Internal Revenue Service

IRS e-file Signature Authorization

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

Submission Identification Number (SID)

Taxpay	/ersname	Social security number						
KES	SH PUN	350-39	-8571	<u>_</u>				
Spouse	e's name	Spouse's social security number						
Par	t I Tax Return Information – Tax Year Ending December 31, 2021 (Enter	r year you a	are aut	horizing.)				
Enter	whole dollars only on lines 1 through 5.							
Note	Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.							
1	Adjusted gross income		1	40,663.				
2	Total tax		2	3,140.				
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099		3	4,198.				
4	Amount you want refunded to you		4	2,458.				
5	Amount you owe		5					
Dand	Term even Declaration and Cinnetons Anthemication (Decome you not and I							

Taxpayer Declaration and Signature Authorization (Be sure you get and keep a copy of your return) Part II

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

Taxpayer's PIN: check one box only

			ERO firm name	6 ,	E
I authorize	GLOBAL TA	AXES	LLC	to enter or generate my PIN	

9	8	5	7	1	
	er fiv i't er				as my

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

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

Your signature 🕨

X

Date

Spouse's PIN: check one box only

I authorize

to enter or generate my PIN

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

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

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

Spouse's signature >	Date						 		
Practitioner PIN Method Returns Only—contir	ue be	elov	v						
Part III Certification and Authentication – Practitioner PIN Method Onl	/								
ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN.	5	8	3 7	-		6 all ze	9	89)

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

ERO's signature >		Date 🕨	
	O Must Retain This Form — See I nit This Form to the IRS Unless R		
For Demonstrally Deduction Act Nation and		DEV 04/04/00 DD0	Farm 8870 (Day, 01 0001)

For Paperwork Reduction Act Notice, see your tax return instructions. BAA REV 01/31/22 PRO

E 104(artment of the Treasury—Internal Revenue Servi S. Individual Income Tax		(99) S urn	202	21	OMB No. 15	545-00	74 IRS U	se Only	r−Do not v	vrite or staple	in this space.
Filing Status Check only one box.	lf yo	Single D Married filing jointly u checked the MFS box, enter the n son is a child but not your dependent	ame of	-									low(er) (QW) he qualifying
Your first name	e and mi	iddle initial	Last na	ame							Your so	ocial securi	ty number
KESH			PUN								350-	39-857	1
If joint return, s	spouse'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 13TH AVE	instruct	ions.					Apt. no.			ential Electi here if you,	on Campaign
-		ce. If you have a foreign address, also co	mplete	spaces be	low.	Sta	te	ZI	² code				ntly, want \$3
PHOENIX						A	Z	8	5007		Ŭ Ŭ	o this fund. Iow will not	Checking a
Foreign countr	y name			Foreign p	rovince/state	/coun	ty	Fo	reign posta	code	1	x or refund	0
												You	Spouse
At any time du	uring 20	021, did you receive, sell, exchange,	, or othe	erwise di	spose of ar	y fina	ancial intere	st in a	ny virtual	curre	ncy?	Yes	X No
Standard Deduction	_	eone can claim: Vou as a de Spouse itemizes on a separate retur	•				a depender	nt					
Age/Blindnes	s You:	Were born before January 2, 1	957 [Are bl	lind Sp	ouse	: 🗌 Was I	born b	efore Jar	uary 2	2, 1957	🗌 ls b	lind
Dependent	•			(2) 5	Social securit number	у	(3) Relation to you					or (see instru	uctions): ther dependents
lf more than four	(1) F	irst name Last name			Патарсі		10 900		Child	tax c	reall	Credit for ot	
dependents,									_				
see instruction	s —												
and check here ► □													
	1	Wages, salaries, tips, etc. Attach F	- orm(s)	W-2							. 1	1	40,663.
Attach	2a		2a			ьт	axable inter	· ·		·	. <u>1</u>		10,000.
Sch. B if	3a	· ·	3a				Ordinary divi						
required.	4a		4a				axable amo				. 41)	
	5a	Pensions and annuities	5a			bТ	axable amo	ount .			. 5k)	
Standard	6a	Social security benefits	6a			bТ	axable amo	ount .			. 6k)	
Deduction for-	7	Capital gain or (loss). Attach Sche	dule D i	f require	d. If not rec	uired	, check here	э.			7		
 Single or Married filing 	8	Other income from Schedule 1, lin	e 10								. 8		
separately, \$12,550	9	Add lines 1, 2b, 3b, 4b, 5b, 6b, 7,	and 8. ⁻	This is yo	our total inc	ome					▶ 9		40,663.
 Married filing 	10	Adjustments to income from Sche	dule 1,	line 26							. 10)	
jointly or Qualifying	11	Subtract line 10 from line 9. This is	s your a	djusted	gross inco	me	· · ·				▶ 11	I	40,663.
widow(er), \$25,100	12a	Standard deduction or itemized	deduct	t ions (fro	m Schedul	e A)		12a	12	,55	0.		
Head of	b	Charitable contributions if you take	the sta	ndard de	duction (see	e instr	ructions)	12b		30	0.		
household, \$18,800	с	Add lines 12a and 12b									. 12	c	12,850.
 If you checked 	13	Qualified business income deduct	ion fron	n Form 8	995 or Forr	n 899	5-A				. 13	_	
any box under Standard	14	Add lines 12c and 13									. 14	1	12,850.
Deduction, see instructions.	15	Taxable income. Subtract line 14	from lir	ne 11. lf z	zero or less	ente	er-0				. 15	5	27,813.

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

Form **1040** (2021)

Form 1040 (202	1)									Page 2
	16	Tax (see instructions). Check	if any from Form	(s): 1 🗌 881	4 2 4972	3		16	3,1	40.
	17	Amount from Schedule 2, lin	e3					17		
	18	Add lines 16 and 17						18	3,1	40.
	19	Nonrefundable child tax cred	dit or credit for o	ther depender	nts from Schedul	e8812		19		
	20	Amount from Schedule 3, lin	e8					20		
	21	Add lines 19 and 20						21		
	22	Subtract line 21 from line 18	. If zero or less,	enter -0				22	3,1	40.
	23	Other taxes, including self-er	mployment tax,	from Schedule	e 2, line 21 .			23		0.
	24	Add lines 22 and 23. This is	your total tax				. 🕨	24	3,1	40.
	25	Federal income tax withheld	from:			1 1				
	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	4,1	98.
If you have a	26	2021 estimated tax payment			3.7			26		
qualifying child, attach Sch. EIC. [27a	Earned income credit (EIC)				27a				
		Check here if you were b								
		January 2, 2004, and you taxpayers who are at least a								
	b	Nontaxable combat pay elec	-	1 1						
	c	Prior year (2019) earned inco				-				
	28	Refundable child tax credit or			Schedule 8812	28				
	29	American opportunity credit				29		1		
	30	Recovery rebate credit. See					,400.	1		
	31	Amount from Schedule 3, lin				31	, 1001			
	32	Add lines 27a and 28 throug					lits 🕨	32	1.4	00.
	33	Add lines 25d, 26, and 32. T		-				33		98.
Defensel	34	If line 33 is more than line 24						34		58.
Refund	35a	Amount of line 34 you want I				•		35a		58.
Direct deposit?	►b	Routing number 1 0 1					Savings		,	
See instructions.		Account number 5 1 8					59-			
	36	Amount of line 34 you want a				36				
Amount	37	Amount you owe. Subtract					. 🕨	37		
You Owe	38	Estimated tax penalty (see in				38				
Third Party	Do	you want to allow another								
Designee		structions	•				omplete b	elow.	× No	
•		signee's		Phone			onal identif			
	nar	me 🕨		no. 🕨		numb	ber (PIN) 🕨			
Sign		der penalties of perjury, I declare the lief, they are true, correct, and com								
Here			piete. Declaration				1			
	YO	ur signature		Date	Your occupation				it you an Identit <u>y</u> N, enter it here	у
Joint return?					ENGINEERI	NG	(see	inst.) 🕨		
See instructions.	Sp	ouse's signature. If a joint return, k	ooth must sign.	Date	Spouse's occupa	tion			t your spouse a	
Keep a copy for your records.	,								ection PIN, enter	r it here
your rooorao.							(see	inst.) 🕨		
		one no. (443) 538-018		Email address	KESHMAGAR	@GMAIL.COM	DTIN		Oh a alu if	
Paid		eparer's name	Preparer's signat			Date	PTIN		Check if:	
Preparer		I PRIYA RAM SAGAR GUPTA TALLAM		RAM SAGAR	GUPTA TALLAM	1 02/04/2022	P02082	1	Self-emplo	
Use Only		m's name ► GLOBAL TAX		'					678)965-9	
		m's address ► 2530 Pebbl		n Cummin	g GA 30041		Firm'	s EIN 🕨		
Go to www.irs.ge	ov/Forn	n1040 for instructions and the lates	st information.		BAA	REV 01/31/22 PRO			Form 104	D (2021)

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

2021

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

Your First Name and Initial	Last Name	,	Your Social Security Number*
KESH	PUN	Enter	350 39 8571
Your Spouse's First Name and Initial (if filed joint)	li ast Name	your SSN(s).	Spouse's Social Security No.*

PART 1 – PURPOSE (If you are e-filing a Small Business Income Tax Return, also complete Form AZ-8879 SBI)*Do Not Truncate

• To certify the truthfulness, correctness, and completeness of the taxpayer's electronic income tax return.

• To authorize the Electronic Return Originator (ERO) to affirm that the taxpayer wishes to use the taxpayer's electronic signature to the taxpayer's federal individual income tax return as the taxpayer's signature to the taxpayer's electronic Arizona individual income tax return.

PART 2 – TAX RETURN INFO	RMATION		PART 3 – FIN/	ANCIAL INS	TITUTION INFORMATION
			Must be preser	nt when reque	sting direct debit or deposit.
1 Arizona Adjusted Gross Income	40,663 00		Foreign Acc	count Deposit/	Debit: See instructions below.
2 Balance of Tax	727 00		TYPE OF ACCOUNT		
3 Arizona Income Tax Withheld	00		Checking	Savings	
Check box 4 <u>or</u> box 5:			ACCOUNT NUMBER		
4 REFUND: Enter the amount of	^r refund	00			
5 AMOUNT YOU OWE: Enter th	e amount owed	727 00	DIRECT DEBIT REQU	EST DATE	\$

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

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

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

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

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

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

If I have filed a balance due return, I understand that if the ADOR does not receive full and timely payment of my tax liability by April 18, 2022, I will remain liable for the tax liability and all applicable interest and penalties. When electronically filing my federal and state tax returns, I understand that if there is an error on my federal return, my state return will also be rejected. I consent to my Electronic Return Originator (ERO) or On-Line Service Provider (OLSP) sending my electronic Arizona individual income tax return and accompanying schedules and statements to ADOR, and I consent to my ERO or OLSP sending such information to ADOR through a transmitter. I consent to ADOR sending my ERO, OLSP and/or transmitter an acknowledgement of receipt of transmission and an indication of whether or not the transmission of my return is accepted and, if the return is rejected, the reason(s) for the rejection. If the processing of my return or refund is delayed, I authorize ADOR to disclose to my ERO, OLSP and/ or transmitter the reason(s) for the delay, or when the refund was sent. If ADOR contacts my ERO for a copy of my return, any documents or schedules to my return, and/or this authorization form, I authorize my ERO to release copies of the requested documents to ADOR.

I authorize GLOBAL TAXES LLC

(ELECTRONIC RETURN ORIGINATOR)

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

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

RETURN.			Arizona Form 140	R	esident	Perso	nal Inco	ome Tax	Return			alendar year	
	32F		Check box 82F filing under extension	OR FISCAL	YEAR BEG	INNING L		2,0,2,1					66F
TO THE		Your I	First Name and Middle Initial			Las	t Name			Enter	our Socia	al Security Nu	mber
ΞĪ	1	KES		luitial (if have 4 as		PUI		-		VOUR		<u>39 857</u>	
ls I	1	Spouse's First Name and Middle Initial (if box 4 or 6 checked)							SSN(s).	pouse s a	Social Securit	y NO.	
Ē		Curre	nt Home Address - number a	and street, rural	route			Apt. No.		Daytime Ph	one (with	area code)	
	2		36 SOUTH 13TH AVE							94 (443)			
	3	•	ity, Town or Post OfficeStateZIP CodeLast Names Used in LastPHOENIXAZ85007								Four Prior	Year(s) (if diffe	erent)
STAPLE										ARK IN THIS A			
ST∕	T	5	Head of household. E		•			reipayment	88				
OT	GS												
DO NOT	FILINGSTATUS	6	Married filing separate	e return. Enter sp	ouse's name a	and Social S	Security Num	per above.					
	11	7		imed. Do not p	ut a check i	mark.							
		8			If completing lines 8, 9, and 11a, also complete lines 38,								
	↓ Enter the number claimed. Do not put a check mark. 8 Age 65 or over (you and/or spouse) 9 Blind (you and/or spouse) 10a Dependents: Under age of 17. 11a Qualifying parents and grandparents (Box 10a and 10b): Dependent Information. See instructions. For more space (a)								81 PM		80	RCVD	
				-	1 0b De	pendents:	Age 17 and	d over.					
	9	IIa			on. See inst	ructions.	For more s	pace, check t	⊥ he box □	and comple	te page	4. Part 1.	
	denta		(6	a)		(b)	(c)	(d)	15	(e) Ident Age	(f)	at alaina
	epen					SUCIAL SE	CURITY NO.	RELATIONSHI	P NO. OF MO LIVED IN Y HOME IN	OUR inclu	ided in:	✓ if you did no this person on federal return of	i your due to
	a - D) (Box 10b)	educational cr	redits
	d 11										┼┝┽╴		
	9, an	10u											
	ls 8,		(Box 11a): Qualifying pare	ents and grandp	ns. For mor	e space, chec	k the box [and comp	lete page	4, Part 2.			
14(ptior		(a FIRSTAND	a) LAST NAME			b) CURITY NO.	(c) RELATIONSHI	(d) P NO. OF MO		(e) E 65 OR	(f) ✓ IF DIED) IN
after Form 140	Exemptions			rself or spouse.)					LIVED IN Y HOME IN	OUR C	OVER	2021	
r Fo		446											
afte		11b 11c											
its a										12	40,663		
			Small Business Income: 135		-							40,663	00
Inoc	Additions		Modified federal adjusted gr Non-Arizona municipal inter									40,005	00
r do	Addi		Partnership Income adjustm										00
the			Total federal depreciation										00
or o			Other Additions to Income: Subtotal: Add lines 14 throug									40,663	00
es	ŀ		Total net capital gain or (los								00	10,000	
npe			Total net short-term capital g								00		
sche			Total net long-term capital ga							- 1	00		
AZ s			Net long-term capital gain fr Multiply line 23 by 25% (.25									0	00
nd /	ŀ							apital gain - qua					00
ala	ions		box may be blank or may contain the second s			12 X II		culated Arizona					00
derä	Subtractions					W.RC II		ership Income a					00
l fe(Sub		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			1804 II	111	st on U.S. obliga					00
irec			X EVENENENENEN			FISHE	111	sion for retired/ret	-				00
nbe					N N N N N N N N N N N N N N N N N N N	(#P8		Social Security c					00
JΥ ΓΕ			419 C (14 197 C WC 197 D C WY 195 C WC 197 C WC		S AN			Certain wages of American Indians			00		
e ar			n an anna an the brond transford tha agus bailte Tha	naven svirva Patrick	2.003°0.3903300	╔┅╍┍┥┲╡║		perating loss ad					00
Place any required federal and AZ schedules or other docume							34 Contr	ibutions: 34 a 529	plans	00			
٩			8 10413 (21)			475	34b 52	9A (ABLE)	00 ad	dd 34a and 34b. 3		2 PRO Page	00

Statistical basis St		Your	Name (as shown on page 1)	Your Social Security No	umber		
Note of the Subtractions from Income. Complete Other Subtraction from Anzona Greats Income schedule on page 638 000 97 Subtractions Softmin costs. Soft and Sof		KES	SH PUN	350-39-8571	L		
Note of the Subtractions from Income. Complete Other Subtraction from Anzona Greats Income schedule on page 638 000 97 Subtractions Softmin costs. Soft and Sof	ľ	35	Subtract lines 24 through 34c from line 19		35	40,663	00
Vet Output Subtract line 36 from line 35. Enter the difference			•			10,000	1
Verter Werter Verter Section 2015						10 663	
100 Unsiliying parents and grandparents: Multiply the number in loss 11 as by 50,000	suc					40,005	
100 Unsiliying parents and grandparents: Multiply the number in loss 11 as by 50,000	ptic						
100 Unsiliying parents and grandparents: Multiply the number in loss 11 as by 50,000	Cem	39					
Program Project Status	ŵ	40	Other Exemptions. See instructions40E Multiply the number in box 40E by \$2,300		40		
Other Control Concernment of the second		41	Qualifying parents and grandparents: Multiply the number in box 11a by \$10,000		41		
View of the standard in a claim of animable contributions, check viet C S Computer page 3. See restructions. 4 7.5 (M View of the standard in edition of the one of the first interact enter view. 46 27.0 (M		42	Arizona adjusted gross income: Subtract lines 38 through 41 from line 37. If less than zero, enter "0".		42	40,663	00
Total catable functions: Setted: the 43 and 24 from the 42 if the start has expressed or the 45 of 28,038 [00] 456 Compute the fax using amount on line 43 and Tax Tables X and Y or Optional Tax Tables		43	Deductions: Check box and enter amount. See instructions	43 S 🔀 STANDARD	43	12,550	00
Total B Second the tax using amount on time 45 and Tax Tables X and Y or Optional Tax Tables. 46a 722 Total Second time 46 in the 45 is 250.001 or more (mijhoh) compute the tax surcharge. Enserbe amount. 46b 700 45b If time 45 is 250.001 or more (singlehnly) or S50.001 or more (mijhoh) compute the tax surcharge. Enserbe amount. 46b 700 47 Tax from mecapture of creatis from Arzona Form 301, Part 2, line 30 77 700 700 49 Dependent Tax Credit (som the workheet - see instructions) 50 500 700 51 Nonrefandable Credits from Arzona Form 301, Part 2, line 61 51 700 700 52 ablance of tax: Subtract lines 49, 50 and 51 from lines 49, 50 and 51 is greater than line 48, etter 07 52 722 Total 201 AZ income tax withhelds 64 ab Zir AZ extension payment (Form 204) 55 53 50 53 65 cot1 AZ extension payment (Form 140PTC 54 57 50 50 66 in formasket Excise Tax Credit from Arzona Form 140PTC 54 55 50 50 67 in TAX DUE: Hine 25 is larger than line 60, subtract line 50 form line 52. Enter the tatal 59 700 50 66 in TAX DUE: Hine 25 is larger than line 60, subtract line 50 form line 52. Enter amount of tax due. St		44	If you checked box 43S and claim charitable contributions, check 44C 🔀 Complete page 3. See in	structions	44	75	00
Total Compute the tax using amount on ine 45 and Tax Tables X and Y or Optional Tax Tables. 468 72.7 00 469 If line 46 is \$250,001 or more (single/mh/s) or \$500,001 or more (mf/hoh) compute the tax surcharge. Ensere amount. 469 700 47 Tax from recepture of credits from Arzona Form 301, Part 2, line 30 47 70 70 49 Dependent Tax Credit Sen instructions 49 700 72.7 00 40 Dependent Tax Credit Sen instructions 49 700 72.7 00 51 Norrefundable Credits from Arzona Form 301, Part 2, line 61 501 72.7 00 52 Department Tax Credit from Arzona Form 301, Part 2, line 61 50 72.7 00 52 Department Tax Credit from Arzona Form 301, Part 2, line 61 50 72.7 00 53 201 A2 income tax withheld. 50 72.7 00 50 54 2021 A2 extentined tax payments. see 000 Claim of Right seb 000 56 000 55 201 A2 extension payment (Form 204) 55 50 000 56 000 55 201 A2 extension payment (Form 140PTC 57 00 57 00 50 50 50 000 56 000 56 <t< td=""><th>×</th><td>45</td><td>Arizona taxable income: Subtract lines 43 and 44 from line 42. If less than zero, enter "0"</td><td></td><td>45</td><td>28,038</td><td>00</td></t<>	×	45	Arizona taxable income: Subtract lines 43 and 44 from line 42. If less than zero, enter "0"		45	28,038	00
Building of tax: Add lines des, dee and 47. Enter the total 9 0	fTa	46	Compute the tax using amount on line 45 and Tax Tables X and Y or Optional Tax Tables		46a	727	00
Building of tax: Add lines des, dee and 47. Enter the total 9 0	6						
Building of tax: Add lines des, dee and 47. Enter the total 9 0	anc			0			
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				205, Phoenix, AZ 85038	-9205 if you		

2021 Form 140 - Standard Deduction Increase for Charitable Contributions

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

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

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

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

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

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

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

• Enter the amount shown on line 7C on page 2, line 44.

• Be sure to check box **43S** for Standard Deduction on line 43.

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

Arizona Individual Income Tax Payment Voucher for Electronic Filing

Your First Name and Middle Initial		Last Name			Vour Coold Coourity Number
		Last name		Enter	Your Social Security Number
1 KESH		PUN			350 39 8571
Spouse's First Name and Middle Initi	al	Last Name		your	Spouse's Social Security No.
1				SSN(s).	
Current Home Address - number and	l street, rural route		Apt. No.	Daytime	e Phone (with area code)
2 1236 SOUTH 13TH AVE				94 (4	43)538-0185
City, Town or Post Office	State	ZIP Code			NLY. DO NOT MARK IN THIS AREA.
3 PHOENIX	AZ	85007		88	
Please indicate the filing statu Married filing joint return Head of household: Enter nar Married filing separate return					
Single				81 PM	80 RCVD
Enter the amount of payment		\$ 727 00			

If you are mailing this payment

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

- ✓ Do **not** send cash.
- \checkmark Make your check or money order payable to Arizona Department of Revenue.
- ✓ Write your SSN, "2021 Tax" and 140 on your payment.
- \checkmark Include your payment with this form.
- ✓ **Mail to** Arizona Department of Revenue, PO Box 29085, Phoenix, AZ 85038-9085.

If you are making an electronic payment

You can make this 140V payment by eCheck or credit card! American Express ♦ Visa ♦ Discover Card ♦ MasterCard

www.AZTaxes.gov

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

NOTE: To avoid interest and penalties you must pay the full amount of your tax by April 18, 2022. You will not receive an additional notice from the Arizona Department of Revenue unless an error exists with your return.