Form **8879**

(Rev. January 2021)

Department of the Treasury Internal Revenue Service

IRS e-file Signature Authorization

▶ ERO must obtain and retain completed Form 8879.

▶ Go to www.irs.gov/Form8879 for the latest information.

OMB No. 1545-0074

	1.015.11.05 05.11.05					
Submi	sission Identification Number (SID)					
Taxpaye	er's name	Sc	cial securit	y numb	er	
ANI	L KUMAR KOTA		866-12-	0413	3	
Spouse	o's name	Sp	ouse's soci	al secu	rity numbe	r
Part	Tax Return Information — Tax Year Ending December 31,	2021 (Enter ye	ar vou a	re aut	horizina	1
	whole dollars only on lines 1 through 5.	ZUZI (LITTET YE	ai you ai	C aut	nonzing.	.)
	Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.					
1	Adjusted gross income			1	89	,813.
2	Total tax			2		, 683.
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099			3		,721.
4	Amount you want refunded to you			4		,038.
5	Amount you owe			5		
Part	Taxpayer Declaration and Signature Authorization (Be sure y	ou get and kee	p a copy	y of y	our retu	rn)
my know return to send for any Agent to payme authori payme business taxes to person	penalties of perjury, I declare that I have examined a copy of the income tax return (origin owledge and belief, it is true, correct, and complete. I further declare that the amount (original or amended) I am now authorizing. I consent to allow my intermediate service performs to the IRS and to receive from the IRS (a) an acknowledgement of receipt or delay in processing the return or refund, and (c) the date of any refund. If applicable, I to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution of my federal taxes owed on this return and/or a payment of estimated tax, and the finitization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment of the payment (settlement) date. I also authorize the financial institutions to receive confidential information necessary to answer inquiries and resolve issues real identification number (PIN) below is my signature for the income tax return (original concic Funds Withdrawal Consent.	s in Part I above a provider, transmitter or reason for rejectic authorize the U.S. ion account indicate nancial institution to terminate the ancellation request involved in the prorelated to the payn	re the among or electron of the transfer of th	ounts from the control of the contro	om the in- curn origina sion, (b) the esignated aration solo to this acco o revoke (red no late ectronic pa	come tax tor (ERO) ne reason Financial ftware for bunt. This cancel) a er than 2 ayment of that the
	ayer's PIN: check one box only					
X		er or generate my	PIN 2	0 4		as my
	ERO firm name signature on the income tax return (original or amended) I am now authorizin		Ent		digits, but all zeros	,
	I will enter my PIN as my signature on the income tax return (original or amif you are entering your own PIN and your return is filed using the Practitic below.	ended) I am now				
Yours	signature 🕨 And	Date ▶ <u>03/</u>	12/2022			
Snous	se's PIN: check one box only					
		er or generate my	PINI			as my
	ERO firm name	n or gonerate my		er five c	digits, but	ao my
	signature on the income tax return (original or amended) I am now authorizing	ng.	dor	't enter	all zeros	
	I will enter my PIN as my signature on the income tax return (original or amif you are entering your own PIN and your return is filed using the Practitic below.					
Spous	se's signature ▶	Date ►				
	Practitioner PIN Method Returns Only—con	ntinue below				
Part	III Certification and Authentication — Practitioner PIN Method C	Only				
ERO's	s EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected P	PIN. 5 8 7	2 7 8	3 6 er all zei	1 9 8	9
authori	by that the above numeric entry is my PIN, which is my signature for the electronic individual to file for tax year indicated above for the taxpayer(s) indicated above. I confirm ements of the Practitioner PIN method and Pub. 1345 , Handbook for Authorized IRS <i>e-file</i>	that I am submitting	ig this retu	rn in a	ccordance	
ERO's	s signature ▶	Date ►				
	ERO Must Retain This Form — See Ins	structions				
	Don't Submit This Form to the IRS Unless Req		So			

E1040 Department of the Treasury—Internal Revenue Service (99)
U.S. Individual Income Tax Return

IRS Use Only-Do not write or staple in this space.

Filing Status Check only one box.	If yo	Single Married filing jointly uchecked the MFS box, enter the notion is a child but not your dependen	ame of	ed filing separately (your spouse. If you	,	_		`	′ –	_	, ,	, , , ,
Your first name	and m	iddle initial	Last na	ame					1	our so	cial securit	ty number
ANIL KU	MAR		KOT	A					8	366-1	12-041	3
If joint return, s	pouse's	s first name and middle initial	Last na	ame					8	Spouse's	s social sec	curity number
Home address	(numbe	er and street). If you have a P.O. box, see	instruct	ions.				Apt. no.	F	Presider	ntial Election	on Campaign
19635 N	CAV	E CREEK RD						339			nere if you,	•
City, town, or p	ost offi	ce. If you have a foreign address, also co	mplete	spaces below.	Sta	te	ZIP	code				ntly, want \$3 Checking a
PHOENIX					A	Z	85	024		_	ow will not	•
Foreign country	y name			Foreign province/state,	coun'	ty	Fore	eign postal co	ode y	our tax	or refund.	. Spouse
At any time du	ıring 20	021, did you receive, sell, exchange	, or oth	erwise dispose of an	y fina	ancial interest	in an	y virtual cu	ırrenc	y?	X Yes	☐ No
Standard Deduction		eone can claim: You as a de Spouse itemizes on a separate retur		•		•						
Age/Blindness	s You:	☐ Were born before January 2, 1	957 [Are blind Sp	ouse	: Was bo	orn be	efore Janua	ary 2,	1957	☐ Is bl	ind
Dependent	s (see	instructions):		(2) Social securit	/	(3) Relations	hip	(4) 🗸	if qua	lifies for	r (see instru	ctions):
If more	(1) F	irst name Last name		number		to you		Child to	ax cred	dit	Credit for oth	her dependents
than four								[
dependents, see instruction	s ——											
and check												
here 🕨 🔝											[
	1	Wages, salaries, tips, etc. Attach I	orm(s)	W-2						1		99,596.
Attach Sch. B if	2 a	Tax-exempt interest	2a		b T	axable intere	st			2b		
required.	3a	Qualified dividends	3a	7.	b 0	Ordinary divide	ends			3b		7.
	4a	IRA distributions	4a		b T	axable amou	nt .			4b		
	5a	Pensions and annuities	5a		b T	axable amou	nt .			5b		
Standard	6a	Social security benefits	6a		b T	axable amou	nt .			6b		
• Single or	7	Capital gain or (loss). Attach Sche	dule D	f required. If not req	uired	, check here		!	▶ □	7		-150.
Married filing	8	Other income from Schedule 1, lin	e 10							8		-9,640.
separately, \$12,550	9	Add lines 1, 2b, 3b, 4b, 5b, 6b, 7,	and 8.	This is your total inc	ome				. ▶	9	8	89,813.
Married filing	10	Adjustments to income from Sche	dule 1,	line 26						10		
jointly or Qualifying	11_	Subtract line 10 from line 9. This is	s your a	djusted gross inco	me				. ▶	11	3	89,813.
widow(er), \$25,100	12a	Standard deduction or itemized	deduct	tions (from Schedule	(A	12	2a	12,	550			
 Head of 	b	Charitable contributions if you take	the sta	ndard deduction (see	instr	ructions) 12	2b		300			
household, \$18,800	С	Add lines 12a and 12b								120	; 1	12,850.
If you checked	13	Qualified business income deduct	ion fron	n Form 8995 or Forn	า 899	95-A				13		
any box under Standard	14	Add lines 12c and 13								14		12,850.
Deduction, see instructions.	15	Taxable income. Subtract line 14	from lin	ne 11. If zero or less,	ente	er-0				15		76,963.

	16	Tax (see instructions). Check if any from Form(s): 1 8814 2 4	972	3 🗌			16	12,683.
	17	Amount from Schedule 2, line 3					17	
	18	Add lines 16 and 17					18	12,683.
	19	Nonrefundable child tax credit or credit for other dependents from Sci	hedule	8812			19	
	20	Amount from Schedule 3, line 8					20	
	21	Add lines 19 and 20					21	
	22	Subtract line 21 from line 18. If zero or less, enter -0					22	12,683.
	23	Other taxes, including self-employment tax, from Schedule 2, line 21					23	0.
	24	Add lines 22 and 23. This is your total tax					24	12,683.
	25	Federal income tax withheld from:						·
	а	Form(s) W-2		25a	16,	721.		
	b	Form(s) 1099		25b				
	С	Other forms (see instructions)		25c				
	d	Add lines 25a through 25c		·			25d	16,721.
	26	2021 estimated tax payments and amount applied from 2020 return.					26	· · · · · · · · · · · · · · · · · · ·
If you have a Lagrangian qualifying child,	27a	Earned income credit (EIC)		27a				
attach Sch. EIC.		Check here if you were born after January 1, 1998, and before						
		January 2, 2004, and you satisfy all the other requirements for	or					
		taxpayers who are at least age 18, to claim the EIC. See instructions	▶ □					
	b	Nontaxable combat pay election						
	С	Prior year (2019) earned income						
	28	Refundable child tax credit or additional child tax credit from Schedule 8		28				
	29	American opportunity credit from Form 8863, line 8		30				
	30	Recovery rebate credit. See instructions						
	31	Amount from Schedule 3, line 15		31				
	32	Add lines 27a and 28 through 31. These are your total other paymen					32	16 701
	33	Add lines 25d, 26, and 32. These are your total payments				. •	33	16,721.
Refund	34	If line 33 is more than line 24, subtract line 24 from line 33. This is the		-	=		34	4,038.
Di	35a	Amount of line 34 you want refunded to you. If Form 8888 is attached Routing number 1 1 1 1 9 0 0 6 5 9 • c Type				▶ □	35a	4,038.
Direct deposit? See instructions.	►b	Routing number 1 1 1 9 0 0 6 5 9 ► c Type Account number 9 3 8 3 6 6 0 9 4 2	<i>i</i> . X	Check	ding ∐ Sa ⊹	vings		
	▶ d 36			00	_			
A		Amount of line 34 you want applied to your 2022 estimated tax		36	hu sations		37	
Amount You Owe	37 38	Amount you owe. Subtract line 33 from line 24. For details on how to Estimated tax penalty (see instructions)		38	ructions	. ▶	31	
Third Party Designee		you want to allow another person to discuss this return with the tructions			Yes. Com	nolete b	elow.	× No
Boolgiloo	Des	signee's Phone				al identif		
	nar	ne ▶ no. ▶			number	(PIN)		
Sign		der penalties of perjury, I declare that I have examined this return and accompany						
Here		ef, they are true, correct, and complete. Declaration of preparer (other than taxpayo	•	sea on	all information	1		, ,
	You	ır signature Date Your occup	ation					nt you an Identity N, enter it here
Joint return?		SOFTWA	ARE E	NGIN	IEER		nst.) ▶	I I I I I I
See instructions.	Spo	ouse's signature. If a joint return, both must sign. Date Spouse's or				If the	IRS ser	nt your spouse an
Keep a copy for your records.						1		ection PIN, enter it here
your records.						(see i	nst.) ►	
			ARKOTA		GMAIL.COM	TINI	-	01 1 1
Paid		parer's name Preparer's signature		Date		TIN		Check if:
Preparer		PRIYA RAM SAGAR GUPTA TALLAM SYAM PRIYA RAM SAGAR GUPTA TA	LLAM	03/1	12/2022 P	02082		Self-employed
Use Only								678) 965-9522
		n's address ▶ 2530 Pebble Creek Ln Cumming GA 30	041			Firm'	s EIN 🕨	
Go to www.irs.go	ov/Form	11040 for instructions and the latest information.		REV 03	3/07/22 PRO			Form 1040 (2021)

Form 1040 (2021)

Page 2

SCHEDULE 1 (Form 1040)

Additional Income and Adjustments to Income

OMB No. 1545-0074

2021

Attachment Sequence No. 01

Department of the Treasury Internal Revenue Service

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

866-12-0413

Par	Additional income			
1	Taxable refunds, credits, or offsets of state and local income taxes	3	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, treschedule E	•	5	-9,640.
6	Farm income or (loss). Attach Schedule F		6	
7	Unemployment compensation		7	
8	Other income:			
а	Net operating loss	8a ()	
b	Gambling income	8b		
С	Cancellation of debt	8c		
d	Foreign earned income exclusion from Form 2555	8d ()	
е	Taxable Health Savings Account distribution	8e		
f	Alaska Permanent Fund dividends	8f		
g	Jury duty pay	8g		
h	Prizes and awards	8h		
i	Activity not engaged in for profit income	8i		
j	Stock options	8j		
k	Income from the rental of personal property if you engaged in the rental for profit but were not in the business of renting such property	8k		
I	Olympic and Paralympic medals and USOC prize money (see instructions)	81		
m	Section 951(a) inclusion (see instructions)	8m		
n	Section 951A(a) inclusion (see instructions)	8n		
0	Section 461(I) excess business loss adjustment	80		
р	Taxable distributions from an ABLE account (see instructions) .	8p		
Z	Other income. List type and amount ▶	8z		
9	Total other income. Add lines 8a through 8z		9	
10	Combine lines 1 through 7 and 9. Enter here and on Form 10 1040-NR, line 8		10	-9,640.

Schedule 1 (Form 1040) 2021 Page **2**

Par	Adjustments to Income			
11	Educator expenses		. 11	
12	Certain business expenses of reservists, performing artists, and fee-officials. Attach Form 2106			
13	Health savings account deduction. Attach Form 8889		. 13	
14	Moving expenses for members of the Armed Forces. Attach Form	3903	. 14	
15	Deductible part of self-employment tax. Attach Schedule SE		. 15	
16	Self-employed SEP, SIMPLE, and qualified plans		. 16	
17	Self-employed health insurance deduction		. 17	
18	Penalty on early withdrawal of savings		. 18	
19a	Alimony paid		. 19a	
b	Recipient's SSN	>	_	
С	Date of original divorce or separation agreement (see instructions)	·		
20	IRA deduction		. 20	
21	Student loan interest deduction		. 21	
22	Reserved for future use		. 22	
23	Archer MSA deduction		. 23	
24	Other adjustments:			
а	Jury duty pay (see instructions)	24a		
b	Deductible expenses related to income reported on line 8k from the rental of personal property engaged in for profit	24b		
С	Nontaxable amount of the value of Olympic and Paralympic medals and USOC prize money reported on line 8l	24c		
d	Reforestation amortization and expenses	24d		
е	Repayment of supplemental unemployment benefits under the Trade Act of 1974	24e		
f	Contributions to section 501(c)(18)(D) pension plans	24f		
g	Contributions by certain chaplains to section 403(b) plans	24g		
h	Attorney fees and court costs for actions involving certain unlawful discrimination claims (see instructions)	24h		
i	Attorney fees and court costs you paid in connection with an award from the IRS for information you provided that helped the IRS detect tax law violations	24i		
j	Housing deduction from Form 2555	24 j		
k	Excess deductions of section 67(e) expenses from Schedule K-1 (Form 1041)	24k		
z	Other adjustments. List type and amount ▶	24z		
25	Total other adjustments. Add lines 24a through 24z		. 25	
26	Add lines 11 through 23 and 25. These are your adjustments t here and on Form 1040 or 1040-SR, line 10, or Form 1040-NR, line			

SCHEDULE D (Form 1040)

Capital Gains and Losses

OMB No. 1545-0074

Attachment Sequence No. 12

Department of the Treasury Internal Revenue Service (99)

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

▶ Use Form 8949 to list your transactions for lines 1b, 2, 3, 8b, 9, and 10.

Name(s) shown on return Your social security number 866-12-0413 ANIL KUMAR KOTA

Did you dispose of any investment(s) in a qualified opportunity fund during the tax year? If "Yes." attach Form 8949 and see its instructions for additional requirements for reporting your gain or loss. Short-Term Capital Gains and Losses - Generally Assets Held One Year or Less (see instructions) Part I See instructions for how to figure the amounts to enter on the (h) Gain or (loss) (g) Adjustments Subtract column (e) lines below. Proceeds Cost to gain or loss from from column (d) and This form may be easier to complete if you round off cents to (sales price) (or other basis) Form(s) 8949, Part I, combine the result whole dollars. with column (g) line 2. column (a) 1a Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b . **1b** Totals for all transactions reported on Form(s) 8949 with Box A checked 1,716. 2,076. -360. Totals for all transactions reported on Form(s) 8949 with Box B checked 3 Totals for all transactions reported on Form(s) 8949 with Box C checked 165. 375. 210. Short-term gain from Form 6252 and short-term gain or (loss) from Forms 4684, 6781, and 8824 4 Net short-term gain or (loss) from partnerships, S corporations, estates, and trusts from 5 Short-term capital loss carryover. Enter the amount, if any, from line 8 of your Capital Loss Carryover 6 Net short-term capital gain or (loss). Combine lines 1a through 6 in column (h). If you have any longterm capital gains or losses, go to Part II below. Otherwise, go to Part III on the back 7 -150. Part II Long-Term Capital Gains and Losses-Generally Assets Held More Than One Year (see instructions) See instructions for how to figure the amounts to enter on the (h) Gain or (loss) (g) Adjustments Subtract column (e) (d) (e) lines below. Proceeds to gain or loss from from column (d) and Cost This form may be easier to complete if you round off cents to (or other basis) Form(s) 8949, Part II, (sales price) combine the result whole dollars. line 2. column (a) with column (a) 8a Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b . 8b Totals for all transactions reported on Form(s) 8949 with 9 Totals for all transactions reported on Form(s) 8949 with 10 Totals for all transactions reported on Form(s) 8949 with 11 Gain from Form 4797, Part I; long-term gain from Forms 2439 and 6252; and long-term gain or (loss) 11 12 Net long-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1 12 13 14 Long-term capital loss carryover. Enter the amount, if any, from line 13 of your Capital Loss Carryover

15 Net long-term capital gain or (loss). Combine lines 8a through 14 in column (h). Then, go to Part III

BAA

14

15

Schedule D (Form 1040) 2021 Page 2

Part III Summary 16 Combine lines 7 and 15 and enter the result 16 -150.• If line 16 is a gain, enter the amount from line 16 on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 17 below. • If line 16 is a loss, skip lines 17 through 20 below. Then, go to line 21. Also be sure to complete • If line 16 is zero, skip lines 17 through 21 below and enter -0- on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 22. 17 Are lines 15 and 16 both gains? ☐ **Yes.** Go to line 18. No. Skip lines 18 through 21, and go to line 22. 18 If you are required to complete the 28% Rate Gain Worksheet (see instructions), enter the amount, if any, from line 7 of that worksheet 18 19 If you are required to complete the Unrecaptured Section 1250 Gain Worksheet (see instructions), enter the amount, if any, from line 18 of that worksheet . 19 20 Are lines 18 and 19 both zero or blank and are you not filing Form 4952? ☐ Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Forms 1040 and 1040-SR, line 16. Don't complete lines 21 and 22 below. □ No. Complete the Schedule D Tax Worksheet in the instructions. Don't complete lines 21 and 22 below. If line 16 is a loss, enter here and on Form 1040, 1040-SR, or 1040-NR, line 7, the smaller of: 21 • The loss on line 16; or 150.) 21 • (\$3,000), or if married filing separately, (\$1,500) **Note:** When figuring which amount is smaller, treat both amounts as positive numbers. 22 Do you have qualified dividends on Form 1040, 1040-SR, or 1040-NR, line 3a? X Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Forms 1040 and 1040-SR, line 16. No. Complete the rest of Form 1040, 1040-SR, or 1040-NR.

Sales and Other Dispositions of Capital Assets

▶ Go to www.irs.gov/Form8949 for instructions and the latest information.

Attachment

▶ File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D.

Sequence No. 12A

OMB No. 1545-0074

Name(s) shown on return ANIL KUMAR KOTA

Department of the Treasury

Internal Revenue Service

Social security number or taxpayer identification number 866-12-0413

Before you check Box A, B, or C below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check.

Part I Short-Term. Transactions involving capital assets you held 1 year or less are generally short-term (see instructions). For long-term transactions, see page 2.

Note: You may aggregate all short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 1a; you aren't required to report these transactions on Form 8949 (see instructions).

You must check Box A. B. or C below. Check only one box. If more than one box applies for your short-term transactions. complete a separate Form 8949, page 1, for each applicable box. If you have more short-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

(A) Short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see Note above)

-	B) Short-term transactionsC) Short-term transactions			-	sis wasn't report	ed to the IF	RS	
1	(a) Description of property	(b) Date acquired	(c) Date sold or	(d) Proceeds	(e) Cost or other basis. See the Note below	If you enter an enter a co	any, to gain or loss. amount in column (g), ode in column (f). arate instructions.	(h) Gain or (loss). Subtract column (e)
	(Example: 100 sh. XYZ Co.)	(Mo., day, yr.)	disposed of (Mo., day, yr.)	(sales price) (see instructions)	and see Column (e) in the separate instructions	(f) Code(s) from instructions	(g) Amount of adjustment	from column (d) and combine the result with column (g)
Robin	hood Securities LLC	05/05/21	12/12/21	1,716.	2,076.			-360.
nega Sche	als. Add the amounts in columnative amounts). Enter each totative amounts of the total tot	al here and ince is checked), lir	lude on your ne 2 (if Box B	1 716	2 076			-360

Note: If you checked Box A above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See Column (g) in the separate instructions for how to figure the amount of the adjustment.

8949

Sales and Other Dispositions of Capital Assets

Attachment

OMB No. 1545-0074

▶ Go to www.irs.gov/Form8949 for instructions and the latest information. ▶ File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D. Sequence No. 12A

Name(s) shown on return ANIL KUMAR KOTA

Department of the Treasury

Internal Revenue Service

Social security number or taxpayer identification number

866-12-0413

Before you check Box A, B, or C below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check.

Part I Short-Term. Transactions involving capital assets you held 1 year or less are generally short-term (see instructions). For long-term transactions, see page 2.

Note: You may aggregate all short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 1a; you aren't required to report these transactions on Form 8949 (see instructions).

You must check Box A. B. or C below. Check only one box. If more than one box applies for your short-term transactions. complete a separate Form 8949, page 1, for each applicable box. If you have more short-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

(A) Short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see **Note** above)

(B) Short-term transactions reported on Form(s) 1099-B showing basis wasn't reported to the IRS

X (C) Short-term transactio	ns not reported	to you on F	orm 1099-B				
1 (a) Description of property	(b) Date acquired	(c) Date sold or disposed of	(d) Proceeds	(e) Cost or other basis. See the Note below and see <i>Column</i> (e)	If you enter an a enter a co	any, to gain or loss. amount in column (g), de in column (f). arate instructions.	(h) Gain or (loss). Subtract column (e)
(Example: 100 sh. XYZ Co.)	(Mo., day, yr.)	(Mo., day, yr.)	(sales price) (see instructions)	in the separate instructions	(f) Code(s) from instructions	(g) Amount of adjustment	from column (d) and combine the result with column (g)
ROBINHOOD CRYPTO LLC	05/05/21	12/12/21	375.	165.			210.
2 Totals. Add the amounts in colur negative amounts). Enter each t Schedule D, line 1b (if Box A abo	otal here and inc ove is checked), li i	lude on your ne 2 (if Box B	375.	165.			210.

Note: If you checked Box A above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See Column (g) in the separate instructions for how to figure the amount of the adjustment.

SCHEDULE E (Form 1040)

Supplemental Income and Loss

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

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

OMB No. 1545-0074

2021

Attachment
Seguence No. 13

Department of the Treasury Internal Revenue Service (99) Name(s) shown on return

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

Attachment Sequence No. 13

Your social security number

	KUMAR KOTA								56-12-0		
Part	Income or Loss	From Rental Real Estate and Ro	yaltie	s Note	: If you a	re in th	e business c	of renti	ing persona	al prope	erty, use
	Schedule C. See i	instructions. If you are an individual, repo	ort farı	m rental i	ncome o	r loss fr	om Form 48	335 or	n page 2, lir	ne 40.	
A Dic	d you make any paymer	nts in 2021 that would require you to	file F	orm(s) 1	099? Se	e instr	uctions .		[Yes	⊠ No
B If "	Yes," did you or will yo	ou file required Form(s) 1099?							[Yes	☐ No
1a	Physical address of e	each property (street, city, state, ZIP	, code	e)							
Α	D.NO: 7-129, N	TR COLONY ATCHAMPET MNDI	J, GUI	NTUR A	NDHRA	PRA	DESH IN	522	2409		
В											
С											
1b	Type of Property	2 For each rental real estate prop	erty I	isted		Fair	Rental	Per	sonal Us	Э	QJV
	(from list below)	above, report the number of fai	r rent	al and			ays		Days		QUI
Α	3	above, report the number of fai personal use days. Check the 0 if you meet the requirements to	file a	is a	Α		365		0		
В		qualified joint venture. See inst	ructio	ns.	В						
С					С						
Type o	of Property:										
1 Sing	gle Family Residence	3 Vacation/Short-Term Rental	5 La	nd	7	' Self-	Rental				
	ti-Family Residence		6 Ro	yalties	8	Othe Other	r (describe))			
Incom		Properties:			Α		Е	3		(
3			3		4	150.					
4			4								
Expen											
5	-		5								
6	•	nstructions)	6								
7		nance	7		1,9	990.					
8			8								
9			9								
10	_	ssional fees	10								
11	•		11		1,9	980.					
12		d to banks, etc. (see instructions)	12								
13			13								
14	•		14			370.					
15	• •		15		۷, ۱	L50.					
16			16		0 1	100					
17			17		۷, ۱	L00.					
18	Depreciation expense Other (list) ▶	e or depletion	18								
19	` '	lings E through 10	19		10 0	200					
20	•	lines 5 through 19	20		10,0	190.					
21		line 3 (rents) and/or 4 (royalties). If									
	file Form 6198	instructions to find out if you must	21		-9, 6	54n					
22		estate loss after limitation, if any,	21		٥, ٥	,10.					
22	on Form 8582 (see in:		22	(9 6	40.)	()(١
23a	· · · · · · · · · · · · · · · · · · ·	eported on line 3 for all rental prope		1/		23a	1	Δ	50.)
b		eported on line 4 for all royalty prope				23b		-1			
C		eported on line 12 for all properties				23c					
d		eported on line 18 for all properties				23d					
e		eported on line 20 for all properties				23e	1	0,0	90.		
24		e amounts shown on line 21. Do no	t incl						24		
25	•	sses from line 21 and rental real estate				iter tota	al losses her	e.	25 ((9,640.)
26		ate and royalty income or (loss).									,
20		V, and line 40 on page 2 do not a									
		10), line 5. Otherwise, include this ar							26	-	-9 , 640.

E-file Signature Authorization

2021

(Arizona Forms 140, 140A, 140EZ, 140NR and 140PY) 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** ANIL KUMAR KOTA | 12 | 0413 866 vour Your Spouse's First Name and Initial (if filed joint) Last Name Spouse's Social Security No.* SSN(s). PART 1 – PURPOSE (If you are e-filing a Small Business Income Tax Return, also complete Form AZ-8879 SBI)*Do Not Truncate • 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. 88,920 00 1 Arizona Adjusted Gross Income ☐ Foreign Account Deposit/Debit: See instructions below. 2 Balance of Tax 2,514 00 ROUTING NUMBER 2,401 00 ☐ Checking ■ Savings 3 Arizona Income Tax Withheld... ACCOUNT NUMBER Check box 4 or box 5: 00 **4** ■ **REFUND**: Enter the amount of refund...... 113 00 DIRECT DEBIT REQUEST DATE DIRECT DEBIT PAYMENT AMOUNT 5 ★ AMOUNT YOU OWE: Enter the amount owed....... 00 Box 4 Checkbox - Refund: You are due a refund based on the information Foreign Account Deposit/Debit Checkbox: Check the "Foreign Account Deposit/Debit" box if your deposit will be ultimately placed in or come provided on your tax return. Your refund amount will be deposited in the account listed in the Financial Institution Information Section (Part 3). 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 Box 5 Checkbox - Amount You Owe: You owe taxes based on the information provided on your tax return. You have elected to direct debit 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. for payment. The payment will be withdrawn from the account and on the PO Box 29085, Phoenix, AZ 85038-9085. date listed in the Financial Institution Information Section (Part 3). PART 4 - DECLARATION AND SIGNATURE AUTHORIZATION (Sign only after completing Part 2) I consent to my Electronic Return Originator (ERO) or On-Line Service Under penalties of perjury, I declare that I have examined a copy of my Provider (OLSP) sending my electronic Arizona individual income tax electronic Arizona individual income tax return and accompanying schedules return and accompanying schedules and statements to ADOR, and I and statements for the year ending December 31, 2021, and to the best of consent to my ERO or OLSP sending such information to ADOR through a my knowledge and belief, it is true, correct, and complete. I further declare transmitter. I consent to ADOR sending my ERO, OLSP and/or transmitter that the amounts of Arizona adjusted gross income, total tax, Arizona income tax withheld, and refund (or amount owed) listed above are the an acknowledgement of receipt of transmission and an indication of whether or not the transmission of my return is accepted and, if the return amounts shown on the copy of my electronic Arizona income tax return. is rejected, the reason(s) for the rejection. If the processing of my return **6a** I consent that my refund be directly deposited as designated in the or refund is delayed, I authorize ADOR to disclose to my ERO, OLSP and/ electronic portion of my 2021 Arizona individual income tax return. or transmitter the reason(s) for the delay, or when the refund was sent. If I have filed a joint return, this is an irrevocable appointment of If ADOR contacts my ERO for a copy of my return, any documents or the other spouse as an agent to receive the refund. schedules to my return, and/or this authorization form. I authorize my ERO **6b** 🛛 I do not want direct deposit of my refund or I am not receiving a to release copies of the requested documents to ADOR. refund 6c I authorize the Arizona Department of Revenue (ADOR) and its designated Financial Agent to initiate an ACH electronic funds I authorize GLOBAL TAXES LLC withdrawal (direct debit) entry to the financial institution account (ELECTRONIC RETURN ORIGINATOR) indicated in the tax preparation software for payment of my Arizona taxes owed on this return. I also authorize the financial institutions to make the election that I want my electronic signature to my electronic involved in the processing of the electronic payment of taxes to federal individual income tax return to serve as my signature to my receive confidential information necessary to answer inquiries and electronic Arizona individual income tax return for the year ending December 31, 2021. I understand that when my ERO makes the election resolve issues related to the payment. that my electronic signature to my federal individual income tax return will If I have filed a balance due return, I understand that if the ADOR does not serve as my signature to my Arizona individual income tax return, I will receive full and timely payment of my tax liability by April 18, 2022, I will have signed my Arizona individual income tax return and declared under remain liable for the tax liability and all applicable interest and penalties. penalties of perjury that to the best of my knowledge and belief the return When electronically filing my federal and state tax returns, I understand is true, correct and complete. that if there is an error on my federal return, my state return will also be rejected. PLEASE SIGN HERE 03/12/2022 YOUR PEN AND INK SIGNATURE DATE

DATE

SPOUSE'S PEN AND INK SIGNATURE

÷													
THE RETURN			Arizona Form 140PY	Part-Year Resi	dent P	ersona	I Income	e T	ax Retur	n	FOR C	2021	
E R	Check box 82F if filing under extension OR FISCAL YEAR BEGINNING								1 , 1		66F		
	,		First Name and Middle Initial		Last	Name			E.J.	Y	our Soci	al Security Nu	mber
2	1	ANI	L KUMAR		KOT	Α			Enter		866 _l	12 04	13
			se's First Name and Middle Initia	al (if box 4 or 6 checked)	Last	Name			your	S	pouse's	Social Securit	y No.
	1								SSN(s).		I	
ANY ITEMS			nt Home Address - number and	street, rural route			Apt. No.		Dayti	me Ph	one (wit	h area code)	
A			35 N CAVE CREEK RD				339				336-		
	_	City, T	own or Post Office	State		ZIP Code		La	ast Names Used	l in Las	t Four Prid	or Year(s) (if diffe	
DO NOT STAPLE		PHO	ENIX	AZ		85024		┸					97
ST	STATUS	4	Married filing joint return	4a Injured Spouse	Protection	of Joint Ov	verpayment		_	ONLY. D	O NOT N	IARK IN THIS A	REA.
	ΞY	5	Head of household: Enter	name of qualifying child or d	ependent or	next line:		88	or .				
ž	9		_										
2	FILING	6	Married filing separate ret	urn: Enter spouse's name a	nd Social Se	ecurity Numb	ber above.						
	匝	7	Single										
			♦ Enter the number claime					-	₽M			RCVD	
	9	8	Age 65 or over (you and/o	r spouse) If completing lin				81	<u> </u>		801	RICOLD	
	'n	9 10a	Blind (you and/or spouse) Dependents: Under age or	f 17. 10b Der	a and antar	\ a	1 01/05						
	0a a				pendents. <i>I</i>	Age 17 and	i over.	_					
	ts 1	Blind (you and/or spouse) 10a Dependents: Under age of 17. 10b Dependents: Age 17 and over. 11a Qualifying parents and grandparents 12-13 Residency Status (check one): 12 Part-Year Resident Other than Active Military 12-13 Residency Status (check one): 12 Part-Year Resident Other than Active Military (Box 10a and 10b): Dependent Information. See instructions. For more space, check the box and complete part of the par									ent Active	e Military	
	(Box 10a and 10b): Dependent Information. See instructions. For more space, check the box and complete pa												
	ben		(a)	one information. Occ inst	(k		(c)		(d)		(e)	(f)	
	<u>۾</u>	FIRST AND LAST NAME SOCIAL SECURITY RELATIONSHIP NO. OF MONTHS Dependent included								endent Age luded in:	if you did no this person on	t claim	
	1 _a		(Do not list yourself	or spouse.)	NUM	IBER			HOME IN 2021	1 (Box 10	2 (Box 10	federal return of	due to
	pu	10c											
	6	10 d											
0 D	S 8		(Box 11a): Qualifying parents	and grandparents. See	instruction	s. For mo	re space, che	ck t	he box 🔲 and	d com	plete pag	je 4, Part 2.	
14(Exemptions 8, 9,		(a)	NT 114145	-	o)	(c)		(d)	V 15 A	(e)	(f)	
Ξ	emg		FIRST AND LAS (Do not list yourself		SOCIAL S	ECURITY IBER	RELATIONS	HIP	NO. OF MONTHS LIVED IN YOUR	1 1 (AGE 65 O	R ✓ IF DIED 2021) IN
P	ш	44.							HOME IN 2021		\neg		
er		11ь 11с									H	 	
att			Dates of Arizona residency: From [0,3,0,1,2,0,2,1	L to 1, 2	2 3,1 2	2,0,2,1,		2021 FEDE	RAL		2021 ARIZON	A
ıts			List other state(s) of residency: F					An	nount from Fede	ral Retu		Amount Only	
er		15	Wages, salaries, tips, etc					15	99,	596	00	88,920	00
ij		16	Interest					16			00		00
9		17	Dividends					17		7	00	(00
er		18	Arizona income tax refunds					18			00		00
Ě	Arizona Income	19	Business income (or loss) from								00		00
5	<u>n</u>	20	Gains (or losses) from federal							150			00
SS	ona	21	Rents, royalties, partnerships, esta						-9 ,	640			00
≝	Ariz	22	Other income reported on your					22	0.0	010	00		00
)ec		23	Total income: Add lines 15 through						89,	813		88,920	
SC		24	Other federal adjustments: Inc	lude your own schedule				24	0.0	813	00		00
\Z			Federal adjusted gross income									88,920) 00
وَ		26	Arizona gross income: Subtract Arizona income ratio: Divide								27	0.99	
ā		This	box may be blank or may contain a	printed barcode of data from	your return.				check the box. Se			0.33	OC
<u>ra</u>	Additions				滋料 III			_	btract line 28 from			88,920	
g	ddit				(4))))))	1			n Arizona gross ir		30	•	00
9	⋖	ı III Ş			77 Y	1			. Complete pag				00
ē	e 2		Magrach en de l'estre et l'		13 (X)	1			30 and 31		32	88 , 920	00
ng	n pag					33 AZ gain	/loss - line 20	33		0	00		
re	ıt. on					34 AZ Sho	ort-term gain/loss	34			00		
Place any required federal and AZ schedules or other documents after Form 140PY	- cor		STATION OF TRANSPORT RESERVABLES.	randa in a lean dar da lean lean da le	XXIV\$	1	ng-term gain/loss				00		
Se	- suc					1	gain (see instruct).				00		1.
ă	actic		NAMES OF THE PARTY	PANETATAN PANCHAR EDAD BANKA	/HXEANDER	1			25)				00
-	Subtractions - cont. on page 2					1			ified small busin			88,920	000
	0,					I 39 Subtra	ict lines 37 and	38 f	rom 32		39	00,321	J IUL

1555

Γ	Your Name (as shown on page 1)	Your Social Security Number	er							
	ANTI WIMAD WOMA	0.66 10 0412								
-	ANIL KUMAR KOTA	866-12-0413								
s je 1	40 Recalculated Arizona depreciation		00							
Subtractions cont. from page	41 Contributions to: 41a 529 College Savings Plans 00 41b 529A (ABLE accounts)	00 add 41a and 41b 410	00							
trac	42 Interest on U.S. obligations such as U.S. savings bonds and treasury bills	42	00							
Sub nt. f	43 U.S. Social Security or Railroad Retirement Act benefits included in your Arizona income	43	00							
8	44 Other Subtractions from Income. Complete Other Subtractions from Arizona Gross Income so	chedule on page 6 44								
	45 Subtract lines 40 through 44 from line 39. Enter the difference	45	88 , 920 00							
	46 Age 65 or over: Multiply the number in box 8 by \$2,100	46 0	0_							
Suc	47 Blind: Multiply the number in box 9 by \$1,500		0_							
Exemptions	48 Other Exemptions. See instructions48E Multiply the number in box 48E by \$2,300		0_							
xen	49 Qualifying parents and grandparents: Multiply the number in box 11a by \$10,000	49 0	0_							
ш	30 Add lines 40 tillough 49. Enter the total									
	51 Multiply line 50 by the Arizona income ratio on line 27		0 00							
	52 Arizona adjusted gross income: Subtract line 51 from line 45. If less than zero, enter "0"		88,920 00							
	53 Deductions: Check box and enter amount. See instructions53I ITEMIZED		12,550 00							
	54 If you checked box 53S and claim charitable contributions check 54C Complete page 3. See in									
	55 Arizona taxable income: Subtract lines 53 and 54 from line 52. If less than zero, enter "0"									
of Tax	56a Compute the tax using amount from line 55 and Tax Tables X and Y									
e of	56b If line 55 is \$250,001 or more (single/mfs) or \$500,001 or more (mfj/hoh) compute the tax surc									
Balance	57 Tax from recapture of credits from Arizona Form 301, Part 2, line 30									
Bal	58 Subtotal of tax: Add lines 56a, 56b and 57. Enter the total		2,514 00							
	59 Dependent Tax Credit. See instructions.		00							
	60 Family income tax credit (from the worksheet - see instructions)		00							
	61 Nonrefundable credits from Arizona Form 301, Part 2, line 61									
and	62 Balance of tax: Subtract lines 59, 60 and 61 from line 58. If the sum of lines 59, 60 and 61 is more than		2,401 00							
Total Payments and Refundable Credits	63 2021 AZ income tax withheld									
ayme	64 2021 AZ estimated tax payments64a 00 Claim of Right 64b									
al Pa	65 2021 AZ extension payment (Form 204)		00							
Z &			00							
Tax Due or Overpayment	68 Total payments and refundable credits: Add lines 63 through 67. Enter the total		113 00							
c Du	70 OVERPAYMENT: If line 68 is larger than line 62, subtract line 62 from line 68. Enter amount of overpay		00							
O a	71 Amount of line 70 to be applied to 2022 estimated tax									
"										
Gifts	Solutions Teams	74 00	100							
ary	Child Abuse Prevention									
Voluntary G	Neighbors Helping Neighbors78 00 Special Olympics79 00 Veterans' Donation									
9	Sustainable State Parks and Road Fund81 00 Spay/Neuter of An									
_	84 Political Party (if amount is entered on line 77- check only one): 841 Democratic 842 II ibertarian									
Penalty	85 Estimated payment penalty		00							
Pe	86 861 Annualized/Other 862 Farmer or Fisherman 863 Form 221 included									
	87 Add lines 73 through 83 and 85; enter the total	87	00							
Refund or Amount Owed	88 REFUND: Subtract line 87 from line 72. If less than zero, enter amount owed on line 89		00							
m q	Direct Deposit of Refund: Check box 88A if your deposit will be ultimately placed in a foreign account;	see instructions. 88A								
Ref	C Checking or ROUTING NUMBER ACCOUNT NUMBER									
⋖			112 00							
	89 AMOUNT OWED: Add lines 69 and 87. Make check payable to Arizona Department of Revenue; write		113 00							
器	Under penalties of perjury, I declare that I have read this return and any documents with it, and true, correct and complete. Declaration of preparer (other than taxpayer) is based on all information of which	preparer has any knowledge	edge and belief, they are							
뿌	→ Anil 03/12/2022	SOFTWARE ENGINE	EER							
Z	YOUR SIGNATURE DATE	OCCUPATION								
SIGN HERE	SPOUSE'S SIGNATURE DATE	SPOUSE'S OCCUPATION								
S	SYAM PRIYA RAM SAGAR GUPTA TALLAM 03122022 GLOBAL TAXES :									
SE	PAID PREPARER'S SIGNATURE DATE FIRM'S NAME (PREPARER'S 2530 Pebble Creek Ln	SIF SELF-EMPLOYED) 30-1017196								
PLEASE	PAID PREPARER'S STREET ADDRESS	PAID PREPARER'S TIN								
7	Cumming GA 30041 (678) 965-9522									

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).

Arizona Form AZ-140V

Arizona Individual Income Tax Payment Voucher for Electronic Filing

EPV 2021

Your First Name and Middle Initial		Last Name		_		Social Secu	ırity Number
1 ANIL KUMAR		KOTA				66 12	0413
Spouse's First Name and Middle Initia	al	Last Name		you	Spou	se's Social	Security No.
1				SS	N(s).	I	I
Current Home Address - number and	street, rural route		Apt. No.	Da	aytime Phone	(with area	code)
2 19635 N CAVE CREEK RI)		339	94	(903)33	6-1043	
City, Town or Post Office	State	ZIP Code			ISE ONLY. DO N	IOT MARK II	N THIS AREA.
3 PHOENIX	AZ	85024		88			
☐ Married filing joint return☐ Head of household: Enter nam	e of qualifying child or depe						
☐ Married filing separate return☒ Single	. Enter spouse's name and	Social Security Nur	nber above.	81 PM		80 RCV	D
Enter the amount of payment	enclosed				\$		113 00

If you are mailing this payment

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

- Do **not** send cash.
- ✓ Make your check or money order payable to Arizona Department of Revenue.
- ✓ Write your SSN, "2021 Tax" and 140 on your payment.
- ✓ Include your payment with this form.
- ✓ **Mail to** Arizona Department of Revenue, PO Box 29085, Phoenix, AZ 85038-9085.

If you are making an electronic payment

You can make this 140V payment by eCheck or credit card! American Express ♦ Visa ♦ Discover Card ♦ MasterCard www.AZTaxes.gov

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

NOTE: To avoid interest and penalties you must pay the full amount of your tax by April 18, 2022. You will not receive an additional notice from the Arizona Department of Revenue unless an error exists with your return.

ADOR 10944 (21) 1555 REV 02/19/22 PRO

THE FORM.		Arizona Form 140ES	Individual Esti	mated Inco	ome Tax	Payment	FOR CALENDAR YEAR 2022	
뿓	Т	his estimated payment is for t	ax year ending Decemb	er 31, 2022, d	or for tax ye	ear ending:	_ , , 2,0, , ,	
10		Your First Name and Middle Initial		Last Name		Enter	Your Social Security Number	
MS	_	ANIL KUMAR		KOTA		your	866 12 0413	
ANY ITEMS	1	Spouse's First Name and Middle Initia		Last Name		SSN(s).	Spouse's Social Security No.	
		Current Home Address - number and	street, rural route		Apt. No.		Phone (with area code)	
F		19635 N CAVE CREEK RD			339		3)336-1043	
STA		City, Town or Post Office PHOENIX	State AZ	ZIP Code 85024		88	Y. DO NOT MARK IN THIS AREA.	
DO NOT STAPLE	STO	 Check if this payment is on be DO NOT USE THIS FORM Use this form only for mailin Payment: You must round your of	ΓΟ MAKE DELINQUENT I g estimated payments.	NCOME TAX F	PAYMENTS.	81 PM	80 RCVD	
	ı	Enter the amount of payment en	closed	\$	29 00			
2 Check only one box for the quarter for which this payment is made. Do not select more than one quarter. You must submit a separate form for each quarter for which a payment is made. Payment for calendar year filers are due as follows: St Quarter - January to March Due date is April 15, 2022. Because April 15, 2022 is a federal holiday, you have until April 18, 2022 to make this payment.								
	-	2nd Quarter – April to June			.,			
	}	3rd Quarter – July to Septemb	<u>`</u>	15 2022				
	-	4th Quarter – October to Dece Because January 15, 2023 falls on	mber Due date is January	15, 2023.	re until January	17, 2023 to make this p	ayment.	
	ļ	Payment for fiscal year filers are	e due as follows:					
		1st Quarter – 15th day of the f	ourth month of the current fis	scal year.				
		2nd Quarter – 15th day of the	sixth month of the current fisc	cal year.				
		3rd Quarter – 15th day of the	ninth month of the current fisc	cal year.				
		4th Quarter – 15th day of the f	irst month of the next fiscal y	ear.				
			due dates fall on a Satu ent for that quarter by m payment:					
		To ensure proper applic	cation of this payment,	be sure that yo	ou:			
			ubmit this form in its enti	•		in half.		
			k or money order payable					
			, "Tax Year 2022" and "14					
		✓ If payment is m	nade on behalf of a Nonre " and the entity's EIN on y	sident Compo		1, write "Composit	re 140NR",	
			yment with this form.	, , , , , , , , , , , ,				
			Department of Revenue, F	PO Box 29085,	Phoenix, AZ	85038-9085.		
		Be sure to review your est					ar.	
		If you are making an el	ectronic payment					
			make this estimated merican Express ♦ Visa www./		Card ♦ Mas			
		l C	ick on "Make a Payment" :	and select "140	NES" as the	Payment Tyne		

THE FORM.	Arizona Form 140ES Individual Estimated Income Tax I			Payment	FOR CALENDAR YEAR 2022				
뿓	Т	Γhis estimated payment is for ta	ax year ending Decemb	er 31, 2022, d	or for tax ye	ear ending:			
10		Your First Name and Middle Initial		Last Name		Entor	Your Social Security Number		
MS		ANIL KUMAR		KOTA		Enter your	866 12 0413		
ANY ITEMS	1	Spouse's First Name and Middle Initia	I (if filing joint)	Last Name		SSN(s).	Spouse's Social Security No.		
	(Current Home Address - number and	street, rural route		Apt. No.		Phone (with area code)		
닞		19635 N CAVE CREEK RD			339		3)336-1043		
STA		City, Town or Post Office PHOENIX	State AZ	ZIP Code 85024		REVENUE USE ONL'	Y. DO NOT MARK IN THIS AREA.		
DO NOT STAPLE		Payment: You must round your e	TO MAKE DELINQUENT I g estimated payments. estimated payment to a wh	NCOME TAX F	PAYMENTS.	81 PM	80 RCVD		
		Enter the amount of payment en	closed	>	29 00				
		Check only one box for the quarter for which this payment is made. Do not select more than one quarter. You must submit a separate form for each quarter for which a payment is made. Payment for calendar year filers are due as follows: 1st Quarter – January to March Due date is April 15, 2022. Because April 15, 2022 is a federal holiday, you have until April 18, 2022 to make this payment.							
2nd Quarter – April to June Due date is June 15, 2022 .									
		3rd Quarter – July to Septemb	·	15. 2022.					
		4th Quarter – October to Dece	4th Quarter – October to December Due date is January 15, 2023. Because January 15, 2023 falls on a Sunday and January 16, 2023 is a holiday, you have until January 17, 2023 to make this payment.						
		Payment for fiscal year filers are	due as follows:						
		1st Quarter – 15th day of the f	ourth month of the current fis	scal year.					
		2nd Quarter – 15th day of the	sixth month of the current fisc	cal year.					
		3rd Quarter – 15th day of the r	ninth month of the current fisc	cal year.					
		4th Quarter – 15th day of the f	irst month of the next fiscal y	ear.					
	If any of the due dates fall on a Saturday, Sunday, or legal holiday, you may make the required payment for that quarter by midnight on the next business day following that day. If you are mailing this payment:								
		To ensure proper applic	ation of this payment,	be sure that yo	ou:				
To ensure proper application of this payment, be sure that you: Complete and submit this form in its entirety. Do not cut this page in half.									
✓ Make your check or money order payable to Arizona Department of Revenue.									
✓ Write your SSN, "Tax Year 2022" and "140ES" on your payment.									
✓ Write your 93N, Tax Teal 2022 and Trocks on your payment. ✓ If payment is made on behalf of a Nonresident Composite return , write "Composite 140Nl "Tax Year 2022" and the entity's EIN on your payment. ✓ Include your payment with this form.							e 140NR",		
 Mail to Arizona Department of Revenue, PO Box 29085, Phoenix, AZ 85038 Be sure to review your estimated income and adjust your payments as necessary du 						85038-9085.			
							ır.		
		If you are making an el	If you are making an electronic payment						
			make this estimated merican Express ♦ Visa		Card ♦ Mas				
			ck on "Make a Payment":	_		Payment Tyne			

Arizona Form 140ES Individual Estimated In This estimated payment is for tax year ending December 31, 202			mated Inco	ome Tax	FOR CALENDAR YEAR 2022										
뿓	Т	his estimated payment is for t	ax year ending Decemb	er 31, 2022, d	or for tax ye	ear ending:									
2		Your First Name and Middle Initial		Last Name	_	Entor	Your Social Security Number								
MS	_	ANIL KUMAR		KOTA		Enter your	866 12 0413								
ANY ITEMS	1	Spouse's First Name and Middle Initia	I (if filing joint)	Last Name		SSN(s).	Spouse's Social Security No.								
		Current Home Address - number and	street, rural route		Apt. No.		Phone (with area code)								
닐	-	19635 N CAVE CREEK RD			339		3)336-1043								
STA		City, Town or Post Office PHOENIX	State AZ	ZIP Code 85024		REVENUE USE ONL'	Y. DO NOT MARK IN THIS AREA.								
DO NOT STAPLE		Payment: You must round your e	TO MAKE DELINQUENT I g estimated payments. estimated payment to a wh	NCOME TAX F	PAYMENTS.	81 PM	80 RCVD								
		Enter the amount of payment en	closed	5	29 00										
		Check only one box for the quarter for which this payment is made. Do not select more than one quarter. You must submit a separate form for each quarter for which a payment is made. Payment for calendar year filers are due as follows: 1st Quarter – January to March Due date is April 15, 2022. Because April 15, 2022 is a federal holiday, you have until April 18, 2022 to make this payment.													
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☐ 2nd Quarter – April to Sune Bue date is Sune 15, 2022.															
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		1st Quarter – 15th day of the f	ourth month of the current fis	scal year.											
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		3rd Quarter – 15th day of the I	ninth month of the current fisc	cal year.											
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		To ensure proper applic													
 ✓ Complete and submit this form in its entirety. Do not cut this page in half. ✓ Make your check or money order payable to Arizona Department of Revenue. ✓ Write your SSN, "Tax Year 2022" and "140ES" on your payment. 															
								 ✓ If payment is made on behalf of a Nonresident Composite return, write "Composite "Tax Year 2022" and the entity's EIN on your payment. ✓ Include your payment with this form. 							e 140NK,
Mail to Arizona Department of Revenue, PO Box 29085, Phoenix, AZ 85038-90															
		Be sure to review your est	imated income and adjust	t your payment	ts as necess	ary during the yea	ar.								
		If you are making an el	ectronic payment												
			make this estimated merican Express ♦ Visa www./		Card ♦ Mas										
		, CI	ick on "Make a Payment" :	_		Payment Tyne									

THE FORM.		140ES Individual Estimated Income Tax Paymer			Payment	FOR CALENDAR YEAR 2022									
뿓	Т	This estimated payment is for ta	ax year ending Decemb	er 31, 2022, d	or for tax ye	ear ending:									
2		Your First Name and Middle Initial		Last Name	_	Entor	Your Social Security Number								
MS	_	ANIL KUMAR		KOTA		Enter your	866 12 0413								
ANY ITEMS	1	Spouse's First Name and Middle Initia	l (if filing joint)	Last Name		SSN(s).	Spouse's Social Security No.								
		Current Home Address - number and	street, rural route		Apt. No.		Phone (with area code)								
7	-	19635 N CAVE CREEK RD			339		3)336-1043								
STAI		City, Town or Post Office PHOENIX	State AZ	ZIP Code 85024		REVENUE USE ONL'	Y. DO NOT MARK IN THIS AREA.								
DO NOT STAPLE		Payment: You must round your e	O MAKE DELINQUENT I g estimated payments. estimated payment to a wh	NCOME TAX P	AYMENTS.	81 PM	80 RCVD								
		Enter the amount of payment en	closed	>	29 00										
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To ensure proper application of this payment, be sure that you: ✓ Complete and submit this form in its entirety. Do not cut this page in half. ✓ Make your check or money order payable to Arizona Department of Revenue. ✓ Write your SSN, "Tax Year 2022" and "140ES" on your payment. ✓ If payment is made on behalf of a Norresident Composite return, write "Composite 140NE".															
								 ✓ If payment is made on behalf of a Nonresident Composite return, write "Composite "Tax Year 2022" and the entity's EIN on your payment. ✓ Include your payment with this form. 							e 140NK,
								Mail to Arizona Department of Revenue, PO Box 29085, Phoenix, AZ 85038-90							
		Be sure to review your est	imated income and adjust	t your payment	s as necess	ary during the yea	ar.								
		If you are making an ele	ectronic payment												
			make this estimated merican Express ♦ Visa www./		Card ♦ Mas										
		l . Cli	ck on "Make a Payment" :	_		Payment Tyne									