## 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

Subm	ission Identification Number (SID)							
Taxpaye	er's name	Social security number						
REM	YA JACOB PHILIP		312-	-53-11	62			
Spouse	's name		Spouse's	s social se	curity i	number		
Part	Tax Return Information — Tax Year Ending December 31, 20	21 (Enter	year yo	ou are a	uthor	izing.)		
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		12,	298.	
2	Total tax				_		0.	
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099						260.	
4	Amount you want refunded to you				_	2,	260.	
5	Amount you owe			. 5		4	1	
Part	Taxpayer Declaration and Signature Authorization (Be sure you genalties of perjury, I declare that I have examined a copy of the income tax return (original or							
return to send for any Agent to payme authori payme busines taxes to person	owledge and belief, it is true, correct, and complete. I further declare that the amounts in (original or amended) I am now authorizing. I consent to allow my intermediate service providing my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or read delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize in a ACH electronic funds withdrawal (direct debit) entry to the financial institution a sent of my federal taxes owed on this return and/or a payment of estimated tax, and the financial isto remain in full force and effect until I notify the U.S. Treasury Financial Agent the total the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancers as days prior to the payment (settlement) date. I also authorize the financial institutions involved receive confidential information necessary to answer inquiries and resolve issues related all identification number (PIN) below is my signature for the income tax return (original or an explicit fund. Withdrawal Consent.	der, transmason for rejectorize the Unaccount indictional institution terminate ellation required to the ped t	itter, or election of the S. Treasucated in the cated in	ectronic the transitury and it the tax point the entinorization at the ending of the I further	return on ission on the control of t	originator, (b) the property of the property o	or (ERO) e reason in reason in ancial ware for unt. This ancel) a reason 2 reason that the	
	onic Funds Withdrawal Consent.							
	ayer's PIN: check one box only  I authorize GLOBAL TAXES LLC to enter or		DINI	3 1	1 6	2		
×	I authorize GLOBAL TAXES LLC to enter or ERO firm name	generate	ту Рііч	Enter fi			as my	
	signature on the income tax return (original or amended) I am now authorizing.			don't ei	iter all z	zeros		
	I will enter my PIN as my signature on the income tax return (original or amend if you are entering your own PIN <b>and</b> your return is filed using the Practitioner below.							
Yours	signature	Date ► _						
Snous	se's PIN: check one box only							
	I authorize to enter or	generate i	my PIN				as my	
	ERO firm name	gonorato	,	Enter fi	/e digits	s, but	ao my	
	signature on the income tax return (original or amended) I am now authorizing.			don't e	nter all a	zeros		
	I will enter my PIN as my signature on the income tax return (original or amend if you are entering your own PIN <b>and</b> your return is filed using the Practitioner below.							
Spous	se's signature ▶	Date ►						
	Practitioner PIN Method Returns Only—contin							
Part	III Certification and Authentication — Practitioner PIN Method Only	/						
ERO's	s EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN.	5 8	7 2 Don'	7 8	5 1	9 8	9	
			5011	. ontor an	_0.00			
authori	y that the above numeric entry is my PIN, which is my signature for the electronic individual ized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that ements of the Practitioner PIN method and <b>Pub. 1345</b> , Handbook for Authorized IRS e-file Programments.	I am subm	itting this	return in	n accoi	rdance		
ERO's	s signature ►	Date ►						
	ERO Must Retain This Form — See Instru							
	Don't Submit This Form to the IRS Unless Reques	sted To <b>C</b>	o So					

## **£1040**

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

2021

OMB No. 1545-007

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	ed filing separately your spouse. If you	` ′	_		•	,		, ,	. , . ,	
Your first name	and m	iddle initial	Last na	ame					You	ur soc	ial securit	y number	
REMYA			JAC	OB PHILIP					31	312-53-1162			
If joint return, s	pouse's	s first name and middle initial	Last na	ame					Spo	Spouse's social security number			
	•	er and street). If you have a P.O. box, see	instructi							Presidential Election Campaign Check here if you, or your			
	ost offi	ce. If you have a foreign address, also co	omplete s					ZIP code to		spouse if filing jointly, want \$3 to go to this fund. Checking a			
Foreign country				Foreign province/state				500			box below will not change your tax or refund.  You Spous		
At any time du	ring 20	021, did you receive, sell, exchange	, or othe	erwise dispose of ar	ny fina	ancial inter	est in ar	ny virtual cu	rrency	?	Yes	X No	
Standard Deduction	_	eone can claim:  You as a de Spouse itemizes on a separate retu	•			•	ent						
Age/Blindness	You:	: Were born before January 2, 1	1957	Are blind Sp	ouse	: Was	s born b	efore Janua	ry 2, 19	957	☐ Is bl	ind	
Dependents				(2) Social security (3) Relationship					1	(see instru	•		
If more	(1) F	irst name Last name	number		to you		Child tax cr		(	Credit for otl	her dependents		
than four dependents.								L			l	┽──	
see instruction	s —								<u></u>		<u> </u>	╡──	
and check here ►								<u>Г</u>	<u>-</u> 7		<u>l</u>	╡	
	. 1	Wages, salaries, tips, etc. Attach	Form(s)	W-2					<del>-</del>	1		 12,298.	
Attach	2a	Tax-exempt interest	2a		<b>b</b> T	axable into	erest			2b			
Sch. B if required.	3a	Qualified dividends	За		<b>b</b> C	ordinary di	vidends			3b			
required.	4a	IRA distributions	4a		<b>b</b> T	axable am	ount .			4b			
	5a	Pensions and annuities	5a		<b>b</b> T	axable am	ount .			5b			
Standard	6a	Social security benefits	6a		<b>b</b> T	axable am	ount .			6b			
Deduction for— Single or	7	Capital gain or (loss). Attach Sche	D if required. If not required, check here ▶					▶ 🗌	7				
Married filing	8	Other income from Schedule 1, line 10							8				
separately, \$12,550	9	Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your <b>total income</b>						. ▶	9		12,298.		
Married filing	10	Adjustments to income from Sche	edule 1,	line 26						10			
jointly or Qualifying	11_	Subtract line 10 from line 9. This i	s your <b>a</b>	djusted gross inco	me				. ▶	11		12,298.	
widow(er), \$25,100	12a	Standard deduction or itemized	deduct	tions (from Schedul	e A)		12a	12,	550.				
Head of	b	Charitable contributions if you take	the star	ndard deduction (see	e instr	ructions)	12b						
household, \$18,800	С	Add lines 12a and 12b								12c		12,550.	
If you checked	13	Qualified business income deduct	tion fron	n Form 8995 or Form	n 899	5-A				13			
any box under Standard	14	Add lines 12c and 13								14	:	12,550.	
Deduction, see instructions.	15	Taxable income. Subtract line 14	from lir	ne 11. If zero or less	, ente	er-0				15		0.	

	16	Tax (see instructions). Check if any from Form(s): 1 🔲 8814 2 🔲 4972 3 🔲	16	0.	
	17	Amount from Schedule 2, line 3	17		
	18	Add lines 16 and 17	18	0.	
	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	0.	
	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	0.	
	25	Federal income tax withheld from:			
	а	Form(s) W-2			
	b	Form(s) 1099	7		
	С	Other forms (see instructions)	7		
	d	Add lines 25a through 25c	25d	2,260.	
	26	2021 estimated tax payments and amount applied from 2020 return	26	•	
If you have a qualifying child,	27a	Earned income credit (EIC)			
attach Sch. EIC.		Check here if you were born after January 1, 1998, and before	1		
		January 2, 2004, and you satisfy all the other requirements for			
		taxpayers who are at least age 18, to claim the EIC. See instructions ▶ ☐			
	b	Nontaxable combat pay election			
	С	Prior year (2019) earned income			
	28	Refundable child tax credit or additional child tax credit from Schedule 8812	-		
	29	American opportunity credit from Form 8863, line 8	-		
	30	Recovery rebate credit. See instructions	-		
	31	Amount from Schedule 3, line 15			
	32	Add lines 27a and 28 through 31. These are your total other payments and refundable credits	32	0.060	
-	33	Add lines 25d, 26, and 32. These are your <b>total payments</b>	33	2,260.	
Refund	34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you <b>overpaid</b>	34	2,260.	
Direct deposit?	35a	Amount of line 34 you want <b>refunded to you.</b> If Form 8888 is attached, check here ▶ ☐ Routing number 1 2 2 1 0 1 7 0 6 ▶ <b>c</b> Type: ★ Checking ☐ Savings	35a	2,200.	
See instructions.	►b ►d	Routing number 1 2 2 1 0 1 7 0 6 ► c Type: ★ Checking Savings  Account number 4 5 7 0 4 6 2 0 8 0 5 3			
	36	Amount of line 34 you want applied to your 2022 estimated tax 36			
Amount	37	Amount you owe. Subtract line 33 from line 24. For details on how to pay, see instructions .	37		
You Owe	38	Estimated tax penalty (see instructions)	37		
Third Party		you want to allow another person to discuss this return with the IRS? See			
Designee		structions	below.	X No	
	Des	signee's Phone Personal ident			
	nar	ne ▶ no. ▶ number (PIN)	<b>&gt;</b>		
Sign		der penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to			
Here		ief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of whic		, ,	
	You			nt you an Identity IN, enter it here	
Joint return?			inst.) 🕨		
See instructions.	Spo		e IRS ser	nt your spouse an	
Keep a copy for your records.	,		Identity Protection PIN, enter it here		
your records.			inst.) ►		
		one no. (602)617-0403 Email address REMYAJACOBPHILIP@GMAIL.COM		Charle it.	
Paid		eparer's name Preparer's signature Date PTIN	0000	Check if:	
Preparer		PRIYA RAM SAGAR GUPTA TALLAM SYAM PRIYA RAM SAGAR GUPTA TALLAM 04/09/2022 P0208		Self-employed	
Use Only				678)965-9522	
			n's EIN ▶		
Go to www.irs.go	ov/Form	n1040 for instructions and the latest information.  BAA  REV 04/01/22 PRO		Form <b>1040</b> (2021)	

Form 1040 (2021)

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Arizona Form
AZ-8879

## 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\* **Enter** REMYA JACOB PHILIP 312 ı 53 ı 1162 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. 12,298 00 1 Arizona Adjusted Gross Income ☐ Foreign Account Deposit/Debit: See instructions below. 2 Balance of Tax ..... 0 00 ROUTING NUMBER 332 00 □ Checking ■ Savings 2 | 2 | 1 | 0 | 1 | 7 | 0 | 6 3 Arizona Income Tax Withheld ... ACCOUNT NUMBER Check box 4 or box 5: 4 5 7 0 4 6 2 0 8 0 5 3 357 00 **4 REFUND**: Enter the amount of refund..... DIRECT DEBIT REQUEST DATE DIRECT DEBIT PAYMENT AMOUNT 5 ☐ AMOUNT YOU OWE: Enter the amount owed....... ไดด 00 Box 4 Checkbox - Refund: You are due a refund based on the information Foreign Account Deposit/Debit Checkbox: Check the "Foreign Account Deposit/Debit" box if your deposit will be ultimately placed in or come provided on your tax return. Your refund amount will be deposited in the account listed in the Financial Institution Information Section (Part 3). from a foreign account. If you check this box, do not enter your account numbers. If this box is checked, we will not direct deposit or debit your Box 5 Checkbox - Amount You Owe: You owe taxes based on the information provided on your tax return. You have elected to direct debit account. If you are due a refund, we will send you a check instead. If you owe tax, you must mail a check to the Arizona Department of Revenue. for payment. The payment will be withdrawn from the account and on the PO Box 29085, Phoenix, AZ 85038-9085. date listed in the Financial Institution Information Section (Part 3). PART 4 – DECLARATION AND SIGNATURE AUTHORIZATION (Sign only after completing Part 2) I consent to my Electronic Return Originator (ERO) or On-Line Service Under penalties of perjury, I declare that I have examined a copy of my Provider (OLSP) sending my electronic Arizona individual income tax electronic Arizona individual income tax return and accompanying schedules return and accompanying schedules and statements to ADOR, and I and statements for the year ending December 31, 2021, and to the best of consent to my ERO or OLSP sending such information to ADOR through a my knowledge and belief, it is true, correct, and complete. I further declare transmitter. I consent to ADOR sending my ERO, OLSP and/or transmitter that the amounts of Arizona adjusted gross income, total tax, Arizona income tax withheld, and refund (or amount owed) listed above are the an acknowledgement of receipt of transmission and an indication of whether or not the transmission of my return is accepted and, if the return amounts shown on the copy of my electronic Arizona income tax return. is rejected, the reason(s) for the rejection. If the processing of my return 6a X I consent that my refund be directly deposited as designated in the or refund is delayed, I authorize ADOR to disclose to my ERO, OLSP and/ electronic portion of my 2021 Arizona individual income tax return. or transmitter the reason(s) for the delay, or when the refund was sent. If I have filed a joint return, this is an irrevocable appointment of If ADOR contacts my ERO for a copy of my return, any documents or the other spouse as an agent to receive the refund. schedules to my return, and/or this authorization form, I authorize my ERO **6b**  $\prod$  I do not want direct deposit of my refund or I am not receiving a to release copies of the requested documents to ADOR. refund 6c I authorize the Arizona Department of Revenue (ADOR) and its I authorize GLOBAL TAXES LLC designated Financial Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account (ELECTRONIC RETURN ORIGINATOR) indicated in the tax preparation software for payment of my Arizona taxes owed on this return. I also authorize the financial institutions to make the election that I want my electronic signature to my electronic involved in the processing of the electronic payment of taxes to federal individual income tax return to serve as my signature to my receive confidential information necessary to answer inquiries and electronic Arizona individual income tax return for the year ending December 31, 2021. I understand that when my ERO makes the election resolve issues related to the payment. that my electronic signature to my federal individual income tax return will If I have filed a balance due return, I understand that if the ADOR does not serve as my signature to my Arizona individual income tax return, I will receive full and timely payment of my tax liability by April 18, 2022, I will have signed my Arizona individual income tax return and declared under remain liable for the tax liability and all applicable interest and penalties. penalties of perjury that to the best of my knowledge and belief the return When electronically filing my federal and state tax returns, I understand is true, correct and complete. that if there is an error on my federal return, my state return will also be rejected. PLEASE SIGN HERE YOUR PEN AND INK SIGNATURE DATE SPOUSE'S PEN AND INK SIGNATURE DATE

RETURN.			140 Resident Personal Income Tax								« Return				FOR CALENDAR YEAR 2021			
RE	82F		hec filin	k box 82F ıg under extensi	on	OR FISC	AL YEAR E	BEGINNIN	NG ∟	G AND ENDING								
	,			Name and Middle In					Last	Name			Ente	Y	our S	ocial	Security	Number
0	1	REI							JAC		ILIP		your				53 <sub> </sub> 1	
<b>ANY ITEMS TO THE</b>	1			irst Name and Midd				ked)	Last	Name			SSN	(s).			ocial Sec	
Ε	_			me Address - numb		street, ru	ral route				Apt. No.				,		area cod	e)
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뒫		4	=	Married filing joint r	eturn			use Prote			verpayment	REVENUE	USE	ONLY. D	о мот	MAI	RK IN THI	
ST/	STATUS	5	Ħ	Head of household		_					rorpaymont	88						
0	SS		_															
DO NOT STAPLE	FILING	6		Married filing separ	rate ret	urn. Enter	spouse's na	me and So	ocial Se	curity Numb	ber above.							
<u> </u>	正	7		Single	alaim.	d Dans	4 m 4 m . a b .	ale manule										
		0	•	Enter the number			_			140 0100 000	nplete lines 38,							
	10b	8 9		Age 65 or over (you Blind (you and/or s		. ,			,	•	mplete line 49.	81 PM				80 I	RCVD	
	and 1	10a		Dependents: Unde	. ,		10b	Depend	ents: A	ge 17 and	d over.				ľ	_		
		11a		Qualifying parents	and gr	andparent	s	•										
	and 11a - Dependents 10a		(Во	x 10a and 10b): D		ent Informa	ation. See	instructio		or more s	pace, check t					ge 4		١
	ndeı			FIRSTA	(a) ND LAS	ST NAME		soci	(b) IAL SECI	URITY NO.	(C) RELATIONSHII		IONTHS	✓ Deper	(e) ndent Ao ıded in:	ge	√ if you di this perso	
	e be			(Do not list	yourself	or spouse.)						LIVED IN HOME II		1	2	<u> </u>	this perso federal reti education	urn due to
	a - L	40-												(Box 10a	) (Box	10b)	education	7
	1 1	10c 10d												ᅡ片	╁╞	1		1
	9, ar	10e													╽	j		]
	8,		(Во	<b>x 11a</b> ): Qualifying <sub>l</sub>	parents	and gran	dparents.	See instru	uctions	. For moi	re space, chec	k the box	☐ and	d comp	lete pa	age 4	4, Part 2.	
nts after Form 140.	Exemptions		(a) FIRST AND LA: (Do not list yoursel						(b) (c) CIAL SECURITY NO. RELATIONSHI			HIP NO. OF MONTHS VIF AG			(e) SE 65 ( OVER	OR	√ IF D	IED IN
Forr	Ë				, T							HOME II	N 2021		_			1
te te		11b 11c															<u></u> _	<u> </u>
Sa			Fede	ral adjusted gross	incon	ne (from v	our federa	al return)							12		12,2	98 00
				Business Income: 138														00
AZ schedules or other docume	suc	14	Modi	<u>fied federal adjuste</u>	d gross	income.	Subtract lir	ne 13 fron	n line 1	2					14		12,2	98 00
ခု	Additions			Arizona municipal ir														00
ē	ĕ			ership Income adju federal depreciation														00
इ				r Additions to Incom														00
, O.		19	Subt	otal: Add lines 14 th	rough 18	8 and enter	the total					· •			19		12,2	98 00
				net capital gain or (											00			
ed				net short-term capi	_										00			
Sch				net long-term capita ong-term capital gai	-									0 (	00 00			
Ž				ply line 23 by 25% (														0 00
		This I									apital gain - qual							00
<u>च</u>	ons				JAN K				2	26 Recal	culated Arizona	depreciation	١		26			00
era	racti		8		WW		04 (44.30)		Œ		ership Income a							00
<u>e</u> q	Subtractions		W					PHEND	2		st on U.S. obliga							00
eg	"		XII.					ere in	¥ IIII		sion for fed., AZ st sion for retired/ret	-						00
Ē								化铁化	8 IIII		Social Security o							00
req			WW.		PW:		(II) IAHV	<b>30000</b>	\$		in wages of Ame							00
J.				ay be blank or may co	W.W		NY PARKET		集		eceived for being							00
Place any required federal and			are file	HETACHSIN MICHINESI	= *#. #**N	erda <b>na i la</b>	ro-maritadia Babili				perating loss adj				33			00
Jai											ibutions: <b>34</b> a 529	<del></del>		00				00
_									ı	<b>34</b> b 52	9A (ABLE)	00	add 34a	and 34b. <b>3</b>	4C			00

	Your	Name (as shown on page 1)	Your Social Security Number					
	REN	MYA JACOB PHILIP	312-53-116	2				
	25	Cubtract lines 24 through 24s from line 40			12,298	$\Box$		
	35	Subtract lines 24 through 34c from line 19			12,270			
	36	Other Subtractions from Income. Complete Other Subtraction from Arizona Gross Income sched			12,298	0		
Exemptions	37	Subtract line 36 from line 35. Enter the difference			12,290			
	38	Age 65 or over: Multiply the number in box 8 by \$2,100			0			
cem	39	Blind: Multiply the number in box 9 by \$1,500				00		
ш	40	Other Exemptions. See instructions40E Multiply the number in box 40E by \$2,300			0			
	41	Qualifying parents and grandparents: Multiply the number in box 11a by \$10,000	41		0			
	42	Arizona adjusted gross income: Subtract lines 38 through 41 from line 37. If less than zero, enter "0"			12,298			
	43	Deductions: Check box and enter amount. See instructions		12,550				
	44	If you checked box 43S and claim charitable contributions, check 44C 🔲 Complete page 3. See ins	structions	. 44		0		
ax.	45	Arizona taxable income: Subtract lines 43 and 44 from line 42. If less than zero, enter "0"		. 45		0		
of T	468	Compute the tax using amount on line 45 and Tax Tables X and Y or Optional Tax Tables		46a	0	0		
o	46k	olf line 45 is \$250,001 or more (single/mfs) or \$500,001 or more (mfj/hoh) compute the tax surcha	rge. Enter the amount	46b		00		
Balance of Tax	47	Tax from recapture of credits from Arizona Form 301, Part 2, line 30		47		0		
ä	48	Subtotal of tax: Add lines 46a, 46b and 47. Enter the total		48	0	0		
	49	Dependent Tax Credit. See instructions		49		0		
	50	Family income tax credit (from the worksheet - see instructions)		50		0		
	51	Nonrefundable Credits from Arizona Form 301, Part 2, line 61		51		0		
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 than	line 48, enter "0"	52	0	00		
ts a	53	2021 AZ income tax withheld			332	0		
Payments and indable Credits	54	2021 AZ estimated tax payments54a 00 Claim of Right 54b	00 Add 54a and 54			00		
Total Paymer Refundable (	55	2021 AZ extension payment (Form 204)				00		
rotal Refu	56	Increased Excise Tax Credit (from the worksheet - see instructions)		56	25	00		
	57	Property Tax Credit from Arizona Form 140PTC				00		
_ t	58	Other refundable credits: Check the box(es) and enter the total amount				00		
ne or	59	Total payments and refundable credits: Add lines 53 through 58. Enter the total			357			
Tax Due or Overpayment	60	<b>TAX DUE:</b> If line 52 is larger than line 59, subtract line 59 from line 52. Enter amount of tax due. Skip lines 6				0		
Q Ta	61	<b>OVERPAYMENT:</b> If line 59 is larger than line 52, subtract line 52 from line 59. Enter amount of overpayment			357			
Ŋ	62	Amount of line 61 to be applied to 2022 estimated tax				0		
Gifts		Balance of overpayment: Subtract line 62 from line 61. Enter the difference			357	1		
ary		- 74 Voluntary Gifts to: Solutions Teams Assigned to Schools 64 00 Arizona Wildlife						
Voluntary	• .	Child Abuse Prevention		-				
8				_				
Ę		Neighbors Helping Neighbors 69 00 Special Olympics		_				
enalty	75	Political Party (if amount is entered on line 68 - check only one): 751 Democratic 752 Libertarian						
Pe		Estimated payment penalty		76		00		
	77	771 Annualized/Other 772 Farmer or Fisherman 773 Form 221 included		10		10.		
r	78	Add lines 64 through 74 and 76; enter the total		78		0		
Refund or Amount Owed	79	REFUND: Subtract line 78 from line 63. If less than zero, enter amount owed on line 80			357	0		
efui oun	13	Direct Deposit of Refund: Check box 79A if your deposit will be ultimately placed in a foreign account; see	instructions. 79A	] <i>'</i>		100		
Am A		CM Checking or ROUTING NUMBER ACCOUNT NUMBER						
		98 S Savings 1 2 2 1 0 1 7 0 6 4 5 7 0 4 6 2 0 8 0 5 3						
	80	<b>AMOUNT OWED:</b> Add lines 60 and 78. Make check payable to Arizona Department of Revenue; write years and the check payable to Arizona Department of Revenue; write years and the check payable to Arizona Department of Revenue; write years and the check payable to Arizona Department of Revenue; write years and the check payable to Arizona Department of Revenue; write years and the check payable to Arizona Department of Revenue; write years and the check payable to Arizona Department of Revenue; write years and the check payable to Arizona Department of Revenue; write years and the check payable to Arizona Department of Revenue; write years and the check payable to Arizona Department of Revenue; which is the check payable to Arizona Department of Revenue; whi				0		
		and include with your returnUnder penalties of perjury, I declare that I have read this return and any documents with it, and to		<b>80</b>	and helief they are			
		true, correct and complete.  Declaration of preparer (other than taxpayer) is based on all information				<b>'</b>		
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HERE	<b>→</b>	S	OFTWARE ENG	SINEE	R			
뿔		YOUR SIGNATURE DATE OC	CUPATION			-		
Z	<b>→</b>							
SIGN						_		
			OUSE'S OCCUPATION					
ASE		SYAM PRIYA RAM SAGAR GUPTA TALLAM 04092022 GLOBAL TAXES LI				_		
A		PAID PREPARER'S SIGNATURE DATE FIRM'S NAME (PREPARER'S IF	•					
PLE,		2530 Pebble Creek Ln	30-101			_		
-		PAID PREPARER'S STREET ADDRESS	PAID PREPA					
		Cumming GA 30041 PAID PREPARER'S CITY STATE ZIP CODE	(678)9		522 IONE NUMBER	-		
		PAID PREPARER'S CITY STATE ZIP CODE	PAID PREPA	IVEK 9 PF	IONE NUMBER			

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