### 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

Submission Identification Number (SID)			
Taxpayer's name	Social securit	y number	
NARENDRA SAMINENI	334-21-	-5205	
Spouse's name	Spouse's soci	al security number	r
Part I Tax Return Information — Tax Year Ending December 31, 2021 (	 (Enter vear vou a	e authorizina.	)
Enter whole dollars only on lines 1 through 5.	(=:::::: ) = a::	<u> </u>	7
<b>Note:</b> Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.			
1 Adjusted gross income		<b>1</b>   97	,846.
2 Total tax			,443.
<b>3</b> Federal income tax withheld from Form(s) W-2 and Form(s) 1099			,782.
4 Amount you want refunded to you		4	,
5 Amount you owe		5	661.
Part II Taxpayer Declaration and Signature Authorization (Be sure you get	and keep a copy	of your retu	rn)
my knowledge and belief, it is true, correct, and complete. I further declare that the amounts in Part return (original or amended) I am now authorizing. I consent to allow my intermediate service provider, to send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason of for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution accoupayment of my federal taxes owed on this return and/or a payment of estimated tax, and the financial in authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to ter payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation business days prior to the payment (settlement) date. I also authorize the financial institutions involved taxes to receive confidential information necessary to answer inquiries and resolve issues related to personal identification number (PIN) below is my signature for the income tax return (original or amende Electronic Funds Withdrawal Consent.  Taxpayer's PIN: check one box only  I authorize GLOBAL TAXES LLC to enter or general contents and the service provider.	transmitter, or electro for rejection of the tra- e the U.S. Treasury are unt indicated in the tra- stitution to debit the rminate the authoriza on requests must be in the processing of the payment. I furt ed) I am now authoria	nic return origina ansmission, (b) that its designated ix preparation soft entry to this according. To revoke ( received no late the electronic pather acknowledge zing and, if applice	tor (ERO) ne reason Financial ftware for bunt. This cancel) a er than 2 ayment of that the
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 if you are entering your own PIN and your return is filed using the Practitioner PIN below.	dor am now authorizin		oox <b>only</b>
Your signature ► Date	e►		
Spouse's PIN: check one box only			
I authorize  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 if you are entering your own PIN and your return is filed using the Practitioner PIN below.	Ent dor am now authorizin		
Spouse's signature ▶ Date			
Practitioner PIN Method Returns Only—continue b	pelow		
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.		er all zeros	
I certify that the above numeric entry is my PIN, which is my signature for the electronic individual incommendation authorized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am requirements of the Practitioner PIN method and <b>Pub. 1345</b> , Handbook for Authorized IRS e-file Provide	n submitting this retu	rn in accordance	
ERO's signature ▶ Date	e <b>▶</b>		
ERO Must Retain This Form — See Instructio			

Don't Submit This Form to the IRS Unless Requested To Do So

Form 1040-V 2021 Page **2** 

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

(99) **20** 

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.'

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

Enter the amount of your payment . . . . . . ► Lbl. •

REV 02/16/22 PRO 1555

NARENDRA SAMINENI

7503 Slath AVE PHOENIX AZ 85041

INTERNAL REVENUE SERVICE P.O. BOX &D2501 CINCINNATI, OH 45280-2501

E1040 Department of the Treasury—Internal Revenue Service (99)
U.S. Individual Income Tax Return

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

Filing Status Check only one box.	If yo	Single  Married filing jointly [ u checked the MFS box, enter the roon is a child but not your depender	name of	ied filing separately your spouse. If you	. ,			•	_			
Your first name	and mi	ddle initial	Last na	ame					Yo	ur soc	cial securit	ty number
NARENDRA	A		SAM	INENI					33	34-2	21-520	5
If joint return, s	pouse's	first name and middle initial	Last na	ame					Sp	ouse's	s social se	curity number
Home address	(numbe	er and street). If you have a P.O. box, see	e instruct	tions.				Apt. no.	Pro	esiden	ntial Election	on Campaign
7503 S1	2TH Z	AVE									ere if you,	,
City, town, or p	ost offi	ce. If you have a foreign address, also c	omplete :	spaces below.	Sta	te	ZIP	code				ntly, want \$3 Checking a
PHOENIX					A.	Z	85	041		•	w will not	•
Foreign country	y name			Foreign province/stat	e/coun	ty	For	eign postal co	de yo	ur tax	or refund.	
											You	Spouse
At any time du	ring 20	021, did you receive, sell, exchange	, or oth	erwise dispose of a	ny fina	ancial interes	st in an	y virtual cu	rrency	?	Yes	⊠ No
Standard	Som	eone can claim:	epender	nt	ıse as	a dependen	t					
Deduction		Spouse itemizes on a separate retu	rn or yo									
Age/Blindnes:	s You	Were born before January 2,	1957	Are blind <b>S</b>	pouse	y: ☐ Was h	orn be	efore Janua	rv 2 19	957	☐ Is bl	ind
	-			(2) Social secur		(3) Relation					(see instru	
Dependents (see instructions):     (2) Social security number     (3) Relationship to you     (4) ✓ if qualifity qualifity for the qualifity and the properties of the qualifity for th					1	•	her dependents					
than four	• •								7			
dependents,									<del></del>			
see instruction and check	s								<del></del>			<u> </u>
here ▶									<u> </u>			
	. 1	Wages, salaries, tips, etc. Attach	Form(s)	W-2						1	1	06,096.
Attach	2a	Tax-exempt interest	2a		b T	axable intere	est			2b		
Sch. B if	3a	Qualified dividends	За			Ordinary divid				3b		
required.	4a	IRA distributions	4a			axable amo				4b		
	5a	Pensions and annuities	5a		<b>b</b> T	axable amo	unt .			5b		
Standard	6a	Social security benefits	6a		b T	axable amo	unt .			6b		
Deduction for—	7	Capital gain or (loss). Attach Sche	edule D	if required. If not re	quired	l, check here		•	- 🗌	7		
Single or Married filing	8	Other income from Schedule 1, lin								8		-8 <b>,</b> 250.
separately, \$12,550	9	Add lines 1, 2b, 3b, 4b, 5b, 6b, 7,	and 8.	This is your <b>total in</b>	come				•	9		97,846.
Married filing	10	Adjustments to income from Sche	edule 1,	line 26						10		
jointly or Qualifying	11	Subtract line 10 from line 9. This i	s your a	adjusted gross inc	ome				•	11		97,846.
widow(er), \$25,100	12a	Standard deduction or itemized	deduc	tions (from Schedu	le A)	1	I2a	12,5	550.			
Head of	b	Charitable contributions if you take	the sta	ındard deduction (se	e inst	ructions) 1	I2b	3	300.			
household, \$18,800	С	Add lines 12a and 12b								12c		12,850.
If you checked	13	Qualified business income deduc-	tion fror	m Form 8995 or For	m 899	95-A				13		
any box under Standard	14	Add lines 12c and 13								14		12,850.
Deduction, see instructions.	15	Taxable income. Subtract line 14	from li	ne 11. If zero or less	s, ente	er-0				15	8	84,996.

	16	Tax (see instructions). Check if any from Form(s):	: <b>1</b> 🗌 8814	<b>2</b> 4972	3 🗌		.	16	14,443.
	17	Amount from Schedule 2, line 3				·	. [	17	
	18	Add lines 16 and 17						18	14,443.
	19	Nonrefundable child tax credit or credit for other	er dependen	ts from Schedule	8812 .		. [	19	
	20	Amount from Schedule 3, line 8						20	
	21	Add lines 19 and 20					. [	21	
	22	Subtract line 21 from line 18. If zero or less, ent	ter -0				. [	22	14,443.
	23	Other taxes, including self-employment tax, from	m Schedule	2, line 21			. [	23	0.
	24	Add lines 22 and 23. This is your <b>total tax</b> .						24	14,443.
	25	Federal income tax withheld from:							
	а	Form(s) W-2			25a	13,7	82.		
	b	Form(s) 1099			25b				
	С	Other forms (see instructions)			25c				
	d	Add lines 25a through 25c						25d	13,782.
	26	2021 estimated tax payments and amount appl					. 1	26	·
If you have a Lagrangian qualifying child,	27a	Earned income credit (EIC)		Nο	27a		İ		
attach Sch. EIC.		Check here if you were born after January							
		January 2, 2004, and you satisfy all the o	other requir	ements for					
		taxpayers who are at least age 18, to claim the	1 1	structions					
	b	Nontaxable combat pay election			-				
	С	Prior year (2019) earned income	27c						
	28	Refundable child tax credit or additional child tax			28				
	29	American opportunity credit from Form 8863, lin			29				
	30	Recovery rebate credit. See instructions			30				
	31	Amount from Schedule 3, line 15			31				
	32	Add lines 27a and 28 through 31. These are you					- +	32	10 500
	33	Add lines 25d, 26, and 32. These are your total						33	13,782.
Refund	34	If line 33 is more than line 24, subtract line 24 fr			•	-		34	
D: 1.1 '10	35a	Amount of line 34 you want refunded to you. If					╵╵	35a	
Direct deposit? See instructions.	▶b	Routing number X X X X X X X X X			Checking	Savi	ngs		
	► d	Account number X X X X X X X X X X			<del>                                     </del>				
A	36	Amount of line 34 you want applied to your 202			36	r.		07	661.
Amount You Owe	37	Amount you owe. Subtract line 33 from line 24			1 1	tions .	•	37	001.
	38	Estimated tax penalty (see instructions)			38				
Third Party Designee		you want to allow another person to discustructions				es. Comp	lete he	elow	X No
Designee		ignee's	Phone		, <sub>—</sub>	Personal			Z. NO
		ne ►	no.			number (I			
Sign		ler penalties of perjury, I declare that I have examined the							
Here	beli	ef, they are true, correct, and complete. Declaration of p			sed on all in	formation of			, ,
11010	You	r signature Da	ate	Your occupation					t you an Identity N, enter it here
Joint return?				SOFTWARE E	MPT.YEF			nst.) ▶ [	N, enter it here
See instructions.	Spo	use's signature. If a joint return, <b>both</b> must sign.	ate	Spouse's occupati			If the I	RS sen	t your spouse an
Keep a copy for		, , , , , , , , , , , , , , , , , , , ,		.,,			Identit	ty Prote	ction PIN, enter it here
your records.							(see in	nst.) ▶	
		(000) = 000	mail address	NARENDRASAMIN					
Paid		parer's name Preparer's signature			Date	PT			Check if:
Preparer	SYAM	PRIYA RAM SAGAR GUPTA TALLAM SYAM PRIYA RA	M SAGAR (	GUPTA TALLAM	02/24/	2022 PO	2082		Self-employed
Use Only		a's name ► GLOBAL TAXES LLC					Phone	no. (	678) 965-9522
	Firr	n's address ▶ 2530 Pebble Creek Ln	Cumming	GA 30041			Firm's	EIN ▶	
Go to www.irs.go	ov/Form	1040 for instructions and the latest information.		BAA	REV 02/16/2	2 PRO			Form <b>1040</b> (2021)

Form 1040 (2021)

Page 2

## SCHEDULE 1 (Form 1040)

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

OMB No. 1545-0074

2021

Attachment
Sequence No. 01

Department of the Treasury Internal Revenue Service ► Attach to Form 1040, 1040-SR, or 1040-NR.
 Go to www.irs.gov/Form1040 for instructions and the latest information.

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

334-21-5205

Par	Additional income					
1	Taxable refunds, credits, or offsets of state and local income taxes	3			1	
<b>2</b> a	Alimony received				2a	
b	Date of original divorce or separation agreement (see instructions)					
3	Business income or (loss). Attach Schedule C				3	
4	Other gains or (losses). Attach Form 4797		4			
5	Rental real estate, royalties, partnerships, S corporations, tru Schedule E				5	-8,250.
6	Farm income or (loss). Attach Schedule F				6	
7	Unemployment compensation				7	
8	Other income:					
а	Net operating loss	8a (		)		
b	Gambling income	8b				
С	Cancellation of debt	8c				
d	Foreign earned income exclusion from Form 2555	8d (		)		
е	Taxable Health Savings Account distribution	8e				
f	Alaska Permanent Fund dividends	8f				
g	Jury duty pay	8g				
h	Prizes and awards	8h				
i	Activity not engaged in for profit income	8i				
j	Stock options	8j				
k	Income from the rental of personal property if you engaged in the rental for profit but were not in the business of renting such					
	property	8k				
I	Olympic and Paralympic medals and USOC prize money (see instructions)	81				
m	Section 951(a) inclusion (see instructions)	8m				
n	Section 951A(a) inclusion (see instructions)	8n				
0	Section 461(I) excess business loss adjustment	80				
р	Taxable distributions from an ABLE account (see instructions) .	8р				
Z	Other income. List type and amount ▶	8z				
9	Total other income. Add lines 8a through 8z				9	
10	Combine lines 1 through 7 and 9. Enter here and on Form 10	040,	1040-5	SR, or		
	1040-NR line 8				10	0 050

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	•	12	
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)	<b>&gt;</b>		
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	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> here and on Form 1040 or 1040-SR, line 10, or Form 1040-NR, lin		26	

## SCHEDULE E (Form 1040)

### **Supplemental Income and Loss**

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

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

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

Attachme Sequence

2021
Attachment
Sequence No. 13

OMB No. 1545-0074

Department of the Treasury Internal Revenue Service (99)

Name(s) shown on return

Your social security number

<u>NARE</u>	NDRA SAMINENI								34-21-520	
Part		s From Rental Real Estate and Ro	-		•				•	
	Schedule C. See	instructions. If you are an individual, repo	ort far	m rental i	ncome	or loss f	rom Form 48	<b>335</b> or	n page 2, line 4	10.
A Dic	d you make any payme	nts in 2021 that would require you to	file F	orm(s) 1	099? S	ee insti	ructions .		🗆 '	Yes 🗵 No
B If "	Yes," did you or will yo	ou file required Form(s) 1099?							🗆 `	Yes 🗌 No
1a		each property (street, city, state, ZIP								
Α	KHAMMAMPADU, MA	DHIRA KHAMMAM TELANGANA	IN.	507203	}					
В										
С										
1b	Type of Property	2 For each rental real estate prop	perty I	isted		Fair	Rental	Per	sonal Use	QJV
	(from list below)	above, report the number of fair personal use days. Check the	ir rent	al and		[	Days		Days	QUV
Α	3	if you meet the requirements to	o file a	as a	Α		365		0	
В		qualified joint venture. See inst	ructio	ns.	В					
С					С					
Туре	of Property:									
1 Sing	gle Family Residence	3 Vacation/Short-Term Rental	5 La	nd		7 Self-	Rental			
2 Mul	ti-Family Residence		6 Ro	yalties		8 Othe	r (describe)	)		
Incom	ie:	Properties:			Α		Е	3		С
3			3			580.				
4			4							
Expen										
5			5							
6	,	nstructions)	6							
7	•	nance	7		1,	610.				
8			8							
9			9							
10		essional fees	10							
11	-		11		1,	720.				
12		d to banks, etc. (see instructions)	12							
13			13							
14	•		14			870.				
15			15		⊥,	950.				
16			16			600				
17			17		⊥,	680.				
18		e or depletion	18							
19	Other (list)	lings E through 10	19		0	020				
20	· ·	lines 5 through 19	20		٥,	830.				
21		line 3 (rents) and/or 4 (royalties). If								
	file <b>Form 6198</b>	instructions to find out if you must	21		-8	250.				
22		l estate loss after limitation, if any,			· ,					
~~	on <b>Form 8582</b> (see in		22	(	8 - 2	250.)	(		)(	١
23a	•	eported on line 3 for all rental prope		-	· · · ·	23a	\	.5	80.	
b		eported on line 4 for all royalty prope				23b				
C		eported on line 12 for all properties				23c				
d		eported on line 18 for all properties				23d				
e		eported on line 20 for all properties				23e		8,8	30.	
24		e amounts shown on line 21. <b>Do no</b>							24	
25	•	esses from line 21 and rental real estate		•		nter tota	al losses her	e.	25 (	8,250.)
26		ate and royalty income or (loss).							<u> </u>	, ,
20		V, and line 40 on page 2 do not a								
		40), line 5. Otherwise, include this ar							26	-8,250.

**Passive Activity Loss Limitations** 

► See separate instructions.

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

▶ Go to www.irs.gov/Form8582 for instructions and the latest information.

OMB No. 1545-1008 Attachment Sequence No. **858** 

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

Identifying number

NARE	ENDRA SAMINENI					334	4-21-	-5205
Par	rt I 2021 Passive Activity Los	s						
	Caution: Complete Parts IV a	nd V before compl	eting Part I.					
	al Real Estate Activities With Active P			ive part	icipation, s	ee <b>Special</b>		
Allow	ance for Rental Real Estate Activitie	<b>s</b> in the instructions	s.)					
1a	Activities with net income (enter the a	amount from Part I	V, column (a)) .		1a	0.		
b	Activities with net loss (enter the amo				1b (	8,250.)	<u> </u>	
С	Prior years' unallowed losses (enter t	he amount from Pa	art IV, column (c))		1c (	)		
d	Combine lines 1a, 1b, and 1c						1d	-8 <b>,</b> 250.
All Ot	ther Passive Activities							
2a	Activities with net income (enter the a	amount from Part V	, column (a)) .		2a			
b	Activities with net loss (enter the amo	ount from Part V, co	olumn (b))		2b (	)		
С	Prior years' unallowed losses (enter t				2c (	)		
d	Combine lines 2a, 2b, and 2c						2d	
3	Combine lines 1d and 2d. If this line	is zero or more, st	op here and inclu	de this	form with y	our return;		
	all losses are allowed, including any		ed losses entered	on line	1c or 2c.	Report the		
	losses on the forms and schedules n	ormally used .					3	-8,250.
	If line 3 is a loss and: • Line 1d is a	loss, go to Part II.						
		loss (and line 1d is	zero or more). sk	ip Part I	II and go to	line 10.		
		•	•	•	•			
	on: If your filing status is married filing	g separately and yo	ou lived with your	spouse	at any tim	ne during the	e year,	do not complet
Par	I. Instead, go to line 10.  Telescope   Te	ntal Dool Estata	Activities With	A otivo	Dortioin	otion		
Гаі	Note: Enter all numbers in Pa				-			
4	Enter the <b>smaller</b> of the loss on line	<u> </u>		110115 10	i ali exalli		4	8,250.
5	Enter \$150,000. If married filing sepa				   <b>5</b>   1	50,000.	7	0,230.
6	Enter modified adjusted gross incom	•				.06,096.	-	
Ū	<b>Note:</b> If line 6 is greater than or equa					.00,000.	1	
	on line 9. Otherwise, go to line 7.	ar to inio o, orap inio	o r and o and one	.01				
7	Subtract line 6 from line 5				7	43,904.		
8	Multiply line 7 by 50% (0.50). <b>Do not</b> e	enter more than \$25	,000. If married filir	ng sepa	rately, see	<u> </u>	8	21,952.
9	Enter the <b>smaller</b> of line 4 or line 8			•	•		9	8,250.
Par	t III Total Losses Allowed							,
10	Add the income, if any, on lines 1a ar	nd 2a and enter the	e total				10	0.
11	Total losses allowed from all passiv	ve activities for 20	<b>21.</b> Add lines 9 an	nd 10. S	ee instruct	ions to find		
	out how to report the losses on your						11	8 <b>,</b> 250.
Par	t IV Complete This Part Before	e Part I, Lines 1	<b>a, 1b, and 1c.</b> S	ee inst	ructions.			
	Name of activity	Curre	nt year	Pric	or years	Ove	erall ga	ain or loss
Name of activity  (a) Net income (b) Net loss (c) Unallowed (d) Ga (d) Ga					n	(e) Loss		
KHAI	MMAMPADU,MADHIRA	0.	8,250.					8,250.
	· · · · · · · · · · · · · · · · · · ·			1				

8,250.

0.

BAA

Total. Enter on Part I, lines 1a, 1b, and 1c ▶

Form 8582 (2021) Page **2** 

									•	
Part V Complete This Part Befor	e P	art I, Lines 2	a, 2b,	<b>and 2c.</b> S	ee instruc	tions.			•	
Name of activity		Currer	nt year		Prior ye	ears	Overa	ll ga	ain or loss	
ivame of activity	(a	Net income (line 2a)	<b>(b)</b> (li	Net loss ne 2b)	(c) Unall- loss (line		(d) Gain		(e) Loss	
Total. Enter on Part I, lines 2a, 2b, and 2c ▶										
Part VI Use This Part if an Amour	nt Is	Shown on F	Part II,	<b>Line 9.</b> S	ee instruc	tions.	Г			
Name of activity	an to	rm or schedule ad line number be reported on se instructions)	(а	) Loss	<b>(b)</b> Ra	tio	(c) Special allowance		(d) Subtract column (c) from column (a).	
KHAMMAMPADU,MADHIRA		E Ln 22		8,250.	1.0000	0000	8,25	0.	0.	
Total		▶		8,250.	1.00	)	8,25	0.	0.	
Part VII Allocation of Unallowed L	.oss	<b>ses.</b> See instr	uction	S.		1				
Name of activity		Form or sche and line nur to be reporte (see instruct	nber ed on	(a) L	_OSS	(	(b) Ratio		) Unallowed loss	
Total			. ▶				1.00			
Part VIII Allowed Losses. See instr	ucti	ons.								
Name of activity		Form or scho and line nur to be reporte (see instruct	nber ed on	(a) L	Loss (b) U		Unallowed loss		(c) Allowed loss	
Total			. ▶							

## **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** NARENDRA SAMINENI 334 ı 21 ı 5205 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. 97,846 00 1 Arizona Adjusted Gross Income ☐ Foreign Account Deposit/Debit: See instructions below. 2 Balance of Tax ..... 2,884 00 ROUTING NUMBER 2,865 00 ☐ Checking ■ Savings 3 Arizona Income Tax Withheld... ACCOUNT NUMBER Check box 4 or box 5: 00 **4** ■ **REFUND**: Enter the amount of refund...... 19 00 DIRECT DEBIT REQUEST DATE DIRECT DEBIT PAYMENT AMOUNT 5 ★ AMOUNT YOU OWE: Enter the amount owed....... 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** 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** X 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

RETURN.			Arizona Form 140	Reside	ent Per	sonal Inco	Return	F	or calendar year 2021	ł	
RE	82F		Check box 82F f filing under extension	OR FISCAL YEAR	BEGINNIN	IG L _ L _	12,0,2,1	」AND ENDING			. 66F
TO THE			First Name and Middle Initial			Last Name		Enter	Your	Social Security No	umber
0	1		RENDRA			SAMINENI		your	33	4   21   520	
<b>ANY ITEMS T</b>	1		se's First Name and Middle In		ked)	Last Name		SSN(s	5).	se's Social Securi	ty No.
Ë	_		ent Home Address - number ar	nd street, rural route			Apt. No.			(with area code)	
¥	2		03 S12TH AVE Town or Post Office	State		ZIP Code			669) 253	1−8016 r Prior Year(s) (if difl	ferent)
	[3]	-	OENIX	AZ		85041		Last Names Osed	III Last I ou	Trior rear(s) (ii diii	97
DO NOT STAPLE	FILINGSTATUS	4 5	Married filing joint return Head of household. Ent				verpayment	REVENUE USE O	NLY. DO NO	OT MARK IN THIS A	
DO NC	FILING	6 7	☐ Married filing separate r  ☑ Single	eturn. Enter spouse's na	ame and So	cial Security Numb	oer above.				
			<b>♦</b> Enter the number clain	ned. Do not put a ch	eck mark.						
		8	Age 65 or over (you and		-	9, and 11a, also con	-	При		□ BCVD	
	1 10b	9	Blind (you and/or spous	e)	7	0a and 10b, also co		81 PM		80 RCVD	
	and	10a 11a	Dependents: Under age Qualifying parents and of		Depende	ents: Age 17 and	l over.				
	, 10a	IIa	(Box 10a and 10b): Depen		instruction	ns For more s	nace check t	he box $\square$ and c	omplete n	age 4 Part 1	
	- Dependents		(a)	dent information. Coc		(b)	(c)	(d)	(e)	(f)	
	benc		FIRST AND LA (Do not list yourse		SOCIA	AL SECURITY NO.	RELATIONSHI	P NO. OF MONTHS LIVED IN YOUR	Dependent included i	n: this person or	ot claim
	. Del		(20 1101 1101 )04101	s o. opoudo.,				HOME IN 2021	1 (Box 10a) (Bo	2 federal return educational cox 10b)	
	11a	10c									
	and 11a	10d	I						!	<u> </u>	
	, 9,	10e									
0			(Box 11a): Qualifying parer	its and grandparents.	See instru	ctions. For mor	e space, chec	k the box and	complete (e)	page 4, Part 2.	
nts after Form 140	Exemptions		FIRST AND LA (Do not list yourse		SOCIA	AL SECURITY NO.	RELATIONSHI			OR VIF DIE	O IN
er		11b									
aft		11c	;								
nts			Federal adjusted gross inco							97,846	
			Small Business Income: 138						I .	97,846	00
3	Additions		Modified federal adjusted grown Non-Arizona municipal interes							91,046	00
ر و	√ddir		Partnership Income adjustme								00
he			Total federal depreciation						1		00
r o			Other Additions to Income: C	•					1		00
S O			Subtotal: Add lines 14 through							97,846	00
=			Total net capital gain or (loss) Total net short-term capital ga						00		
hec			Total net long-term capital gain						00		
SC			Net long-term capital gain from						0 00		
K			Multiply line 23 by 25% (.25)							(	00
gue	Ø	This	box may be blank or may contain					lified small business			00
<u></u>	Subtractions		(1865 - 7 - 1865 - 1865 - 1865 - 1865 - 1865 - 1865 - 1865 - 1865 - 1865 - 1865 - 1865 - 1865 - 1865 - 1865 - No. 1865 - 1865 - 1865 - 1865 - 1865 - 1865 - 1865 - 1865 - 1865 - 1865 - 1865 - 1865 - 1865 - 1865 - 1865 - 1					depreciation			00
der	otrac			ally evalue exercise		3 - 11111		djustment	1		00
<u>f</u>	Sut					P. <b>33</b>		tate or local govt. pen	1		00
rec					EBEBL			ainer pay uniform ser	Г		00
qui						2 <b>3 1</b> 1 1 1 1		or Railroad Retireme	1		00
/ re				antiger in the Killing				erican Indians	1		00
an					MEKEROKO.			an active service men	1		00
Place any required federal and AZ schedules or other docume							perating ioss ad ibutions: <b>34</b> a 529	justment	00		100
Plé							9A (ABLE)	00 add 34a a			00

[	Your	Name (as shown on page 1)	Your Social Security N	umber	
		RENDRA SAMINENI	334-21-520	5	
					97,846 0
		Subtract lines 24 through 34c from line 19			97,840 0
	36	Other Subtractions from Income. Complete Other Subtraction from Arizona Gross Income sched			97,846 0
ons	37	Subtract line 36 from line 35. Enter the difference			0
Exemptions	38	Age 65 or over: Multiply the number in box 8 by \$2,100			0
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			0
	41	Qualifying parents and grandparents: Multiply the number in box 11a by \$10,000			97,846 0
	42	Arizona adjusted gross income: Subtract lines 38 through 41 from line 37. If less than zero, enter "0".  Deductions: Check box and enter amount. See instructions		I	12,550 0
	43	If you checked box 43 <b>S</b> and claim charitable contributions, check 44 <b>C</b> Complete page 3. See in			75 0
J	44				85 <b>,</b> 221 <b>0</b>
E	45	Arizona taxable income: Subtract lines 43 and 44 from line 42. If less than zero, enter "0"  Compute the tax using amount on line 45 and Tax Tables X and Y or Optional Tax Tables			2,884 0
e of					0
Balance of Tax	47	o If line 45 is \$250,001 or more (single/mfs) or \$500,001 or more (mfj/hoh) compute the tax surchater from recapture of credits from Arizona Form 301, Part 2, line 30	-		0
Bal	48	Subtotal of tax: Add lines 46a, 46b and 47. Enter the total			2,884 0
	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
ρø	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			2,884 <b>0</b>
s an	53	2021 AZ income tax withheld			2,865 <b>0</b>
Total Payments and Refundable Credits	54	2021 AZ estimated tax payments54a 00 Claim of Right 54b			0
Payr	55	2021 AZ extension payment (Form 204)			0
otal	56	Increased Excise Tax Credit (from the worksheet - see instructions)			0
- "	57	Property Tax Credit from Arizona Form 140PTC			0
. <b>t</b>	58	Other refundable credits: Check the box(es) and enter the total amount		I	0
Jane or	59	Total payments and refundable credits: Add lines 53 through 58. Enter the total			2,865 <b>0</b>
Tax Due or Overpayment	60	<b>TAX DUE:</b> If line 52 is larger than line 59, subtract line 59 from line 52. Enter amount of tax due. Skip lines			19 0
ا ق ۳	61	<b>OVERPAYMENT:</b> If line 59 is larger than line 52, subtract line 52 from line 59. Enter amount of overpayments			0
Ŋ	62	Amount of line 61 to be applied to 2022 estimated tax			0
Gifts		Balance of overpayment: Subtract line 62 from line 61. Enter the difference			0
		- 74 Voluntary Gifts to: Solutions Teams Assigned to Schools			
Voluntary		Child Abuse Prevention		_	
8					
ţ		Neighbors Helping Neighbors 69 00 Special Olympics		)	
enalty	75	Political Party (if amount is entered on line 68 - check only one): 751 Democratic 752 Libertarian			
Pe	76	Estimated payment penalty		. 76	0
		771 Annualized/Other 772 Farmer or Fisherman 773 Form 221 included			
or	78	Add lines 64 through 74 and 76; enter the total		. 78	0
Refund or Amount Owed	79	REFUND: Subtract line 78 from line 63. If less than zero, enter amount owed on line 80		. 79	0
Refu		Direct Deposit of Refund: Check box 79A if your deposit will be ultimately placed in a foreign account; see			
Ā		Checking or ROUTING NUMBER ACCOUNT NUMBER			
		98 S Savings Savings			
	80	AMOUNT OWED: Add lines 60 and 78. Make check payable to Arizona Department of Revenue; write y and include with your return			19 0
		Under penalties of perjury, I declare that I have read this return and any documents with it, and to			
		true, correct and complete. Declaration of preparer (other than taxpayer) is based on all informati	on of which prepare	er has any	knowledge.
HERE	<b>→</b>				
回	Ι-,		OFTWARE EMP	LYEE	
		TOUR SIGNATURE DATE OF	COPATION		
SIGN	<b>→</b>				
S		SPOUSE'S SIGNATURE DATE SF	POUSE'S OCCUPATION		
川川		SYAM PRIYA RAM SAGAR GUPTA TALLAM 02242022 GLOBAL TAXES L	LC		
PLEASE		PAID PREPARER'S SIGNATURE  DATE  FIRM'S NAME (PREPARER'S II			
쁘		2530 Pebble Creek Ln	30-101	7196	
٩		PAID PREPARER'S STREET ADDRESS	PAID PREPAI	RER'S TIN	
		Cumming GA 30041		65-9522	
		PAID PREPARER'S CITY STATE ZIP CODE	PAID PREPAI	RER'S PHONE	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).

Your Name (as shown on page 1)	Your Social Security Number
NARENDRA SAMINENI	334-21-5205

## 2021 Form 140 - Standard Deduction Increase for Charitable Contributions

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

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

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

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

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

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

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

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

ADOR 10413 (21) 1 5 5 5 AZ Form 140 (2021) REV 02/10/22 PRO Page 3 of 6

Arizona Form AZ-140V

## Arizona Individual Income Tax Payment Voucher for Electronic Filing

EPV 2021

Your First Name and Middle Initial		Last Name			Your Social Security Number	r
1 NARENDRA		SAMINENI		Enter	334   21   5205	
Spouse's First Name and Middle Initia	al	Last Name		your	Spouse's Social Security N	0.
1				SSN(s).		
Current Home Address - number and	street, rural route		Apt. No.	Daytime	Phone (with area code)	
2 7503 S12TH AVE				<b>94</b> (66	59)251-8016	
City, Town or Post Office	State	ZIP Code			LY. DO NOT MARK IN THIS ARE	Α.
3 PHOENIX	AZ	85041		88		
☐ Married filing sonorate return ☐ Head of household: Enter nan ☐ Married filing sonorate return	ne of qualifying child or dep					
<ul><li>☐ Married filing separate return</li><li>☒ Single</li></ul>	. Enter spouse's name and	Social Security Nur	прег ароче.	81 PM	80 RCVD	
Enter the amount of payment	enclosed				\$ 190	)0

If you are mailing this payment

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

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

- ✓ Click on "Make a Payment" and select "140V" as the Payment Type.
- ✓ 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.

ADOR 10944 (21) 1555 REV 02/10/22 PRO

FORM.		Arizona Form 140ES	Individual Esti	mated Inco	me Tax	Payment	FOR CALENDAR YEAR 2022
뿓 -	This es	stimated payment is for t	ax year ending Decemb	er 31, 2022, d	or for tax ye	ear ending:	_
	Your Fi		Your Social Security Number				
<u>₽</u> 1				SAMINENI		Enter	334   21   5205
ANY ITEMS		e's First Name and Middle Initia	ll (if filing joint)	Last Name		your SSN(s	Spouse's Social Security No.
	_	t Home Address - number and	street, rural route		Apt. No.		me Phone (with area code)
岁[2		S12TH AVE					669)251-8016
STA!	- '	wn or Post Office	State AZ	<b>ZIP Code</b> 85041		REVENUE USE O	NLY. DO NOT MARK IN THIS AREA.
DO NOT STAPLE		ck if this payment is on be DO NOT USE THIS FORM Use this form only for mailin ent: You must round your	ΓΟ MAKE DELINQUENT I g estimated payments.	NCOME TAX P	AYMENTS.	81 PM	80 RCVD
	Enter	the amount of payment en	closed S	<b>5</b>	5 00		<u> </u>
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 for calendar year filers are due as follows:    St 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.						e <i>r</i> for which a pa	nyment is made.
	П	2nd Quarter – April to June	Due date is <b>June 15, 2022</b> .				
		3rd Quarter – July to Septemb	er   Due date is <b>September</b>	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.					is payment.		
Payment for <b>fiscal year filers</b> are due as follows:							
		1st Quarter – 15th day of the f	ourth month of the current fis	scal year.			
		2nd Quarter – 15th day of the	sixth month of the current fisc	cal year.			
		3rd Quarter – 15th day of the	ninth month of the current fisc	cal year.			
		4th Quarter – 15th day of the	irst month of the next fiscal y	ear.			
If any of the due dates fall on a Saturday, Sunday, or legal holiday, you may the required payment for that quarter by midnight on the next business day following the sequence of the sequenc							
	Γ	To ensure proper applic		he sure that we			
			submit this form in its enti			in half	
		· ·	k or money order payable				
		· · · · · · · · · · · · · · · · · · ·	, "Tax Year 2022" and "14			Neveriue.	
		•	, lax real 2022 and 14 lade on behalf of a <b>Nonre</b>			n write "Compo	site 140NR"
			and the entity's EIN on y		one retur	ii, write Compo	SILC ITOININ,
	✓ Include your payment with this form.						
✓ <b>Mail to</b> Ar ona Department of Revenue, PO Box 29085, Phoenix, AZ 85038-9085.							
	L	Be sure to review your est	imated income and adjust	t your payment	s as necess	ary during the y	/ear.
	Г	If you are making an el	ectronic payment				
		А	make this estimated merican Express ♦ Visa www.i ick on "Make a Payment":	a ♦ Discover ( AZTaxes.gov	Card ♦ Mas	sterCard	d!

<u> </u>		140ES	individuai Estii	mated inc	ome rax	Payment	2022
_							
		timated payment is for tax y	ear ending Decemb		or for tax ye	ear ending: L	2.0
· ·		st Name and Middle Initial		Last Name		Enter	Your Social Security Number
֓֞֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓	NAREI	NDRA s First Name and Middle Initial (if i	filing joint)	SAMINENI Last Name		your	334   21   5205 Spouse's Social Security No.
1	pouse	31 list Name and Middle Initial (ii	illing joint/	Last Name		SSN(s)	·
<u> </u>	Current	Home Address - number and stree	et, rural route		Apt. No.	Daytim	e Phone (with area code)
		S12TH AVE	•		·	— ·	69) 251-8016
2 7 8	City, Tov	vn or Post Office	State	ZIP Code			ILY. DO NOT MARK IN THIS AREA.
_ 上	PHOE	NIX	AZ	85041		<u> 88 </u>	
	Check	t if this payment is on behal	f of a Nonresident Co	omposite retu	rn - 140NR		
STO		O NOT USE THIS FORM TO I se this form only for mailing es		NCOME TAX F	PAYMENTS.		
1	Pavme	nt: You must round your estir	nated payment to a wh	nole dollar (no	cents).	81 PM	80 RCVD
	•	he amount of payment enclos		t [	5 00	81  F W	80 1000
	Enter t	ne amount of <b>payment enclos</b>	sea 3	P	<u>ગ<b>ા૦૦</b></u>		
		only one box for the quarter					
I	Do not	select more than one quarter.	You must submit a se	parate form fo	each quarte	e <i>r</i> for which a pay	ment is made.
	Pavme	nt for <b>calendar year filers</b> are	due as follows:				
		st Quarter – January to March		22.			
		Because April 15, 2022 is a federal holi			ayment.		
	$\times$ 2	2nd Quarter – April to June   Due	date is <b>June 15, 2022.</b>				
		Brd Quarter – July to September	Due date is <b>September</b>	15, 2022.			
		hth Quarter – October to Decembe Because January 15, 2023 falls on a Su			ve until January	17, 2023 to make this	payment.
	Pavme	nt for <b>fiscal year filers</b> are du	e as follows:				
		st Quarter – 15th day of the <b>fourt</b>		scal vear			
		2nd Quarter – 15th day of the <b>sixt</b>					
		Brd Quarter – 15th day of the <b>nintl</b>		-			
	<u> </u>	th Quarter – 15th day of the <b>first</b>	month of the next fiscal y	ear.			
		If any of the due the required payment	e dates fall on a Satu for that quarter by m				
	]	If you are mailing this payı	ment:				
		To ensure proper application	on of this payment,	be sure that yo	ou:		
		✓ Complete and subn	nit this form in its enti	rety. Do not c	ut this page	in half.	
		✓ Make your check o	money order payable	to Arizona De	partment of	Revenue.	
		✓ Write your SSN, "Ta	ax Year 2022" and "14	0ES" on your	payment.		
			e on behalf of a <b>Nonre</b> d the entity's EIN on y		osite returi	1, write "Compos	ite 140NR",
		✓ Include your paymo		our payment.			
			partment of Revenue, F	PO Box 29085.	Phoenix, AZ	85038-9085.	
		Be sure to review your estima					ear.
		If you are making an electi	ronic payment				
			nke this estimated rican Express ♦ Visa	• ♦ Discover	Card ♦ Mas		!
			www./ on "Make a Payment" of of mail this form. We w		0ES" as the		

	140ES	maividuai Esti		me rax	rayillelli	2022
This e Your F  1 NAR Spous 1 Curre		,	0/ 05==			
This e	estimated payment is for tax your First Name and Middle Initial	ear ending Decemb	oer 31, 2022, c	or tor tax ye	ear ending:	Your Social Security Number
MAD	ENDRA		SAMINENI		Enter	334   21   5205
Spous	se's First Name and Middle Initial (if fi	ling joint)	Last Name		your	Spouse's Social Security No.
1	(	9 1=,			SSN(s).	
Curre	nt Home Address - number and stree	t, rural route		Apt. No.	Daytime	e Phone (with area code)
	3 S12TH AVE					69)251-8016
`	Town or Post Office	State	ZIP Code			LY. DO NOT MARK IN THIS AREA.
3 PHO	ENIX	AZ	85041		88	
☐ Che	eck if this payment is on behalf	of a Nonresident C	omposite retui	n - 140NR		
			·			
	DO NOT USE THIS FORM TO N Use this form only for mailing est		INCOME TAX P	AYMENIS.		
	, ,					
1 Payn	<b>nent:</b> You must round your estim	ated payment to a wh	hole dollar (no c	<del></del>	81 PM	80 RCVD
Ente	r the amount of <b>payment enclos</b>	ed	\$	5 00		
2 Chec	ck only one box for the quarter fo	or which this payment	t is made.			
	ot select more than one quarter.			each quarte	e <i>r</i> for which a pay	ment is made.
Payn	nent for <b>calendar year filers</b> are 1st Quarter – January to March   E		22			
	Because April 15, 2022 is a federal holid	- ·		yment.		
	2nd Quarter – April to June   Due o	date is <b>June 15, 2022</b> .				
$\boxtimes$	3rd Quarter – July to September	Due date is <b>September</b>	15, 2022.			
	4th Quarter – October to December			411 1	47 2022 to make this	
	Because January 15, 2023 falls on a Sun	day and January 10, 2023 i	is a nonday, you nav	e until January	17, 2023 to make this	раутепс.
Payn	nent for <b>fiscal year filers</b> are due	as follows:				
	1st Quarter – 15th day of the <b>fourth</b>	n month of the current fis	scal year.			
	2nd Quarter – 15th day of the <b>sixth</b>	month of the current fis	scal year.			
	3rd Quarter – 15th day of the <b>ninth</b>	month of the current fis	cal year.			
	4th Quarter – 15th day of the <b>first</b> n	nonth of the next fiscal y	year.			
		dates fall on a Satu				
	the required payment f	or that quarter by h	nianight on the	next busir	iess day rollowir	ig that day.
	If you are mailing this paym	nent:				
	To ensure proper applicatio	n of this payment,	be sure that yo	u:		
	✓ Complete and subm	it this form in its enti	irety. Do not cu	ıt this page	in half.	
	✓ Make your check or	money order payable	e to Arizona De <sub>l</sub>	partment of	Revenue.	
	✓ Write your SSN, "Ta	x Year 2022" and "14	40ES" on your p	ayment.		
		on behalf of a <b>Nonre</b> I the entity's EIN on y		site returr	n, write "Compos	ite 140NR",
	✓ Include your payme		- ·			
	✓ <b>Mail to</b> Arizona Dep		PO Box 29085,	Phoenix, AZ	85038-9085.	
	Be sure to review your estimat					ear.
	If you are making an electro	onic payment				
		ke this estimated				!
		ican Express 🕈 Visa	a ♦ Discover (	Card ♦ Mas		
	Click	<b>WWW.</b> n "Make a Pavment"	AZTaxes.gov		Paymont Type	

Arizona Form

FORM.		Arizona Form 140ES	Individual Esti	mated Inco	me Tax	Payment	FOR CALENDAR YEAR 2022
뿓	This e	estimated payment is for t	ax year ending Decemb	er 31, 2022, d	or for tax ye	ear ending:	_
요_	_	First Name and Middle Initial		Last Name		Enter	Your Social Security Number
<u>≨</u> <u>1</u>		ENDRA		SAMINENI		your	334 21 5205
ANY ITEMS		se's First Name and Middle Initia		Last Name		SSN(s	
	_	nt Home Address - number and	street, rural route		Apt. No.		me Phone (with area code)
<u> </u>		3 S12TH AVE		,			669)251-8016
STAI 3	_ `	Town or Post Office	State AZ	<b>ZIP Code</b> 85041		REVENUE USE C	ONLY. DO NOT MARK IN THIS AREA.
DO NOT STAPLE	OP .	DO NOT USE THIS FORM Use this form only for mailin	TO MAKE DELINQUENT I g estimated payments.	NCOME TAX F	AYMENTS.	81 PM	80 RCVD
	Ente	r the amount of <b>payment en</b>	closed	\$	5 00	01	<u> </u>
_					, 50		
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 perpendicular of the payment for calendar year filers are due as follows:  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.						er for which a pa	ayment is made.
	П	2nd Quarter – April to June	Due date is <b>June 15, 2022</b> .				
	3rd Quarter – July to September   Due date is <b>September 15, 2022</b> .						
Ath 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 paym					is payment.		
Payment for <b>fiscal year filers</b> are due as follows:							
		1st Quarter – 15th day of the t	ourth month of the current fis	scal year.			
		2nd Quarter – 15th day of the	sixth month of the current fise	cal year.			
		3rd Quarter – 15th day of the	ninth month of the current fisc	cal year.			
		4th Quarter – 15th day of the	first month of the next fiscal y	ear.			
If any of the due dates fall on a Saturday, Sunday, or legal holiday, the required payment for that quarter by midnight on the next business date.							
		If you are mailing this p	payment:				
		To ensure proper applic	cation of this payment,	be sure that yo	u:		
		✓ Complete and s	submit this form in its enti	rety. Do not cu	ıt this page	in half.	
	✓ Make your check or money order payable to Arizona Department of Revenue.						
		√ Write your SSN	, "Tax Year 2022" and "14	OES" on your p	ayment.		
			nade on behalf of a <b>Nonre</b> " and the entity's EIN on y		site returi	<b>n</b> , write "Compo	osite 140NR",
	<ul> <li>✓ Include your payment with this form.</li> <li>✓ Mail to Arizona Department of Revenue, PO Box 29085, Phoenix, AZ 85038-9085.</li> </ul>						
		Be sure to review your es	timated income and adjus	t your payment	s as necess	ary during the	year.
		If you are making an el	ectronic payment				
			make this estimated merican Express ♦ Visa www.		Card ♦ Mas		d!
		l	ick on "Make a Payment".	and select "140	FS" as the	Payment Tyne	