Do not count or list yourself or your spouse as dependents.

PART 1: Dependent Exemptions

(Box 15): Dependent Information: Children and other dependents. **For more space, (check) and complete page 3.**

	(a) FIRST AND LAST NAME (Do not list yourself or spouse.)	(b) SOCIAL SECURITY NO.	(c) RELATIONSHIP	(d) NO. OF MONTHS LIVED IN YOUR HOME IN 2018	(e) <input type="checkbox"/> if this person did not qualify as a dependent on your federal return	(f) <input type="checkbox"/> if you did not claim this person on your federal return due to educational credits
15a	MEGHA V YALISSETTY	974-92-1841	Daughter	7	<input type="checkbox"/>	<input type="checkbox"/>
15b	LITHISHA YALISSETTY	974-92-1853	Daughter	7	<input type="checkbox"/>	<input type="checkbox"/>
15c					<input type="checkbox"/>	<input type="checkbox"/>

(Box 16): Qualifying parents and grandparents. See instructions. **For more space, (check) and complete page 3.**

	(a) FIRST AND LAST NAME (Do not list yourself or spouse.)	(b) SOCIAL SECURITY NO.	(c) RELATIONSHIP	(d) NO. OF MONTHS LIVED IN YOUR HOME IN 2018	(e) <input type="checkbox"/> if age 65 or over	(f) <input type="checkbox"/> if died in 2018
16a					<input type="checkbox"/>	<input type="checkbox"/>
16b					<input type="checkbox"/>	<input type="checkbox"/>

INCOME, DEDUCTIONS, CREDITS: In column (a), list the items you are changing. In column (b), enter the amount claimed on your original return or most recent amended return. In column (c), enter the amount of the change. In column (d), enter the corrected amount for the item you are changing.

PART 2 (A)

	(a) INCOME, DEDUCTIONS, AND CREDITS YOU ARE CHANGING	(b) ORIGINAL AMOUNT REPORTED	(c) AMOUNT TO ADD OR SUBTRACT	(d) CORRECTED AMOUNT
53a	Subtractions from Income	\$ 0	\$ 4,600	\$ 4,600
53b	Arizona Adjusted Gross Income	\$ 65,685	\$ -4,600	\$ 61,085
53c	See Changes to Income, Deductions, and Credits	\$	\$	\$

NET CAPITAL GAIN OR (LOSS): If you are changing any amount on lines 54a through 54e, complete columns (b), (c), and (d).

PART 2 (B)

	(a) ITEM	(b) ORIGINAL AMOUNT REPORTED	(c) AMOUNT TO ADD OR SUBTRACT	(d) CORRECTED AMOUNT
54a	Total net capital gain or (loss) reported on Form 140, line 19; Form 140NR, line 33; Form 140PY, line 32.....	\$	\$	\$
54b	Total net short-term capital gain or (loss) reported on Form 140, line 20; Form 140NR, line 34; Form 140PY, line 33.....	\$	\$	\$
54c	Total net long-term capital gain or (loss) reported on Form 140, line 21; Form 140NR, line 35; Form 140PY, line 34.....	\$	\$	\$
54d	Net long-term capital gains from assets acquired after December 31, 2011 reported on Form 140, line 22; Form 140NR, line 36; Form 140PY, line 35...	\$ 0	\$ 0	\$ 0
54e	Amount of allowable subtraction reported on Form 140, line 23; Form 140NR, line 37; Form 140PY, line 36.....	\$ 0	\$ 0	\$ 0

PART 3

55 REASON FOR THE CHANGE: Give the reason for each change listed in Part 2:

LETTER OF EXPLANATION AS PER ATTACHMENT

PART 4

If your address is the same on this amended return as it was on your original return, write "same" on the line below.

56a Name NIRANJAN P	56b Number and Street, R.R. 2255 W GERMANN RD 2174	Apt. No.
56c City, Town or Post Office CHANDLER AZ 85286	State	ZIP Code

PLEASE SIGN HERE

Under penalties of perjury, I declare that I have read this return and any documents with it, and to the best of my knowledge and belief, they are true, correct and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

YOUR SIGNATURE _____	DATE _____	APPLICATION SYSTEM ENGINE OCCUPATION
SPOUSE'S SIGNATURE _____	DATE _____	HOME MAKER SPOUSE'S OCCUPATION
SYAM PRIYA RAM SAGAR GUPTA TALLAM PAID PREPARER'S SIGNATURE	12112020 DATE	GLOBAL TAXES LLC FIRM'S NAME (PREPARER'S IF SELF-EMPLOYED)
2530 Pebble Creek Ln PAID PREPARER'S STREET ADDRESS	Cumming GA 30041 PAID PREPARER'S CITY STATE ZIP CODE	30-1017196 PAID PREPARER'S TIN (646) 727-7157 PAID PREPARER'S PHONE NUMBER

If you are sending a payment with this return, mail to Arizona Department of Revenue, PO Box 52016, Phoenix, AZ 85072-2016. Include the payment with Form 140X. Make check payable to Arizona Department of Revenue; write your SSN on payment.

If you are expecting a refund or owe no tax, or owe tax but are not sending a payment, mail to Arizona Department of Revenue, PO Box 52138, Phoenix, AZ 85072-2138.

DO NOT STAPLE ANY ITEMS TO THE RETURN.

82F [] Check box 82F if filing under extension OR FISCAL YEAR BEGINNING [M, M, D, D] 2, 0, 1, 8 AND ENDING [M, M, D, D] 2, 0, Y, Y. [66F]

Your First Name and Middle Initial: 1 NIRANJAN P
Last Name: YALISSETTY
Your Social Security Number: 136 95 1814
Spouse's First Name and Middle Initial (if box 4 or 6 checked): 1 CHAITHANYA L
Last Name: MAKAM
Spouse's Social Security No.: 814 50 3747

Current Home Address - number and street, rural route: 2 2255 W GERMANN RD
Apt. No.: 1016
Daytime Phone (with area code): 94 (480) 356-1875
City, Town or Post Office: 3 CHANDLER
State: AZ
ZIP Code: 85286
Last Names Used in Last Four Prior Year(s) (if different): 97

EXEMPTIONS FILING STATUS
4 [X] Married filing joint return 4a [] Injured Spouse Protection of Joint Overpayment
5 [] Head of household: Enter name of qualifying child or dependent on next line:
6 [] Married filing separate return: Enter spouse's name and Social Security Number above.
7 [] Single
8 [] Age 65 or over (you and/or spouse)
9 [] Blind (you and/or spouse)
10 2 Dependents: Do not include self or spouse.
11 [] Qualifying parents and grandparents
REVENUE USE ONLY. DO NOT MARK IN THIS AREA.
81 PM 80 RCVD
If completing lines 8 through 11, also complete lines 39 through 42.

Table with 7 columns: (a) FIRST AND LAST NAME, (b) SOCIAL SECURITY NO., (c) RELATIONSHIP, (d) NO. OF MONTHS LIVED IN YOUR HOME IN 2018, (e) if this person did not qualify as a dependent on your federal return, (f) if you did not claim this person on your federal return due to educational credits. Rows 10a, 10b, 10c.

Table with 6 columns: (a) FIRST AND LAST NAME, (b) SOCIAL SECURITY NO., (c) RELATIONSHIP, (d) NO. OF MONTHS LIVED IN YOUR HOME IN 2018, (e) if age 65 or over, (f) if died in 2018. Rows 11a, 11b.

Table with 3 columns: Line number, Description, Amount. Rows 12-18. 12 Federal adjusted gross income (from your federal return) 12 65,685 00

Table with 3 columns: Line number, Description, Amount. Rows 19-25. 19 Total net capital gain or (loss): See instructions 19 00

Table with 3 columns: Line number, Description, Amount. Rows 26-37. 26 Recalculated Arizona depreciation 26 00

Place any required federal and AZ schedules or other documents after Form 140.

Your Name (as shown on page 1) **NIRANJAN P YALISSETTY & CHAITHANYA L MAKAM** Your Social Security Number **136-95-1814**

Exemptions	38	Enter the amount from page 1, line 37.....	38	65,685	00	
	39	Age 65 or over: Multiply the number in box 8 by \$2,100.....	39		00	
	40	Blind: Multiply the number in box 9 by \$1,500.....	40		00	
	41	Dependents: Multiply the number in box 10 by \$2,300.....	41	4,600	00	
	42	Qualifying parents and grandparents: Multiply box 11 by \$10,000.....	42		00	
Balance of Tax	43	Arizona adjusted gross income: Subtract lines 39 through 42 from line 38 and enter the difference.....	43	61,085	00	
	44	Deductions: Check box and enter amount. See instructions..... 44a <input type="checkbox"/> ITEMIZED 44s <input checked="" type="checkbox"/> STANDARD	44	10,613	00	
	45	Personal exemptions: See instructions.....	45	6,600	00	
	46	Arizona taxable income: Subtract lines 44 and 45 from line 43. If less than zero, enter "0".....	46	43,872	00	
	47	Compute the tax using amount on line 46 and Tax Table X, Y or Optional Tax Tables.....	47	1,203	00	
	48	Tax from recapture of credits from Arizona Form 301, Part 2, line 36.....	48		00	
	49	Subtotal of tax: Add lines 47 and 48 and enter the total.....	49	1,203	00	
	50	Family income tax credit (from the worksheet - see instructions).....	50		00	
	51	Nonrefundable Credits from Arizona Form 301, Part 2, line 69.....	51		00	
	52	Balance of tax: Subtract lines 50 and 51 from line 49. If the sum of lines 50 and 51 is greater than line 49, enter "0".....	52	1,203	00	
Total Payments and Refundable Credits	53	2018 AZ income tax withheld.....	53	1,779	00	
	54	2018 AZ estimated tax payments. 54a <input type="text" value="00"/> Claim of Right 54b <input type="text" value="00"/> Add 54a and 54b..	54c		00	
	55	2018 AZ extension payment (Form 204).....	55		00	
	56	Increased Excise Tax Credit (from the worksheet - see instructions).....	56		00	
	57	Property Tax Credit from Form 140PTC.....	57		00	
	58	Other refundable credits: Check the box(es) and enter the total amount..... 581 <input type="checkbox"/> 308-I 582 <input type="checkbox"/> 349	58		00	
	59	Total payments and refundable credits: Add lines 53 through 58 and enter the total.....	59	1,779	00	
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 lines 61, 62 and 63.....	60		00	
	61	OVERPAYMENT: If line 59 is larger than line 52, subtract line 52 from line 59 and enter amount of overpayment.....	61	576	00	
	62	Amount of line 61 to be applied to 2019 estimated tax.....	62		00	
	63	Balance of overpayment: Subtract line 62 from line 61 and enter the difference.....	63	576	00	
Voluntary Gifts	64 - 74 Voluntary Gifts to:		Solutions Teams Assigned to Schools..... 64	<input type="text" value="00"/>	Arizona Wildlife..... 65	<input type="text" value="00"/>
	Child Abuse Prevention..... 66	<input type="text" value="00"/>	Domestic Violence Shelter..... 67	<input type="text" value="00"/>	Political Gift..... 68	<input type="text" value="00"/>
	Neighbors Helping Neighbors.. 69	<input type="text" value="00"/>	Special Olympics..... 70	<input type="text" value="00"/>	Veterans' Donations Fund 71	<input type="text" value="00"/>
	I Didn't Pay Enough Fund..... 72	<input type="text" value="00"/>	Sustainable State Parks and Road Fund..... 73	<input type="text" value="00"/>	Spay/Neuter of Animals.. 74	<input type="text" value="00"/>
	75 Political Party (if amount is entered on line 68 - check only one): 751 <input type="checkbox"/> Democratic 752 <input type="checkbox"/> Green Party 753 <input type="checkbox"/> Libertarian 754 <input type="checkbox"/> Republican					
	76 Estimated payment penalty 76					
	77 <input type="checkbox"/> Annualized/Other 772 <input type="checkbox"/> Farmer or Fisherman 773 <input type="checkbox"/> Form 221 included					
Penalty	78 Add lines 64 through 74 and 76; enter the total.....					78
						00
Refund or Amount Owed	79 REFUND: Subtract line 78 from line 63. If less than zero, enter amount owed on line 80.....					79
	Direct Deposit of Refund: Check box 79A if your deposit will be ultimately placed in a foreign account ; see instructions. 79A <input type="checkbox"/>					
	<input checked="" type="checkbox"/> C Checking or <input type="checkbox"/> S Savings	ROUTING NUMBER <input type="text" value="122105278"/>	ACCOUNT NUMBER <input type="text" value="2004504862"/>			
Refund or Amount Owed	80 AMOUNT OWED: Add lines 60 and 78. Make check payable to Arizona Department of Revenue; write your SSN on payment, and include with your return.....					80
						00

PLEASE SIGN HERE

Under penalties of perjury, I declare that I have read this return and any documents with it, and to the best of my knowledge and belief, they are true, correct and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

YOUR SIGNATURE _____ DATE _____ APPLICATION SYSTEM ENGINE
OCCUPATION _____

SPOUSE'S SIGNATURE _____ DATE _____ HOME MAKER
SPOUSE'S OCCUPATION _____

SYAM PRIYA RAM SAGAR GUPTA TALLAM 12112020 GLOBAL TAXES LLC
PAID PREPARER'S SIGNATURE DATE FIRM'S NAME (PREPARER'S IF SELF-EMPLOYED)

2530 Pebble Creek Ln 30-1017196
PAID PREPARER'S STREET ADDRESS PAID PREPARER'S TIN

Cumming GA 30041 (646) 727-7157
PAID PREPARER'S CITY STATE ZIP CODE PAID PREPARER'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).

Additional information from your 2018 Arizona Tax Return**Form 140X: Amended Return****Changes to Income, Deductions, and Credits****Continuation Statement**

Line Reference and Change Description	Original Amount Reported	Amount to Add or Subtract	Corrected Amount
Deductions	5,312	5,301	10,613
Personal Exemptions	4,400	2,200	6,600