

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 (if box 4 or 6 checked): 1 Last Name: Enter your SSN(s) 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 4a Injured Spouse Protection of Joint Overpayment 5 Head of household. Enter name of qualifying child or dependent on next line. 6 Married filing separate return. Enter spouse's name and Social Security Number above. 7 Single
EXEMPTIONS: 8 Age 65 or over (you and/or spouse) 9 Blind (you and/or spouse) 10a Dependents: Under age of 17. 10b Dependents: Age 17 and over. 11a Qualifying parents and grandparents

Table with 6 columns: (a) FIRST AND LAST NAME, (b) SOCIAL SECURITY NUMBER, (c) RELATIONSHIP, (d) NO. OF MONTHS LIVED IN YOUR HOME IN 2023, (e) IF AGE 65 OR OVER, (f) IF DIED IN 2023. Rows 10c, 10d, 10e.

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

Table with 3 columns: Line number, Description, Amount. Rows 12-35 including Federal adjusted gross income, Small Business Income, Modified federal adjusted gross income, Non-Arizona municipal interest, Partnership Income adjustment, Total federal depreciation, Other Additions to Income, Subtotal, Total net capital gain or (loss), Recalculated Arizona depreciation, Partnership Income adjustment, Interest on U.S. obligations, Exclusion for federal, Arizona state or local government pensions, Exclusion for benefits, annuities and pensions for retired/retainer pay, U.S. Social Security or Railroad Retirement Act benefits, Certain wages of American Indians, Pay received for active service, Net operating loss adjustment, Contributions to 529 College Savings Plans and ABLA accounts, Subtract lines 24 through 34c from line 19.

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 | | | | |
| | 63 | Balance of overpayment: Subtract line 62 from line 61. Enter the difference | 63 | | 00 | | | | |
| Voluntary Gifts | 64 - 74 Voluntary Gifts to: | | | | | | | | |
| | | Solutions Teams Assigned to Schools..... | 64 | 00 | Arizona Wildlife..... | 65 | 00 | | |
| | Child Abuse Prevention | 66 | 00 | Domestic Violence Services..... | 67 | 00 | Political Gift..... | 68 | 00 |
| | Neighbors Helping Neighbors..... | 69 | 00 | Special Olympics..... | 70 | 00 | Veterans' Donations Fund..... | 71 | 00 |
| | I Didn't Pay Enough Fund..... | 72 | 00 | Sustainable State Parks and Road Fund..... | 73 | 00 | Spay/Neuter of Animals..... | 74 | 00 |
| | 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 | 75 | | | | | | |
| | 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 | 77 | | | | | | |
| Penalty | 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 | | |
| Refund or Amount Owed | 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 | <input type="text"/> | <input type="text"/> | | | | | | |
| 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 → pradeep yellamoni YOUR SIGNATURE 03/15/2024 DATE ENGINEER OCCUPATION

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

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

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

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

**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 | 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 |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|--|---|----|

Adjustments to Charitable Contributions

| | | | | |
|--------------------------------------------------------------------------------------------------|----------|--|--|----|
| 6 Amount of charitable contributions for which you are claiming a credit under Arizona law | 6 | | | 00 |
|--------------------------------------------------------------------------------------------------|----------|--|--|----|

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 |
|----------------------------------------------------------------------------------------------------------|----------|--|--|----|

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 | |
| Please indicate the filing status below: <input type="checkbox"/> Married filing joint return <input type="checkbox"/> Head of household: Enter name of qualifying child or dependent on next line. _____ <input type="checkbox"/> Married filing separate return: Enter spouse's name and Social Security Number above. <input checked="" type="checkbox"/> Single | | | REVENUE USE ONLY. DO NOT MARK IN THIS AREA. 88 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: 95a [] Married filing joint return, 95b [] Married filing separate return, 95c [] Head of Household, 95d [X] Single; City, Town or Post Office: MARICOPA; State: AZ; ZIP Code: 85138; 88 REVENUE USE ONLY. DO NOT MARK IN THIS AREA.

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.

81 PM; 80 RCVD

Payment for calendar year filers are due as follows:

[X] 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
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.

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
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

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

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.