

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 PRADEEP	Last Name YELLAMONI	Enter your SSN(s).	Your Social Security Number* 034 51 1979
Your Spouse's First Name and Initial (if filed joint)	Last Name		Spouse's Social Security No.*

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

1 Arizona Adjusted Gross Income	118,101	00
2 Balance Of Tax	2,262	00
3 Arizona Income Tax Withheld ...	203	00
Check box 4 or box 5:		
4 <input type="checkbox"/> REFUND: Enter the amount of refund.....		00
5 <input checked="" type="checkbox"/> AMOUNT YOU OWE: Enter the amount owed.....	2,059	00

PART 3 – FINANCIAL INSTITUTION INFORMATION

Must be present when requesting direct debit or deposit.

Foreign Account Deposit/Debit: See instructions below.

TYPE OF ACCOUNT ROUTING NUMBER

Checking Savings

ACCOUNT NUMBER

DIRECT DEBIT REQUEST DATE DIRECT DEBIT PAYMENT AMOUNT

 \$.00

Box 4 Checkbox – Refund: You are due a refund based on the information provided on your tax return. Your refund amount will be deposited in the account listed in the Financial Institution Information Section (Part 3).

Box 5 Checkbox – Amount You Owe: You owe taxes based on the information provided on your tax return. You have elected to direct debit for payment. The payment will be withdrawn from the account and on the date listed in the Financial Institution Information Section (Part 3).

Foreign Account Deposit/Debit Checkbox: Check the "Foreign Account Deposit/Debit" box if your deposit will be ultimately placed in or come 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 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, PO Box 29085, Phoenix, AZ 85038-9085.**

PART 4 – DECLARATION AND SIGNATURE AUTHORIZATION (Sign only after completing Part 2)

Under penalties of perjury, I declare that I have examined a copy of my electronic Arizona individual income tax return and accompanying schedules and statements for the year ending December 31, 2023, and to the best of my knowledge and belief, it is true, correct, and complete. I further declare that the amounts of Arizona adjusted gross income, total tax, Arizona income tax withheld, and refund (or amount owed) listed above are the amounts shown on the copy of my electronic Arizona income tax return.

- 6a I consent that my refund be directly deposited as designated in the electronic portion of my 2023 Arizona individual income tax return. If I have filed a joint return, this is an irrevocable appointment of the other spouse as an agent to receive the refund.
- 6b I do not want direct deposit of my refund or I am not receiving a refund.
- 6c I authorize the Arizona Department of Revenue (ADOR) and its designated Financial Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of my Arizona taxes owed on this return. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment.

If I have filed a balance due return, I understand that if the ADOR does not receive full and timely payment of my tax liability by April 15, 2024, I will remain liable for the tax liability and all applicable interest and penalties. When electronically filing my federal and state tax returns, I understand that if there is an error on my federal return, my state return will also be rejected.

I consent to my Electronic Return Originator (ERO) or On-Line Service Provider (OLSP) sending my electronic Arizona individual income tax return and accompanying schedules and statements to ADOR, and I consent to my ERO or OLSP sending such information to ADOR through a transmitter. I consent to ADOR sending my ERO, OLSP and/or transmitter an acknowledgement of receipt of transmission and an indication of whether or not the transmission of my return is accepted and, if the return is rejected, the reason(s) for the rejection. If the processing of my return or refund is delayed, I authorize ADOR to disclose to my ERO, OLSP and/or transmitter the reason(s) for the delay, or when the refund was sent. If ADOR contacts my ERO for a copy of my return, any documents or schedules to my return, and/or this authorization form, I authorize my ERO to release copies of the requested documents to ADOR.

I authorize GLOBAL TAXES LLC
(ELECTRONIC RETURN ORIGINATOR)

to make the election that I want my electronic signature to my electronic federal individual income tax return to serve as my signature to my electronic Arizona individual income tax return for the year ending December 31, 2023. I understand that when my ERO makes the election that my electronic signature to my federal individual income tax return will serve as my signature to my Arizona individual income tax return, I will have signed my Arizona individual income tax return and declared under penalties of perjury that to the best of my knowledge and belief the return is true, correct and complete.

PLEASE SIGN HERE

→ _____
YOUR PEN AND INK SIGNATURE DATE _____

→ _____
SPOUSE'S PEN AND INK SIGNATURE DATE _____

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: 1 PRADEEP; Last Name: YELLAMONI; Your Social Security Number: 034 51 1979; Spouse's First Name and Middle Initial: 1; Last Name: ; Spouse's Social Security No.:

Current Home Address - number and street, rural route: 2 40045 W JAMES LN; Apt. No.: ; Daytime Phone (with area code): 94 (469) 731-6171; City, Town or Post Office: 3 MARICOPA; State: AZ; ZIP Code: 85138; Last Names Used in Last Four Prior Year(s) (if different): 97

FILING STATUS: 4 Married filing joint return; 5 Head of household; 6 Married filing separate return; 7 Single (checked); 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; 81 PM; 80 RCVD

Table for Dependents (Box 10a and 10b) with columns for Name, Social Security Number, Relationship, Months lived in home, and checkboxes for dependent age and educational credits.

Table for Qualifying Parents and Grandparents (Box 11a) with columns for Name, Social Security Number, Relationship, Months lived in home, and checkboxes for age 65 or over and died in 2023.

Main tax calculation table with columns for line number, description, and amount. Includes sections for Additions (lines 12-19) and Subtractions (lines 20-35).

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

Your Name (as shown on page 1) **PRADEEP YELLAMONI** Your Social Security Number **034-51-1979**

Exemptions	36	Other Subtractions from Income. Complete <i>Other Subtraction from Arizona Gross Income</i> schedule on page 6.....	36		00
	37	Subtract line 36 from line 35. Enter the difference	37	118,101	00
	38	Age 65 or over: Multiply the number in box 8 by \$2,100.....	38		00
	39	Blind: Multiply the number in box 9 by \$1,500	39		00
	40	Other Exemptions. See instructions.....40E <input type="text"/> Multiply the number in box 40E by \$2,300.....	40		00
Balance of Tax	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 less than zero, enter "0".....	42	118,101	00
	43	Deductions: Check box and enter amount. See instructions 43I <input checked="" type="checkbox"/> ITEMIZED ..43S <input type="checkbox"/> STANDARD	43	27,602	00
	44	If you checked box 43S and claim charitable contributions, check 44C <input type="checkbox"/> Complete page 3. See instructions.....	44		00
	45	Arizona taxable income: Subtract lines 43 and 44 from line 42. If less than zero, enter "0".....	45	90,499	00
	46	Tax: Multiply line 45 by 2.5% (.025). Enter the result.....	46	2,262	00
	47	Tax from recapture of credits from Arizona Form 301, Part 2, line 31	47		00
	48	Subtotal of tax: Add lines 46 and 47. Enter the total	48	2,262	00
	49	Dependent Tax Credit. See instructions	49		00
	50	Family income tax credit (from the worksheet - see instructions).....	50		00
Total Payments and Refundable Credits	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 line 48, enter "0"	52	2,262	00
	53	2023 AZ income tax withheld.....	53	203	00
	54	2023 AZ estimated tax payments..54a <input type="text"/> 00 Claim of Right 54b <input type="text"/> 00 Add 54a and 54b..	54c		00
	55	2023 AZ extension payment (Form 204)	55		00
	56	Increased Excise Tax Credit (from the worksheet - see instructions)	56		00
	57	Property Tax Credit from Arizona Form 140PTC	57		00
	58	Other refundable credits: Check the box(es) and enter the total amount.....581 <input type="checkbox"/> 308-I 582 <input type="checkbox"/> 334 583 <input type="checkbox"/> 349	58		00
	59	Total payments and refundable credits: Add lines 53 through 58. Enter the total.....	59	203	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 61, 62 and 63.....	60	2,059	00
Tax Due or Overpayment	61	OVERPAYMENT: If line 59 is larger than line 52, subtract line 52 from line 59. Enter amount of overpayment.....	61		00
	62	Amount of line 61 to be applied to 2024 estimated tax.....	62		00
Voluntary Gifts	63	Balance of overpayment: Subtract line 62 from line 61. Enter the difference	63		00
	64 - 74 Voluntary Gifts to:				
		Solutions Teams Assigned to Schools.....	64	00	00
		Arizona Wildlife.....	65	00	00
	66	Child Abuse Prevention	66	00	00
		Domestic Violence Services.....	67	00	00
		Political Gift.....	68	00	00
	69	Neighbors Helping Neighbors.....	69	00	00
		Special Olympics.....	70	00	00
		Veterans' Donations Fund.....	71	00	00
	Sustainable State Parks and Road Fund.....	73	00	00	
	Spay/Neuter of Animals.....	74	00	00	
Penalty	75	Political Party (if amount is entered on line 68 - check only one): 751 <input type="checkbox"/> Democratic 752 <input type="checkbox"/> Libertarian 753 <input type="checkbox"/> Republican			
	76	Estimated payment penalty	76		00
	77	771 <input type="checkbox"/> Annualized/Other 772 <input type="checkbox"/> Farmer or Fisherman 773 <input type="checkbox"/> Form 221 included			
Refund or Amount Owed	78	Add lines 64 through 74 and 76; enter the total.....	78		00
	79	REFUND: Subtract line 78 from line 63. If less than zero, enter amount owed on line 80	79		00
	Direct Deposit of Refund: Check box 79A if your deposit will be ultimately placed in a foreign account ; see instructions. 79A <input type="checkbox"/>				
	<input checked="" type="checkbox"/> C <input type="checkbox"/> Checking or ROUTING NUMBER ACCOUNT NUMBER				
	<input type="checkbox"/> S <input type="checkbox"/> Savings				
80	AMOUNT OWED: Add lines 60 and 78. Make check payable to Arizona Department of Revenue; write your SSN on payment; and include with your return.....	80	2,059	00	

Under penalties of perjury, I declare that I have read this return and any documents with it, and to the best of my knowledge and belief, they are true, correct and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

PLEASE SIGN HERE → YOUR SIGNATURE _____ DATE _____ **ENGINEER** OCCUPATION

→ SPOUSE'S SIGNATURE _____ DATE _____ SPOUSE'S OCCUPATION _____

PAID PREPARER'S SIGNATURE **SYAM PRIYA RAM SAGAR GUPTA** DATE **03152024** FIRM'S NAME (PREPARER'S IF SELF-EMPLOYED) **GLOBAL TAXES LLC**

PAID PREPARER'S STREET ADDRESS **245 ROONEY CT** PAID PREPARER'S TIN **P02082703**

PAID PREPARER'S CITY **E BRUNSWICK NJ 08816** STATE _____ ZIP CODE _____ PAID PREPARER'S PHONE NUMBER **(678) 965-9522**

**SCHEDULE A
(Form 1040)**

Department of the Treasury
Internal Revenue Service

Itemized Deductions

Attach to Form 1040 or 1040-SR.

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

Caution: If you are claiming a net qualified disaster loss on Form 4684, see the instructions for line 16.

OMB No. 1545-0074

2023

Attachment
Sequence No. **07**

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

PRADEEP YELLAMONI

Your social security number

034-51-1979

Medical and Dental Expenses	Caution: Do not include expenses reimbursed or paid by others.					
	1 Medical and dental expenses (see instructions)		1			
	2 Enter amount from Form 1040 or 1040-SR, line 11	2				
	3 Multiply line 2 by 7.5% (0.075)		3			
4 Subtract line 3 from line 1. If line 3 is more than line 1, enter -0-				4		
Taxes You Paid	5 State and local taxes.					
	a State and local income taxes or general sales taxes. You may include either income taxes or general sales taxes on line 5a, but not both. If you elect to include general sales taxes instead of income taxes, check this box <input checked="" type="checkbox"/>		5a	1,017		
	b State and local real estate taxes (see instructions)		5b	78		
	c State and local personal property taxes		5c			
	d Add lines 5a through 5c		5d	1,095		
	e Enter the smaller of line 5d or \$10,000 (\$5,000 if married filing separately)		5e	1,095		
	6 Other taxes. List type and amount: _____		6			
7 Add lines 5e and 6				7	1,095	
Interest You Paid	8 Home mortgage interest and points. If you didn't use all of your home mortgage loan(s) to buy, build, or improve your home, see instructions and check this box <input type="checkbox"/>					
	a Home mortgage interest and points reported to you on Form 1098. See instructions if limited		8a	26,507		
	b Home mortgage interest not reported to you on Form 1098. See instructions if limited. If paid to the person from whom you bought the home, see instructions and show that person's name, identifying no., and address _____		8b			
	c Points not reported to you on Form 1098. See instructions for special rules		8c			
	d Reserved for future use		8d			
	e Add lines 8a through 8c		8e	26,507		
9 Investment interest. Attach Form 4952 if required. See instructions		9				
10 Add lines 8e and 9				10	26,507	
Gifts to Charity	11 Gifts by cash or check. If you made any gift of \$250 or more, see instructions		11			
	12 Other than by cash or check. If you made any gift of \$250 or more, see instructions. You must attach Form 8283 if over \$500		12			
	13 Carryover from prior year		13			
	14 Add lines 11 through 13				14	
Casualty and Theft Losses	15 Casualty and theft loss(es) from a federally declared disaster (other than net qualified disaster losses). Attach Form 4684 and enter the amount from line 18 of that form. See instructions				15	
Other Itemized Deductions	16 Other—from list in instructions. List type and amount: _____				16	
Total Itemized Deductions	17 Add the amounts in the far right column for lines 4 through 16. Also, enter this amount on Form 1040 or 1040-SR, line 12				17	27,602
	18 If you elect to itemize deductions even though they are less than your standard deduction, check this box <input type="checkbox"/>					

Include with your return.

Your Name as shown on Form 140 PRADEEP YELLAMONI	Your Social Security Number 034 51 1979
Spouse's Name as shown on Form 140 (if filing joint)	Spouse's Social Security Number

To itemize on your Arizona return, you must first complete a federal Schedule A even if you did not itemize on your federal return. Use Form 140 Schedule A to adjust the amount shown on the federal Schedule A. Complete Form 140 Schedule A **only if you are making changes** to the amount shown on the federal Schedule A. See instructions for details.

Adjustment to Medical and Dental Expenses

1 Medical and dental expenses.....	1	0	00	
2 Medical expenses allowed to be taken as a federal itemized deduction.....	2	0	00	
3 If line 1 is the same as or more than line 2, subtract line 2 from line 1; otherwise, go to line 4	3	0	00	
4 If line 2 is more than line 1, subtract line 1 from line 2	4		00	

Adjustment to Interest Deduction

5 If you received a federal credit for interest paid on mortgage credit certificates (from federal Form 8396), enter the amount of mortgage interest you paid for 2023 that is equal to the amount of your 2023 federal credit.....	5	0	00	
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Adjustments to Charitable Contributions

6 Amount of charitable contributions for which you are claiming a credit under Arizona law	6		00	
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Adjustment to State Income Taxes

7 Amount of state income taxes deducted on the federal Schedule A that are for contributions to a charity for which an Arizona credit was received. If your tax deductions were limited on your federal Schedule A complete the worksheet on page 2 to determine the adjustment on this line	7		00	
--	----------	--	----	--

Other Adjustments

8 Amount allowed as a federal itemized deduction that relates to income not subject to Arizona tax	8		00	
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Adjusted Itemized Deductions

9 Add the amounts on lines 3 and 5.....	9	0	00	
10 Add the amounts on lines 4, 6, 7, and 8.....	10		00	
11 Total federal itemized deductions allowed to be taken on federal return.....	11	27,602	00	
12 Enter the amount from line 9 above	12	0	00	
13 Add lines 11 and 12.....	13	27,602	00	
14 Enter the amount from line 10 above	14		00	
15 Arizona itemized deductions: Subtract line 14 from line 13. Enter the difference here. Also, enter the amount on Form 140, page 2, line 43. If less than zero, enter "0".....	15	27,602	00	



You must include a copy of federal Form 1040, Schedule A with your return if you itemize your deductions.

Your Name (as shown on page 1)
PRADEEP YELLAMONI

Your Social Security Number
034-51-1979

2023 Form 140 Schedule A Adjustment to State Income Taxes

Arizona Revised Statutes § 43-1042 was amended to require taxpayers to reduce the amount of itemized deductions for amounts used to claim an Arizona credit even if the amount was deducted on the federal return as state income taxes paid rather than as charitable contributions.

If you claimed income taxes on your federal 1040 Schedule A, complete the following worksheet to determine the amount of your adjustment to enter on page 1, line 7.

1A	Total state income taxes on the federal Schedule A before applying the federal limitations.....	1A		00
2A	Amount included in the line 1A for which you claimed an Arizona credit.....	2A		00
3A	Subtract line 2A from line 1A. Enter the difference.....	3A		00
4A	Limit from federal Schedule A. Enter \$10,000 (\$5,000 if married filing separate)..	4A		00
5A	Enter the smaller of line 3A or 4A.....	5A		00
6A	Enter total state income taxes claimed on federal Schedule A (after limitation).....	6A		00
7A	Subtract line 5A from line 6A. This is the amount of your Arizona adjustment. Enter the amount on page 1, line 7.....	7A		00

Your First Name and Middle Initial 1 PRADEEP		Last Name YELLAMONI	Enter your SSN(s).	Your Social Security Number 034 51 1979	
Spouse's First Name and Middle Initial 1		Last Name		Spouse's Social Security No.	
Current Home Address - number and street, rural route 2 40045 W JAMES LN			Apt. No.	Daytime Phone (with area code) 94 (469) 731-6171	
City, Town or Post Office 3 MARICOPA			State AZ	ZIP Code 85138	
<p>REVENUE USE ONLY. DO NOT MARK IN THIS AREA.</p> <p>88</p> <p>Please indicate the filing status below:</p> <p><input type="checkbox"/> Married filing joint return</p> <p><input type="checkbox"/> Head of household: Enter name of qualifying child or dependent on next line. _____</p> <p><input type="checkbox"/> Married filing separate return: Enter spouse's name and Social Security Number above.</p> <p><input checked="" type="checkbox"/> Single</p>					
			81 PM	80 RCVD	

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

2,059	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.

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

1 Your First Name and Middle Initial: PRADEEP
Last Name: YELLAMONI
Your Social Security Number: 034 51 1979
Spouse's First Name and Middle Initial (if filing joint):
Last Name:
Spouse's Social Security No.:

2 Current Home Address - number and street, rural route: 40045 W JAMES LN
Apt. No.:
95. Filing Status. Must be the same as Form 140, 140NR or 140PY
95a Married filing joint return
95b Married filing separate return
95c Head of Household
95d Single
3 City, Town or Post Office: MARICOPA
State: AZ
ZIP Code: 85138
REVENUE USE ONLY. DO NOT MARK IN THIS AREA. 88

94 Your Daytime Phone (with area code): (469) 731-6171
Check if this payment is on behalf of a Nonresident Composite return - 140NR
STOP 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 \$ 515.00

81 PM 80 RCVD

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:

1st Quarter - January to March | Due date is April 15, 2024.
2nd Quarter - April to June | Due date is June 15, 2024. 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 September 15, 2024. 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 January 15, 2025.

Payment for fiscal year filers are due as follows:

1st Quarter - 15th day of the fourth month of the current fiscal year.
2nd Quarter - 15th day of the sixth month of the current fiscal year.
3rd Quarter - 15th day of the ninth month of the current fiscal year.
4th Quarter - 15th day of the first 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 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.

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

1 Your First Name and Middle Initial: PRADEEP
Last Name: YELLAMONI
Your Social Security Number: 034 51 1979
Spouse's First Name and Middle Initial (if filing joint):
Last Name:
Spouse's Social Security No.:

2 Current Home Address - number and street, rural route: 40045 W JAMES LN
Apt. No.:
95. Filing Status. Must be the same as Form 140, 140NR or 140PY
95a Married filing joint return
95b Married filing separate return
95c Head of Household
95d Single
3 City, Town or Post Office: MARICOPA
State: AZ
ZIP Code: 85138
REVENUE USE ONLY. DO NOT MARK IN THIS AREA. 88

94 Your Daytime Phone (with area code): (469) 731-6171
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 \$ 515.00

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.

81 PM
80 RCVD

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1st Quarter - January to March | Due date is April 15, 2024.
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3rd Quarter - July to September | Due date is September 15, 2024. 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 January 15, 2025.

Payment for fiscal year filers are due as follows:

1st Quarter - 15th day of the fourth month of the current fiscal year.
2nd Quarter - 15th day of the sixth month of the current fiscal year.
3rd Quarter - 15th day of the ninth month of the current fiscal year.
4th Quarter - 15th day of the first 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 payment:

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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.

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

1 Your First Name and Middle Initial: PRADEEP
Last Name: YELLAMONI
Your Social Security Number: 034 51 1979
Spouse's First Name and Middle Initial (if filing joint):
Last Name:
Spouse's Social Security No.:

2 Current Home Address - number and street, rural route: 40045 W JAMES LN
Apt. No.:
95. Filing Status. Must be the same as Form 140, 140NR or 140PY
95a Married filing joint return 95c Head of Household
95b Married filing separate return 95d Single
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State: AZ
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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.

81 PM 80 RCVD

Payment for calendar year filers are due as follows:

1st Quarter - January to March | Due date is April 15, 2024.
2nd Quarter - April to June | Due date is June 15, 2024. 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 September 15, 2024. 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 January 15, 2025.

Payment for fiscal year filers are due as follows:

1st Quarter - 15th day of the fourth month of the current fiscal year.
2nd Quarter - 15th day of the sixth month of the current fiscal year.
3rd Quarter - 15th day of the ninth month of the current fiscal year.
4th Quarter - 15th day of the first 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 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.

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

1 Your First Name and Middle Initial: PRADEEP
Last Name: YELLAMONI
Your Social Security Number: 034 51 1979
Spouse's First Name and Middle Initial (if filing joint):
Last Name:
Spouse's Social Security No.:

2 Current Home Address - number and street, rural route: 40045 W JAMES LN
Apt. No.:
95. Filing Status. Must be the same as Form 140, 140NR or 140PY
95a Married filing joint return 95c Head of Household
95b Married filing separate return 95d Single
3 City, Town or Post Office: MARICOPA
State: AZ
ZIP Code: 85138
REVENUE USE ONLY. DO NOT MARK IN THIS AREA. 88

94 Your Daytime Phone (with area code): (469) 731-6171
Check if this payment is on behalf of a Nonresident Composite return - 140NR
STOP 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 \$ 515.00

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.

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