E1040		artment of the Treasury—Internal Revenue Servi S. Individual Income Tax		(99) urn	202	20	OMB No. 154	5-0074	IRS Use Only	y—Do not v	vrite or staple	in this space.
Filing Status Check only one box.	lf yc	Single Married filing jointly Course of the MFS box, enter the n son is a child but not your dependent	ame of	-	separately use. If you				hold (HOH) box, enter th		, 0	ow(er) (QW) ne qualifying
Your first name	e and m	iddle initial	Last na	me						Your so	cial securit	ty number
NAGA PA	VAN	KISHORE	воуі	INA						348-	37-763	3
If joint return, s	spouse's	s first name and middle initial	Last na	me						Spouse	's social sec	curity number
	`	er and street). If you have a P.O. box, see INE ROAD	instructi	ons.					Apt. no. 2162	Check	here if you,	on Campaign or your htly, want \$3
City, town, or p	oost offi	ce. If you have a foreign address, also co	mplete s	paces be	ow.	Sta	te	ZIP c	ode			Checking a
TEMPE						A	Z	852	283		low will not	•
Foreign countr	y name			Foreign pi	rovince/stat	e/coun	ty	Foreig	gn postal code			
At any time d	ring 0	220 did you receive cell cond evel		or other			financial inter			urropou?	Vou	Spouse
	-	020, did you receive, sell, send, exch	-		-			SUIT		unency	Yes	
Standard Deduction	_	eone can claim:	•		•		a dependent					
Age/Blindnes	s You	: Were born before January 2, 1	956 [Are bl	ind S	pouse	: 🗌 Was bo	rn bef	ore January	2, 1956	🗌 ls bl	ind
Dependent				(2) S	Social secur	ity	(3) Relations	hip			or (see instru	
If more	(1) F	irst name Last name			number		to you		Child tax o	credit	Credit for oth	her dependents
than four dependents,									<u> </u>			
see instruction	IS											
and check												
here 🕨 🔄												
Attach	1	Wages, salaries, tips, etc. Attach F	î	W-2 .	· · ·					. 1		66,822.
Sch. B if	2a		2a				axable interes			. 2 b		
required.	<u>3a</u>		3a				Ordinary divide			. 3b		
) 4a		4a				axable amour			. 4b		
	5a		5a				axable amour			. 5b		
Standard Deduction for –	6a	,	6a				axable amour	nt		. 6b		
Single or	7	Capital gain or (loss). Attach Schee		f required	d. If not re	quired	, check here		🕨	7		
Married filing separately,	8	Other income from Schedule 1, lin								. 8		
\$12,400	9	Add lines 1, 2b, 3b, 4b, 5b, 6b, 7,	and 8. T	⁻ his is yo	ur total in	come				▶ 9		66,822.
 Married filing jointly or 	10	Adjustments to income:					1	ı.				
Qualifying	а							a	2,00	0.		
widow(er), \$24,800	b	Charitable contributions if you take	the star	ndard de	duction. Se	e inst	ructions 10	b				
 Head of 	с	Add lines 10a and 10b. These are	your to l	tal adjus	tments to	incoi	me			▶ 10		2,000.
household, \$18,650	11	Subtract line 10c from line 9. This	is your a	adjustec	l gross in	come				▶ 11	6	64,822.
 If you checked any box under 	12	Standard deduction or itemized	deduct	ions (fro	m Schedu	le A)				. 12	!	12,400.
any box under <i>Standard</i>	13	Qualified business income deduction	ion. Atta	ach Form	n 8995 or F	Form 8	995-A			. 13	1	
Deduction, see instructions.	14	Add lines 12 and 13								12,400.		
	15	Taxable income. Subtract line 14	from lin	ie 11. lf z	ero or les	s, ente	er-0			. 15	<u>; </u> ;	52,422.
												1040

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

Form **1040** (2020)

Form 1040 (2020))									Page 2
	16	Tax (see instructions). Check	if any from Form	i(s): 1 🗌 881	4 2 4972	3			16	7,324.
	17	Amount from Schedule 2, lin	ne3						17	
	18	Add lines 16 and 17							18	7,324.
	19	Child tax credit or credit for	other dependen	ts					19	
	20	Amount from Schedule 3, lin	ne7						20	
	21	Add lines 19 and 20							21	
	22	Subtract line 21 from line 18	. If zero or less,	enter -0					22	7,324.
	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					. 🕨	24	7,324.
	25	Federal income tax withheld	from:							
	а	Form(s) W-2				25a	9,	781.		
	b	Form(s) 1099				25b				
	с	Other forms (see instructions	s)			25c				
	d	Add lines 25a through 25c							25d	9,781.
• If you have a	26	2020 estimated tax payment	ts and amount a	pplied from 20	19 return				26	
qualifying child,	27	Earned income credit (EIC)			NO .	27				
	28					28			1	
nontaxable	29	American opportunity credit	from Form 8863	3, line 8		29			1	
see instructions.	30	Recovery rebate credit. See	instructions .			30			-	
	31	Amount from Schedule 3, lir	ne 13			31			-	
	32	Add lines 27 through 31. The	ese are your tot a	al other paym	ents and refund	able cro	edits	. 🕨	32	
	33	Add lines 25d, 26, and 32. T	hese are your to	tal payments				. 🕨	33	9,781.
Defund	34								34	2,457.
neiulia	35a	Amount of line 34 you want	refunded to you	J. If Form 8888	is attached, che	eck here			35a	2,457.
Direct deposit?	►b				► c Type: 🛛			avings		· · ·
See instructions.	►d						ľ	0		
	36	· · · · · · · · · · · · · · · · · · ·				36				
Amount	37	Subtract line 33 from line 24	This is the amo	ount vou owe	now			. 🕨	37	
You Owe										
For details on							unde yeu e			
17 Amount from Schedule 2, line 3			38							
Third Party	Do					-				
		5					Yes. Co	mplete l	below.	× No
-				Phone				hal identi		
				no. 🕨				er (PIN)		
Sign										
Here		· ·		Date	,					nt you an Identity
	, 10	ur signature		Date	Four occupation					IN, enter it here
Joint return?					SOFTWARE	DEVEI	LOPER		inst.) 🕨	
	Sp	ouse's signature. If a joint return, I	ooth must sign.	Date	Spouse's occupa	tion				nt your spouse an
1 12	,								tity Prote inst.)	ection PIN, enter it here
, our 1000, doi:			-					(See	Inst.)	
				Email address	UIPAVAN7@	1				Oha ala ifa
Paid						Date		PTIN		Check if:
				RAM SAGAR	GUPTA TALLAN	4 09/1	L6/2021	20208		Self-employed
•										678)965-9522
	Fir	m's address ► 2530 Pebb	le Creek L	n Cummin	g GA 30041			Firm	i's EIN ▶	
Go to www.irs.go	ov/Forn	n1040 for instructions and the late	st information.		BAA	REV	07/28/21 PRO			Form 1040 (2020

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. 01				
Your social security number					
348-37	-7633				

 Department of the Treasury Internal Revenue Service
 Attack

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

NAGA PAVAN KISHORE

Part I	Additional Incom	ρ
Iaiti		-

BOYINA

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	
6	Farm income or (loss). Attach Schedule F	6	
7	Unemployment compensation	7	
8	Other income. List type and amount ►		
-		0	
9	Combine lines 1 through 8. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8	9	
Par	line 8		
10		10	
11	Certain business expenses of reservists, performing artists, and fee-basis government		
	officials. Attach Form 2106	11	
12	Health savings account deduction. Attach Form 8889	12	
13	Moving expenses for members of the Armed Forces. Attach Form 3903	13	
14	Deductible part of self-employment tax. Attach Schedule SE	14	
15	Self-employed SEP, SIMPLE, and qualified plans	15	
16	Self-employed health insurance deduction	16	
17	Penalty on early withdrawal of savings	17	
18a	Alimony paid	18a	
b	Recipient's SSN		
С	Date of original divorce or separation agreement (see instructions)		
19	IRA deduction	19	
20	Student loan interest deduction	20	
21	Tuition and fees deduction. Attach Form 8917	21	2,000.
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	2,000.
For Pa	perwork Reduction Act Notice, see your tax return instructions. BAA REV 07/28/21 PRO		I (Form 1040) 2020

Tuition and Fees Deduction

OMB No. 1545-0074

Attach to Form 1040 or 1040-SR.

► Go to www.irs.gov/Form8917 for the latest information.

Name(s) shown on return	Your social security number				
NAGA PAVAN KISHOP	E BOYINA	348-37-7633			

Use this form for qualified tuition and fees paid in 2018, 2019, or 2020, and later years if legislation extends the deduction (see instructions). File a separate Form 8917 for each year after 2017 for which you qualify to take the deduction.

You **can't** take both an education credit from Form 8863 and the tuition and fees deduction from this form for the **same student** for the same tax year.

Before you begin:

✓ To see if you qualify for this deduction, see Who Can Take the Deduction in the instructions below.

- If you file Form 1040 or 1040-SR, figure any write-in adjustments.
 - For 2018: Figure any write-in adjustments to be entered on the dotted line next to Schedule 1 (Form 1040), line 36.
 - For 2019: Figure any write-in adjustments to be entered on the dotted line next to Schedule 1 (Form 1040 or 1040-SR), line 22.
- For 2020 and later years: Figure any write-in adjustments for Schedule 1 (Form 1040 or 1040-SR); see the Instructions for Forms 1040 and 1040-SR.

1	(a) Student's name (as shown on page 1 of your tax return) First name Last name	(b) Student's social secur number (as shown on pag 1 of your tax return)	· ·	(c) Adjusted qualified expenses (see instructions)
				,
	NAGA PAVAN KISHORE BOYINA	348-37-7633		8,895.
2	Add the amounts on line 1, column (c), and enter the total		2	8,895.
3	Enter the amount from your "total income" line of Form 1040 or 1040-SR	66,822.		
4	• For 2018: Enter the total of the amounts on your 2018 Schedule 1 (Form 1040), lines 23 through 33, plus any write-in adjustments you entered on the dotted line next to Schedule 1 (Form 1040), line 36.			
	• For 2019 and 2020: Enter the total of the amounts on your 2019 Schedule 1 (Form 1040 or 1040-SR), lines 10 through 20, plus any write-in adjustments you entered on the dotted line next to Schedule 1 (Form 1040 or 1040-SR), line 22.			
	• For later years: See <i>www.irs.gov/Form8917</i> to find out if the line references above for 2019 have changed			
5	Subtract line 4 from line 3.* If the result is more than \$80,000 (\$160,000 stop ; you can't take the deduction for tuition and fees		5	66,822.
	* If you're filing Form 2555, 2555-EZ, or 4563, or you're excluding incom <i>Effect of the Amount of Your Income on the Amount of Your Deduction</i> i amount to enter on line 5.			
6	Tuition and fees deduction. Is the amount on line 5 more than \$65,0 filing jointly)?	00 (\$130,000 if married		
	X Yes. Enter the smaller of line 2, or \$2,000.			
	No. Enter the smaller of line 2, or \$4,000.	[6	2,000.

Also enter this amount on line 21 of the 2019 and 2020 Schedule 1 (Form 1040 or 1040-SR), or line 34 of the 2018 Schedule 1 (Form 1040). See *www.irs.gov/Form8917* to find out if the line references above for 2019 have changed.

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*					
		Enter						
NACA DAVAN KICHODE	DOVINIA	Enter	348 37 7633					
NAGA PAVAN KISHORE	BOYINA	VOUR	340 37 7033					
Your Spouse's First Name and Initial (if filed joint)	Last Namo	your	Spouse's Social Security No.*					
Tour opouse's rinst Marine and Initial (Il lifed joint)		SSN(s).	opouse's obcial decunity No.					
		0014(3).	/					

PART 1 – PURPOSE

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

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

PART 2 – TAX RETURN INFORMATION	PART 3 – FINANCIAL INSTITUTION INFORMATION
	Must be present when requesting direct debit or deposit.
1 Arizona Adjusted Gross Income 6,842 00	Foreign Account Deposit/Debit: See instructions below.
2 Balance Of Tax 143 00	TYPE OF ACCOUNT ROUTING NUMBER
3 Arizona Income Tax Withheld 185 00	🛛 Checking 🔲 Savings 🛛 🖄 🖄 🗌 🗌 🗌
Check box 4 <u>or</u> box 5:	ACCOUNT NUMBER
4 REFUND: Enter the amount of refund	4200 3 2 5 0 7 8 8 9 9 4 3 6
5 AMOUNT YOU OWE: Enter the amount owed	00 DIRECT DEBIT REQUEST DATE DIRECT DEBIT PAYMENT AMOUNT \$ \$ \$

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.

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

RETURN.			Arizona Form 140NR Nonresident P	erso	onal Ind	come Ta	ax Retu	rn	F		LENDAR YEAR	
	82F		Check box 82F f filing under extension OR FISCAL YEAR BEGINNIN		2,0,2,						66F	
H			First Name and Middle Initial		Name			Enter			Security Nu	
TOT			A PAVAN KISHORE	BOY				VOUR	348		37 76	
	1	Spous	se's First Name and Middle Initial (if box 4 or 6 checked)	Last	Name			SSN(s).	Spous	se's S	ocial Securit	y No.
Ъ		Curre	nt Home Address - number and street, rural route			Apt. No.		Daytime Pl	hone	(with	area code)	
ANY ITEMS			W BASELINE ROAD			2162		94 (510		•	,	
AN			Town or Post Office State		ZIP Code		Last Nam	es Used in La	st Four	Prior	Year(s) (if diff	erent)
Щ	3	TEM	PE AZ	8	35283							97
STAPLE	SU	4	Married filing joint return 4a Injured Spouse Prote	ection	of Joint Ov	erpayment	REVENU 88R	E USE ONLY.	DO NO	OT MA	RK IN THIS A	REA.
เร	TAT	5	Head of household: Enter name of qualifying child or depend	dent on	next line:		001					
NOT	FILING STATUS											
DO	E	6 7	Married filing separate return: Enter spouse's name and Sc Single	ocial Se	curity Numb	er above.						
		1	\checkmark Enter the number claimed. Do not put a check mark	ς.								
	d 10b	8	Age 65 or over (you and/or spouse) If completing lines 8 and 48. For lines 10				81P PM			80R	RCVD	
	a and	9	Blind (you and/or spouse)			ete nine 00.						
	s 10a	10a	Dependents: Under age of 17. 10b Dependent	ents: A	Age 17 and	over.						
	dent	11-13	Residency Status (check one): 11 🛛 Nonresident 12	Nonre	sident Activ	/e Military	13 🗌 Com	oosite Return	i (see	instru	ctions - page	26)
	ben		(Box 10a and 10b): Dependent Information. See instructio	ns. Fe	or more sp	ace, check	the box [and comp	lete p	age 4	l.	
	- De		(a) FIRST AND LAST NAME SOCI	(b) ALSEC		(c) RELATIONS	(C HIP NO. OF M	Dep	(e) endent	Age	(f) ✓ if you did no	t claim
	and 9		(Do not list yourself or spouse.)	ALULU	ontrinite.	RELATIONS	LIVED IN	VYOUR 1	cluded II	n: 2	this person on federal return of	your
	8							(Box 1)	0a) (Bo	x 10b)	educational cr	edits
	Exemptions	10c							_	븜	<u> </u>	
	jdme	10d 10e								늼	— <u> </u>	
N	Ĕ	10e										
after Form 140NR			Check box 14 if married and you are the spouse of an active	duty n	nilitary men	nber	2020	FEDERAL		20	20 ARIZON	Α
E			who qualifies for relief under the Military Spouses Residency	Relief	Act	14 🗆	Amount fro	m Federal Ret		Soι	Irce Amount O	
Ē			Wages, salaries, tips, etc				15	66,822			6,842	
ter			Interest			i	16		00			00
s af	е	17 19	Dividends Arizona income tax refunds				17 18		00			00
ents	come		Business income or (loss) from federal Schedule C				19		00			00
m	Arizona Inc		Gains or (losses) from federal Schedule D. See instructions for			1	20		00			00
ocu	rizor		Rents, royalties, partnerships, estates, trusts, small business corporat				21		00			00
ir d	Ā		Other income reported on your federal return. Include your o				22		00		0	
the			Total income: Add lines 15 through 22			I	23	66,822 2,000			6,842	
D O			Other federal adjustments: Include your own schedule Federal adjusted gross income: Subtract line 24 from line 23 in the					64,822				00
es c			Arizona gross income: Subtract line 24 from line 23 in the ARIZON						- T		6,842	2 00
schedules or other documer			Arizona income ratio: Divide line 26 by line 25, and enter the res								0.10	
he		28	Total depreciation included in Arizona gross income						. 28			00
SC	ions		Partnership Income adjustment. See instructions									00
AZ	Addition	30 This I	Net capital (loss) derived from the exchange of legal tender: s box may be blank or may contain a printed barcode of data from your r	See ins eturn								00
bue	∢		(- NG PARA KARING WAR DAY KARING					e instructions 30, and 31			6,842	2 00
a			szert a közek isztri elektesi keletetetetetetetetetetetetetetetetetete	5		ced gain/loss		<u>50, and 51</u>	00		0,01	-100
der	cont. on page 2					rm gain/loss			00			
fe	n pa		xeletetetetetetetetetetetetetetetetetete			erm gain/loss			00			
red	nt. o		Alalalalalalalalalalalalalalalalalalala			g-term gain			00			
any required federal and AZ	- COI					-						00
/ re	- suc		za evalaki pod na koncesta koji pod slava da na preslava ka					II business				00
an)	actic		ysdaniyada dikadiya bayaya					legal tender… ition				00
Place	Subtractions						•	ctions				00
Pla	S				42 Subtrac	ct lines 37 th	rough 41 fr	om line 32	. 42		6,84	2 00

ſ	Your	Your Name (as shown on page 1) Your Social Security Nur			r	
	NA	AGA PAVAN KISHORE BOYINA 348-37-7		3		
Subtractions – cont. from page 1	43	Interest on U.S. obligations such as U.S. savings bonds and treasury bills				00
	44	Agricultural crops contributed to Arizona charitable organizations				00
	45	Other Subtractions from Income. See instructions for completing the schedule on page 5				00
	46	Subtract lines 43 through 45 from line 42			6,842	00
Exemptions	47	Age 65 or over: Multiply the number in box 8 by \$2,100		00		
	48	Blind: Multiply the number in box 9 by \$1,500		00		
	49	Other Exemptions. See instructions		00		
	50	Add lines 47, 48, and 49. Enter the total		00		
	51	Multiply line 50 by the Arizona ratio on line 27		51		00
	52	Arizona adjusted gross income: Subtract line 51 from line 46. If less than zero, enter "0"			6,842	1
	53	Deductions: Check box and enter amount. See instructions			1,314	
	54	If you checked box 53S and claim charitable deductions, check 54C Complete page 3. See ins				00
J	55	Arizona taxable income: Subtract lines 53 and 54 from line 52. If less than zero, enter "0"			5,528	
Тах	56	Compute the tax using amount from line 55 and Tax Table X or Y			143	
Balance of	57	Tax from recapture of credits from Arizona Form 301, Part 2, line 31				00
	58	Subtotal of tax: Add lines 56 and 57 and enter the total			143	
	59	Dependent Tax Credit. See instructions				00
	60	Nonrefundable credits from Arizona Form 301, Part 2, line 61				00
	61	Balance of tax: Subtract lines 59 and 60 from line 58. If the sum of lines 59 and 60 is more than line 58, e			143	
Total Payments and Refundable Credits	62	2020 AZ income tax withheld			185	
	63	2020 AZ estimated tax payments63a 00 Claim of Right 63b	00 Add 63a and 63b			00
	64	2020 AZ extension payment (Form 204)				00
	65	Other refundable credits: Check the box(es) and enter the total amount				00
	66	Total payments and refundable credits: Add lines 62 through 65 and enter the total			185	
Tax Due or T Overpayment	67	TAX DUE: If line 61 is larger than line 66, subtract line 66 from line 61, and enter amount of tax due. Skip lin				00
	68	OVERPAYMENT: If line 66 is larger than line 61, subtract line 61 from line 66, and enter amount of overpay			42	00
	69	Amount of line 68 to be applied to 2021 estimated tax.				00
	70	Balance of overpayment: Subtract line 69 from line 68		. 70	42	00
Voluntary Gifts	71	- 81 Voluntary Gifts to: Solutions Teams Assigned to Schools		0		
		Child Abuse Prevention				
		Neighbors Helping Neighbors 76 000 Special Olympics 77 000 Veterans' Donations F		0		
		I Didn't Pay Enough Fund79 00 Sustainable State Parks and Road Fund	als 81 0	0		
	82	Political Party (if amount is entered on line 75 - check only one): 821 Democratic 822 Libertarian	823 Republican			
	83	Estimated payment penalty		. 83		00
nalty	84	841 Annualized/Other 842 Farmer or Fisherman 843 Form 221 included				
Pe	85	Add lines 71 through 81 and 83; enter the total		. 85		00
	86	REFUND: Subtract line 85 from line 70. If less than zero, enter amount owed on line 87		. 86	42	00
		Direct Deposit of Refund: Check box 86A if your deposit will be ultimately placed in a foreign account; see	e instructions. 86A]		
nd o nt O						
Refund or Amount Owed		98 S Savings 1 2 1 0 0 3 5 8 3 2 5 0 7 8 8 9 9 4 3 6				
Ā	87	AMOUNT OWED: Add lines 67 and 85. Make check payable to Arizona Department of Revenue; write you	ur SSN on payment	. 87		00
_			4		lass and by the first stars	
PLEASE SIGN HERE		Under penalties of perjury, I declare that I have read this return and any documents with it, and to true, correct and complete. Declaration of preparer (other than taxpayer) is based on all informati				are
					s any knowledge.	
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		SPOUSE'S SIGNATURE DATE SF	POUSE'S OCCUPATION	4		
		SYAM PRIYA RAM SAGAR GUPTA TALLAM 09162021 GLOBAL TAXES L				
A		PAID PREPARER'S SIGNATURE DATE FIRM'S NAME (PREPARER'S II	,			-
Ľ.		2530 Pebble Creek Ln	30-10171			
		PAID PREPARER'S STREET ADDRESS	PAID PREPARER		0.0	
		Cumming GA 30041 PAID PREPARER'S CITY STATE ZIP CODE	(678)965 PAID PREPARER			
		FAID FILEFAILES OF STATE STATE ZIP CODE	FAID PREPARER	SFIU		

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).