

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) ▶

Taxpayer's name KESH PUN	Social security number 350-39-8571
Spouse's name	Spouse's social security number

Part I Tax Return Information — Tax Year Ending December 31, 2021 (Enter year you are authorizing.)

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	

Part II 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. 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

- I authorize GLOBAL TAXES LLC to enter or generate my PIN

9	8	5	7	1
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 as my signature on the income tax return (original or amended) I am now authorizing. **Enter five digits, but don't enter all zeros**
- 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 ▶ _____ Date ▶ _____

Spouse's PIN: check one box only

- I authorize _____ to enter or generate my PIN

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 as my signature on the income tax return (original or amended) I am now authorizing. **Enter five digits, but don't enter all zeros**
- 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—continue below

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.

5	8	7	2	7	8	6	1	9	8	9
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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
Don't Submit This Form to the IRS Unless Requested To Do So

Filing Status [X] Single [] Married filing jointly [] Married filing separately (MFS) [] Head of household (HOH) [] Qualifying widow(er) (QW)
Check only one box. If you checked the MFS box, enter the name of your spouse. If you checked the HOH or QW box, enter the child's name if the qualifying person is a child but not your dependent

Your first name and middle initial: KESH
Last name: PUN
Your social security number: 350-39-8571
If joint return, spouse's first name and middle initial:
Last name:
Spouse's social security number:

Home address (number and street). If you have a P.O. box, see instructions. 1236 SOUTH 13TH AVE
Apt. no.:
City, town, or post office. If you have a foreign address, also complete spaces below. PHOENIX
State: AZ
ZIP code: 85007
Foreign country name:
Foreign province/state/county:
Foreign postal code:
Presidential Election Campaign: [] You [] Spouse

At any time during 2021, did you receive, sell, exchange, or otherwise dispose of any financial interest in any virtual currency? [] Yes [X] No

Standard Deduction Someone can claim: [] You as a dependent [] Your spouse as a dependent
[] Spouse itemizes on a separate return or you were a dual-status alien

Age/Blindness You: [] Were born before January 2, 1957 [] Are blind Spouse: [] Was born before January 2, 1957 [] Is blind

Table with 5 columns: (1) First name, Last name, (2) Social security number, (3) Relationship to you, (4) if qualifies for (see instructions): Child tax credit, Credit for other dependents. Includes a checkbox for 'If more than four dependents, see instructions and check here'.

Main tax calculation table with 15 rows. Includes sections for 'Attach Sch. B if required' and 'Standard Deduction for'. Rows include: 1 Wages, salaries, tips, etc. Attach Form(s) W-2; 2a Tax-exempt interest; 3a Qualified dividends; 4a IRA distributions; 5a Pensions and annuities; 6a Social security benefits; 7 Capital gain or (loss); 8 Other income from Schedule 1, line 10; 9 Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income; 10 Adjustments to income from Schedule 1, line 26; 11 Subtract line 10 from line 9. This is your adjusted gross income; 12a Standard deduction or itemized deductions (from Schedule A); 12b Charitable contributions if you take the standard deduction; 12c Add lines 12a and 12b; 13 Qualified business income deduction from Form 8995 or Form 8995-A; 14 Add lines 12c and 13; 15 Taxable income. Subtract line 14 from line 11. If zero or less, enter -0-

16	Tax (see instructions). Check if any from Form(s): 1 <input type="checkbox"/> 8814 2 <input type="checkbox"/> 4972 3 <input type="checkbox"/> _____	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 other dependents 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 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:		
a	Form(s) W-2	25a	4,198.
b	Form(s) 1099	25b	
c	Other forms (see instructions)	25c	
d	Add lines 25a through 25c	25d	4,198.
26	2021 estimated tax payments and amount applied from 2020 return	26	
27a	Earned income credit (EIC) No	27a	
	Check here if you were born after January 1, 1998, and before January 2, 2004, and you satisfy all the other requirements for taxpayers who are at least age 18, to claim the EIC. See instructions <input type="checkbox"/>		
b	Nontaxable combat pay election	27b	
c	Prior year (2019) earned income	27c	
28	Refundable child tax credit or additional child tax credit from Schedule 8812	28	
29	American opportunity credit from Form 8863, line 8	29	
30	Recovery rebate credit. See instructions	30	1,400.
31	Amount from Schedule 3, line 15	31	
32	Add lines 27a and 28 through 31. These are your total other payments and refundable credits	32	1,400.
33	Add lines 25d, 26, and 32. These are your total payments	33	5,598.
Refund	34 If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid	34	2,458.
	35a Amount of line 34 you want refunded to you . If Form 8888 is attached, check here <input type="checkbox"/>	35a	2,458.
Direct deposit? See instructions.	b Routing number 1 0 1 1 0 0 0 4 5 c Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings		
	d Account number 5 1 8 0 0 7 9 2 3 2 8 7		
	36 Amount of line 34 you want applied to your 2022 estimated tax	36	
Amount You Owe	37 Amount you owe . Subtract line 33 from line 24. For details on how to pay, see instructions	37	
	38 Estimated tax penalty (see instructions)	38	

If you have a qualifying child, attach Sch. EIC.

Third Party Designee Do you want to allow another person to discuss this return with the IRS? See instructions **Yes**. Complete below. **No**

Designee's name _____ Phone no. _____ Personal identification number (PIN) _____

Sign Here Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Your signature	Date	Your occupation	If the IRS sent you an Identity Protection PIN, enter it here (see inst.)
		ENGINEERING	
Spouse's signature. If a joint return, both must sign.	Date	Spouse's occupation	If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.)

Phone no. (443) 538-0185 Email address KESHMAGAR@GMAIL.COM

Paid Preparer Use Only

Preparer's name	Preparer's signature	Date	PTIN	Check if: <input type="checkbox"/> Self-employed
SYAM PRIYA RAM SAGAR GUPTA TALLAM	SYAM PRIYA RAM SAGAR GUPTA TALLAM	02/04/2022	P02082703	
Firm's name	Firm's address		Phone no.	Firm's EIN
GLOBAL TAXES LLC	2530 Pebble Creek Ln Cumming GA 30041		(678) 965-9522	30-1017196

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 KESH	Last Name PUN	Enter your SSN(s).	Your Social Security Number* 350 39 8571
Your Spouse's First Name and Initial (if filed joint)	Last Name		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 INFORMATION

1 Arizona Adjusted Gross Income	40,663	00
2 Balance of Tax	727	00
3 Arizona Income Tax Withheld ...		00

Check box 4 or box 5:

4 <input type="checkbox"/> REFUND: Enter the amount of refund.....	00
5 <input checked="" type="checkbox"/> AMOUNT YOU OWE: Enter the amount owed	727 00

PART 3 – FINANCIAL INSTITUTION INFORMATION

Must be present when requesting direct debit or deposit.

Foreign Account Deposit/Debit: See instructions below.

TYPE OF ACCOUNT	ROUTING NUMBER
<input type="checkbox"/> Checking <input type="checkbox"/> Savings	

ACCOUNT NUMBER

DIRECT DEBIT REQUEST DATE	DIRECT DEBIT PAYMENT AMOUNT
	\$.00

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.

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

DO NOT STAPLE ANY ITEMS TO THE RETURN.

82F Check box 82F if filing under extension OR FISCAL YEAR BEGINNING 2021 AND ENDING 66F

Your First Name and Middle Initial: KESH; Last Name: PUN; Your Social Security Number: 350 39 8571; Spouse's First Name and Middle Initial (if box 4 or 6 checked); Last Name; Spouse's Social Security No.

Current Home Address - number and street, rural route: 1236 SOUTH 13TH AVE; Apt. No.; Daytime Phone (with area code): 94 (443) 538-0185; City, Town or Post Office: PHOENIX; State: AZ; ZIP Code: 85007; Last Names Used in Last Four Prior Year(s) (if different): 97

FILING STATUS: 4 Married filing joint return; 5 Head of household; 6 Married filing separate return; 7 Single (checked); REVENUE USE ONLY. DO NOT MARK IN THIS AREA. 88

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; 10b Dependents: Age 17 and over; 11a Qualifying parents and grandparents; 81 PM; 80 RCVD

(Box 10a and 10b): Dependent Information. See instructions. For more space, check the box and complete page 4, Part 1.

Table with 6 columns: (a) FIRST AND LAST NAME, (b) SOCIAL SECURITY NO., (c) RELATIONSHIP, (d) NO. OF MONTHS LIVED IN YOUR HOME IN 2021, (e) Dependent Age included in, (f) if you did not claim this person on your federal return due to educational credits. Rows 10c, 10d, 10e.

(Box 11a): Qualifying parents and grandparents. See instructions. For more space, check the box and complete page 4, Part 2.

Table with 6 columns: (a) FIRST AND LAST NAME, (b) SOCIAL SECURITY NO., (c) RELATIONSHIP, (d) NO. OF MONTHS LIVED IN YOUR HOME IN 2021, (e) IF AGE 65 OR OVER, (f) IF DIED IN 2021. Rows 11b, 11c.

Table with 3 columns: Line number, Description, Amount. Rows 12-24 including Federal adjusted gross income, Small Business Income, Modified federal adjusted gross income, Non-Arizona municipal interest, Partnership Income adjustment, Total federal depreciation, Other Additions to Income, Subtotal, Total net capital gain or (loss).

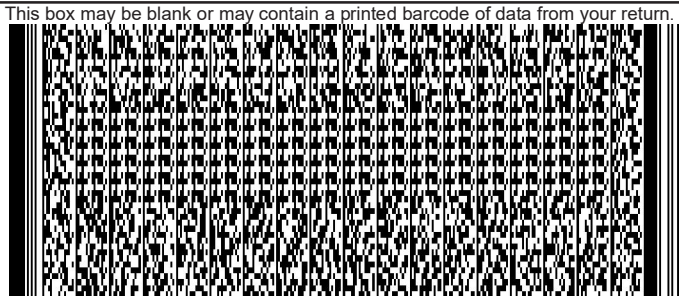


Table with 3 columns: Line number, Description, Amount. Rows 25-34 including Net capital gain - qualified small business, Recalculated Arizona depreciation, Partnership Income adjustment, Interest on U.S. obligations, Exclusion for fed., AZ state or local govt. pensions, Exclusion for retired/retainer pay uniform services, U.S. Social Security or Railroad Retirement Act, Certain wages of American Indians, Pay received for being an active service member, Net operating loss adjustment, Contributions: 34a 529 plans, 34b 529A (ABLE).

Place any required federal and AZ schedules or other documents after Form 140.

Exemptions 8, 9, and 11a - Dependents 10a and 10b

Additions

Subtractions

Your Name (as shown on page 1) **KESH PUN** Your Social Security Number **350-39-8571**

Exemptions	35 Subtract lines 24 through 34c from line 19.....	35	40,663	00	
	36 Other Subtractions from Income. Complete <i>Other Subtraction from Arizona Gross Income</i> schedule on page 6.....	36		00	
	37 Subtract line 36 from line 35. Enter the difference	37	40,663	00	
	38 Age 65 or over: Multiply the number in box 8 by \$2,100.....	38		00	
	39 Blind: Multiply the number in box 9 by \$1,500	39		00	
Balance of Tax	40 Other Exemptions. See instructions..... 40E <input type="checkbox"/> Multiply the number in box 40E by \$2,300.....	40		00	
	41 Qualifying parents and grandparents: Multiply the number in box 11a by \$10,000.....	41		00	
	42 Arizona adjusted gross income: Subtract lines 38 through 41 from line 37. If less than zero, enter "0".....	42	40,663	00	
	43 Deductions: Check box and enter amount. See instructions 43I <input type="checkbox"/> ITEMIZED ... 43S <input checked="" type="checkbox"/> STANDARD	43	12,550	00	
	44 If you checked box 43S and claim charitable contributions, check 44C <input checked="" type="checkbox"/> Complete page 3. See instructions.....	44	75	00	
	45 Arizona taxable income: Subtract lines 43 and 44 from line 42. If less than zero, enter "0".....	45	28,038	00	
	46a Compute the tax using amount on line 45 and Tax Tables X and Y or Optional Tax Tables.....	46a	727	00	
	46b If line 45 is \$250,001 or more (single/mfs) or \$500,001 or more (mfj/hoh) compute the tax surcharge. Enter the amount..	46b		00	
	47 Tax from recapture of credits from Arizona Form 301, Part 2, line 30	47		00	
	48 Subtotal of tax: Add lines 46a, 46b and 47. Enter the total.....	48	727	00	
Total Payments and Refundable Credits	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	
	52 Balance of tax: Subtract lines 49, 50 and 51 from line 48. If the sum of lines 49, 50 and 51 is greater than line 48, enter "0"	52	727	00	
	53 2021 AZ income tax withheld.....	53		00	
	54 2021 AZ estimated tax payments.. 54a <input type="text" value="00"/> Claim of Right 54b <input type="text" value="00"/> Add 54a and 54b. 54c	54		00	
	55 2021 AZ extension payment (Form 204)	55		00	
	56 Increased Excise Tax Credit (from the worksheet - see instructions)	56		00	
	57 Property Tax Credit from Arizona Form 140PTC	57		00	
	58 Other refundable credits: Check the box(es) and enter the total amount..... 581 <input type="checkbox"/> 308-I 582 <input type="checkbox"/> 349	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	
	61 OVERPAYMENT: If line 59 is larger than line 52, subtract line 52 from line 59. Enter amount of overpayment.....	61		00	
	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	
	Voluntary Gifts	64 - 74 Voluntary Gifts to:			
		Solutions Teams Assigned to Schools..... 64	<input type="text" value="00"/>	Arizona Wildlife..... 65	<input type="text" value="00"/>
		Child Abuse Prevention..... 66	<input type="text" value="00"/>	Domestic Violence Services..... 67	<input type="text" value="00"/>
		Neighbors Helping Neighbors..... 69	<input type="text" value="00"/>	Special Olympics..... 70	<input type="text" value="00"/>
		I Didn't Pay Enough Fund..... 72	<input type="text" value="00"/>	Sustainable State Parks and Road Fund..... 73	<input type="text" value="00"/>
Political Party (if amount is entered on line 68 - check only one): 751 <input type="checkbox"/> Democratic 752 <input type="checkbox"/> Libertarian 753 <input type="checkbox"/> Republican					
Estimated payment penalty		76		00	
771 <input type="checkbox"/> Annualized/Other 772 <input type="checkbox"/> Farmer or Fisherman 773 <input type="checkbox"/> Form 221 included					
Refund or Amount Owed	78 Add lines 64 through 74 and 76; enter the total.....	78		00	
	79 REFUND: Subtract line 78 from line 63. If less than zero, enter amount owed on line 80	79		00	
	Direct Deposit of Refund: Check box 79A if your deposit will be ultimately placed in a foreign account ; see instructions. 79A <input type="checkbox"/>				
<input type="checkbox"/> C <input type="checkbox"/> Checking or <input type="checkbox"/> S <input type="checkbox"/> Savings ROUTING NUMBER: <input type="text" value="000000000"/> ACCOUNT NUMBER: <input type="text" value="000000000000000000"/>					
80 AMOUNT OWED: Add lines 60 and 78. Make check payable to Arizona Department of Revenue; write your SSN on payment; and include with your return	80	727	00		

Under penalties of perjury, I declare that I have read this return and any documents with it, and to the best of my knowledge and belief, they are true, correct and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

PLEASE SIGN HERE

YOUR SIGNATURE _____ DATE _____ OCCUPATION **ENGINEERING**

SPOUSE'S SIGNATURE _____ DATE _____ SPOUSE'S OCCUPATION _____

SYAM PRIYA RAM SAGAR GUPTA TALLAM **02042022** GLOBAL TAXES LLC
PAID PREPARER'S SIGNATURE DATE FIRM'S NAME (PREPARER'S IF SELF-EMPLOYED)

2530 Pebble Creek Ln 30-1017196
PAID PREPARER'S STREET ADDRESS PAID PREPARER'S TIN

Cumming GA 30041 (678) 965-9522
PAID PREPARER'S CITY STATE ZIP CODE PAID PREPARER'S PHONE NUMBER

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.

Your First Name and Middle Initial 1 KESH		Last Name PUN	Enter your SSN(s).	Your Social Security Number 350 39 8571
Spouse's First Name and Middle Initial 1		Last Name		Spouse's Social Security No.
Current Home Address - number and street, rural route 2 1236 SOUTH 13TH AVE			Apt. No.	Daytime Phone (with area code) 94 (443) 538-0185
City, Town or Post Office 3 PHOENIX		State AZ	ZIP Code 85007	REVENUE USE ONLY. DO NOT MARK IN THIS AREA. 88
Please indicate the filing status below: <input type="checkbox"/> Married filing joint return <input type="checkbox"/> Head of household: Enter name of qualifying child or dependent on next line. _____ <input type="checkbox"/> Married filing separate return: Enter spouse's name and Social Security Number above. <input checked="" type="checkbox"/> Single				
			81 PM	80 RCVD

Enter the amount of payment enclosed..... \$

727	00
-----	----

If you are mailing this payment

<p>To ensure proper application of this payment, be sure that you:</p> <ul style="list-style-type: none"> ✓ 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.
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If you are making an electronic payment

<p>You can make this 140V payment by eCheck or credit card! American Express ♦ Visa ♦ Discover Card ♦ MasterCard</p> <p style="text-align: center;">www.AZTaxes.gov</p> <ul style="list-style-type: none"> ✓ 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.