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

	5.130 00.1100						
Submissi	on Identification Number (SID)						
Taxpayer's i	name	Social secur	ity numb	er			
VENKA	I REDDY GODUMAGADDA	079-49-3870					
Spouse's na		Spouse's social security number					
Dort I	Tax Return Information — Tax Year Ending December 31, 2021 (Er	tor voor vou	aro out	horizina	<u> </u>		
Part I	ple dollars only on lines 1 through 5.	nter year you	are au	monzing	.)		
	rm 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.						
	djusted gross income		11	68	3,819.		
	otal tax		2		3,063.		
	ederal income tax withheld from Form(s) W-2 and Form(s) 1099		3),224.		
	mount you want refunded to you		4		3,561.		
	mount you owe		5		7,301.		
Part II	Taxpayer Declaration and Signature Authorization (Be sure you get an		y of y	our retu	ırn)		
my knowle return (orig to send my for any del Agent to ir payment o authorizati payment, business o taxes to re personal id	alties of perjury, I declare that I have examined a copy of the income tax return (original or amended and belief, it is true, correct, and complete. I further declare that the amounts in Part I againal or amended) I am now authorizing. I consent to allow my intermediate service provider, trar by return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for lay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the hitiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account of my federal taxes owed on this return and/or a payment of estimated tax, and the financial instition is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to termi I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation days prior to the payment (settlement) date. I also authorize the financial institutions involved in eccive confidential information necessary to answer inquiries and resolve issues related to the dentification number (PIN) below is my signature for the income tax return (original or amended)	bove are the amenimister, or electron of the rejection of the eU.S. Treasury a indicated in the tution to debit the nate the authorize requests must be the processing one payment. If under the authorizer is the processing the payment.	nounts fronic reterransmise and its contact prepare entry to the received from the electric received the rece	rom the in curn original esion, (b) to designated paration so to this acc or evoke ved no late ectronic parknowledge	ncome tax ator (ERO) he reason I Financial oftware for ount. This (cancel) a ter than 2 ayment of e that the		
	Funds Withdrawal Consent. r's PIN: check one box only				I		
	I authorize GLOBAL TAXES LLC to enter or general	oto my DINI	3 8	3 7 0	ac my		
_	ERO firm name signature on the income tax return (original or amended) I am now authorizing.	E		digits, but r all zeros	as my		
	I will enter my PIN as my signature on the income tax return (original or amended) I are if you are entering your own PIN and your return is filed using the Practitioner PIN mobelow.						
Your sign	Date ▶	01/25/20	22				
Spouse's	s PIN: check one box only	_			1		
-	I authorize to enter or genera	ate my PIN			as my		
	ERO firm name	,	nter five	digits, but	a.cy		
	signature on the income tax return (original or amended) I am now authorizing.	de	on't ente	r all zeros			
_ i	I will enter my PIN as my signature on the income tax return (original or amended) I ar if you are entering your own PIN and your return is filed using the Practitioner PIN m below.						
Spouse's	signature ▶ Date ▶	•					
	Practitioner PIN Method Returns Only—continue bel	ow					
Part III	Certification and Authentication — Practitioner PIN Method Only						
ERO's EF	FIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN.	8 7 2 7 Don't en	8 6 ter all ze		3 9		
authorized	at the above numeric entry is my PIN, which is my signature for the electronic individual incoming to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am sunts of the Practitioner PIN method and Pub. 1345 , Handbook for Authorized IRS e-file Providers	ubmitting this ret	urn in a	accordance			
ERO's sig	gnature ▶ Date ▶	<u>•</u>					
	ERO Must Retain This Form — See Instructions	3					
	Don't Submit This Form to the IRS Unless Requested T						

£1040

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

2021

OMB No. 1545-007

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

Filing Status Check only one box.	If yo	Single Married filing jointly [bu checked the MFS box, enter the reson is a child but not your depender	— name of	ied filing separately your spouse. If you	,	_		` ,	_	, ,	. , . ,
Your first name	and m	iddle initial	Last na	ame					Your so	cial securi	ity number
VENKAT I	REDD	Y	GOD	UMAGADDA					079-4	49-387	0
If joint return, s	pouse's	s first name and middle initial	Last na	ame					Spouse's	s social se	curity number
	•	er and street). If you have a P.O. box, see	e instruct	ions.				Apt. no.	•		ion Campaigr
17030 N					1 -			2048		ere if you if filing ioir	, or your ntly, want \$3
SCOTTSD		ce. If you have a foreign address, also co	omplete :	spaces below.	Sta A.			code 5254	to go to	0,	Checking a
Foreign country name				Foreign province/stat	e/coun	ty	Fore	Foreign postal code your tax or ref			l. Spouse
At any time du	ring 20	021, did you receive, sell, exchange	, or oth	erwise dispose of a	ıny fina	ancial interes	st in an	y virtual curre	ncy?	Yes	⊠ No
Standard Deduction		neone can claim:	•				nt				
Age/Blindness	You	: Were born before January 2, 1	1957	Are blind S	pouse	: Was b	oorn be	efore January 2	2, 1957	☐ Is b	lind
Dependent	s (see	instructions):		(2) Social secu	rity	(3) Relation	nship	(4) 🗸 if q	ualifies for	(see instru	uctions):
If more	(1) F	irst name Last name		number		to you	ı	Child tax c	redit	Credit for of	ther dependents
than four											
dependents, see instruction	e										
and check	·										
here ▶ 🗌											
	1	Wages, salaries, tips, etc. Attach	Form(s)	W-2					. 1		75,689.
Attach	2a	Tax-exempt interest	2a		b T	axable inter	est		. 2b		
Sch. B if required.	3a	Qualified dividends	3a		b C	Ordinary divid	dends		. 3b		
required.	4a	IRA distributions	4a		b T	axable amo	unt .		. 4b		
	5a	Pensions and annuities	5a		b T	axable amo	unt .		. 5b		
Standard	6a	Social security benefits	6a		b T	axable amo	unt .		. 6b		
Deduction for—	7	Capital gain or (loss). Attach Sche	dule D	if required. If not re	quired	, check here		▶ [_ 7		
 Single or Married filing 	8	Other income from Schedule 1, lir	ne 10						. 8		-6,870.
separately, \$12,550	4a IRA distributions 4a b Taxable amount	68,819.									
Married filing	10	Adjustments to income from Sche	edule 1,	line 26					. 10		75,689. -6,870. 68,819.
jointly or Qualifying	11	Subtract line 10 from line 9. This i	s your a	djusted gross inc	ome				▶ 11		68,819.
widow(er), \$25,100	12a	Standard deduction or itemized	-	-			12a	12,55	0.		
Head of	b	Charitable contributions if you take		•		ructions)	12b	30	0.		
household, \$18,800	С	Add lines 12a and 12b							. 120	;	12,850.
If you checked	13	Qualified business income deduct	tion fror	n Form 8995 or Foi	m 899	95-A			. 13		
any box under Standard	14	Add lines 12c and 13							. 14		12,850.
Deduction,	15	Taxable income. Subtract line 14	from li	ne 11. If zero or les	s, ente	er -0			. 15		55,969.

Form 1040 (2021	1)										Page 2
	16	Tax (see instructions). Check	if any from Form	(s): 1 881	4 2 🗌 4972	3 🗌			16	8,	,063.
	17	Amount from Schedule 2, lir	ne 3				 .		17		
	18	Add lines 16 and 17							18	8,	,063.
	19	Nonrefundable child tax cre-	dit or credit for o	ther depender	nts from Schedule	e 8812 .			19		
	20	Amount from Schedule 3, lir	ne 8						20		
	21	Add lines 19 and 20							21		
	22	Subtract line 21 from line 18	. If zero or less,	enter -0					22	8,	,063.
	23	Other taxes, including self-e	mployment tax,	from Schedule	e 2, line 21 .				23		0.
	24	Add lines 22 and 23. This is	your total tax					•	24	8,	,063.
	25	Federal income tax withheld	from:								
	а	Form(s) W-2				25a	10,2	24.			
	b	Form(s) 1099				25b					
	С	Other forms (see instruction	s)			25c					
	d	Add lines 25a through 25c	,						25d	10,	,224.
	26	2021 estimated tax paymen							26	·	
If you have a qualifying child,	27a	Earned income credit (EIC)				27a					
attach Sch. EIC.		Check here if you were I									
		January 2, 2004, and you taxpayers who are at least a	u satisfy all the	e other requi	rements for						
	b	Nontaxable combat pay elec	ction	. 27b							
	С	Prior year (2019) earned inco	ome	. 27c							
	28	Refundable child tax credit or	additional child	tax credit from	Schedule 8812	28					
	29	American opportunity credit from Form 8863, line 8									
	30	Recovery rebate credit. See	instructions .			30	1,4	00.			
	31	Amount from Schedule 3, line 15									
	32	Add lines 27a and 28 through 31. These are your total other payments and refundable credits							32	1,	,400.
	33	Add lines 25d, 26, and 32. These are your total payments							33	11,	,624.
Refund	34	If line 33 is more than line 24	1, subtract line 2	4 from line 33.	This is the amou	nt you over	paid .		34	3,	,561.
Herana	35a	Amount of line 34 you want	refunded to you	ı. If Form 8888	is attached, che	ck here .	▶		35a	3,	,561.
Direct deposit?	▶b	Routing number 0 1 1	9 0 0 2	5 4	▶ c Type: 🛛	Checking	☐ Sav	ings			
See instructions.	►d	Account number 3 8 5	0 2 1 7	8 7 2 8	3 9						
	36	Amount of line 34 you want	applied to your	2022 estimate	ed tax ►	36					
Amount	37	Amount you owe. Subtract	line 33 from line	24. For details	s on how to pay,	see instruct	ions .	•	37		
You Owe	38	Estimated tax penalty (see in	nstructions) .		🕨	38					
Third Party Designee	<u> </u>									× No	
3	Des	signee's		Phone Personal id				identifi	cation _r		
	nar	me ▶		no. ▶			number (PIN)			
Sign		der penalties of perjury, I declare t									
Here		ief, they are true, correct, and com	ipiete. Declaration o			ased on all int	ormation o			•	•
	You	ur signature		Date	Your occupation			1		it you an Ider N, enter it he	•
Joint return?		10.2		01/25/2022	 SOFTWARE	ENGINEE	7		nst.) ▶ [1, Chief it fie	
See instructions.	Spo	ouse's signature. If a joint return, I	both must sign.	Date	Spouse's occupat			If the	IRS sen	t your spous	e an
Keep a copy for		,	J		·			1		ction PIN, er	nter it here
your records.								(see ii	nst.) 🖊	<u> </u>	
		one no. (475)239-078		Email address	REDDYVENK						
Paid	Pre	eparer's name	Preparer's signat	ure		Date		IN		Check if:	
Preparer	_VE	NKATASAI PAVAN KUN	AR DUDIPA	LLI VENKA	TASAI PAVA	N KUMAR	DUÞII	PALL	I 01	/1 <u>2.4</u> \$\(\frac{12.4}{2.0}\)	<u>2</u> 12001 <u>2</u> 00247
Use Only		m's name ► GLOBAL TA						Phon	e no. (678)965	-9522_
	Firr	m's address ► 2530 Pebb	le Creek L	n Cummin	g GA 30041			Firm's	EIN ▶	30-10	17196
Go to www.irs.go	ov/Forn	n1040 for instructions and the late	st information.		BAA	REV 01/17/22	PRO			Form 10	040 (2021)

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
VENKAT REDDY GODUMAGADDA

Your social security number
079-49-3870

Par	Additional income				
1	Taxable refunds, credits, or offsets of state and local income taxes	s.		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, tre Schedule E			5	-6,870.
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) .	8р			
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	-6,870.

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	24 g		
h	,	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 there and on Form 1040 or 1040-SR, line 10, or Form 1040-NR, line			

SCHEDULE E (Form 1040)

Department of the Treasury

Internal Revenue Service (99)

Supplemental Income and Loss

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

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

Attachment Sequence No. 13

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

OMB No. 1545-0074

Your social security number Name(s) shown on return 079-49-3870 VENKAT REDDY GODUMAGADDA Income or Loss From Rental Real Estate and Royalties Note: If you are in the business of renting personal property, use Part I Schedule C. See instructions. If you are an individual, report farm rental income or loss from Form 4835 on page 2, line 40. A Did you make any payments in 2021 that would require you to file Form(s) 1099? See instructions Physical address of each property (street, city, state, ZIP code) Α HAYATHANAGAR HYDERABAD TELANGANA IN 501505 В C 1b Fair Rental **Personal Use** Type of Property For each rental real estate property listed QJV above, report the number of fair rental and (from list below) **Days Days** personal use days. Check the **QJV** box only if you meet the requirements to file as a 365 0 Α Α qualified joint venture. See instructions. В В С С Type of Property: Single Family Residence 3 Vacation/Short-Term Rental 5 Land 7 Self-Rental 2 Multi-Family Residence 4 Commercial 6 Royalties 8 Other (describe) Income: **Properties:** Α 3 Rents received . 3 450. 4 Royalties received 4 Expenses: Advertising 5 5 6 Auto and travel (see instructions) . . . 6 7 Cleaning and maintenance . . . 7 1,130. 8 8 Commissions. 9 9 Insurance 10 Legal and other professional fees . . . 10 11 11 900. 12 Mortgage interest paid to banks, etc. (see instructions) 12 13 13 Other interest. 14 Repairs. 14 1,870. 15 1,480. 15 Supplies . Taxes 16 16 17 17 1,940. 18 Depreciation expense or depletion . . . 18 19 19 Total expenses. Add lines 5 through 19 20 20 7,320. 21 Subtract line 20 from line 3 (rents) and/or 4 (royalties). If result is a (loss), see instructions to find out if you must file Form 6198 21 -6,870. 22 Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions) 6,870.) 450 23a Total of all amounts reported on line 3 for all rental properties 23a **b** Total of all amounts reported on line 4 for all royalty properties 23b 23c **c** Total of all amounts reported on line 12 for all properties d Total of all amounts reported on line 18 for all properties 23d 23e Total of all amounts reported on line 20 for all properties 7,320. Income. Add positive amounts shown on line 21. Do not include any losses 24 24 25 Losses. Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here. 25 6,870. 26 Total rental real estate and royalty income or (loss). Combine lines 24 and 25. Enter the result here. If Parts II, III, IV, and line 40 on page 2 do not apply to you, also enter this amount on Schedule 1 (Form 1040), line 5. Otherwise, include this amount in the total on line 41 on page 2 26 -6,870.

E-file Signature Authorization (Arizona Forms 140, 140A, 140EZ, 140NR and 140PY)

2021

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** VENKAT REDDY GODUMAGADDA 079 49 ı 3870 vour Your Spouse's First Name and Initial (if filed joint) Last Name Spouse's Social Security No.* SSN(s). *Do Not Truncate PART 1 - PURPOSE (If you are e-filing a Small Business Income Tax Return, also complete Form AZ-8879 SBI) • 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. 68,819 00 1 Arizona Adjusted Gross Income ☐ Foreign Account Deposit/Debit: See instructions below. 2 Balance of Tax 1,673 00 ROUTING NUMBER 2,044 00 ■ Checking
 □ Savings 0 | 1 | 1 | 9 | 0 | 0 | 2 | 5 | 4 | 3 Arizona Income Tax Withheld... ACCOUNT NUMBER Check box 4 or box 5: 3 8 5 0 2 1 7 8 7 2 8 9 371 00 **4 REFUND**: Enter the amount of refund..... DIRECT DEBIT REQUEST DATE DIRECT DEBIT PAYMENT AMOUNT 5 ☐ AMOUNT YOU OWE: Enter the amount owed....... ไดด 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 X 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** \prod 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 I authorize GLOBAL TAXES LLC designated Financial Agent to initiate an ACH electronic funds 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 01/25/2022 YOUR PEN AND INK SIGNATURE DATE

DATE

SPOUSE'S PEN AND INK SIGNATURE

URN.			Arizona Form 140	Resident Personal Income Tax Return				FOR CALENDAR YEAR 2021			
Ā	82F		Check box 82F f filing under extension	OR FISCAL YEAR BEGINNI	NG I I I	12,0,2,1	AND ENDING				
뿌			First Name and Middle Initial		Last Name				Social Security Number		
TO THE	1		NKAT REDDY		GODUMAGAD	DA	Enter your	079	9 49 3870		
TEMS TO	1	Spous	se's First Name and Middle Initi	al (if box 4 or 6 checked)	Last Name		SSN(s	Spous	e's Social Security No.		
Ξ	_	Curre	nt Home Address - number and	street, rural route		Apt. No.	Daytin	ne Phone (with area code)		
ANY	2		030 N 49TH ST	_		2048		175)239			
A	$\overline{}$		Town or Post Office OTTSDALE	State	ZIP Code	!	Last Names Used	in Last Four	Prior Year(s) (if different)		
DO NOT STAPLE	3 တ		_	AZ	85254		REVENUE USE ON	NI Y DO NO	97 T MARK IN THIS AREA.		
Σ	STATUS	4	Married filing joint return Head of household Enter	4a Injured Spouse Prof		verpayment	88	12 50	T III/ACC IIC TITIO /ACC/C		
_	ST/	5	Head of nousehold. Enter	name of qualifying child or deper	ident on next line:						
2	FILING	6	Married filing separate ret	:urn. Enter spouse's name and S	ocial Security Num	ber above.					
20	분	7		'	,						
				ed. Do not put a check mark	C.						
	٥	8	Age 65 or over (you and/o		, 9, and 11a, also coi 10a and 10b, also co		81 PM		80 RCVD		
	d 10	9	Blind (you and/or spouse))		,	811		80 1.045		
	aan	10a 11a	Dependents: Under age of Qualifying parents and gr		dents: Age 17 and	d over.					
	s 10g	114	(Box 10a and 10b): Depende		ons. For more s	pace, check t	he box □ and co	omplete pa	age 4. Part 1.		
	dents		(a)		(b)	(c)	(d)	(e) Dependent A	(f)		
	and 11a - Dependents 10a and 10b		FIRST AND LAS (Do not list yourself		CIAL SECURITY NO.	RELATIONSHI	LIVED IN YOUR	included in	this person on your		
	- De		, , ,	, ,			HOME IN 2021	1 Box 10a) (Box	educational credits		
	11a	10c									
		10d						井井	<u> </u>		
	8, 9,	10e	·								
Ö.	ons		(Box 11a): Qualifying parents (a)	eck the box and complete page 4, Part 2.							
nts after Form 140	Exemptions		FIRST AND LAS		(b) CIAL SECURITY NO.	(c) RELATIONSHII			OR		
orn	Exe		(Do not list yourself	or spouse.)			HOME IN 2021	OVER	2021		
ř		11b						П			
Ħ		11c									
ıts		12	Federal adjusted gross incom	ne (from your federal return)			12	68,819 00		
_			Small Business Income: 13S cl						00		
E C III	dditions		Modified federal adjusted gross					I	68,819 00		
ဗ	ddit		Non-Arizona municipal interest Partnership Income adjustment						00		
her	⋖		Total federal depreciation					I	00		
ij			Other Additions to Income: Co					00			
S O			Subtotal: Add lines 14 through 1						68,819 00		
E E			Total net capital gain or (loss).				l l	00			
eq			Total net short-term capital gair Total net long-term capital gain					00			
SC			Net long-term capital gain from					0 00			
AZ		24	Multiply line 23 by 25% (.25) ar	nd enter the result				24	0 00		
nd		This I	box may be blank or may contain a	printed barcode of data from your	return. 11 ■ 1111 25 Net c	apital gain - qual	lified small business	25	00		
<u></u>	Subtractions			DE DE DE DE ROTTO PARTET	26 Reca		depreciation		00		
er:	iract				27 Partn	•	djustment		00		
tec	Sub				28 Intere		ationstate or local govt. pens		00		
èd			([0, 7]		29b Exclu		ainer pay uniform serv		00		
≣				L SOL TO ENCLOSE LA CONTROL DE CO	30 U.S.		or Railroad Retiremen		00		
ē				printed barcode of data from your	31 Certa	in wages of Ame	erican Indians	31	00		
any					32 Pay re		an active service mem	I	00		
Place any required federal and AZ schedules or other docume			PERMANANTI ILIMA KANANDERA BANAS PILAB E SUALLISA.	renavilras beradiraktiraktirakturungan (b. 1818-1818)	I		justment		00		
P B					1	ibutions: 34 a 529		00	00		
_					1 34b 52	9A (ABLE)	00 add 34a an	iu 340. 34 0	100		

	Your	Name (as shown on page 1)	Your Social Security N	umber					
	VEI	NKAT REDDY GODUMAGADDA	079-49-3870	70					
	35	Subtract lines 24 through 34c from line 19	I	25	68,819 0				
	36	Other Subtractions from Income. Complete Other Subtraction from Arizona Gross Income s			00,010 00				
	37				68,819 00				
Exemptions		Subtract line 36 from line 35. Enter the difference			00,010 00				
jpti	38	Age 65 or over: Multiply the number in box 8 by \$2,100			00				
xen	39	Blind: Multiply the number in box 9 by \$1,500							
ш	40	Other Exemptions. See instructions40E Multiply the number in box 40E by \$2,300			00				
	41	Qualifying parents and grandparents: Multiply the number in box 11a by \$10,000		68,819 0 0					
	42	Arizona adjusted gross income: Subtract lines 38 through 41 from line 37. If less than zero, ente			12,550 00				
	43	Deductions: Check box and enter amount. See instructions			75 00				
	44	If you checked box 43S and claim charitable contributions, check 44C 🔀 Complete page 3. S			56,194 0				
Тах	45	Arizona taxable income: Subtract lines 43 and 44 from line 42. If less than zero, enter "0"							
o o		a Compute the tax using amount on line 45 and Tax Tables X and Y or Optional Tax Tables			1,673 00				
nce	46k	o If line 45 is \$250,001 or more (single/mfs) or \$500,001 or more (mfj/hoh) compute the tax su	_		00				
Balance of Tax	47	Tax from recapture of credits from Arizona Form 301, Part 2, line 30		I .	1 672 24				
_	48	Subtotal of tax: Add lines 46a, 46b and 47. Enter the total			1,673 00				
	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			00				
and	52	Balance of tax: Subtract lines 49, 50 and 51 from line 48. If the sum of lines 49, 50 and 51 is greater			1,673 00				
Cre	53	2021 AZ income tax withheld			2,044 00				
Total Payments and Refundable Credits	54	2021 AZ estimated tax payments 54a 00 Claim of Right 54b							
unda unda	55	2021 AZ extension payment (Form 204)		. 55	00				
Tota Ref	56	Increased Excise Tax Credit (from the worksheet - see instructions)		. 56	00				
	57	Property Tax Credit from Arizona Form 140PTC		. 57	00				
Tax Due or Overpayment	58	Other refundable credits: Check the box(es) and enter the total amount	. 581 308-I 582 349	58	00				
	59	Total payments and refundable credits: Add lines 53 through 58. Enter the total		59	2,044 00				
ax E	60	TAX DUE: If line 52 is larger than line 59, subtract line 59 from line 52. Enter amount of tax due. Skip l	ines 61, 62 and 63	. 60	00				
⁻ б	61	OVERPAYMENT: If line 59 is larger than line 52, subtract line 52 from line 59. Enter amount of overpa	ayment	. 61	371 00				
fts	62	Amount of line 61 to be applied to 2022 estimated tax		. 62	0 00				
' Gifts	63	Balance of overpayment: Subtract line 62 from line 61. Enter the difference		. 63	371 00				
Voluntary	64	- 74 Voluntary Gifts to: Solutions Teams Assigned to Schools	65 00)					
lun		Child Abuse Prevention	68 00)					
>		Neighbors Helping Neighbors 69 DO Special Olympics	ions Fund 71)					
Ę		Neighbors Helping Neighbors 69 00 Special Olympics	Animals 74)					
enalty	75	Political Party (if amount is entered on line 68 - check only one): 751 Democratic 752 Libertaria							
ď	76	Estimated payment penalty		. 76	00				
	77	771 Annualized/Other 772 Farmer or Fisherman 773 Form 221 included			, .				
ved	78	Add lines 64 through 74 and 76; enter the total		. 78	00				
Retund or Amount Owed	79	REFUND: Subtract line 78 from line 63. If less than zero, enter amount owed on line 80			371 00				
veru nour		Direct Deposit of Refund: Check box 79A if your deposit will be ultimately placed in a foreign account	t; see instructions. 79A		, .				
Αď		CM Checking or ROUTING NUMBER ACCOUNT NUMBER							
		98 S Savings 0 1 1 9 0 0 2 5 4 3 8 5 0 2 1 7 8 7 2 8							
	80	AMOUNT OWED: Add lines 60 and 78. Make check payable to Arizona Department of Revenue; we are include with your return			00				
		and include with your returnUnder penalties of perjury, I declare that I have read this return and any documents with it, ar							
		true, correct and complete. Declaration of preparer (other than taxpayer) is based on all infor							
ш		111							
HERE	7	/e_xyl ^{X-77} 01/25/2022	SOFTWARE ENG	INEER					
Ī		YOUR SIGNATURE DATE	OCCUPATION						
Z	→								
SIGN									
		SPOUSE'S SIGNATURE DATE							
PLEASE		VENKATASAI PAVAN KUMAR DUDIPALLI 01242022 GLOBAL TAXES							
M		·	R'S IF SELF-EMPLOYED)						
_		2530 Pebble Creek Ln	30-101						
4		PAID PREPARER'S STREET ADDRESS	PAID PREPAR						
		Cumming GA 30041	(678)9						
		PAID PREPARER'S CITY STATE ZIP CODE	PAID PREPAR	RER'S PHO	NE 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).

2021 Form 140 - Standard Deduction Increase for Charitable Contributions

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

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

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

NOTE 1: You must reduce your contribution amount by the total charitable contributions you made during January 1, 2021 through December 31, 2021 for which you are claiming an Arizona tax credit under Arizona law for the current tax year return or claimed on the prior tax year return. Enter this amount on 5C.

NOTE 2: If you itemized deductions on your federal return (1040 Schedule A) and were required to adjust the amount of your allowable contributions on your federal 1040 Schedule A for the amount claimed as a tax credit on your Arizona income tax return, include the amount of the federal contribution adjustment to line 1C and enter the amount of the Arizona tax credit on line 5C.

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

1C	2021 Gifts by cash or check	1C	300	00
2C	2021 Other than by cash or check	2C		00
3C	Carryover from prior year	3C		00
4C	Add lines 1C through 3C and enter the total	4C	300	00
5C	Total charitable contributions made in 2021 for which you are claiming a credit under Arizona law for the current (2021) or prior (2020) tax year	5C		00
6C	Subtract line 5C from line 4C and enter the difference. If less than zero, enter "0"	6C	300	00
7C	Multiply line 6C by 25% (.25) and enter the result	7C	75	00

- Enter the amount shown on line 7C on page 2, line 44.
- Be sure to check box 43S for Standard Deduction on line 43.
- Check box **44C** for charitable contributions on line 44. If you do not check this box, you may be denied the increased standard deduction.

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