### 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

payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation requests must be received no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I further acknowledge that the personal identification number (PIN) below is my signature for the income tax return (original or amended) I am now authorizing and, if applicable, my Electronic Funds Withdrawal Consent.  Taxpayer's PIN: check one box only  I authorize GLOBAL TAXES LLC  ERO firm name  signature on the income tax return (original or amended) I am now authorizing.  I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box only if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.	Internal Revenue Service Go to www.irs.gov/Form8879 for the latest information.			
Part     Tax Return Information — Tax Year Ending December 31,   2021 (Enter year you are authorizing.)	Submission Identification Number (SID)			
Spouse's social security number	Taxpayer's name	Social security	y number	
Spouse's social security number	KESH PUN	350-39-	· ·8571	
Enter whole dollars only on lines 1 through 5.  Note: Form 1040-SS filters use line 4 only. Leave lines 1, 2, 3, and 5 blank.  1		_		r
Enter whole dollars only on lines 1 through 5.  Note: Form 1040-SS filters use line 4 only. Leave lines 1, 2, 3, and 5 blank.  1				
Note Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.  1 Adjusted gross income 2 7 total tax 2 2 3, 110.  3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099 3 4 1, 195.  4 Amount you want refunded to you 4 4 2, 455.  5 Amount you want refunded to you 5 5 5 Amount you want refunded to you 5 5 5 Amount you want refunded to you 5 5 5 Amount you want refunded to you 5 5 5 Amount you want refunded to you 6 5 5 5 Amount you want refunded to you 7 5 5 5 Amount you want refunded to you 7 5 5 5 Amount you want refunded to you 7 5 5 5 Amount you want refunded to you 7 5 5 5 5 Amount you want refunded to you 7 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5		er year you ar	e authorizing.	.)
1 4 0,663. 2 Total tax 3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099 . 3 4,198. 4 Amount you want refunded to you 5 Amount you want refunded to you 6 Amount you want refunded to you 7 Amount you want refunded to you 8 Amount you want refunded to you 9 Amount you want refunded to you 9 Amount you want refunded to you 9 Amount you want refunded to you 1 Amount you want refunded to make you 1 Amount you 2 Am	·			
2	•		4   40	662
A Amount you want refunded to you  4 Amount you want refunded to you  5 Amount you want refunded to you  4 2, 458.  5 Amount you owe  7 Taxpayer Declaration and Signature Authorization (Be sure you get and keep a copy of your return)  1 Taxpayer Declaration and Signature Authorization (Be sure you get and keep a copy of your return)  1 Taxpayer Declaration and Signature Authorization (Be sure you get and keep a copy of your return)  1 Taxpayer But is the seven and the seven was a copy of the income tax return (original or amended) I am now authorizing, and to the best of my knowledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I above are the amounts from the income tax return (original or amended) I am now authorizing. I consent to allow my intermediate service provider, transmitter, or electronic return original or or amended in am now authorizing. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason of any return. If applicable, i authorize the U.S. Treasury and (b) the nearly and the financial institution account indicated in the tax preparation software for or you return original institutions involved in the procession of the reparation software for perment of summated use, and the financial institution involved in the procession of the reparation of the payment of my federal taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I further acknowledge that the payment of the second payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I further acknowledge that the payment of the payment of the second payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I furth	, 9			·
Amount you want refunded to you  5 Source was a support of the income tax return (original or amended) I am now authorizing, and to the best of your prefum)  1 Taxpayer Declaration and Signature Authorization (Be sure you get and keep a copy of your return)  1 Order penalties of perlips, I declare that I have examined a copy of the income tax return (original or amended) I am now authorizing, and to the best of the return original or amended) I am now authorizing. I consent to the loss and prefund to the loss of the return originator (ERO) to send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or rescon for rejection of the transmission, (b) the reason of the prefunding the prefun				
Taxpayer Declaration and Signature Authorization (Be sure you get and keep a copy of your return) Under penalties of perjury, I declare that I have examined a copy of the income tax return (original or amended) I am now authorizing, and to the best of my knowledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I above are the amounts from the Income tax return (original or amended) I am now authorizing, and to the best of my knowledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I above are the amounts from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any dealy in proceeding the treatment or refunding and (b) the date of any dealy in the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any dealy in proceeding the transmission of the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any dealy in proceeding the proceeding the process of the payment of the process of the payment of the process of the process of the decironic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I further acknowledge that the personal identification number (PIII) below is my signature for the income tax return (original or amended) I am now authorizing.  □ I will enter my PIN as my signature or the income tax return (original or amended) I am now authorizing. Check this box only if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.  Spouse's signature ▶ Date ▶  Practitioner PIN Method Returns Only—continue below  Part III Certification and Authentication — Practitioner PIN Method Only  ERO's signature box and payment				
Part III Taxpayer Declaration and Signature Authorization (Be sure you get and keep a copy of your return)  Under penalties of perjun; I declare that I have examined a copy of the income tax return (original or amended) I am now authorizing, and to the best of my knowledge and belief, it is true, correct, and complete. I further declare that the amounts from the IRC and and complete in the IRC and and complete in the IRC and acknowledgement of receipt or reason for rejection of the transmission, (b) the reason to replace the amounts from the IRC and acknowledgement of receipt or reason for rejection of the transmission, (b) the reason control to send my return to the IRS and to receive from the IRC and acknowledgement of receipt or reason for rejection of the transmission, (b) the reason state of the transmission, (b) the reason control to the IRC and a acknowledgement of receipts or reason for rejection of the transmission, (b) the reason control that included in the tax preparation software for payment of the relative to the financial institution account indicated in the tax preparation software for payment of the return and/or a payment of estimated tax, and the financial institution to account indicated in the tax preparation software for payment of the tax preparation software for payment of the tax preparation software for payment of the tax preparation software for the unit of the tax preparation software for the substance of the payment of the tax preparation software for the income tax return (original Agent to terminate the authorization. To revoke (cancel) a payment, function of the payment of the tax preparation software for the payment of the software for the income tax return (original or amended) I am now authorizing and, if applicable, my Electronic Punction with drawal Consent.  Taxpayer's PIN: check one box only  I authorize GLOBAL TAXES LLC  ERO firm name signature on the income tax return (original or amended) I am now authorizing. Check this box only if you are entering your own PIN and yo				<u>,430.</u>
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Taxpayer's PIN: check one box only	for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account in payment of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to termina payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation rebusiness days prior to the payment (settlement) date. I also authorize the financial institutions involved in the taxes to receive confidential information necessary to answer inquiries and resolve issues related to the personal identification number (PIN) below is my signature for the income tax return (original or amended) I	U.S. Treasury are dicated in the take to debit the attention to debit the treatment of the treatment	d its designated x preparation solentry to this according. To revoke ( received no late the electronic paner acknowledge	Financial ftware for ount. This (cancel) a er than 2 ayment of a that the
I authorize   GLOBAL TAXES LLC   to enter or generate my PIN   ERO firm name   signature on the income tax return (original or amended) I am now authorizing.   I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box only if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III   Date   2/4/22022      Spouse's PIN: check one box only   Date				
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I authorize	Your signature ▶ Date ▶	2/4/22022		
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Part III Certification and Authentication — Practitioner PIN Method Only  ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN.  Don't enter all zeros  I certify that the above numeric entry is my PIN, which is my signature for the electronic individual income tax return (original or amended) I am now authorized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and Pub. 1345, Handbook for Authorized IRS e-file Providers of Individual Income Tax Returns.  ERO's signature ▶ Date ▶  ERO Must Retain This Form — See Instructions	Spouse's signature ▶ Date ▶			
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ERO Must Retain This Form — See Instructions	authorized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am sub-	mitting this retu	rn in accordance	
	ERO's signature ▶ Date ▶			
		Do So		

#### **£1040**

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

2021

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 [ ou checked the MFS box, enter the reson is a child but not your depender	name of								
Your first name	and m	iddle initial	Last na	ame					Your so	cial securi	ity number
KESH			PUN						350-	39-857	1
If joint return, s	pouse's	s first name and middle initial	Last na	ame					Spouse	s social se	curity number
	•	er and street). If you have a P.O. box, see	instruct	ions.				Apt. no.	1	ntial Electi	ion Campaigr
		ce. If you have a foreign address, also co	omplete :	spaces below.	Sta			code 5007	spouse to go to	if filing join	ntly, want \$3 Checking a
Foreign countr	y name			Foreign province/state	te/coun	ty	+ -	eign postal code		ow will floor or refund	
At any time du	ıring 20	021, did you receive, sell, exchange	, or othe	erwise dispose of a	any fina	ancial interes	t in an	y virtual curre	ency?	Yes	⊠ No
Standard Deduction		eone can claim:  You as a de Spouse itemizes on a separate retu	•				t				
Age/Blindnes	s You:	: Were born before January 2,	1957 [	Are blind S	pouse	: Was b	orn be	efore January	2, 1957	☐ Is b	lind
Dependent If more	,	instructions): irst name Last name	(2) Social security number (3) Relationship to you		(4) ✓ if of Child tax of		r (see instru Credit for of	uctions): ther dependents			
than four											
dependents, see instruction											
and check here ▶ □											
	1	Wages, salaries, tips, etc. Attach	Form(s)	W-2					. 1		40,663.
Attach	2a	Tax-exempt interest	2a		b T	axable intere	est		. 2b		
Sch. B if	За	Qualified dividends	За		<b>b</b> (	Ordinary divid	dends		. 3b		
required.	4a	IRA distributions	4a		b T	axable amoi	unt .		. 4b		
	5a	Pensions and annuities	5a		<b>b</b> T	axable amo	unt .		. 5b		
Standard	6a	Social security benefits	6a		<b>b</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		•	<b>7</b>		
<ul> <li>Single or Married filing</li> </ul>	8	Other income from Schedule 1, lir	ne 10		٠				. 8		
separately, \$12,550	9	Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your <b>total income</b>						▶ 9		40,663.	
Married filing	10	Adjustments to income from Sche	•					. 10			
jointly or Qualifying	11	Subtract line 10 from line 9. This is your <b>adjusted gross income</b>						▶ 11		40,663.	
widow(er), \$25,100	12a	Standard deduction or itemized	•	-		1	12a	12,55	50.		
\$25,100 • Head of	b	Charitable contributions if you take		•	,	ructions) 1	2b		0.		
household, \$18,800	С	Add lines 12a and 12b							. 120	;	12,850.
If you checked	13	Qualified business income deduct	tion fron	n Form 8995 or Fo	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 lin	ne 11. If zero or les	s, ente	er -0			. 15		27,813.

	16	Tax (see instructions). Check if any from Form	(s): <b>1</b> 🗌 881	4 <b>2</b> 🗌 4972	3 🗌		16	3,140.	
	17	Amount from Schedule 2, line 3					17		
	18	Add lines 16 and 17					18	3,140.	
	19	Nonrefundable child tax credit or credit for o	ther depender	nts from Schedule	8812		19	_	
	20	Amount from Schedule 3, line 8					20		
	21	Add lines 19 and 20					21		
	22	Subtract line 21 from line 18. If zero or less,	enter -0				22	3,140.	
	23	Other taxes, including self-employment tax,	from Schedule	e 2, line 21			23	0.	
	24	Add lines 22 and 23. This is your total tax				▶	24	3,140.	
	25	Federal income tax withheld from:							
	а	Form(s) W-2			25a	4,198.			
	b	Form(s) 1099			25b				
	С	Other forms (see instructions)			25c				
	d	Add lines 25a through 25c					25d	4,198.	
	26	2021 estimated tax payments and amount a	oplied from 20	20 return			26		
If you have a — L qualifying child,	27a	Earned income credit (EIC)		No	27a				
attach Sch. EIC.		Check here if you were born after Janua	ary 1, 1998,	and before					
		January 2, 2004, and you satisfy all the							
		taxpayers who are at least age 18, to claim to	1 1	structions ►					
	b	Nontaxable combat pay election			-				
	С	Prior year (2019) earned income		0					
	28	Refundable child tax credit or additional child			28		-		
	29	American opportunity credit from Form 8863, line 8							
	30	Recovery rebate credit. See instructions .				1,400.	-		
	31	Amount from Schedule 3, line 15			31		-	1 100	
	32	Add lines 27a and 28 through 31. These are					32	1,400.	
	33	Add lines 25d, 26, and 32. These are your to					33	5,598.	
Refund	34	If line 33 is more than line 24, subtract line 24			•		34	2,458.	
Di	35a	Amount of line 34 you want <b>refunded to you</b>					35a	2,458.	
Direct deposit? See instructions.	►b	Routing number         1         0         1         1         0         0         0           Account number         5         1         8         0         0         7         9		► c Type: 🔀	Checking	Savings			
	► d 36	Amount of line 34 you want <b>applied to your</b> :			36				
A		Amount you owe. Subtract line 33 from line				. •	07		
Amount You Owe	37 38	Estimated tax penalty (see instructions) .			38		37		
Third Party Designee		you want to allow another person to disc tructions				complete I	nelow	× No	
Designee		signee's	Phone			sonal identi			
		me ►	no. 🕨			nber (PIN)			
Sign		der penalties of perjury, I declare that I have examine							
Here		ief, they are true, correct, and complete. Declaration of	,		sed on all informat			,	
	You	ur signature	Date	Your occupation				nt you an Identity IN, enter it here	
Joint return?				ENGINEERIN	IG	I .	inst.) ▶	N, enter it field	
See instructions.	Spo	ouse's signature. If a joint return, <b>both</b> must sign.	Date	Spouse's occupati		If the	If the IRS sent your spouse an		
Keep a copy for your records.								ection PIN, enter it here	
your records.						(see	inst.) ▶		
		one no. (443) 538-0185	Email address	KESHMAGAR@	1				
Paid		eparer's name Preparer's signat		_	Date	PTIN	_	Check if:	
Preparer	SYAM	PRIYA RAM SAGAR GUPTA TALLAM SYAM PRIYA	RAM SAGAR	GUPTA TALLAM	02/04/2022	P0208		Self-employed	
Use Only		m's name ► GLOBAL TAXES LLC						(678) 965-9522	
	Firr	m's address ▶ 2530 Pebble Creek L	n Cumming	g GA 30041		Firm	's EIN ▶		
Go to www.irs.go	ov/Form	n1040 for instructions and the latest information.		BAA	REV 01/31/22 PRO			Form <b>1040</b> (2021)	

Form 1040 (2021)

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## **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** PUN 350 ı 39 ı 8571 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. 40,663 00 1 Arizona Adjusted Gross Income ☐ Foreign Account Deposit/Debit: See instructions below. 2 Balance of Tax ..... 727 00 ROUTING NUMBER 00 ☐ Checking ■ Savings 3 Arizona Income Tax Withheld ... ACCOUNT NUMBER Check box 4 or box 5: 00 **4** ■ **REFUND**: Enter the amount of refund...... 727 **00** DIRECT DEBIT REQUEST DATE 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 provided on your tax return. Your refund amount will be deposited in the Deposit/Debit" box if your deposit will be ultimately placed in or come 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 account. If you are due a refund, we will send you a check instead. If you information provided on your tax return. You have elected to direct debit 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

URN.			Arizona Form <b>140</b>	Resident F	Personal Inc	Return	FO	R CALENDAR YEAR 2021	
REI	82F		heck box 82F f filing under extension	OR FISCAL YEAR BEGIN	INING	12,0,2,1	AND ENDING		
			First Name and Middle Initial		Last Name				ocial Security Number
TO THE	1	KE	SH		PUN		Enter		, , 39 , 8571
	<u> </u>		se's First Name and Middle Initia	al (if box 4 or 6 checked)	Last Name		your SSN(s	Spouse	e's Social Security No.
ANY ITEMS		Curre	nt Home Address - number and	street, rural route		Apt. No.	Daytin	ne Phone (\	with area code)
<u></u>	2	12	36 SOUTH 13TH AVE				<b>94</b> (4	143) 538	-0185
			Town or Post Office	State	ZIP Cod		Last Names Used	in Last Four l	Prior Year(s) (if different)
Щ	3	PH	DENIX	AZ	85007				97
DO NOT STAPLE	FILINGSTATUS	4 5 6	Married filing separate reto	name of qualifying child or de	pendent on next line:	٦	REVENUE USE OF	NLY. DO NOT	Γ MARK IN THIS AREA.
ă	[	7	<ul><li>✓ Single</li><li>✓ Enter the number claime</li></ul>	d. Do not put a check m	ark				
		8	Age 65 or over (you and/o	-	es 8, 9, and 11a, also co	omplete lines 38.			
	9	9	Blind (you and/or spouse)	20 and 44 Fauli	nes 10a and 10b, also c		81 PM		80 RCVD
	nd 1	10a	Dependents: Under age of		endents: Age 17 ar	nd over.			_
	)a aı	11a	Qualifying parents and gra						
	ts 10		(Box 10a and 10b): Depende	ent Information. See instru	ctions. For more	space, check t	he box 🔲 and co	omplete pa	
	and 11a - Dependents 10a and 10b		(a) FIRST AND LAS (Do not list yourself		(b) SOCIAL SECURITY NO.	(c) RELATIONSHI	LIVED IN YOUR HOME IN 2021	(e) Dependent A included in:  1 2 Box 10a) (Box	this person on your federal return due to educational credits
	1 <sub>a</sub>	10c					Ì		
	pug	10d							
	တ်	10e							
_	ns 8,		(Box 11a): Qualifying parents	and grandparents. See ir				complete p	
after Form 140	Exemptions		(a) FIRST AND LAS (Do not list yourself		(b) SOCIAL SECURITY NO.	(c) RELATIONSHI	(d) P NO. OF MONTHS LIVED IN YOUR HOME IN 2021	(e) IF AGE 65 OVER	OR
er		11b							
Ħ		11c							
nts			Federal adjusted gross incom						40,663 00
			Small Business Income: 13S ch					10 663 20	
ij	dditions		Modified federal adjusted gross						40,663 00
ě	dditi		Non-Arizona municipal interest.						00
ē	ĕ		Partnership Income adjustment Total federal depreciation						00
등			Other Additions to Income: Cor						00
5			Subtotal: Add lines 14 through 18	•					40,663 00
es			Total net capital gain or (loss).					00	, , , , , , , , , , , , , , , , , , , ,
ng D			Total net short-term capital gain					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) an					24	0 00
nd	"	This	box may be blank or may contain a r	orinted barcode of data from your live the live of the	our return. 25 Net	capital gain - qua	lified small business.	25	00
ਲ ਜ	Subtractions		rial, y garen, laten, garen, garen, laten, le pen, le pen, laten de l'este de l'este de l'este de l'este de l' L'est, l'experit de l'este de l'este de l'experit de l'este de l'este de l'este de l'este de l'este de l'este d		<b>26</b> Rec		depreciation		00
er:	ract				<b>27</b> Parti		djustment		00
ted	Subt		ACT priatripe, latripe, latrip	de fen. De fen. De fen. De fen.	28 Inter		ations		00
9	0,		<u>Vereneren erenere</u>		29a Exclu		tate or local govt. pens		00
					29b Exclu		ainer pay uniform serv		00
bə			box may be blank or may contain a p		30 U.S.		or Railroad Retiremer erican Indians		00
Σ					31 Cert		an active service mem		00
ā		<b>      </b>	1 AMERICAN EN PROPERTACION POLICIONES POLICIONES	M. N. LANGE BORNE LENGTH OF THE SAME OF THE	ر درج بالساسط الأساسط الأساسط الأساسط.		justment		00
Place any required federal and AZ schedules or other docume						tributions: 34a 529		00	
Ĕ						529A (ABLE)	00 add 34a an		00

	Your	Name (as shown on page 1)	Your Social Security Nu	ımber		$\neg$
	KES		350-39-8571	_		
	35	Subtract lines 24 through 34c from line 19		35	40,663	n
	36	Other Subtractions from Income. Complete Other Subtraction from Arizona Gross Income sche			10,000	00
	37	Subtract line 36 from line 35. Enter the difference			40,663	
Exemptions	38	Age 65 or over: Multiply the number in box 8 by \$2,100			10,000	00
npti	39	Blind: Multiply the number in box 9 by \$1,500				00
xen	40	Other Exemptions. See instructions40E Multiply the number in box 40E by \$2,300				00
ш	41	Qualifying parents and grandparents: Multiply the number in box 40£ by \$2,300				00
	42	Arizona adjusted gross income: Subtract lines 38 through 41 from line 37. If less than zero, enter "0			40,663	
	43	Deductions: Check box and enter amount. See instructions	<b>I</b>	12,550	<u> </u>	
	44	If you checked box 43 <b>S</b> and claim charitable contributions, check 44 <b>C</b> Complete page 3. See	<del></del>		75	
×	45	Arizona taxable income: Subtract lines 43 and 44 from line 42. If less than zero, enter "0"		28,038		
of Tax		a Compute the tax using amount on line 45 and Tax Tables X and Y or Optional Tax Tables			727	<u> </u>
		If line 45 is \$250,001 or more (single/mfs) or \$500,001 or more (mfj/hoh) compute the tax surch				00
Balance	47	Tax from recapture of credits from Arizona Form 301, Part 2, line 30	-			00
Ba	48	Subtotal of tax: Add lines 46a, 46b and 47. Enter the total			727	
	49	Dependent Tax Credit. See instructions		49		00
	50	Family income tax credit (from the worksheet - see instructions)		50		00
	51	Nonrefundable Credits from Arizona Form 301, Part 2, line 61		51		00
nd	52	Balance of tax: Subtract lines 49, 50 and 51 from line 48. If the sum of lines 49, 50 and 51 is greater tha	n line 48, enter "0"	52	727	00
ots a	53	2021 AZ income tax withheld		53		00
/mer	54	2021 AZ estimated tax payments54a 00 Claim of Right 54b	00 Add 54a and 54b	. 54c		00
I Pay ında	55	2021 AZ extension payment (Form 204)		55		00
Total Payments and Refundable Credits	56	Increased Excise Tax Credit (from the worksheet - see instructions)		56		00
	57	Property Tax Credit from Arizona Form 140PTC		57		00
ent ent	58	Other refundable credits: Check the box(es) and enter the total amount	58		00	
Tax Due or Overpayment	59	Total payments and refundable credits: Add lines 53 through 58. Enter the total		59		00
	60	TAX DUE: If line 52 is larger than line 59, subtract line 59 from line 52. Enter amount of tax due. Skip lines	61, 62 and 63	60	727	00
- 6	61	<b>OVERPAYMENT:</b> If line 59 is larger than line 52, subtract line 52 from line 59. Enter amount of overpayment	ent	61		00
Gifts	62	Amount of line 61 to be applied to 2022 estimated tax		62		00
	63	Balance of overpayment: Subtract line 62 from line 61. Enter the difference		63		00
ntar	64	- 74 Voluntary Gifts to: Solutions Teams Assigned to Schools64 00 Arizona Wildlife		7		
Voluntary		Child Abuse Prevention		1		
>		Neighbors Helping Neighbors 69 00 Special Olympics		7		
nalty		I Didn't Pay Enough Fund72 00 Sustainable State Parks and Road Fund73 00 Spay/Neuter of Anim				
Pen	75	Political Party (if amount is entered on line 68 - check only one): 751 Democratic 752 Libertarian	753 Republican			
_	76	Estimated payment penalty		76		00
ō	77	771 ☐ Annualized/Other 772 ☐ Farmer or Fisherman 773 ☐ Form 221 included				-
O We	78	Add lines 64 through 74 and 76; enter the total				00
Refund or Amount Owed	79	REFUND: Subtract line 78 from line 63. If less than zero, enter amount owed on line 80  Direct Deposit of Refund: Check box 79A if your deposit will be ultimately placed in a foreign account; so		79		00
A P		C Checking or ROUTING NUMBER ACCOUNT NUMBER	comotractions. 73A			
_		98 S Savings				
	80	<b>AMOUNT OWED:</b> Add lines 60 and 78. Make check payable to Arizona Department of Revenue; write			707	, T
	_	and include with your returnUnder penalties of perjury, I declare that I have read this return and any documents with it, and t			727	
		onder penalties of perjury, it declare that it have read this return and any documents with it, and it true, correct and complete. Declaration of preparer (other than taxpayer) is based on all informa				ا ٿ
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<b>K</b>	<b>→</b>		ENGINEERING			
HERE		YOUR SIGNATURE DATE	OCCUPATION			-
SIGN	→					
	_	ODOLIOSIO OLONATUDE	PROLICE:O COCUPATION			_
			SPOUSE'S OCCUPATION			
PLEASE		SYAM PRIYA RAM SAGAR GUPTA TALLAM 02042022 GLOBAL TAXES I PAID PREPARER'S SIGNATURE DATE FIRM'S NAME (PREPARER'S				-
E				7106		
占		2530 Pebble Creek Ln PAID PREPARER'S STREET ADDRESS	$\frac{30-101}{\text{PAID PREPAR}}$			-
		Cumming GA 30041		65-9522	)	
		PAID PREPARER'S CITY STATE ZIP CODE	PAID PREPAR			-
1						

If you are also sending a payment, mail to Arizona Department of Revenue, PO Box 52016, Phoenix, AZ 85072-2016 (PO Box 29204, Phoenix, AZ 85038-9204 if your return has a barcode). If you are not sending a payment, mail to Arizona Department of Revenue, PO Box 52138, Phoenix, AZ 85072-2138 (PO Box 29205, Phoenix, AZ 85038-9205 if your return has a barcode).

# 2021 Form 140 - Standard Deduction Increase for Charitable Contributions

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

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

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

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

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

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

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

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

ADOR 10413 (21) 1555 AZ Form 140 (2021) REV 01/04/22 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
1 KESH		PUN		Enter	350   39   8571
Spouse's First Name and Middle Init	ial	Last Name		your	Spouse's Social Security No.
1				SSN(s).	<u> </u>
Current Home Address - number an	d street, rural route		Apt. No.	Daytime	Phone (with area code)
2 1236 SOUTH 13TH AVE				<b>94</b> (44	3)538-0185
City, Town or Post Office	State	ZIP Code			LY. DO NOT MARK IN THIS AREA.
3 PHOENIX	AZ	85007		88	
Please indicate the filing statu  ☐ Married filing joint return  ☐ Head of household: Enter na  ☐ Married filing separate return	me of qualifying child or dep		mher ahove		
<ul> <li>☑ Married limit g separate return</li> <li>☑ Single</li> </ul>	i. Liner spouse's name and	Godal Geounty Nul	inder above.	81 PM	80 RCVD
Enter the amount of <b>paymen</b>	t enclosed				\$ 727 00

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 01/04/22 PRO