### 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.

Submission Identification Number (SID)

Taxpay	er's name	Social secu	rity numb	er						
ANU	3-698	5								
Spouse	's name	Spouse's so	ocial secu	rity number						
Par	t I Tax Return Information – Tax Year Ending December 31, (Enter	r year you	are aut	horizing.)						
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	79,149.						
2	Total tax		2	10,470.						
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099		3	13,004.						
4	Amount you want refunded to you		4	2,534.						
5	Amount you owe		5							
Par	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

X	l authorize	GLOBAL	TAXES	ERO firm name	to enter or generate my PIN	E
	La subla a site a			TTO	to anten an example and DIN	13

3	6	9	8	5	
Ent don	er fiv n't er	/e di iter a	gits, all ze	but ros	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 ►	Date ►
Practitioner PIN Metho	d Returns Only—continue below
Part III Certification and Authentication – Practit	ioner PIN Method Only
<b>ERO's EFIN/PIN.</b> Enter your six-digit EFIN followed by your fi	ve-digit self-selected PIN. 5 8 7 2 7 8 6 1 9 8 9

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 >			
_	/lust Retain This Form — Se This Form to the IRS Unless		
For Dependent Reduction Act Nation and your to	x roturn instructions	REV 02/15/21 RRO	Form 8879 (Pov. 01 2021)

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

Filing Status       Note in the intervent of the in	E <b>1040</b>		artment of the Treasury-Internal Revenue Servi S. Individual Income Tax		(99) <b>urn</b>	202	20	OMB No. 1545	-0074	IRS Us	e Only	–Do not w	rite or staple	in this space.
ANUSHA       753-83-6985         If joint return, spouse is first name and middle initial       Last name       Spouse's social security number         Hone address (number and street). If you have a P.O. box, see instructions.       Apt. no. 2050       Presidential Election Campaign Coheck here if you, or your spouse if fing jointy, want S3 box below will not charge your tex or return.         Foreign country name       Foreign province/state/country       Foreign province/state/country       Foreign province/state/country         Standard Deduction       Someone can claim:       You as a dependent       You spouse as a dependent       You favor return.         Age/Blindness You:       Were born before January 2, 1956       Are blind       Spouse':       Nas born before January 2, 1956       Is blind         Dependents, see instructions;       (2) Social security       (3) Relationship       (4) ✔ if qualifies for (see instructions; to you       Chaid tax credit       Credit cred	Check only	lf yo	ou checked the MFS box, enter the n	ame of	-									
If joint return, spouse's first name and middle initial       Last name       Spouse's social security number         Home address (number and street). If you have a P.O. box, see instructions.       Apt. no.       2050         16636 N 58TH ST       2050         City, town, or poot office. If you have a foreign address, also complete spaces below.       State       2050         SCOTTSDALE       AZ       85254         Foreign country name       Foreign province/state/country       Foreign postal code       you tax or refund.         Standard       Spouse itemizes on a separate return or you were a dual-status alien       Yes X No       Standard         Age/Blindness You:       Were born before January 2, 1956       Are blind       Spouse:       Yes X No         Standard four dependenti, see instructions;       (2) Social security       (3) Relationship       (4) 4* /f qualifies to rese instructions;       (4) 5 you         If more than four dependent filling only were set.       2a       b Taxable interest       2b       2b         Attach       a ave-exempt interest       2a       b Taxable interest       2b       2b         Attach       a ave-exempt interest       2a       b Taxable amount       4b       4b       5b         Standard Over       Gee instructions;       1       85, 449.       3c	Your first name	and m	iddle initial	Last na	ime							Your so	cial securi	ty number
Home address (number and street). If you have a P.O. box, see instructions.       Apt. no.       Presidential Election Campaign         16536 N 587H ST       2050       Check here if you, or your spouse if filing jointly, want S3       Spouse if filing jointly, want S3         City, town, or post office. If you have a foreign address, also complete spaces below.       Az       B5254       Spouse if filing jointly, want S3         Foreign country name       Foreign province/state/county       Foreign postal code       You       Spouse it ming jointly, want S3         Standard       Someone can claim:       O'u as a dependent       You as a dependent       You as a dependent         Deduction       Spouse itemizes on a separate return or you were a dual-status alien         Age/Blindness You:       Were born before January 2, 1956       Are blind       Spouse:       Was born before January 2, 1956       Is blind         Dependents       (9) Vere born before January 2, 1956       Are blind       Spouse:       Was born before January 2, 1956       Is blind         Age/Blindness       (1) First name       Last name       Immber       10 you       Child tax credit       Credit for other dapandent         Attach       3a       D       D aravexempt interest       2a       3a       D       To aravexempt interest       3b         Strandard       Social security be	ANUSHA			SAMA	ALA							753-	83-698	5
16636 N 58TH ST       2050       Check here if you, or your standards         City, town, or post office. If you have a foreign address, also complete spaces below.       State       ZP code       Az       85254       Spouse if filling jointly, wart \$3 to go to this full, Checking a box below will not change         Foreign country mame       Foreign province/statk/country       Foreign postal code       You is your as or iffice.         At any time during 2020, did you receive, sell, send, exchange, or otherwise acquire any financial interest in any virtual currency?       Yes X No         Standard       Someone can claim:       You as a dependent       Your spouse as a dependent         Deduction       Spouse itemizes on a separate return or you were a dual-status alien         Age/Blindness       You:       Were born before January 2, 1956       (2) Social security       (3) Relationship       (4) 4' if qualifies for (see instructions):         If more than four dependents, see instructions       Immediate       Immediate       Immediate       Immediate         If erequired.       1       Wages, salaries, tips, etc. Attach Form(s) W-2       Immediate       I	lf joint return, s	pouse's	s first name and middle initial	Last na	ime							Spouse'	s social se	curity number
Curry, Out, Distance, in your have a holegin address, also complete spaces below.       State       24 05254         Foreign country name       Foreign province/state/county       Foreign postal code       iop to this fund, checking a box below will not change your tax or refund.         At any time during 2020, did you receive, sell, send, exchange, or otherwise acquire any financial interest in any virtual currency?       Yes       No         Standard       Someone can claim:       You as a dependent       You ryou spouse as a dependent       You goouse as a dependent         Deduction       Spouse itemizes on a separate return or you were a dual-status alien         Age/Blindness       You:       Were born before January 2, 1956       Are blind       Spouse:       Was born before January 2, 1956       Is blind         Dependents       (1) First name       Last name       (2) Social security       (3) Relationship       (4) // It qualifies for (see instructions):         if more       1       Respected.       Immediate       Immediates       Immediates         Attach       2a       a Qualified dividends       3a       Immediates       Immediates       Immediates         Standard       Tax-exempt interest       2a       b Taxable amount       Immediates       Immediates       Immediates         4       Id Adistributions       4a       Immediates				instructi	ons.							Check ł	nere if you,	, or your
SCOTTSDALE       IAZ       85254       box below will not change         Foreign pound       Foreign province/state/county       Foreign postal code       your tax or refund.         You       Spouse       Someone can claim:       You as a dependent       Your spouse as a dependent         Deduction       Spouse itemizes on a separate return or you were a dual-status allen       Aze // Someone can claim:       You as a dependent       Your spouse as a dependent         Age/Blindness       You:       Were born before January 2, 1956       A re blind       Spouse:       Was born before January 2, 1956       Is blind         Age/Blindness       You:       (I) If its name       (I) Social security       (I) Relationship       (I) If its name       Child tax credit       Credit for other dependents         see instructions       Independents       I       Wages, salaries, tips, etc. Attach Form(s) W-2       I       85, 449.         Attach       I       I       Standard       Derdinary dividends       3b         required.       I       Wages, salaries, tips, etc. Attach Form(s) W-2       I       85, 449.         Attach       I       I       Standard       De // I       Base interest       I         I an Otheck       I       I       Sta       D       De// I	City, town, or p	ost offi	ce. If you have a foreign address, also co	mplete s	paces be	low.	Sta	te	ZIP co	ode				
Foreign country name       Foreign province/state/county       Foreign postal code       your tax or refund.         At any time during 2020, did you receive, sell, send, exchange, or otherwise acquire any financial interest in any virtual currency?       Yes       No         Standard       Someone can claim:       You as a dependent       Your spouse as a dependent       Your spouse as a dependent         Deduction       Spouse itemizes on a separate return or you were a dual-status alien         Age/Blindness       You:       Were born before January 2, 1956       Are blind       Spouse:       Was born before January 2, 1956       Is blind         Dependents       (see instructions):       (2) Social security       (3) Relationship       (4) I' if qualifies for (see instructions):         If more than four dependents, see instructions       (1) First name       Last name       (2) Social security       (3) Relationship       (4) I' I' cqualifies for (see instructions):         If and check       1       Wages, salaries, tips, etc. Attach Form(s) W-2       1       85, 449.         Standard       2a       a       Derductions       1       85, 449.         Gain Check       2a       a       Datable interest       2b       2b         Standard       2a       Sa       Datable interest       2b       2b       3a       2b	SCOTTSD	ALE					A	Z	852	254		Ŭ Ŭ		•
At any time during 2020, did you receive, sell, send, exchange, or otherwise acquire any financial interest in any virtual currency? Yes   Standard Someone can claim: You as a dependent Your spouse as a dependent   Deduction Spouse iternizes on a separate return or you were a dual-status alien   Age/Blindness You: Were born before January 2, 1956 Are blind Spouse: Was born before January 2, 1956 Are blind Spouse: Was born before January 2, 1956 (4) If qualifies for (see instructions): (1) First name Last name (1) First name Last name (1) First name Last name (2) Social security (3) Relationship (4) If qualifies for (see instructions): (4) If qualifies for (see instructions): (4) If qualifies for (see instructions): (6) If instructions (1) First name Last name (1) First name (2) Social security (3) Relationship (4) If qualifies for (see instructions): (1) Additionship (2) Credit or other dependents to you Child tax credit Credit or other dependents to you Child tax credit Credit or other dependents to you Child tax credit Credit or other dependents to you Child tax credit Credit or other dependents to you Child tax credit Credit or other dependents to you Child tax credit Credit or other dependents to you Child tax credit Credit or other dependents to you Child tax credit Credit or other dependents to you Child tax credit Credit or other dependents to you Child tax credit Credit or	Foreign country	/ name			Foreign p	rovince/state	e/coun	ty	Foreig	n postal	code	1	0	
Standard Deduction       Someone can claim:       You as a dependent       Your spouse as a dependent         Age/Blindness       You:       Were born before January 2, 1956       Are blind       Spouse:       Was born before January 2, 1956       Is blind         Dependents       (see instructions):       (a) Social security       (b) Relationship       (c) If qualifies for (see instructions):       (c) If if qualifies for (see instructions):       (c) If qualifies for (see instructions):         If more       (1) First name       Last name       (c) Social security       (c) Relationship       (c) If qualifies for (see instructions):         ace instructions       (c) First name       Last name       (c) If qualifies for (see instructions):       (c) If qualifies for (see instructions):         area (the check       (c) If qualifies for (see instructions):       (c) If qualifies for (see instructions):       (c) If qualifies for (see instructions):         arequired.       1       Wages, salaries, tips, etc. Attach Form(s) W-2       (c) If qualifies for (see instructions):       (c) If qualifies for (see instructions):       (c) If qualifies for (see instructions):         required.       1       Wages, salaries, tips, etc. Attach Form(s) W-2       (c) If qualifies for (see instructions):       (c) If qualifies for (see instructions):       (c) If qualifies for (see instructions):         required.       1       RA distributions </td <td></td> <td>You</td> <td>Spouse</td>													You	Spouse
Deduction       Spouse itemizes on a separate return or you were a dual-status alien         Age/Blindness       You:       Were born before January 2, 1956       Are blind       Spouse:       Was born before January 2, 1956       Is blind         Dependents       (see instructions):       (1) First name       Last name       number       (3) Relationship       (4) ✓ If qualifies for (see instructions):         If more than four dependents, see instructions       (1) First name       Last name       number       to you       Child tax credit       Credit for other dependents         see instructions and check	At any time du	ring 20	020, did you receive, sell, send, excl	nange, o	or otherv	vise acquir	e any	financial intere	est in a	ıny virtu	ial cu	irrency?	Ves	🗙 No
Dependents       (see instructions):       (1) First name       Last name       (2) Social security number       (3) Relationship to you       (4) ✓ if qualifies for (see instructions):         If more than four dependents, see instructions       (1) First name       Last name       Image: Child tax credit       Credit for other dependents         see instructions       Image: Child tax credit       Image: Credit for other dependents       Image: Credit for other dependents         see instructions       Image: Credit for other dependents       Image: Credit for other dependents       Image: Credit for other dependents         see instructions       Image: Credit for other dependents       Image: Credit for other dependents       Image: Credit for other dependents         see instructions       Image: Credit for other dependents       Image: Credit for other dependents       Image: Credit for other dependents         see instructions       Image: Credit for other dependents       Image: Credit for other dependents       Image: Credit for other dependents         see instructions       Image: Credit for other dependents       Image: Credit for other dependents       Image: Credit for other dependents         see instructions       Image: Credit for other dependents       Image: Credit for other dependents       Image: Credit for other dependents         see for credit filing pointly or Credit for other dependents       Image: Credit for other dependents       I		_		•		•		·						
If more than four dependents, dependents, see instructions and check       Image: text and text an	Age/Blindness	S You:	: 🗌 Were born before January 2, 1	956	Are b	lind <b>S</b> p	ouse	: 🗌 Was bo	rn befo	ore Janı	lary 2	2, 1956	🗌 ls b	lind
In Hole       Image: Second Seco	-				(2) :		ty		nip	• •		1		,
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and check       here       image: solution of the solutic the solution of the solution of the solution of the											$\overline{\Box}$			$\square$
here   Attach   Sch. B if   required.   2a   3a   Qualified dividends   4a   RA distributions   4a   RA distributions   5a   Pensions and annuities   5a   Pensions and annuities   5a   Pensions and annuities   5a   Schadard   Deduction for-   6a   Social security benefits   6a   Social security benefits   6a   Social security benefits   6a    Capital gain or (loss). Attach Schedule D if required. If not required, check here   7   8   Other income from Schedule 1, line 9   9   79,149.   10   Adjustments to income:   101   Add lines 10a and 10b. These are your total adjustments to income   11   79,149.   11   12   13   Qualified business income deduction. Attach Form 8995 or Form 8995-A   14   Add lines 12 and 13   14   14   12,400.		s ——									$\overline{\Box}$			$\square$
Attach       2a       Tax-exempt interest       2a       b       Taxable interest       2b         Sch. B if       3a       Qualified dividends       3a       b       Ordinary dividends       3b         required.       4a       IRA distributions       4a       b       Ordinary dividends       3b         5a       Pensions and annuities       5a       b       Taxable amount       4b         5a       Pensions and annuities       5a       b       Taxable amount       5b         6a       Social security benefits       6a       b       Taxable amount       6b         7       Capital gain or (loss). Attach Schedule D if required. If not required, check here       7       7         8       Other income from Schedule 1, line 9       5a       9       79,149         9       Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income       9       979,149         • Married filing jointly or Qualifying widow(en), \$24,800       Capital and 10b. These are your total adjustments to income:       10a       10b         9       Add lines 10a and 10b. These are your total adjustments to income       11       79,149       12         • Head of household, \$11       Subtract line 10c from line 9. This is your adjusted gross income       11       1														
Sch. B if required. 3a Qualified dividends 3a   4a IRA distributions 4a   5a Pensions and annuities   5a Pensions and annuities   5a Pensions and annuities   5a Pensions and annuities   6a Social security benefits   7 Capital gain or (loss). Attach Schedule D if required. If not required, check here   7 Standard   0 Other income from Schedule 1, line 9   9 79, 149.   9 79, 149.   9 79, 149.   9 79, 149.   10 Adjustments to income:   10a 10b   9 79, 149.   9 Add lines 10a and 10b. These are your total adjustments to income   11 79, 149.   12 12, 400.   13 Qualified business income deduction. Attach Form 8995 or Form 8995-A   14 12, 400.		1	Wages, salaries, tips, etc. Attach F	orm(s)	W-2 .							. 1		85,449.
required.       3a       Qualified dividends       3a       b       Ordinary dividends       3b         4a       IRA distributions       4a       b       Taxable amount       4b         5a       Pensions and annuities       5a       b       Taxable amount       4b         5a       Pensions and annuities       5a       b       Taxable amount       5b         Standard Deduction for-       Ga       Social security benefits       Ga       b       Taxable amount       7         6a       Social security benefits       6a       b       Taxable amount       6b       7         7       Capital gain or (loss). Attach Schedule D if required. If not required, check here       >       7       7         8       Other income from Schedule 1, line 9       .       .       8       -6, 300.         9       Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income       .       >       9       79, 149.         10       Adjustments to income:       a       From Schedule 1, line 22       .       10b       .       10b         824,800       C       Add lines 10a and 10b. These are your total adjustments to income       .       11       79, 149.         11       Subtract line 10c from		2a	Tax-exempt interest	2a			bТ	axable interes	t.			. 2b	,	
4a IRA distributions 4a   5a Pensions and annuities   5a Pensions and annuities   5a Pensions and annuities   5a Pensions and annuities   6a b   5a Pensions and annuities   6a Social security benefits   6a Social security benefits   6a b   7   6a Social security benefits   6a b   7   6a Capital gain or (loss). Attach Schedule D if required. If not required, check here   7   8 Other income from Schedule 1, line 9   9 Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income   9 Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income   9 Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income   9 Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income   9 Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income   9 Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income   9 Add lines 10 and 10b. These are your total adjustments to income   10a 10b   10b 11   10c   11 79, 149.   12 12, 400.   13 Qualified business income deduction. Attach Form 8995 or Form 8995-A   14 12, 400.		3a	Qualified dividends	3a			<b>b</b> Ordinary dividend				. 3b	,		
Standard Deduction for-       6a       Social security benefits       6a       b Taxable amount       6b         Single or Married filing separately, \$12,400       7       Capital gain or (loss). Attach Schedule D if required. If not required, check here       7         9       Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income       8       -6, 300.         • Married filing jointly or Qualifying widow(er), \$24,800       Add lines 10a and 10b. These are your total adjustments to income:       10a         • Head of household, \$18,650       C Add lines 10a and 10b. These are your adjusted gross income       10b       10c         • If you checked arry box under standard deduction or itemized deductions (from Schedule A)       11       79,149.         11       79,149.       12       12,400.         • If you checked arry box under standard deduction. Attach Form 8995 or Form 8995-A       13       14         12,400.       14       12,400.       14		4a	IRA distributions	4a			bТ	axable amoun	t			. 4b		
Deduction for-       7       Capital gain or (loss). Attach Schedule D if required. If not required, check here       7         • Single or Married filing separately, \$12,400       9       Other income from Schedule 1, line 9       8       -6,300         9       79,149       9       79,149       9         • Married filing jointly or Qualifying widow(er), \$24,800       10       Adjustments to income:       9       79,149         • Married filing jointly or Qualifying widow(er), \$24,800       •       10a       10a       10a         • Married filing jointly or Qualifying widow(er), \$24,800       •       •       10a       10b         • Charitable contributions if you take the standard deduction. See instructions       10b       10c         • Head of household, \$18,650       •       Add lines 10a and 10b. These are your total adjustments to income       •       11       79,149.         • Head of standard deduction or itemized deductions (from Schedule A)       •       •       11       79,149.         • If you checked any box under Standard Deduction, see instructions, •       13       Qualified business income deduction. Attach Form 8995 or Form 8995-A       •       13         •       •       •       •       •       •       14       12,400.		5a	Pensions and annuities	5a			<b>b</b> Taxable amount .					. 5b		
<ul> <li>Single or Married filing separately, \$12,400</li> <li>Married filing jointly or Qualifying widow(er), \$24,800</li> <li>Head of household, \$18,650</li> <li>Head of household, \$18,650</li> <li>Subtract line 10c from line 9. This is your adjusted gross income</li> <li>Interface of the standard deduction or itemized deductions (from Schedule A)</li> <li>Standard deduction or itemized deduction. Attach Form 8995 or Form 8995-A</li> <li>Married filing 12 and 13</li> <li>Add lines 12 and 13</li> </ul>	Standard	6a	Social security benefits	6a			bТ	axable amoun	t			. 6b		
Married filing separately, \$12,400       8       Other income from Schedule 1, line 9       6,300         9       Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income       9       79,149         Married filing jointly or Qualifying widow(er), \$24,800       10       Adjustments to income:       9       79,149         b       Charitable contributions if you take the standard deduction. See instructions       10a       10b       10c         • Head of household, \$18,650       11       Subtract line 10c from line 9. This is your adjusted gross income       •       •       11       79,149.         11       79,149.       11       79,149.       12       12,400.       12       12,400.         13       Qualified business income deduction. Attach Form 8995 or Form 8995-A       13       14       12,400.		7	Capital gain or (loss). Attach Schee	dule D i	f require	d. If not red	quired	, check here				7		
\$12,400       9       Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income       9       79,149.         • Married filing jointly or Qualifying widow(er), \$24,800       10       Adjustments to income:       10a       10a         • Married filing jointly or Qualifying widow(er), \$24,800       • Charitable contributions if you take the standard deduction. See instructions       10a       10b       10c         • Head of household, \$18,650       • Add lines 10a and 10b. These are your total adjustments to income       • • • • • • • • • • • • • • • • • • •	Married filing	8	Other income from Schedule 1, lin	e9.								. 8		-6,300.
<ul> <li>Married filing jointy or Qualifying widow(er), \$24,800</li> <li>Head of household, \$18,650</li> <li>If you checked any box under Standard deduction or itemized deduction. (from Schedule A)</li> <li>It you checked any box under Standard deduction, see instructions.</li> <li>It you checked any box under Standard deduction, see instructions.</li> <li>It you checked any box under Standard deduction, see instructions.</li> <li>It you checked any box under Standard deduction, see instructions.</li> <li>It you checked any box under Standard deduction, see instructions.</li> <li>It you checked any box under Standard deduction, see instructions.</li> <li>It you checked any box under Standard deduction, see instructions.</li> <li>It you checked any box under Standard deduction or itemized deduction. Attach Form 8995 or Form 8995-A</li> <li>It you checked any box under Standard Deductions.</li> <li>It you checked any box under Standard.</li> <li>It you checked any box under Stan</li></ul>		9	Add lines 1, 2b, 3b, 4b, 5b, 6b, 7,	and 8. 1	This is yo	our <b>total in</b>	come					▶ 9		79,149.
Qualifying widow(er), \$24,800       a       From Schedule 1, line 22       10a         b       Charitable contributions if you take the standard deduction. See instructions       10b         • Head of household, \$18,650       c       Add lines 10a and 10b. These are your total adjustments to income       . <td></td> <td>10</td> <td>Adjustments to income:</td> <td></td>		10	Adjustments to income:											
\$24,800       C       Add lines 10a and 10b. These are your total adjustments to income       10c         • Head of household, \$18,650       11       Subtract line 10c from line 9. This is your adjusted gross income       •       •         11       79,149.         • If you checked any box under Standard       13       Qualified business income deduction. Attach Form 8995 or Form 8995-A       12       12       12       12       12       12       12       12       12       12       14       12,400.		а	From Schedule 1, line 22					10	a					
<ul> <li>Head of household, \$18,650</li> <li>If you checked any box under Standard Deduction, see instructions, see instructions, see instructions, see instructions.</li> <li>Add lines 10a and 10b. These are your total adjustments to income</li></ul>	widow(er),	b	Charitable contributions if you take	the star	ndard de	duction. Se	e inst	ructions 10	b					
\$18,650       11       79,149.         • If you checked any box under Standard Deduction, see instructions, see instructions.       13       Standard deduction. Attach Form 8995 or Form 8995-A       12       12,400.         14       12,400.	<ul> <li>Head of</li> </ul>	с	Add lines 10a and 10b. These are	your <b>to</b>	tal adjus	stments to	inco	me				► 10c	2	
<ul> <li>If you checked any box under Standard Deduction, see instructions, see instructions.</li> <li>12 12,400.</li> <li>13 Qualified business income deduction. Attach Form 8995 or Form 8995-A</li></ul>		11	Subtract line 10c from line 9. This	is your	adjuste	d gross inc	ome					▶ 11		79,149.
Standard       13       Qualified business income deduction. Attach Form 8995 or Form 8995-A       13         Deduction, see instructions, see instructions.       14       12,400.	<ul> <li>If you checked</li> </ul>	12	Standard deduction or itemized	deduct	ions (fro	m Schedul	e A)					. 12		12,400.
		13	Qualified business income deduct	ion. Atta	ach Forn	n 8995 or F	orm 8	8995-A				. 13		
<b>15 Taxable income.</b> Subtract line 14 from line 11. If zero or less, enter -0		14												
		15	Taxable income. Subtract line 14	from lir	ne 11. lf :	zero or less	, ente	er-0				. 15	<u> </u>	66,749.

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

Form **1040** (2020)

Form 1040 (2020	))										Page
	16	Tax (see instructions). Check	if any from Form	(s): <b>1</b> 🗌 881	4 2	4972	3			16	10,470.
	17	Amount from Schedule 2, lir	ie3							17	
	18	Add lines 16 and 17								18	10,470.
	19	Child tax credit or credit for	other dependen	ts						19	
	20	Amount from Schedule 3, lir	ie7							20	
	21	Add lines 19 and 20								21	
	22	Subtract line 21 from line 18	. If zero or less,	enter -0						22	10,470.
	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 <b>total tax</b>						. 🕨	24	10,470.
	25	Federal income tax withheld	from:								
	а	Form(s) W-2					25a	13	,004		
	b	Form(s) 1099					25b				
	с	Other forms (see instructions	s)				25c				
	d	Add lines 25a through 25c								25d	13,004.
• If you have a	26	2020 estimated tax payment	ts and amount a	pplied from 20	)19 returr	ı				26	
qualifying child, attach Sch. EIC. r	27	Earned income credit (EIC)			<sup>1</sup>	٩ö	27				
If you have	28	Additional child tax credit. A	ttach Schedule 8	8812			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, lir	ie 13				31				
	32	Add lines 27 through 31. The	ese are your <b>tota</b>	al other paym	ents and	l refunda	able cr	redits	. 🕨	32	
	33	Add lines 25d, 26, and 32. T	hese are your <b>to</b>	tal payments					. 🕨	33	13,004.
Refund	34	If line 33 is more than line 24	l, subtract line 2	4 from line 33.	This is t	he amoui	nt you	overpaid		34	2,534.
Horana	35a	Amount of line 34 you want			3 is attacl	hed, cheo	ck here	e		35a	2,534.
Direct deposit?	►b	Routing number 1 2 2			► c Ty	vpe: 🗙	Chec	king 🗌	Savings	5	
See instructions.	►d	Account number 9 1 0	1 7 0 0	2 1							
	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 <b>amo</b>	ount you owe	now .				. 🕨	37	
You Owe		Note: Schedule H and Sch	edule SE filers,	line 37 may r	not repre	sent all o	of the	taxes you	owe fo	r	
For details on how to pay, see		2020. See Schedule 3, line 1									
instructions.	38	Estimated tax penalty (see in	nstructions) .			. 🕨	38				
Third Party		you want to allow another	person to disc	cuss this retu	rn with t	the IRS?	See	_			
Designee	ins	structions					. 🕨	Yes. Co	omplete	e below.	× No
		signee's		Phone						ntification	
<u></u>		ne 🕨		no. 🕨					ber (PIN)		
Sign		der penalties of perjury, I declare t ief, they are true, correct, and com									
Here	Yo	ur signature		Date	Your occ	cupation			If t	he IRS se	nt you an Identity
				Dato		oupution					IN, enter it here
Joint return?					SOFT	WARE I	ENGI	NEER	(se	e inst.) 🕨	
See instructions. Keep a copy for	Sp	ouse's signature. If a joint return, I	ooth must sign.	Date	Spouse'	s occupati	ion				nt your spouse an
your records.	,									e inst.) 🕨	ection PIN, enter it here
	Dh	one no.		Email address					(		
		eparer's name	Preparer's signat				Date		PTIN		Check if:
Paid		PRIYA RAM SAGAR GUPTA TALLAM			CIIDTIA	ጥ እፐ.ፕ እነሳ		24/2021		82703	Self-employed
Preparer				NAM SAGAR	GUPIA	тАццай	102/	27/2021			
Use Only		m's name ► GLOBAL TA		n Cummin	a C2 '	20041					678)965-9522
		m's address ► 2530 Pebb			-					m's EIN 🖡	
Go to www.irs.go	ov/Forn	n1040 for instructions and the late	st information.		B/	AA	RE/	/ 02/15/21 PRC	)		Form <b>1040</b> (2020

Go to www.irs.gov/Form1040 for instructions and the latest information.

SCHEDULE	1
(Form 1040)	

# 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.

	Attachment Sequence No. <b>01</b>
ur soc	ial security number
	6005

 

 Department of the Treasury Internal Revenue Service
 ► Go to www.irs.gov/F

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

ANUSHA SAMALA

Your social security nu
753-83-6985

## Part I Additional Income

1	Taxable refunds, credits, or offsets of state and local income taxes	1	
<b>2</b> 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	-6,300.
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,		<
Par	line 8	9	-6,300.
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 <b>adjustments to income.</b> Enter here and on Form 1040, 1040-SR, or 1040-NR, line 10a	22	
For Pa			e 1 (Form 1040) 2020

	evenue Service (99)	► Go to www.irs.gov/ScheduleE fo	or insti	ructions	and th	e latest	informatior	າ.	Attach Seque	ence No. <b>13</b>
Name(s)	shown on return							Your so	cial securit	y number
	HA SAMALA								83-698	-
Part		From Rental Real Estate and Rog	-		-			• •	•	
	Schedule C. See i	instructions. If you are an individual, rep	ort farn	n rental i	income	or loss f	rom Form 4	<b>835</b> on pag	ge 2, line 4	0.
		nts in 2020 that would require you to								res 🛛 No
<b>B</b> If "	Yes," did you or will yo	ou file required Form(s) 1099?							. 🗆 ۱	les 🗌 No
1a		each property (street, city, state, ZIF								
Α	TRIMULGHERRY S	ECUNDERABAD TELANGANA IN	1 500	015						
В										
С										
1b	Type of Property	2 For each rental real estate prop	perty li	sted		-	Rental	Persor		QJV
	(from list below)	above, report the number of fa personal use days. Check the	ir renta <b>OJV</b> b	al and ox only <sub>r</sub>			Days	Da	iys	
Α	3	if you meet the requirements to	o file as	sa	Α		365		0	
В		qualified joint venture. See inst	ruction	ns.	В					
С					С					
	of Property:									
-	le Family Residence	3 Vacation/Short-Term Rental				7 Self-				
	i-Family Residence	4 Commercial	6 Ro	yalties		8 Othe	r (describe	e)	1	
Incom		Properties:			Α			В		С
3			3			650.				
4			4							
Expen										
5			5							
6	,	nstructions)	6			300.				
7		nance	7							
8			8							
9			9							
10		ssional fees	10							
11	•		11			250.				
12		d to banks, etc. (see instructions)	12							
13			13		6,	,200.				
14			14			200.				
15			15							
16			16							
17			17							
18		e or depletion	18							
19	Other (list) ►		19							
20	•	lines 5 through 19	20		6,	,950.				
21		line 3 (rents) and/or 4 (royalties). If								
	· //	instructions to find out if you must			~	200				
			21		- o ,	,300.				
22		estate loss after limitation, if any,		(	<u> </u>		/			`
00-	on Form 8582 (see in:		22	(	-6,	300.)	(	650	)(	)
		eported on line 3 for all rental prope		• •	• •	23a		650.	·	
b		eported on line 4 for all royalty prop				23b			_	
C d		eported on line 12 for all properties		• •		23c			_	
d		eported on line 18 for all properties				23d		6 050	_	
e		eported on line 20 for all properties		· ·		23e		6,950		
24 05		e amounts shown on line 21. <b>Do no</b>		-			• • •	24		<u> </u>
25		sses from line 21 and rental real estate								6,300.)
26		ate and royalty income or (loss).								
		V, and line 40 on page 2 do not 40), line 5. Otherwise, include this ar		-					<b>;</b>	-6,300.

**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.

For Paperwork Reduction Act Notice, see the separate instructions.

SCHEDULE E

Department of the Treasury

(Form 1040)

Schedule E (Form 1040) 2020

OMB No. 1545-0074

( )

2

Attachment

# 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*
ANUSHA	ISAMALA	Enter	753   83   6985
Your Spouse's First Name and Initial (if filed joint)	li ast Name	your SSN(s).	Spouse's Social Security No.*
		0011(0).	

### 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 preser	nt when reque	sting direct debit or deposit.			
1 Arizona Adjusted Gross Income	79,149 00		Foreign Ac	count Deposit/	Debit: See instructions below.			
2 Balance Of Tax	2,126 00		TYPE OF ACCOUNT					
3 Arizona Income Tax Withheld	2,307 <mark>00</mark>		🔀 Checking	Savings	1 2 2 1 0 0 0 2 4			
Check box 4 <u>or</u> box 5:			ACCOUNT NUMBER					
4 <b>REFUND:</b> Enter the amount of	refund	181 00	9 1 0 1 7	0 0 2 1				
5 AMOUNT YOU OWE: Enter th	e amount owed	00		JEST DATE	\$			

**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 <b>140</b> Resident Personal Income Tax Return						F		ENDAR YEAR			
):)	82F		Check box 82F filing under extensio	n OR FISCA		NING 2_0_2_0 AND EN			GLI			66F	
	_	Your F	First Name and Middle Init	ial		Last	Name		Ent	Your	Social	Security Nu	mber
0	1		JSHA				ALA		you	<b>-</b> 75		3 698	
	1						Name		SSN	l(s).	se's So	cial Security	/ No.
E.		Curre	Current Home Address - number and street, rural route					Apt. No.	Day	/time Phone	/with a	rea code)	
ΥΠ	2		536 N 58TH ST		Toulo			2050			•	,	
<b>ANY ITEMS</b>			ity, Town or Post Office State				ZIP Code Last Names U						erent)
Щ.	3	SCOTTSDALE AZ					85254						97
IAP	IUS	4	4 🔲 Married filing joint return 4a 🗌 Injured Spouse Prote				of Joint Ov	verpayment	REVENUE USE	ONLY. DO NO	OT MAR	K IN THIS AF	REA.
TS'	STA:	≤ 5 ☐ Head of household. Enter name of qualifying child or dependent on next line:											
NOT STAPLE	Ű	6	Married filing separa	to roturn Enter o		nd Social Sc		or above					
DO	FILINGSTATUS		Single	ite return. Enter s	ouse's name a	nu social se		ber above.					
		-	✤ Enter the number c	laimed. Do not j	out a check n	nark.							
		8	Age 65 or over (you	and/or spouse)	If completing li			-					
	and 10b	9	Blind (you and/or sp	,	39, and 41. For				81 PM		80 R	CVD	
	l anc	10a 11a	Dependents: Under Qualifying parents a	0	10b 🔄 Dep	pendents: A	Age 17 and	over.					
	9	Πa	(Box 10a and 10b): De		ion See instr	uctions E	or more s	nace check		l complete r		Part 1	
	Dependents			(a)		(b			(d)	(e)		(f)	
	penc		FIRST AND LAST NAME (Do not list yourself or spouse.)			SOCIAL SEC	SOCIAL SECURITY NO. RELA		P NO. OF MONTH		Age in:	<ul> <li>if you did no this person on</li> </ul>	t claim your
	- De		(Do not list y	oursell of spouse.)					HOME IN 2020	) 1 (Box 10a) (B	2	federal return o educational cr	lue to
	and 11a -	10c											
		10d								<u> </u>		<u> </u>	
	8, 9,	10e											
<del>1</del> 0.	ions	(Box 11a): Qualifying parents and grandparents. See instruc					s. For mo	re space, cheo (c)	<b>k the box</b> a (d)	nd complete	page 4	, Part 2.	
after Form 140	Exemptions		FIRST AND LAST NAME SO			CIAL SECURITY NO. RELATIONSH			IS IF AGE 6		✓ IF DIED 2020	IN	
orn	EXe		(Do not list y	(Do not list yourself or spouse.)					HOME IN 2020				
erF		11b											
		11c											
nts		12 Federal adjusted gross income (from your federal return)									79,149	00	
me	6		Non-Arizona municipal int										00
CU	Additions		Partnership Income adjus										00
r do	Addi	<ul><li>15 Total federal depreciation</li><li>16 Net capital (loss) derived from the exchange of legal tender: See instructions</li></ul>									00		
the		17 Other Additions to Income: Complete <i>Adjustments to Arizona Gross Income</i> schedule on page 5									00		
L O			Subtotal: Add lines 12 thro									79,149	00
SS C			Total net capital gain or (lo							00			
Jul			Total net short-term capital							00			
:he(													
Z SC		23	Multiply line 22 by 25% (.2	25) and enter the	result					23		0	00
I AZ		24 Net capital gain derived from investment in qualified small business. This box may be blank or may contain a printed barcode of data from your return.						24			00		
anc	s							apital yalli ex	change of legal				00
a	Subtractions					え 勝利日	26 Recalculated Arizona depreci 27 Partnership Income adjustme 28 Interest on U.S. obligations						00
ide	btra					ABA III.							00
d fe	Su		Ren de de de de de de Conteste de de de de				28 Interest on U.S. obligations 29a Exclusion for fed., AZ state or local govt. pensic						00
ire		This box may be blank or may contain a printed barcode of data from your re					<b>29b</b> Pensions-Uniformed Services retired/retainer pa						00
nbe							<b>30</b> U.S. Social Security or Railroad Re			Г			00
J L							<ul><li>31 Certain wages of American Indians</li><li>32 Pay received for being an active service member .</li></ul>						00
, ar			A CHINE AND	anger and each		~~08 <b>    </b>	1		an active service i adjustment				00
Place any required federal and AZ schedules or other docume							1		College Savings F				00
Ы			R 10413 (20) 1555			Δ7 Εο		act lines 23 thro	ugh 34 from line1			79,149 Page	
			<sup>(10413</sup> (20) 1555					/	KEV I	JLIULIZIFRU		, ugo	

[	Your	Name (as shown on page 1)	Your Social Security Nu	ocial Security Number			
	ANU	SHA SAMALA	753-83-6985				
Ì	20	Other Subtractions from Income Complete Adjustments to Adjust Come Come Income ashedula an	и - и - Г	20		00	
	36	Other Subtractions from Income. Complete Adjustments to Arizona Gross Income schedule on			79,149		
	37	Subtract line 36 from line 35 and enter the difference			/9,149		
suo	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			<b>FO</b> 140	00	
	42	Arizona adjusted gross income: Subtract lines 38 through 41 from line 37. If less than zero, enter "0			79,149		
	43	Deductions: Check box and enter amount. See instructions			12,400		
	44	If you checked box 43 <b>S</b> and claim charitable deductions, check 44 <b>C</b> Complete page 3. See inst				00	
	45	Arizona taxable income: Subtract lines 43 and 44 from line 42. If less than zero, enter "0"			66,749		
Tax	46	Compute the tax using amount on line 45 and Tax Table X, Y or Optional Tax Tables		2,126			
Balance of Tax	47	Tax from recapture of credits from Arizona Form 301, Part 2, line 31			0 100	00	
anc	48	Subtotal of tax: Add lines 46 and 47 and enter the total			2,126		
Bal	49	Dependent Tax Credit. See instructions				00	
	50	Family income tax credit (from the worksheet - see instructions)				00	
	51	Nonrefundable Credits from Arizona Form 301, Part 2, line 61			0 100	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 that			2,126		
<b>T</b> (0	53	2020 AZ income tax withheld			2,307		
s and edits	54	2020 AZ estimated tax payments <b>54a</b> OO Claim of Right <b>54b</b>	<b>00</b> Add 54a and 54b			00	
Total Payments and Refundable Credits	55	2020 AZ extension payment (Form 204)				00	
aym	56	Increased Excise Tax Credit (from the worksheet - see instructions)				00	
efun	57	Property Tax Credit from Arizona Form 140PTC				00	
δã	58	Other refundable credits: Check the box(es) and enter the total amount			0.007	00	
	59	Total payments and refundable credits: Add lines 53 through 58 and enter the total			2,307		
e or nent	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			1.0.1	00	
Due	61	<b>OVERPAYMENT:</b> If line 59 is larger than line 52, subtract line 52 from line 59 and enter amount of overpa			181		
Tax Due or Overpayment	62	Amount of line 61 to be applied to 2021 estimated tax				00	
	63	Solutions Teams			181	00	
Voluntary Gifts	64	- 74 Voluntary Gifts to: Assigned to Schools		1			
2		Child Abuse Prevention		1			
unta		Neighbors Helping Neighbors     69     00     Special Olympics     70     00     Veterans' Donations       I Didn't Pay Enough Fund     72     00     Sustainable State Parks and Road Fund		1			
Volt				]			
	75	Political Party (if amount is entered on line 68 - check only one): 751 Democratic 752 Libertarian	753 Republican			1	
enalty	76	Estimated payment penalty		76		00	
Per		771 Annualized/Other 772 Farmer or Fisherman 773 Form 221 included					
	78	Add lines 64 through 74 and 76; enter the total		78		00	
eq .	79	<b>REFUND:</b> Subtract line 78 from line 63. If less than zero, enter amount owed on line 80 <b>Direct Deposit of Refund:</b> <i>Check box 79A</i> if your deposit will be ultimately placed in a <b>foreign account</b> ; so		79	181	00	
o o o		C C Checking or					
efun		98       S I Savings       1 2 2 1 0 0 0 2 4       9 1 0 1 7 0 0 2 1					
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	
		Jnder penalties of perjury, I declare that I have read this return and any documents with it, and to	the best of my know	vledae and	helief they a	are	
		rue, correct and complete. Declaration of preparer (other than taxpayer) is based on all informat					
ш	_			-	-		
l K	→		SOFTWARE ENGINE				
HERE	Ī	YOUR SIGNATURE DATE C	DATE OCCUPATION				
Z	→						
SIGN		SPOUSE'S SIGNATURE DATE S	DATE SPOUSE'S OCCUPATION				
PLEASE			GLOBAL TAXES LLC FIRM'S NAME (PREPARER'S IF SELF-EMPLOYED)				
E A		× ×	30-1017196				
2		2530 Pebble Creek Ln PAID PREPARER'S STREET ADDRESS	3U-1U17 PAID PREPARE			-	
		Cumming GA 30041	(678)965-9522				
	Ē	PAID PREPARER'S CITY STATE ZIP CODE	PAID PREPARE			-	

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).