#### Department of the Treasury Internal Revenue Service

## IRS e-file Signature Authorization

ERO must obtain and retain completed Form 8879. ► Go to www.irs.gov/Form8879 for the latest information.

Submission Identification Number (SID)

Taxpaye	er's name	Social securi	ty numbe	r
PRE	RAK SILWAL	487-57	-3438	
Spouse	's name	Spouse's soc	ial securi	ty number
Part	Tax Return Information – Tax Year Ending December 31, 2021 (Enter	year you a	re auth	orizing.)
Enter	whole dollars only on lines 1 through 5.			
Note:	Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.			
1	Adjusted gross income		1	84,131.
2	Total tax		2	11,429.
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099		3	10,930.
4	Amount you want refunded to you		4	ł
5	Amount you owe		5	499.
Part	II Taxpayer Declaration and Signature Authorization (Be sure you get and k	eep a cop	y of yo	our return)

Under penalties of perjury, I declare that I have examined a copy of the income tax return (original or amended) I am now authorizing, and to the best of my knowledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I above are the amounts from the income tax return (original or amended) I am now authorizing. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission. (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution to debit the entry to this account. This authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate the authorization. To revoke (cancel) a payment, I must contact the U.S. Treasury Financial Agent at **1-888-353-4537**. Payment cancellation requests must be received no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I further acknowledge that the personal identification number (PIN) below is my signature for the income tax return (original or amended) I am now authorizing and, if applicable, my Electronic Funds Withdrawal Consent.

#### Taxpayer's PIN: check one box only

X	l authorize	GLOBAL	TAXES		to enter or generate my PIN	Fr
				ERO firm name		

		/e dia			as
7	3	4	3	8	

my

signature on the income tax return (original or amended) I am now authorizing.

I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box only if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Your signature 🕨

Date 🕨

#### Spouse's PIN: check one box only

I authorize

to enter	or	generate	my	PIN

as mv Enter five digits, but don't enter all zeros

ERO firm name signature on the income tax return (original or amended) I am now authorizing.

I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box only if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Spouse's signature E	ate 🖡							
Practitioner PIN Method Returns Only—continue	e bel	ow						
Part III Certification and Authentication – Practitioner PIN Method Only								
<b>ERO's EFIN/PIN.</b> Enter your six-digit EFIN followed by your five-digit self-selected PIN.	5	8			6 all zei	 9	89	}

I certify that the above numeric entry is my PIN, which is my signature for the electronic individual income tax return (original or amended) I am now authorized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and Pub. 1345, Handbook for Authorized IRS e-file Providers of Individual Income Tax Returns.

RO's signature ► Date ►								
ERO Must Retain This Don't Submit This Form to the								
For Paperwork Reduction Act Notice, see your tax return instructions	S. BAA	REV 04/09/22 PRO	Form 8879 (Rev. 01-2021)					

IF you live in	THEN use this address to send in your payment
Alabama, Florida, Georgia, Louisiana, Mississippi, North Carolina, South Carolina, Tennessee, Texas	Internal Revenue Service P.O. Box 1214 Charlotte, NC 28201-1214
Arkansas, Connecticut, Delaware, District of Columbia, Illinois, Indiana, Iowa, Kentucky, Maine, Maryland, Massachusetts, Minnesota, Missouri, New Hampshire, New Jersey, New York, Oklahoma, Rhode Island, Vermont, Virginia, West Virginia, Wisconsin	Internal Revenue Service P.O. Box 931000 Louisville, KY 40293-1000
Alaska, Arizona, California, Colorado, Hawaii, Idaho, Kansas, Michigan, Montana, Nebraska, Nevada, New Mexico, North Dakota, Ohio, Oregon, Pennsylvania, South Dakota, Utah, Washington, Wyoming	Internal Revenue Service P.O. Box 802501 Cincinnati, OH 45280-2501
A foreign country, American Samoa, or Puerto Rico (or are excluding income under Internal Revenue Code 933), or use an APO or FPO address, or file Form 2555 or 4563, or are a dual-status alien or nonpermanent resident of Guam or the U.S. Virgin Islands	Internal Revenue Service P.O. Box 1303 Charlotte, NC 28201-1303

MAIL FORM 1040-V TO THE INTERNAL REVENUE SERVICE CENTER AT THE ADDRESS LISTED BELOW.

Form 1040-V 2021

Detach Here and Mail With Your Payment and Return

Department of the Treasury Internal Revenue Service

2021

Form 1040-V Payment Voucher

Use this voucher when making a payment with Form 1040.

Do not staple this voucher or your payment to Form 1040.

Make your check or money order payable to the 'United States Treasury.'

(99)

► Write your social security number (SSN) on your check or money order.

Enter the amount of your payment. ►

499.

REV 04/09/22 PRO 1555

INTERNAL REVENUE SERVICE

P.O. BOX 802501 CINCINNATI, OH 45280-2501

PRERAK SILWAL

1537 Z T3LH VANNE B PHOENIX AZ 85007

<b>104</b>		artment of the Treasury-Internal Revenue Servi S. Individual Income Tax		(99) urn	202	1	OMB No. 1	545-00	74 IRS U	se Only	–Do not v	write or staple	in this space.	
Filing Status Check only one box.	lf yo	Single D Married filing jointly u checked the MFS box, enter the nation is a child but not your dependent	ame of y	•	eparately (N se. If you c				,	,			low(er) (QW) ne qualifying	
Your first name	and mi	iddle initial	Last na	me							Your se	ocial securi	ty number	
PRERAK			SILW	IAL							487-	57-343	8	
lf joint return, s	pouse's	s first name and middle initial	Last na	me							Spouse	e's social se	curity number	
Home address		er and street). If you have a P.O. box, see AVENUE	instructio	ons.					Apt. no. B		-	ential Electi here if you,	on Campaign	
		ce. If you have a foreign address, also co	mplete s	paces belo	w.	Stat	te	ZIF	P code				ntly, want \$3	
PHOENIX			·			AZ	7	8	5007			o this fund. low will not	Checking a change	
Foreign countr	y name		F	Foreign pro	vince/state/	count	y	Fo	reign posta	code	4	x or refund	0	
												You	Spouse	
At any time du	ring 20	021, did you receive, sell, exchange,	or othe	rwise disp	oose of any	/ fina	incial intere	est in a	ny virtual	curre	ncy?	Yes	X No	
Standard Deduction	<u> </u>	eone can claim: You as a de Spouse itemizes on a separate return	n or you		•		a depende	nt						
Age/Blindness	s You:	Were born before January 2, 1	957	Are blin	id Spo	ouse	: 🗌 Was	born b	efore Jan	uary 2	2, 1957	🔄 ls b	lind	
Dependent	s (see	instructions):			cial security		(3) Relatio					or (see instru	,	
If more	<b>(1)</b> Fi	irst name Last name		r	number		to yo	u	Child	tax c	redit	dit Credit for other dependents		
than four dependents,														
see instruction	s ——													
and check here ►														
	-	Wares colorize time ato Attach		N 0										
Attach	1 2a	Wages, salaries, tips, etc. Attach F Tax-exempt interest	2a	₩-2 .	· · · ·	· ·		• •		•	. 1		80,330.	
Sch. B if	_		2a 3a				axable inte			·	. 3	-	90.	
required.	3a 4a		4a				ordinary div axable amo			·	. 4		90.	
	-14 5a		5a				axable amo			•	. 5	-		
Standard	6a		6a				axable amo				. 6	-		
Deduction for –	7	Capital gain or (loss). Attach Sche		f reauired.	If not reau					•	7	-	1,581.	
<ul> <li>Single or Married filing</li> </ul>	8	Other income from Schedule 1, line		•			·				. 8	;	2,130.	
separately, \$12,550	9	Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, a	and 8. T	his is you	r total inco	ome					▶ 9	)	84,131.	
<ul> <li>Married filing</li> </ul>	10	Adjustments to income from Sche	dule 1, l	ine 26							. 10	0		
jointly or Qualifying	11	Subtract line 10 from line 9. This is	your a	djusted g	ross incor	ne					► 1 <sup>-</sup>	1	84,131.	
widow(er), \$25,100	12a	Standard deduction or itemized	deducti	ions (from	Schedule	A)	[	12a	12	<b>,</b> 55	0.			
<ul> <li>Head of</li> </ul>	b	Charitable contributions if you take	the star	ndard dedu	uction (see	instr	uctions)	12b		30	0.			
household, \$18,800	с	Add lines 12a and 12b									. 12	c	12,850.	
<ul> <li>If you checked</li> </ul>	13	Qualified business income deducti	on from	Form 899	95 or Form	899	5-A				. 1:			
any box under Standard	14	Add lines 12c and 13									. 14		12,850.	
Deduction, see instructions.	15	Taxable income. Subtract line 14	from lin	e 11. lf ze	ro or less,	ente	r-0				. 1	5	71,281.	
)														

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

Form **1040** (2021)

Form 1040 (2021	1)								Page 2
	16	Tax (see instructions). Check	if any from Form	(s): <b>1</b> 🗌 881	4 <b>2</b> 🗌 4972	3 🗌		16	11,429.
	17	Amount from Schedule 2, lin	e3					17	
	18	Add lines 16 and 17						18	11,429.
	19	Nonrefundable child tax cred	dit or credit for o	other depender	nts from Schedule	e 8812		19	
	20	Amount from Schedule 3, lin	e8					20	
	21	Add lines 19 and 20						21	
	22	Subtract line 21 from line 18	. If zero or less,	enter -0				22	11,429.
	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 <b>total tax</b>				. 🕨	24	11,429.
	25	Federal income tax withheld	from:						
	а	Form(s) W-2				<b>25a</b> 10	,930.		
	b	Form(s) 1099				25b			
	с	Other forms (see instructions	5)			25c			
	d	Add lines 25a through 25c						25d	10,930.
If you have a	26	2021 estimated tax payment						26	
qualifying child,	27a	Earned income credit (EIC)			NO	27a			
attach Sch. EIC.		Check here if you were b							
		January 2, 2004, and you taxpayers who are at least a							
	b	Nontaxable combat pay elec	-	1 1					
	c	Prior year (2019) earned inco				-			
	28	Refundable child tax credit or			Schedule 8812	28			
	29	American opportunity credit				29			
	30	Recovery rebate credit. See				30			
	31	Amount from Schedule 3, lin				31			
	32	Add lines 27a and 28 throug					its 🕨	32	
	33	Add lines 25d, 26, and 32. T						33	10,930.
Defined	34	If line 33 is more than line 24						34	
Refund	35a	Amount of line 34 you want						35a	
Direct deposit?	►b	Routing number X X X				Checking			
See instructions.	►d	Account number X X X					0		
	36	Amount of line 34 you want a	applied to your	2022 estimate	ed tax 🕨	36			
Amount	37	Amount you owe. Subtract	line 33 from line	24. For detail	s on how to pay,	see instructions	. 🕨	37	499.
You Owe	38	Estimated tax penalty (see in	nstructions) .		🕨	38			
Third Party	Do	you want to allow another	person to disc	cuss this retu	rn with the IRS?	See			
Designee	ins	structions				. 🕨 🗌 Yes. Co	mplete b	elow.	X No
		signee's		Phone			nal identif		
		me 🕨		no. ►			er (PIN)		
Sign		der penalties of perjury, I declare t ief, they are true, correct, and com							
Here		ur signature		Date	Your occupation		1		nt you an Identity
	10	ul signature		Date					N, enter it here
Joint return?					SOFTWARE 1	ENGINEER	(see	inst.) 🕨	
See instructions.	Sp	ouse's signature. If a joint return, <b>k</b>	<b>ooth</b> must sign.	Date	Spouse's occupat	ion			nt your spouse an
Keep a copy for your records.	,							iity Prote inst.) 🕨	ection PIN, enter it here
				Energi eddrood				1100.7	
		one no. (346) 212-732. eparer's name	D Preparer's signat	Email address	PRERAKSILW	IAL@GMAIL.CO			Check if:
Paid								0700	Self-employed
Preparer		I PRIYA RAM SAGAR GUPTA TALLAM		ram Sagak	GUPIA IALLAM	04/18/2022	P02082		
Use Only		m's name ► GLOBAL TAX		n Cummin	α Cλ 300/1				678)965-9522
		m's address ► 2530 Pebbl			-		Firm	s EIN 🕨	
GO tO WWW.Irs.go	ov/Forn	n1040 for instructions and the late	st information.		BAA	REV 04/09/22 PRO			Form <b>1040</b> (2021)

SCHEDULE	1
(Form 1040)	

Department of the Treasury

Internal Revenue Service

## Additional Income and Adjustments to Income

Attach to Form 1040, 1040-SR, or 1040-NR.
 Go to www.irs.gov/Form1040 for instructions and the latest information

OMB No. 1545-0074

rmation.		Sequence No. <b>01</b>
	Your soc	ial security number
	487-57	-3438

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

Par	t I Additional Income			
1	Taxable refunds, credits, or offsets of state and local income taxes	8	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, transcribed and Schedule E		5	
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		
Ι	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 from box 3 of 1099-Misc 2,130.	<b>8z</b> 2,130.		
9	Total other income. Add lines 8a through 8z		9	2,130.
10	Combine lines 1 through 7 and 9. Enter here and on Form 10			
For Po	1040-NR, line 8		10	2,130. e 1 (Form 1040) 2021
i ui ra	perwork neuronom Act notice, see your tax return instructions.		schedul	e i (Futili 1040) 2021

Par	Adjustments to Income			
11	Educator expenses		11	
12	Certain business expenses of reservists, performing artists, and fee- officials. Attach Form 2106		12	
13	Health savings account deduction. Attach Form 8889		13	
14	Moving expenses for members of the $\ensuremath{Armed}$ Forces. Attach $\ensuremath{Form}$	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 81	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	24j		
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> there and on Form 1040 or 1040-SR, line 10, or Form 1040-NR, line		26	

REV 04/09/22 PRO

# SCHEDULE D

(Form 1040)

## **Capital Gains and Losses**

OMB No. 1545-0074

20 2 1

Attachment

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

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

Sequence No. 12

Name(s) shown on return PRERAK SILWAL

Department of the Treasury

Internal Revenue Service (99)

Your social security number

487-57-3438

Did you dispose of any investment(s) in a qualified opportunity fund during the tax year? [] Yes 🛛 No	
f "Yes," attach Form 8949 and see its instructions for additional requirements for reporting your gain or loss.	

#### Part I Short-Term Capital Gains and Losses-Generally Assets Held One Year or Less (see instructions)

lines This	instructions for how to figure the amounts to enter on the below. form may be easier to complete if you round off cents to e dollars.	<b>(d)</b> Proceeds (sales price)	<b>(e)</b> Cost (or other basis)	(g) Adjustment to gain or loss Form(s) 8949, F line 2, columr	from Part I,	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
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 <b>Box A</b> checked	76 <b>,</b> 059.	75,070.	1,435.		2,424.
2	Totals for all transactions reported on Form(s) 8949 with <b>Box B</b> checked					
3	Totals for all transactions reported on Form(s) 8949 with <b>Box C</b> checked					
4	Short-term gain from Form 6252 and short-term gain or (I	oss) from Forms 4	684, 6781, and 88	324	4	
5	Net short-term gain or (loss) from partnerships, Schedule(s) K-1	usts from	5			
6	Short-term capital loss carryover. Enter the amount, if an <b>Worksheet</b> in the instructions	-	6	( 843.)		
7	Net short-term capital gain or (loss). Combine lines 1a term capital gains or losses, go to Part II below. Otherwise	-			7	1,581.

#### 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 lines below. This form may be easier to complete if you round off cents to whole dollars.		<b>(d)</b> Proceeds (sales price)	(e) (g) Cost to gain or los: (or other basis) Form(s) 8949, line 2, colum		from Part II,	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
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 <b>Box D</b> checked					
9	Totals for all transactions reported on Form(s) 8949 with <b>Box E</b> checked					
10	Totals for all transactions reported on Form(s) 8949 with <b>Box F</b> checked.					
11	Gain from Form 4797, Part I; long-term gain from Forms from Forms 4684, 6781, and 8824				11	
12	Net long-term gain or (loss) from partnerships, S corporat	ions, estates, and	trusts from Scheo	dule(s) K-1	12	
13	Capital gain distributions. See the instructions				13	
14	Long-term capital loss carryover. Enter the amount, if any					
	Worksheet in the instructions		-	-	14	( )
15	Net long-term capital gain or (loss). Combine lines 8a	a through 14 in co	lumn (h). Then. a	o to Part III		· · · · ·
	on the back	•	.,		15	

Part	III Summary				
16	Combine lines 7 and 15 and enter the result	16		1,581.	
	• If line 16 is a <b>gain,</b> 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 <b>loss</b> , skip lines 17 through 20 below. Then, go to line 21. Also be sure to complete line 22.				
	• If line 16 is <b>zero</b> , 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 <b>both</b> gains?				
	<b>No.</b> Skip lines 18 through 21, and go to line 22.				
18	If you are required to complete the <b>28% Rate Gain Worksheet</b> (see instructions), enter the amount, if any, from line 7 of that worksheet	18			
19	If you are required to complete the <b>Unrecaptured Section 1250 Gain Worksheet</b> (see instructions), enter the amount, if any, from line 18 of that worksheet	19			
20	<ul> <li>Are lines 18 and 19 both zero or blank and are you not filing Form 4952?</li> <li>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.</li> </ul>				
	□ No. Complete the Schedule D Tax Worksheet in the instructions. Don't complete lines 21 and 22 below.				
21	If line 16 is a loss, enter here and on Form 1040, 1040-SR, or 1040-NR, line 7, the smaller of:				
	<ul> <li>The loss on line 16; or</li> <li>(\$3,000), or if married filing separately, (\$1,500)</li> </ul>	21	(		)
	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?				
	☐ 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.				

REV 04/09/22 PRO

Schedule D (Form 1040) 2021

Form **8949** 

Department of the Treasury

Internal Revenue Service

Part I

# Sales and Other Dispositions of Capital Assets

OMB No. 1545-0074

Attachment

► Go to *www.irs.gov/Form*8949 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.

Ines 1b, 2, 3, 8b, 9, and 10 of Schedule D. Sequence No. 12A Social security number or taxpaver identification number

Name(s) shown on return	Social security number or taxp				
PRERAK SILWAL	487-57-3438				

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.

**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.

X (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

C) Short-term transactions not reported to you on Form 1099-B

1 (a) Description of property	(b) Date acquired	<b>(c)</b> Date sold or	<b>(d)</b> Proceeds	<b>(e)</b> Cost or other basis. See the <b>Note</b> below			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	<b>(g)</b> Amount of adjustment	from column (d) and combine the result with column (g)	
ACORNS SECURITIES LLC	01/01/21	12/31/21	2,610.	2,680.	W	25.	-45.	
ROBINHOOD CRYPTO LLC	01/01/21	12/31/21	1,379.	1,476.			-97.	
Robinhood Securities LLC	01/01/21	12/31/21	71 <b>,</b> 338.	70,328.	W	1,410.	2,420.	
APEX CRYPTO	01/01/21	12/31/21	202.	220.			-18.	
APEX CLEARING	01/01/21	12/31/21	530.	366.			164.	
2 Totals. Add the amounts in columns negative amounts). Enter each tota Schedule D, line 1b (if Box A above above is checked), or line 3 (if Box (	lude on your ne 2 (if Box B	76,059.	75,070.		1,435.	2,424.		

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.

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

## 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*
PRERAK	SILWAL	Enter	487   57   3438
Your Spouse's First Name and Initial (if filed joint)	Last Name	your SSN(s).	Spouse's Social Security No.*

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 INFO	RMATION		PART 3 – FINANCIAL INSTITUTION INFORMATION				
			Must be present when requ	uesting direct debit or deposit.			
1 Arizona Adjusted Gross Income	84,131 00		Foreign Account Depos	sit/Debit: See instructions below.			
2 Balance of Tax	2,312 00		TYPE OF ACCOUNT				
3 Arizona Income Tax Withheld	2,169 <mark>00</mark>		Checking Saving	s			
Check box 4 <u>or</u> box 5:			ACCOUNT NUMBER				
4 REFUND: Enter the amount of	refund	00					
5 AMOUNT YOU OWE: Enter th	e amount owed	143 00		\$			

**Box 4 Checkbox – Refund:** You are due a refund based on the information provided on your tax return. Your refund amount will be deposited in the account listed in the Financial Institution Information Section (Part 3).

**Box 5 Checkbox – Amount You Owe:** You owe taxes based on the information provided on your tax return. You have elected to direct debit for payment. The payment will be withdrawn from the account and on the date listed in the Financial Institution Information Section (Part 3).

Foreign Account Deposit/Debit Checkbox: Check the "Foreign Account Deposit/Debit" box if your deposit will be ultimately placed in or come from a foreign account. If you check this box, do not enter your account numbers. If this box is checked, we will not direct deposit or debit your account. If you are due a refund, we will send you a check instead. If you owe tax, you must mail a check to the Arizona Department of Revenue, PO Box 29085, Phoenix, AZ 85038-9085.

#### PART 4 – DECLARATION AND SIGNATURE AUTHORIZATION (Sign only after completing Part 2)

Under penalties of perjury, I declare that I have examined a copy of my electronic Arizona individual income tax return and accompanying schedules and statements for the year ending December 31, 2021, and to the best of my knowledge and belief, it is true, correct, and complete. I further declare that the amounts of Arizona adjusted gross income, total tax, Arizona income tax withheld, and refund (or amount owed) listed above are the amounts shown on the copy of my electronic Arizona income tax return.

- **6a** I consent that my refund be directly deposited as designated in the electronic portion of my 2021 Arizona individual income tax return. If I have filed a joint return, this is an irrevocable appointment of the other spouse as an agent to receive the refund.
- **6b** I do not want direct deposit of my refund or I am not receiving a refund.
- **6c** ☐ I authorize the Arizona Department of Revenue (ADOR) and its designated Financial Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of my Arizona taxes owed on this return. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment.

If I have filed a balance due return, I understand that if the ADOR does not receive full and timely payment of my tax liability by April 18, 2022, I will remain liable for the tax liability and all applicable interest and penalties. When electronically filing my federal and state tax returns, I understand that if there is an error on my federal return, my state return will also be rejected.

I consent to my Electronic Return Originator (ERO) or On-Line Service Provider (OLSP) sending my electronic Arizona individual income tax return and accompanying schedules and statements to ADOR, and I consent to my ERO or OLSP sending such information to ADOR through a transmitter. I consent to ADOR sending my ERO, OLSP and/or transmitter an acknowledgement of receipt of transmission and an indication of whether or not the transmission of my return is accepted and, if the return is rejected, the reason(s) for the rejection. If the processing of my return or refund is delayed, I authorize ADOR to disclose to my ERO, OLSP and/ or transmitter the reason(s) for the delay, or when the refund was sent. If ADOR contacts my ERO for a copy of my return, any documents or schedules to my return, and/or this authorization form, I authorize my ERO to release copies of the requested documents to ADOR.

#### I authorize GLOBAL TAXES LLC

#### (ELECTRONIC RETURN ORIGINATOR)

to make the election that I want my electronic signature to my electronic federal individual income tax return to serve as my signature to my electronic Arizona individual income tax return for the year ending December 31, 2021. I understand that when my ERO makes the election that my electronic signature to my federal individual income tax return will serve as my signature to my Arizona individual income tax return. I will have signed my Arizona individual income tax return and declared under penalties of perjury that to the best of my knowledge and belief the return is true, correct and complete.

HERE	→		
SIGN HE	YOUR PEN AND INK SIGNATURE	DATE	
PLEASE S	SPOUSE'S PEN AND INK SIGNATURE	DATE	
F			

RETURN.				Arizona Form <b>140</b>	F	Resident	Persoi	nal Inco	ome Tax	Return	F	OR CAL	endar year	
	32F		Chec f filiı	k box 82F ng under extensio	on OR FISCA	L YEAR BEGI	NNING L		2,0,2,1	J AND ENDING				66F
THE	_	Your l	First	Name and Middle Ini	itial		Last	t Name		Ente	Your	Social	Security Nu	ımber
	1		ERA	K First Name and Midd	I. I: .: .:			LWAL		your	48		57   343	
	1	Spou	sesr	-irst mame and midd	ie initial (il box 4 c	or 6 checked)	Lasi	Name		SSN	(s).	se s So	ocial Securit	y no.
TEV		Curre	nt Ho	ome Address - numb	er and street, rura	l route			Apt. No.	Dayt	ime Phone	(with a	area code)	
ANY ITEMS	2			S 13TH AVENU					В		(346)212			
	3		Iown OEN	or Post Office ⊺X	St A	ate Z		ZIP Code 85007		Last Names Use	d in Last Fou	r Prior Y	rear(s) (if diff	erent) 97
STAPLE		4		Married filing joint re			Protection		/erpayment	REVENUE USE	ONLY. DO NO	OT MAF	RK IN THIS A	
ST	FILINGSTATUS	5	$\Box$	Head of household.						88				
DO NOT	NGS			L										
0		6 7		Married filing separa	ate return. Enter s	pouse's name a	nd Social S	ecurity Num	per above.					
	1	1		Enter the number of	claimed. Do not	put a check n	nark.							
		8		Age 65 or over (you	, ,	If completing lin				81 PM			RCVD	
	d 10b	9		Blind (you and/or sp	,	39, and 41. For				81 ' '''		80		
	ສ	10a 11a		Dependents: Under Qualifying parents a	•	10b Dep	Jendents.	Age 17 and	I OVEI.					
	its 10a		(Bo	ox 10a and 10b): De		ion. See instr						age 4,		
	- Dependents			FIRSTAN	(a) ND LAST NAME		(t SOCIAL SE	) CURITY NO.	(c) RELATIONSHII		(e) ✓ Dependent included i	Age	(f) ✓ if you did no this person on	ot claim
	Depe			(Do not list y	yourself or spouse.)					LIVED IN YOUR HOME IN 2021	1	2	this person on federal return of educational ci	due to
	1a - I	10c									(Box 10a) (Bo	ox 10b)		
	and 11a	10d				1								
	8, 9, 8	10e												
0			(Bo	ox 11a): Qualifying p	parents and grand (a)	parents. See	instruction (t		re space, chec	k the box and (d)	d complete (e)	page 4	<b>I, Part 2.</b>	
Form 140	Exemptions				ND LAST NAME		SOCIAL SE		RELATIONSHI				✓ IF DIED 2021	) IN
orn	Exe			(Do not list )	yourself or spouse.)					HOME IN 2021			2021	
er		11b	-											
s aft		11c					)						84,131	00
schedules or other documents aft				eral adjusted gross			-						04,131	00
m	su			ified federal adjusted									84,131	00
doc	Additions			-Arizona municipal in										00
Jer	Ă			nership Income adjus I federal depreciation										00
oth				er Additions to Income										00
S 01				total: Add lines 14 thro									84,131	00
lule				l net capital gain or (l l net short-term capita							581 00			
hed				l net long-term capita										
SC		23	Net I	ong-term capital gair	n from assets acq	uired <i>after</i> Dec	cember 31	, 2011. See	e instructions. 2	3	0 00			
1 AZ				iply line 23 by 25% (. hay be blank or may con									C	00 00
anc	su			TKOKKARI NE ĤER	CONTRACTOR IN	(EREBITOR DÉ	3785 H			ified small busines				00
eral	Subtractions		別の							djustment				00
ede	ubtra		14			<u>ARESERE</u>		28 Intere	st on U.S. obliga	ations	28			00
ed f	S		0 E		e sine sine sine sine sine sin E sine sine sine sine sine si	e are are are are a				ate or local govt. pe				00
luir			KTE.							ainer pay uniform se r Railroad Retirem				00
req			ŴŴ							erican Indians				00
any			Ų.		n an the Discrete States and an					an active service me				00
Place any required federal and AZ									perating loss adj ibutions: <b>34</b> a 529					00
Pla									9A (ABLE)		and 34b. <b>34C</b>			00

	Touri	lame (as shown on page 1) You	r Social Security Nu	mber		
	PRE	RAK SILWAL 4	87-57-3438			
Ì	35	Subtract lines 24 through 34c from line 19		35	84,131	
		Other Subtractions from Income. Complete Other Subtraction from Arizona Gross Income schedule			01/202	0
		·			84,131	
suc	37	Subtract line 36 from line 35. Enter the difference			04,131	
Exemptions		Age 65 or over: Multiply the number in box 8 by \$2,100				0
cem	39	Blind: Multiply the number in box 9 by \$1,500				0
ш	40	Other Exemptions. See instructions40E Multiply the number in box 40E by \$2,300				0
	41	Qualifying parents and grandparents: Multiply the number in box 11a by \$10,000		41		0
-	42	Arizona adjusted gross income: Subtract lines 38 through 41 from line 37. If less than zero, enter "0"			84,131	
	43	Deductions: Check box and enter amount. See instructions	STANDARD	43	12,550	_
	44	If you checked box 43S and claim charitable contributions, check 44C 🔀 Complete page 3. See instru	ctions	44		5 0
ах	45	Arizona taxable income: Subtract lines 43 and 44 from line 42. If less than zero, enter "0"		45	71,506	50
of Tax	46a	Compute the tax using amount on line 45 and Tax Tables X and Y or Optional Tax Tables		46a	2,312	20
ce	46b	If line 45 is \$250,001 or more (single/mfs) or \$500,001 or more (mfi/hoh) compute the tax surcharge	e. Enter the amount	46b		0
Balance	47	Tax from recapture of credits from Arizona Form 301, Part 2, line 30		47		0
Ba		Subtotal of tax: Add lines 46a, 46b and 47. Enter the total			2,312	
	49	Dependent Tax Credit. See instructions				0
	50	Family income tax credit (from the worksheet - see instructions)				0
	51	Nonrefundable Credits from Arizona Form 301, Part 2, line 61				0
0 0		Balance of tax: Subtract lines 49, 50 and 51 from line 48. If the sum of lines 49, 50 and 51 is greater than line			2,312	1
s an edit	52				2,312	
e Cr	53	2021 AZ income tax withheld			Z, 103	
Total Payments and Refundable Credits			Add 54a and 54b.			0
fund	55	2021 AZ extension payment (Form 204)				0
Tot Re	56	Increased Excise Tax Credit (from the worksheet - see instructions)				0
	57	Property Tax Credit from Arizona Form 140PTC				0
Tax Due or Overpayment	58	Other refundable credits: Check the box(es) and enter the total amount	308-1 <b>582</b> ]349	58		0
aym	59	Total payments and refundable credits: Add lines 53 through 58. Enter the total		59	2,169	<u>) (</u>
ax L /erp	60	TAX DUE: If line 52 is larger than line 59, subtract line 59 from line 52. Enter amount of tax due. Skip lines 61,	62 and 63	60	143	3 0
- ó	61	OVERPAYMENT: If line 59 is larger than line 52, subtract line 52 from line 59. Enter amount of overpayment		61		0
ts	62	Amount of line 61 to be applied to 2022 estimated tax		62		0
Gifts		Balance of overpayment: Subtract line 62 from line 61. Enter the difference				C
ary	64 -	74 Voluntary Gifts to:Solutions Teams64 00 Arizona Wildlife	65 00			
Voluntary		Child Abuse Prevention				
Ŷ		Neighbors Helping Neighbors	i			
2		I Didn't Pay Enough Fund				
Penalty	75		3 Republican			
Pe		Estimated payment penalty		76		0
		771 Annualized/Other 772 Farmer or Fisherman 773 Form 221 included		/0		
eq						
ō ≷ O		Add lines 64 through 74 and 76; enter the total				0
اید خ	79	<b>REFUND</b> . Subtract line 78 from line 63. If less than zero, enter amount owed on line 80		79		0
nn	15					
Amount	15	Direct Deposit of Refund: Check box 79A if your deposit will be ultimately placed in a foreign account; see ins				
Amount Owed	15	Direct Deposit of Refund: Check box 79Å if your deposit will be ultimately placed in a foreign account; see in:				
Amount		Direct Deposit of Refund:       Check box 79A if your deposit will be ultimately placed in a foreign account; see instanting of the count of the co	structions. 79A			
Amount	80	Direct Deposit of Refund:       Check box 79A if your deposit will be ultimately placed in a foreign account; see instanting of the count of the co	SSN on payment;	80	143	
Amount	<b>80</b>	Direct Deposit of Refund:       Check box 79A if your deposit will be ultimately placed in a foreign account; see instanting of the second secon	SSN on payment;	80 wledge and	l belief, they a	
	<b>80</b>	Direct Deposit of Refund:       Check box 79A if your deposit will be ultimately placed in a foreign account; see instanting of the count of the co	SSN on payment;	80 wledge and	l belief, they a	
	<b>80</b>	Direct Deposit of Refund:       Check box 79Å if your deposit will be ultimately placed in a foreign account; see instanting of the placed in the place	SSN on payment;	80 wledge and r has any k	l belief, they a	
	80 t	Direct Deposit of Refund:       Check box 79Å if your deposit will be ultimately placed in a foreign account; see instanting of the constraint of the co	SSN on payment; best of my know of which prepare "TWARE ENG]	80 wledge and r has any k	l belief, they a	
HERE	80 t	Direct Deposit of Refund:       Check box 79Å if your deposit will be ultimately placed in a foreign account; see instanting of the constraint of the co	SSN on payment;	80 wledge and r has any k	l belief, they a	
HERE	80 t	Direct Deposit of Refund:       Check box 79Å if your deposit will be ultimately placed in a foreign account; see instanting of the constraint of the co	SSN on payment; best of my know of which prepare "TWARE ENG]	80 wledge and r has any k	l belief, they a	
HERE	80 t → Ÿ	Direct Deposit of Refund:       Check box 79Å if your deposit will be ultimately placed in a foreign account; see instanting of the control of the	SSN on payment; best of my know of which prepare "TWARE ENG]	80 wledge and r has any k	l belief, they a	
SIGN HERE	80 ↓ ↓ ↓ ₹	Direct Deposit of Refund:       Check box 79Å if your deposit will be ultimately placed in a foreign account; see instanting of the control of the	SSN on payment; SSN on payment; be best of my know of which prepare 'TWARE ENGI PATION	80 wledge and r has any k	l belief, they a	
SIGN HERE	80 t → ¥	Direct Deposit of Refund:       Check box 79Å if your deposit will be ultimately placed in a foreign account; see instanting of the control of the	SSN on payment; SSN on payment; best of my know of which prepare 'TWARE ENG] PATION	80 wledge and r has any k	l belief, they a	
EASE SIGN HERE	80 ↓ ↓ F F	Direct Deposit of Refund:       Check box 79A if your deposit will be ultimately placed in a foreign account; see instanting of the constraint of the co	SSN on payment; SSN on payment; best of my know of which prepare; 'TWARE ENGI PATION SE'S OCCUPATION	80 Wedge and has any k	l belief, they a	
SIGN HERE	80 ↓ ↓ ₹ ₹ ₹	Direct Deposit of Refund:       Check box 79Å if your deposit will be ultimately placed in a foreign account; see instanting of the constraint of the co	SSN on payment; SSN on payment; be best of my know of which prepares TWARE ENGI PATION SE'S OCCUPATION LF-EMPLOYED) 30-1017	80 Medge and r has any k	l belief, they a	
EASE SIGN HERE	80 ↓ ↓ ₹ ₹	Direct Deposit of Refund:       Check box 79Å if your deposit will be ultimately placed in a foreign account; see instanting of the construction o	SSN on payment; SSN on payment; best of my know of which prepare 'TWARE ENGI PATION SE'S OCCUPATION LF-EMPLOYED) <u>30-1017</u> PAID PREPARI	80 wiedge and r has any k INEER	l belief, they an	
EASE SIGN HERE	80 ↓ ↓ ₹ ₹ ₹	Direct Deposit of Refund:       Check box 79Å if your deposit will be ultimately placed in a foreign account; see instanting of the constraint of the co	SSN on payment; SSN on payment; be best of my know of which prepares TWARE ENGI PATION SE'S OCCUPATION LF-EMPLOYED) 30-1017	80 wiedge and has any k INEER	l belief, they an	

## 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.

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

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

• 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 44**C** for charitable contributions on line 44. If you do not check this box, you may be denied the increased standard deduction.

## Arizona Individual Income Tax Payment Voucher for Electronic Filing

EF	٧
20	21

	our First Name and Middle Initial		Last Name		Enter	Your Social Security Number
1	PRERAK		SILWAL		Enter	487   57 <sub> </sub> 3438
_	Spouse's First Name and Middle Init	ial	Last Name		your	Spouse's Social Security No.
1					SSN(s).	
	Current Home Address - number and	d street, rural route	·	Apt. No.	Daytime Ph	hone (with area code)
2	1236 S 13TH AVENUE			В	<b>94</b> (346	5)212-7325
	City, Town or Post Office	State	ZIP Code			. DO NOT MARK IN THIS AREA.
3	PHOENIX	AZ	85007		88	
	ase indicate the filing statu Married filing joint return Head of household: Enter na Married filing separate return	me of qualifying child or depe	I	nber above.		
	Single				81 PM	80 RCVD
Ent	er the amount of paymen	t enclosed				\$ 143 00

### If you are mailing this payment

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

- ✓ Do not send cash.
- $\checkmark$  Make your check or money order payable to Arizona Department of Revenue.
- $\checkmark$  Write your SSN, "2021 Tax" and 140 on your payment.
- $\checkmark$  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

- $\checkmark$  Click on "Make a Payment" and select "140V" as the Payment Type.
- $\checkmark$  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.

FORM.	Arizona Form 140ES	dual Est	imated Inco	ome Tax	Payment	FOR CALENDAR YEAR
TO THE	This estimated payment is for tax year endin Your First Name and Middle Initial	ng Decem	oer 31, 2022, o Last Name	or for tax ye	ear ending:	<u> </u>
<b>ANY ITEMS T</b>	PRERAK     Spouse's First Name and Middle Initial (if filing joint)		SILWAL Last Name		Enter your SSN(s).	487   57   3438 Spouse's Social Security No.
	Current Home Address - number and street, rural rour <b>2</b> 1236 S 13TH AVENUE	te		Apt. No. B		Phone (with area code) 6) 212-7325
<b>STAPLE</b>	City, Town or Post Office 3 PHOENIX	State AZ	<b>ZIP Code</b> 85007		REVENUE USE ONLY	. DO NOT MARK IN THIS AREA.
DO NOT	Check if this payment is on behalf of a Nor					
	• DO NOT USE THIS FORM TO MAKE DEI • Use this form only for mailing estimated pa		INCOME TAX F	PAYMENTS.		
	1 Payment: You must round your estimated payment enclosed			<b>ents).</b> 36 00	81 PM	80 RCVD
	2 Check only one box for the quarter for which t	his paymen	t is made.		L	

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:

X	<	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 <b>June 15, 2022.</b>
	ו	3rd Quarter – July to September   Due date is September 15, 2022.
	]	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 <b>fourth</b> month of the current fiscal year.
2nd Quarter – 15th day of the <b>sixth</b> month of the current fiscal year.
3rd Quarter – 15th day of the <b>ninth</b> month of the current fiscal year.
4th Quarter – 15th day of the <b>first</b> month of the next fiscal year.

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 application of this payment, be sure that you:

- $\checkmark$  Complete and submit this form in its entirety. Do not cut this page in half.
- $\checkmark$  Make your check or money order payable to Arizona Department of Revenue.
- $\checkmark$  Write your SSN, "Tax Year 2022" and "140ES" on your payment.
- ✓ If payment is made on behalf of a Nonresident Composite return, write "Composite 140NR", "Tax Year 2022" and the entity's EIN on your payment.
- $\checkmark$  Include your payment with this form.
- ✓ Mail to Arizona Department of Revenue, PO Box 29085, Phoenix, AZ 85038-9085.

Be sure to review your estimated income and adjust your payments as necessary during the year.

If you are making an electronic payment

#### You can make this estimated payment by eCheck or credit card! American Express ♦ Visa ♦ Discover Card ♦ MasterCard

www.AZTaxes.gov

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

FORM.	Arizona Form 140ES	ndividual Esti	mated Inco	ome Tax	Payment	FOR CALENDAR YEAR
ΞE	This estimated payment is for tax ye	ar ending Deceml		or for tax ye	ear ending: ∟	2,0,
10	Your First Name and Middle Initial		Last Name			Your Social Security Number
١S	1 PRERAK		SILWAL		Enter	487   57   3438
ITEMS	Spouse's First Name and Middle Initial (if filing	ng joint)	Last Name		your	Spouse's Social Security No.
Ľ	1				SSN(s).	
ANY	Current Home Address - number and street,	rural route		Apt. No.	Daytime	Phone (with area code)
Ц	2 1236 S 13TH AVENUE City, Town or Post Office 3 PHOENIX			В	<b>94</b> (34	6)212-7325
ΑF	City, Town or Post Office	State	ZIP Code		REVENUE USE ONLY	(. DO NOT MARK IN THIS AREA.
	3 PHOENIX	AZ	85007		88	
ō	Check if this payment is on behalf	of a Nonresident C	omposite retu	rn - 140NR		
8						
-	• DO NOT USE THIS FORM TO M	AKE DELINQUENT	INCOME TAX F	PAYMENTS.		
	<ul> <li>Use this form only for mailing estir</li> </ul>	nated payments.				

**Payment:** You must round your estimated payment to a whole dollar (no cents). 1 36 00 Enter the amount of payment enclosed ..... \$

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:

C		1st Quarter – January to March   Due date is <b>April 15, 2022.</b> Because April 15, 2022 is a federal holiday, you have until April 18, 2022 to make this payment.
Σ	<	2nd Quarter – April to June   Due date is June 15, 2022.
C		3rd Quarter – July to September   Due date is September 15, 2022.
		4th Quarter – October to December   Due date is <b>January 15, 2023.</b> 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.

81 PM

Payment for fiscal year filers are due as follows:

1st Quarter – 15th day of the <b>fourth</b> month of the current fiscal year.
2nd Quarter – 15th day of the <b>sixth</b> month of the current fiscal year.
3rd Quarter – 15th day of the <b>ninth</b> month of the current fiscal year.
4th Quarter – 15th day of the <b>first</b> month of the next fiscal year.

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 application of this payment, be sure that you:

- $\checkmark$  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 140NR", "Tax Year 2022" and the entity's EIN on your payment.
- Include your payment with this form.
- Mail to Arizona Department of Revenue, PO Box 29085, Phoenix, AZ 85038-9085.

Be sure to review your estimated income and adjust your payments as necessary during the year.

If you are making an electronic payment

#### You can make this estimated payment by eCheck or credit card! American Express ♦ Visa ♦ Discover Card ♦ MasterCard

www.AZTaxes.gov

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

80 RCVD

FORM.		Arizona Form 140ES Individu	al Estir	mated Inco	ome Tax	Payment	FOR CALENDAR YEAR
TO THE		This estimated payment is for tax year ending Your First Name and Middle Initial	Decemb	er 31, 2022, c Last Name	or for tax ye	ear ending:	Your Social Security Number
	1	PRERAK           Spouse's First Name and Middle Initial (if filing joint)		SILWAL Last Name		Enter your	487   57   3438 Spouse's Social Security No
AN	1	Current Home Address - number and street, rural route 1236 S 13TH AVENUE			Apt. No.		Phone (with area code) 6) 212-7325
STAPLE	_	City, Town or Post Office PHOENIX	State AZ	ZIP Code 85007	В		6) 212-7325 7. DO NOT MARK IN THIS AREA.
DO NOT		Check if this payment is on behalf of a Nonre	sident Co	omposite retu	rn - 140NR		
	ST	<ul> <li>DO NOT USE THIS FORM TO MAKE DELIN</li> <li>Use this form only for mailing estimated payn</li> </ul>		NCOME TAX P	AYMENTS.		
	1	Payment: You must round your estimated payme Enter the amount of payment enclosed			ents). 36 <mark>00</mark>	81 PM	80 RCVD
	~	Charle and some have far the sweeten far which this					

2 Check only <u>one</u> 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 <b>April 15, 2022.</b> Because April 15, 2022 is a federal holiday, you have until April 18, 2022 to make this payment.
C		2nd Quarter – April to June   Due date is June 15, 2022.
Σ	K	3rd Quarter – July to September   Due date is September 15, 2022.
C		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 <b>fourth</b> month of the current fiscal year.
2nd Quarter – 15th day of the <b>sixth</b> month of the current fiscal year.
3rd Quarter – 15th day of the <b>ninth</b> month of the current fiscal year.
4th Quarter – 15th day of the <b>first</b> month of the next fiscal year.

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 application of this payment, be sure that you:

- $\checkmark$  Complete and submit this form in its entirety. Do not cut this page in half.
- $\checkmark$  Make your check or money order payable to Arizona Department of Revenue.
- $\checkmark$  Write your SSN, "Tax Year 2022" and "140ES" on your payment.
- ✓ If payment is made on behalf of a Nonresident Composite return, write "Composite 140NR", "Tax Year 2022" and the entity's EIN on your payment.
- $\checkmark$  Include your payment with this form.
- ✓ Mail to Arizona Department of Revenue, PO Box 29085, Phoenix, AZ 85038-9085.

Be sure to review your estimated income and adjust your payments as necessary during the year.

If you are making an electronic payment

#### You can make this estimated payment by eCheck or credit card! American Express ♦ Visa ♦ Discover Card ♦ MasterCard

www.AZTaxes.gov

- $\checkmark\,$  Click on "Make a Payment" and select "140ES" as the Payment Type.
- $\checkmark$  Do not mail this form. We will apply this payment to your account.

Arizona Form <b>140ES</b>	mated Inco		AR YEAR					
This estimated payment is for t	ax year ending Decemb	er 31, 2022, d	or for tax year endi	ng:		2,0	), ,	
Your First Name and Middle Initial		Last Name			Your Soci	al Secu	urity Num	ber
1 PRERAK		SILWAL		Enter	487	57	3438	
Spouse's First Name and Middle Initia	al (if filing joint)	Last Name		your	Spouse's	Social	Security N	No.
1				SSN(s).				
Current Home Address - number and	street, rural route		Apt. No.	Davtime I	Phone (wit	n area	code)	

FORM.	Arizona Form <b>140ES</b>	Individual Estimated Income Tax Payment								FOR CALENDAR YEAR
THE	This estimated payment is for ta	ax year ending Decemb	er 31, 2022, c	or for tax ye	ear ending: ∟	2_0				
2	Your First Name and Middle Initial		Last Name			Your Social Security Number				
<b>NS</b>	1 PRERAK		SILWAL		Enter	487 57 3438				
Ē	Spouse's First Name and Middle Initial	(if filing joint)	Last Name		your	Spouse's Social Security No.				
<b>ANY ITEMS</b>	1				SSN(s).					
A	Current Home Address - number and s	street, rural route		Apt. No.	Daytime	Phone (with area code)				
Ц	2 1236 S 13TH AVENUE City, Town or Post Office 3 PHOENIX			В	<b>94</b> (34)	6)212-7325				
ΑP	City, Town or Post Office	State	ZIP Code			. DO NOT MARK IN THIS AREA.				
L ST	3 PHOENIX	AZ	85007		88					
lon od	Check if this payment is on bel OD NOT USE THIS FORM T OUSe this form only for mailing	O MAKE DELINQUENT I	NCOME TAX P	AYMENTS.						
	1 Payment: You must round your e	stimated payment to a wh	ole dollar (no c	ents).	81 PM	80 RCVD				

- 1 Payment: You must round your estimated payment to a whole dollar (no cents). Enter the amount of **payment enclosed** ......\$ 36 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:

	1	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 September   Due date is September 15, 2022.
X	(	4th Quarter – October to December   Due date is <b>January 15, 2023.</b> 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 <b>fourth</b> month of the current fiscal year.
2nd Quarter – 15th day of the <b>sixth</b> month of the current fiscal year.
3rd Quarter – 15th day of the <b>ninth</b> month of the current fiscal year.
4th Quarter – 15th day of the <b>first</b> month of the next fiscal year.

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 application of this payment, be sure that you:

- $\checkmark$  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 140NR", "Tax Year 2022" and the entity's EIN on your payment.
- Include your payment with this form.
- Mail to Arizona Department of Revenue, PO Box 29085, Phoenix, AZ 85038-9085.

Be sure to review your estimated income and adjust your payments as necessary during the year.

If you are making an electronic payment

### You can make this estimated payment by eCheck or credit card! American Express ♦ Visa ♦ Discover Card ♦ MasterCard

www.AZTaxes.gov

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