## **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** VENKATESH CHENNUPATI 862 | 76 | 0353 vour Your Spouse's First Name and Initial (if filed joint) Last Name Spouse's Social Security No.\* SSN(s). GOPALAM 94 ı 7086 SOWMYA 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. 206,183 00 1 Arizona Adjusted Gross Income ☐ Foreign Account Deposit/Debit: See instructions below. 2 Balance Of Tax ..... 4,462 00 TYPE OF ACCOUNT ROUTING NUMBER 4,205 00 ☐ Checking ☐ Savings 3 Arizona Income Tax Withheld... ACCOUNT NUMBER Check box 4 or box 5: 00 **4** ■ **REFUND**: Enter the amount of refund...... 257 nn DIRECT DEBIT REQUEST DATE DIRECT 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 The payment will be withdrawn from the account and on the PO Box 29085, Phoenix, AZ 85038-9085.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** 🛛 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. PLEASE SIGN HERE YOUR PEN AND INK SIGNATURE DATE

SPOUSE'S PEN AND INK SIGNATURE

DATE

THE VALUE Frest Name and Middle Initial	RETURN.			Arizona Form 140	Resident Personal Income Tax			Return	FOR CALENDAR YEAR 2023		
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SUNNYA		,		· ·							mber
SUNNYA	F	_				CHENNUPAT	I				
SOMEYA   S			Spou	se's First Name and Middle Init	ial (if box 4 or 6 checked)	Last Name			Spouse's S	Social Security	y No.
Part	Š.	_				GOPALAM	1				36
Part	Ë				d street, rural route		1 '	— i	•	•	
Part	≥	<u> </u>			State	7IP Code					erent)
Part	EA	_	-					Last Hamos Good III E	act rour rinor	rour(o) (ii diiic	97
Part	ᇫ	_					vernavment	REVENUE USE ONLY	. DO NOT MA	RK IN THIS AF	
Part	ST	Ā			•		reipayment	88			
Part		S			. name of qualifying child of ac						
Part	ž	ΙĔ	6	☐ Married filing separate re	turn. Enter spouse's name an	d Social Security Numl	per above.				
Note	2		7								
Company   Comp		NS			<u> </u>						
Company   Comp		ΙĔΙ	_		' '   '		•	R1 PM	80	RCVD	
Company   Comp		ΙĦ			;)	,	•		00	[60] *** *	
Common   C				1 1 .		endents. Age 17 and	a over.				
Page 2016   Page						ctions. For more s	pace, check th	ne box 🔲 and comp	plete page 4	l, Part 1.	
100   100				* *	CT NAME	• •		(d) √ De	(e) ependent Age		t claim
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100   100		nde								educational o	
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Total rederal aginsted gross income. Subtract line 13 from line 12.   15   16   17   18   18   19   19   19   19   19   19									<del>-       -</del>		
Company   Comp			10e			–			<u> </u>		
13   Small Business Income: 13s	<del>1</del> 0.	5			s and grandparents. See ir						
13   Small Business Income: 13s	17	entsa ents		FIRST AND LAS						✓ IF DIE	D
13   Small Business Income: 13s	orn	ig Pai		(Do not list yourself	i or spouse.)				OVER	IN 2023	
13   Small Business Income: 13s	ř	alifyir Gran	11b								
13   Small Business Income: 13s	afte	ð.									
13   Small Business Income: 13s	ıts		12	Federal adjusted gross incor	me (from your federal retu	ırn)			12	206,183	00
35 Net Operating loss adjustment. See instructions									I	006 100	00
35 Net Operating loss adjustment. See instructions	no									206,183	$\overline{}$
35 Net Operating loss adjustment. See instructions	မ	ons									00
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35 Net Operating loss adjustment. See instructions	S 01						206,183	00			
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35 Net Operating loss adjustment. See instructions	ď		25	Net capital gain derived from in	nvestment in qualified small	business			25		00
35 Net Operating loss adjustment. See instructions	<u>a</u>	suc	26	Recalculated Arizona deprecia	tion				26		00
35 Net Operating loss adjustment. See instructions	era	actic		· · · · · · · · · · · · · · · · · · ·							00
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	<u>а</u>	<u> </u>			rom line 19. Enter the diffe						

Your	Name (as shown on page 1)	\	our Social Security Numbe	r
VEI	NKATESH CHENNUPATI & SOWMYA GOPALAM		862-76-0353	
V 222	WILLIAM CHILITA & BOWLING COLLEGE	L	002 70 0333	Γ Ι
36	Other Subtractions from Income. Complete Other Subtraction from Arizona (	<i>Gross Income</i> sched	ule on page 6 <b>36</b>	00
37	Subtract line 36 from line 35. Enter the difference		206,183 00	
<u>د</u> 38	Age 65 or over: Multiply the number in box 8 by \$2,100		00	
8 39 40 41	Blind: Multiply the number in box 9 by \$1,500	39	00	
E 40	Other Exemptions. See instructions40E Multiply the number in box 40I	•		00
ய்   41	Qualifying parents and grandparents: Multiply the number in box 11a by \$10,000		41	00
42	Arizona adjusted gross income: Subtract lines 38 through 41 from line 37. If les			206,183 00
43	Deductions: Check box and enter amount. See instructions	43I ITEMIZED4	₃S⊠ STANDARD 43	27,700 <u>00</u>
44	If you checked box 43S and claim charitable contributions, check 44C Con			00
45	Arizona taxable income: Subtract lines 43 and 44 from line 42. If less than zero, en			178,483 00
× 46	Tax: Multiply line 45 by 2.5% (.025). Enter the result		46	4,462 00
46 47	Tax from recapture of credits from Arizona Form 301, Part 2, line 31			00
ဥ 48	Subtotal of tax: Add lines 46 and 47. Enter the total		48	4,462 00
48 49 50	Dependent Tax Credit. See instructions		49	00
<sup>m</sup> 50	Family income tax credit (from the worksheet - see instructions)			00
51	Nonrefundable Credits from Arizona Form 301, Part 2, line 62		51	00
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 l	ine 48, enter "0" 52	4,462 00
53	2023 AZ income tax withheld			
54	2023 AZ estimated tax payments54a 00 Claim of Right 5		00 Add 54a and 54b. <b>54</b> 0	
<u>\$</u> 55	2023 AZ extension payment (Form 204)			00
Sefundaple Credits 55 55 59 59	Increased Excise Tax Credit (from the worksheet - see instructions)			00
울 57	Property Tax Credit from Arizona Form 140PTC			00
58	Other refundable credits: Check the box(es) and enter the total amount			00
59	Total payments and refundable credits: Add lines 53 through 58. Enter the tot	al	59	4,205 00
60	<b>TAX DUE: </b> If line 52 is larger than line 59, subtract line 59 from line 52. Enter amount	of tax due. Skip lines 6	1, 62 and 63 <b>60</b>	257 00
동 61	<b>OVERPAYMENT:</b> If line 59 is larger than line 52, subtract line 52 from line 59. Enter			00
61 62 63 64	• • • • • • • • • • • • • • • • • • • •			00
63 0				00
64 64	- /4 Voluntary Gifts to: Assigned to Schools64	Arizona Wildlife		
S.		68 00		
<u>#</u>	Neighbors Helping Neighbors 69 00 Special Olympics	Veterans' Donations Fu		
ntary		Spay/Neuter of Animal		
Voluntary Gifts			753 Republican	
76			76	00
₹ 77	771 ☐ Annualized/Other 772 ☐ Farmer or Fisherman 773 ☐ Form 221 included			
78 79 79 79 79 79 79 79 79 79 79 79 79 79	•	00		
<sup>L</sup> 79	<b>REFUND:</b> Subtract line 78 from line 63. If less than zero, enter amount owed on line <b>Direct Deposit of Refund:</b> Check box 79 <b>A</b> if your deposit will be ultimately placed in a	80		00
pe/	ROUTING NUMBER ACCOUNT NUMBER	a loreign account, see	matructions. 79A	
mount Owe	98 S Savings			
Amount Owed	AMOUNT OWED: Add lines 60 and 78. Make check payable to Arizona Departme	ent of Revenue: write vo	our SSN on payment:	
Am	and include with your return			257 <b>00</b>
l	Jnder penalties of perjury, I declare that I have read this return and any docu	ments with it, and to	the best of my knowle	edge and belief, they are
	rue, correct and complete. Declaration of preparer (other than taxpayer) is bas			
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<u> </u>		BAL TAXES LL NAME (PREPARER'S IF S		
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PLEASE	245 ROONEY CT PAID PREPARER'S STREET ADDRESS		84-317196 PAID PREPARER'S 1	
_	E BRUNSWICK NJ 08816	(678)965-		
_		P CODE	PAID PREPARER'S F	

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.

ADOR 10413 (23) 1555 AZ Form 140 (2023) REV 01/13/24 PRO Page 2 of 6

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 Social Securit	y Number
1 VENKATESH		CHENNUPATI		Enter	862   76	0353
Spouse's First Name and Middle In	itial	Last Name		your	Spouse's Social S	ecurity No.
1 SOWMYA		GOPALAM		SSN(s).	995   94	7086
Current Home Address - number ar	nd street, rural route		Apt. No.	Daytime	Phone (with area co	de)
2 10255 E VIA LINDA			1048	<b>94</b> (94	40)999-4066	
City, Town or Post Office	State	ZIP Code			ILY. DO NOT MARK IN	THIS AREA.
3 SCOTTSDALE	AZ	85258		88		
Please indicate the filing stat  ☑ Married filing joint return  ☐ Head of household: Enter no  ☐ Married filing separate retuin	ame of qualifying child or c		ber above.			
Single				81 PM	80 RCVD	
Enter the amount of paymen	t enclosed				\$	257 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

	140ES	maividuai Esti	mateu mcome	e rax Payille	enc	2024			
This of Your I VEN Spour Spour Curre 2 102 City, 3 SCO						0.0			
I his e	estimated payment is for tax y First Name and Middle Initial	year ending Decemb	er 31, 2024, or to Last Name	r tax year endir	ng:				
10ui	IKATESH		CHENNUPATI		Enter 863				
Spou	se's First Name and Middle Initial (if	filing joint)	Last Name	,	VOLUE	use's Social Security No			
1 SOW	MYA	<b>.</b> ,	GOPALAM		SSN(s). 99!	•			
Curre	nt Home Address - number and stre	et, rural route	Apt.			s Form 140, 140NR or 140PY 95c Head of Household			
<b>2</b> 102	55 E VIA LINDA	_	10	48 <b>95b</b> Married	filing separate return	95d Single			
City,	Town or Post Office	State	ZIP Code	REVENUE 88	E USE ONLY. DO N	NOT MARK IN THIS AREA			
	TTSDALE	AZ	85258						
	Daytime Phone (with area code								
	eck if this payment is on behal DO NOT USE THIS FORM TO								
STINE !	Use this form only for mailing es		NCOWL TAX LATIV	ILIVIO.					
	, ,			, <u> </u>					
_	ment: You must round your esti		` ` ` ` · · · · · · · · · · · · · · · ·			80 RCVD			
Ente	r the amount of <b>payment enclo</b>	sed	<b>\$</b> 65 <b>(</b>	00					
2 Che	ck only <u>one</u> box for the quarter	for which this payment	is made.						
Do n	ot select more than one quarter.	You must submit a se	parate form for <i>eac</i>	<i>h quarter</i> for whic	ch a payment is	s made.			
Povr	mont for calondar year filers are	o duo as follows:							
	Payment for <b>calendar year filers</b> are due as follows:								
	1st Quarter – January to March   Due date is <b>April 15, 2024.</b>								
	2nd Quarter – April to June   Due date is <b>June 15, 2024</b> .								
_	Because June 15, 2024 falls on a weekend, you have until June 17, 2024 to make this payment.								
	3rd Quarter – July to September	•	•	16 2024 to make	this payment				
	Because September 15, 2024 falls on a weekend, you have until September 16, 2024 to make this payment.								
	4th Quarter – October to December   Due date is <b>January 15, 2025</b> .								
Dove	ment for <b>fineal year filers</b> are de	ua aa fallawa							
Fayi	ment for <b>fiscal year filers</b> are du 1st Quarter – 15th day of the <b>four</b>		ecal year						
	2nd Quarter – 15th day of the <b>sixt</b>		-	_					
片									
片	3rd Quarter – 15th day of the <b>nint</b>		<u> </u>						
	4th Quarter – 15th day of the <b>first</b>								
	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 pay	vment:							
	To ensure proper applicati	on of this payment,	be sure that you:						
	✓ Complete and subremark	mit this form in its enti	rety. Do not cut th	is page in half.					
	✓ Make your check o	r money order payable	e to Arizona Departr	nent of Revenue					
	✓ Write your SSN, "T	ax Year 2024" and "14	OES" on your paym	ent.					
		e on behalf of a <b>Nonre</b>		return, write "	Composite 140	NR",			
		nd the entity's EIN on y	our payment.						
	✓ Include your paym		nt with this form.						
	· ·	partment of Revenue, I							
	Be sure to review your estimate	ated income and adjus	t your payments as	necessary durin	g the year.				
	If you are making an elect	ronic payment							
		ake this estimated rican Express ♦ Visa	a ♦ Discover Card		it card!				
		on "Make a Payment"							
	✓ Do no	ot mail this form. We w	will apply this paym	ent to your acco	unt.				

5 140ES IIIIIV	idual Estimated income Ta	x rayinent	2024				
This estimated payment is for tax year end Your First Name and Middle Initial  1 VENKATESH  Spouse's First Name and Middle Initial (if filing joint)  1 SOWMYA  Current Home Address - number and street, rural ro  2 10255 E VIA LINDA  City, Town or Post Office  3 SCOTTSDALE							
This estimated payment is for tax year end		year ending:	2.0				
Your First Name and Middle Initial	Last Name	Enter	Your Social Security Number				
YENKATESH Spouse's First Name and Middle Initial (if filing joint)	CHENNUPATI	your	862   76   0353 Spouse's Social Security No.				
Spouse's First Name and Widdle Initial (II Illing Johns)	Last Name GOPALAM	SSN(s).	995   94   7086				
Current Home Address - number and street, rural ro		95. Filing Status. Must be the	e same as Form 140, 140NR or 140PY				
법 2 10255 E VIA LINDA	1048	95a Married filing joint retu					
City, Town or Post Office	State ZIP Code		Y. DO NOT MARK IN THIS AREA.				
3 SCOTTSDALE	AZ 85258	88					
94 Your Daytime Phone (with area code): (94)	D)999-4066						
Check if this payment is on behalf of a No		R					
DO NOT USE THIS FORM TO MAKE DE							
Use this form only for mailing estimated p	payments.						
1 Payment: You must round your estimated par	yment to a whole dollar (no cents).	81 PM	80 RCVD				
Enter the amount of payment enclosed	, , ,	<u> </u>	00 110 12				
• •							
2 Check only one box for the quarter for which	• •						
Do not select more than one quarter. You must	st submit a separate form for <i>each qua</i>	<i>rter</i> for which a paym	nent is made.				
Payment for calendar year filers are due as f	follows:						
1st Quarter – January to March   Due date	is <b>April 15, 2024</b> .						
	• •						
2nd Quarter – April to June   Due date is Ju  Because June 15, 2024 falls on a weeken	•	this payment.					
3rd Quarter – July to September   Due date		,					
Because September 15, 2024 falls on a we	•	24 to make this payme	ent.				
4th Quarter – October to December   Due o	date is January 15, 2025.						
Payment for <b>fiscal year filers</b> are due as follo	ent for <b>fiscal year filers</b> are due as follows:						
1st Quarter – 15th day of the <b>fourth</b> month of							
2nd Quarter – 15th day of the <b>sixth</b> month o	f the current fiscal year.						
3rd Quarter – 15th day of the <b>ninth</b> month of	f the current fiscal year.						
4th Quarter – 15th day of the <b>first</b> month of t	the next fiscal year.						
If any of the due dates f	all on a Saturday, Sunday, or legal	holiday, you may m	ake				
	quarter by midnight on the next bu						
If you are mailing this server to							
If you are mailing this payment:							
To ensure proper application of thi							
✓ Complete and submit this form	orm in its entirety. Do not cut this pag	ge in half.					
✓ Make your check or money	order payable to Arizona Department	of Revenue.					
✓ Write your SSN, "Tax Year 2	024" and "140ES" on your payment.						
✓ If payment is made on beha "Tax Year 2024" and the ent	alf of a <b>Nonresident Composite ret</b> tity's EIN on your payment.	ırn, write "Composit	e 140NR",				
✓ Include your payment with	this form.						
✓ <b>Mail to</b> Arizona Department	of Revenue, PO Box 29085, Phoenix, A	AZ 85038-9085.					
Be sure to review your estimated income	me and adjust your payments as nece	ssary during the yea	ır.				
If you are making an electronic pa	yment						
You can make this	estimated payment by eChec	k or credit card!					
	press ♦ Visa ♦ Discover Card ♦ M						
Click on "Make	www.AZTaxes.gov  a Payment" and select "140FS" as th	o Paymont Type					

	140ES	maividuai Esti	mated mcom	ie rax	Fayment	2024			
						2 2			
	estimated payment is for tax y First Name and Middle Initial	year ending Decemb	er 31, 2024, or fo Last Name	or tax ye	ear ending:	Your Social Security Numbe			
_	KATESH		CHENNUPATI		Enter	862   76   0353			
	se's First Name and Middle Initial (if	filing joint)	Last Name		your	Spouse's Social Security No			
1 SOW	MYA	<b>.</b> ,	GOPALAM		SSN(s).	995   94   7086			
Curre	nt Home Address - number and stre	et, rural route	Ap		95. Filing Status. Must be the 95a Married filing joint retur	same as Form 140, 140NR or 140PY n 95c Head of Household			
	55 E VIA LINDA				95b Married filing separate	return 95d Single			
	Town or Post Office	State	ZIP Code		REVENUE USE ONLY	. DO NOT MARK IN THIS AREA			
	TTSDALE	AZ	85258		-				
=	Daytime Phone (with area code			440ND					
	ck if this payment is on behal DO NOT USE THIS FORM TO								
STATE OF THE STATE	Use this form only for mailing es		NOOME TAXTATI	WENTO.					
	,			4-1					
_	nent: You must round your esti		` `		81 PM	80 RCVD			
Ente	r the amount of <b>payment enclo</b>	sed \$	65	00					
2 Chec	ck only <u>one</u> box for the quarter	for which this payment	is made.						
Do n	ot select more than one quarter.	You must submit a se	parate form for ea	ch quarte	e <i>r</i> for which a paym	ent is made.			
Pavn	nent for <b>calendar year filers</b> are	a due as follows:							
			14						
	1st Quarter – January to March   Due date is April 15, 2024.								
	2nd Quarter – April to June   Due	•	-41 June 47 00044-	41	!				
<u> </u>	Because June 15, 2024 falls on a weekend, you have until June 17, 2024 to make this payment.								
	3rd Quarter – July to September   Due date is <b>September 15, 2024</b> .								
	Because September 15, 2024 falls on a weekend, you have until September 16, 2024 to make this payment.								
$  $ $\Box$	4th Quarter – October to December   Due date is <b>January 15</b> , <b>2025</b> .								
Pove	Payment for <b>fiscal year filers</b> are due as follows:								
	1st Quarter – 15th day of the <b>four</b>		cal vear.						
늗	2nd Quarter – 15th day of the <b>sixt</b>		•						
늄	3rd Quarter – 15th day of the <b>nint</b>								
片	4th Quarter – 15th day of the <b>first</b>								
Ш	· · · · · · · · · · · · · · · · · · ·				oliday you may m	ako			
	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 pay								
	To ensure proper applicati	on of this payment,	be sure that you:						
	✓ Complete and subreman	mit this form in its enti	rety. Do not cut tl	his page	in half.				
	✓ Make your check o	r money order payable	to Arizona Depart	tment of	Revenue.				
	✓ Write your SSN, "T	ax Year 2024" and "14	0ES" on your payr	ment.					
		e on behalf of a <b>Nonre</b>		te returi	<b>n</b> , write "Composite	e 140NR",			
		nd the entity's EIN on y	our payment.						
	✓ Include your paym				05000 555				
	·	partment of Revenue, F							
	Be sure to review your estima	ated income and adjust	t your payments a	s necess	sary during the yea	r.			
	If you are making an elect	ronic payment				1			
		ake this estimated rican Express ♦ Visa	♦ Discover Car						
	✓ Click	on "Make a Payment"	<b>AZTaxes.gov</b> and select "140ES	as the	Payment Type.				
		ot mail this form. We w							

	140ES	maividuai Esti	mated mcom	етах	Fayment	2024			
This of Your  1 VEN Spout 1 SOW Curre 2 102 City, 3 SCO						0.0			
I his	estimated payment is for tax y First Name and Middle Initial	year ending Decemb	er 31, 2024, or to Last Name	or tax y	ear ending:	Your Social Security Number			
10ui	THIST NAME AND MIDDLE MILLAN		CHENNUPATI		Enter	862   76   0353			
Spou	se's First Name and Middle Initial (if	filing joint)	Last Name		your	Spouse's Social Security No.			
1 SOW	MYA	,	GOPALAM		SSN(s).	995   94   7086			
Curre	ent Home Address - number and stre	et, rural route	Apr		95. Filing Status. Must be the 95a Married filing joint retu	same as Form 140, 140NR or 140PY			
<b>2</b> 102	255 E VIA LINDA	_			95b Married filing separate	return 95d Single			
City,	Town or Post Office	State	ZIP Code		REVENUE USE ONLY	. DO NOT MARK IN THIS AREA			
	OTTSDALE	AZ	85258		-				
	r Daytime Phone (with area cod			4.40NID					
	eck if this payment is on behal DO NOT USE THIS FORM TO								
ST TO 12	Use this form only for mailing es		NOONE I/O(1/(1)	WILITIO.					
	, ,	. ,		·-\					
-	ment: You must round your esti				81 PM	80 RCVD			
Ente	er the amount of <b>payment enclo</b>	sed \$	<b>§</b> 65	00					
2 Che	<b>ck only <u>one</u> box</b> for the quarter	for which this payment	is made.						
Do n	not select more than one quarter.	You must submit a se	parate form for eac	ch quart	<i>er</i> for which a paym	nent is made.			
Pavr	ment for <b>calendar vear filers</b> are	e due as follows:							
	ayment for <b>calendar year filers</b> are due as follows:  1st Quarter – January to March   Due date is <b>April 15, 2024.</b>								
片									
$  $ $\cup$	2nd Quarter – April to June   Due date is <b>June 15, 2024.</b> Because June 15, 2024 falls on a weekend, you have until June 17, 2024 to make this payment.								
		- July to September   Due date is September 15, 2024.							
	Because September 15, 2024 fa	•	•	r 16. 2024	to make this payme	ent.			
	<u> </u>								
	4th Quarter – October to December   Due date is <b>January 15, 2025</b> .								
Payr	Payment for <b>fiscal year filers</b> are due as follows:								
	1st Quarter – 15th day of the <b>four</b>		scal year.						
	2nd Quarter – 15th day of the <b>sixt</b>	th month of the current fise	cal year.						
	3rd Quarter – 15th day of the <b>nint</b>	h month of the current fisc	cal year.						
	4th Quarter – 15th day of the <b>first</b>	month of the next fiscal y	ear.						
		e dates fall on a Satu							
	the required payment	for that quarter by m	nidnight on the ne	ext busi	ness day following	that day.			
	If you are mailing this pay								
	To ensure proper applicati								
		mit this form in its enti	•						
		r money order payable			Revenue.				
	, , , , ,	ax Year 2024" and "14							
	✓ If payment is made "Tax Year 2024" ar	<b>n</b> , write "Composit	e 140NR",						
	✓ Include your paym		- ·						
		epartment of Revenue, I	PO Box 29085, Pho	enix, AZ	85038-9085.				
	Be sure to review your estimate	ated income and adjus	d adjust your payments as necessary during the year.						
	If you are making an elect	ronic payment							
		ake this estimated							
	Ame	rican Express ♦ Visa <b>www.</b>	a ♥ Discover Car AZTaxes.gov	u ♥ Md	Siei Cal U				
	✓ Click	on "Make a Payment"	_	" as the	Payment Type.				
	✓ Do no	ot mail this form. We w	will apply this payr	ment to	your account.				