## 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

internal nevertue Service						
Submission Identification Number (SID)						
Taxpayer's name		Social sec	urity numb	 oer		
SAIPRASANNA KRISHNA RAYEPUDI		077-7	71-582	9		
Spouse's name		Spouse's	social secu	irity nur	mber	
Part I Tax Return Information — Tax Year Ending December 31, 2	021 (Enter	VOOR VOI	l oro ou	thorizi	ina \	
Enter whole dollars only on lines 1 through 5.	021 (Enter	year you	are au	LITOTIZI	irig.)	
<b>Note:</b> Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.						
<b>1</b> Adjusted gross income			1		77,	431.
2 Total tax			2		9,	955.
<b>3</b> Federal income tax withheld from Form(s) W-2 and Form(s) 1099					12,	843.
4 Amount you want refunded to you					2,	888.
5 Amount you owe			5		. 4	
Part II Taxpayer Declaration and Signature Authorization (Be sure you Under penalties of perjury, I declare that I have examined a copy of the income tax return (original persons).						
return (original or amended) I am now authorizing. I consent to allow my intermediate service proto send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or ror for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I at Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution payment of my federal taxes owed on this return and/or a payment of estimated tax, and the fina authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment car business days prior to the payment (settlement) date. I also authorize the financial institutions in taxes to receive confidential information necessary to answer inquiries and resolve issues rel personal identification number (PIN) below is my signature for the income tax return (original or Electronic Funds Withdrawal Consent.	reason for reject the U.S. account indiction account indiction account indiction to terminate accellation required in the patted to the patted to the patted to the patted in the patted	ction of the S. Treasury cated in the to debit the authorests must processing ayment. In	e transmis y and its of e tax prep the entry frization. To be receing of the elfurther ac	ssion, (i) designa paration to this a Fo revo ved no ectronic knowle	b) the ated Fin softwaccount (can later caying the daying the daying the bold of the bold	reason nancial vare for nt. This incel) a than 2 ment of hat the
Taxpayer's PIN: check one box only		Г		$\neg \neg$		
	or generate n	ov PIN	1 5 8	3 2	9	as my
ERO firm name signature on the income tax return (original or amended) I am now authorizing	· ·	•	Enter five don't ente		out	23 IIIy
I will enter my PIN as my signature on the income tax return (original or amer if you are entering your own PIN <b>and</b> your return is filed using the Practition below.	nded) I am no					
Your signature ►	Date ►					
Snouse's DINI shock and havenly						
Spouse's PIN: check one box only    authorize to enter	or generate n	ov DINI				00 m)/
ERO firm name	or generate n		Enter five	digits. t		as my
signature on the income tax return (original or amended) I am now authorizing	J.		don't ente			
I will enter my PIN as my signature on the income tax return (original or amer if you are entering your own PIN <b>and</b> your return is filed using the Practition below.						
Spouse's signature ▶	Date ►					
Practitioner PIN Method Returns Only—cont						
Part III Certification and Authentication — Practitioner PIN Method Or	nly					
ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN	J. 58	7 2 7	8 6	1 9	8	9
, , , , , , ,		Don't	enter all ze	ros		
I certify that the above numeric entry is my PIN, which is my signature for the electronic individ authorized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm the requirements of the Practitioner PIN method and <b>Pub. 1345</b> , Handbook for Authorized IRS e-file I	at I am submi	tting this r	eturn in a	accorda	ance v	
ERO's signature ▶	Date ►					
ERO Must Retain This Form — See Insti						
Don't Submit This Form to the IRS Unless Requ		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					Your	social secui	rity number
SAIPRAS	ANNA	KRISHNA	RAYI	EPUDI					077	-71-582	29
If joint return, s	pouse's	s first name and middle initial	Last na	ame					Spous	e's social s	ecurity numbe
Home address	,	er and street). If you have a P.O. box, see A DR	instruct	ions.				Apt. no.	Checl	k here if you	
City, town, or p	ost offi	ce. If you have a foreign address, also c	omplete s	spaces below.	State AZ	1		code 5024	to go		intly, want \$3 I. Checking a of change
Foreign country	y name			Foreign province/state	e/county		Foi	reign postal coo		ax or refund	d
At any time du	ıring 20	021, did you receive, sell, exchange	, or othe	erwise dispose of ar	ny finan	icial inte	rest in a	ny virtual cur	rency?	Yes	⊠ No
Standard Deduction	_	<b>leone can claim:</b> You as a de Spouse itemizes on a separate retu	•			depend	ent				
Age/Blindness	s You:	: Were born before January 2,	1957 [	Are blind Sr	ouse:	☐ Wa	s born b	efore Januar	y 2, 1957	' ☐ Is b	olind
Dependents	s (see	instructions):		(2) Social securi	ty	(3) Relat	ionship	(4) 🗸 i	f qualifies	for (see instr	ructions):
If more	,	irst name Last name		number		to y	ou	Child tax	credit	Credit for o	other dependents
f more han four dependents,									]		
dependents, see instruction	s ——								]		
and check	<u> </u>								]		
here ▶ 📗									]	1,	
	_1_	Wages, salaries, tips, etc. Attach	Form(s)	W-2						1	85,478.
Attach Sch. B if	2a	Tax-exempt interest	2a		<b>b</b> Tax	xable int	erest		. 2	2b	
required.	3a	Qualified dividends	3a		<b>b</b> Ord	dinary di	ividends		. 3	3b	
	4a	IRA distributions	4a		<b>b</b> Tax	xable an	nount .		. 4	lb	
	5a	Pensions and annuities	5a		<b>b</b> Tax	xable an	nount .		. 5	5b	
Standard	6a	Social security benefits	6a		<b>b</b> Tax	xable an	nount .		. 6	3b	
Deduction for— Single or	7	Capital gain or (loss). Attach Sche	edule D i	f required. If not red	quired, (	check he	ere .	•		7	453.
Married filing	8	Other income from Schedule 1, lin	ne 10							8	-8,500.
separately, \$12,550	9	Add lines 1, 2b, 3b, 4b, 5b, 6b, 7,	and 8.	This is your <b>total in</b>	come				<b></b>	9	77,431.
Married filing jointly or	10	Adjustments to income from Sche	edule 1,	line 26					. 1	10	
Qualifying	11_	Subtract line 10 from line 9. This i	s your <b>a</b>	djusted gross inco	ome				<b>▶</b> _1	l1	77,431.
widow(er), \$25,100	12a	Standard deduction or itemized	deduct	tions (from Schedul	e A)		12a	12,5	50.		
Head of	b	Charitable contributions if you take	the sta	ndard deduction (se	e instru	ctions)	12b	3	00.		
household, \$18,800	С	Add lines 12a and 12b							. 1	2c	12,850.
If you checked	13	Qualified business income deduc-	tion fron	n Form 8995 or Fori	n 8995	-A			. 1	13	
any box under Standard	14	Add lines 12c and 13							. 1	14	12,850.
Deduction, see instructions.	15	Taxable income. Subtract line 14	from lir	ne 11. If zero or less	, enter	-0			. 1	15	64,581.

	16	Tax (see instructions). Check						16	9,955.
	17	Amount from Schedule 2, line	e3					17	
	18	Add lines 16 and 17						18	9,955.
	19	Nonrefundable child tax cred	lit or credit for o	ther depender	nts from Schedule	8812		19	
	20	Amount from Schedule 3, line	e8					20	
	21	Add lines 19 and 20						21	
	22	Subtract line 21 from line 18.	If zero or less,	enter -0				22	9,955.
	23	Other taxes, including self-er	mployment tax,	from Schedule	2, line 21			23	0.
	24	Add lines 22 and 23. This is y	our <b>total tax</b>				▶	24	9,955.
	25	Federal income tax withheld	from:						
	а	Form(s) W-2				<b>25</b> a 1	2,843.		
	b	Form(s) 1099				25b			
	С	Other forms (see instructions	s)			25c			
	d	Add lines 25a through 25c .						25d	12,843.
If you have a	26	2021 estimated tax payment	s and amount a	pplied from 20				26	
qualifying child,	27a	Earned income credit (EIC) .			No	27a			
attach Sch. EIC.		Check here if you were b January 2, 2004, and you taxpayers who are at least ag	satisfy all the ge 18, to claim t	e other requirence of the other requirements	rements for				
	b	Nontaxable combat pay elec							
	С	Prior year (2019) earned inco							
	28	Refundable child tax credit or				28			
	29	American opportunity credit		*		29			
	30	Recovery rebate credit. See				30			
	31	Amount from Schedule 3, line				31			
	32	Add lines 27a and 28 through	n 31. These are	your <b>total oth</b>	er payments and	refundable cre	edits <b>&gt;</b>	32	
	33	Add lines 25d, 26, and 32. The	nese are your <b>to</b>	tal payments			🕨	33	12,843.
Refund	34	If line 33 is more than line 24						34	2,888.
	35a	Amount of line 34 you want r					. ▶ 🗌	35a	2,888.
Direct deposit? See instructions.	►b	Routing number 1 2 2			▶ c Type: 🔀	Checking	Savings		
See ilistructions.	►d	Account number 3 8 1							
	36	Amount of line 34 you want a				36			
Amount	37	Amount you owe. Subtract				see instructions	. ▶	37	
You Owe	38	Estimated tax penalty (see in	structions) .		<u> ▶</u>	38			
Third Party Designee		you want to allow another tructions					Complete b	pelow.	X No
		signee's ne ▶		Phone no. ▶			rsonal identit nber (PIN)		
C:		der penalties of perjury, I declare the	act I have examine		Laccompanying sch				t of my knowledge and
Sign		ef, they are true, correct, and comp							
Here	You	ır signature		Date	Your occupation				nt you an Identity IN, enter it here
Joint return?					SOFTWARE E	ENGINEER	(see	inst.) 🕨	
See instructions. Keep a copy for your records.	Spo	ouse's signature. If a joint return, <b>b</b>	oth must sign.	Date	Spouse's occupati	on	Ident		nt your spouse an ection PIN, enter it here
	Pho	one no. (361)355-3886	5	Email address	SAI.RAYEPU	DI@GMAIL.C	OM		
Deid	Pre	parer's name	Preparer's signat	ure		Date	PTIN		Check if:
Paid	SYAM	PRIYA RAM SAGAR GUPTA TALLAM	SYAM PRIYA	RAM SAGAR	GUPTA TALLAM	04/16/2022	P0208	2703	Self-employed
Preparer	Firn	n's name ► GLOBAL TAX	KES LLC			•			678)965-9522
Use Only		n's address ▶ 2530 Pebbl		n Cummin	g GA 30041			's EIN ▶	· · · · · · · · · · · · · · · · · · ·
Go to www.irs.go		1040 for instructions and the lates		-	BAA	REV 04/09/22 PRO	-		Form <b>1040</b> (2021)

Form 1040 (2021)

Page **2** 

## SCHEDULE 1 (Form 1040)

### **Additional Income and Adjustments to Income**

OMB No. 1545-0074

2021

Attachment Sequence No. 01

Department of the Treasury Internal Revenue Service ► Attach to Form 1040, 1040-SR, or 1040-NR.
 Go to www.irs.gov/Form1040 for instructions and the latest information.

Name(s) shown on Form 1040, 1040-SR, or 1040-NR
SAIPRASANNA KRISHNA RAYEPUDI

Your social security number
077-71-5829

Par	Additional income			
1	Taxable refunds, credits, or offsets of state and local income taxes	8	1	
<b>2</b> a	Alimony received		2a	
b	Date of original divorce or separation agreement (see instructions)	•		
3	Business income or (loss). Attach Schedule C		3	
4	Other gains or (losses). Attach Form 4797		4	
5	Rental real estate, royalties, partnerships, S corporations, truschedule E	•	5	-8,500.
6	Farm income or (loss). Attach Schedule F		6	
7	Unemployment compensation		7	
8	Other income:			
а	Net operating loss	<b>8a</b> ( )		
b	Gambling income	8b		
С	Cancellation of debt	8c		
d	Foreign earned income exclusion from Form 2555	8d ( )		
е	Taxable Health Savings Account distribution	8e		
f	Alaska Permanent Fund dividends	8f		
g	Jury duty pay	8g		
h	Prizes and awards	8h		
i	Activity not engaged in for profit income	8i		
j	Stock options	8j		
k	Income from the rental of personal property if you engaged in the rental for profit but were not in the business of renting such property	8k		
I	Olympic and Paralympic medals and USOC prize money (see instructions)	81	-	
m	Section 951(a) inclusion (see instructions)	8m		
n	Section 951A(a) inclusion (see instructions)	8n	_	
0	Section 461(I) excess business loss adjustment	80		
р	Taxable distributions from an ABLE account (see instructions) .	8p		
Z	Other income. List type and amount ▶	8z		
9	Total other income. Add lines 8a through 8z		9	
10	Combine lines 1 through 7 and 9. Enter here and on Form 10 1040-NR, line 8		10	-8,500.

Schedule 1 (Form 1040) 2021 Page **2** 

Par	Adjustments to Income			
11	Educator expenses		11	
12	Certain business expenses of reservists, performing artists, and fee-officials. Attach Form 2106			
13	Health savings account deduction. Attach Form 8889		13	
14	Moving expenses for members of the Armed Forces. Attach Form	3903	14	
15	Deductible part of self-employment tax. Attach Schedule SE		15	
16	Self-employed SEP, SIMPLE, and qualified plans		16	
17	Self-employed health insurance deduction		17	
18	Penalty on early withdrawal of savings		18	
19a	Alimony paid		19a	
b	Recipient's SSN	<b>&gt;</b>	_	
С	Date of original divorce or separation agreement (see instructions)	<b>-</b>		
20	IRA deduction		20	
21	Student loan interest deduction		21	
22	Reserved for future use		22	
23	Archer MSA deduction		23	
24	Other adjustments:			
а	Jury duty pay (see instructions)	24a		
b	Deductible expenses related to income reported on line 8k from the rental of personal property engaged in for profit	24b		
С	Nontaxable amount of the value of Olympic and Paralympic medals and USOC prize money reported on line 8l	24c		
d	Reforestation amortization and expenses	24d		
е	Repayment of supplemental unemployment benefits under the Trade Act of 1974	24e		
f	Contributions to section 501(c)(18)(D) pension plans	24f		
g	Contributions by certain chaplains to section 403(b) plans	<b>24</b> g		
h	,	24h		
i	Attorney fees and court costs you paid in connection with an award from the IRS for information you provided that helped the IRS detect tax law violations	<b>24i</b>		
j	Housing deduction from Form 2555	<b>24</b> j		
k	Excess deductions of section 67(e) expenses from Schedule K-1 (Form 1041)	24k		
z	Other adjustments. List type and amount ▶	24z		
25	Total other adjustments. Add lines 24a through 24z		25	
26	Add lines 11 through 23 and 25. These are your <b>adjustments</b> there and on Form 1040 or 1040-SR, line 10, or Form 1040-NR, line			

#### SCHEDULE D (Form 1040)

#### **Capital Gains and Losses**

OMB No. 1545-0074

Attachment Sequence No. 12

Department of the Treasury Internal Revenue Service (99) ▶ Attach to Form 1040, 1040-SR, or 1040-NR.

▶ Go to www.irs.gov/ScheduleD for instructions and the latest information. ▶ Use Form 8949 to list your transactions for lines 1b, 2, 3, 8b, 9, and 10.

Name(s) shown on return Your social security number 077-71-5829 SAIPRASANNA KRISHNA RAYEPUDI

Did you dispose of any investment(s) in a qualified opportunity fund during the tax year? If "Yes," attach Form 8949 and see its instructions for additional requirements for reporting your gain or loss. Short-Term Capital Gains and Losses - Generally Assets Held One Year or Less (see instructions) Part I See instructions for how to figure the amounts to enter on the (h) Gain or (loss) (g) lines below. Adjustments Subtract column (e) Proceeds Cost to gain or loss from from column (d) and This form may be easier to complete if you round off cents to (sales price) (or other basis) Form(s) 8949, Part I, combine the result whole dollars. line 2, column (g) with column (g) 1a Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b . 1b Totals for all transactions reported on Form(s) 8949 with 500. Box A checked . . . . . . . . . . . . . . . 47. 453. Totals for all transactions reported on Form(s) 8949 with Box B checked . . . . . . . . . . . . . 3 Totals for all transactions reported on Form(s) 8949 with Short-term gain from Form 6252 and short-term gain or (loss) from Forms 4684, 6781, and 8824 4 Net short-term gain or (loss) from partnerships, S corporations, estates, and trusts from 5 Short-term capital loss carryover. Enter the amount, if any, from line 8 of your Capital Loss Carryover 6

#### Part II Long-Term Capital Gains and Losses - Generally Assets Held More Than One Year (see instructions)

Net short-term capital gain or (loss). Combine lines 1a through 6 in column (h). If you have any longterm capital gains or losses, go to Part II below. Otherwise, go to Part III on the back . . . . . . . .

	instructions for how to figure the amounts to enter on the below.	(d) Proceeds	(e) Cost	(g) Adjustmen		(h) Gain or (loss) Subtract column (e)
	form may be easier to complete if you round off cents to e dollars.	(sales price)	(or other basis)	to gain or loss Form(s) 8949, F line 2, colum	Part II,	from column (d) and combine the result with column (g)
8a	Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b.					
8b	Totals for all transactions reported on Form(s) 8949 with <b>Box D</b> checked					
9	Totals for all transactions reported on Form(s) 8949 with <b>Box E</b> checked					
10	Totals for all transactions reported on Form(s) 8949 with <b>Box F</b> checked					
11	Gain from Form 4797, Part I; long-term gain from Forms from Forms 4684, 6781, and 8824				11	
12	Net long-term gain or (loss) from partnerships, S corporate	tions, estates, and	trusts from Scheo	dule(s) K-1	12	
13	Capital gain distributions. See the instructions				13	
14	Long-term capital loss carryover. Enter the amount, if any <b>Worksheet</b> in the instructions	•	-	-	14	(
15	Net long-term capital gain or (loss). Combine lines 8a on the back	•	( )	to Part III	15	

BAA

7

453.

Schedule D (Form 1040) 2021 Page **2** 

#### Part III **Summary** 16 Combine lines 7 and 15 and enter the result 16 453. • If line 16 is a gain, enter the amount from line 16 on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 17 below. • If line 16 is a loss, skip lines 17 through 20 below. Then, go to line 21. Also be sure to complete • If line 16 is zero, skip lines 17 through 21 below and enter -0- on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 22. 17 Are lines 15 and 16 both gains? ☐ **Yes.** Go to line 18. No. Skip lines 18 through 21, and go to line 22. 18 If you are required to complete the 28% Rate Gain Worksheet (see instructions), enter the amount, if any, from line 7 of that worksheet . . . . . . . . . . . 18 19 If you are required to complete the Unrecaptured Section 1250 Gain Worksheet (see instructions), enter the amount, if any, from line 18 of that worksheet . 19 20 Are lines 18 and 19 both zero or blank and are you not filing Form 4952? ☐ Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Forms 1040 and 1040-SR, line 16. Don't complete lines 21 and 22 below. □ No. Complete the Schedule D Tax Worksheet in the instructions. Don't complete lines 21 and 22 below. If line 16 is a loss, enter here and on Form 1040, 1040-SR, or 1040-NR, line 7, the smaller of: 21 • The loss on line 16; or 21 • (\$3,000), or if married filing separately, (\$1,500) Note: When figuring which amount is smaller, treat both amounts as positive numbers. Do you have gualified dividends on Form 1040, 1040-SR, or 1040-NR, line 3a? 22 ☐ Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Forms 1040 and 1040-SR, line 16. No. Complete the rest of Form 1040, 1040-SR, or 1040-NR.

## Form **8949**

#### **Sales and Other Dispositions of Capital Assets**

the latest information.

Department of the Treasury Internal Revenue Service ► Go to www.irs.gov/Form8949 for instructions and the latest information.

► File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D.

2021
Attachment
Sequence No. 12A

OMB No. 1545-0074

ivanie(s) snown on rett	al i i	
C 7 T D D 7 C 7 11117	TED T OTTATA	D 7 77 II D

Social security number or taxpayer identification number 077-71-5829

Before you check Box A, B, or C below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check.

Part I Short-Term. Transactions involving capital assets you held 1 year or less are generally short-term (see instructions). For long-term transactions, see page 2.

**Note:** You may aggregate all short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 1a; you aren't required to report these transactions on Form 8949 (see instructions).

You *must* check Box A, B, *or* C below. Check only one box. If more than one box applies for your short-term transactions, complete a separate Form 8949, page 1, for each applicable box. If you have more short-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

X (A) Short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see Note above)

(B) Short-term transactions reported on Form(s) 1099-B showing basis wasn't reported to the IRS

(C) Shor	t-term trar	sactions	not reported	to you on F	orm 1099-B				
1	(a)	nertv	(b) Date acquired	(c) Date sold or	(d) Proceeds	(e) Cost or other basis. See the <b>Note</b> below	If you enter an enter a c	f any, to gain or loss. amount in column (g), ode in column (f). parate instructions.	(h) Gain or (loss). Subtract column (e)
	ble: 100 sh. X		(Mo., day, yr.)	disposed of (Mo., day, yr.)	(sales price) (see instructions)	and see Column (e) in the separate instructions	(f) Code(s) from instructions	<b>(g)</b> Amount of adjustment	from column (d) and combine the result with column (g)
Robinhood	Crypto	LLC	01/01/21	12/31/21	500.	47.			453.
Schedule D,	ounts). Enter	each tota <b>x A</b> above	s (d), (e), (g), and all here and ince is checked), <b>lin</b>	lude on your ne 2 (if Box B	500	47			453

**Note:** If you checked Box A above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See *Column* (g) in the separate instructions for how to figure the amount of the adjustment.

REV 04/09/22 PRO

## SCHEDULE E (Form 1040)

Department of the Treasury Internal Revenue Service (99)

#### **Supplemental Income and Loss**

(From rental real estate, royalties, partnerships, S corporations, estates, trusts, REMICs, etc.)

► Attach to Form 1040, 1040-SR, 1040-NR, or 1041.

► Go to www.irs.gov/ScheduleE for instructions and the latest information.

OMB No. 1545-0074

2021

Attachment Sequence No. 13

Name(s) shown on return

Your social security number

SAIF	RASANNA KRISHNA								-71-58		
Part	Income or Loss	From Rental Real Estate and Ro	yaltie	s Note	e: If you	are in th	e business o	of renting	personal	proper	ty, use
		nstructions. If you are an individual, rep									
		nts in 2021 that would require you to		. ,							
B If "	Yes," did you or will yo	ou file required Form(s) 1099?							🗆	Yes	☐ No
1a	Physical address of e	each property (street, city, state, ZIF	, code	e)							
Α											
В											
С										_	
1b	Type of Property	2 For each rental real estate prop	erty I	isted			Rental		onal Use		QJV
	(from list below)	above, report the number of fa personal use days. Check the if you meet the requirements to		ox only	_		Days		ays		
A	3	if you meet the requirements to qualified joint venture. See inst	) file a	is a	A		365		0	+	
В		qualified joint venture. See mist	iuctio	113.	В					+	
С	of Duomonton				С						
	of Property:	2 Vacation/Short Torm Pontal	5 lo	nd		7 Colf	Dontol				
	gle Family Residence ti-Family Residence	<ul><li>3 Vacation/Short-Term Rental</li><li>4 Commercial</li></ul>		na yalties		7 Self-					
ncom		Properties:	U RC	yanies	Α	o Utne	r (describe) E			С	
3			3		^	550.		,		U	
4			4			JJU.					
Exper			-								
5 5			5						·		
6	_	nstructions)	6								
7	•	ance	7		1.	500.					
8			8								
9			9								
10		ssional fees	10								
11			11		1.	150.					
12		d to banks, etc. (see instructions)	12								
13			13								
14			14		2,	000.					
15	Supplies		15		1,	600.					
16	Taxes		16								
17	Utilities		17		2,	800.					
18	Depreciation expense	or depletion	18								
19	Other (list)		19								
20	Total expenses. Add I	ines 5 through 19	20		9,	050.					
21	Subtract line 20 from	line 3 (rents) and/or 4 (royalties). If									
		nstructions to find out if you must									
	file <b>Form 6198</b>		21		-8,	500.					
22		estate loss after limitation, if any,									
	on Form 8582 (see in		22	(	8,5	500.)	(		)(		
23a		eported on line 3 for all rental prope				23a		550	).		
b		eported on line 4 for all royalty prop				23b					
С		eported on line 12 for all properties				23c					
d		eported on line 18 for all properties				23d					
е		eported on line 20 for all properties				23e		9,050			
24	•	e amounts shown on line 21. <b>Do no</b>		-					24		F.C.2
25		sses from line 21 and rental real estate							25 (	8	,500.
26		ate and royalty income or (loss).									
		V, and line 40 on page 2 do not									0
	Schedule 1 (Form 104	10), line 5. Otherwise, include this ar	noun	t in the 1	total on	ııne 41	on page 2	.   2	26	-	8,500.

# **E-file Signature Authorization**

2021

(Arizona Forms 140, 140A, 140EZ, 140NR and 140PY) Do not mail this form to the Arizona Department of Revenue. The ERO must retain this document a minimum of four years. Your First Name and Initial Last Name Your Social Security Number\* **Enter** SAIPRASANNA KRISHNA RAYEPUDI 71 | 5829 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. 77,431 00 1 Arizona Adjusted Gross Income ☐ Foreign Account Deposit/Debit: See instructions below. 2 Balance of Tax ..... 2,032 00 ROUTING NUMBER 1,539 00 ☐ Checking ■ Savings 3 Arizona Income Tax Withheld... ACCOUNT NUMBER Check box 4 or box 5: 00 **4** ■ **REFUND**: Enter the amount of refund...... 493 00 DIRECT DEBIT REQUEST DATE DIRECT DEBIT PAYMENT AMOUNT 5 ★ AMOUNT YOU OWE: Enter the amount owed....... 00 Box 4 Checkbox - Refund: You are due a refund based on the information Foreign Account Deposit/Debit Checkbox: Check the "Foreign Account 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** I consent that my refund be directly deposited as designated in the or refund is delayed, I authorize ADOR to disclose to my ERO, OLSP and/ electronic portion of my 2021 Arizona individual income tax return. or transmitter the reason(s) for the delay, or when the refund was sent. If I have filed a joint return, this is an irrevocable appointment of If ADOR contacts my ERO for a copy of my return, any documents or the other spouse as an agent to receive the refund. schedules to my return, and/or this authorization form, I authorize my ERO **6b** X I do not want direct deposit of my refund or I am not receiving a to release copies of the requested documents to ADOR. refund 6c I authorize the Arizona Department of Revenue (ADOR) and its 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

DATE

SPOUSE'S PEN AND INK SIGNATURE

RETURN				140	F	Resident	Perso	nal Inco	ome Tax	Return		_	)21	
RE	82F			k box 82F ng under extensi	on OR FISCA	L YEAR BEGI	INNING		12,0,2,1	」AND ENDING				66F
	,			Name and Middle In			La	st Name		<b>-</b> .	Your	Social	Security Nu	ımber
F	1	SA	IPR.	ASANNA KRISH	NA		RA	YEPUDI		Ente	0.7	7 , '	71   582	29
$\simeq$		Spou	se's F	First Name and Midd	lle Initial (if box 4 o	or 6 checked)	La	st Name		your SSN	Snou	se's So	ocial Securit	y No.
Š	1												1	
<b>ANY ITEMS TO THE</b>	_	Curre	nt Ho	ome Address - numb	er and street, rura	l route			Apt. No.		ime Phone			
≽	2			MONONA DR							(361)35			
Ā	$\overline{}$			or Post Office		ate		ZIP Code		Last Names Use	d in Last Fou	r Prior \	/ear(s) (if diff	_
芦	100	PH	OEN	<u> IX</u>	A	<u>Z</u>		85024		DEVENUE USE	ONLY DO N	OT 1445	N/ IN THIS A	97
DO NOT STAPLE	SSTATUS	4 5		Married filing joint re Head of household.		jured Spouse lifying child or d			/erpayment	REVENUE USE	ONLY. DO N	JI WA	KK IN THIS A	KEA.
N 00	FILING	6 7		Married filing separ Single	ate return. Enter s	pouse's name a	and Social	Security Numb	ber above.					
_				Enter the number of	claimed. Do not	put a check r	nark.							
		8		Age 65 or over (you	u and/or spouse)	If completing li	nes 8, 9, ar	nd 11a, also con	nplete lines 38,					
	10b	9		Blind (you and/or s	pouse)	39, and 41. For	lines 10a a	nd 10b, also co	mplete line 49.	81 PM		80 F	RCVD	
	and 10b	10a		Dependents: Under	•	<b>10b</b> De <sub>l</sub>	pendents	: Age 17 and	d over.					
	10a a	11a		Qualifying parents										
	ıts 1		(Bo	ox 10a and 10b): De		ion. See instr	ructions.					age 4	Part 1.	
	- Dependents				(a) ND LAST NAME yourself or spouse.)		SOCIAL S	(b) ECURITY NO.	(c) RELATIONSHI	(d) P NO. OF MONTHS LIVED IN YOUR HOME IN 2021	(e) Dependent included  1 (Box 10a) (Box	in: 2	if you did not this person or federal return educational c	your due to
	11a	10c												
	and 11a	10d												
	6	10e												
	ıs 8,		(Bo	x 11a): Qualifying p	parents and grand	parents. See	instructio	ns. For moi	re space, chec	k the box 🔲 an	d complete	page 4	, Part 2.	
ents after Form 140.	Exemptions 8,				(a) ND LAST NAME yourself or spouse.)		SOCIAL S	(b) ECURITY NO.	(c) RELATIONSHI	(d) P NO. OF MONTHS LIVED IN YOUR HOME IN 2021	(e) VIF AGE 6: OVE		(f) ✓ IF DIED 2021	) IN
erl		11b												
aft		11c												<b>,</b> —
ıts		12	Fede	eral adjusted gross	income (from yo	ur federal re	turn)				12		77,431	
		l .		Business Income: 13S										00
ü	ons			fied federal adjusted									77,431	
8	Additions	l .		Arizona municipal in										00
er (	Ad			nership Income adju										00
닭				federal depreciation										00
AZ schedules or other docum		l		er Additions to Incom total: Add lines 14 thr	•					. •			77,431	
es				net capital gain or (							453 00		,,,131	- 100
豆		l		net short-term capit							453 00			
he		l		net long-term capita							00			
SC		l		ong-term capital gai							0 00			
AZ		24	Multi	ply line 23 by 25% (	.25) and enter the	result					<b>I</b>		(	00
b		This	box m	ay be blank or may cor	ntain a printed barco	de of data from	your return			lified small busines				00
<u>a</u>	ons				am a reach ann a rein			26 Recal	culated Arizona	depreciation	26			00
Fra	Subtractions		W					27 Partne	ership Income a	djustment	27			00
ede	ubtr		W.				(1) (N)	28 Intere	st on U.S. obliga	ations	28			00
þ	Ñ		ŊΨ					IIII		tate or local govt. pe	Г			00
ire			YTT I			, da' l'en da' l'en da' l'en da' l' , da' l'en da' l'en da' l'en da' l'en da' l		IIII		tainer pay uniform se	Г			00
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V re			WK.	<b>XXIII XXII XXII IXXII IXXIII XXII</b>				IIII		erican Indians				00
an			W	X/PXX/RX/AFSX/RESILECT			MARKET I	1111	_	an active service me				00
ဗွ										justment				00
Place any required federal and								1	ibutions: <b>34</b> a 529		00 and 34h 34C			00

	Your	Name (as shown on page 1)	our Social Security N	lumber		
	SA	PRASANNA KRISHNA RAYEPUDI	077-71-582	9		
				ſ	77,431	
	35	Subtract lines 24 through 34c from line 19			//, 431	0
	36	Other Subtractions from Income. Complete Other Subtraction from Arizona Gross Income sched			77,431	$\overline{}$
ons	37	Subtract line 36 from line 35. Enter the difference		T I	//,431	
ptic	38	Age 65 or over: Multiply the number in box 8 by \$2,100				0
Exemptions	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"			77,431	
	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	75	
ax.	45	Arizona taxable income: Subtract lines 43 and 44 from line 42. If less than zero, enter "0"		. 45	64,806	_
Balance of Tax	46	Compute the tax using amount on line 45 and Tax Tables X and Y or Optional Tax Tables		. 46a	2,032	0
o	461	olf line 45 is \$250,001 or more (single/mfs) or \$500,001 or more (mfj/hoh) compute the tax surchal	ge. Enter the amount	46b		00
alar	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	2,032	0
	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		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	2,032	00
ts a red	53	2021 AZ income tax withheld			1,539	00
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
otal ?efu	56	Increased Excise Tax Credit (from the worksheet - see instructions)				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
ue oi yme	59	Total payments and refundable credits: Add lines 53 through 58. Enter the total			1,539	
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			493	
ŏ	61	<b>OVERPAYMENT:</b> If line 59 is larger than line 52, subtract line 52 from line 59. Enter amount of overpayment				00
Ŋ	62	Amount of line 61 to be applied to 2022 estimated tax				00
Gifts		Balance of overpayment: Subtract line 62 from line 61. Enter the difference				00
ary		- 74 Voluntary Gifts to: Solutions Teams Assigned to Schools 64 00 Arizona Wildlife Arizona Wildlife		<b>I</b>		
Voluntary		Child Abuse Prevention		<u> </u>		
8				_		
ť		Neighbors Helping Neighbors 69 00 Special Olympics 70 00 Veterans' Donations Full Didn't Pay Enough Fund 72 00 Spay/Neuter of Animal				
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				
r	78	Add lines 64 through 74 and 76; enter the total.		78		0
nd c	79	REFUND: Subtract line 78 from line 63. If less than zero, enter amount owed on line 80				00
Refund or Amount Owed	. •	Direct Deposit of Refund: Check box 79A if your deposit will be ultimately placed in a foreign account; see	instructions. 79A	ן יוֹ		
ΑΨ		C☐ Checking or ROUTING NUMBER ACCOUNT NUMBER				
		98 S Savings				
	80	AMOUNT OWED: Add lines 60 and 78. Make check payable to Arizona Department of Revenue; write you and include with your return			493	اما
		Under penalties of perjury, I declare that I have read this return and any documents with it, and to				
		true, correct and complete. Declaration of preparer (other than taxpayer) is based on all information				
Щ	L.					
HERE	<b>→</b>	S	OFTWARE ENG	SINEE	R	
三		YOUR SIGNATURE DATE OC	CUPATION			-
Z	<b>→</b>					
SIGN		DATE OF THE PROPERTY OF THE PR	OLIOFIO OCCUPATION			_
			OUSE'S OCCUPATION			
PLEASE		SYAM PRIYA RAM SAGAR GUPTA TALLAM PAID PREPARER'S SIGNATURE  04162022 DATE GLOBAL TAXES LI				-
EA		·	•	7100		
7		2530 Pebble Creek Ln PAID PREPARER'S STREET ADDRESS	$\frac{30-101}{\text{PAID PREPA}}$		J	-
		Cumming GA 30041 PAID PREPARER'S CITY STATE ZIP CODE	(678)9 PAID PREPA		ONE NUMBER	-
	_		I AND I INCEA			

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

# 2021 Form 140 - Standard Deduction Increase for Charitable Contributions

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

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

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

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

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

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

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

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

ADOR 10413 (21) 1555 AZ Form 140 (2021) REV 04/11/22 PRO Page 3 of 6

Arizona Form AZ-140V

## Arizona Individual Income Tax Payment Voucher for Electronic Filing

EPV 2021

Your First Name and Middle Initial		Last Name		Your Social Security Number
1 SAIPRASANNA KRISHNA		RAYEPUDI		Enter 077 71 5829
Spouse's First Name and Middle Init	ial	Last Name		Spouse's Social Security No.
1				SSN(s).
Current Home Address - number and	street, rural route		Apt. No.	Daytime Phone (with area code)
2 905 E MONONA DR				<b>94</b> (361)355-3886
City, Town or Post Office	State	ZIP Code		REVENUE USE ONLY. DO NOT MARK IN THIS AREA.
3 PHOENIX	AZ	85024		88
Please indicate the filing statu  Married filing joint return  Head of household: Enter nate				
<ul><li>☐ Married filing separate return</li><li>☒ Single</li></ul>	i: Enter spouse's name and	l Social Security Nun	nber above.	81 PM 80 RCVD
Enter the amount of payment	t enclosed			\$ 493 00

If you are mailing this payment

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

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

If you are making an electronic payment

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

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

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

ADOR 10944 (21) 1555 REV 04/11/22 PRO

THE FORM.		Arizona Form 140ES	Individual Estimated Income Tax Payment				FOR CALENDAR YEAR 2022	
単							0.0	
T0T		is estimated payment is for tax our First Name and Middle Initial	year ending Decemb	er 31, 2022, o Last Name	or for tax ye	ear ending:	Your Social Security Number	
		AIPRASANNA KRISHNA		RAYEPUDI		Enter	077   71   5829	
<b>ANY ITEMS</b>		pouse's First Name and Middle Initial (if	filing joint)	Last Name		your	Spouse's Social Security No.	
<u></u>	1					SSN(s).		
		urrent Home Address - number and stre	et, rural route		Apt. No.		Phone (with area code)	
H		05 E MONONA DR ty, Town or Post Office	Ctata	ZIP Code			1)355-3886 Y. DO NOT MARK IN THIS AREA.	
DO NOT STAPLE		HOENIX	State AZ	85024		88	I. DO NOT WARK IN THIS AREA.	
<u>10</u>								
0	$\Box$	Check if this payment is on beha	If of a Nonresident Co	omposite retu	rn - 140NR			
Ω	STOP	• DO NOT USE THIS FORM TO	MAKE DELINQUENT II	NCOME TAX F	AYMENTS.			
	Olur	<ul> <li>Use this form only for mailing ex</li> </ul>	stimated payments.					
	1 Pa	ayment: You must round your esti	mated payment to a wh	ole dollar (no d	ents).	81 PM	80 RCVD	
	E	nter the amount of <b>payment enclo</b>	sed	1	24 00		00	
		heck only <u>one</u> box for the quarter		ie made				
		o not select more than one quarter.			each quarte	e <i>r</i> for which a pavm	nent is made.	
					7			
		ayment for calendar year filers are  To be 1st Quarter – January to March		2				
		1st Quarter – January to March   Because April 15, 2022 is a federal hol	•		ayment.			
	-	2nd Quarter – April to June   Due						
		☐ 3rd Quarter – July to September   Due date is <b>September 15, 2022</b> .						
	'	4th Quarter – October to December   Due date is January 15, 2023.  Because January 15, 2023 falls on a Sunday and January 16, 2023 is a holiday, you have until January 17, 2023 to make this payment.						
	_							
	Pa	Payment for <b>fiscal year filers</b> are due as follows:						
	ļ.	1st Quarter – 15th day of the <b>four</b>	th month of the current fis	cal year.				
	]	2nd Quarter – 15th day of the six		-				
	<u>                                   </u>	3rd Quarter – 15th day of the <b>ninth</b> month of the current fiscal year.						
	L	4th Quarter – 15th day of the <b>first</b> month of the next fiscal year.						
		If any of the due dates fall on a Saturday, Sunday, or legal holiday, you may make the required payment for that quarter by midnight on the next business day following that day.						
		If you are mailing this payment:						
		To ensure proper application of this payment, be sure that you:						
		Complete and submit this form in its entirety. Do not cut this page in half.						
		Make your check or money order payable to Arizona Department of Revenue.						
		✓ Write your SSN, "Tax Year 2022" and "140ES" on your payment. ✓ If payment is made on behalf of a Nonresident Composite return, write "Composite 140NR"						
		✓ If payment is made on behalf of a <b>Nonresident Composite return</b> , write "Composite 140NR", "Tax Year 2022" and the entity's EIN on your payment.						
		✓ Include your payment with this form.						
		✓ <b>Mail to</b> Arizona Department of Revenue, PO Box 29085, Phoenix, AZ 85038-9085.						
		Be sure to review your estimated income and adjust your payments as necessary during the year.						
		If you are making an electronic payment						
		You can make this estimated payment by eCheck or credit card!						
		American Express ♦ Visa ♦ Discover Card ♦ MasterCard www.AZTaxes.gov						
		Click	on "Make a Payment" a	_		Payment Tyne		

THE FORM.		Arizona Form 140ES	Individual Estimated Income Tax Payment				FOR CALENDAR YEAR 2022
單							0.0
<b>TO</b>		estimated payment is for tax First Name and Middle Initial	year ending Decembe	er 31, 2022, o Last Name	or for tax ye	ear ending:	Your Social Security Number
	_	IPRASANNA KRISHNA		RAYEPUDI		Enter	077   71   5829
<b>ANY ITEMS</b>		use's First Name and Middle Initial (if	filing joint)	Last Name		your	Spouse's Social Security No.
Ξ	1					SSN(s).	
		ent Home Address - number and stre	et, rural route		Apt. No.		Phone (with area code)
H		5 E MONONA DR Town or Post Office	Ctata	ZIP Code			1)355-3886 7. DO NOT MARK IN THIS AREA.
<b>DO NOT STAPLE</b>		DENIX	State AZ	85024		88	. DO NOT MARK IN THIS AREA.
10I			16			<u> </u>	
0	∐ Ch	eck if this payment is on behal	f of a Nonresident Co	omposite retu	rn - 140NR		
Δ	STOP	DO NOT USE THIS FORM TO	MAKE DELINQUENT II	NCOME TAX F	AYMENTS.		
		Use this form only for mailing e	stimated payments.				
	1 Pay	ment: You must round your esti	mated payment to a wh	ole dollar (no d	ents).	81 PM	80 RCVD
	Ente	er the amount of payment enclo	sed \$	1	24 00		
	2 Che	eck only <u>one</u> box for the quarter	for which this navment	ie made			
		not select more than one quarter.	• •		each quarte	e <i>r</i> for which a pavm	nent is made.
		•			, , ,	1 7	
	Pay	ment for calendar year filers are  1 1st Quarter – January to March		2			
	│└	Because April 15, 2022 is a federal hol	•		ayment.		
	×						
		3rd Quarter – July to September   Due date is September 15, 2022.					
		4th Quarter – October to December   Due date is January 15, 2023.  Because January 15, 2023 falls on a Sunday and January 16, 2023 is a holiday, you have until January 17, 2023 to make this payment.					
	∟ Pav	Payment for <b>fiscal year filers</b> are due as follows:					
	1st Quarter – 15th day of the <b>fourth</b> month of the current fiscal year.						
		2nd Quarter – 15th day of the <b>six</b> t	th month of the current fisc	cal year.			
		3rd Quarter – 15th day of the <b>nint</b>	<b>h</b> month of the current fisc	al year.			
		4th Quarter – 15th day of the <b>first</b> month of the next fiscal year.					
		<u> </u>					
		If any of the due dates fall on a Saturday, Sunday, or legal holiday, you may make the required payment for that quarter by midnight on the next business day following that day.					
		If you are mailing this payment:					
		To ensure proper application of this payment, be sure that you:					
		✓ Complete and submit this form in its entirety. Do not cut this page in half.					
		✓ Make your check or money order payable to Arizona Department of Revenue.					
		✓ Write your SSN, "Tax Year 2022" and "140ES" on your payment.					
		✓ If payment is made on behalf of a <b>Nonresident Composite return</b> , write "Composite 140NR", "Tax Year 2022" and the entity's EIN on your payment.					
		✓ Include your payment with this form.					
		Mail to Arizona Department of Revenue, PO Box 29085, Phoenix, AZ 85038-9085.					
		Be sure to review your estimated income and adjust your payments as necessary during the year.					
		If you are making an electronic payment					
		You can make this estimated payment by eCheck or credit card!					
		American Express ♦ Visa ♦ Discover Card ♦ MasterCard  www.AZTaxes.gov					
		Click	on "Make a Payment" a	_		Payment Tyne	

THE FORM.		140ES Individual Estimated Income Tax Payment					FOR CALENDAR YE 2022	EAR
뿓	This 4	estimated payment is for tax year ending December 31, 2022, or for tax year ending:						
5		our First Name and Middle Initial Last Name Your Social Security						
		PRASANNA KRISHNA		RAYEPUDI		Ente	0// /1   58	329
<b>ANY ITEMS</b>	_ `	se's First Name and Middle Initial (if	filing joint)	Last Name		your SSN	Spouse's Social Sec	urity No.
¥	1 Curre	nt Home Address - number and stre	eet rural route	1	Apt. No.		rtime Phone (with area cod	<u>e)</u>
-		E MONONA DR	ot, rarai routo		7 pt. 110.		(361)355-3886	0)
STAPLE		own or Post Office	State	ZIP Code			ONLY. DO NOT MARK IN THI	S AREA.
TS.	3 PHO	ENIX	AZ	85024		<u>  88 </u>		
DO NOT	9707	ck if this payment is on beha	MAKE DELINQUENT I	•				
	•	Use this form only for mailing e	stimated payments.					
	1 Payr	nent: You must round your est	mated payment to a wh			81 PM	80 RCVD	
	Ente	r the amount of <b>payment encl</b>	sed	\$ <u> </u>	24 00			
		ck only one box for the quarter ot select more than one quarter			each quarte	er for which a p	payment is made.	
	Payr	nent for <b>calendar year filers</b> ar						
		1st Quarter – January to March   Because April 15, 2022 is a federal ho			yment.			
		2nd Quarter – April to June   Due date is <b>June 15, 2022.</b>						
	$\boxtimes$	3rd Quarter – July to September   Due date is <b>September 15, 2022</b> .						
		4th Quarter – October to December   Due date is January 15, 2023.  Because January 15, 2023 falls on a Sunday and January 16, 2023 is a holiday, you have until January 17, 2023 to make this payment.						
	Payr	ayment for <b>fiscal year filers</b> are due as follows:						
		1st Quarter – 15th day of the <b>fourth</b> month of the current fiscal year.						
		2nd Quarter – 15th day of the six	th month of the current fisc	cal year.				
		3rd Quarter – 15th day of the <b>nin</b>	th month of the current fisc	cal year.				
		4th Quarter – 15th day of the firs	t month of the next fiscal y	ear.				
		If any of the due dates fall on a Saturday, Sunday, or legal holiday, you may make the required payment for that quarter by midnight on the next business day following that day.						
		If you are mailing this payment:						
		To ensure proper application of this payment, be sure that you:						
		✓ Complete and submit this form in its entirety. Do not cut this page in half.						
		✓ Make your check or money order payable to Arizona Department of Revenue.						
		✓ Write your SSN, "Tax Year 2022" and "140ES" on your payment.						
		✓ If payment is made on behalf of a <b>Nonresident Composite return</b> , write "Composite 140NR", "Tax Year 2022" and the entity's EIN on your payment.						
		✓ Include your payment with this form.  Mail to Arizona Donastment of Revenue, PO Rev. 20085, Phoenix, AZ, 85038, 0085						
		Mail to Arizona Department of Revenue, PO Box 29085, Phoenix, AZ 85038-9085.						
		Be sure to review your estimated income and adjust your payments as necessary during the year.						
		If you are making an electronic payment						
		You can make this estimated payment by eCheck or credit card!  American Express ♦ Visa ♦ Discover Card ♦ MasterCard						
		www.AZTaxes.gov  ✓ Click on "Make a Payment" and select "140ES" as the Payment Type.						

THE FORM.		Arizona Form 140ES	Individual Esti	FOR CALENDAR YEAR 2022				
뿓	Thic	estimated payment is for tax year ending December 31, 2022, or for tax year ending:						
5		r First Name and Middle Initial	mated payment is for tax year ending December 31, 2022, or for tax year ending:					
	1 SA	IPRASANNA KRISHNA		RAYEPUDI		Enter	077   71   5829	
<b>ANY ITEMS</b>		use's First Name and Middle Initial	(if filing joint)	Last Name		your SSN(s).	Spouse's Social Security No.	
≥	1	rent Home Address - number and st	root rural route		Ant No		Dhana (with area ands)	
		5 E MONONA DR	reet, rurai route		Apt. No.		Phone (with area code) 1)355-3886	
APL		, Town or Post Office	State	ZIP Code			Y. DO NOT MARK IN THIS AREA.	
ST.	_ `	OENIX	AZ	85024		88		
DO NOT STAPLE	STOP	DO NOT USE THIS FORM TO Use this form only for mailing  yment: You must round your es	D MAKE DELINQUENT II estimated payments.	NCOME TAX P	AYMENTS.			
	_	•			24 00	81 PM	80 RCVD	
	Ent	ter the amount of <b>payment enc</b> l	osed	<u> </u>	24 00			
	Do	Check only one box for the quarter for which this payment is made.  Do not select more than one quarter. You must submit a separate form for each quarter for which a payment is made.  Payment for calendar year filers are due as follows:						
		1st Quarter – January to March   Due date is April 15, 2022.  Because April 15, 2022 is a federal holiday, you have until April 18, 2022 to make this payment.						
		2nd Quarter – April to June   Due date is <b>June 15</b> , <b>2022</b> .						
		3rd Quarter – July to September   Due date is <b>September 15, 2022</b> .						
	×	4th Quarter – October to December Due date is <b>January 15, 2023.</b> Because January 15, 2023 falls on a Sunday and January 16, 2023 is a holiday, you have until January 17, 2023 to make this payment.						
	Pay	nent for <b>fiscal year filers</b> are due as follows:						
		1st Quarter – 15th day of the <b>fo</b>	Quarter – 15th day of the <b>fourth</b> month of the current fiscal year.					
		2nd Quarter – 15th day of the <b>s</b> i	er – 15th day of the <b>sixth</b> month of the current fiscal year.					
		3rd Quarter – 15th day of the <b>ni</b>	day of the <b>ninth</b> month of the current fiscal year.					
		4th Quarter – 15th day of the <b>first</b> month of the next fiscal year.						
		If any of the due dates fall on a Saturday, Sunday, or legal holiday, you may make the required payment for that quarter by midnight on the next business day following that day.						
		If you are mailing this payment:						
		To ensure proper application of this payment, be sure that you:						
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