## Form **8879**

(Rev. January 2021)

Department of the Treasury Internal Revenue Service

## IRS e-file Signature Authorization

▶ ERO must obtain and retain completed Form 8879.

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

OMB No. 1545-0074

	5.5.135 55.135					
Submis	ssion Identification Number (SID)					
Taxpayer	's name	Social securi	ty numl	per		
SAI	JYOTHSNA JONNALAGADDA	630-43	-883	8		
Spouse's	name	Spouse's so	cial sec	urity numb	er	
Part	Tax Return Information — Tax Year Ending December 31, 2021 (Enter	vear vou a	ire au	thorizin	u )	
	hole dollars only on lines 1 through 5.	your your	a o aa	ti i O i i Zii i	9./	
	Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.					
	Adjusted gross income		1	7	8,14	18.
	Total tax		2		0,10	
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099		3	1	2,14	10.
4	Amount you want refunded to you		4		2,03	
5	Amount you owe		5			
Part I	Taxpayer Declaration and Signature Authorization (Be sure you get and I	keep a cop	y of y	our ret	urn)	
return (c to send for any of Agent to paymen authoriz paymen business taxes to persona	wledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I above original or amended) I am now authorizing. I consent to allow my intermediate service provider, transming return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejected in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indict of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution ation is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate t, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation requisions of adays prior to the payment (settlement) date. I also authorize the financial institutions involved in the preceive confidential information necessary to answer inquiries and resolve issues related to the publication number (PIN) below is my signature for the income tax return (original or amended) I at the transfer of the income tax return (original or amended) I and the transfer of the income tax return (original or amended) I are transfer or the income tax return (original or amended) I are transfer or the income tax return (original or amended).	itter, or electrection of the testion of the authorizates the processing of ayment. I fur	onic reransmind its of ax prepartion. The entry ation. The elther action at the elther action are received.	turn origingsion, (b) designate paration so this ac for revoke ved no lacetronic paration lecknowledges.	nator (E the read Final softwar count. e (cance ater the payme	ERO) ason ncial e for This cel) a an 2 ent of t the
	ic Funds Withdrawal Consent. yer's PIN: check one box only				٦	
X	l authorize GLOBAL TAXES LLC to enter or generate	my PINI 3	8 8	8   3   8	] as	my
	ERO firm name signature on the income tax return (original or amended) I am now authorizing.	ř Er		digits, but er all zeros	t	iiiy
	I will enter my PIN as my signature on the income tax return (original or amended) I am n if you are entering your own PIN <b>and</b> your return is filed using the Practitioner PIN meth below.					
Your si	gnature ▶ Date ▶					
Spous	e's PIN: check one box only				_	
	I authorize to enter or generate	my PIN			as	my
	ERO firm name	Er		digits, but	t	,
	signature on the income tax return (original or amended) I am now authorizing.	do	n't ente	er all zeros	•	
	I will enter my PIN as my signature on the income tax return (original or amended) I am n if you are entering your own PIN <b>and</b> your return is filed using the Practitioner PIN meth below.					
Spouse	e's signature ▶ Date ▶					
	Practitioner PIN Method Returns Only—continue below					
Part I	I 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	8 6	1 9	8 9	
		Don't en	er all ze	eros		
authoriz	that the above numeric entry is my PIN, which is my signature for the electronic individual income ta ed to file for 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 Ir	itting this ret	urn in a	accordan	ce with	
ERO's	signature ▶ Date ▶					
	ERO Must Retain This Form — See Instructions					
	Don't Submit This Form to the IRS Unless Requested To I	o So				

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

2021
<b></b> -

OMB No. 1545-0074

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

Filing Status Check only one box.	If yo	Single Married filing jointly but checked the MFS box, enter the reson is a child but not your dependent	name of	ed filing separately your spouse. If you	` ′	_		,	, –	_	, ,	` , ` ,
Your first name	and m	iddle initial	Last na	ame					,	Your so	cial securi	ty number
SAI JYO'	THSN.	A	JONI	NALAGADDA						630-4	43-883	8
If joint return, s	pouse's	s first name and middle initial	Last na	ame					•	Spouse's	s social se	curity number
Home address	(numbe	er and street). If you have a P.O. box, see	instruct	ions.				Apt. no.	- 1			on Campaign
3010 WE	ST Y	ORKSHIRE DRIVE									nere if you,	or your ntly, want \$3
City, town, or p PHOENIX	oost offi	ce. If you have a foreign address, also co	omplete s	spaces below.	Sta A			code 5027	1	o go to	0,	Checking a
Foreign countr	y name			Foreign province/stat	te/coun	ty	For	eign postal co			or refund	
At any time du	ıring 20	021, did you receive, sell, exchange	, or othe	erwise dispose of a	ny fina	ancial intere	st in an	y virtual cu	ırrend	cy?	Yes	⊠ No
Standard Deduction	_	neone can claim:  You as a de Spouse itemizes on a separate retur	•			•	nt					
Age/Blindnes	s You:	: Were born before January 2, 1	957 [	Are blind S	pouse	e: Was	born be	efore Janua	ıry 2,	1957	☐ Is b	lind
Dependent	s (see	instructions):		(2) Social secu	rity	(3) Relatio	nship	(4) 🗸	if qua	alifies for	r (see instru	uctions):
If more	(1) F	irst name Last name	number to you		٦ .	Child ta	ax cre	dit	Credit for ot	ther dependents		
than four												
dependents, see instruction												
and check	s —											
here ►												
	1	Wages, salaries, tips, etc. Attach	Form(s)	W-2						1		87,058.
Attach	2a	Tax-exempt interest	2a		b T	axable inte	rest			2b		
Sch. B if	3a	Qualified dividends	За			Ordinary divi				3b		
required.	4a	IRA distributions	4a			axable amo				4b		
	5a	Pensions and annuities	5a		b T	axable amo	ount .			5b		
Standard	6a	Social security benefits	6a		b T	axable amo	ount .			6b		
Deduction for—	7	Capital gain or (loss). Attach Sche	dule D i	if required. If not re	quired	l, check her	е.		<b>▶</b> □	7		
<ul> <li>Single or Married filing</li> </ul>	8	Other income from Schedule 1, lin	ne 10		·					8		-8,910.
separately, \$12,550	9	Add lines 1, 2b, 3b, 4b, 5b, 6b, 7,	and 8.	This is your <b>total ir</b>	come				. ▶	9		78,148.
Married filing	10	Adjustments to income from Sche	edule 1,	line 26						10		
jointly or Qualifying	11	Subtract line 10 from line 9. This is			ome				. ▶	11		78 <b>,</b> 148.
widow(er),	12a	Standard deduction or itemized	•	-			12a	12,	550			
\$25,100 • Head of	b	Charitable contributions if you take		,	,	ructions)	12b		300			
household, \$18,800	c									120	;	12,850.
• If you checked	13	Qualified business income deduct			rm 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 lir	ne 11. If zero or les	s, ente	er-0				15		65,298.

Form 1040 (2021		<b>-</b> /	., , –	/\					1.0	Page <b>2</b>
	16	Tax (see instructions). Check	•	• • —	<del></del>			16	10,	109.
	17	Amount from Schedule 2, lin						17		100
	18	Add lines 16 and 17						18		109.
	19	Nonrefundable child tax cred						19		
	20	Amount from Schedule 3, lin						20		
	21	Add lines 19 and 20						21		100
	22	Subtract line 21 from line 18						22		109.
	23	Other taxes, including self-e						23		0.
	24	Add lines 22 and 23. This is					. ▶	24	10,	109.
	25	Federal income tax withheld				1 1				
	а	Form(s) W-2					<u>,140.</u>	-		
	b	Form(s) 1099				25b				
	С	Other forms (see instructions				25c				
	d	Add lines 25a through 25c						25d	12,	140.
If you have a	26	2021 estimated tax payment	s and amount a	pplied from 20	20 return			26		
qualifying child, attach Sch. EIC. [	27a	Earned income credit (EIC)				27a				
attacti Scri. Elo.		Check here if you were to January 2, 2004, and you taxpayers who are at least at	u satisfy all the ge 18, to claim t	e other requi the EIC. See in	rements for					
	b	Nontaxable combat pay elec								
	С	Prior year (2019) earned inco								
	28	Refundable child tax credit or								
	29	American opportunity credit								
	30	Recovery rebate credit. See								
	31	Amount from Schedule 3, lin				31				
	32	Add lines 27a and 28 throug		-				32		
	33	Add lines 25d, 26, and 32. T	hese are your <b>to</b>	tal payments			. ▶	33		140.
Refund	34	If line 33 is more than line 24	, subtract line 2	4 from line 33.	This is the amou	nt you <b>overpaid</b>		34		031.
	35a	Amount of line 34 you want			is attached, che	ck here		35a	2,	031.
Direct deposit?	►b	Routing number 1 1 3				Checking :	Savings			
See instructions.	►d	Account number 0 0 5	7   4   4   6	9 0 8 2	2   3					
	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 details	s on how to pay,	see instructions	. ▶	37		
You Owe	38	Estimated tax penalty (see in	nstructions) .		🕨	38				
Third Party Designee	ins	you want to allow another tructions	•		rn with the IRS?	. P Yes. Co	omplete b		⊠ No	
		signee's ne ▶		Phone no. ▶			onal identifoer (PIN)			
Sign	Un	der penalties of perjury, I declare t ief, they are true, correct, and com		ed this return and		nedules and statemen	nts, and to	the bes		
Here	You	ur signature		Date	Your occupation				nt you an Ident	
	<b>L</b>						1		N, enter it here	e T
Joint return? See instructions.					SOFTWARE		,	nst.) ►	$\perp$	
Keep a copy for your records.	Spo	ouse's signature. If a joint return, <b>t</b>	ootn must sign.	Date	Spouse's occupat	lion	Ident		nt your spouse ection PIN, ent	
	Pho	one no. (281) 450-342	1	Email address	SJYOTHSNA9	57@GMAIL.CC	М			
Paid	Pre	eparer's name	Preparer's signat	ure		Date	PTIN	7	Check if:	_
Preparer	SYAM	PRIYA RAM SAGAR GUPTA TALLAM	SYAM PRIYA	RAM SAGAR	GUPTA TALLAM	03/22/2022	P02082	2703	Self-emp	ployed
Use Only	Firr	m's name ▶ GLOBAL TAX	KES LLC				Phon	e no. (	678) 965-	9522
	Firr	m's address ▶ 2530 Pebbi	le Creek I	n Cummin	g GA 30041		Firm'	s EIN ▶	30-101	.7196
Go to www.irs.go	ov/Form	11040 for instructions and the late	st information.		BAA	REV 03/12/22 PRO			Form 10	40 (2021)

# SCHEDULE 1 (Form 1040)

### **Additional Income and Adjustments to Income**

OMB No. 1545-0074

2021

Attachment
Sequence No. 01

Department of the Treasury Internal Revenue Service

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

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

Your social security number 630-43-8838

SAI	JYOTHSNA JONNALAGADDA		630-4	13-88	38
Par	t I Additional Income				
1	Taxable refunds, credits, or offsets of state and local income taxe	s		1	
<b>2</b> a	Alimony received			2a	
b	Date of original divorce or separation agreement (see instructions)	<b></b>			
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, tr Schedule E			5	-8,910.
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			
ı	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 ▶	0-			
0	Total other income. Add lines 9a through 97	8z		0	
9 10	Total other income. Add lines 8a through 8z			9	
	1040-NR, line 8			10	-8,910.

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	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	<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 t</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.

OMB No. 1545-0074 Attachment

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

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

Sequence No. 13

Your social security number

SAI	JYOTHSNA JONNALAGADDA							63	30-43	8-883	8	
Part	Income or Loss From Rental Rea	al Estate and Roy	/altie	s Note	: If you a	re in th	e business o	f rentii	ng per	sonal p	operty	, use
	Schedule C. See instructions. If you are	·										
	d you make any payments in 2021 that wo											
B If "	Yes," did you or will you file required For									. 🗆 🕆	es [	No
1a	Physical address of each property (stre	•		•								
A	A BLOCKFF-5KEERTHI ENCLAVE	KOTAPOLURU F	POTT	I SRIF	AMULU	NEL:	LORE AND	HRA	PRA	DESH	IN 5	24121
В												
C												
1b		tal real estate prop t the number of fai	erty I	isted			Rental	Pers	sonal		C	λΛ
	personal use	davs. Check the	<b>QJV</b> b	ox onlv⊦	_		ays		Days			
_ <u>A</u>	3   if you meet t	he requirements to t venture. See insti	) file a	ıs a	A		365			0		
B	qualified join	i venture. See msu	uctio	115.	В							
C					С						l	
	of Property:	ant Tanna Dantal	<b>-</b> 1 -		_	0-16	Dantal					
	,	ort-Term Rental				Self-						
Incom	,	Properties:	6 KO	yalties	A 8	Otne	<u>r (describe)</u> <b>B</b>				С	
3	Rents received	<u> </u>	3			550.	В	1				
4	Royalties received		4			)50.						
Exper			_									
5	Advertising		5									
6	Auto and travel (see instructions)		6									
7	Cleaning and maintenance		7		1.3	350.						
8	Commissions		8			,,,,,						
9	Insurance		9									
10	Legal and other professional fees		10									
11	Management fees		11		1,6	550.						
12	Mortgage interest paid to banks, etc. (se		12		<u> </u>							
13	Other interest	·	13									
14	Repairs		14		1,8	340.						
15	Supplies		15		1,9	970.						
16	Taxes		16									
17	Utilities		17		2,6	550.						
18	Depreciation expense or depletion .		18									
19	Other (list)		19									
20	Total expenses. Add lines 5 through 19		20		9,4	160.						
21	Subtract line 20 from line 3 (rents) and/o											
	result is a (loss), see instructions to find	l out if you must										
	file Form 6198		21		-8,9	)TU.						
22	Deductible rental real estate loss after l	imitation, if any,		,	0 0	, ,	,					
00	on Form 8582 (see instructions)		22	(	8,91	10.)	(		)(			)
23a	Total of all amounts reported on line 3 for					23a		55	50.			
b	Total of all amounts reported on line 4 for		erties			23b			-			
C	Total of all amounts reported on line 12					23c			$\dashv$			
d	Total of all amounts reported on line 18					23d 23e		0 47	60			
e 24	Total of all amounts reported on line 20 <b>Income.</b> Add positive amounts shown		incl	ide anvi		<b>23e</b>		9,46	24			
2 <del>4</del> 25	<b>Losses.</b> Add royalty losses from line 21 an			,		ter tota		₹ .	25 (	,	Ω	910.)
	• •								23 (		٥,	<u> </u>
26	Total rental real estate and royalty in here. If Parts II, III, IV, and line 40 on											
	Schedule 1 (Form 1040), line 5. Otherwise								26		-8	,910.

# **E-file Signature Authorization**

2021

(Arizona Forms 140, 140A, 140EZ, 140NR and 140PY) Do not mail this form to the Arizona Department of Revenue. The ERO must retain this document a minimum of four years. Your First Name and Initial Last Name Your Social Security Number\* **Enter** SAI JYOTHSNA JONNALAGADDA 630 ı 43 ı 8838 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. 78,148 00 1 Arizona Adjusted Gross Income ☐ Foreign Account Deposit/Debit: See instructions below. 2 Balance of Tax ..... 2,065 00 ROUTING NUMBER 2,351 00 □ Checking 1 3 0 0 0 0 0 2 ■ Savings 3 Arizona Income Tax Withheld... ACCOUNT NUMBER Check box 4 or box 5: 000574446908 2 3 286 00 **4 ⊠ REFUND**: Enter the amount of refund..... DIRECT DEBIT REQUEST DATE DIRECT DEBIT PAYMENT AMOUNT 5 AMOUNT YOU OWE: Enter the amount owed ....... ര 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 an acknowledgement of receipt of transmission and an indication of income tax withheld, and refund (or amount owed) listed above are the 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 designated Financial Agent to initiate an ACH electronic funds I authorize GLOBAL TAXES LLC withdrawal (direct debit) entry to the financial institution account (ELECTRONIC RETURN ORIGINATOR) indicated in the tax preparation software for payment of my Arizona taxes owed on this return. I also authorize the financial institutions to make the election that I want my electronic signature to my electronic involved in the processing of the electronic payment of taxes to federal individual income tax return to serve as my signature to my receive confidential information necessary to answer inquiries and electronic Arizona individual income tax return for the year ending December 31, 2021. I understand that when my ERO makes the election resolve issues related to the payment. that my electronic signature to my federal individual income tax return will If I have filed a balance due return, I understand that if the ADOR does not serve as my signature to my Arizona individual income tax return, I will receive full and timely payment of my tax liability by April 18, 2022, I will have signed my Arizona individual income tax return and declared under remain liable for the tax liability and all applicable interest and penalties. penalties of perjury that to the best of my knowledge and belief the return When electronically filing my federal and state tax returns, I understand is true, correct and complete. that if there is an error on my federal return, my state return will also be rejected. PLEASE SIGN HERE YOUR PEN AND INK SIGNATURE DATE

SPOUSE'S PEN AND INK SIGNATURE

DATE

URN.	Arizona Form  Arizona Form  Resident Personal Income Tax Return						FO	r calendar year 2021		
$\overline{\mathbf{u}}$	82F		heck box 82F	OR FISCAL YEAR BEGIN	NINC		L AND ENDING L	-		_ ]
		<u>—"</u>	Filing under extension First Name and Middle Initial	OR FISCAL YEAR BEGIN	Last Name	12101211	_ AND ENDING _		Social Security Numbe	_
10 IE	1		I JYOTHSNA			מח עי	Enter	630	•	1
2	-		se's First Name and Middle Initi	al (if box 4 or 6 checked)	JONNALAG  Last Name	ADDA	your		e's Social Security No	_
S	1			,			SSN(s).	'	,	
ANY ITEMS		Curre	nt Home Address - number and	street, rural route	I	Apt. No.	Daytime	Phone (	with area code)	-
_	2	301	10 WEST YORKSHIRE D	RIVE			<b>94</b> (28	31)450	-3421	
		-	Town or Post Office	State	ZIP Cod		Last Names Used in	Last Four	Prior Year(s) (if different	)
Щ	3	PHO	DENIX	AZ	8502	7			97	_
Ā	ΙS	4	☐ Married filing joint return	4a Injured Spouse Pr	rotection of Joint	Overpayment	REVENUE USE ONL	Y. DO NO	T MARK IN THIS AREA.	
ဢ	STATUS	5	Head of household. Enter	name of qualifying child or dep	endent on next line	:	00			
<u></u>	<u>1</u> 68		_			_				
DO NOT STAPLE	FILING	6		urn. Enter spouse's name and	d Social Security Nu	mber above.				
$\bar{\Box}$	ļπ	7	Single	d Do not nut a chock me	rk					
		0	<b>♦</b> Enter the number claime	•		amulata linaa 20	•			
	g	8 9	Age 65 or over (you and/o	00	s 8, 9, and 11a, also ones 10a and 10b, also		81 PM		80 RCVD	-
	9	10a	Dependents: Under age of		endents: Age 17 a	nd over				
	a an	11a	Qualifying parents and gra		ndents. Age 17 a	nd over.				
	and 11a - Dependents 10a and 10b		(Box 10a and 10b): Depende	•	ctions. For more	space, check t	he box and con	nplete pa	ige 4, Part 1.	_
	dent		(a)		(b)	(c)	(d)	(e) Dependent A	(f)	
	benc		FIRST AND LAS (Do not list yourself		OCIAL SECURITY NO	. RELATIONSHI	P NO. OF MONTHS V L	included in:	this person on your	n
	De		(======================================				HOME IN 2021	1 2 x 10a) (Box	federal return due to educational credits	
	<u>1</u>	10c					(50			٦
	nd,									
	တ်	10e								
	IS 8,		(Box 11a): Qualifying parents	s and grandparents. See in	structions. For m	ore space, chec	k the box 🔲 and co	omplete p	age 4, Part 2.	
7	Exemptions		(a)		(b)	(c)	(d)	(e)	OR (f)  ✓ IF DIED IN	
Ξ	emg		FIRST AND LAS (Do not list yourself		OCIAL SECURITY NO	. RELATIONSHI	LIVED IN YOUR	OVER	2021	
Ģ	ũ						HOME IN 2021			
er		11b								
after Form 140		11c								
nts			Federal adjusted gross incon						78,148 00	_
		l .	Small Business Income: 13S ch					I .	00	
ij	ons		Modified federal adjusted gross						78,148 00	_
ĕ	dditions		Non-Arizona municipal interest						00	_
e	Ă		Partnership Income adjustment						00	
등		l .	Total federal depreciation Other Additions to Income: Cor					I .	00	
0			Subtotal: Add lines 14 through 18	·			. •		78,148 00	_
es			Total net capital gain or (loss).					00	, , ,	
n D			Total net short-term capital gair					00		
ņ		22	Total net long-term capital gain	or (loss). See instructions		2	22	00		
S			Net long-term capital gain from					0 00		
¥			Multiply line 23 by 25% (.25) ar						0 00	_
and E	S	Inis	box may be blank or may contain a	printed barcode of data from yo	nur return.   <b>25</b> Ne		lified small business		00	_
ਲ	Subtractions			KARUMAN PALA DINA MANDANA KARUMAN KARU	26 Red		depreciation		00	_
e	trac			HYPRITALIYA PARKANDA KANTON ERMANIAY	27 Par		djustment		00	_
<u>نو</u>	gng				28 Inte		ationstate or local govt. pension		00	_
9			<u> Kererererererere</u>		29a Exc		ainer pay uniform service		00	_
Ħ			Print, laberas laberas. Nikologis transi (nivez: 1 nivez: 1 ni	lador frant, lador fra Lador frant, lador	30 U.S		or Railroad Retirement		00	_
red				omited barcode of data from yo	31 Ce		erican Indians		00	_
2					32 Pay		an active service membe	I .	00	_
Place any required federal and AZ schedules or other docume			ONT DY AND A TO BE ALTHOUGH BOARD TO MAKE THAT	DATE O PENEDE A DESCRIPACIONES.	J. (J. 1) =		justment	I .	00	_
ac					<b>34</b> Co	ntributions: <b>34</b> a 529	plans	00		
2					<b>34</b> b	529A (ABLE)	00 add 34a and 3	34b. <b>34</b> C	00	)

[	Your	Name (as shown on page 1)	Your Social Security No	umber						
	SAI	I JYOTHSNA JONNALAGADDA	630-43-8838	3						
	25	Subtract lines 24 through 34c from line 19			78 <b>,</b> 148 <b>0</b>					
	35	Other Subtractions from Income. Complete Other Subtraction from Arizona Gross Income sched			70,140 0					
	36				78 <b>,</b> 148 <b>0</b>					
Exemptions	37	Subtract line 36 from line 35. Enter the difference			70/110 0					
ıρti	38	Age 65 or over: Multiply the number in box 8 by \$2,100			C					
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	C					
	41	Qualifying parents and grandparents: Multiply the number in box 11a by \$10,000			78 <b>,</b> 148 <b>0</b>					
-	42	Arizona adjusted gross income: Subtract lines 38 through 41 from line 37. If less than zero, enter "0".								
	43	Deductions: Check box and enter amount. See instructions			12,550 0					
	44	If you checked box 43 <b>S</b> and claim charitable contributions, check 44 <b>C</b> Complete page 3. See in			65 500 6					
Tax	45	Arizona taxable income: Subtract lines 43 and 44 from line 42. If less than zero, enter "0"			65,598 0					
o o		a Compute the tax using amount on line 45 and Tax Tables X and Y or Optional Tax Tables			2,065					
uce	461	o If line 45 is \$250,001 or more (single/mfs) or \$500,001 or more (mfj/hoh) compute the tax surcha	-		C					
Balance of Tax	47	Tax from recapture of credits from Arizona Form 301, Part 2, line 30			2 065					
_	48	Subtotal of tax: Add lines 46a, 46b and 47. Enter the total			2,065 <b>c</b>					
	49	Dependent Tax Credit. See instructions			C					
	50	Family income tax credit (from the worksheet - see instructions)			C					
	51	Nonrefundable Credits from Arizona Form 301, Part 2, line 61			C					
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	line 48, enter "0"	52	2,065 C					
Cre	53	2021 AZ income tax withheld			2,351 C					
Total Payments and Refundable Credits	54	2021 AZ estimated tax payments <b>54a</b> 00 Claim of Right <b>54b</b>	00 Add 54a and 54b	. 54c	C					
und la	55	2021 AZ extension payment (Form 204)		. 55	C					
Ref	56	Increased Excise Tax Credit (from the worksheet - see instructions)		. 56	C					
	57	Property Tax Credit from Arizona Form 140PTC		. 57	C					
ent .	58									
Tax Due or Overpayment	59	Total payments and refundable credits: Add lines 53 through 58. Enter the total		59	2 <b>,</b> 351 <b>c</b>					
	60	TAX DUE: If line 52 is larger than line 59, subtract line 59 from line 52. Enter amount of tax due. Skip lines	60	C						
<b>Г</b> б	61	<b>OVERPAYMENT:</b> If line 59 is larger than line 52, subtract line 52 from line 59. Enter amount of overpayme	nt	61	286 <b>c</b>					
ţ	62	Amount of line 61 to be applied to 2022 estimated tax		62	0 0					
Gifts	63	Balance of overpayment: Subtract line 62 from line 61. Enter the difference		63	286 0					
Voluntary	64	- 74 Voluntary Gifts to: Solutions Teams Assigned to Schools	65							
틸		Child Abuse Prevention	68							
۶		Neighbors Helping Neighbors <b>69</b> 00 Special Olympics <b>70</b> 00 Veterans' Donations F	und <b>71</b> 00							
Ę		Neighbors Helping Neighbors 69 00 Special Olympics	s <b>74</b>							
enalty	75	Political Party (if amount is entered on line 68 - check only one): 751 Democratic 752 Libertarian		_						
۳		Estimated payment penalty	•	76	C					
		771 Annualized/Other 772 Farmer or Fisherman 773 Form 221 included			10					
red v	78	Add lines 64 through 74 and 76; enter the total		78	C					
Refund or Amount Owed	79	REFUND: Subtract line 78 from line 63. If less than zero, enter amount owed on line 80		79	286					
onu	13	Direct Deposit of Refund: Check box 79A if your deposit will be ultimately placed in a foreign account; see	instructions. 79A	. 73						
A H		Checking or ROUTING NUMBER ACCOUNT NUMBER								
		98 S Savings 1 1 3 0 0 0 0 2 3 0 0 5 7 4 4 6 9 0 8 2 3								
	80	<b>AMOUNT OWED:</b> Add lines 60 and 78. Make check payable to Arizona Department of Revenue; write y								
		and include with your returnUnder penalties of perjury, I declare that I have read this return and any documents with it, and to			ad boliof, they are					
		true, correct and complete.  Declaration of preparer (other than taxpayer) is based on all information								
ш	_	,								
HERE	→	S	OFTWARE ENG	INEER						
			CUPATION							
Z										
SIGN	<b>→</b>									
		SPOUSE'S SIGNATURE DATE SP	OUSE'S OCCUPATION							
PLEASE		SYAM PRIYA RAM SAGAR GUPTA TALLAM 03222022 GLOBAL TAXES L								
A		PAID PREPARER'S SIGNATURE DATE FIRM'S NAME (PREPARER'S IF	SELF-EMPLOYED)							
۳		2530 Pebble Creek Ln	30-101							
4		PAID PREPARER'S STREET ADDRESS	ER'S TIN							
		Cumming GA 30041	(678)9							
		PAID PREPARER'S CITY STATE ZIP CODE	PAID PREPAR	ER'S PHON	E 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).