Form <b>8879</b>
(Rev. January 2021)
Department of the Treasury

#### 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.

Social accurity number

Submission Identification Number (SID)

Taypayar'a nama

талрау		Social Security number			
ANV	ESH C YALAMANCHILI	806-21	-211	L	
Spouse	's name	Spouse's soc	ial secu	irity number	
Daw	The Determined in the Tee Very Ending December 04 - 0004 (Ende	<u> </u>		<u> </u>	
Par	Tax Return Information — Tax Year Ending December 31, 2021 (Enter	r year you a	re au	norizing.)	
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	121,424.	
2	Total tax		2	20,075.	
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099		3	23,452.	
4	Amount you want refunded to you		4	3,377.	
5	Amount you owe		5		

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

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

#### Taxpayer's PIN: check one box only

X I authorize GLOBAL TAXES LLC to enter or generate my PIN					FBO firm name	с ;	Ē
	X	I authorize	GLOBAL	TAXES	LLC	to enter or generate my PIN	

	1	2	1	1	1	as			
Enter five digits, but don't enter all zeros									

my

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

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

Your signature

Date 🕨

#### Spouse's PIN: check one box only

I authorize

to	enter	or	generate	my	PIN

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

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

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

Spouse's signature 🕨	Date 🕨	
Practitioner PIN Metho	d Returns Only—continue below	
Part III Certification and Authentication – Practi	ioner PIN Method Only	
ERO's EFIN/PIN. Enter your six-digit EFIN followed by your f	ve-digit self-selected PIN. 5 8 7 2 7 8 6 1 9 8 9	

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

ERO's signature >		Date 🕨	
ERO Must Re Don't Submit This Fo	tain This Form — See rm to the IRS Unless		
For Paperwork Reduction Act Notice, see your tax return i	nstructions.	REV 02/17/22 PRO	Form <b>8879</b> (Rev. 01-2021)

E <b>104(</b>		artment of the Treasury—Internal Revenue Servi S. Individual Income Tax		(99) <b>urn</b>	202	1	OMB No. 15	645-007	74 IRS U	se Only	r−Do not v	vrite or staple	in this space.
Filing Statu Check only one box.	lf yo	ou checked the MFS box, enter the n	ame of	-									low(er) (QW) he qualifying
	•	son is a child but not your dependent	1										
Your first name		iddle initial	Last na									cial securi	-
ANVESH	-	· · · · · · · · · · · · · · · · · · ·		AMANCHI	ГПТ							21-211	
if joint return, s	spouse's	s first name and middle initial	Last na	ime							Spouse	's social se	curity number
Home address	(numbe	er and street). If you have a P.O. box, see	instructi	ons.					Apt. no.		•		on Campaign
		HERN AVE							1117			here if you,	, or your htly, want \$3
	oost offi	ce. If you have a foreign address, also co	mplete s	paces belo	w.	Stat			, code				Checking a
TEMPE						AZ			5282		1	ow will not	0
Foreign countr	y name			Foreign pro	vince/state/	count	У	Fo	reign posta	l code	your ta:	x or refund	
At any time di	0	021, did you receive, sell, exchange,				, 			ny virtuai	curre	ncy?	Yes	X No
Standard Deduction	_	eone can claim: U You as a de Spouse itemizes on a separate retur	•		•		a depender	nt					
Age/Blindnes	s You:	: Were born before January 2, 1	957	Are blin	nd <b>Sp</b>	ouse	: 🗌 Was t	oorn b	efore Jar	uary 2	2, 1957	🗌 ls b	lind
Dependent	s (see	instructions):		(2) So	cial security	/	(3) Relatior	nship	(4)	🖌 if q	ualifies fo	r (see instru	uctions):
If more		irst name Last name		r	number		to you		1	d tax c			ther dependents
than four													
dependents,													
see instruction and check	IS ——												
here 🕨 🗌													
	1	Wages, salaries, tips, etc. Attach F	orm(s)	W-2 .							. 1	1	32,476.
Attach	2a	Tax-exempt interest	2a			b Ta	axable inter	est			. 2b	)	
Sch. B if required.	3a	Qualified dividends	3a		40.	<b>b</b> 0	rdinary divi	dends			. 3b	)	40.
required.	4a	IRA distributions	4a			b Ta	axable amo	unt.			. 4b	)	
	5a	Pensions and annuities	5a			b T	axable amo	unt.			. 5b	)	
Standard	6a	Social security benefits	6a			b T	axable amo	unt.			. 6b	)	
Deduction for -	7	Capital gain or (loss). Attach Schee	dule D i	f required.	If not req	uired	, check here	э.		▶ [	7		1,928.
<ul> <li>Single or Married filing</li> </ul>	8	Other income from Schedule 1, lin	e 10								. 8	-	13,020.
separately, \$12,550	9	Add lines 1, 2b, 3b, 4b, 5b, 6b, 7,	and 8. 1	This is you	r <b>total inc</b>	ome					▶ 9	1	21,424.
Married filing	10	Adjustments to income from Sche	dule 1,	line 26							. 10	)	
jointly or Qualifying	11	Subtract line 10 from line 9. This is	s your <b>a</b>	djusted g	ross inco	me	· · ·	· .			► 11	1	21,424.
widow(er), \$25,100	12a	Standard deduction or itemized	deduct	ions (from	Schedule	e A)	· · ·	12a	12	,55	0.		
Head of	b	Charitable contributions if you take	the star	ndard dedu	uction (see	instr	uctions)	12b		30	0.		
household, \$18,800	с	Add lines 12a and 12b									. 12	c	12,850.
<ul> <li>If you checked</li> </ul>	13	Qualified business income deduct	ion from	n Form 899	95 or Form	n 899	5-A				. 13	3	
any box under Standard	14	Add lines 12c and 13									. 14	<u>ا</u>	12,850.
Deduction, see instructions.	15	Taxable income. Subtract line 14	from lin	ne 11. If ze	ro or less,	ente	r-0				. 15	5   1	08,574.
/													

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

Form **1040** (2021)

Form 1040 (2021	1)								Page 2
	16	Tax (see instructions). Check	if any from Form	(s): <b>1</b> 🗌 881	4 <b>2</b> 4972	3		16	20,075.
	17	Amount from Schedule 2, lin	ne3					17	
	18	Add lines 16 and 17						18	20,075.
	19	Nonrefundable child tax cree	dit or credit for c	ther depender	nts from Schedul	e8812		19	
	20	Amount from Schedule 3, lin	ne8					20	
	21	Add lines 19 and 20						21	
	22	Subtract line 21 from line 18	. If zero or less,	enter -0				22	20,075.
	23	Other taxes, including self-e	mployment tax,	from Schedule	e 2, line 21 .			23	0.
	24	Add lines 22 and 23. This is	your <b>total tax</b>				. 🕨	24	20,075.
	25	Federal income tax withheld	from:			1 1			
	а	Form(s) W-2				<b>25a</b> 23	,452.		
	b	Form(s) 1099				25b		_	
	С	Other forms (see instructions				25c		_	
	d	Add lines 25a through 25c						25d	23,452.
If you have a	26	2021 estimated tax payment		• •	37			26	
qualifying child, attach Sch. EIC.	27a	Earned income credit (EIC)				27a			
		Check here if you were b							
		January 2, 2004, and you taxpayers who are at least a							
	b	Nontaxable combat pay elec	-	1 1					
	c	Prior year (2019) earned inco				-			
	28	Refundable child tax credit or		L	Schedule 8812	28			
	29	American opportunity credit				29		-	
	30	Recovery rebate credit. See				30		1	
	31	Amount from Schedule 3, lir				31		-	
	32	Add lines 27a and 28 throug				d refundable cred	its 🕨	32	
	33	Add lines 25d, 26, and 32. T						33	23,452.
Refund	34	If line 33 is more than line 24						34	3,377.
Refutio	35a	Amount of line 34 you want				•		35a	3,377.
Direct deposit?	►b	Routing number 1 1 1					Savings		
See instructions.	►d	Account number 4 8 8			8 5 6		-		
	36	Amount of line 34 you want a	applied to your	2022 estimate	ed tax 🕨	36			
Amount	37	Amount you owe. Subtract	line 33 from line	24. For detail	s on how to pay,	see instructions	. 🕨	37	
You Owe	38	Estimated tax penalty (see in	nstructions) .		🕨	38			
Third Party	Do	you want to allow another	person to disc	cuss this retu	rn with the IRS?	? See			
Designee		tructions	· · · · ·			. 🕨 🗌 Yes. Co	mplete k	oelow.	X No
		signee's		Phone			nal identif		
		me 🕨		no. 🕨			er (PIN)		
Sign		der penalties of perjury, I declare t ief, they are true, correct, and com							
Here		ur signature		Date	Your occupation				t you an Identity
		ar signature		Duic					N, enter it here
Joint return?					DATA ANAL	YSIT	(see	inst.) ►	
See instructions. Keep a copy for	Sp	ouse's signature. If a joint return, I	ooth must sign.	Date	Spouse's occupa	tion	If the	IRS sen	t your spouse an
your records.	,							tity Prote inst.) ▶	ction PIN, enter it here
,			0	Fue elle elebrere			(300	113t.) 🕨	
		one no. (501)507-407 eparer's name	9 Preparer's signat	Email address	YAC2K17@G	Date	PTIN		Check if:
Paid					מווסייא שאדד איי			0700	Self-employed
Preparer		PRIYA RAM SAGAR GUPTA TALLAM		RAM SAGAR	GUPIA IALLAM	1 03/09/2022	P02082		,
Use Only		m's name ► GLOBAL TA		n Cummin	a CA 20041				678)965-9522
		m's address ► 2530 Pebb			0		Firm	's EIN ►	
Go to www.irs.go	ov/Forn	n1040 for instructions and the late	st information.		BAA	REV 02/17/22 PRO			Form <b>1040</b> (2021)

SCHEDULE	1
(Form 1040)	

Department of the Treasury

Internal Revenue Service

## Additional Income and Adjustments to Income

Attach to Form 1040, 1040-SR, or 1040-NR.
 Go to www.irs.gov/Form1040 for instructions and the latest information.

OMB No. 1545-0074

Your soc	ial security number
806-21	-2111

# ANVESH C YALAMANCHILI

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

Fai				
1	Taxable refunds, credits, or offsets of state and local income taxes		1	
2a	Alimony received		<b>2</b> a	
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, tru Schedule E		5	-13,020.
6	Farm income or (loss). Attach Schedule F		6	
7	Unemployment compensation		7	
8	Other income:			
а	Net operating loss	8a (		
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		
Т	Olympic and Paralympic medals and USOC prize money (see			
	instructions)	81	-	
		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	-	
Ζ	Other income. List type and amount ►	8z		
0	Total other income. Add lines 8a through 97		0	
9 10	Total other income. Add lines 8a through 8z	40, 1040-SR, or	9	
	1040-NR, line 8		10	-13,020.

For Paperwork Reduction Act Notice, see your tax return instructions.

Schedule 1 (Form 1040) 2021

Par	t II Adjustments to Income		
11	Educator expenses	11	
12	Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106	12	
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		
С	Date of original divorce or separation agreement (see instructions)		
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 <b>24b</b>		
С	Nontaxable amount of the value of Olympic and Paralympicmedals and USOC prize money reported on line 81 <b>24c</b>		
d	Reforestation amortization and expenses		
е	Repayment of supplemental unemployment benefits under the Trade Act of 1974		
f	Contributions to section 501(c)(18)(D) pension plans 24f		
g	Contributions by certain chaplains to section 403(b) plans <b>24g</b>		
h	Attorney fees and court costs for actions involving certain unlawful discrimination claims (see instructions)		
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 violations24i		
j	Housing deduction from Form 2555         .         .         .         24j		
k	Excess deductions of section 67(e) expenses from Schedule K-1 (Form 1041)		
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 to income.</b> Enter here and on Form 1040 or 1040-SR, line 10, or Form 1040-NR, line 10a	26	

REV 02/17/22 PRO

# SCHEDULE D

(Form 1040)

# **Capital Gains and Losses**

OMB No. 1545-0074

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.

2021 Attachment Sequence No. 12

Internal Revenue Service (99) Name(s) shown on return

Department of the Treasury

ANVESH C YALAMANCHILI

Your social security number

806-21-2111

Did yo	ou dispose of	any investm	ent(s) in a qua	alified oppc	ortunity fun	d during the t	ax year?	Yes	🗡 No	
If "Yes	s," attach For	m 8949 and	see its instru-	ctions for a	dditional re	equirements for	or reporting	your gain	or loss.	

## Part I Short-Term Capital Gains and Losses—Generally Assets Held One Year or Less (see instructions)

See instructions for how to figure the amounts to enter on the lines below.		<b>(d)</b> Proceeds	(e) Cost	<b>(g)</b> Adjustment to gain or loss		(h) Gain or (loss) Subtract column (e) from column (d) and	
This form may be easier to complete if you round off cents to whole dollars.		(sales price)	(or other basis)	Form(s) 8949, Part I, line 2, column (g)		combine the result 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 <b>Box A</b> checked	2,196.	268.			1,928.	
2	Totals for all transactions reported on Form(s) 8949 with <b>Box B</b> checked						
3	Totals for all transactions reported on Form(s) 8949 with <b>Box C</b> checked						
4	Short-term gain from Form 6252 and short-term gain or (I	oss) from Forms 4	684, 6781, and 88	324	4		
5	Net short-term gain or (loss) from partnerships, Schedule(s) K-1			usts from	5		
6	Short-term capital loss carryover. Enter the amount, if an <b>Worksheet</b> in the instructions		-	-	6	( )	
7	<ul> <li>Worksheet in the instructions</li> <li>Net short-term capital gain or (loss). Combine lines 1a through 6 in column (h). If you have any long-term capital gains or losses, go to Part II below. Otherwise, go to Part III on the back</li> </ul>						

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

See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars.		<b>(d)</b> Proceeds (sales price)	(e) (g) Cost to gain or loss (or other basis) Form(s) 8949, I line 2, colum		from Part II,	(h) Gain or (loss) Subtract column (e) 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.							
	1 Gain from Form 4797, Part I; long-term gain from Forms 2439 and 6252; and long-term gain or (loss) from Forms 4684, 6781, and 8824							
12 13	Net long-term gain or (loss) from partnerships, S corporat Capital gain distributions. See the instructions	. ,	12 13					
14	<ul> <li>4 Long-term capital loss carryover. Enter the amount, if any, from line 13 of your Capital Loss Carryover Worksheet in the instructions</li> </ul>					( )		
15		15 Net long-term capital gain or (loss).       Combine lines 8a through 14 in column (h). Then, go to Part III on the back .						

Part	III Summary	
16	Combine lines 7 and 15 and enter the result	<b>16</b> 1,928.
	• If line 16 is a <b>gain,</b> 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 <b>loss,</b> skip lines 17 through 20 below. Then, go to line 21. Also be sure to complete line 22.	
	• If line 16 is <b>zero</b> , 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 <b>both</b> gains?	
	No. Skip lines 18 through 21, and go to line 22.	
18	If you are required to complete the <b>28% Rate Gain Worksheet</b> (see instructions), enter the amount, if any, from line 7 of that worksheet	18
19	If you are required to complete the <b>Unrecaptured Section 1250 Gain Worksheet</b> (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.	
21	If line 16 is a loss, enter here and on Form 1040, 1040-SR, or 1040-NR, line 7, the smaller of:	
	The loss on line 16; or     (\$3,000), or if married filing separately, (\$1,500)	21 ()
	Note: When figuring which amount is smaller, treat both amounts as positive numbers.	
22	Do you have qualified dividends on Form 1040, 1040-SR, or 1040-NR, line 3a?	
	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.	

REV 02/17/22 PRO

Schedule D (Form 1040) 2021

Form **8949** 

Department of the Treasury

Internal Revenue Service

# Sales and Other Dispositions of Capital Assets

OMB No. 1545-0074

► 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

Name(s) shown on return	Social security number or taxpayer identification number					
ANVESH C YALAMANCHILI	806-21-2111					

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) Short-term transactions not reported to you on Form 1099-B

<b>1</b> (a) Description of property	<b>(b)</b> Date acquired	<b>(c)</b> Date sold or	<b>(d)</b> Proceeds	<b>(e)</b> Cost or other basis. See the <b>Note</b> below	Adjustment, if If you enter an enter a co See the sep	<b>(h)</b> Gain or (loss). Subtract column (e)		
(Example: 100 sh. XYZ Co.)	(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	02/06/21	06/09/21	445.	66.			379.	
Robinhood Securities LLC	02/12/21	06/09/21	1,751.	202.			1,549.	
2 Totals. Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, line 1b (if Box A above is checked), line 2 (if Box B above is checked), or line 3 (if Box C above is checked) ►			2,196.	268.			1,928.	

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.

For Paperwork Reduction Act Notice, see your tax return instructions. BAA

SCHEDULE	Ε
(Form 1040)	

## **Supplemental Income and Loss**

OMB No. 1545-0074

Supplemental Income and Loss	
(From rental real estate, royalties, partnerships, S corporations, estates, trusts, REMICs, etc.)	I

Department of the Treas Internal Revenue Servic
Name(s) shown on ret

(Form 1040) (From rental real estate, royalties, partners								ICs, etc.)	2021				
	ent of the Treasury				Attach to Form 104							کے Attach	ment
	Revenue Service (99)			Go to www.i	rs.gov/ScheduleE	or ins	tructions	and th	e latest	information.	1	Seque	ence No. <b>13</b>
.,	shown on return	3 NICILI									Your soci		
Part	SH C YALAM			n Pontal Pa	al Estate and Ro	valtie	e Note	h lf vou	ara in t	a husiness of		1-211	
rait					are an individual, rep	-		-			• •	•	
A Dic					ould require you to								
					orm(s) 1099?		. ,						
<b>1</b> a					eet, city, state, Zl								
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B													
<u>C</u>	Turner of Durn	a a shi s	•						<b>F</b> ai	" Dentel	Dereene		
1b	Type of Pro (from list be		2	For each repo	ntal real estate pro ort the number of fa	perty air rent	listed al and			r Rental Days	Persona Day		QJV
Α	3	,000)		personal us	e days. Check the the requirements t	QJV k	pox only	Α		365	Duy	0	
B				qualified join	nt venture. See ins	tructic	ns.	B		303			
C							-	C					
Туре с	of Property:								-	I		I	
-	le Family Resid		3	Vacation/S	hort-Term Rental	5 La	Ind		7 Self	-Rental			
	ti-Family Reside	ence	4	Commercia			oyalties		8 Oth	er (describe)			
Incom					Properties:	_		Α	600	B			С
<u>3</u> 4						3			600.				
Expen		iveu .				4							
5						5							
6						6							
7	Cleaning and I					7			800.				
8	Commissions.					8							
9	Insurance					9							
10	-	-				10							
11	-					11		1,	270.				
12					see instructions)	12			250				
13 14						13 14			250.				
14						14			200.				
16	Taxes					16		<u> </u>	200.				
17	Utilities					17		2,	500.				
18	Depreciation e					18							
19	Other (list) 🕨					19							
20	-			-	)	20		13,	620.				
21				( )	/or 4 (royalties). If								
	file Form 6198				d out if you must	21		-13	020.				
22					limitation, if any,			13,	.020.				
					· · · · · ·	22	(	13,0	020.	)(	)	(	)
23a		-		-	for all rental prope	erties			23a		600.	-	
b					for all royalty prop				23b				
С					2 for all properties				23c				
d					3 for all properties				23d		2 600		
е 24					) for all properties on line 21. <b>Do no</b>		 Ide anv		23e	1	3,620.		
24 25					nd rental real estate					al losses here	· 24	(	13,020.)
25 26					ncome or (loss).							1	<u>+</u> ,020.)
20					n page 2 do not								
					rise, include this a						. 26		-13,020.
For Pa	perwork Reduct	ion Act	Notic	e, see the se	parate instructions	;.	N	IPA		-13,02	0. Sc	hedule E (	(Form 1040) 2021
						B	A REV	02/17/22 F	PRO				

## E-file Signature Authorization (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*
ANVESH C	YALAMANCHILI	Enter	806   21   2111
Your Spouse's First Name and Initial (if filed joint)	Last Name	your SSN(s).	Spouse's Social Security No.*

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

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

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

PART 2 – TAX RETURN INFO	RMATION		PART 3 – FINANCIAL INSTITUTION INFORMATION					
			Must be preser	nt when reques	sting direct debit or deposit.			
1 Arizona Adjusted Gross Income	121,424 00		Foreign Ac	count Deposit/	Debit: See instructions below.			
2 Balance of Tax	3,867 00		TYPE OF ACCOUNT					
3 Arizona Income Tax Withheld	3,385 00		Checking	Savings				
Check box 4 <u>or</u> box 5:			ACCOUNT NUMBER					
4 REFUND: Enter the amount of	<sup>f</sup> refund	00						
5 AMOUNT YOU OWE: Enter th	e amount owed	482 00		JEST DATE	\$			

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

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

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

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

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

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

If I have filed a balance due return, I understand that if the ADOR does not receive full and timely payment of my tax liability by April 18, 2022, I will remain liable for the tax liability and all applicable interest and penalties. When electronically filing my federal and state tax returns, I understand that if there is an error on my federal return, my state return will also be rejected.

I consent to my Electronic Return Originator (ERO) or On-Line Service Provider (OLSP) sending my electronic Arizona individual income tax return and accompanying schedules and statements to ADOR, and I consent to my ERO or OLSP sending such information to ADOR through a transmitter. I consent to ADOR sending my ERO, OLSP and/or transmitter an acknowledgement of receipt of transmission and an indication of whether or not the transmission of my return is accepted and, if the return is rejected, the reason(s) for the rejection. If the processing of my return or refund is delayed, I authorize ADOR to disclose to my ERO, OLSP and/ or transmitter the reason(s) for the delay, or when the refund was sent. If ADOR contacts my ERO for a copy of my return, any documents or schedules to my return, and/or this authorization form, I authorize my ERO to release copies of the requested documents to ADOR.

## I authorize GLOBAL TAXES LLC

#### (ELECTRONIC RETURN ORIGINATOR)

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

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

RETURN.			Arizona Form <b>140</b>	F	Resident	Perso	onal Inco	ome Tax	Return			alendar 1	YEAR	
RE	32F		Check box 82F f filing under extension	n OR FISCA	L YEAR BEGI	INNING		12.0.2.1	J AND ENDI		.			66F
TO THE	_	Your I	First Name and Middle Initi	al		La	st Name		E	nter Yo	ur Socia	al Securit	y Num	nber
5	1		VESH C		<u> </u>		LAMANCH	ILI		8		21		
	1	Spou	se's First Name and Middle	e Initial (if box 4 d	or 6 checked)	La	st Name		S	SN(s).	ouse's	Social Se	curity	NO.
ANY ITEMS		Curre	nt Home Address - number	r and street, rura	l route			Apt. No.		aytime Pho	ne (with	n area co	de)	
Σ	2		22 E SOUTHERN AV					1117		4 (501)5				
	3	-	Гown or Post Office MPE	St A	ate z		ZIP Code 85282		Last Names	Used in Last F	our Prio	r Year(s) (	(if differ	rent) 97
DO NOT STAPLE		4	Married filing joint ret		jured Spouse	Protectio		vernavment	REVENUE U	SE ONLY. DO	NOT M	ARK IN TH	IIS AR	
ST/	FILINGSTATUS	5	Head of household.					rorpaymont	88					
IOT	GS.													
0		6	Married filing separat	te return. Enter s	pouse's name a	and Social	Security Numl	ber above.						
Δ	11	7	<ul><li>✓ Single</li><li>✓ Enter the number cl.</li></ul>	aimed. Do not	put a check r	nark.								
		8	Age 65 or over (you a		If completing li		d 11a, also con	nplete lines 38,				-		
	10b	9	Blind (you and/or spo	ouse)	39, and 41. For	lines 10a a	nd 10b, also co	mplete line 49.	81 PM		80	RCVD		
	a	10a	Dependents: Under a	-	10b De	pendents	: Age 17 and	d over.						
	s 10a	11a	Qualifying parents ar (Box 10a and 10b): Dep		ion See instr	ructions	For more s	nace check t	L he box ∏ a	nd complet	e page	4 Part 1		
	- Dependents			(a)			(b)	(c)	(d)	(6	e)		(f)	
	penc			D LAST NAME ourself or spouse.)		SOCIAL SI	ECURITY NO.	RELATIONSHI	LIVED IN YO	DUR includ	ed in:	✓ if you this pers federal re	son on y	our/
									HOME IN 2	021 1 (Box 10a)	2 (Box 10b	educatio	onal crea	dits
	and 11a	10c								<u> </u>	<u> </u>		<u> </u>	
	9, anc	10d 10e									╞╞┼╴		┢	
	ώ	100	· · ·	rents and grand	parents. See	instructio	ns. For mo	re space, cheo	k the box 🗌	and comple	te page	4. Part 2	<u> </u>	
40	otion	(Box 11a): Qualifying parents and grandparents. See instructions. For more space, check the box ☐ and comp (a) (b) (c) (d) FIRST AND LAST NAME SOCIAL SECURITY NO. RELATIONSHIP NO. OF MONTHS ✓ IF AU							(6	e)		(f)		
m 1	Exemptions			D LAST NAME ourself or spouse.)		SOCIAL SI	ECURITY NO.	RELATIONSHI	LIVED IN YO HOME IN 2	OUR O	E 65 OR /ER		DIED I 021	N
For	Ш									JZ 1	_	ļ		
after Form 140		11b									<u> </u>			
ts af	ł	<u>11c</u> 12	Federal adjusted gross in	ncome (from vo	ur federal rei	turn)				<u>_</u>	2	121,	<u> </u>	00
			Small Business Income: 135											00
m	suc		Modified federal adjusted									121,	1	
qoc	Additions		Non-Arizona municipal inte										1	00
ler	Ă		Partnership Income adjust Total federal depreciation.											00 00
oth			Other Additions to Income:											00
s or	-		Subtotal: Add lines 14 throu							<u>1</u>		121,	424	00
ule			Total net capital gain or (lo							1,928 0 1,928 0	_			
hed			Total net short-term capital Total net long-term capital							1,5200				
scl			Net long-term capital gain											
IAZ		<b>24</b>	Multiply line 23 by 25% (.2	5) and enter the	result									00
and	s	Inis	box may be blank or may conta	ain a printed barco	de of data from	your return		apital gain - qua						00
ral	Subtractions					K IV I		culated Arizona ership Income a	•					00
ede	ıbtra							st on U.S. obliga						00
d fe	รเ		, , , , , , , , , , , , , , , , , , ,	n ( da sen ( da sen ) da sen ( da sen ) n ( da sen ( da sen ) da sen ( da sen ) da sen ( da sen ) da sen ( da s	r na la na la na la na la na Angla na la na la na la		29a Exclus	sion for fed., AZ s	tate or local gov	t. pensions. 29	a		1	00
uire								sion for retired/ret					1	00
eq1			MAY MENTINE REPORT	a kon je vijeko na slovensko p Na slovensko za kon slovensko slovensko slovensko slovensko slovensko slovensko s Na slovensko				Social Security c in wages of Ame					1	00
ŋ								ceived for being					1	00
ie a			() AND A THE CARD INFO AND (COMPANY AND COMPANY AND C	), MARICALM, ARCHIN	raffaðarðið þóði þ			perating loss ad		3	3			00
Place any required federal and AZ schedules or other documer								ibutions: <b>34</b> a 529		00				00
	-						l 34b 52	9A (ABLE)	<b>00</b> add	34a and 34b. 34	c			00

any required federal and A7 schedules or other documents after Form 140 Diara

	Your	Name (as shown on page 1)	Your Social Security No	umber		
	AN	VESH C YALAMANCHILI	806-21-2111	L		
	35	Subtract lines 24 through 34c from line 19		35	121,424	00
	36	Other Subtractions from Income. Complete Other Subtraction from Arizona Gross Income sched				00
	37	Subtract line 36 from line 35. Enter the difference			121,424	
suo	38	Age 65 or over: Multiply the number in box 8 by \$2,100				00
npti	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
						00
	41 42	Qualifying parents and grandparents: Multiply the number in box 11a by \$10,000 Arizona adjusted gross income: Subtract lines 38 through 41 from line 37. If less than zero, enter "0".			121,424	
	43	Deductions: Check box and enter amount. See instructions			12,550	
		If you checked box 43 <b>S</b> and claim charitable contributions, check 44 <b>C</b> Complete page 3. See in				00
J	44 45	Arizona taxable income: Subtract lines 43 and 44 from line 42. If less than zero, enter "0"			108,799	
of Tax		Compute the tax using amount on line 45 and Tax Tables X and Y or Optional Tax Tables			3,867	
		b If line 45 is \$250,001 or more (single/mfs) or \$500,001 or more (mfj/hoh) compute the tax surcha			5,007	00
Balance		Tax from recapture of credits from Arizona Form 301, Part 2, line 30	-			00
Bal	48	Subtotal of tax: Add lines 46a, 46b and 47. Enter the total			3,867	
	40	Dependent Tax Credit. See instructions			0,007	00
	49 50	Family income tax credit (from the worksheet - see instructions)				00
	51	Nonrefundable Credits from Arizona Form 301, Part 2, line 61				00
p s	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			3,867	
s an edit	53	2021 AZ income tax withheld			3,385	
nent le Ci	54		00 Add 54a and 54b		0,000	00
Total Payments and Refundable Credits		2021 AZ extension payment (Form 204)				00
otal tefur	56	Increased Excise Tax Credit (from the worksheet - see instructions)				00
μœ	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 or /men	59	Total payments and refundable credits: Add lines 53 through 58. Enter the total			3,385	
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			482	
۳ð	61	<b>OVERPAYMENT:</b> If line 59 is larger than line 52, subtract line 52 from line 59. Enter amount of overpayme				00
S		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
tary	64	- 74 Voluntary Gifts to:	65 00	)		
Voluntary		Child Abuse Prevention				
×		Neighbors Helping Neighbors 69 00 Special Olympics	und <b>71</b> 00			
Ę		I Didn't Pay Enough Fund 72 00 Sustainable State Parks 73 00 Spay/Neuter of Anima	ls 74 00			
enalty	75	Political Party (if amount is entered on line 68 - check only one): 751 Democratic 752 Libertarian	753 Republican			
<u>п</u>	76	Estimated payment penalty		. 76		00
σ	77	771 Annualized/Other 772 Farmer or Fisherman 773 Form 221 included				
Refund or Amount Owed	78	Add lines 64 through 74 and 76; enter the total		. 78		00
fund unt (	79	<b>REFUND:</b> Subtract line 78 from line 63. If less than zero, enter amount owed on line 80		. 79		00
Mo		Direct Deposit of Refund: Check box 79A if your deposit will be ultimately placed in a foreign account; see ROUTING NUMBER ACCOUNT NUMBER				
٩		98     C Checking or S Savings     ROUTING NOMBER     Account NUMBER				
	80		our SSN on payment;			T
_	_	and include with your return			482	
		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 informati				e
ш			on or which propure	i nao any	nilowiedge.	
HERE	€	ם	ATA ANALYSI	Т		
Ξ		YOUR SIGNATURE DATE OG	CCUPATION			-
Z	→					
SIGN		SPOUSE'S SIGNATURE DATE SF				_
Ш			POUSE'S OCCUPATION			
EASE		SYAM PRIYA RAM SAGAR GUPTA TALLAM 03092022 GLOBAL TAXES LI PAID PREPARER'S SIGNATURE DATE FIRM'S NAME (PREPARER'S IF				-
Ш		2530 Pebble Creek Ln	30-101	7196		
PL		PAID PEDDLE CLEEK LII PAID PREPARER'S STREET ADDRESS	30-101 PAID PREPAR			-
		Cumming GA 30041	(678)9		22	
		PAID PREPARER'S CITY STATE ZIP CODE	PAID PREPAR			-
L	ouare	also sending a payment, mail to Arizona Department of Revenue, PO Box 52016, Phoenix, AZ 85072-2016 (PO Box 29	204. Phoenix A7 85038	3-9204 if vo	ur return has a barcoo	de)
		and sording a payment, mail to Arizona Department of Revenue, PO Box 52138, Phoenix, AZ 85072-2138 (PO Box 29)		-9205 if you		

## 2021 Form 140 - Standard Deduction Increase for Charitable Contributions

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

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

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

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

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

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

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

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

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

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

## Arizona Individual Income Tax Payment Voucher for Electronic Filing

Ε	P۱	V
20	)2	21

	our First Name and Middle Initial		Last Name		<b>E</b> uton	Your Social Secur	ity Number
1	ANVESH		YALAMANCH	ILI	Enter	806 21	2111
	Spouse's First Name and Middle Initial		Last Name		your	Spouse's Social S	Security No.
1					SSN(s).		
	Current Home Address - number and s	treet, rural route		Apt. No.	Daytime F	Phone (with area c	ode)
2	1522 E SOUTHERN AVE			1117	<b>94</b> (50)	1)507-4079	
_	City, Town or Post Office	State	ZIP Code	·		LY. DO NOT MARK IN	THIS AREA.
3	TEMPE	AZ	85282		88		
	ase indicate the filing status Married filing joint return Head of household: Enter name Married filing separate return:	e of qualifying child or dep	I				
	Single	Enter spouse's name and		nder above.	81 PM	80 RCVD	)
Ent	er the amount of <b>payment</b> of	enclosed				\$	482 00

## If you are mailing this payment

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

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

If you are making an electronic payment

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

## www.AZTaxes.gov

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

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

Arizona	Form
140	ES

FORM.

## **Individual Estimated Income Tax Payment**

FOR CALENDAR YEAR

н	т	his estimated payment is for tax year ending	a Decemb	er 31, 2022, o	or for tax ve	ear endin	Id:	2 . (	<b>)</b> , , ,
2		Your First Name and Middle Initial	<u> </u>	Last Name	j		Your	Social Sec	urity Number
	1	ANVESH C		YALAMANCH	ILI		Enter 806	5  21	2111
μ		Spouse's First Name and Middle Initial (if filing joint)		Last Name			your Spou	ise's Social	Security No.
<b>ANY ITEMS</b>	1						SSN(s).	1	
		Current Home Address - number and street, rural route	1		Apt. No.		Daytime Phone	(with area	code)
Щ	2	1522 E SOUTHERN AVE			1117		<b>94</b> (501)50	7-4079	
Ā		City, Town or Post Office	State	ZIP Code			USE ONLY. DO N	OT MARK II	N THIS AREA.
ទ	3	TEMPE	AZ	85282		88			
DO NOT STAPLE	STC	<ul> <li>Use this form only for mailing estimated pay</li> </ul>	NQUENT I /ments.	NCOME TAX F	PAYMENTS.				
	1	Payment: You must round your estimated paym	ent to a wh	nole dollar (no o	cents).	81 PM		80 RCV	′D
		Enter the amount of payment enclosed	9	<b>\$</b> 1	21 00				
		<b>Check only <u>one</u> box</b> for the quarter for which the Do not select more than one quarter. You must s Payment for <b>calendar year filers</b> are due as follo	submit a se		<sup>-</sup> each quarte	L	ch a payment is	s made.	
		Ist Quarter – January to March   Due date is A Because April 15, 2022 is a federal holiday, you have u	•		ayment.				
		2nd Quarter – April to June   Due date is <b>June</b>	15, 2022.						
		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.								
		Payment for fiscal year filers are due as follows							
		1st Quarter – 15th day of the <b>fourth</b> month of th	ne current fis	scal year.					
		2nd Quarter – 15th day of the <b>sixth</b> month of th	e current fis	cal year.					
		3rd Quarter – 15th day of the <b>ninth</b> month of the	e current fiso	cal year.					

4th Quarter – 15th day of the **first** 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:

- $\checkmark$  Complete and submit this form in its entirety. Do not cut this page in half.
- $\checkmark$  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", "Tax Year 2022" and the entity's EIN on your payment.
- $\checkmark$  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

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

AZ Form 140ES (2022)

Arizona	Form
140	ES

FORM.

## **Individual Estimated Income Tax Payment**

FOR CALENDAR YEAR

	This estimated payment is for tax year ending	d Decemb	oer 31, 2022, d	or for tax y	ear endin	a: , , , , ,	12.0	), , ,
2	Your First Name and Middle Initial		Last Name Your Social Sect					
<b>₽</b> [1	ANVESH C		YALAMANCH	ILI		Enter 806	21	2111
	Spouse's First Name and Middle Initial (if filing joint)		Last Name			your Spouse	e's Social	Security No.
	n in the second s					SSN(s).	I	1
E L	Current Home Address - number and street, rural route		Apt. No.		Daytime Phone (	one (with area code)		
5	1522 E SOUTHERN AVE			1117		<b>94</b> (501)507	-4079	
¥ –	City, Town or Post Office	State	ZIP Code			USE ONLY. DO NO	T MARK II	N THIS AREA.
<u> </u>	3 TEMPE	AZ	85282		88			
	<ul> <li>Check if this payment is on behalf of a Nonr</li> <li>DO NOT USE THIS FORM TO MAKE DELI</li> <li>Use this form only for mailing estimated pay</li> </ul>	NQUENT I						
1 Payment: You must round your estimated payment to a whole dollar (no cents).         Enter the amount of payment enclosed         \$ 12100								D
2	Check only <u>one</u> box for the quarter for which the Do not select more than one quarter. You must s Payment for <b>calendar year filers</b> are due as follo	submit a se		each quan	<i>ter</i> for whic	h a payment is r	nade.	
	1st Quarter – January to March   Due date is A Because April 15, 2022 is a federal holiday, you have u	•		ayment.				
	2nd Quarter – April to June   Due date is June	15, 2022.						
	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.							
	Payment for fiscal year filers are due as follows							
	1st Quarter – 15th day of the <b>fourth</b> month of th	ne current fis	scal year.					
	2nd Quarter – 15th day of the <b>sixth</b> month of th	e current fis	cal year.					
	3rd Quarter – 15th day of the <b>ninth</b> month of the	e current fis	cal year.					

4th Quarter – 15th day of the **first** 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:

- $\checkmark$  Complete and submit this form in its entirety. Do not cut this page in half.
- $\checkmark$  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", "Tax Year 2022" and the entity's EIN on your payment.
- $\checkmark$  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

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www.AZTaxes.gov

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

FORM.	Arizona Form 140ES	FOR CALENDAR YEAR				
Ξ	This estimated payment is for tax yea	ear ending: ∟				
2	Your First Name and Middle Initial		Last Name		Fuller	Your Social Security Number
S	1 ANVESH C		YALAMANCH	ILI	Enter	806   21  2111
ANY ITEMS	Spouse's First Name and Middle Initial (if filing	g joint)	Last Name		your SSN(s).	Spouse's Social Security No
Ā	Current Home Address - number and street, r	ural route		Apt. No.	Daytime	Phone (with area code)
APLE	2 1522 E SOUTHERN AVE			1117	<b>94</b> (50	1)507-4079
Ā	City, Town or Post Office	State	ZIP Code		REVENUE USE ONL	Y. DO NOT MARK IN THIS AREA.
S	3 TEMPE	AZ	85282		88	
DO NOT	<ul> <li>Check if this payment is on behalf of</li> <li>DO NOT USE THIS FORM TO MA</li> <li>Use this form only for mailing estimation</li> </ul>	KE DELINQUENT				
	1 Payment: You must round your estimat Enter the amount of payment enclosed		·	cents).	81 PM	80 RCVD

2 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 <b>April 15, 2022</b> . 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, 2022.</b>
[	X	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.

Payment for fiscal year filers 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>sixth</b> month of the current fiscal year.
3rd Quarter – 15th 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:

- $\checkmark$  Complete and submit this form in its entirety. Do not cut this page in half.
- $\checkmark$  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", "Tax Year 2022" and the entity's EIN on your payment.
- $\checkmark$  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

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www.AZTaxes.gov

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

Arizoi	na Fo	rm
14	)E	S

## **Individual Estimated Income Tax Payment**

FOR CALENDAR YEAR 2022

ΞE	This e	stimated payment is for tax year endin	a Decemb	er 31 2022 (	or for tax v	ear ending: T	2.0	
2	Your First Name and Middle Initial			Last Name			Your Social Security Number	er.
เร	1 ANV	ESH C		YALAMANCHILI			Enter your 806   21   2111 Spouse's Social Security No.	
ЫN		Spouse's First Name and Middle Initial (if filing joint)		Last Name				
Ξ	1					SSN(s		
AN	Currer	t Home Address - number and street, rural route	)	•	Apt. No.	Daytim	ne Phone (with area code)	_
Ц		2 E SOUTHERN AVE			1117	<b>94</b> ( 5	501)507-4079	
Μ	City, T	own or Post Office	State	ZIP Code			NLY. DO NOT MARK IN THIS AREA	-
S	3 TEM	PE	AZ	85282		88		
This estimated payment is for tax year ending December 31, 2022, or for tax year ending:2_0_         Your First Name and Middle Initial       Last Name       Your Social Security         1       ANVESH C       YALAMANCHILI       806   21   2.         Spouse's First Name and Middle Initial (if filing joint)       Last Name       Spouse's Social Security         1       Current Home Address - number and street, rural route       Apt. No.       Daytime Phone (with area coordinate context)         2       1522       E SOUTHERN AVE       1117       Daytime Phone (with area coordinate context)         3       TEMPE       AZ       85282       88         Check if this payment is on behalf of a Nonresident Composite return - 140NR       88       88         •       DO NOT USE THIS FORM TO MAKE DELINQUENT INCOME TAX PAYMENTS.       88								
	1 Payn	nent: You must round your estimated paym	nent to a wh	nole dollar (no o	cents).	81 PM	80 RCVD	-
	Enter	the amount of <b>payment enclosed</b>	(	\$ 1	21 00			
<ul> <li>2 Check only <u>one</u> box for the quarter for which this payment is made.</li> <li>Do not select more than one quarter. You must submit a separate form for <i>each quarter</i> for which a payment is made.</li> <li>Payment for calendar year filers are due as follows:         <ul> <li>1st Quarter – January to March   Due date is April 15, 2022.</li> </ul> </li> </ul>								_ _
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 June 15, 2022.								_
	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.							
Payment for <b>fiscal year filers</b> are due as follows:								
		1st Quarter – 15th day of the <b>fourth</b> month of t						
		2nd Quarter – 15th day of the <b>sixth</b> month of th						
		3rd Quarter – 15th day of the <b>ninth</b> month of th	e current fis	cal year.				
		4th Quarter – 15th day of the <b>first</b> 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 yo	ou:			

- $\checkmark$  Complete and submit this form in its entirety. Do not cut this page in half.
  - $\checkmark$  Make your check or money order payable to Arizona Department of Revenue.
  - ✓ Write your SSN, "Tax Year 2022" and "140ES" on your payment.
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- $\checkmark$  Click on "Make a Payment" and select "140ES" as the Payment Type.
- $\checkmark$  Do not mail this form. We will apply this payment to your account.

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