

DO NOT STAPLE ANY ITEMS TO THE RETURN.

Check box 82F if filing under extension OR FISCAL YEAR BEGINNING 2021 AND ENDING 66F

Your First Name and Middle Initial SWADHEEN Last Name GUPTA Your Social Security Number 801 06 7075

Spouse's First Name and Middle Initial (if box 4 or 6 checked) HONEY Last Name GUPTA Spouse's Social Security No. 728 76 0254

Current Home Address - number and street, rural route 4437 E ST JOHN RD Apt. No. Daytime Phone (with area code) 94 (602) 758-4049

City, Town or Post Office PHOENIX State AZ ZIP Code 85032 Last Names Used in Last Four Prior Year(s) (if different) 97

FILING STATUS: 4 Married filing joint return 4a Injured Spouse Protection of Joint Overpayment 5 Head of household. Enter name of qualifying child or dependent on next line: 6 Married filing separate return. Enter spouse's name and Social Security Number above. 7 Single

Enter the number claimed. Do not put a check mark. 8 Age 65 or over (you and/or spouse) 9 Blind (you and/or spouse) 10a Dependents: Under age of 17. 10b Dependents: Age 17 and over. 11a Qualifying parents and grandparents

Table with 6 columns: (a) FIRST AND LAST NAME, (b) SOCIAL SECURITY NO., (c) RELATIONSHIP, (d) NO. OF MONTHS LIVED IN YOUR HOME IN 2021, (e) Dependent Age included in, (f) if you did not claim this person on your federal return due to educational credits. Rows 10c VANIYA GUPTA 105-47-4074 Daughter 12, 10d INNAYA GUPTA 752-74-6940 Daughter 12.

Table with 6 columns: (a) FIRST AND LAST NAME, (b) SOCIAL SECURITY NO., (c) RELATIONSHIP, (d) NO. OF MONTHS LIVED IN YOUR HOME IN 2021, (e) IF AGE 65 OR OVER, (f) IF DIED IN 2021. Rows 11b, 11c.

Table with 3 columns: Line number, Description, Amount. Rows 12 Federal adjusted gross income (from your federal return) 12 168,377 00, 13 Small Business Income: 13S check the box if you are filing Arizona Form 140-SBI and enter the amount from Form 140-SBI, line 10.. 13 00, 14 Modified federal adjusted gross income. Subtract line 13 from line 12. 14 168,377 00, 15 Non-Arizona municipal interest. 15 00, 16 Partnership Income adjustment. See instructions. 16 00, 17 Total federal depreciation. 17 00, 18 Other Additions to Income: Complete Other Additions to Arizona Gross Income schedule on page 5. 18 00, 19 Subtotal: Add lines 14 through 18 and enter the total. 19 168,377 00, 20 Total net capital gain or (loss). See instructions. 20 52,670 00, 21 Total net short-term capital gain or (loss). See instructions. 21 52,670 00, 22 Total net long-term capital gain or (loss). See instructions. 22 00, 23 Net long-term capital gain from assets acquired after December 31, 2011. See instructions. 23 0 00, 24 Multiply line 23 by 25% (.25) and enter the result. 24 0 00.

Table with 3 columns: Line number, Description, Amount. Rows 25 Net capital gain - qualified small business. 25 00, 26 Recalculated Arizona depreciation. 26 00, 27 Partnership Income adjustment. 27 00, 28 Interest on U.S. obligations. 28 00, 29a Exclusion for fed., AZ state or local govt. pensions. 29a 00, 29b Exclusion for retired/retainer pay uniform services. 29b 00, 30 U.S. Social Security or Railroad Retirement Act. 30 00, 31 Certain wages of American Indians. 31 00, 32 Pay received for being an active service member. 32 00, 33 Net operating loss adjustment. 33 00, 34 Contributions: 34a 529 plans 00, 34b 529A (ABLE) 00 add 34a and 34b. 34c 00.

Place any required federal and AZ schedules or other documents after Form 140.

Exemptions 8, 9, and 11a - Dependents 10a and 10b

Additions

Subtractions

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

Table with 3 columns: Description, Amount, and Balance. Rows include Exemptions (35-42), Balance of Tax (43-52), Total Payments and Refundable Credits (53-59), Tax Due or Overpayment (60-63), Voluntary Gifts (64-74), Penalty (75-77), and Refund or Amount Owed (78-80).

PLEASE SIGN HERE section containing signature lines for taxpayer, spouse, and preparer, along with dates, occupation, and firm information.

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.

	(a) FIRST AND LAST NAME (Do not list yourself or spouse.)	(b) SOCIAL SECURITY NO.	(c) RELATIONSHIP	(d) NO. OF MONTHS LIVED IN YOUR HOME IN 2021	(e) ✓ Dependent Age included in:		(f) ✓ IF YOU DID NOT CLAIM THIS PERSON ON YOUR FEDERAL RETURN DUE TO EDUCATIONAL CREDITS
					1 (Box 10a)	2 (Box 10b)	
10f					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10g					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10h					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10i					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10j					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10k					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10l					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10m					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10n					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10o					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10p					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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.

	(a) FIRST AND LAST NAME (Do not list yourself or spouse.)	(b) SOCIAL SECURITY NO.	(c) RELATIONSHIP	(d) NO. OF MONTHS LIVED IN YOUR HOME IN 2021	(e) ✓ IF AGE 65 OR OVER	(f) ✓ IF DIED IN 2021
11d					<input type="checkbox"/>	<input type="checkbox"/>
11e					<input type="checkbox"/>	<input type="checkbox"/>
11f					<input type="checkbox"/>	<input type="checkbox"/>
11g					<input type="checkbox"/>	<input type="checkbox"/>
11h					<input type="checkbox"/>	<input type="checkbox"/>
11i					<input type="checkbox"/>	<input type="checkbox"/>

Part 3: Other Exemptions

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

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

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