

Your First Name and Middle Initial 1 SANTOSH NAIK		Last Name KARRA	Enter your SSN(s).	Your Social Security Number 649 81 1950
Spouse's First Name and Middle Initial 1		Last Name		Spouse's Social Security No.
Current Home Address - number and street, rural route 2 4750 E UNION HILLS DR			Apt. No.	Daytime Phone (with area code) 94
City, Town or Post Office 3 PHOENIX		State AZ	ZIP Code 85050	REVENUE USE ONLY. DO NOT MARK IN THIS AREA. 88
				80 RCVD

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

22	00
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If you are mailing this payment

To ensure proper application of this payment, be sure that you:

- ✓ Do **not** send cash.
- ✓ Make your check or money order payable to Arizona Department of Revenue.
- ✓ Write your SSN and "2017 Tax" 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 17, 2018. 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 RETURN.

82F Check box 82F if filing under extension OR FISCAL YEAR BEGINNING [M,M,D,D] AND ENDING [M,M,D,D], [Y,Y]. 66F

1 Your First Name and Middle Initial SANTOSH NAIK Last Name KARRA Enter your SSN(s) 649-81-1950
1 Spouse's First Name and Middle Initial (if box 4 or 6 checked) Last Name Spouse's Social Security No.

2 Current Home Address - number and street, rural route Apt. No. Daytime Phone (with area code) 94
3 City, Town or Post Office State ZIP Code Last Names Used in Last Four Prior Year(s) (if different) 97
3 PHOENIX AZ 85050

4 Married filing joint return 4a Injured Spouse Protection of Joint Overpayment REVENUE USE ONLY. DO NOT MARK IN THIS AREA. 88
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
Enter the number claimed. Do not put a check mark.
8 Age 65 or over (you and/or spouse) If completing lines 8 through 11, also complete lines 38 through 41. 81 PM 80 RCVD
9 Blind (you and/or spouse)
10 Dependents: Do not include self or spouse.
11 Qualifying parents and grandparents

Table with 6 columns: (a) FIRST AND LAST NAME, (b) SOCIAL SECURITY NO., (c) RELATIONSHIP, (d) NO. OF MONTHS LIVED IN YOUR HOME IN 2017, (e) if this person did not qualify as a dependent on your federal return, (f) if you did not claim this person on your federal return due to educational credits. Rows 10a, 10b, 10c.

Table with 6 columns: (a) FIRST AND LAST NAME, (b) SOCIAL SECURITY NO., (c) RELATIONSHIP, (d) NO. OF MONTHS LIVED IN YOUR HOME IN 2017, (e) if age 65 or over, (f) if died in 2017. Rows 11a, 11b.

Table with 3 columns: Line number, Description, Amount. Rows 12-17. 12 Federal adjusted gross income (from your federal return) 18,328.00

Table with 3 columns: Line number, Description, Amount. Rows 18-25. 18 Total net capital gain or (loss): 00

Table with 3 columns: Line number, Description, Amount. Rows 26-36. 26 Reserved 00, 36 Subtract lines 22 through 35 from line 17. 18,328.00

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

Your Name (as shown on page 1) **SANTOSH NAIK KARRA** Your Social Security Number **649-81-1950**

Exemptions	37	Enter the amount from page 1, line 36	37	18,328	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	Dependents: Multiply the number in box 10 by \$2,300	40		00
	41	Qualifying parents and grandparents: Multiply box 11 by \$10,000	41		00
	42	Arizona adjusted gross income: Subtract lines 38 through 41 from line 37 and enter the difference	42	18,328	00
Balance of Tax	43	Deductions: Check box and enter amount. See instructions 43I <input type="checkbox"/> ITEMIZED 43S <input checked="" type="checkbox"/> STANDARD	43	5,183	00
	44	Personal exemptions: See instructions	44	2,150	00
	45	Arizona taxable income: Subtract lines 43 and 44 from line 42. If less than zero, enter "0"	45	10,995	00
	46	Compute the tax using amount on line 45 and Tax Table X, Y or Optional Tax Tables	46	286	00
	47	Tax from recapture of credits from Arizona Form 301, Part 2, line 40	47		00
	48	Subtotal of tax: Add lines 46 and 47 and enter the total	48	286	00
	49	Family income tax credit (from the worksheet - see instructions)	49		00
	50	Credits from Arizona Form 301, Part 2, line 76	50		00
	51	Balance of tax: Subtract lines 49 and 50 from line 48. If the sum of lines 49 and 50 is greater than line 48, enter "0"	51	286	00
Total Payments and Refundable Credits	52	2017 AZ income tax withheld	52	264	00
	53	2017 AZ estimated tax payments.. 53a <input type="text" value="00"/> Claim of Right 53b <input type="text" value="00"/> Add 53a and 53b.. 53c	53		00
	54	2017 AZ extension payment (Form 204)	54		00
	55	Increased Excise Tax Credit (from the worksheet - see instructions)	55		00
	56	Property Tax Credit from Form 140PTC	56		00
	57	Other refundable credits: Check the box(es) and enter the total amount. 571 <input type="checkbox"/> 308-I 572 <input type="checkbox"/> 342 573 <input type="checkbox"/> 349	57		00
	58	Total payments and refundable credits: Add lines 52 through 57 and enter the total	58	264	00
Tax Due or Overpayment	59	TAX DUE: If line 51 is larger than line 58, subtract line 58 from line 51 and enter amount of tax due. Skip lines 60, 61 and 62	59	22	00
	60	OVERPAYMENT: If line 58 is larger than line 51, subtract line 51 from line 58 and enter amount of overpayment	60		00
	61	Amount of line 60 to be applied to 2018 estimated tax	61		00
	62	Balance of overpayment: Subtract line 61 from line 60 and enter the difference	62		00
Voluntary Gifts	63 - 73 Voluntary Gifts to:				
		Solutions Teams Assigned to Schools	63	<input type="text" value="00"/>	
		Arizona Wildlife	64	<input type="text" value="00"/>	
	65	Child Abuse Prevention		<input type="text" value="00"/>	
		Domestic Violence Shelter	66	<input type="text" value="00"/>	
		Political Gift	67	<input type="text" value="00"/>	
	68	Neighbors Helping Neighbors		<input type="text" value="00"/>	
	Special Olympics	69	<input type="text" value="00"/>		
	Veterans' Donations Fund	70	<input type="text" value="00"/>		
	Sustainable State Parks and Road Fund	72	<input type="text" value="00"/>		
	Spay/Neuter of Animals	73	<input type="text" value="00"/>		
74	Political Party (if amount is entered on line 67 - check only one): 741 <input type="checkbox"/> Democratic 742 <input type="checkbox"/> Green Party 743 <input type="checkbox"/> Libertarian 744 <input type="checkbox"/> Republican				
Penalty	75	Estimated payment penalty and Arizona Long-Term Health Care Savings Account (AZLTHSA) penalty	75		00
	76	761 <input type="checkbox"/> Annualized/Other 762 <input type="checkbox"/> Farmer or Fisherman 763 <input type="checkbox"/> Form 221 included 764 <input type="checkbox"/> AZLTHSA Penalty			
	77	Add lines 63 through 73 and 75; enter the total	77		00
Refund or Amount Owed	78	REFUND: Subtract line 77 from line 62. If less than zero, enter amount owed on line 79. Direct Deposit of Refund: Check box 78A if your deposit will be ultimately placed in a foreign account; see instructions. 78A <input type="checkbox"/>	78		00
		<input checked="" type="checkbox"/> C <input type="checkbox"/> Checking or <input type="checkbox"/> S <input type="checkbox"/> Savings ROUTING NUMBER ACCOUNT NUMBER			
79	AMOUNT OWED: Add lines 59 and 77. Make check payable to Arizona Department of Revenue; write your SSN on payment, and include with your return	79	22	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 _____ OCCUPATION **SOFTWARE ENGINEER**

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

APPANA RUPA VENKATA SATYA SAI MANI KUMAR **06/12/2018** **GLOBAL TAXES LLC**

PAID PREPARER'S SIGNATURE _____ DATE _____ FIRM'S NAME (PREPARER'S IF SELF-EMPLOYED) _____

2530 Pebble Creek Ln **30-1017196**

PAID PREPARER'S STREET ADDRESS _____ PAID PREPARER'S TIN _____

Cumming GA 30041 **(678) 965-9729**

PAID PREPARER'S CITY _____ STATE _____ ZIP CODE _____ PAID PREPARER'S PHONE NUMBER _____

If you are also sending a payment, mail to Arizona Department of Revenue, PO Box 52016, Phoenix, AZ 85072-2016 (PO Box 29204, Phoenix, AZ 85038-9204 if your return has a barcode).
 If you are not sending a payment, mail to Arizona Department of Revenue, PO Box 52138, Phoenix, AZ 85072-2138 (PO Box 29205, Phoenix, AZ 85038-9205 if your return has a barcode).

Arizona Information Worksheet

2017

Keep for your records

Part I - Personal Information

Taxpayer:

First Name SANTOSH NAIK
Middle Initial Suffix
Last Name KARRA
Social Security No 649-81-1950
Date of Birth 04/15/1990
Date of Death
Daytime Phone
Extension

Spouse:

First Name
Middle Initial Suffix
Last Name
Social Security No
Date of Birth
Date of Death
Daytime Phone
Extension

Home Phone
Print this daytime phone on forms Taxpayer daytime Spouse daytime Home
Street Address . 4750 E UNION HILLS DR Apt No. .
City PHOENIX State AZ ZIP Code 85050

Last name(s) in prior years if different from name(s) used in current year

Part II - Main Form

- X Form 140: Resident Tax Return (Long form)
Form 140A: Resident Tax Return (Short form)
Form 140NR: Nonresident Tax Return
Enter Nonresident income allocations on Form 140NR
Form 140PY: Part-Year Resident Tax Return
Dates of Residency: From: To:
Other states of residency:
Enter Part-Year Resident income allocations on Form 140PY
Form 140PTC: Full-Year Resident Property Tax Refund (Credit Claim) Only.

Military personnel and composite return filers:

- You were active duty in Arizona and are filing part-year or nonresident return (Form 140NR or 140PY)
You are filing a composite return on Form 140NR

Part III - Filing Status

- Married filing joint return
Injured spouse protection of joint overpayment (Form 203)
Head of household
Child's First name MI Last Name Suff
Head of household and married in 2017
Married filing separate return
Spouse itemized deductions
Married filing separate with one spouse claiming at least one dependent
X Single

Part IV - Other Information

- Your Arizona gross income for 2016 was in excess of \$75,000 (\$150,000 if MFJ)
- Someone (such as taxpayer's parent) can claim taxpayer as a dependent
- You qualify as a farmer or fisherman for federal tax purposes
- Itemize even if itemized deductions are less than standard deduction
- Take the standard deduction even if less than itemized deductions
- Check this box if you are a first time Arizona income tax filer

Increased Excise Tax Credit

- You were sentenced to 60 days or more in a county, state or federal prison during tax year 2017
- Credit claimed by another member of the household _____

Voluntary Gifts

- 1 Solutions Teams Assigned to Schools Fund 1 _____
- 2 Arizona Wildlife Fund 2 _____
- 3 Child Abuse Prevention Fund 3 _____
- 4 Domestic Violence Shelter Fund 4 _____
- 5 I Didn't Pay Enough Fund 5 _____
- 6 Neighbors Helping Neighbors Fund 6 _____
- 7 Special Olympics Fund 7 _____
- 8 Veterans' Donations Fund 8 _____
- 9 Sustainable State Parks and Road Fund 9 _____
- 10 Spay/Neuter of Animals 10 _____
- 11 Political Gift - select party below 11 _____
 - Democratic
 - Green
 - Libertarian
 - Republican

Part V - Electronic Filing Information

- The state return will be filed electronically

Electronic PDF Attachments

PDF's that you have selected to attach to state e-file return are listed below.

Description	Filename

- Yes No
- Federal PIN(s) will be used (See help)

Date return was EFiled _____

Date return was accepted by the state _____

Enter the date Form AZ-140V was given to client _____

Part VI - Direct Deposit Information or Electronic Funds Withdrawal Information

- Yes No
- Do you want to elect direct deposit of state tax refund?
 - Do you want electronic funds withdrawal of state tax payment (EF Only)?

If you selected direct deposit or electronic funds withdrawal, fill out the information below:

Name of Financial Institution (optional) BANK OF AMERICA

Account type Checking Savings

Routing number 121000358

Account number 325061268304

Enter the payment date to withdraw from the account above _____

State balance-due amount from this return _____

Enter an amount to withdraw from the account above _____

If partial payment is made, the remaining balance due _____

International ACH Transactions

- Yes No
- Will the funds for this refund (or payment) go to (or come from) an account outside the U.S.?

Part VII - Paid Preparer Information

Enter preparer Code from Firm/Preparer Info (See Help) ▶ 1

Part VIII – Extension Status

Yes **No**

Has the tax return due date been extended for a six month extension?

Extended due date _____

QuickZoom to Form 204: Application for Filing Extension ▶ _____

Tax Payments Worksheet

2017

▶ Keep for your records

Name SANTOSH NAIK KARRA	Social Security Number 649-81-1950
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Tax Payments for the Current Year

		State	
		Date	Payment
1	First Payment		
2	Second Payment		
3	Third Payment		
4	Fourth Payment		
Additional Payments			
5	Payment		
	Payment		
	Payment		
	Payment		
	Payment		
6	Overpayment from previous year applied to current year	6	
7	Amount paid with current year extension	7	
8	Total tax payments	8	

Income Taxes Withheld for the Current Year

9	State withholding on Forms W-2	9	264.
10	State withholding on Forms W-2G	10	
11	State withholding on Forms 1099-R	11	
12 a	State withholding on Forms 1099-MISC	12 a	
b	State withholding on Forms 1099-G	b	
c	State withholding on Forms 1099-K	c	
13	Other state tax withholding	13	
14	Total income tax withheld	14	264.
15	Date return will be filed and balance paid	15	