EIUR	Arizona Form 140PY			Part-Year Resident Personal Income Tax Return						n	FOR CALENDAR YEAR 2017				
ITE REI	82F		Check box 82F  If filing under extension	OR FISCAL YEAR BEG	IINNIE	NG ∐	M <sub>I</sub> M <sub>I</sub> D <sub>I</sub>	DLLL	لب	AND ENDING	$M_{\bullet}N$	1D	Di , ,Y,Yi.	66F	
Ξ			First Name and Middle Initial			Last	Name				Y	our S	Social Security Nu	mber	
$\overline{c}$	1	SRIE	RIKANTH				KONDAPAKA				Enter 12				
IIEMS	— [1]					Last Name				Spouse's Social Security No.					
Ξ		Curre	nt Home Address - number and	street, rural route				Apt. No.		Davti	me Ph	one (	(with area code)		
AN			40 N 44TH STREET							94			(		
ū			own or Post Office	State		ZIP Code		I	Last Names Used	in Last	t Four	Prior Year(s) (if diffe	erent)		
OO NOI STAPL	3	Phoe	enix	AZ			85032							97	
SIA	US	4	Married filing joint return	4a Injured Spouse	Prote	ection	of Joint C	verpayment		_	ONLY. D	O NC	OT MARK IN THIS A	REA.	
=	STATUS	5	Head of household: Enter name of qualifying child or dependent on next line:						L	88R					
$\geq$															
2	FILING	6	Married filing separate return: Enter spouse's name and Social Security Number above.												
	$\vdash$	7	<b>—</b> • • • •												
	EXEMPTIONS		<b>♦</b> Enter the number claime	•	mark.					Прм			80R RCVD		
	ΙĔΙ	8	Age 65 or over (you and/o	. ,	If completing lines 8				8	PM			80R KCVD		
	Ι¥	9	Blind (you and/or spouse)		th	rougl	h 11, also	complete							
		10 11	Dependents: <b>Do not inclu</b> Qualifying parents and gra	•	lir	nes 48	8 througi	53.	L						
	Ч	12-1			esider	nt Oth	er than A	ctive Military	13	□ Part-Year	Reside	ent Ac	ctive Military		
			(Box 10): Dependent Informa					•							
			(a)			(b	)	(c)		(d)				t alaim	
			FIRST AND LAS (Do not list yourself		SOCIA	AL SEC	CURITY NO	. RELATIONS	SHIP	NO. OF MONTHS LIVED IN YOUR	if t did not depend	qualify	this person on federal return d	your	
			( ,	, ,						HOME IN 2017	fede	ral retu	urn educational cr	edits	
	Dependents	10a										屵			
<u>.</u>	nde	<b>10</b> ь								_		Ш			
9	ebe		(Box 11): Qualifying parents (a)	and grandparents. See	instruc	ctions. (b		e space, (ch	eck)	and comple	ete pag	<b>ge 3.</b> (e)	(f)		
14	٦		FIRST AND LAS		SOCIA		") CURITY NO		SHIP	NO. OF MONTHS		√ if	(1) ✓ if		
after Form 140PY.			(Do not list yourself	or spouse.)						LIVED IN YOUR Age		65 or o	ver died in 201	7	
ē		11a													
ē		11ь		0.5.0.1.0.0.1											
a		14	Dates of Arizona residency: From L	-					١,	2017 FEDER mount from Feder			2017 ARIZON	Α	
nts		4.5	List other state(s) of residency: LN						+	1			Amount Only 15,600	00	
ne			Wages, salaries, tips, etc Interest								600	00	15,600		
5		16 17	Dividends									00		00	
documents			Arizona income tax refunds							1		00		00	
je	Income		Alimony received							T .	T I	00		00	
<del> </del>			Business income (or loss) from								T I	00		00	
schedules or other			Gains (or losses) from federal									00		00	
	rizona	22	Rents, royalties, partnerships, estat	tes, trusts, small business co	orporat	ions fr	om federal	Schedule E	22			00		00	
	Ariz		Other income reported on your									00	0	100	
he			Total income: Add lines 15 through								600		15,600	$\overline{}$	
			Other federal adjustments: Incl								500		0	00	
¥	Subtractions – cont. on Additions		Federal adjusted gross income							•	100		15 600		
and			Arizona gross income: Subtract				-						15,600		
		Inis	box may be blank or may contain a		n your	return.				•			0.817		
<u>e</u>								-		_	na gross income . 29			00	
teo				COMP. LA PRINCIPAL DE PRINCIPAL DE PARTICIPAL DE PARTICIPA			1			come 7, 29, and 30		31	15,600		
00	_ ]			Larger, Darley, Carrey, Larger, Darley, Carrey, Carrey, Carrey, Carrey, Carrey, Carrey, Carrey, Carrey, Carrey, Carrey, Carrey, Carrey		7		ourced gain/los				00	15,000	100	
≝	it. or		["C." * Lib. (pg.) Li *Lib. (Lib. (pg.) Lib. (pg.)	Lo dens, Lako dens, Lako dens, Lako dens, Lako dens, Lako dens, Lako dens, Lo dens, Lako dens, Lako dens, Lako dens, Lako dens, Lako dens, Lako dens,			1	t-term gain/los				00			
ed.	- cor		r par lato per lato Mari, lato per lato	troper, utroper, utro				rterm gain/los:				00			
7	age							ong-term gain			0				
ar	ractic		CANENTALITY HATCHUZH KAN		BT W					5% (.25)		36		00	
ace	Subt				B) [n					alified small busi				00	
╗			ar en treuten buret, en de en en 1114, yen Alligare.	AND DESCRIPTION OF THE PROPERTY OF THE PROPERT		T ==	IIII <b>38</b> Subtract line 31 - (I			lines 36 + 37)		38	15,600	00	

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		Name (as shown on page 1) KANTH KONDAPAKA	our Social Security Num 126-79-42!							
_	-				15,600	00				
ge ,	39	Enter the amount from page 1, line 38			13,000	1				
n pa	40	Recalculated Arizona depreciation				00				
fror	41	Contributions to 529 College Savings Plans				00				
- cont. from page	42	Reserved								
	43	Interest on U.S. obligations such as U.S. savings bonds and treasury bills				00				
ons	44	Arizona state lottery winnings included as income on your federal return (up to \$5,000 only)		1		00				
acti	45	U.S. Social Security or Railroad Retirement Act benefits included in your Arizona income				00				
Subtractions	46	Other Subtractions from Income: See instructions and include your own schedule			15 600	00				
Ø	47	Subtract lines 40 through 46 from line 39			15,600	100				
	48	Age 65 or over: Multiply the number in box 8 by \$2,100		00						
us	49	Blind: Multiply the number in box 9 by \$1,500	1.	00						
otio	50	Dependents: Multiply the number in box 10 by \$2,300		00						
Exemptions	51	Qualifying parents and grandparents: Multiply the number in box 11 by \$10,000		00						
ñ	52	Add lines 48 through 51			0	00				
	53	Multiply line 52 by the Arizona income ratio on line 28			15,600					
	54	Arizona adjusted gross income: Subtract line 53 from line 47			5,183					
	55	Deductions: Check box and enter amount. See instructions			1,757					
J	56	Personal exemptions: See instructions			8,660					
Та	57	Arizona taxable income: Subtract lines 55 and 56 from line 54. If less than zero, enter "0"			224					
Balance of Tax	58	Compute the tax using amount from line 57 and Tax Table X or Y			221	00				
anc	59 60	Tax from recapture of credits from Arizona Form 301, Part 2, line 40			224					
Bal	61	Family income tax credit (from the worksheet - see instructions)			221	00				
						00				
	63	62 Credits from Arizona Form 301, Part 2, line 76								
	64									
and	65		00 Add 65a and 65b . 6		421	00				
Total Payments and Refundable Credits	66	2017 AZ estimated tax payments				00				
aym	67	Increased Excise Tax Credit (from the worksheet - see instructions)				00				
tal P	68	Other refundable credits: Check the box(es) and enter the total amount				00				
오꼾	69	Total payments and refundable credits: Add lines 64 through 68 and enter the total			421	$\overline{}$				
. =	70	TAX DUE: If line 63 is larger than line 69, subtract line 69 from line 63, and enter amount of tax due. Skip lines				00				
Tax Due or Overpayment	71	<b>OVERPAYMENT:</b> If line 69 is larger than line 63, subtract line 63 from line 69, and enter amount of overpayment.			197	00				
erpa	72	Amount of line 71 to be applied to 2018 estimated tax				00				
ő		Balance of overpayment: Subtract line 72 from line 71			197	$\overline{}$				
Ś		84 Voluntary Gifts to: Solutions Teams Assigned to Schools74 00 Arizona Wildlife				, , ,				
Voluntary Gifts		Child Abuse Prevention76 00 Domestic Violence Shelter .77 00 Political Gift								
ary		Neighbors Helping Neighbors79 00 Special Olympics80 00 Veterans' Donations Fun								
Ē		I Didn't Pay Enough Fund82 00 Sustainable State Parks and Road Fund83 00 Spay/Neuter of Animals								
8	85									
Ę	86	Estimated payment penalty and Arizona Long-Term Health Care Savings Account (AZLTHSA) pen	<del></del>			00				
Penalty	87									
٣	88	Add lines 74 through 84 and 86; enter the total	8	88		00				
7	89	REFUND: Subtract line 88 from line 73. If less than zero, enter amount owed on line 90	8	9	197	00				
Refund or Amount Owed		Direct Deposit of Refund: Check box 89A if your deposit will be ultimately placed in a foreign account; see it	nstructions. 89A							
unt of		CM Checking or ROUTING NUMBER ACCOUNT NUMBER								
Amo		98 S Savings 0 2 1 2 0 0 3 3 9 3 8 1 0 4 3 4 5 4 3 7 4				00				
SIGN HERE	l t	Under penalties of perjury, I declare that I have read this return and any documents with it, and to true, correct and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer.	the best of my know parer has any knowled	vledge and ge.	d belief, they	are				
Щ	<b>→</b>		NEER							
I		OUR SIGNATURE DATE OCC			_					
G	→ [	SPOUSE'S SIGNATURE DATE SPO	USE'S OCCUPATION			_				
		APPANA RUPA VENKATA SATYA SAI MANI KUMAR 06/18/2018 GLOBAL TAXES LL								
SE	Ē	PAID PREPARER'S SIGNATURE DATE FIRM'S NAME (PREPARER'S IF S	SELF-EMPLOYED) 30-101719			_				
PLEASE	7	2530 Pebble Creek Ln PAID PREPARER'S STREET ADDRESS			_					
삠		Cumming GA 30041	PAID PREPARER'S TI (678)965-9							
Ф		PAID PREPARER'S CITY STATE ZIP CODE	PAID PREPARER'S PI		BER	-				

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).