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

Do not mail this form to the Arizona Department of Revenue. The ERO must retain this document a minimum of four years.

Your First Name and Initial	Last Name	Your Social Security Number*
ROJA	IRUKULAPATI	Enter 174 29 2753
Your Spouse's First Name and Initial (if filed joint)	Last Name	your Spouse's Social Security No.*
	MABAGAPU	815 97 9538
PART 1 – PURPOSE (If you are e-filing a S	Small Business Income T	ax Return, also complete Form AZ-8879 SBI) ^{*Do Not Truncate}
 To certify the truthfulness, correctness, and comp 	leteness of the taxpayer's elec	ctronic income tax return.
• To authorize the Electronic Return Originator (ER	O) to affirm that the taxpayer	wishes to use the taxpayer's electronic signature to the taxpayer's
federal individual income tax return as the taxpay	ver's signature to the taxpayer	's electronic Arizona individual income tax return.
PART 2 – TAX RETURN INFORMATION		PART 3 – FINANCIAL INSTITUTION INFORMATION
		Must be present when requesting direct debit or deposit.
1 Arizona Adjusted Gross Income 259, 6	83 00	Foreign Account Deposit/Debit: See instructions below.
2 Balance of Tax 7, 3	84 00	TYPE OF ACCOUNT ROUTING NUMBER
3 Arizona Income Tax Withheld 3, 1	50 00	Checking Savings
Check box 4 <u>or</u> box 5:		ACCOUNT NUMBER
4 REFUND: Enter the amount of refund		
5 AMOUNT YOU OWE: Enter the amount owe	4,234 00	DIRECT DEBIT REQUEST DATE DIRECT DEBIT PAYMENT AMOUNT

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

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 The payment will be withdrawn from the account and on the date listed in the Financial Institution Information Section (Part 3).

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

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

Under penalties of perjury, I declare that I have examined a copy of my electronic Arizona individual income tax return and accompanying schedules and statements for the year ending December 31, 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.

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

RETURN.				Arizona Form 140		Resident	Pers	onal Inc	ome Tax	Return	FC	DR CALENDAR YEAR
	82F		Chec f filin	k box 82F Ig under extens	sion OR FISC	AL YEAR BEG	GINNING		<u> 2,0,2,1</u>			66F
ANY ITEMS TO THE				Name and Middle I	Initial			ast Name		Ente	er	Social Security Number
P	1	RO		irst Name and Mid	dle Initial (if box 4	l or 6 checked		RUKULAPA ast Name	TI	you	Shous	4 29 2753 e's Social Security No.
MS	1	•		JMAR			·	ABAGAPU		SSN	(S).	5 97 9538
E	_			me Address - num	ber and street, ru	ral route	I		Apt. No.		time Phone ((with area code)
ž	2			LEO PL or Post Office		State		ZIP Code			(623)300) – 5894 Prior Year(s) (if different)
	3		ANDI			State AZ		85249	;	Last Names Use	a in Last Four	97
APL	S	4	X	Married filing joint	return 4a 🗌	Injured Spouse	e Protecti	on of Joint O	verpayment		ONLY. DO NO	T MARK IN THIS AREA.
ST	TAT	5		Head of household	d. Enter name of qu	ualifying child or	dependen	t on next line:		88		
DO NOT STAPLE	FILINGSTATUS	6				,						
00		6 7		Married filing sepa Single	arate return. Enter	spouse's name	and Socia	I Security Num	ber above.			
		-		Enter the number	r claimed. Do no	t put a check	mark.					
	q	8		Age 65 or over (yo	• •			and 11a, also cor and 10b, also co	-	81 PM		80 RCVD
	10b	9 10a		Blind (you and/or a Dependents: Under	, ,			s: Age 17 and				80
	10a and	11a		Qualifying parents	-		opendern					
	nts 1		(Bo	x 10a and 10b):		ation. See ins	tructions.		1			
	Dependents				(a) AND LAST NAME		SOCIAL	(b) SECURITY NO.	(c) RELATIONSHI			
	Depe			(Do not lis	st yourself or spouse.)					LIVED IN YOUF HOME IN 2021	1	2 federal return due to educational credits
	11a -	10c									(Box 10a) (Bo	
	and '											
	8, 9,	10e										
1 0.			(Bo	x 11a): Qualifying	parents and gran (a)	idparents. See	e instructi	(b)	re space, chec	k the box l ar	id complete	5age 4, Part 2.
n 1	Exemptions				AND LAST NAME st yourself or spouse.)		SOCIAL	SECURITY NO.	RELATIONSHI	P NO. OF MONTH		
-orn	ĔX			(20 10/10	youroon of opeace.					HOME IN 2021		
after Form 140		11b										
afi		11c										259,683 00
ents				ral adjusted gros Business Income: 13								239,083 00
m	su			fied federal adjuste								259,683 00
doc	Additions			Arizona municipal								00
ler (Ρq			ership Income adj federal depreciatio								00
oth				r Additions to Incor								00
s or				otal: Add lines 14 th								259,683 00
ule				net capital gain or net short-term cap							00	
hed				net long-term capi							00	
SC				ong-term capital ga							0 00	T
1 AZ		24	Multip box m	oly line 23 by 25% ay be blank or may co	(.25) and enter th	e result	vour retu					0 00
anc	su			Reference. Det dat offer o	atar detainar Mirabia	alin di Gulissa Har	11.01100			lified small busines		00
sral	Subtractions									djustment		00
ede	ubtra		ЫŘ		6 - 12 - 12 - 12 - 12 - 12 - 12 - 12 - 1	A MACHINE AND	4.08	28 Intere	est on U.S. obliga	ations		00
ed f	S		Жłт							tate or local govt. pe		00
uir			ίħ.							ainer pay uniform s or Railroad Retiren		00
req			ЯĽ.		, porta de la caractería de la caractería En 1975, en 1		GUALONIA ITA ILIA		-	erican Indians		00
any			ЪР.			BH MAGHE			-	an active service m		00
Place any required federal and AZ schedules or other docume			89D			A BARANA A	10.19		perating loss adj ributions: 34 a 529	justment		00
Pla									29A (ABLE)	· <u> </u>	a and 34b. 34C	00

DJA IRUKULAPATI & ANILKUMAR MABAGAPU 174-29-2753 5 Subtract lines 24 through 34c from line 19			
	3		
	35	259,683	3
6 Other Subtractions from Income. Complete Other Subtraction from Arizona Gross Income schedule on page 6			
7 Subtract line 36 from line 35. Enter the difference		259,683	
8 Age 65 or over: Multiply the number in box 8 by \$2,100			
9 Blind: Multiply the number in box 9 by \$1,500			
		259,683	3
		25,100	2
		234,583	3
6a Compute the tax using amount on line 45 and Tax Tables X and Y or Optional Tax Tables	46a	8,442	2
6b If line 45 is \$250,001 or more (single/mfs) or \$500,001 or more (mfj/hoh) compute the tax surcharge. Enter the amount.	46b		
		8,442	2
1 Nonrefundable Credits from Arizona Form 301, Part 2, line 61	. 51	1,058	3
		7,384	1
		3,150)
6 Increased Excise Tax Credit (from the worksheet - see instructions)	. 56		
8 Other refundable credits: Check the box(es) and enter the total amount	58		
		3,150	2
		4,234	4
4 - 74 Voluntary Gifts to: Solutions Teams Assigned to Schools)		
)		
Neighbors Helping Neighbors 69 00 Special Olympics 70 00 Veterans' Dopations Fund 71 00)		
I Didn't Pay Enough Fund)		
	. 76		
	. 78		
9 REFUND: Subtract line 78 from line 63. If less than zero, enter amount owed on line 80	. 79		
Direct Deposit of Refund: Check box 79A if your deposit will be ultimately placed in a foreign account; see instructions. 79A			
			_
	. 80	4,234	4
	1 Qualifying parents and grandparents: Multiply the number in box 11a by \$10,000	1 Qualifying parents and grandparents: Multiply the number in box 11a by \$10,000	1 Qualifying parents and grandparents: Multiply the number in box 11a by \$10.000

Include with your return.

For the calendar year 2021 or fiscal year beginning [,] ,] 2, 0, 2, 1 and ending [,] ,] .

You	Name as shown on Form 140, 140PY, 140NR or 140X				Your Social Se	curity Number	
	JA IRUKULAPATI				174	29 2753	
Spo	use's Name as shown on Form 140, 140PY, 140NR or 140)	K (if a joint return)			Spouse's Soci	al Security Number	
AN:	ILKUMAR MABAGAPU				815	97 9538	
Par	t 1 Nonrefundable Individual Tax Credits A	vailable: Ente	r tot	al available tax cr	edits.		
				(a) Current Year Credit	(b) Available Carryover	(c) Total Available Credit (a) + (b)	it
1	Military Reuse Zone Credit	Form 306 ►	1				00
2	Credit for Increased Research Activities – Individuals		2				0
3	Credit for Taxes Paid to Another State or Country	Form 309 ►	3	1,058		1,058	0
4	Credit for Solar Energy Devices	Form 310 ►	4				0
5	Agricultural Water Conservation System Credit		5				00
6	Pollution Control Credit		6				00
7	Credit for Solar Hot Water Heater Plumbing Stub Outs and						Τ
	Electric Vehicle Recharge Outlets	Form 319 ►	7				00
8	Credit for Contributions to Qualifying Charitable Organizat		8				00
9	Credit for Contributions Made or Fees Paid to Public Scho		9				00
10	Credit for Contributions to Private School Tuition Organiza	tions Form 323 ►	10				0
11	Agricultural Pollution Control Equipment Credit	Form 325 ►	11				0
12	Credit for Donation of School Site		12				0
13	Credit for Employment by Healthy Forest Enterprises		13				0
14	Credit for Employing National Guard Members		14				0
15	Credit for Business Contributions by an S Corporation to						
	School Tuition Organizations - Individual	Form 335-I ►	15				0
16	Credit for Solar Energy Devices – Commercial and						
	Industrial Applications	Form 336 ►	16				0
17	Credit for Investment in Qualified Small Businesses		17				00
18	Credit for Donations to the Military Family Relief Fund		18				0
19	Credit for Business Contributions by an S Corporation to S						
	Tuition Organizations for Displaced Students or Students						
	Disabilities - Individual		19				0
20	Renewable Energy Production Tax Credit		20				0
21	Credit for New Employment		i i				0
22	Additional Credit for Increased Research Activities for						
	Basic Research Payments	Form 346 ►	22				0
23	Credit for Contributions to Certified School Tuition Organiz						
	(for contributions that exceed the allowable credit on Arizona Form		23				0
24	Credit for Contributions to Qualifying Foster Care Charitab	,					
-	Organizations		24				0
25	Healthy Forest Production Tax Credit						00
26	Total available nonrefundable tax credits: Add lines 1 t			l l		1,058	

You must include Form 301 and the corresponding credit form(s) for IMPORTANT which you computed your credit(s) with your individual income tax return.

Your Name (as shown on page 1) Your Social Secur	ity Numb	er	
ROJA IRUKULAPATI & ANILKUMAR MABAGAPU 174-29-275	3		
Part 2 Application of Tax Credits and Recapture: Enter tax, recapture tax, and tax credits	used t	his taxable year.	_
27 Tax from Form 140, lines 46a and 46b; or Form 140PY, lines 56a and 56b; or Form 140NR, line 56a and 56b; or			
Form 140X, lines 37a and 37b	27	8,442	00
28 Tax from Recapture of Credits for Healthy Forest Enterprises from			
Form 332, Part 9, line 39, and Part 10, line 45	00		
29 Tax from Recapture of Credit for Qualified Facilities from Form 349, Part 7, line 19	00		
30 Recapture Total: Add lines 28 and 29. Enter here and on Form 140, line 47; or Form 140PY, line 57; or			
Form 140NR, line 57;or Form 140X, line 38	30		00
31 Subtotal: Add lines 27 and 30	31	8,442	00
32 Family Income Tax Credit from Form 140, line 50; or Form 140PY, line 60; or Form 140X, box 40a; plus Dependent	nt		
Tax Credit from Form 140, line 49; or Form 140PY, line 59; or Form 140NR, line 59; or Form 140X, box 40b	32		00
33 Subtract line 32 from line 31. Enter the difference. If less than zero, enter "0"	33	8,442	00

Νοι	refundable Tax Credits Used This Taxable Year: Enter amounts actually	/ used from Part 1.			
34	Military Reuse Zone Credit	34	00		
35	Credit for Increased Research Activities – Individuals Form 308-I ► 3		00		
36	Credit for Taxes Paid to Another State or CountryForm 309 ►	1,058	00		
37	Credit for Solar Energy Devices	37	00		
38	Agricultural Water Conservation System CreditForm 312 ► 3	38	00		
39	Pollution Control CreditForm 315 ► 3	39	00		
40	Credit for Solar Hot Water Heater Plumbing Stub Outs and				
	Electric Vehicle Recharge Outlets	40	00		
41	Credit for Contributions to Qualifying Charitable OrganizationsForm 321 ►	11	00		
42	Credit for Contributions Made or Fees Paid to Public SchoolsForm 322 ►	42	00		
43	Credit for Contributions to Private School Tuition OrganizationsForm 323 ►	13	00		
44	Agricultural Pollution Control Equipment CreditForm 325 ►		00		
45	Credit for Donation of School SiteForm 331 ►		00		
46	Credit for Employment by Healthy Forest EnterprisesForm 332 ►	46	00		
47	Credit for Employing National Guard MembersForm 333 ►	17	00		
48	Credit for Business Contribution by an S Corporation to				
	School Tuition Organizations - Individual Form 335-I ►		00		
49	Credit for Solar Energy Devices – Commercial and Industrial ApplicationsForm 336 ►	19	00		
50	Credit for Investment in Qualified Small BusinessesForm 338 ►	50	00		
51	Credit for Donations to the Military Family Relief Fund: Enter the smaller of				
	Form 301, Part 1, line 18 or Part 2, line 31Form 340 ►	51 0	00		
52	Credit for Business Contributions by an S Corporation to School Tuition				
	Organizations for Displaced Students or Students with Disabilities - Individual Form 341-I ►		00		
53	Renewable Energy Production Tax CreditForm 343 ►		00		
54	Credit for New EmploymentForm 345 ►		00		
55	Additional Credit for Increased Research Activities for Basic Research PaymentsForm 346 ►	55	00		
56	Credit for Contributions to Certified School Tuition Organizations				
	(for contributions that exceed the maximum allowable credit on Arizona Form 323)Form 348 ►		00		
57			00		
58	Healthy Forest Production Tax CreditForm 353 ►	58	00		
59	Tax credits used from Form 301: Add lines 34 through 58		59	1,058	00
60	Tax credits used from Form 301-SBI, line 65		60)	00
61	Total Tax Credits Used: add lines 59 and 60. Enter this amount on Form 140, line 51; or Fo	orm 140PY, line 61; or			
	Form 140NR, line 60; or Form 140X, line 41. Total credits used cannot be more than line	33	61	1 1,058 (00

Credit for Taxes Paid to Another State or Country

Include with your return. A separate form must be filed for each state or country for which a credit is claimed.

For the calendar year 2021 or fiscal year beginning [,] ,] 2, 0, 2, 1 and ending [,] ,] .

Your Name as shown on Form 140, 140NR, 140PY, or 140X	Your Social Security Number
ROJA IRUKULAPATI	174 29 2753
Spouse's Name as shown on Form 140, 140NR, 140PY, or 140X (if joint return)	Spouse's Social Security Number
ANILKUMAR MABAGAPU	815 97 9538

Part 1 Computation of Income Subject to Tax by Both Arizona and the Other State or Country During 2021

A. Other State: If claiming a credit for taxes paid to another state, enter the two-letter abbreviation for that state. See last page of the instructions for a list of state abbreviations

B. Other Country: If claiming a credit for taxes paid to another country, enter the country name If claiming a credit for taxes paid to more than one country, see instructions.

			(a)		(b)			(c)	
1	Description of income item(s).	WAGES]]
	List each income item	WAGES								
	separately. Do not include any									
	income item reported on your									
	small business income tax return.									
•				(a)		(b)		[(c)	
2	Amount of income from iten									
	on line 1 reportable to both			32,539	00	¢	00		<u>ሱ</u>	
	and the other state or coun	try 2	2 \$	32,539	00	\$	00		\$	00
3	Portion of income on line 2									
5	included in Arizona adjuste									
	gross income		\$	32,539	00	\$	00		\$	00
	gross moome			01,000		Ψ	00		Ψ	
4	Portion of income on line 2									
	included in the other state of	or								
	country's equivalent of Arize	ona								
	adjusted gross income	4	\$	32,539	00	\$	00		\$	00
5	Income subject to tax by bo	oth								
	Arizona and the other state	or								
	country. Enter the smaller of	of the								
	amount entered on line 3 of		\$	32,539			00		\$	00
6	2					or country. Add line 5, colur				
	(b), and (c). Include total fr	om additior	nal sch	nedules. If les	s th	an zero, enter "0". See instru	ctions	6	\$ 32,539	00
Devt 0	Commutation of Other	. Ctoto ou	C a · · ·	atime Taxe Orea	4:4					
Part 2						• • • • • • • • • • • • • • • • • • • •				
7	(Read specific line instruction					іs рап.) dit)		7	8,442	00
			-			un)			32,539	
9						ctions			259,683	
10	-		-			e greater than one)			0.1253	
11						· · · · · · · · · · · · · · · · · · ·		11	1,058	
12	Income tax paid to: Name of	f other state	or co	untry. See Instru	ctions	s. 12a <u>MICHIGAN</u>		12b	1,331	00
13	Amount from Part 1, line 6.							13	32,539	
14	Entire income upon which o	other state	or cou	ntry's income	tax i	is imposed. See instructions.		14	32,539	00
15		-		•		t be greater than one)		15	_ 1.0000	
16		-						16	1,331	00
17	-					or country: If claiming a cred				
						naller of line 11 or line 16, and		4-	1 0 - 0	
	Arizona ⊢orm 301, Part 1, I	ine 3, colur	nn (a)					17	1,058	00

Your Name (as shown on page 1)	Your Social Security Number
ROJA IRUKULAPATI & ANILKUMAR MABAGAPU	174-29-2753

Schedule of Income Allocation

Complete this schedule only if you are an Arizona resident who is also considered to be a resident of another state under the laws of that other state (dual resident); otherwise, skip this schedule. See pages 2 and 9 of the instructions.

		(a)		(b)		(c)		(d)	
		Amount reported on your 2021 federal return		Amount entered in column (a) reported on your 2021 Form 140		Amount entered in column (a) reporte- on your 2021 retur filed to your statutor state of residence	n	Amount entered in column (c) that would I sourced to your statuto state of residence as income of a nonreside of that state	ory
1	Wages, salaries, tips, etc	\$	00	\$	00	\$	00	\$	00
2	Interest	\$	00	\$	00	\$	00	\$	00
3	Dividends	\$	00	\$	00	\$	00	\$	00
4	Business income or (loss) from federal Schedule C	\$	00	\$	00	\$	00	\$	00
	Gains or (losses) from federal Schedule D Rents, royalties, partnerships,	\$	00	\$	00	\$	00	\$	00
0	estates, trusts, small business corporations from federal Schedule E	\$	00	\$	00	\$	00	\$	00
7	Other income reported on your federal return	\$	00	\$	00	\$	00	\$	00
8	Total Income: Add lines 1 through 7.	\$	00	\$	00	\$	00	\$	00
9	Other federal adjustments: List on line	es 9a through 9c:							
9a		\$	00	\$	00	\$	00	\$	00
9b		\$	00	\$	00	\$	00	\$	00
9c		\$	00	\$	00	\$	00	\$	00
9d	Total adjustments: Add lines 9a through 9c for each column	\$	00	\$	00	\$	00	\$	00
	Adjusted Gross Income: Subtract line 9d from line 8 for each column	\$	00	\$	00	\$	00	\$	00

Arizona Individual Income Tax Payment Voucher for Electronic Filing

EPV	1
202	1

	our First Name and Middle Initial		Last Name		Ye Ye	our Social Security Number
1	ROJA		IRUKULAPAT	ΓI	Enter your	174 29 2753
Spouse's First Name and Middle Initial			Last Name	Last Name		Spouse's Social Security No.
1	ANILKUMAR		MABAGAPU		SSN(s).	815 97 9538
	Current Home Address - number and s	treet, rural route		Apt. No.	Daytime Pho	one (with area code)
2	228 E LEO PL				94 (623))300-5894
	City, Town or Post Office	State	ZIP Code	·		DO NOT MARK IN THIS AREA.
3	CHANDLER	AZ	85249		88	
Please indicate the filing status below: Image: Married filing joint return Image: Head of household: Enter name of qualifying child or dependent on next line.						
	Married filing separate return: Single	Enter spouse's name and	l Social Security Nur	nber above.	81 PM	80 RCVD
Enter the amount of payment enclosed \$						\$ 4,234 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.
- ✓ 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.