# 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

Submi	ssion Identification Number (SID)				
Taxpaye	er's name	Social securi	ty numl	per	
SNEI	HA MADESH	842-24	-706	5	
Spouse'		Spouse's soo			er
Part	Tax Return Information — Tax Year Ending December 31, 2021 (Ente	 r vear vou a	re au	thorizina	ı.)
	whole dollars only on lines 1 through 5.	i your your			<u> </u>
	Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.				
1	Adjusted gross income		1	76	5,499.
2	Total tax		2	9	746.
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099		3	12	2,571.
4	Amount you want refunded to you		4	3	3,805.
5	Amount you owe		5		
Part	II Taxpayer Declaration and Signature Authorization (Be sure you get and	keep a cop	y of y	our retu	ırn)
return ( to send for any Agent t paymen authori paymen busines taxes t person	oviledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I abortoriginal or amended) I am now authorizing. I consent to allow my intermediate service provider, transmid my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejudely in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the Use initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account income for my federal taxes owed on this return and/or a payment of estimated tax, and the financial institutivation is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation requires a days prior to the payment (settlement) date. I also authorize the financial institutions involved in the oreceive confidential information necessary to answer inquiries and resolve issues related to the patient of the Mithelian Mithelian or amended) I amount of the payment of the payment (original or amended) I amount of the Mithelian or amended) I amount of the my financial Mithelian or amended in the content of the my financial my financial or amended) I amount of the my financial my financial or amended in the financial my f	litter, or electricection of the tile. S. Treasury a icated in the ton to debit the ethe authorizuests must be processing opayment. I fur	onic refansmis nd its cax preparents on the cax preparents on the case of the electric on the case of the electric on the case of the case	turn origina ssion, (b) to designated paration so to this acco To revoke ved no late ectronic para	ator (ERO) he reason I Financial oftware for ount. This (cancel) a ter than 2 ayment of e that the
	nic Funds Withdrawal Consent.  yer's PIN: check one box only				1
X		my PIN 4	7 (	0 6 5	as my
	ERO firm name signature on the income tax return (original or amended) I am now authorizing.	ř En		digits, but er all zeros	asmy
	I will enter my PIN as my signature on the income tax return (original or amended) I am r if you are entering your own PIN <b>and</b> your return is filed using the Practitioner PIN metholow.				
Your s	signature ▶ Date ▶ _				
Spous	se's PIN: check one box only				
	I authorize to enter or generate	mv PIN			as my
	ERO firm name	_	ter five	digits, but	ao my
	signature on the income tax return (original or amended) I am now authorizing.	do	n't ente	r all zeros	
	I will enter my PIN as my signature on the income tax return (original or amended) I am r if you are entering your own PIN and your return is filed using the Practitioner PIN meth below.				
Spous	e's signature ▶ Date ▶				
	Practitioner PIN Method Returns Only—continue below	1			
Part	Certification and Authentication — Practitioner PIN Method Only				
ERO's	<b>EFIN/PIN.</b> Enter your six-digit EFIN followed by your five-digit self-selected PIN. 5 8	7 2 7  Don't ent	8 6		3 9
		Don't ent	or un Zt	55	
authori	that the above numeric entry is my PIN, which is my signature for the electronic individual income to the tax year indicated above for the taxpayer(s) indicated above. I confirm that I am subments of the Practitioner PIN method and <b>Pub. 1345</b> , Handbook for Authorized IRS e-file Providers of I	nitting this retu	ırn in a	accordance	
ERO's	signature ▶ Date ▶				
	ERO Must Retain This Form — See Instructions				
	Don't Submit This Form to the IRS Unless Requested To	Do So			

## **£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  uchecked the MFS box, enter the roon is a child but not your dependen	ame of	ied filing separately (l your spouse. If you d	,	_		,	, .	_	, ,	. , . ,
Your first name	and mi	ddle initial	Last na	ame						Your so	cial securi	ty number
SNEHA			MAD:	ESH						842-	24-706	5
If joint return, s	pouse's	first name and middle initial	Last na	ame						Spouse'	s social se	curity number
Home address	(numbe	er and street). If you have a P.O. box, see	instruct	ions.				Apt. no.		Preside	ntial Electi	on Campaign
3010 W 3	YORK	SHIRE DRIVE						2165		Check h	nere if you,	or your
City, town, or p	ost offi	ce. If you have a foreign address, also co	mplete	spaces below.	Sta	ite	ZIP	code			0,	ntly, want \$3
HERITAGI	EDEE	R VALLEY			A:	Z	85	5027392	ו הי	_	ow will not	Checking a change
Foreign country	/ name			Foreign province/state/	coun	ty	For	eign postal c			or refund	•
At any time du	ring 20	021, did you receive, sell, exchange	, or oth	erwise dispose of an	y fina	ancial interes	t in an	ny virtual c	urren	cy?	Yes	⊠ No
Standard Deduction	_	eone can claim:					t					
Age/Blindness	You:	☐ Were born before January 2, 1	957	Are blind Sp	ouse	: Was b	orn be	efore Janu	ary 2	, 1957	☐ Is b	lind
Dependents	s (see	instructions):		(2) Social security	/	(3) Relation	ship	(4) 🗸	if qu	alifies fo	r (see instru	ıctions):
If more		rst name Last name		number to you			·	Child t	ax cre	edit	Credit for ot	her dependents
than four												
dependents,												
see instruction: and check	S —											
here ▶ 🗌												
	1	Wages, salaries, tips, etc. Attach I	orm(s)	W-2						1		84,499.
Attach	2a	Tax-exempt interest	2a		b T	axable intere	est			2b		
Sch. B if	За	Qualified dividends	3a			Ordinary divid				3b		
required.	4a	IRA distributions	4a			axable amou				4b		
	5a	Pensions and annuities	5a		b T	axable amou	ınt .			5b		
Standard	6a	Social security benefits	6a		b T	axable amou	ınt .			6b		
Deduction for—	7	Capital gain or (loss). Attach Sche	dule D	if required. If not req	uired	l, check here			▶ [	7		
Single or Married filing	8	Other income from Schedule 1, lin	e 10							8		-8,000.
separately, \$12,550	9	Add lines 1, 2b, 3b, 4b, 5b, 6b, 7,	and 8.	This is your <b>total inc</b>	ome					<b>9</b>		76,499.
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			me				. •	11		76,499.
widow(er),	12a	Standard deduction or itemized	-	-		1	2a	12,	550			
\$25,100 Head of	b	Charitable contributions if you take		•	,		2b	<u> </u>	300			
household, \$18,800	С									120	,	12,850.
If you checked	13	Qualified business income deduct		n Form 8995 or Forn	1 899	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 less,	ente	er -0				15		63,649.

	16	Tax (see instructions). Check if any from Form(s): 1 🔲 8814 2 🔲 4972 3 🔲	16	9,746.
	17	Amount from Schedule 2, line 3	17	
	18	Add lines 16 and 17	18	9,746.
	19	Nonrefundable child tax credit or credit for other dependents from Schedule 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	9,746.
	23	Other taxes, including self-employment tax, from Schedule 2, line 21	23	0.
	24	Add lines 22 and 23. This is your <b>total tax</b>	24	9,746.
	25	Federal income tax withheld from:		
	а	Form(s) W-2		
	b	Form(s) 1099		
	С	Other forms (see instructions)		
	d	Add lines 25a through 25c	25d	12,571.
If you have a	26	2021 estimated tax payments and amount applied from 2020 return	26	
qualifying child,	27a	Earned income credit (EIC)		
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 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 8812  28		
	29	American opportunity credit from Form 8863, line 8		
	30	Recovery rebate credit. See instructions		
	31	Amount from Schedule 3, line 15		0.00
	32	Add lines 27a and 28 through 31. These are your total other payments and refundable credits	32	980.
	33	Add lines 25d, 26, and 32. These are your total payments	33	13,551.
Refund	34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you <b>overpaid</b>	34	3,805.
Di	35a	Amount of line 34 you want <b>refunded to you.</b> If Form 8888 is attached, check here	35a	3,805.
Direct deposit? See instructions.	▶b	Routing number       1       1       1       9       0       0       6       5       9       ▶ c Type: X Checking Savings         Account number       6       2       8       2       2       3       6       2       5       3		
	► d			
	36	Amount of line 34 you want applied to your 2022 estimated tax		
Amount You Owe	37	Amount you owe. Subtract line 33 from line 24. For details on how to pay, see instructions .	37	
	38	Estimated tax penalty (see instructions)		
Third Party Designee	ins	you want to allow another person to discuss this return with the IRS? See tructions		X No
		signee's Phone Personal identifi ne ► no. ► number (PIN) ►		
Sign	Und	der penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to lief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which	the best	
Here				t vou an Identity
	, 100			N, enter it here
Joint return?		SOFTWARE ENGINEER (see in	nst.)▶[	
See instructions. Keep a copy for your records.	Spo	Identi		t your spouse an ction PIN, enter it here
	Pho	one no. (832)310-8958 Email address SNEHA.NM11@GMAIL.COM		
		parer's name Preparer's signature Date PTIN	$\neg \neg$	Check if:
Paid	SYAM	PRIYA RAM SAGAR GUPTA TALLAM SYAM PRIYA RAM SAGAR GUPTA TALLAM 04/06/2022 P02082	703	Self-employed
Preparer				678)965-9522
Use Only			s EIN ▶	· · · · · · · · · · · · · · · · · · ·
Go to www.irs.go		11040 for instructions and the latest information.  BAA REV 03/26/22 PRO		Form <b>1040</b> (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 ► Attach to Form 1040, 1040-SR, or 1040-NR.
 Go to www.irs.gov/Form1040 for instructions and the latest information.

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

Your social security number
842-24-7065

Par	Additional Income			
1	Taxable refunds, credits, or offsets of state and local income taxes		1	
<b>2</b> a	Alimony received		2a	
b	Date of original divorce or separation agreement (see instructions)			
3	Business income or (loss). Attach Schedule C		3	
4	Other gains or (losses). Attach Form 4797		4	
5	Rental real estate, royalties, partnerships, S corporations, tru Schedule E	·	5	-8,000.
6	Farm income or (loss). Attach Schedule F		6	
7	Unemployment compensation		7	
8	Other income:			
а	Net operating loss	<b>8a</b> ( )		
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			
	,	8k	-	
1	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	40, 1040-SR, or	10	_8 000

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	<b>&gt;</b>	_	
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	<b>24</b> g		
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	<b>24</b> 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 <b>adjustments</b> here and on Form 1040 or 1040-SR, line 10, or Form 1040-NR, line			

#### **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. ▶ Go to www.irs.gov/ScheduleE for instructions and the latest information. OMB No. 1545-0074 Attachment Sequence No. 13

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

Your social security number

SNEH	A MADESH							84	2-24-70	65
Part	Income or Loss	From Rental Real Estate and Roy	yaltie	s Note:	: If you a	re in th	e business c	of renti	ng personal	property, use
	Schedule C. See	instructions. If you are an individual, repo	ort far	m rental ir	ncome o	r loss fi	om Form 48	<b>335</b> on	page 2, line	e 40.
A Dic	d you make any payme	nts in 2021 that would require you to	file F	orm(s) 10	099? Se	e instr	uctions .		🗆	Yes X No
B If "	Yes," did you or will yo	ou file required Form(s) 1099?							🗆	Yes 🗌 No
1a		each property (street, city, state, ZIF								
Α	KUKATPALLY HYD	ERABAD TELANGANA IN 5000	72							
В										
С										
1b	Type of Property	2 For each rental real estate prop	perty I	isted		Fair	Rental	Per	sonal Use	QJV
	(from list below)	above, report the number of fair personal use days. Check the	ir rent	al and			ays		Days	QU V
Α	3	if you meet the requirements to	o file a	ıs a	Α		365		0	
В		qualified joint venture. See inst	ructio	ns.	В					
С					С					
Туре	of Property:									
1 Sing	gle Family Residence	3 Vacation/Short-Term Rental	5 La	nd	7	Self-	Rental			
2 Mul	ti-Family Residence	4 Commercial	6 Ro	yalties	8	Othe	r (describe)	)		
Incom	e:	Properties:			Α		Е	3		С
3	Rents received		3		6	500.				
4	Royalties received .		4							
Expen	ses:									
5	Advertising		5							
6	Auto and travel (see i	nstructions)	6							
7	Cleaning and mainter	nance	7		1,(	000.				
8	Commissions		8							
9	Insurance		9							
10	Legal and other profe	essional fees	10							
11	Management fees .		11		8	300.				
12	Mortgage interest pai	d to banks, etc. (see instructions)	12							
13	Other interest		13							
14	Repairs		14			300.				
15	Supplies		15		1,5	500.				
16	Taxes		16							
17			17		3,5	500.				
18	Depreciation expense	e or depletion	18							
19	Other (list)		19							
20	•	lines 5 through 19	20		8,6	500.				
21	Subtract line 20 from	line 3 (rents) and/or 4 (royalties). If								
		instructions to find out if you must								
	file <b>Form 6198</b>		21		-8,0	000.				
22		l estate loss after limitation, if any,		,			,			,
	on Form 8582 (see in	· · · · · · · · · · · · · · · · · · ·	22	(	8,0	00.)	(		)(	)
23a		eported on line 3 for all rental prope				23a		61	00.	
b		eported on line 4 for all royalty properties	erties		•	23b				
C		eported on line 12 for all properties				23c				
d		eported on line 18 for all properties			•	23d		0 -	20	
e		eported on line 20 for all properties				23e		8,6		
24	·	e amounts shown on line 21. <b>Do no</b>		-					24	0.000
25	• •	sses from line 21 and rental real estate						T T	25 (	8,000.)
26		ate and royalty income or (loss).								
		V, and line 40 on page 2 do not a 40), line 5. Otherwise, include this ar		-					26	-8,000.

Schedule 1 (Form 1040), line 5. Otherwise, include this amount in the total on line 41 on page 2

### **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** SNEHA MADESH 842 ı 24 ı 7065 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. 76,499 00 1 Arizona Adjusted Gross Income ☐ Foreign Account Deposit/Debit: See instructions below. 2 Balance of Tax ..... 1,993 00 TYPE OF ACCOUNT ROUTING NUMBER 1 | 1 | 9 | 0 | 0 | 6 | 5 | 9 | 2,281 00 ■ Checking 
 □ Savings 3 Arizona Income Tax Withheld ... ACCOUNT NUMBER Check box 4 or box 5: 6 2 8 2 2 3 6 2 5 3 288 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 YOUR PEN AND INK SIGNATURE DATE SPOUSE'S PEN AND INK SIGNATURE DATE

RETURN.				Arizona Form 140	140 Resident Personal Income Tax Return									FOR CALENDAR YEAR 2021				
R	82F	☐c	Check box 82F if filing under extension OR FISCAL YEAR BEGINNING L ,   2,0,2,1 AND ENDING							1 .			. 66F					
ሦ				ame and Middle In					Last I	Name			Ente	Y	our s	Social	Security	Number
0	1	SNE							MADI	ESH			vour				24   7	
<b>ANY ITEMS TO THE</b>	1			st Name and Mido	,			)	Last I	Name			SSN		pous	se's S	ocial Seci	urity No.
Ш	_			e Address - numb		t, rural r	oute				Apt. No.					•	area code	e)
≥	2			YORKSHIRE	DRIVE	C4-4	_			ZIP Code	2165	Lost Norm		(832)			58 Year(s) (if	difforont\
EA	[3]			Post Office	EY	State AZ	е			21P Code 85027-		Last Nam	ies use	u in Lasi	. Four	PHOI	rear(s) (ii	97
7	_			Married filing joint			red Shouse	Prote			verpayment	REVENU	E USE (	ONLY. D	O NC	T MA	RK IN THIS	
T ST/	STATUS	5		lead of household		_ ,					verpayment	88						
DO NOT STAPLE	FILING			larried filing sepa	rate return. E	Enter spo	use's name	and So	cial Sec	curity Num	ber above.							
<u> </u>	匝	7		ingle	alaimed De		ıt a abaak	ma a ulc										
		8		nter the number age 65 or over (yo						1a also cor	mplete lines 38,	1						
	10b	9	l I	lige 65 or over (yo llind (you and/or s			, ,				implete line 49.	81 PM				80	RCVD	
	and 1	10a		ependents: Unde	. ,	10	<b>0b</b> De	epende	ents: A	ge 17 and	d over.							
		11a	C	Qualifying parents	and grandpa	rents												
	and 11a - Dependents 10a		(Box	<b>10a and 10b</b> ): D		ormatio	n. See ins	tructio	ns. <b>Fo</b>	r more s	pace, check t			comple		age 4	, Part 1.	
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	9, aı	10e													]			]
<u>.</u>	ıs 8,		(Box	11a): Qualifying	parents and o	grandpa	rents. See	e instru	uctions	. For mo	re space, chec	k the box	☐ and	d comp	lete	page	4, Part 2.	
nts after Form 140.	Exemptions				(a) .ND LAST NAM yourself or spou			SOCI	(b) AL SECU	JRITY NO.	(c) RELATIONSHI	P NO. OF N LIVED IN HOME	MONTHS N YOUR		(e) SE 65 OVER		√ IF D 202	IED IN
돈		11b																]
aft		11c																]
ıts				al adjusted gross													76,4	99 00
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AZ schedules or other docume	Additions			rship Income adju														00
the	`	17	Total fe	ederal depreciation	n										17			00
r o				Additions to Incom	•							. •						00
SS 0				t <b>al:</b> Add lines 14 th et capital gain or (											<b>19</b>		/6,4	99 00
≝				et capital gain or ( et short-term capi											00			
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				y line 23 by 25% (														0 00
gue	S	I nis b	ox may	be blank or may co	ontain a printed	barcode	of data from	your r	<b>≒</b> ■		apital gain - qua							00
<del>ق</del>	Subtractions					######################################	KOLKU 65		- 1		Iculated Arizona							00
ger	otrac	1115	XVII.						C+		ership Income a est on U.S. obliga				- 1			00
<u>و</u>	Sut										sion for fed., AZ s				- 1			00
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in b				KINING BUT BUT KINING				400			Social Security o				- 1			00
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an			/3KVII			<b>)</b>	(本日) (本)	SKI M	X HILL		eceived for being a perating loss ad				- 1			00
Place any required federal and											ibutions: <b>34</b> a 529			00	33			- 100
"											29A (ABLE)	<del></del>	add 34a	and 34b. 3	14C			00

	Your	Name (as shown on page 1)	Your Social Security Nu	ımber						
	SNE	CHA MADESH	842-24-7065							
	35	Subtract lines 24 through 34c from line 19		25	76,499 00					
		Other Subtractions from Income. Complete Other Subtraction from Arizona Gross Income sched			0(					
	36 37				76,499 00					
Exemptions		Subtract line 36 from line 35. Enter the difference		0(						
npti	38	Age 65 or over: Multiply the number in box 8 by \$2,100	I	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		I	00					
	41	Qualifying parents and grandparents: Multiply the number in box 11a by \$10,000			76,499 <b>0</b> 0					
	42	Arizona adjusted gross income: Subtract lines 38 through 41 from line 37. If less than zero, enter "0"			12,550 0					
	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. See ins			63,874 00					
Тах	45	Arizona taxable income: Subtract lines 43 and 44 from line 42. If less than zero, enter "0"								
Balance of Tax		Compute the tax using amount on line 45 and Tax Tables X and Y or Optional Tax Tables			1,993 00					
nce	46k	olf line 45 is \$250,001 or more (single/mfs) or \$500,001 or more (mfj/hoh) compute the tax surcha	-		00					
3ala	47	Tax from recapture of credits from Arizona Form 301, Part 2, line 30			1 002 00					
_	48	Subtotal of tax: Add lines 46a, 46b and 47. Enter the total			1,993 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 than			1,993 00					
Cre	53	2021 AZ income tax withheld			2,281 00					
yme	54	2021 AZ estimated tax payments <b>s4a</b> 00 Claim of Right <b>54b</b>	00 Add 54a and 54b	. 54c	00					
Total Payments and Refundable Credits	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					
ı t	58									
ayme	59	Total payments and refundable credits: Add lines 53 through 58. Enter the total		59	2,281 00					
Tax Due or Overpayment	60	<b>TAX DUE:</b> If line 52 is larger than line 59, subtract line 59 from line 52. Enter amount of tax due. Skip lines 6	31, 62 and 63	60	00					
6	61	<b>OVERPAYMENT:</b> If line 59 is larger than line 52, subtract line 52 from line 59. Enter amount of overpayment			288 00					
ţ	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			288 00					
Voluntary	64	- 74 Voluntary Gifts to: Solutions Teams Assigned to Schools 64 00 Arizona Wildlife								
lun		Child Abuse Prevention	68							
8										
Ę		Neighbors Helping Neighbors69 00 Special Olympics70 00 Veterans' Donations Full Didn't Pay Enough Fund72 00 Sustainable State Parks and Road Fund73 00 Spay/Neuter of Animal		7						
enalty	75	Political Party (if amount is entered on line 68 - check only one): 751 Democratic 752 Libertarian		_						
P	76	Estimated payment penalty		76	00					
	77	771 Annualized/Other 772 Farmer or Fisherman 773 Form 221 included			100					
red	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			288 00					
oun	13	Direct Deposit of Refund: Check box 79A if your deposit will be ultimately placed in a foreign account; see	instructions. 79A	'3	00					
A A		CM Checking or ROUTING NUMBER ACCOUNT NUMBER								
		98 S Savings 1 1 1 1 9 0 0 6 5 9 6 2 8 2 2 3 6 2 5 3								
	80	<b>AMOUNT OWED:</b> Add lines 60 and 78. Make check payable to Arizona Department of Revenue; write you		[	0/					
		and include with your returnUnder penalties of perjury, I declare that I have read this return and any documents with it, and to			00					
		onder penalties of perjury, i declare that i have read this return and any documents with it, and to true, correct and complete.  Declaration of preparer (other than taxpayer) is based on all informatic								
ш		inde, correct and complete. Becautation of propertor (early than taxpayor) to becode on an information	mon propare	i nao an	y knowlodgo.					
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SIGN	→									
		SPOUSE'S SIGNATURE DATE SP	OUSE'S OCCUPATION							
PLEASE		SYAM PRIYA RAM SAGAR GUPTA TALLAM 04062022 GLOBAL TAXES LI								
A	İ	PAID PREPARER'S SIGNATURE DATE FIRM'S NAME (PREPARER'S IF	SELF-EMPLOYED)							
쁘		2530 Pebble Creek Ln	30-101							
٩	İ	PAID PREPARER'S STREET ADDRESS	PAID PREPAR	ER'S TIN						
		Cumming GA 30041	(678)9	65-95	22					
	l i	PAID PREPARER'S CITY STATE ZIP CODE	PAID PREPAR	ER'S PHOI	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.

ADOR 10413 (21) 1555 AZ Form 140 (2021) REV 03/22/22 PRO Page 3 of 6