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

IIILEIIIAI I	levertue dei vice					
Submis	ssion Identification Number (SID)					
Taxpaye	r's name	Social secur	ty numl	er		
RAMA	AKRISHNA BATTULA	790-20	-451	1		
Spouse's	s name	Spouse's social security number				
D. 1	To Date of Control of				• • • •	
Part	, , ,	year you a	are au	thoriz	ing.)	
	whole dollars only on lines 1 through 5.					
	Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank. Adjusted gross income		1 1		50	190.
	Total tax		2			940.
	Federal income tax withheld from Form(s) W-2 and Form(s) 1099		3			098.
	Amount you want refunded to you		4			158.
	Amount you owe		5		۷,	130.
Part		кеер а сор	y of y	our r	eturi	n)
my kno return (or to send for any Agent to payment authorize payment business taxes to persona	penalties of perjury, I declare that I have examined a copy of the income tax return (original or amended wledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I above original or amended) I am now authorizing. I consent to allow my intermediate service provider, transmy return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejected in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U or initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account induct of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution action is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate att, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation requised all all all all all all all and resolve issues related to the particular information necessary to answer inquiries and resolve issues related to the particular forms of the payment (PIN) below is my signature for the income tax return (original or amended) I and Funds Withdrawal Consent.	e are the amitter, or electrection of the testion of the authorizations must be processing cayment. I fur	ounts for onic reference ax preparation. The electron at the e	rom the curn original control	de income de inc	ome tax or (ERO) reason inancial ware for int. This ancel) a than 2 ment of that the
Тахра	yer's PIN: check one box only I authorize GLOBAL TAXES LLC to enter or generate	0 DIN	4 5	5 1	1	00 1001
	ERO firm name	Er	ter five		but	as 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 n if you are entering your own PIN and your return is filed using the Practitioner PIN meth below.					
Your si	gnature ▶ Date ▶ _					
Snous	e's PIN: check one box only					
Ороиз	I authorize to enter or generate	my PINI				as my
	ERO firm name		ter five	diaits.		asiny
	signature on the income tax return (original or amended) I am now authorizing.		n't ente	•		
	I will enter my PIN as my signature on the income tax return (original or amended) I am n if you are entering your own PIN and your return is filed using the Practitioner PIN meth below.		_			_
Spouse	e's signature ▶ Date ▶					
	Practitioner PIN Method Returns Only—continue below					
Part I	Certification and Authentication — Practitioner PIN Method Only					
FRO's	EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN. 5 8	7 2 7	8 6	1 9	8	9
	= 11.1.1 III Elitor your olix digit El introllowed by your into digit con colocica i iii.	Don't en			1 - 1	
authoriz	that the above numeric entry is my PIN, which is my signature for the electronic individual income to ted to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am subments of the Practitioner PIN method and Pub. 1345 , Handbook for Authorized IRS e-file Providers of Ir	itting this ret	urn in a	accord	anće v	
ERO's	signature ▶ Date ▶					
	ERO Must Retain This Form — See Instructions					
	Don't Submit This Form to the IRS Unless Requested To I	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 but checked the MFS box, enter the reson is a child but not your dependent	name of	ied filing separately your spouse. If you	` ′	_		, ,	_	, ,	, , , ,
Your first name	and m	iddle initial	Last na	ame					Your so	cial securi	ity number
RAMAKRI	SHNA		BAT'	TULA					790-	20-451	.1
If joint return, spouse's first name and middle initial			Last na	ame					Spouse's social security number		
Home address	(numbe	er and street). If you have a P.O. box, see	instruct	ions.				Apt. no.	Preside	ntial Electi	ion Campaign
17440 N	TAT	UM BLVD						233		here if you	
		ce. If you have a foreign address, also co	omplete :	spaces below.	Sta	ite	ZIP	code		0,	ntly, want \$3
PHOENIX					A.	Z	85	5032	1 0		Checking a t change
Foreign country name				Foreign province/stat	e/coun	ty	For	eign postal code	box below will not change your tax or refund. You Spous		
At any time du	uring 20	021, did you receive, sell, exchange	, or oth	erwise dispose of a	ny fina	ancial interes	st in an	y virtual curre	ency?	Yes	⊠ No
Standard Deduction	_	neone can claim:	•			'	it				
Age/Blindness	s You	: Were born before January 2, 1	957 [Are blind S	pouse	e: Was b	orn be	efore January	2, 1957	☐ Is b	lind
Dependent	s (see	instructions):		(2) Social secur	ity	(3) Relation	nship	(4) ✓ if c	qualifies fo	r (see instru	uctions):
If more	(1) F	irst name Last name		number	-	to you		Child tax of	credit Credit for other depende		ther dependents
than four											
dependents,											
see instruction and check	5 —										
here ►											
	1	Wages, salaries, tips, etc. Attach	Form(s)	W-2					. 1		65,906.
Attach	2a	Tax-exempt interest	2a		b T	axable inter	est		. 2b)	74.
Sch. B if	За	Qualified dividends	3a			Ordinary divid			. 3b)	
required.	4a	IRA distributions	4a			axable amo			. 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 Sche	dule D	if required. If not re	quired	l, check here		▶[□ 7		
 Single or Married filing 	8	Other income from Schedule 1, lir	ne 10		·				. 8		-6,790.
separately, \$12,550	9	Add lines 1, 2b, 3b, 4b, 5b, 6b, 7,	and 8.	This is your total in	come				▶ 9		59,190.
Married filing	10	Adjustments to income from Sche		•					. 10)	
jointly or Qualifying	11	•	btract line 10 from line 9. This is your adjusted gross income			▶ 11		59,190.			
widow(er),	12a	Standard deduction or itemized	•			-	12a	12,55	0.		
\$25,100 • Head of	b	Charitable contributions if you take		,	,		12b	30	0.		
household, \$18,800	c	Add lines 12a and 12b				. 12	С	12,850.			
• If you checked	13	Qualified business income deduct			m 899	95-A			. 13		
any box under Standard	14	Add lines 12c and 13							. 14		12,850.
Deduction,	15	Taxable income. Subtract line 14	from lin	ne 11. If zero or les	s, ente	er -0			. 15		46,340.

	16	Tax (see instructions). Check if any from Form(s): 1 🔲 8814 2 🔲 4972 3 🔲		16	5,940.
	17	Amount from Schedule 2, line 3		17	
	18	Add lines 16 and 17		18	5,940.
	19	Nonrefundable child tax credit or credit for other dependents from Schedule 8812		19	
	20	Amount from Schedule 3, line 8		20	
	21	Add lines 19 and 20		21	
	22	Subtract line 21 from line 18. If zero or less, enter -0		22	5,940.
	23	Other taxes, including self-employment tax, from Schedule 2, line 21		23	0.
	24	Add lines 22 and 23. This is your total tax	▶	24	5,940.
	25	Federal income tax withheld from:			
	а	Form(s) W-2	98.		
	b	Form(s) 1099			
	С	Other forms (see instructions)			
	d	Add lines 25a through 25c	. :	25d	8,098.
	26	2021 estimated tax payments and amount applied from 2020 return		26	· ·
If you have a Lagrangian qualifying child,	27a	Earned income credit (EIC)			
attach Sch. EIC.		Check here if you were born after January 1, 1998, and before			
		January 2, 2004, and you satisfy all the other requirements for			
		taxpayers who are at least age 18, to claim the EIC. See instructions ▶ ☐			
	b	Nontaxable combat pay election 27b			
	С	Prior year (2019) earned income			
	28	Refundable child tax credit or additional child tax credit from Schedule 8812	_		
	29	American opportunity credit from Form 8863, line 8	_		
	30	Recovery rebate credit. See instructions			
	31	Amount from Schedule 3, line 15			
	32	Add lines 27a and 28 through 31. These are your total other payments and refundable credits		32	
	33	Add lines 25d, 26, and 32. These are your total payments	•	33	8,098.
Refund	34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid .	<u>.</u> +	34	2,158.
	35a	Amount of line 34 you want refunded to you. If Form 8888 is attached, check here		35a	2,158.
Direct deposit? See instructions.	▶b	Routing number 0 4 4 0 0 0 0 3 7 ▶ c Type: ★ Checking Savin	ngs		
	►d	Account number 7 9 0 3 6 7 5 2 3			
	36	Amount of line 34 you want applied to your 2022 estimated tax	_		
Amount You Owe	37	Amount you owe. Subtract line 33 from line 24. For details on how to pay, see instructions .		37	
	38	Estimated tax penalty (see instructions)			
Third Party		you want to allow another person to discuss this return with the IRS? See structions	loto bol	low	X No
Designee		signee's Phone Personal i			ĭ NO
		me ► no. ► number (F			
Sign	Und	der penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, a	and to th	ne best	of my knowledge and
Here	beli	ief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of	which p	repare	r has any knowledge.
TICIC	You	ur signature Date Your occupation			t you an Identity
1		SOFTWARE ENGINEER	(see ins		N, enter it here
Joint return? See instructions.	Spo	ouse's signature. If a joint return, both must sign. Date Spouse's occupation	`		t your spouse an
Keep a copy for	Орс	bute 3 signature. If a joint return, but must sign.			ction PIN, enter it here
your records.			(see ins	st.) ▶	
	Pho	one no. (234)352-8649 Email address bramakrishna763@gmail.com			
Paid	Pre	eparer's name Preparer's signature Date PTI	N		Check if:
Preparer Preparer	SYAM	I PRIYA RAM SAGAR GUPTA TALLAM SYAM PRIYA RAM SAGAR GUPTA TALLAM 04/07/2022 PO	20827	703	Self-employed
Use Only		m's name ► GLOBAL TAXES LLC	Phone	no. (678)965-9522
	Firr	m's address ▶ 2530 Pebble Creek Ln Cumming GA 30041	Firm's I	EIN ►	30-1017196
Go to www.irs.go	ov/Form	n1040 for instructions and the latest information. BAA REV 03/26/22 PRO			Form 1040 (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

RAMAKRISHNA BATTULA

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

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

Your social security number 790-20-4511

Par	Additional Income			
1	Taxable refunds, credits, or offsets of state and local income taxes	3	1	
2a	Alimony received		2a	
b	Date of original divorce or separation agreement (see instructions)	•		
3	Business income or (loss). Attach Schedule C		3	ı
4	Other gains or (losses). Attach Form 4797		4	ı
5	Rental real estate, royalties, partnerships, S corporations, truschedule E		5	-6,790.
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		
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	_6 790

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	>	_	
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	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	24 g		
h	Attorney fees and court costs for actions involving certain unlawful discrimination claims (see instructions)	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	24i		
j	Housing deduction from Form 2555	24 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 adjustments here and on Form 1040 or 1040-SR, line 10, or Form 1040-NR, line			

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.

Attachment

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

Sequence No. 13

OMB No. 1545-0074

Your social security number Name(s) shown on return 790-20-4511 RAMAKRISHNA BATTULA Income or Loss From Rental Real Estate and Royalties Note: If you are in the business of renting personal property, use Part I Schedule C. See instructions. If you are an individual, report farm rental income or loss from Form 4835 on page 2, line 40. A Did you make any payments in 2021 that would require you to file Form(s) 1099? See instructions Physical address of each property (street, city, state, ZIP code) Α A-155 DEFENCE COLONY DELHI INDIA В C Personal Use 1b Fair Rental Type of Property For each rental real estate property listed QJV above, report the number of fair rental and personal use days. Check the QJV box only if you meet the requirements to file as a **Days Days** (from list below) 340 Α Α 0 qualified joint venture. See instructions. В В С С Type of Property: Single Family Residence 3 Vacation/Short-Term Rental 5 Land 7 Self-Rental 2 Multi-Family Residence 4 Commercial 6 Royalties 8 Other (describe) Income: **Properties:** Α 3 Rents received . 580. 3 4 Royalties received 4 Expenses: Advertising 5 5 60. 6 Auto and travel (see instructions) . . . 6 210. Cleaning and maintenance . . . 7 7 610. 8 8 Commissions. 9 9 Insurance 10 Legal and other professional fees . . . 10 11 11 860. 12 Mortgage interest paid to banks, etc. (see instructions) 12 13 13 Other interest. 14 Repairs. 14 2,650. 15 1,780. 15 Supplies . Taxes 16 16 17 1,200. 17 18 Depreciation expense or depletion . . 18 19 19 Total expenses. Add lines 5 through 19 20 20 7,370. 21 Subtract line 20 from line 3 (rents) and/or 4 (royalties). If result is a (loss), see instructions to find out if you must file Form 6198 21 -6,790. 22 Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions) 6,790.) 580 23a Total of all amounts reported on line 3 for all rental properties 23a **b** Total of all amounts reported on line 4 for all royalty properties 23b **c** Total of all amounts reported on line 12 for all properties 23c d Total of all amounts reported on line 18 for all properties 23d 23e Total of all amounts reported on line 20 for all properties 7,370. Income. Add positive amounts shown on line 21. Do not include any losses 24 24 25 Losses. Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here. 25 6,790. 26 Total rental real estate and royalty income or (loss). Combine lines 24 and 25. Enter the result here. If Parts II, III, IV, and line 40 on page 2 do not apply to you, also enter this amount on -6,790. Schedule 1 (Form 1040), line 5. Otherwise, include this amount in the total on line 41 on page 2

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** RAMAKRISHNA BATTULA 790 20 ı 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. 59,190 00 1 Arizona Adjusted Gross Income ☐ Foreign Account Deposit/Debit: See instructions below. 2 Balance of Tax 1,346 00 TYPE OF ACCOUNT ROUTING NUMBER 0 4 4 0 0 0 0 0 3 7 1,779 00 ■ Checking
 □ Savings 3 Arizona Income Tax Withheld... ACCOUNT NUMBER Check box 4 or box 5: 7 9 0 3 6 7 5 2 3 433 00 **4 REFUND**: Enter the amount of refund..... DIRECT DEBIT REQUEST DATE DIRECT DEBIT PAYMENT AMOUNT 5 ☐ AMOUNT YOU OWE: Enter the amount owed....... ไดด 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 X 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** \prod 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

URN.	Arizona Form 140 Resident Personal Inco				come Tax	Return	FO	R CALENDAR YEAR 2021	
П	82F		heck box 82F filing under extension	OR FISCAL YEAR BEGIN	NING I . I	12.0.2.1	AND ENDING		
		<u> </u>	First Name and Middle Initial	OKT TOOKE TEXT BEOLIN	Last Name	1210121.	JAND LIVE L		ocial Security Number
	1		MAKRISHNA		BATTULA		Enter	790	•
	-		se's First Name and Middle Initia	al (if box 4 or 6 checked)	Last Name		your		e's Social Security No.
\leq	1						SSN(s).		
4	_	Curre	nt Home Address - number and	street, rural route		Apt. No.	Daytime	Phone (with area code)
ANY ITEMS	2		440 N TATUM BLVD			233		34)352	
Ā			own or Post Office	State	ZIP Cod		Last Names Used in	Last Four	Prior Year(s) (if different)
DO NOT STAPLE	3 တ	PHO	DENIX	AZ	85032		DEVENUE USE ONL	V DO NO	[97] T MARK IN THIS AREA.
¥	STATUS	4	Married filing joint return	_ , ,			88	ii. DO NO	I WARK IN THIS AREA.
<u></u>	ST	5	Head of household. Enter	name of qualifying child or dep	endent on next line				
$\frac{9}{2}$	NG	6	Married filing separate ret	urn. Enter spouse's name and	I Social Socurity Nu	⊐ mbor abovo			
2	FILING	7	Single	um. Enter spouse's name and	Social Security Nu	ilibei above.			
_			♦ Enter the number claime	d. Do not put a check ma	rk.				
		8	Age 65 or over (you and/o	or spouse) If completing lines	s 8, 9, and 11a, also c	omplete lines 38,			
	10b	9	Blind (you and/or spouse)	39, and 41. For lin	es 10a and 10b, also	complete line 49.	81 PM		80 RCVD
	and	10a	Dependents: Under age of		ndents: Age 17 a	nd over.			
	10a	11a	Qualifying parents and gra	•					
	and 11a - Dependents 10a and 10b		(Box 10a and 10b): Depende	ent Information. See instruc	tions. For more (b)	space, check t	the box L and con	n plete pa (e)	ige 4, Part 1.
	nde		FIRST AND LAS	ST NAME S					dge if you did not claim this person on your
	e be		(Do not list yourself	or spouse.)			HOME IN 2021	included in:	this person on your federal return due to educational credits
	a - E						(Bo	x 10a) (Box	(10b)
	d 11	l .						│	<u> </u>
	9, an	10a 10e						片片	i
	ထ်	100	(Box 11a): Qualifying parents	and grandparents. See in	etructions Form	ore space, chec	k the box \square and co	mplete n	age / Part 2
40.	ions		(a)	and grandparents. See in	(b)	(c)	(d)	(f)	
1	Exemptions		FIRST AND LAS		OCIAL SECURITY NO	. RELATIONSHI	P NO. OF MONTHS ✓ I	F AGE 65 OVER	OR
	Exe		(Do not list yourself	or spouse.)			HOME IN 2021	OVER	2021
ĭ		11b							
atter Form 140		11c							
nts a		12	Federal adjusted gross incon	ne (from your federal retu	rn)			12	59,190 00
			Small Business Income: 135 ch						00
E	Su	14	Modified federal adjusted gross	income. Subtract line 13 f	rom line 12		14	59,190 00	
9	dditions	l .	Non-Arizona municipal interest.						00
er	Ad	l .	Partnership Income adjustment						00
Ĕ		l .	Total federal depreciation						00
5			Other Additions to Income: Col Subtotal: Add lines 14 through 18	·			. •		59,190 00
es			Total net capital gain or (loss).					00	05/1200
등			Total net short-term capital gair					00	
je			Total net long-term capital gain					00	
S.			Net long-term capital gain from					0 00	
Z		24	Multiply line 23 by 25% (.25) ar	nd enter the result					0 00
E C	"	Inis	oox may be blank or may contain a	MENTANDE, NOON LENGTHER (1909), DONA 1904	TWAT BILLING		lified small business		00
=	Subtractions			en de la companya de La companya de la co	26 Red		depreciation		00
er	trac		SAME AND THE PROPERTY.	Marka (D. Epia B. Alback Televi	27 Par		djustment		00
i	Sub			lika dipung libur (20 Inte		ationstate or local govt. pension		00
eg					29b Exc		tainer pay uniform service		00
₫					30 U.S		or Railroad Retirement		00
Je G					31 Cei		erican Indians		00
'n					32 Pay		an active service membe		00
Place any required federal and AZ schedules or other docume			AND REPORT OF A STREET OF A ST	HAN KOH-MONEANININ BEKAKNIK (147)		operating loss ad	justment	33	00
ac					34 Cor	ntributions: 34 a 529	plans	00	
2		l			1 34b	529A (ABLE)	00 add 34a and 3	34b. 34 C	00

	Your	Name (as shown on page 1)	Your Social Security Nu	ımber	
	RAN	MAKRISHNA BATTULA	790-20-4511	_	
	35	Subtract lines 24 through 34c from line 19		25	59,190 0
		Other Subtractions from Income. Complete Other Subtraction from Arizona Gross Income sched			00
	36 37				59,190 00
Exemptions		Subtract line 36 from line 35. Enter the difference			00
npti	38	Age 65 or over: Multiply the number in box 8 by \$2,100			00
xen	39	Blind: Multiply the number in box 9 by \$1,500			
ш	40	Other Exemptions. See instructions40E Multiply the number in box 40E by \$2,300			00
	41	Qualifying parents and grandparents: Multiply the number in box 11a by \$10,000			59,190 0 0
	42	Arizona adjusted gross income: Subtract lines 38 through 41 from line 37. If less than zero, enter "0"		12,550 0	
	43	Deductions: Check box and enter amount. See instructions			75 00
	44	If you checked box 43S and claim charitable contributions, check 44C 🔀 Complete page 3. See ins		46,565 00	
Тах	45	Arizona taxable income: Subtract lines 43 and 44 from line 42. If less than zero, enter "0"			
o o		Compute the tax using amount on line 45 and Tax Tables X and Y or Optional Tax Tables			1,346 00
nce	46k	olf line 45 is \$250,001 or more (single/mfs) or \$500,001 or more (mfj/hoh) compute the tax surcha			00
Balance of Tax	47	Tax from recapture of credits from Arizona Form 301, Part 2, line 30			1 246 24
	48	Subtotal of tax: Add lines 46a, 46b and 47. Enter the total			1,346 00
	49	Dependent Tax Credit. See instructions			00
	50	Family income tax credit (from the worksheet - see instructions)			00
	51	Nonrefundable Credits from Arizona Form 301, Part 2, line 61			00
and	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	1,346 00
Cre	53	2021 AZ income tax withheld			1,779 00
yme	54	2021 AZ estimated tax payments s4a 00 Claim of Right 54b	00 Add 54a and 54b	. 54c	00
Total Payments and Refundable Credits	55	2021 AZ extension payment (Form 204)		55	00
	56	Increased Excise Tax Credit (from the worksheet - see instructions)		56	00
Tax Due or Overpayment	57	Property Tax Credit from Arizona Form 140PTC		57	00
	58	Other refundable credits: Check the box(es) and enter the total amount	308-I 582 3 49	58	00
	59	Total payments and refundable credits: Add lines 53 through 58. Enter the total		59	1,779 00
	60	TAX DUE: If line 52 is larger than line 59, subtract line 59 from line 52. Enter amount of tax due. Skip lines 6	61, 62 and 63	60	00
Гб	61	OVERPAYMENT: If line 59 is larger than line 52, subtract line 52 from line 59. Enter amount of overpayment	nt	61	433 00
fts	62	Amount of line 61 to be applied to 2022 estimated tax		62	00
' Gifts	63	Balance of overpayment: Subtract line 62 from line 61. Enter the difference		63	433 00
Voluntary	64	- 74 Voluntary Gifts to: Solutions Teams Assigned to Schools64 00 Arizona Wildlife	65 00		
Jun I		Child Abuse Prevention	68 00		
>		Neighbors Helping Neighbors69 00 Special Olympics70 00 Veterans' Donations Fo	und 71 00		
Ę		Neighbors Helping Neighbors69 00 Special Olympics70 00 Veterans' Donations Full Didn't Pay Enough Fund72 00 Sustainable State Parks and Road Fund73 00 Spay/Neuter of Animal	s 74		
enalty	75	Political Party (if amount is entered on line 68 - check only one): 751 Democratic 752 Libertarian	753 Republican		
ď	76	Estimated payment penalty		76	00
	77	771 Annualized/Other 772 Farmer or Fisherman 773 Form 221 included			
Retund or Amount Owed	78	Add lines 64 through 74 and 76; enter the total		78	00
0 1	79	REFUND: Subtract line 78 from line 63. If less than zero, enter amount owed on line 80			433 00
lour	-	Direct Deposit of Refund: Check box 79A if your deposit will be ultimately placed in a foreign account; see	instructions. 79A		, ,
Αď		C Checking or ROUTING NUMBER ACCOUNT NUMBER ROUTING NUMBER			
		98 S Savings 0 4 4 0 0 0 0 3 7 7 9 0 3 6 7 5 2 3			
	80	AMOUNT OWED: Add lines 60 and 78. Make check payable to Arizona Department of Revenue; write your return.		90	00
		and include with your returnUnder 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			
ш	_			·	
HERE	→	S	OFTWARE ENG	INEER	
풀	;	YOUR SIGNATURE DATE OC	CUPATION		
SIGN	→				
18					
		SPOUSE'S SIGNATURE DATE SP	OUSE'S OCCUPATION		
PLEASE		SYAM PRIYA RAM SAGAR GUPTA TALLAM 04072022 GLOBAL TAXES LI			
M		PAID PREPARER'S SIGNATURE DATE FIRM'S NAME (PREPARER'S IF	•		
۲		2530 Pebble Creek Ln	30-101		
4		PAID PREPARER'S STREET ADDRESS	PAID PREPAR		
		Cumming GA 30041	(678)9		
		PAID PREPARER'S CITY STATE ZIP CODE	PAID PREPAR	ER'S PHON	NE NUMBÉR

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
RAMAKRISHNA BATTULA	790-20-4511

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.

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