

DO NOT STAPLE ANY ITEMS TO THE RETURN.

82F Check box 82F if filing under extension OR FISCAL YEAR BEGINNING 2023 AND ENDING 66F

Your First Name and Middle Initial VENKATESH Last Name CHENNUPATI Your Social Security Number 862 76 0353

Spouse's First Name and Middle Initial (if box 4 or 6 checked) SOWMYA Last Name GOPALAM Spouse's Social Security No. 995 94 7086

Current Home Address - number and street, rural route Apt. No. Daytime Phone (with area code) 10255 E VIA LINDA 1048 (94) (940) 999-4066

City, Town or Post Office State ZIP Code Last Names Used in Last Four Prior Year(s) (if different) SCOTTSDALE AZ 85258 97

FILING STATUS 4 Married filing joint return 4a Injured Spouse Protection of Joint Overpayment 5 Head of household 6 Married filing separate return 7 Single

EXEMPTIONS 8 Age 65 or over 9 Blind 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 NUMBER, (c) RELATIONSHIP, (d) NO. OF MONTHS LIVED IN YOUR HOME IN 2023, (e) IF AGE 65 OR OVER, (f) IF DIED IN 2023. Rows 10c, 10d, 10e.

Table with 6 columns: (a) FIRST AND LAST NAME, (b) SOCIAL SECURITY NUMBER, (c) RELATIONSHIP, (d) NO. OF MONTHS LIVED IN YOUR HOME IN 2023, (e) IF AGE 65 OR OVER, (f) IF DIED IN 2023. Rows 11b, 11c.

Main tax calculation table with 3 columns: Line number, Description, Amount. Rows 12-35 including Federal adjusted gross income, additions, and subtractions.

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

Your First Name and Middle Initial 1 VENKATESH		Last Name CHENNUPATI	Enter your SSN(s).	Your Social Security Number 862 76 0353
Spouse's First Name and Middle Initial 1 SOWMYA		Last Name GOPALAM		Spouse's Social Security No. 995 94 7086
Current Home Address - number and street, rural route 2 10255 E VIA LINDA		Apt. No. 1048	Daytime Phone (with area code) 94 (940) 999-4066	
City, Town or Post Office 3 SCOTTSDALE		State AZ	ZIP Code 85258	

REVENUE USE ONLY. DO NOT MARK IN THIS AREA.

88

Please indicate the filing status below:

Married filing joint return

Head of household: Enter name of qualifying child or dependent on next line.

Married filing separate return: Enter spouse's name and Social Security Number above.

Single

81 PM **80** RCVD

Enter the amount of payment enclosed..... \$

257	00
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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.

DO NOT STAPLE ANY ITEMS TO THE FORM.

This estimated payment is for tax year ending December 31, 2024, or for tax year ending: 20

Your First Name and Middle Initial: VENKATESH; Last Name: CHENNUPATI; Your Social Security Number: 862 76 0353

Spouse's First Name and Middle Initial (if filing joint): SOWMYA; Last Name: GOPALAM; Spouse's Social Security No.: 995 94 7086

Current Home Address - number and street, rural route: 10255 E VIA LINDA; Apt. No.: 1048; City, Town or Post Office: SCOTTSDALE; State: AZ; ZIP Code: 85258

Your Daytime Phone (with area code): (940) 999-4066

Check if this payment is on behalf of a Nonresident Composite return - 140NR

- DO NOT USE THIS FORM TO MAKE DELINQUENT INCOME TAX PAYMENTS.
Use this form only for mailing estimated payments.

1 Payment: You must round your estimated payment to a whole dollar (no cents). Enter the amount of payment enclosed \$ 65.00

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:

Form with checkboxes for 1st, 2nd, 3rd, and 4th quarters with due dates and weekend notices.

Payment for fiscal year filers are due as follows:

Form with checkboxes for 1st, 2nd, 3rd, and 4th quarters of the 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: Complete and submit this form in its entirety... Mail to Arizona Department of Revenue...

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

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This estimated payment is for tax year ending December 31, 2024, or for tax year ending: 20

Your First Name and Middle Initial: 1 VENKATESH Last Name: CHENNUPATI Your Social Security Number: 862 76 0353

Spouse's First Name and Middle Initial (if filing joint): 1 SOWMYA Last Name: GOPALAM Spouse's Social Security No.: 995 94 7086

Current Home Address - number and street, rural route: 2 10255 E VIA LINDA Apt. No.: 1048 City, Town or Post Office: 3 SCOTTSDALE State: AZ ZIP Code: 85258

94 Your Daytime Phone (with area code): (940) 999-4066

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Payment for calendar year filers are due as follows:

Form with checkboxes for 1st, 2nd, 3rd, and 4th quarters. 2nd quarter is selected with a note: Because June 15, 2024 falls on a weekend, you have until June 17, 2024 to make this payment.

Payment for fiscal year filers are due as follows:

Form with checkboxes for 1st, 2nd, 3rd, and 4th quarters of the 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:

- Complete and submit this form in its entirety. Do not cut this page in half. Make your check or money order payable to Arizona Department of Revenue. Write your SSN, "Tax Year 2024" and "140ES" on your payment. If payment is made on behalf of a Nonresident Composite return, write "Composite 140NR", "Tax Year 2024" and the entity's EIN on your payment. 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

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

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Spouse's First Name and Middle Initial (if filing joint): SOWMYA; Last Name: GOPALAM; Spouse's Social Security No.: 995 94 7086

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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:

Form with checkboxes for 1st, 2nd, 3rd, and 4th quarters. 3rd quarter is selected.

Payment for fiscal year filers are due as follows:

Form with checkboxes for 1st, 2nd, 3rd, and 4th quarters of the 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:

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Write your SSN, "Tax Year 2024" and "140ES" on your payment.
If payment is made on behalf of a Nonresident Composite return, write "Composite 140NR", "Tax Year 2024" and the entity's EIN on your payment.
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Form fields for names and Social Security Numbers (SSN) for the taxpayer and spouse.

Form fields for current home address, apartment number, and filing status.

Form field for daytime phone number.

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Form with checkboxes for 1st, 2nd, 3rd, and 4th quarters of the calendar year.

Payment for fiscal year filers are due as follows:

Form with checkboxes for 1st, 2nd, 3rd, and 4th quarters of the 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.

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