RETURN			140 Resident Personal Income Tax			Return	Γ,	<b>2021</b>	LAK		
RE	82F	Check box 82F if filing under extension OR FISCAL YEAR BEGINNING			IG L , L ,	12,0,2,1	」AND ENDING			66F	
半	,		First Name and Middle Initial			Last Name			Your	Social Security	/ Number
Ē	1	SWA	ADHEEN			GUPTA		Ente	80:	1 <sub>1</sub> 06 <sub>1</sub> '	7075
=	<u> </u>		se's First Name and Middle Initi	al (if box 4 or 6 che	cked)	Last Name		your	Spous	se's Social Se	
SE SE	1	HOI	NEY		•	GUPTA		SSN(	<b>s).</b> 728	8   76	0254
<b>ANY ITEMS TO THE</b>		Curre	nt Home Address - number and	street, rural route			Apt. No.	Dayt	ime Phone	(with area cod	de)
<u></u>	2	443	37 E ST JOHN RD					94 (	(602)758	3-4049	
		•	Town or Post Office	State		ZIP Code		Last Names Used	d in Last Fou	Prior Year(s) (i	f different)
Ш	3	PHO	DENIX	AZ		85032					97
DO NOT STAPLE	INGSTATUS							ONLY. DO NO	OT MARK IN TH	IS AREA.	
0		7	<ul><li>✓ Married filing separate re</li><li>✓ Single</li></ul>	turn. Enter spouse's	name and 50	cial Security Numi	bei above.				
Ц	,-		<b>♦</b> Enter the number claims	ed. Do not put a c	heck mark.						
		8	Age 65 or over (you and/			9, and 11a, also con	nplete lines 38.	1			
	8	9	Blind (you and/or spouse		-	10a and 10b, also co	-	81 PM		80 RCVD	
	and 10b	10a	2 Dependents: Under age	·	Depende	ents: Age 17 and	d over.	<u> </u>			
	aar	11a	Qualifying parents and gr			e., .go a					
	s 10		(Box 10a and 10b): Depend		ee instructio	ns. For more s	pace, check t	he box 🔲 and	complete p	age 4, Part 1.	
	- Dependents 10a		(a) FIRST AND LA: (Do not list yoursel	ST NAME		(b) AL SECURITY NO.	(c) RELATIONSHI	(d)	(e) Dependent included in 1 (Box 10a) (Box	Age n: this pers federal re educatio	(f) did not claim on on your eturn due to nal credits
	11a.	10c	VANIYA GUF	TA	105	-47-4074	Daughter	12			
	and 1		INNAYA GUE	TA		-74-6940	Daughter				
	9, a	10e									
	œ,		(Box 11a): Qualifying parent	s and grandparents	. See instru	uctions. For mo	re space, chec	k the box  and	d complete	page 4. Part 2.	•
ents after Form 140.	Exemptions		(a) FIRST AND LA: (Do not list yoursel		SOCI	(b) AL SECURITY NO.	(c) RELATIONSHI	(d) P NO. OF MONTHS LIVED IN YOUR HOME IN 2021	(e)  IF AGE 65  OVEF	OR VIFI	(f) DIED IN D21
ter		11b									
æ		11c								160	
nts			Federal adjusted gross inco	` •	,					168,3	
					-	rm 140-SBI and enter the amount from Form 140-SB				1.00	00
schedules or other docum	ons		Modified federal adjusted gross							168,	377 00
ě	Additions	l .	Non-Arizona municipal interest								00
e	ĕ		Partnership Income adjustmen								00
듥		17 Total federal depreciation									00
5			Subtotal: Add lines 14 through 1	•				. •		168.1	377 <b>00</b>
es			Total net capital gain or (loss).						670 00		100
₹			Total net short-term capital gair						670 <b>00</b>		
je L					uctions				00		
SC		l .	Net long-term capital gain from						0 00		
¥			Multiply line 23 by 25% (.25) a	·					24		0 00
		This	box may be blank or may contain a	printed barcode of da	a from your r			lified small busines			00
ਛ	Suc				r na la dill	4a <b>- 1</b> 1		depreciation			00
īa	Subtractions	<u>   </u>						djustment			00
g	btra					C	ations			00	
٦ ب	Su							tate or local govt. per			00
ē					referen	(7 <b>-</b> 1   1   1   1		ainer pay uniform se			00
ᆵ			OLEREBEREEREERE			<b>30</b> U.S.:	30 U.S. Social Security or Railroad Retirement Act 3 Certain wages of American Indians				00
ē						31 Certa					00
Ē				UBCBARRACIS ICHMILL	<b>WINNESSEN</b>	32 Pay re	eceived for being	an active service me	mber. <b>32</b>		00
Place any required federal and			arelogija postovana programa i koji tok	ienaria programa	KENAKAN	33 Net o	perating loss ad	justment	33		00
ac						34 Contr	ibutions: <b>34</b> a 529	plans	00		
۵						34h 53	PGA (ABLE)	00 add 34a	and 24h 34C		00

	Your	Name (as shown on page 1)	Your Social Security N	umber		
		ADHEEN & HONEY GUPTA	801-06-7075	5		
					168,377	
	35	Subtract lines 24 through 34c from line 19.			100,377	
	36	Other Subtractions from Income. Complete Other Subtraction from Arizona Gross Income sche	· -		168,377	00
ons	37	Subtract line 36 from line 35. Enter the difference		37	100,377	00
Exemptions	38	Age 65 or over: Multiply the number in box 8 by \$2,100	<b>I</b>		00	
xen	39	Blind: Multiply the number in box 9 by \$1,500		I .		00
ш	40	Other Exemptions. See instructions40  Multiply the number in box 40E by \$2,300				00
	41	Qualifying parents and grandparents: Multiply the number in box 11a by \$10,000		<b>I</b>	168,377	
	42 43	rizona adjusted gross income: Subtract lines 38 through 41 from line 37. If less than zero, enter "0"  Deductions: Check box and enter amount. See instructions		<b>I</b>	25,100	
	44	If you checked box 43S and claim charitable contributions, check 44C Complete page 3. See in			20,100	00
¥	45	Arizona taxable income: Subtract lines 43 and 44 from line 42. If less than zero, enter "0"	<b>I</b>	143,277		
of Tax		a Compute the tax using amount on line 45 and Tax Tables X and Y or Optional Tax Tables		4,634		
		D Reserved				
Balance	47	Tax from recapture of credits from Arizona Form 301, Part 2, line 30				00
Ba	48	Subtotal of tax: Add lines 46a and 47. Enter the total.			4,634	
	49	Dependent Tax Credit. See instructions		49	200	_
	50	Family income tax credit (from the worksheet - see instructions)		50		00
	51	Nonrefundable Credits from Arizona Form 301, Part 2, line 61		51		00
it a	5	alance of tax: Subtract lines 49, 50 and 51 from line 48. If the sum of lines 49, 50 and 51 is greater than			4,434	00
Total Payments and Refundable Credits	53	2021 AZ income tax withheld	······	. 53	3 <b>,</b> 965	00
/mer	54	2021 AZ estimated tax payments 54a 00 Claim of Right 54b	00 Add 54a and 54b			00
I Pa	5	2021 AZ extension payment (Form 204)		55		00
Tota Refi	56	Increased Excise Tax Credit (from the worksheet - see instructions)		56		00
	57	Property Tax Credit from Arizona Form 140PTC		. 57		00
ent	58	Other refundable credits: Check the box(es) and enter the total amount	□308-I <b>582</b> □349	58		00
Tax Due or Overpayment	59	Total payments and refundable credits: Add lines 53 through 58. Enter the total		59	3,965	$\overline{}$
	60	TAX DUE: If line 52 is larger than line 59, subtract line 59 from line 52. Enter amount of tax due. Skip lines	61, 62 and 63	60	469	$\overline{}$
0	61	<b>OVERPAYMENT:</b> If line 59 is larger than line 52, subtract line 52 from line 59. Enter amount of overpayment		I .		00
Gifts	62	Amount of line 61 to be applied to 2022 estimated tax				00
	63	Colutions Tooms				00
Voluntary	64	- 74 Voluntary Gifts to:  Assigned to Schools				
Volu		Child Abuse Prevention				
		Neighbors Helping Neighbors 69 00 Special Olympics		7		
nalty		I Didn't Pay Enough Fund72 00 Spay/Neuter of Anim Political Party (if amount is entered on line 68 - check only one): 751 Democratic 752 Libertarian		<u>/</u>		
Pe		Estimated payment penalty		76		00
	77	771 ☐ Annualized/Other 772 ☐ Farmer or Fisherman 773 ☐ Form 221 included		. 16		100
_ be	78	Add lines 64 through 74 and 76; enter the total		78		00
Refund or Amount Owed	79	REFUND: Subtract line 78 from line 63. If less than zero, enter amount owed on line 80				00
Sefu	. •	Direct Deposit of Refund: Check box 79A if your deposit will be ultimately placed in a foreign account; se			100	
- ¥		C Checking or ROUTING NUMBER ACCOUNT NUMBER				
		98 S Savings				1
	80	AMOUNT OWED: Add lines 60 and 78. Make check payable to Arizona Department of Revenue; write and include with your return			469	00
		Under penalties of perjury, I declare that I have read this return and any documents with it, and to	the best of my kno	wledge an	d belief, they are	
		true, correct and complete. Declaration of preparer (other than taxpayer) is based on all informat	on of which prepare	er has any	knowledge.	
띪	<b>→</b>					
HERE	Ι-,		SENIOR ENGIN CCUPATION	EER		-
		TOUR OIGHATURE O	OOOI ATTOM			
SIGN	→	F	HOME MAKER			
		SPOUSE'S SIGNATURE DATE S	POUSE'S OCCUPATION			-
밇		SYAM PRIYA RAM SAGAR GUPTA TALLAM 06162022 GLOBAL TAXES L				
LEASE	l '	PAID PREPARER'S SIGNATURE DATE FIRM'S NAME (PREPARER'S I	F SELF-EMPLOYED)			_
		2530 Pebble Creek Ln	30-101			_
4		PAID PREPARER'S STREET ADDRESS	PAID PREPAR		_	
		Cumming GA 30041		65-952		-
		PAID PREPARER'S CITY STATE ZIP CODE	PAID PREPAR	KEK'S PHONE	NOWREK	

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).

Your Name (as shown on page 1)	Your Social Security Number		
SWADHEEN & HONEY GUPTA	801-06-7075		

# 2021 Form 140 Dependent and Other Exemption Information

## Include page 4 with your return if:

- You are listing additional dependents (for box 10a and 10b) from page 1.
- You are listing additional qualifying parents and grandparents (for box 11a) from page 1.
  - You are claiming Other Exemptions on page 2, line 40.

### Part 1: Dependents (Box 10a and 10b) continued from page 1

Information used to compute your allowable Dependent Tax Credit on page 2, line 49.

**NOTE:** If you have more than three qualifying dependents, you *must* complete Part 1 *and* the worksheet in the instructions, to compute your Dependent Tax Credit on line 49.

	compare your population has created into 10.							
	(a)	(b)	(c)	(d)	(€	<del>)</del>	(f)	
	FIRST AND LAST NAME (Do not list yourself or spouse.)	SOCIAL SECURITY NO.	RELATIONSHIP	HIP NO. OF MONTHS  LIVED IN YOUR HOME IN 2021		dent Age ed in:	IF YOU DID NOT CLAIM THIS PERSON ON YOUR FEDERAL RETURN DUE TO	
					1 (Box 10a)	2 (Box 10b)	EDUCATIONAL CREDITS	
10f								
<b>10</b> g								
<b>10</b> h								
10i								
10j								
10k								
10ı								
10m								
<b>10</b> n								
10 <sub>o</sub>								
<b>10</b> p								

### Part 2: Qualifying parents and grandparents (Box 11a) continued from page 1

Additional qualifying parents and grandparents information used to compute your allowable exemption on page 2, line 41.

	Additional qualifying parents and grandparents information used to compute your allowable exemption on page 2, line 41.								
	(a)		(b)	(c)	(d)	(e)	(f)		
		D LAST NAME ourself or spouse.)	SOCIAL SECURITY NO.	RELATIONSHIP	NO. OF MONTHS LIVED IN YOUR HOME IN 2021	✓ IF AGE 65 OR OVER	✓ IF DIED IN 2021		
<b>11</b> d									
11e									
11 <sub>f</sub>									
11g									
11h									
11i									

### Part 3: Other Exemptions

Information used to compute your allowable Other Exemptions on page 2, line 40.

	(a)	(b)			
	FIRST AND LAST NAME (Do not list yourself or spouse.)	SOCIAL SECURITY NO.	✓ AGE 65 OR OVER (see instructions)		✓ STILLBORN CHILD IN 2021
			C1	C2	
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					

Enter the total number of individuals listed in Part 3 in box 40E on page 2, line 40.

ADOR 10413 (21) 1 5 5 5 Page 4 of 6