## **E-file Signature Authorization**

2023

(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** JAYA NARASIMHA REDDY BHUMIREDDY VENKATA 054 | 81 | 8455 vour Your Spouse's First Name and Initial (if filed joint) Last Name Spouse's Social Security No.\* SSN(s). BARKI 76 | 2678 SWATHI 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. 192,954 00 1 Arizona Adjusted Gross Income ☐ Foreign Account Deposit/Debit: See instructions below. 2 Balance Of Tax ..... 4,131 00 TYPE OF ACCOUNT ROUTING NUMBER 2,344 00 ☐ Checking ■ Savings 3 Arizona Income Tax Withheld ... ACCOUNT NUMBER Check box 4 or box 5: 00 **4** ■ **REFUND**: Enter the amount of refund...... DIRECT DEBIT REQUEST DATE 1.787|00DIRECT DEBIT PAYMENT AMOUNT 5 ★ AMOUNT YOU OWE: Enter the amount owed....... 00 Box 4 Checkbox - Refund: You are due a refund based on the information Foreign Account Deposit/Debit Checkbox: Check the "Foreign Account Deposit/Debit" box if your deposit will be ultimately placed in or come provided on your tax return. Your refund amount will be deposited in the account listed in the Financial Institution Information Section (Part 3). from a foreign account. If you check this box, do not enter your account numbers. If this box is checked, we will not direct deposit or debit your Box 5 Checkbox - Amount You Owe: You owe taxes based on the information provided on your tax return. You have elected to direct debit account. If you are due a refund, we will send you a check instead. If you owe tax, you must mail a check to the Arizona Department of Revenue. for payment. The payment will be withdrawn from the account and on the PO Box 29085, Phoenix, AZ 85038-9085. date listed in the Financial Institution Information Section (Part 3). PART 4 – DECLARATION AND SIGNATURE AUTHORIZATION (Sign only after completing Part 2) I consent to my Electronic Return Originator (ERO) or On-Line Service Under penalties of perjury, I declare that I have examined a copy of my Provider (OLSP) sending my electronic Arizona individual income tax electronic Arizona individual income tax return and accompanying schedules return and accompanying schedules and statements to ADOR, and I and statements for the year ending December 31, 2023, 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 an acknowledgement of receipt of transmission and an indication of income tax withheld, and refund (or amount owed) listed above are the whether or not the transmission of my return is accepted and, if the return amounts shown on the copy of my electronic Arizona income tax return. is rejected, the reason(s) for the rejection. If the processing of my return **6a** I consent that my refund be directly deposited as designated in the or refund is delayed, I authorize ADOR to disclose to my ERO, OLSP and/ electronic portion of my 2023 Arizona individual income tax return. or transmitter the reason(s) for the delay, or when the refund was sent. If I have filed a joint return, this is an irrevocable appointment of If ADOR contacts my ERO for a copy of my return, any documents or the other spouse as an agent to receive the refund. schedules to my return, and/or this authorization form, I authorize my ERO **6b** X I do not want direct deposit of my refund or I am not receiving a to release copies of the requested documents to ADOR. refund 6c I authorize the Arizona Department of Revenue (ADOR) and its I authorize GLOBAL TAXES LLC designated Financial Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account (ELECTRONIC RETURN ORIGINATOR) indicated in the tax preparation software for payment of my Arizona taxes owed on this return. I also authorize the financial institutions to make the election that I want my electronic signature to my electronic involved in the processing of the electronic payment of taxes to federal individual income tax return to serve as my signature to my receive confidential information necessary to answer inquiries and electronic Arizona individual income tax return for the year ending December 31, 2023. 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 15, 2024, 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.

SN HERE	YOUR PEN AND INK SIGNATURE	DATE	
PLEASE SIGN	SPOUSE'S PEN AND INK SIGNATURE	DATE	

RETURN.			Arizona Form 140	Resident Pe	Return FOR CALENDAR YEAR 2023			₹		
	82F		Check box 82F f filing under extension	OR FISCAL YEAR BEGINNII	NG I I I	12.0.2.3	AND ENDING		1	. 66F
			First Name and Middle Initial		Last Name			Your S	Social Security No	
10 IE	1	JA	YA NARASIMHA REDDY		BHUMIREDD	Y VENKATA	Enter	054	81   84	55
			se's First Name and Middle Initi	ial (if box 4 or 6 checked)	Last Name	<del>-</del>	your	Spous	e's Social Securi	
SE.	1	SW	ATHI		BARKI		SSN(s	738	3 <sub>1</sub> 76 <sub>1</sub> 26	78
핕		Curre	ent Home Address - number and	d street, rural route		Apt. No.	Daytir	me Phone (	with area code)	
≥	2		01 S VISTA PL					480)383		
$\leq$	$\overline{}$	-	Town or Post Office	State	ZIP Code	•	Last Names Used	in Last Four	Prior Year(s) (if dif	ferent)
빌	3	Ch	andler	AZ	85248					97
<b>DO NOT STAPLE ANY ITEMS</b>	TATUS	4	Married filing joint return	4a Injured Spouse Prote	ection of Joint Ov	verpayment	REVENUE USE O	NLY. DO NO	T MARK IN THIS A	REA.
ဢ		5	Head of household. Enter	r name of qualifying child or depen	dent on next line.		00			
<u></u>	G S									
2	FILING	6	_	turn. Enter spouse's name and So	ocial Security Numl	ber above.				
ے		7								
	NS N	_		ed. Do not put a check mark						
	ΙĔΙ	8	"	or spouse) If completing lines 8, 39, and 41. For lines 1			81 PM		80 RCVD	
	ΙÄ	9 100	Blind (you and/or spouse Dependents: Under age of	,	lents: Age 17 and		<u>01</u>		00	
	EXEMPTIONS	10a 11a	Qualifying parents and gr		ienis. Age 17 and	u over.				
			· · · · · · · · · · · · · · · · · · ·	ent Information. See instruction	ons For more s	pace, check th	e box $\square$ and c	omplete pa	ge 4. Part 1.	
			(a)		(b)	(c)	(d)	(e)	(f)	
	ι		FIRST AND LAS		OCIAL SECURITY NUMBER	RELATIONSHIP	NO. OF MONTHS I	Dependent A included in:	if you did not this person	ot claim on vour
	dent		(Do not list yourself	for spouse.)	NUMBER		HOME IN 2023		2 federal return	n due to
	Dependents	10c					1	(Box 10a) (Box	( 10b)	
	å	100						<del>         </del>		
		10a						市市	i i	
				s and grandnarents. See instri	uctions For mor	re snace check	the boy $\square$ and	complete n	age 4 Part 2	
40.	pue	(Box 11a): Qualifying parents and grandparents. See instructions. For more space, check to (a) (b) (c)					(d)	(e)	(f)	
<u>,</u>	Qualifying Parentsand Grandparents		FIRST AND LAS	- · · · · · · · · · · · · · · · · · · ·	OCIAL SECURITY NUMBER	RELATIONSHIP	NO. OF MONTHS LIVED IN YOUR			
Z.	g Par		(Do not list yourself	or spouse.)	NOMBER		HOME IN 2023	OVER	IN 2023	3
Ţ,	lifyin Gran	446						$\overline{}$		
£	Qua	11b 11c						$\overline{}$	ᅡ	
or other documents after Form 140	Ī		Federal adjusted gross incor	me (from your federal return)	<b>)</b>			12	192,954	00
ent			Small Business Income: 135 cl	-				I .		00
Ĕ			Modified federal adjusted gross						192,954	00
20	S		Non-Arizona municipal interest							00
r d	tion	16	Partnership Income adjustment	t. See instructions				16		00
the the	Addi		Total federal depreciation							00
0			Other Additions to Income: Co	•			. •		100 054	00
S O			Subtotal: Add lines 14 through 1					00	192,954	:  00
schedules			Total net capital gain or (loss).					00		
eq			Total net short-term capital gair Total net long-term capital gain					00		
泛			Net long-term capital gain from							
AZS			Multiply line 23 by 25% (.25) ar						0	00
δ			Net capital gain derived from in					I .		00
an	s		Recalculated Arizona depreciat							00
ā	ction		Partnership Income adjustment							00
g	btrac		Interest on U.S. obligations suc							00
<u>e</u>	Sub		Exclusion for federal, Arizona s							00
any required federal and			Exclusion for benefits, annuities							00
ᆵ			U.S. Social Security or Railroad			-				00
ē			Certain wages of American Ind							00
5		32	Pay received for active service	as a member of the reserves,	national guard o	r the U.S. arme	d forces	32		00
e a			Net operating loss adjustment.					I .		00
Jace		34	Contributions to: 34a 529 College		·	counts)	<b>00</b> add 34a an		192 954	00
_	- 1	~=	0   4 4   1 0.4   4   0.4   4	rom line 10 Enter the differen				25	100 05/	-100

[	Your	Name (as shown on page 1)	Your Socia	I Security Number	
		BHUMIREDDY VENKATA & S BARKI	054-8	31-8455	
ŀ	0 1	SHOPITCEDDI VERMATITI & D. DIACCI	031 0	, <u> </u>	
	36	Other Subtractions from Income. Complete Other Subtraction from Arizona Gross Inc	•	_	00
Exemptions	37	Subtract line 36 from line 35. Enter the difference		-	192,954 00
	38	Age 65 or over: Multiply the number in box 8 by \$2,100			00
	39	Blind: Multiply the number in box 9 by \$1,500		00	
	40	Other Exemptions. See instructions40E Multiply the number in box 40E by \$2,30			00
	41	Qualifying parents and grandparents: Multiply the number in box 11a by \$10,000		100 054	
	42	Arizona adjusted gross income: Subtract lines 38 through 41 from line 37. If less than zero			192,954 00
	43	Deductions: Check box and enter amount. See instructions	<del></del>		27,700 <u>00</u>
	44	If you checked box 43 <b>S</b> and claim charitable contributions, check 44 <b>C</b> Complete pag		00	
	45	Arizona taxable income: Subtract lines 43 and 44 from line 42. If less than zero, enter "0"		165,254 00	
Balance of Tax	46	Tax: Multiply line 45 by 2.5% (.025). Enter the result			4,131 00
Ę.	47	Tax from recapture of credits from Arizona Form 301, Part 2, line 31			4 121 22
uce	48	Subtotal of tax: Add lines 46 and 47. Enter the total			4,131 00
sala	49	Dependent Tax Credit. See instructions			00
ш	50	Family income tax credit (from the worksheet - see instructions)			00
	51	Nonrefundable Credits from Arizona Form 301, Part 2, line 62			4 131 00
	52	Balance of tax: Subtract lines 49, 50 and 51 from line 48. If the sum of lines 49, 50 and 51 is g			4,131 00
	53	2023 AZ income tax withheld			2,344 00
	54	2023 AZ estimated tax payments <b>54a</b> 00 Claim of Right <b>54b</b> 2023 AZ extension payment (Form 204)		1 54a and 54b . <b>54c</b>	00
and	55	Increased Excise Tax Credit (from the worksheet - see instructions)			00
ents e Cre	56	Property Tax Credit from Arizona Form 140PTC			00
aym dabl	57 58	Other refundable credits: Check the box(es) and enter the total amount			00
Total Payments and Refundable Credits		Total payments and refundable credits: Add lines 53 through 58. Enter the total			2,344 00
卢쮼	<u>59</u> 60				1,787 00
	61	<b>TAX DUE:</b> If line 52 is larger than line 59, subtract line 59 from line 52. Enter amount of tax due <b>OVERPAYMENT:</b> If line 59 is larger than line 52, subtract line 52 from line 59. Enter amount of			1,78700
nent	62	Amount of line 61 to be applied to 2024 estimated tax			00
Due	63				00
Tax Due or Overpayment			Wildlife <b>65</b>	00	100
	•		Gift68	00	
Gifts			s' Donations Fund <b>71</b>	00	
ary			euter of Animals <b>74</b>	00	
Voluntary	75			epublican	
>		Estimated payment penalty			00
>	77	771 Annualized/Other 772 Farmer or Fisherman 773 Form 221 included			
Penalty	78	Add lines 64 through 74 and 76; enter the total		78	00
Pe	79			79	00
Ď		Direct Deposit of Refund: Check box 79A if your deposit will be ultimately placed in a foreign a  ROUTING NUMBER ACCOUNT NUMBER	ccount; see instructio	ns. <b>79A</b> 🔲	
٥٥		98 S Savings			
Refund or Amount Owed	80	AMOUNT OWED: Add lines 60 and 78. Make check payable to Arizona Department of Reve	onue: write vour SSN o	n navment:	
Am R	00	and include with your return		80	1,787 00
		•			
	ī	Jnder penalties of perjury, I declare that I have read this return and any documents wi	th it. and to the bes	st of mv knowledge	and belief, they are
		rue, correct and complete. Declaration of preparer (other than taxpayer) is based on all			
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I	Y	OUR SIGNATURE DATE	OCCUPATION		
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SIGN HERE	_	SPOUSE'S SIGNATURE DATE	SPOUSE'S OC		714 T
		VENKATA SAI PAVAN KUMAR DUDIPALLI GLOBAL TA	AXES LLC		
PLEASE			EPARER'S IF SELF-EMPL	OYED)	
Щ		245 ROONEY CT	8	88-2145487	
집	P	PAID PREPARER'S STREET ADDRESS	PA	ID PREPARER'S TIN	
	_	E BRUNSWICK NJ 08816		(678)965-952	
	P	PAID PREPARER'S CITY STATE ZIP CODE	PA	ID PREPARER'S PHON	E NUMBER

If you are sending a payment with this return, mail to Arizona Department of Revenue, PO Box 52016, Phoenix, AZ 85072-2016. Include the payment with Form 140. If you are expecting a refund or owe no tax, or owe tax but are not sending a payment, mail to Arizona Department of Revenue, PO Box 52138, Phoenix, AZ 85072-2138.

Arizona Form
AZ-140V

## Arizona Individual Income Tax Payment Voucher for Electronic Filing of Form 140, 140PY or 140NR

EPV **2023** 

Your First Name and Middle Initial		Last Name			Your S	Social Security No	umber
1 JAYA NARASIMHA REDDY		BHUMIREDDY	Y VENKATA	A	nter 05	4   81   84	55
Spouse's First Name and Middle In	tial	Last Name			Spous	se's Social Secur	ity No.
1 SWATHI		BARKI		58	<b>SN(s).</b> 73	8   76   26	78
Current Home Address - number ar	d street, rural route	·	Apt. No.	D	aytime Phone (	(with area code)	
2 4801 S VISTA PL				9.	<b>4</b> (480)38:	3-3327	
City, Town or Post Office	State	ZIP Code		I—	JSE ONLY. DO N	OT MARK IN THIS	AREA.
3 Chandler	AZ	85248		88			
Please indicate the filing state  ☐ Married filing joint return  ☐ Head of household: Enter na  ☐ Married filing separate retur	ame of qualifying child or o		nber above.				
Single		<b>,</b>		81 PM		80 RCVD	
Enter the amount of paymen	t enclosed				\$	1,78	37 00

If you are mailing this payment

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

- ✓ Do not send cash.
- ✓ Make your check or money order payable to Arizona Department of Revenue.
- ✓ Write your SSN, "2023 Tax" and 140 on your payment.
- ✓ Include your payment with this form.
- ✓ **Mail to** Arizona Department of Revenue, PO Box 29085, Phoenix, AZ 85038-9085.

If you are making an electronic payment

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

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

**NOTE:** To avoid interest and penalties you must pay the full amount of your tax by April 15, 2024. You will not receive an additional notice from the Arizona Department of Revenue unless an error exists with your return.

ADOR 10944 (23) 1555 REV 01/13/24 PRO

5	140ES	maividuai Esti	mated mcome	зтахг	ayment	2024
_						
Th	is estimated payment is for tax our First Name and Middle Initial	year ending Decemb		r tax yea	ar ending: L	
t Yo			Last Name	ת אדוב א רדי א	Enter	Your Social Security Number 054   81   8455
Sr	ʿAYA NARASIMHA REDDY pouse's First Name and Middle Initial (i	f filing joint)	BHUMIREDDY VI	ENVAIA	your	Spouse's Social Security No.
11s	IHTAW	9 je)	BARKI		SSN(s).	738   76   2678
Cı	urrent Home Address - number and str	eet, rural route	Apt.			same as Form 140, 140NR or 140PY
Thi You Sp Cu Cit 2 4 Cit 3 Cit 3 Cit 5 Ci	801 S VISTA PL				a ∭Married filing joint retun b	
Ci	ty, Town or Post Office	State	ZIP Code	lr.	_	. DO NOT MARK IN THIS AREA.
3 C	handler	AZ	85248		88	
	our Daytime Phone (with area coo					
$\Box$	Check if this payment is on beha					
STOP	<ul><li>DO NOT USE THIS FORM TO</li><li>Use this form only for mailing e</li></ul>		NCOME TAX PATIM	IEIN I S.		
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	ayment: You must round your est		· ·	<u> </u>	81 PM	80 RCVD
E	nter the amount of <b>payment encl</b>	osed	\$ 447 0	00		
2 C	heck only one box for the quarter	r for which this payment	is made.	L		
D	o not select more than one quarte	r. You must submit a se	parate form for each	h quarter	for which a paym	ent is made.
D:	ayment for <b>calendar year filers</b> ar	e due as follows:				
	X 1st Quarter – January to March					
<u> </u>		• •	.4.			
	2nd Quarter – April to June   Du Because June 15, 2024 falls or		ntil lung 17 2024 to a	mako this	navment	
<u> </u>				illake tills	payment.	
	3rd Quarter – July to September  Because September 15, 2024 fa	•	•	16. 2024 t	o make this payme	ent.
-	<u> </u>		•			
L	4th Quarter – October to Decemb	per   Due date is January	7 15, 2025.			
Pa	ayment for <b>fiscal year filers</b> are d	ue as follows:				
[	1st Quarter – 15th day of the <b>fou</b>		scal year.			
]	2nd Quarter – 15th day of the <b>six</b>	th month of the current fis	cal year.			
]	3rd Quarter – 15th day of the <b>nin</b>	th month of the current fisc	cal year.			
]	4th Quarter – 15th day of the <b>firs</b>	t month of the next fiscal y	ear.			
		ue dates fall on a Satu t for that quarter by m				
	If you are mailing this pa	. ,	namgne on the nex	te buoint	see day renewing	that day!
	To ensure proper applicat		be sure that vou:			
		mit this form in its enti	•	is page i	n half.	
	'	or money order payable	•			
		Tax Year 2024" and "14				
	, , , , , , , , , , , , , , , , , , , ,	de on behalf of a <b>Nonre</b>			write "Composite	e 140NR",
		nd the entity's EIN on y			·	,
	✓ Include your payn	nent with this form.				
	·	epartment of Revenue, I				
	Be sure to review your estim	nated income and adjus	t your payments as	necessa	ry during the yea	r.
	If you are making an elec	tronic payment				
		ake this estimated erican Express ♦ Visa				
	Ame		AZTaxes.gov	ี ♥ เซเสรีโ	ei Cai u	
		on "Make a Payment"	and select "140ES"			
	✓ Dor	not mail this form. We	will apply this paym	ent to yo	our account.	

FOR CALENDAR YEAR

Arizona Form

TO THE FORM.		Arizona Form 140ES	Individual Estir	FOR CALENDAR YEAR 2024					
뷛	Thi	s estimated payment is for to	ax vear ending Decemb	er 31 2024	or for tax	vear ending: .	1 2 0 1		
		ur First Name and Middle Initial	g =	Last Name		Enter	Your Social Security Number		
ANY ITEMS	_	AYA NARASIMHA REDDY	054   81   8455						
≝┌		ouse's First Name and Middle Initia	l (if filing joint)	Last Name	Spouse's Social Security No.				
≽ T		WATHI rrent Home Address - number and	stroot rural routo	BARKI	Apt. No.	SSN(s).	738   76   2678 e same as Form 140, 140NR or 140PY		
		801 S VISTA PL	Sileet, Turai Toute		Αρί. Νο.	95a Married filing joint retu	rn 95c Head of Household		
STAPLE		y, Town or Post Office	State	ZIP Code	<u> </u>		Y. DO NOT MARK IN THIS AREA.		
	<b>3</b> C	handler	AZ	85248		88			
<u> </u>	4 Y	our Daytime Phone (with area o	code): <u>(480)383-332</u> 7	7					
	TOP	<ul> <li>theck if this payment is on be</li> <li>DO NOT USE THIS FORM</li> <li>Use this form only for mailing</li> </ul>	O MAKE DELINQUENT II g estimated payments.	NCOME TAX	PAYMENTS	S.			
1		ayment: You must round your	• •			81 PM	80 RCVD		
	Er	nter the amount of <b>payment en</b>	closed	<b>S</b>	447 00				
2	Do	neck only <u>one</u> box for the quant o not select more than one quant payment for calendar year filers	ter. You must submit a se		r each qua	rter for which a payn	nent is made.		
	Γ	1st Quarter – January to Marc		<b>4</b> .					
		Znd Quarter – April to June   Because June 15, 2024 falls	Due date is <b>June 15, 2024.</b>		24 to make	this naumont			
	[	3rd Quarter – July to Septemb	er   Due date is <b>September</b>	15, 2024.					
	L	Because September 15, 2024	talls on a weekend, you ha	ive until Septer	mber 16, 202	24 to make this paym	ent.		
	L	→ 4th Quarter – October to Dece	mber   Due date is <b>January</b>	15, 2025.					
	Pa	ayment for <b>fiscal year filers</b> are	due as follows:						
		1st Quarter – 15th day of the <b>f</b>	ourth month of the current fis	cal year.					
	[	2nd Quarter – 15th day of the	sixth month of the current fisc	cal year.					
	[	3rd Quarter – 15th day of the i	ninth month of the current fisc	al 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							
	To ensure proper application of this payment, be sure that you:								
	✓ Complete and submit this form in its entirety. Do not cut this page in half.								
		<ul><li>✓ Make your check or money order payable to Arizona Department of Revenue.</li><li>✓ Write your SSN, "Tax Year 2024" and "140ES" on your payment.</li></ul>							
		<ul> <li>✓ If payment is made on behalf of a <b>Nonresident Composite return</b>, write "Composite 140NR", "Tax Year 2024" and the entity's EIN on your payment.</li> <li>✓ Include your payment with this form.</li> </ul>							
		·	Department of Revenue, F						
		Be sure to review your est	imated income and adjust	your paymer	nts as neces	ssary during the yea	ar.		
		If you are making an el	ectronic payment						
		A		♦ Discover AZTaxes.go	Card ♦ Ma v	asterCard			
	<ul> <li>✓ Click on "Make a Payment" and select "140ES" as the Payment Type.</li> <li>✓ Do not mail this form. We will apply this payment to your account.</li> </ul>								

5	140ES	Illulviduai Esti	mated inc	ome ra	x Fayment	2024
This e Your F 1 JAY Spous 1 SWA Currel						0.0
This e	estimated payment is for tax First Name and Middle Initial	year ending Decemb	oer 31, 2024, Last Name	or for tax	year ending:	Your Social Security Number
TAV	A NARASIMHA REDDY		BHUMIREDI	א אואישוא ער	Enter	054   81   8455
Spous	se's First Name and Middle Initial (if	filing joint)	Last Name	JI VENKA	your	Spouse's Social Security No.
1 SWA	•	9,1,	BARKI		SSN(s).	738   76   2678
Curre	nt Home Address - number and stre	eet, rural route		Apt. No.		e same as Form 140, 140NR or 140PY
<b>2</b> 480	1 S VISTA PL				95a Married filing joint ret 95b Married filing separat	
· ·	own or Post Office	State	ZIP Code	)		Y. DO NOT MARK IN THIS AREA.
0 0110		AZ	85248			
_	Daytime Phone (with area cod	e): <u>(480)383-332</u>	7			
	ck if this payment is on beha					
STILL!	DO NOT USE THIS FORM TO Use this form only for mailing e		INCOME IAX	PAYMENTS	S.	
1 Payr	nent: You must round your esti	mated payment to a wh	hole dollar (no	cents).	81 PM	80 RCVD
Ente	r the amount of <b>payment enclo</b>	sed	\$	447 00	<b>61</b> · ···	<u>                                      </u>
				117 00		
	ck only <u>one</u> box for the quarter					
Do n	ot select more than one quarter	. You must submit a se	eparate form to	r eacn qua	πer for wnich a payr	ment is made.
Payn	nent for <b>calendar year filers</b> ar	e due as follows:				
	1st Quarter – January to March	Due date is April 15, 202	24.			
	2nd Quarter – April to June   Due Because June 15, 2024 falls on		ntil June 17 20	24 to make	this navment	
	3rd Quarter – July to September			24 to make	uno payment.	
	Because September 15, 2024 fa	•	•	mber 16, 20	24 to make this paym	nent.
	4th Quarter – October to Decemb	er   Due date is <b>January</b>	y 15, 2025.			
Payn	nent for <b>fiscal year filers</b> are du	ue as follows:				
	1st Quarter – 15th day of the <b>four</b>	rth month of the current fis	scal year.			
	2nd Quarter – 15th day of the <b>six</b>	th month of the current fis	cal year.			
	3rd Quarter – 15th day of the <b>nint</b>	th month of the current fis	cal year.			
	4th Quarter – 15th day of the <b>firs</b> t	t month of the next fiscal y	/ear.			
	If any of the du the required payment	ie dates fall on a Satu for that quarter by n				
	If you are mailing this pay	yment:				
	To ensure proper applicati	ion of this payment,	be sure that y	ou:		
	✓ Complete and sub-	mit this form in its enti	irety. Do not o	cut this pag	je in half.	
	✓ Make your check o	or money order payable	e to Arizona De	epartment (	of Revenue.	
	✓ Write your SSN, "1	Tax Year 2024" and "14	10ES" on your	payment.		
		e on behalf of a <b>Nonre</b>			rn, write "Composi	te 140NR",
		nd the entity's EIN on y	your payment.			
		nent with this form.				
	•	epartment of Revenue,				
	Be sure to review your estim	ated income and adjus	t your paymer	nts as nece	ssary during the ye	ar.
	If you are making an elect	cronic payment				
		ake this estimated erican Express ♦ Visa www.		Card ♦ Ma		
		on "Make a Payment" ot mail this form. We	and select "14	0ES" as th		

FOR CALENDAR YEAR

Arizona Form

5		140ES	maividuai Esti	mated mc	ome raz	k Fayment	2024
<u> </u>		stimated payment is for tax	year ending Decemb		or for tax	year endin <u>g:</u>	<u> </u>
2 2		irst Name and Middle Initial		Last Name BHUMIREDI	N	Enter	Your Social Security Number
اللا غ		A NARASIMHA REDDY e's First Name and Middle Initial (if	filing joint)	Last Name	OI VENKA	your	Spouse's Social Security No.
<u> </u>	SWA	,	9 j=,	BARKI		SSN(s).	738   76   2678
لنا ج		nt Home Address - number and stre	et, rural route		Apt. No.		ne same as Form 140, 140NR or 140PY
2	480	1 S VISTA PL				95a Married filing joint ret 95b Married filing separa	
<u> </u>	-	own or Post Office	State	ZIP Code	,		Y. DO NOT MARK IN THIS AREA.
2 3		ndler	AZ	85248		<u>[88]</u>	
		Daytime Phone (with area cod					
┇□		ck if this payment is on beha					
STO	ניו	DO NOT USE THIS FORM TO Use this form only for mailing e		NCOME TAX	PAYMENTS	D.	
1	Paym	nent: You must round your esti	mated payment to a wh	nole dollar (no	cents).	81 PM	80 RCVD
	Enter	the amount of payment enclo	sed S	\$	147 00	01	00
		<b>k only <u>one</u> box</b> for the quarter of select more than one quarter.	• •		r each aug	rter for which a pay	ment is made
	DO IIC	or sciedt more than one quarter.	Tou must submit a sc	parate form to	r cacii quai	ter for willer a pay	ment is made.
	Paym	ent for <b>calendar year filers</b> are	e due as follows:				
		1st Quarter – January to March	Due date is April 15, 202	24.			
		2nd Quarter – April to June   Due	e date is <b>June 15, 2024.</b>				
		Because June 15, 2024 falls on	a weekend, you have ur	ntil June 17, 20	24 to make t	this payment.	
		3rd Quarter – July to September	•	•			
		Because September 15, 2024 fa	lls on a weekend, you ha	ave until Septer	mber 16, 202	24 to make this payn	nent.
	$\boxtimes$	4th Quarter – October to Decemb	er   Due date is <b>January</b>	15, 2025.			
	Pavm	ent for <b>fiscal year filers</b> are du	ue as follows:				
		1st Quarter – 15th day of the <b>four</b>		scal year.			
		2nd Quarter – 15th day of the six	th month of the current fise	cal year.			
		3rd Quarter – 15th day of the <b>nint</b>	<b>h</b> month of the current fisc	cal year.			
		4th Quarter – 15th day of the <b>first</b>					
		If any of the du the required payment	e dates fall on a Satu for that quarter by m				
	_	If you are mailing this pay	vment:				
		To ensure proper applicati	on of this payment,	be sure that y	ou:		
		✓ Complete and sub-	mit this form in its enti	rety. Do not o	ut this pag	e in half.	
		√ Make your check of the property of the	r money order payable	to Arizona De	epartment o	of Revenue.	
		✓ Write your SSN, "1	ax Year 2024" and "14	OES" on your	payment.		
			e on behalf of a <b>Nonre</b> nd the entity's EIN on y		osite retu	<b>rn</b> , write "Composi	te 140NR",
		✓ Include your paym		our payment.			
			partment of Revenue, F	PO Box 29085	Phoenix A	Z 85038-9085	
		Be sure to review your estimate					ar.
	L	If you are making an elect					
		You can ma	ake this estimated				
			www.	AZTaxes.go	v		
			on "Make a Payment"				
		√ Do no	ot mail this form. We w	will apply this	payment to	your account.	

FOR CALENDAR YEAR

Arizona Form