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.

 \blacktriangleright Go to www.irs.gov/Form8879 for the latest information.

OMB No. 1545-0074

	4277 (5-24-5) (72-5)	
Submission Identification Number (SID)		
Taxpayer's name	Social securit	y number
REMYA JACOB PHILIP	312-53-	-1162
Spouse's name	Spouse's soc	ial security number
Part I Tax Return Information — Tax Year Ending December 31, 2021 (E	nter vear vou a	re 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 12,298.
2 Total tax		2 0.
3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099		3 2,260.
4 Amount you want refunded to you		4 2,260.
5 Amount you owe		5
Part II Taxpayer Declaration and Signature Authorization (Be sure you get as Under penalties of perjury, I declare that I have examined a copy of the income tax return (original or amer		
my knowledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I return (original or amended) I am now authorizing. I consent to allow my intermediate service provider, trato send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for orany 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 payment of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution is authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to term payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation business days prior to the payment (settlement) date. I also authorize the financial institutions involved in taxes to receive confidential information necessary to answer inquiries and resolve issues related to to personal identification number (PIN) below is my signature for the income tax return (original or amended Electronic Funds Withdrawal Consent.	nsmitter, or electron rejection of the trans U.S. Treasury are indicated in the tallitution to debit the inate the authorizal requests must be the processing of the payment. I furtile	anic return originator (ERO) ansmission, (b) the reason of its designated Financial ax preparation software for entry to this account. This ation. To revoke (cancel) as received no later than 2 the electronic payment of her acknowledge that the
Taxpayer's PIN: check one box only		
■ I authorize GLOBAL TAXES LLC to enter or gener	ate my PIN	1 1 6 2 as my
ERO firm name	Ent	er five digits, but
signature on the income tax return (original or amended) I am now authorizing.	401	i t dillor dii 20100
I will enter my PIN as my signature on the income tax return (original or amended) I a if you are entering your own PIN and your return is filed using the Practitioner PIN n below.	nethod. The ERO	must complete Part III
Your signature ▶ Date	04	12 2022
Spouse's PIN: check one box only	_	
☐ I authorize to enter or gener	ate mv PIN	as my
ERO firm name	Ent	er five digits, but
signature on the income tax return (original or amended) I am now authorizing.		n't enter all zeros
I will enter my PIN as my signature on the income tax return (original or amended) I a if you are entering your own PIN and your return is filed using the Practitioner PIN m below.		_
Spouse's signature ▶ Date		
Practitioner PIN Method Returns Only—continue be	low	
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 Don't ente	8 6 1 9 8 9 er all zeros
I certify that the above numeric entry is my PIN, which is my signature for the electronic individual incon authorized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am s requirements of the Practitioner PIN method and Pub. 1345 , Handbook for Authorized IRS <i>e-file</i> Providers	ubmitting this retu	rn in accordance with the
ERO's signature ▶ Date I	•	
ERO Must Retain This Form — See Instructions		
Don't Submit This Form to the IRS Unless Requested 1		

£1040	Department of the Treasury—Internal Revenue S U.S. Individual Income T	Service (99) ax Return	2021	OMB No. 1545-0074	IRS Use Only—Do not write or staple in this space.
a					nold (HOH) Qualifying widow(er) (QW

Filing Status Check only one box.	If yo	u checked the MFS box, enter the n	ame of y	ed filing separately your spouse. If you								
Your first name		on is a child but not your dependen		me .					Vou	rsoci	al securit	y number
REMYA	and mi	niddle initial Last name JACOB PHILIP						312-53-1162				
									_	Spouse's social security number		
ii joint return, s	pouse s	s institutile and middle initial	Last nar	110					Open		000101 000	arity manner
Home address	(numbe	er and street). If you have a P.O. box, see	instruction	ons.			1	Apt. no.	Pres	ident	ial Election	n Campaign
16636 N	58T	H STREET						2049		Check here if you, or your		
City, town, or p	ost offic	ce. If you have a foreign address, also co	mplete sp	oaces below.	Sta	ite	ZIP co	ode	spouse if filing jointly, want to go to this fund. Checking			
SCOTTSD	ALE				A	Z	852				w will not	
Foreign country	y name		F	oreign province/stat	te/coun	ty	Foreig	oreign postal code your tax or refund.				
Contract Con							<u></u>				You	Spouse
At any time du	ring 20	021, did you receive, sell, exchange	, or othe	rwise dispose of a	any fina	ancial interest	in any	virtual curr	ency?		Yes	⊠ No
Standard Deduction		eone can claim: You as a de Spouse itemizes on a separate retur	•									
Age/Blindness	You:	☐ Were born before January 2, 1	957 * [Are blind S	pouse	: Was bo	rn bef	ore January	2, 195	57	☐ Is bli	nd
Dependents	s (see	instructions):		(2) Social secur	rity	(3) Relationsh				ies for (see instructions):		ctions):
If more		rst name Last name		number		to you		Child tax o		С	redit for oth	ner dependents
than four												
dependents, see instruction												
and check	5											
here ▶ 🗌												
	1	Wages, salaries, tips, etc. Attach F	orm(s) V	V-2						1		12,298.
Attach Sch. B if	2a	Tax-exempt interest	2a		b T	axable interes	st.		.	2b		
required.	3a	Qualified dividends	3a		b C	Ordinary divide	ends .	ds		3b		
	4a	IRA distributions	4a		b T	axable amoun	nt		.	4b		
	5a	Pensions and annuities	5a		b T	axable amoun	nt		.	5b		
Standard	6a		6a			axable amoun	nt		<u>.</u> ⊦	6b		
• Single or	7	Capital gain or (loss). Attach Sche	dule D if	required. If not re	quired	l, check here		▶	\sqcup	7_		
Married filing	8	Other income from Schedule 1, lin							. -	8		
separately, \$12,550	9	Add lines 1, 2b, 3b, 4b, 5b, 6b, 7,	Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income						P	9	1	2,298.
 Married filing jointly or 	10	Adjustments to income from Schedule 1, line 26						. -	10			
Qualifying	11_	Subtract line 10 from line 9. This is	•				· ·			11	1	2,298.
widow(er), \$25,100	12a	Standard deduction or itemized			1981	12		12,5	50.			
 Head of household, 	b	Charitable contributions if you take the standard deduction (see instructions)										
\$18,800	С	Add lines 12a and 12b						* * *	. -	12c	1	2,550.
 If you checked any box under 	13	Qualified business income deduct	ion from	Form 8995 or For	rm 899	95-A			. -	13		0. 550
Standard	14	Add lines 12c and 13			٠,				· -	14	1	2,550.
Deduction, see instructions.	15	Taxable income. Subtract line 14	trom line	e 11. If zero or les	s, ente	er-0				15	<u> </u>	0.

Form 1040 (202	1)								Page 2
	16	Tax (see instructions). Check	if any from Form	n(s): 1 🔲 881	4 2 4972	3 🔲		. 16	0.
	17	Amount from Schedule 2, lin	ne3					. 17	
	18	Add lines 16 and 17						. 18	0.
	19	Nonrefundable child tax cre	dit or credit for o	other depende	nts from Schedule	8812		. 19	
	20	Amount from Schedule 3, lin	ne8					. 20	
	21	Add lines 19 and 20						. 21	
	22	Subtract line 21 from line 18	B. If zero or less,	enter -0				. 22	0.
	23	Other taxes, including self-e	employment tax,	from Schedul	e 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				25a	2,26	50.	
	b	Form(s) 1099				25b			
	С	Other forms (see instruction	s)			25c			
	d	Add lines 25a through 25c						. 25d	2,260.
If you have a	26	2021 estimated tax paymen	ts and amount a	pplied from 20)20 return			. 26	
qualifying child,	27a	Earned income credit (EIC)				27a			
attach Sch. EIC.		Check here if you were	born after Janu	lary 1, 1998,	and before				
		January 2, 2004, and you taxpayers who are at least a							
	b	Nontaxable combat pay ele	•	1 1	Structions P				
	C	Prior year (2019) earned inc							
	28	Refundable child tax credit o			Schedule 8812	28			
	29	American opportunity credit				29			
	30	Recovery rebate credit. See				30			
	31	Amount from Schedule 3, lir				31			
	32	Add lines 27a and 28 through				CONTRACTOR OF THE PARTY OF THE	edits	▶ 32	
	33	Add lines 25d, 26, and 32. T							2,260.
D - 6 1	34	If line 33 is more than line 24							2,260.
Refund	35a	Amount of line 34 you want				5		_	2,260.
Direct deposit?	▶b	Routing number 1 2 2			▶ c Type: 🔀			2017/07/07/07/07	
See instructions.	▶d	Account number 4 5 7							
	36	Amount of line 34 you want				36			
Amount	37	Amount you owe. Subtract				see instructions		▶ 37	
You Owe	38	Estimated tax penalty (see in				38			Market Telephone
Third Party	Do	you want to allow another	person to disc	cuss this retu	rn with the IRS?	See			
Designee [*]		tructions				► Yes.	Compl	ete below.	X No
		signee's		Phone			rsonal i mber (F	dentification	
		ne ▶	u I b	no. ▶					
Sign	beli	der penalties of perjury, I declare to ief, they are true, correct, and com	inat i nave examine iplete. Declaration	of preparer (othe	r than taxpayer) is ba	edules and stater ased on all informa	ation of	ma to the bea	er has any knowledge.
Here		ur signature	•	Date	Your occupation		- 1		nt you an Identity
	1	0 11			· ·				IN, enter it here
Joint return?	trate.		and a financial state of the state and the state of the s	04/12/202	SOFTWARE E	ENGINEER		(see inst.) ▶	
See instructions. Keep a copy for	Spo	ouse's signature. If a joint return,	both must sign.	Date	Spouse's occupati	ion			nt your spouse an ection PIN, enter it here
your records.								(see inst.) ▶	предоставляющей продукции предоставляющей пред
	Pho	one no. (602)617-040	3	Email address	REMYAJACOBPH	ITI,TPQCMATI.	COM		
	-	parer's name	Preparer's signat		TUITITIOACODEII	Date	PTI	N	Check if:
Paid		PRIYA RAM SAGAR GUPTA TALLAM			GUPTA TALLAM	04/09/202	P0:	2082703	Self-employed
Preparer		m's name ▶ GLOBAL TA				1 2 2 7 2 5 7 2 5 2 1	1		(678) 965-9522
Use Only	Firm's address ▶ 2530 Pebble Creek Ln Cumming GA 30041					\neg	Firm's EIN		
						Andrew Andrews			00 -01/100

Arizona Form AZ-8879

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

2021

Do <u>not</u> mail this form to the Anzona be	parament of Neverlue.	The Live mast retain to	ns accamen	t a miniminal of roar y	00,0.
Your First Name and Initial	Last Name		Enton	Your Social Security	Number*
REMYA	JACOB PHILIP		Enter	312 53 3	1162
Your Spouse's First Name and Initial (if filed joint)		al .	your SSN(s).	Spouse's Social Secu	
PART 1 – PURPOSE (<u>If you are e-filing a S</u> • To certify the truthfulness, correctness, and comp • To authorize the Electronic Return Originator (ERG federal individual income tax return as the taxpay PART 2 – TAX RETURN INFORMATION	pleteness of the taxpayer's O) to affirm that the taxpa	s electronic income tax retu ayer wishes to use the taxp ayer's electronic Arizona inc	irn. ayer's electron dividual income	ic signature to the taxpa	
1 Arizona Adjusted Gross Income 2 Balance of Tax	ed	Must be present will Foreign Account TYPE OF ACCOUNT Checking ACCOUNT NUMBER 4 5 7 0 4 6 DIRECT DEBIT REQUEST I	hen requestir nt Deposit/De Savings 2 0 8 0 5	ng direct debit or deposebit: See instructions ROUTING NUMBER 1 2 2 1 0 1 7 5 3 DIRECT DEBIT PAYMENT AME	osit. below. 0 6
Box 4 Checkbox – Refund: You are due a refund be provided on your tax return. Your refund amount waccount listed in the Financial Institution Information Box 5 Checkbox – Amount You Owe: You ow information provided on your tax return. You have for payment. The payment will be withdrawn from the date listed in the Financial Institution Information Section 1.	will be deposited in the n Section (Part 3). We taxes based on the elected to direct debit the account and on the	Foreign Account Deposit/Debit* box if you from a foreign account. numbers. If this box is account. If you are due to owe tax, you must mail PO Box 29085, Phoenix	our deposit will If you check to checked, we wanted a refund, we wanted a check to the	Il be ultimately placed in this box, do not enter you will not direct deposit or will send you a check inste the Arizona Department or	in or come our account debit your tead. If you
PART 4 – DECLARATION AND SIGNATUR	RE AUTHORIZATION	(Sign only after comp	oleting Part :	2)	
Under penalties of perjury, I declare that I have e electronic Arizona individual income tax return and act and statements for the year ending December 31, 2 my knowledge and belief, it is true, correct, and come that the amounts of Arizona adjusted gross income tax withheld, and refund (or amount ower amounts shown on the copy of my electronic Arizona I consent that my refund be directly deposited electronic portion of my 2021 Arizona individual I have filed a joint return, this is an irreverthe other spouse as an agent to receive the light of the I is do not want direct deposit of my refund or refund.	ccompanying schedules (021, and to the best of plete. I further declare me, total tax, Arizona d) listed above are the ona income tax return. ed as designated in the dual income tax return. rocable appointment of e refund.	I consent to my Electro Provider (OLSP) sendin return and accompanyin consent to my ERO or Ol transmitter. I consent to an acknowledgement of whether or not the transi is rejected, the reason(s) or refund is delayed, I are or transmitter the reason If ADOR contacts my El schedules to my return, a to release copies of the re-	g my electror ng schedules LSP sending su o ADOR sending if receipt of tr mission of my of the rejecti uthorize ADOR n(s) for the de RO for a copy and/or this auth	nic Arizona individual is and statements to AD uch information to ADOR g my ERO, OLSP and/or cransmission and an integration. If the processing of the todisclose to my ERO, elay, or when the refunction of my return, any dochorization form, I authoritation is accepted.	income tax OOR, and I R through a transmitter dication of f the return f my return OLSP and/ d was sent. cuments or
Gc I authorize the Arizona Department of Redesignated Financial Agent to initiate an withdrawal (direct debit) entry to the finan indicated in the tax preparation software for taxes owed on this return. I also authorize to involved in the processing of the electronic receive confidential information necessary to resolve issues related to the payment.	ACH electronic funds icial institution account payment of my Arizona the financial institutions c payment of taxes to	I authorize GLOBAL To make the election that federal individual incomelectronic Arizona individual December 31, 2021. I u	(ELECTRONIC I it I want my el ne tax return vidual income inderstand that	RETURN ORIGINATOR) lectronic signature to my to serve as my signat tax return for the ye t when my ERO makes t	ture to my ear ending the election
If I have filed a balance due return, I understand that receive full and timely payment of my tax liability be remain liable for the tax liability and all applicable When electronically filing my federal and state tax that if there is an error on my federal return, my strejected.	by April 18, 2022, I will interest and penalties. returns, I understand	that my electronic signat serve as my signature to have signed my Arizona penalties of perjury that is true, correct and comp	o my Arizona i individual inco to the best of r	individual income tax re ome tax return and decl	eturn, I will lared under
		3			
YOUR PEN AND INK SIGNATURE SPOUSE'S PEN AND INK SIGNATURE		DA	O 4	12/2022	
SPOUSE'S PEN AND INK SIGNATURE	Manufacture Company of the Company o		ATE		
7					

FOR CALENDAR YEAR RETURN. Arizona Form Resident Personal Income Tax Return 2021 140 Check box 82 OR FISCAL YEAR BEGINNING L. I. 12.0.2.11 AND ENDING [if filing under extension DO NOT STAPLE ANY ITEMS TO THE Your Social Security Number Your First Name and Middle Initial Last Name Enter 11 REMYA JACOB PHILIP 312 | 53 | 1162 vour Spouse's Social Security No. Spouse's First Name and Middle Initial (if box 4 or 6 checked) Last Name SSN(s) Current Home Address - number and street, rural route Apt. No. Daytime Phone (with area code) **94** (602) 617-0403 16636 N 58TH STREET 2049 City, Town or Post Office ZIP Code Last Names Used in Last Four Prior Year(s) (if different) SCOTTSDALE AZ 85254 3 REVENUE USE ONLY. DO NOT MARK IN THIS AREA. Married filing joint return 4a Injured Spouse Protection of Joint Overpayment Head of household. Enter name of qualifying child or dependent on next line: Married filing separate return. Enter spouse's name and Social Security Number above. X Enter the number claimed. Do not put a check mark. If completing lines 8, 9, and 11a, also complete lines 38, 8 Age 65 or over (you and/or spouse) 80 RCVD 81 PM 39, and 41. For lines 10a and 10b, also complete line 49. Exemptions 8, 9, and 11a - Dependents 10a and 10b 9 Blind (you and/or spouse) 10b 10a Dependents: Under age of 17. Dependents: Age 17 and over. Qualifying parents and grandparents (Box 10a and 10b): Dependent Information. See instructions. For more space, check the box 🔲 and complete page 4, Part 1. (d) (e) NO. OF MONTHS SOCIAL SECURITY NO. RELATIONSHIP if you did not claim FIRST AND LAST NAME this person on your federal return due to educational credits LIVED IN YOUR (Do not list yourself or spouse.) **HOME IN 2021** 2 10c 10d 100 (Box 11a): Qualifying parents and grandparents. See instructions. For more space, check the box 🗌 and complete page 4, Part 2. Place any required federal and AZ schedules or other documents after Form 140. NO. OF MONTHS SOCIAL SECURITY NO. RELATIONSHIP IF AGE 65 OR IF DIED IN FIRST AND LAST NAME LIVED IN YOUR (Do not list yourself or spouse.) **HOME IN 2021** 11c 12,298 00 12 Federal adjusted gross income (from your federal return) 00 13 Small Business Income: 13S Check the box if you are filing Arizona Form 140-SBI and enter the amount from Form 140-SBI, line 10... 13 12,298 00 Modified federal adjusted gross income. Subtract line 13 from line 12..... 00 15 Non-Arizona municipal interest..... 16 Partnership Income adjustment. See instructions 00 00 17 Total federal depreciation 00 18 Other Additions to Income: Complete Other Additions to Arizona Gross Income schedule on page 5...... 12,298 00 19 Subtotal: Add lines 14 through 18 and enter the total 19 20 Total net capital gain or (loss). See instructions 00 00 00 22 Total net long-term capital gain or (loss). See instructions 23 Net long-term capital gain from assets acquired after December 31, 2011. See instructions. 23 100 0 00 24 Multiply line 23 by 25% (.25) and enter the result 00 25 Net capital gain - qualified small business........ 25 00 26 Recalculated Arizona depreciation...... 26 00 00 29a Exclusion for fed., AZ state or local govt. pensions. 29a 00 00 29b Exclusion for retired/retainer pay uniform services. 29b 00 30 U.S. Social Security or Railroad Retirement Act 30 00 31 Certain wages of American Indians...... 31 00 32 Pay received for being an active service member. 32 00 Contributions: 34a 529 plans 00 00 34b 529A (ABLE) 00 add 34a and 34b. 34C

	Your	Name (as shown on page 1)	Your Social Security No	ımber		
	REM	MYA JACOB PHILIP	312-53-1162			
	35	Subtract lines 24 through 34c from line 19	35	12,298	Too	
	36	Other Subtractions from Income. Complete Other Subtraction from Arizona Gross Income schee				00
	37	Subtract line 36 from line 35. Enter the difference			12,298	_
ions	38	Age 65 or over: Multiply the number in box 8 by \$2,100				00
mpt	39	Blind: Multiply the number in box 9 by \$1,500				00
Exemptions	40	Other Exemptions. See instructions40E Multiply the number in box 40E by \$2,300				00
1970	41	Qualifying parents and grandparents: Multiply the number in box 11a by \$10,000				00
	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 in				00
×	45	Arizona taxable income: Subtract lines 43 and 44 from line 42. If less than zero, enter "0"			0	
of Tax		Compute the tax using amount on line 45 and Tax Tables X and Y or Optional Tax Tables		8.0	0	_
o e		of line 45 is \$250,001 or more (single/mfs) or \$500,001 or more (mfj/hoh) compute the tax surcha				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			0	00
	49	Dependent Tax Credit. See instructions		1		00
	50	Family income tax credit (from the worksheet - see instructions)				00
3,000	51	Nonrefundable Credits from Arizona Form 301, Part 2, line 61		1		00
ts	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			0	00
lotal Payments and Refundable Credits	53	2021 AZ income tax withheld			332	00
ole C	54	2021 AZ estimated tax payments54a 00 Claim of Right 54b	00 Add 54a and 54b			00
nda	55	2021 AZ extension payment (Form 204)		55		00
Refu	56	Increased Excise Tax Credit (from the worksheet - see instructions)		56	25	00
	57	Property Tax Credit from Arizona Form 140PTC		57	53	00
ı t	58	Other refundable credits: Check the box(es) and enter the total amount581	308-I 58 2 349	58		00
ayme	59	Total payments and refundable credits: Add lines 53 through 58. Enter the total			357	00
Overpayment	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		00
ó	61	OVERPAYMENT: If line 59 is larger than line 52, subtract line 52 from line 59. Enter amount of overpayme	nt	61	357	00
fts	62	Amount of line 61 to be applied to 2022 estimated tax		62		00
/ Gifts	63	Balance of overpayment: Subtract line 62 from line 61. Enter the difference		63	357	00
Voluntary	64 -	- 74 Voluntary Gifts to: Solutions Teams Assigned to Schools64 00 Arizona Wildlife	65 00			
olur		Child Abuse Prevention				
>		Neighbors Helping Neighbors 69 00 Special Olympics				
alty		I Didn't Pay Enough Fund72 00 Sustainable State Parks and Road Fund73 00 Spay/Neuter of Anima	ıls 74			
Penalty	75	Political Party (if amount is entered on line 68 - check only one): 751 Democratic 752 Libertarian	753 Republican			
	76	Estimated payment penalty		76		100
ъ	77	771 Annualized/Other 772 Farmer or Fisherman 773 Form 221 included				
Ne o	78	Add lines 64 through 74 and 76; enter the total		78	0.55	00
Amount Owed	79	REFUND: Subtract line 78 from line 63. If less than zero, enter amount owed on line 80		79	357	00
om/		DOLITING NUMBER	instructions. /aA			
		98 S Savings S				
ı	80	AMOUNT OWED: Add lines 60 and 78. Make check payable to Arizona Department of Revenue; write y	our SSN on payment;			Τ
	-	and include with your return				100
		Jnder penalties of perjury, I declare that I have read this return and any documents with it, and to rue, correct and complete. Declaration of preparer (other than taxpayer) is based on all informati				9
ш		had, correct and complete. Decidi attent of preparer (other than taxpayer) is based on an information	on or which prepare	r nas any	Knowledge.	
2	-	04/12/2022 5	OFTWARE ENGI	NEER		
里	7	OUR SIGNATURE DATE OC	CCUPATION			-
SIGN HERE	→					
5						_
			POUSE'S OCCUPATION			
PLEASE		SYAM PRIYA RAM SAGAR GUPTA TALLAM 04092022 GLOBAL TAXES L. PAID PREPARER'S SIGNATURE DATE FIRM'S NAME (PREPARER'S IF				-
EA			30-101°	7100		
7		2530 Pebble Creek Ln PAID PREPARER'S STREET ADDRESS	T96 ER'S TIN		-	
		Cumming GA 30041	(678) 96		2	
		PAID PREPARER'S CITY STATE ZIP CODE	PAID PREPAR			-

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). ADOR 10413 (21) 1555 AZ Form 140 (2021) REV 03/22/22 PRO Page 2 of 6