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** PRADEEP YELLAMONI 034 | 51 | 1979 vour Your Spouse's First Name and Initial (if filed joint) Last Name Spouse's Social Security No.* SSN(s). PART 1 – PURPOSE (If you are e-filing a Small Business Income Tax Return, also complete Form AZ-8879 SBI)*Do Not Truncate • To certify the truthfulness, correctness, and completeness of the taxpayer's electronic income tax return. • To authorize the Electronic Return Originator (ERO) to affirm that the taxpayer wishes to use the taxpayer's electronic signature to the taxpayer's federal individual income tax return as the taxpayer's signature to the taxpayer's electronic Arizona individual income tax return. PART 2 - TAX RETURN INFORMATION PART 3 - FINANCIAL INSTITUTION INFORMATION Must be present when requesting direct debit or deposit. 118,101 00 1 Arizona Adjusted Gross Income ☐ Foreign Account Deposit/Debit: See instructions below. 2 Balance Of Tax 2,262 00 ROUTING NUMBER 203 00 ☐ Checking ☐ Savings 3 Arizona Income Tax Withheld... ACCOUNT NUMBER Check box 4 or box 5: 00 **4** ■ **REFUND**: Enter the amount of refund...... 2,059lnn 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 The payment will be withdrawn from the account and on the PO Box 29085, Phoenix, AZ 85038-9085.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 income tax withheld, and refund (or amount owed) listed above are the an acknowledgement of receipt of transmission and an indication of whether or not the transmission of my return is accepted and, if the return amounts shown on the copy of my electronic Arizona income tax return. is rejected, the reason(s) for the rejection. If the processing of my return **6a** 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 designated Financial Agent to initiate an ACH electronic funds I authorize GLOBAL TAXES LLC 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. pradeep Gellamoni 03/15/2024 PLEASE SIGN HERE YOUR PEN AND INK SIGNATURE

SPOUSE'S PEN AND INK SIGNATURE

DATE

RETURN.	Arizona Form 140 Resident Personal Income Tax					Return	FOR CALENDAR YEAR 2023		
	82F		Check box 82F f filing under extension	OR FISCAL YEAR BEG	SINNING	12.0.2.3	I AND ENDING I	1 . 1 1	66F
	٠,		First Name and Middle Initial	OKT TOOKE TEXTEDED	Last Name	1=101=10		Your Social Security Nu	
ANY ITEMS TO THE	1		ADEEP		YELLAMON:	Г	Enter	034 51 19	
2	<u> </u>		se's First Name and Middle Ini	itial (if box 4 or 6 checked)			your	Spouse's Social Security	
MS MS	1						SSN(s).	1 1	
		Curre	nt Home Address - number an	nd street, rural route	<u>'</u>	Apt. No.	Daytime P	hone (with area code)	
<u>-</u>	2	40	045 W JAMES LN				94 (469)731-6171	
\forall	$\overline{}$	-	Town or Post Office	State	ZIP Cod		Last Names Used in La	st Four Prior Year(s) (if diffe	
DO NOT STAPLE	3	MA]	RICOPA	AZ	85138				97
ΑÞ	E	4	■ Married filing joint return	4a 🔲 Injured Spouse	e Protection of Joint C	verpayment		DO NOT MARK IN THIS A	REA.
တ	STATUS	5	Head of household. Ente	er name of qualifying child or	dependent on next line.		88		
<u>5</u>			_			ı			
2	FILING	6		eturn. Enter spouse's name	and Social Security Nun	nber above.			
۵		7	Single	and Do was must a aboate					
	EXEMPTIONS	_	♦ Enter the number claim				1		
	ΙĔΙ	8 9	Age 65 or over (you and Blind (you and/or spouse	′ ′ ′	lines 8, 9, and 11a, also co r lines 10a and 10b, also co	•	81 PM	80 RCVD	
	ΙΞ	10a	Dependents: Under age	<i>'</i>	ependents: Age 17 ar	nd over		100	
		11a	Qualifying parents and g		opendents. Age 17 di	id over.			
			(Box 10a and 10b): Dependent		tructions. For more	space, check t	he box 🔲 and comp	lete page 4, Part 1.	
			(a)		(b)	(c)	(d)	(e) (f)	
	ţ		FIRST AND LA (Do not list yourse		SOCIAL SECURITY NUMBER	RELATIONSHII	NO. OF MONTHS V Dep INVED IN YOUR	cluded in: this person of	n your
	der		(HOME IN 2023 1	2 federal return educational	
	Dependents	10c					C		
	ŏ	10d							
		10e							
<u>.</u>			(Box 11a): Qualifying paren	ts and grandparents. See	instructions. For mo	re space, chec	k the box 🔲 and com	plete page 4, Part 2.	
7	sand		(a)	CTNAME	(b) SOCIAL SECURITY	(c) RELATIONSHII	(d) P NO. OF MONTHS ✓ IF A	(e) (f) AGE 65 OR ✓ IF DIE	_
Ξ	Qualifying Parentsand Grandparents		FIRST AND LA (Do not list yourse		NUMBER		LIVED IN YOUR	OVER IN 2023	D
ᅙ	ing P						HOME IN 2023		
er	ualify Gra	11b							
nts after Form 140.	ō,	11c							
ıts			Federal adjusted gross inco	-				l l	00
			Small Business Income: 135					110101	00
AZ schedules or other docume			Modified federal adjusted gros			100			
용	ons		Non-Arizona municipal interes Partnership Income adjustmer						00
ē	Additio		Total federal depreciation						00
₹	Ac		Other Additions to Income: Co						00
9			Subtotal: Add lines 14 through					19 118,101	00
<u>es</u>		20	Total net capital gain or (loss).	See instructions		2	o -53		
큣			Total net short-term capital ga						
ş			Total net long-term capital gair					00	
Z S(Net long-term capital gain from					00	
₹			Multiply line 23 by 25% (.25) a						00
anc			Net capital gain derived from i						
<u></u>	ctions		Recalculated Arizona deprecia Partnership Income adjustmer						00
ger	ract		Interest on U.S. obligations su						00
ē	Subtra		Exclusion for federal, Arizona	_					00
any required federal and	U)		Exclusion for benefits, annuitie	_					00
∄			U.S. Social Security or Railroa						00
rec			Certain wages of American Inc			-			00
2		32	Pay received for active service	e as a member of the rese	erves, national guard	or the U.S. arm	ed forces	32	00
e a			Net operating loss adjustment						00
Place		34	Contributions to: 34a 529 Colleg	je Savings Plans	00 34b 529A (ABLE a	ccounts)	00 add 34a and 34b		00
	<u> </u>		Subtract lines 24 through 34c	from line 19. Enter the di					
		ADOR	10413 (23) 1555		AZ Form 140 (2	U23)		REV 01/13/24 PRO Page 1	1 of 6

[Your	Name (as shown on page 1)	Your Social Security Number	r		
	PR <i>A</i>	ADEEP YELLAMONI	034-51-1979			
Ì						
	36	Other Subtractions from Income. Complete Other Subtraction from Arizona Gross Income sci	. 0	110 101 22		
	37	Subtract line 36 from line 35. Enter the difference		118,101 00		
Exemptions	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 \$2,300		00		
	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		118,101 00		
	43	Deductions: Check box and enter amount. See instructions	27,602 00			
	44	If you checked box 43 S and claim charitable contributions, check 44 C Complete page 3. See		00		
	45	Arizona taxable income: Subtract lines 43 and 44 from line 42. If less than zero, enter "0"		90,499 00		
ă	46	Tax: Multiply line 45 by 2.5% (.025). Enter the result	46	2,262 00		
of T	47	Tax from recapture of credits from Arizona Form 301, Part 2, line 31	47	00		
Balance of Tax	48	Subtotal of tax: Add lines 46 and 47. Enter the total	48	2,262 00		
alar	49	Dependent Tax Credit. See instructions		00		
ω	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 the	nan line 48, enter "0" 52	2,262 00		
	53	2023 AZ income tax withheld		203 00		
	54	2023 AZ estimated tax payments 54a 00 Claim of Right 54b				
and	55	2023 AZ extension payment (Form 204)		00		
Total Payments and Refundable Credits	56	Increased Excise Tax Credit (from the worksheet - see instructions)		00		
able	57	Property Tax Credit from Arizona Form 140PTC		00		
al Pa und	58	Other refundable credits: Check the box(es) and enter the total amount		00		
. Se 전	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 lin	2,059 00			
ent .	61	OVERPAYMENT: If line 59 is larger than line 52, subtract line 52 from line 59. Enter amount of overpay		00		
aym a	62	Amount of line 61 to be applied to 2024 estimated tax		00		
Tax Due or Overpayment	63	Balance of overpayment: Subtract line 62 from line 61. Enter the difference		00		
- ó	64	- /4 Voluntary Gifts to: Assigned to Schools64 UU Arizona Wildlife				
S.		Child Abuse Prevention				
/ Giffts		Neighbors Helping Neighbors 69 Oo Special Olympics				
ntary		I Didn't Pay Enough Fund72 00 Sustainable State Parks and Road Fund73 00 Spay/Neuter of Ar				
Voluntary		Political Party (if amount is entered on line 68 - check only one): 751 Democratic 752 Libertarian		T 100		
		Estimated payment penalty	76	00		
Ę		771 Annualized/Other 772 Farmer or Fisherman 773 Form 221 included				
Penalty		Add lines 64 through 74 and 76; enter the total		00		
	79	REFUND: Subtract line 78 from line 63. If less than zero, enter amount owed on line 80 Direct Deposit of Refund: Check box 79A if your deposit will be ultimately placed in a foreign account;		00		
رور اور		ROUTING NUMBER ACCOUNT NUMBER	see ilistructions. 19A			
و کے ک		98 S Savings				
Refund or Amount Owed	80	AMOUNT OWED: Add lines 60 and 78. Make check payable to Arizona Department of Revenue; wri	te your SSN on payment;			
A E		and include with your return		2,059 00		
'						
	l	Inder penalties of perjury, I declare that I have read this return and any documents with it, an	d to the best of my knowle	dge and belief, they are		
	tr	rue, correct and complete. Declaration of preparer (other than taxpayer) is based on all information	ation of which preparer has	any knowledge.		
Щ	_	pradeep Gellamoni				
Ш	7	OUR SIGNATURE 03/15/2024 DATE	ENGINEER			
I	Y	OUR SIGNATURE DATE	OCCUPATION			
Z	→					
SIGN HERE	_	POUSE'S SIGNATURE DATE	SPOUSE'S OCCUPATION			
		SYAM PRIYA RAM SAGAR GUPTA 03152024 GLOBAL TAXES				
PLEASE		AID PREPARER'S SIGNATURE DATE FIRM'S NAME (PREPARER'S				
Ē		245 ROONEY CT	P02082703			
7	_	AID PREPARER'S STREET ADDRESS	PAID PREPARER'S TI	N		
		E BRUNSWICK NJ 08816	(678) 965-9	9522		
		AID PREPARER'S CITY STATE ZIP CODE	PAID PREPARER'S P			

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

SCHEDULE A (Form 1040)

Itemized Deductions

Attach to Form 1040 or 1040-SR.

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

OMB No. 1545-0074

2023
Attachment Sequence No. 07

Department of the Treasury Internal Revenue Service

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

Name(s) shown on	Form	n 1040 or 1040-SR		Your	r so	cial security number
PRADEEP YE	CLL	AMONI		034	- 5	1-1979
Medical and Dental Expenses	2 3	Caution: Do not include expenses reimbursed or paid by others. Medical and dental expenses (see instructions) Enter amount from Form 1040 or 1040-SR, line 11 2 Multiply line 2 by 7.5% (0.075)	3		4	
Taxes You		State and local taxes.				
Paid	k	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	5b 5c	78		
	e		50 1 0	O.E.		
	6	Other taxes. List type and amount:	6	195		
	7	Add lines 5e and 6			7	1,095
Interest You Paid Caution: Your mortgage interest deduction may be limited. See instructions.	6 k	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	8b 8c 8d 8e 26,5	507		06.507
0:0-1-	10	Add lines 8e and 9			10	26,507
Gifts to Charity Caution: If you made a gift and got a benefit for it,	12	instructions	11			
see instructions.			ude expenses reimbursed or paid by others. expenses (see instructions)			
Ossersky seed					14	
Casualty and Theft Losses	13	disaster losses). Attach Form 4684 and enter the amount from line 1	8 of that form. S	ee	15	
Other Itemized Deductions	16	Other from list in instructions, List type and amounts			16	
Total Itemized	17	Add the amounts in the far right column for lines 4 through 16. Also, 6 Form 1040 or 1040-SR, line 12		on	17	27 , 602
Deductions	18	If you elect to itemize deductions even though they are less than your check this box	standard deduction	_		·

1555

Arizona Schedule

Itemized Deduction Adjustments For Full-Year Residents Filing Form 140

2023

Include with your return.

You	r Name as shown on Form 140	our Social S	Security Number		
	ADEEP YELLAMONI	034	51 1979		
Spo	suse's Name as shown on Form 140 (if filing joint)	Spouse's Soc	ial Security Number		
	emize on your Arizona return, you must first complete a federal Schedule A even if you did not item	-			
	n 140 Schedule A to adjust the amount shown on the federal Schedule A. Complete Form 140 Sch	edule A onl	ly if you are making		
cha	nges to the amount shown on the federal Schedule A. See instructions for details.				
Adj	ustment to Medical and Dental Expenses				
1		0 00			
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		00		
Adj	ustment to Interest Deduction				
5	If you received a federal credit for interest paid on mortgage credit certificates (from federal Form	,			
	enter the amount of mortgage interest you paid for 2023 that is equal to the amount of you				
	federal credit	5	0 00		
۸di	ustments to Charitable Contributions				
	Amount of charitable contributions for which you are claiming a credit under Arizona law	-	00		
0	Amount of charitable contributions for which you are claiming a credit under Anzona law	6			
Adj	ustment to State Income Taxes				
7	Amount of state income taxes deducted on the federal Schedule A that are for contributions to a cl	narity for			
	which an Arizona credit was received. If your tax deductions were limited on your federal Schedule A of	-			
	the worksheet on page 2 to determine the adjustment on this line	7	00		
Oth	er Adjustments er Adjustments				
8	Amount allowed as a federal itemized deduction that relates to income not subject to Arizona tax .	8	00		
Adj	usted Itemized Deductions				
9	Add the amounts on lines 3 and 5	0 00			
10		00			
11		602 00			
12		0 00			
13		602 00			
14	Enter the amount from line 10 above14	00			
15	Arizona itemized deductions: Subtract line 14 from line 13. Enter the difference here. Also, enter				
	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.

ADOR 10571 (23) PAGE 1 of 2 REV 01/13/24 PRO 1555

Your Name (as shown on page 1)	Your Social Security Number
PRADEEP YELLAMONI	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

ADOR 10571 (23) 1555 AZ Schedule A (2023) REV 01/13/24 PRO PAGE 2 of 2

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 Security Number
1 PRADEEP		YELLAMONI		Enter	034 51 1979
Spouse's First Name and Middle In	itial	Last Name		your	Spouse's Social Security No.
1				SSN(s).	1 1
Current Home Address - number a	nd street, rural route		Apt. No.	Daytime P	Phone (with area code)
2 40045 W JAMES LN				94 (469	9)731-6171
City, Town or Post Office	State	ZIP Code			Y. DO NOT MARK IN THIS AREA.
3 MARICOPA	AZ	85138		<u> </u>	
Please indicate the filing stat ☐ Married filing joint return ☐ Head of household: Enter no	ame of qualifying child or de		ah ar ah aya		
☐ Married filing separate return☑ Single	TI. Enter spouse's name an	nu Social Security Nuri	ibei above.	81 PM	80 RCVD
Enter the amount of paymen	t 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.

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

140ES	individual Estil	mated income	e Tax Payment	2024
This estimated payment is for tax Your First Name and Middle Initial	year ending Decemb	er 31, 2024, or to Last Name	r tax year ending: L	Your Social Security Number
1 PRADEEP		YELLAMONI	Enter	034 51 1979
Spouse's First Name and Middle Initial (if	filing joint)	Last Name	your	Spouse's Social Security No
1			SSN(s).	
Current Home Address - number and stre	et, rural route	Apt.	No. 95. Filing Status. Must be the 95a Married filing joint reti	e same as Form 140, 140NR or 140PY urn 95c Head of Household
2 40045 W JAMES LN	04-4-	710.0 - 1	95b Married filing separat	
City, Town or Post Office 3 MARICOPA	State AZ	ZIP Code 85138	88	T. DO NOT MARK IN THIS AREA
94 Your Daytime Phone (with area cod				
Check if this payment is on behal			 140NR	
DO NOT USE THIS FORM TO				
Use this form only for mailing expenses.				
Payment: You must round your esti	mated pavment to a wh	nole dollar (no cents	s). <u>81</u> PM	80 RCVD
Enter the amount of payment enclo		515	<u>/</u>	80 1.012
• •			00	
Check only one box for the quarter	• •		h aventer for which a record	
Do not select more than one quarter.	You must submit a se	parate form for eac	<i>n quarter</i> for which a payr	nent is made.
Payment for calendar year filers are	e due as follows:			
X 1st Quarter – January to March ∣	Due date is April 15, 202	14 .		
2nd Quarter – April to June Due	e date is June 15, 2024.			
Because June 15, 2024 falls on	a weekend, you have ui	ntil June 17, 2024 to	make this payment.	
3rd Quarter – July to September	Due date is September	15, 2024.		
Because September 15, 2024 fa	lls on a weekend, you ha	ave until September	16, 2024 to make this paym	ent.
4th Quarter – October to Decemb	er Due date is January	15, 2025.		
Payment for fiscal year filers are du		scal vear.		
2nd Quarter – 15th day of the six t		<u> </u>		
3rd Quarter – 15th day of the nint				
4th Quarter – 15th day of the first				
If any of the du	e dates fall on a Satu	rday, Sunday, or I	 egal holiday, you may n	nake
			xt business day followin	
If you are mailing this pay	ment:			
To ensure proper applicati	on of this payment,	be sure that you:		
✓ Complete and sub-	nit this form in its enti	rety. Do not cut th	is page in half.	
	r money order payable			
· · · · · · · · · · · · · · · · · · ·	ax Year 2024" and "14			
	e on behalf of a Nonre nd the entity's EIN on y		e return, write "Composi	te 140NR",
✓ Include your paym	ent with this form.			
✓ Mail to Arizona De	partment of Revenue, I	PO Box 29085, Phoe	enix, AZ 85038-9085.	
Be sure to review your estimate	ated income and adjus	t your payments as	necessary during the year	ar.
If you are making an elect	ronic payment			
	ake this estimated rican Express ♦ Visa		Check or credit card!	
Ame	•	AZTaxes.gov	i ▼ masterCaru	
	on "Make a Payment"	and select "140ES"		
✓ Do no	ot mail this form. We w	will apply this paym	ent to your account.	

140ES	individual Esti	mated incol	ne Tax Pay	ment	2024	
This estimated payment is for tax Your First Name and Middle Initial	year ending Decemb	oer 31, 2024, or Last Name	for tax year e	nding:	Your Social Security Number	
1 PRADEEP		YELLAMONI		Enter	034 51 1979	
Spouse's First Name and Middle Initial (if filing joint)	Last Name		your	Spouse's Social Security No	
1				SSN(s).	/	
Current Home Address - number and str	eet, rural route	F		g Status. Must be th Married filing joint retu	e same as Form 140, 140NR or 140PY Irn 95c Head of Household	
2 40045 W JAMES LN	Otata	710.0 - 1 -			e return 95d Single	
City, Town or Post Office 3 MARICOPA	State AZ	ZIP Code 85138	88	ENUE USE ONL	Y. DO NOT MARK IN THIS ARE	
94 Your Daytime Phone (with area coo						
Check if this payment is on beha						
DO NOT USE THIS FORM TO						
Use this form only for mailing expressions						
Payment: You must round your es	timated payment to a w	hole dollar (no ce	nts). 81 l	PM	80 RCVD	
Enter the amount of payment encl		<u> </u>	5 00		80 1.072	
Check only one box for the quarte						
Do not select more than one quarte	r. You must submit a se	eparate form for e	acn quarter for	wnich a payr	nent is made.	
Payment for calendar year filers a	re due as follows:					
1st Quarter – January to March	Due date is April 15, 20	24.				
2nd Quarter – April to June Du	ue date is June 15, 2024 .					
Because June 15, 2024 falls o	n a weekend, you have u	ntil June 17, 2024	to make this pay	yment.		
3rd Quarter – July to September	Due date is September	15, 2024.				
Because September 15, 2024 f	alls on a weekend, you h	ave until Septemb	er 16, 2024 to m	ake this paym	ent.	
4th Quarter – October to December	per Due date is Januar	y 15, 2025.				
Payment for fiscal year filers are d		scal vear.				
2nd Quarter – 15th day of the six		•				
3rd Quarter – 15th day of the nir						
4th Quarter – 15th day of the firs		-				
If any of the d	ue dates fall on a Satu	ırday, Sunday, o	 r legal holiday	, you may n	nake	
	t for that quarter by n					
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✓ Complete and subsequently complete.	omit this form in its ent	irety. Do not cut	this page in ha	alf.		
	or money order payable			enue.		
· · · · · · · · · · · · · · · · · · ·	Tax Year 2024" and "14		•			
	de on behalf of a Nonre and the entity's EIN on y		i te return , wr	ite "Composit	te 140NR",	
✓ Include your payr	ment with this form.					
✓ Mail to Arizona D	epartment of Revenue, PO Box 29085, Phoenix, AZ 85038-9085.					
Be sure to review your estin	nated income and adjus	st your payments	as necessary o	luring the yea	ar.	
If you are making an elec	tronic payment					
	nake this estimated erican Express ♦ Visa					
AIII	•	AZTaxes.gov	aru ▼ PlastelC	aru		
	k on "Make a Payment"	and select "140E				
ı od √	not mail this form. We	will apply this pa	yment to your	account.		

STAPLE ANY ITEMS TO THE FORM. The continuous continu	140ES Individual Estimated Income Tax Payment					FOR CALENDAR YEAR 2024	
분	Thio	actimated navment is for to	w voor anding Docomb	or 24 2024	or for town	voor ondings	
<u> </u>		estimated payment is for ta First Name and Middle Initial	ax year ending Decemb	Last Name	JI IOI LAX Y	real ending.	Your Social Security Number
_ [2] [1]	PRA	DEEP		YELLAMONI		Enter	034 51 1979
╗╴	Spou	se's First Name and Middle Initia	(if filing joint)	Last Name		your	Spouse's Social Security No.
<u> </u>						SSN(s).	
A L	_	ent Home Address - number and	street, rural route		Apt. No.	95a Married filing joint return	
ᇫᇉ		145 W JAMES LN Town or Post Office	State	ZIP Code		95b Married filing separate	return 95d Single '. DO NOT MARK IN THIS AREA.
<u>հ</u> [3	_ ′`	RICOPA	AZ	85138		88	. DO NOT MARKEN THIS AREA.
_ =		r Daytime Phone (with area o					
	Che	eck if this payment is on be	half of a Nonresident Co	omposite retu			
\$T	10174	DO NOT USE THIS FORM TUSE this form only for mailing		NCOME TAX F	PAYMENTS	·-	
1		ment: You must round your e		ole dollar (no d	cents)		T POVD
'	•	er the amount of payment en	• •	` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` `	15 00	81 PM	80 RCVD
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2		ck only <u>one</u> box for the quar	• •			to a formulation or a com-	antia mada
	DO II	ot select more than one quar	ter. You must submit a se	parate form for	each quar	<i>ter</i> for which a paym	ient is made.
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		4th Quarter – October to Dece	mber Due date is January	15, 2025.			
	Payr	ment for fiscal year filers are	due as follows:				
		1st Quarter – 15th day of the f	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 r	inth month of the current fisc	cal year.			
		4th Quarter – 15th day of the f	irst month of the next fiscal y	ear.			
			due dates fall on a Satu ent for that quarter by m				
		If you are mailing this p	payment:				
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			ubmit this form in its enti			e in half.	
		✓ Make your chec	k or money order payable	to Arizona De	partment o	of Revenue.	
		✓ Write your SSN	"Tax Year 2024" and "14	0ES" on your ¡	payment.		
		✓ If payment is m	ade on behalf of a Nonre	sident Comp	osite retui	rn, write "Composite	e 140NR",
			and the entity's EIN on y	our payment.			
			yment with this form.		D	7 05000 6555	
		•	Department of Revenue, F				
Be sure to review your estimated income and adjust your payments as necessary during the year.							r.
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			ck on "Make a Payment" a not mail this form. We w				

140ES	individual Esti	mated income	e rax Payment	2024			
This estimated payment is for to Your First Name and Middle Initial	ax year ending Decemb	oer 31, 2024, or fo Last Name	r tax year ending:	Your Social Security Number			
1 PRADEEP		YELLAMONI	Enter	034 51 1979			
Spouse's First Name and Middle Initia	I (if filing joint)	Last Name	your	Spouse's Social Security N			
1			SSN(s).	/			
Current Home Address - number and	street, rural route	Apt.	No. 95. Filing Status. Must be the 95a Married filing joint retu	e same as Form 140, 140NR or 140PY urn 95c Head of Household			
2 40045 W JAMES LN	04-4-	710.0	95b Married filing separat	e return 95d Single			
City, Town or Post Office 3 MARICOPA	State AZ	ZIP Code 85138	88	Y. DO NOT MARK IN THIS ARE			
			<u>_</u>				
Your Daytime Phone (with area of Check if this payment is on be			 140NP				
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Payment: You must round your e	estimated payment to a w	hole dollar (no cents	81 PM	80 RCVD			
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1st Quarter – January to Marcl	n Due date is April 15, 20	24.					
2nd Quarter – April to June	Due date is June 15, 2024.						
Because June 15, 2024 falls	•	ntil June 17, 2024 to	make this payment.				
3rd Quarter – July to Septemb	er Due date is September	15, 2024.					
Because September 15, 2024	I falls on a weekend, you h	ave until September	16, 2024 to make this paym	ent.			
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Payment for fiscal year filers are							
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2nd Quarter – 15th day of the	sixth month of the current fis	cal year.					
3rd Quarter – 15th day of the r	ninth month of the current fis	fiscal year.					
4th Quarter – 15th day of the f	irst month of the next fiscal y	/ear.					
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the required payme	ent for that quarter by n	nidnight on the ne	xt business day followin	g that day.			
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✓ Make your chec	k or money order payable	e to Arizona Departi	ment of Revenue.				
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	ade on behalf of a Nonre and the entity's EIN on		e return, write "Composit	te 140NR",			
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	Department of Revenue,	PO Box 29085 Phos	enix. AZ 85038-9085				
Be sure to review your est				ar.			
If you are making an ele		· · · · · · · · · · · · · · · · · · ·	·				
		l payment by eQ	Check or credit card!				
	merican Express ♦ Visa	a ♦ Discover Card					
. 🗀	www. "ick on "Make a Payment"	AZTaxes.gov and select "140FS"	as the Payment Type				
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