## Form **8879**

(Rev. January 2021)

Department of the Treasury Internal Revenue Service

#### IRS e-file Signature Authorization

▶ ERO must obtain and retain completed Form 8879.

► Go to www.irs.gov/Form8879 for the latest information

OMB No. 1545-0074

Internal F	devenue Service				
Submi	ssion Identification Number (SID)				
Taxpave	r's name	Social securit	v numbei	,	
	AJ SHEELA	084-06	-		
Spouse's		Spouse's soc		ty number	,
·					
Part	Tax Return Information — Tax Year Ending December 31, 2020 (Enter	year you a	re auth	orizing.	)
Enter v	whole dollars only on lines 1 through 5.				
Note:	Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.				
1	Adjusted gross income		1		,208.
2	Total tax		2	11	,592.
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099		3	10	,591.
4	Amount you want refunded to you		4		
5	Amount you owe		5		121.
Part	Taxpayer Declaration and Signature Authorization (Be sure you get and ke penalties of perjury, I declare that I have examined a copy of the income tax return (original or amended)				
to send for any Agent to paymer authorize paymer business taxes to personal	original or amended) I am now authorizing. I consent to allow my intermediate service provider, transmit my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejected delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U. or initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated on the financial institution account indication is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate the Institution accounts in the Institution in the Institu	ction of the tr S. Treasury a cated in the ta n to debit the the authorizates must be processing of ayment. I furl	ansmissind its de ax prepare entry to ation. To be received the election and the control of the	on, (b) the signated ration softhis according revoke (d no late tronic particular according to the signature of the signature	e reason Financial tware for ount. This cancel) a er than 2 yment of that the
Тахра	yer's PIN: check one box only				
X		nv PIN 6	4 8	9 9	as my
	ERO firm name	En	ter five dig n't enter a		,
	signature on the income tax return (original or amended) I am now authorizing.				
	I will enter my PIN as my signature on the income tax return (original or amended) I am not if you are entering your own PIN <b>and</b> your return is filed using the Practitioner PIN method below.				
V	ignature ▶ Date ▶	03/23/2	2021		
Your S	ignature ▶ Date ▶				
Spous	e's PIN: check one box only				
	I authorize to enter or generate r	nv PIN			as my
	ERO firm name	En	ter five di		a.c,
	signature on the income tax return (original or amended) I am now authorizing.	do	n't enter a	ill zeros	
	I will enter my PIN as my signature on the income tax return (original or amended) I am no if you are entering your own PIN <b>and</b> your return is filed using the Practitioner PIN method below.				
Spous	e's signature ▶ Date ▶				
	Practitioner PIN Method Returns Only—continue below				
Part	Certification and Authentication — Practitioner PIN Method Only				
ERO's	<b>EFIN/PIN.</b> Enter your six-digit EFIN followed by your five-digit self-selected PIN. 5 8	7 2 7 Don't ent	8 6 2 er all zero	1 9 8 os	9
authoriz	that the above numeric entry is my PIN, which is my signature for the electronic individual income taged to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am submit ments of the Practitioner PIN method and <b>Pub. 1345,</b> Handbook for Authorized IRS e-file Providers of In	itting this retu	ırn in ac	cordanće	
EBO'a	signatura • Data •				
ENU S	Signature ► Date ►  ERO Must Retain This Form — See Instructions				

Don't Submit This Form to the IRS Unless Requested To Do So

Form 1040-V 2020 Page **2** 

IF you live in	THEN use this address to send in your payment
Alabama, Florida, Georgia, Louisiana, Mississippi, North Carolina, South Carolina, Tennessee, Texas	Internal Revenue Service P.O. Box 1214 Charlotte, NC 28201-1214
Arkansas, Connecticut, Delaware, District of Columbia, Illinois, Indiana, Iowa, Kentucky, Maine, Maryland, Massachusetts, Minnesota, Missouri, New Hampshire, New Jersey, New York, Oklahoma, Pennsylvania, Rhode Island, Vermont, Virginia, West Virginia, Wisconsin	Internal Revenue Service P.O. Box 931000 Louisville, KY 40293-1000
Alaska, Arizona, California, Colorado, Hawaii, Idaho, Kansas, Michigan, Montana, Nebraska, Nevada, New Mexico, Ohio, Oregon, North Dakota, South Dakota, Utah, Washington, Wyoming	Internal Revenue Service P.O. Box 802501 Cincinnati, OH 45280-2501
A foreign country, American Samoa, or Puerto Rico (or are excluding income under Internal Revenue Code 933), or use an APO or FPO address, or file Form 2555 or 4563, or are a dual-status alien or nonpermanent resident of Guam or the U.S. Virgin Islands	Internal Revenue Service P.O. Box 1303 Charlotte, NC 28201-1303

MAIL FORM 1040-V TO THE INTERNAL REVENUE SERVICE CENTER AT THE ADDRESS LISTED BELOW.

Form **1040-V** 2020

**▼** Detach Here and Mail With Your Payment and Return **▼** 

Department of the Treasury Internal Revenue Service

(99)

2020

- ► Use this voucher when making a payment with Form 1040.
- ► Do not staple this voucher or your payment to Form 1040.
- Make your check or money order payable to the 'United States Treasury.'
- ► Write your social security number (SSN) on your check or money order.

Form 1040-V Payment Voucher

Enter the amount of your payment	121.
----------------------------------	------

REV 03/13/21 PRO 1555

SURAJ SHEELA

LICO SW CHALKSTONE RD BENTONVILLE AR 72713

INTERNAL REVENUE SERVICE
P.O. BOX 931000
LOUISVILLE, KY 40293-1000

## **£1040**

Department of the Treasury—Internal Revenue Service (99)

U.S. Individual Income Tax Return

2020

OMB No. 1545-007

IRS Use Only—Do not write or staple in this space.

Filing Status Check only one box.	If yo	Single Married filing jointly u checked the MFS box, enter the son is a child but not your depende	name of	ed filing separately your spouse. If you	•	_		•	_				
Your first name	and m	iddle initial	Last na	me	You	ur so	cial securit	y number					
SURAJ			SHEE	LA					0.8	34-0	6-4899		
If joint return, s	pouse's	s first name and middle initial	Last na	me					Spo	Spouse's social security number			
	•	er and street). If you have a P.O. box, se LKSTONE RD	ee instruction	ons.				Apt. no.	Ch	eck h	nere if you,	•	
City, town, or p	ost offi	ce. If you have a foreign address, also o	complete s	paces below.	Sta	ate	ZIP	code			0,	tly, want \$3 Checking a	
BENTONV	ILLE				A	R	7:	2713	bo	x belo	ow will not	change	
Foreign country name				Foreign province/stat	e/cour	ity	For	reign postal cod	de you	ur tax	or refund.	Spouse	
At any time du	ring 20	020, did you receive, sell, send, ex	change, c	or otherwise acquir	e any	financial in	terest in	n any virtual	curren	icy?	Yes	⊠ No	
Standard Deduction		eone can claim:	•	-			ent						
Age/Blindness	You	Were born before January 2,	1956	Are blind S	pouse	e: Was	born b	efore Januar	ry 2, 19	956	☐ Is bli	ind	
Dependents	s (see	instructions):		(2) Social secur	ity	(3) Relati	onship	(4) 🗸 i	if qualifi	ies for	r (see instrud	ctions):	
If more		irst name Last name		number	,	to yo	ou .	Child tax		- 1		her dependents	
than four													
dependents, see instruction													
and check	5 —												
here ▶ □													
	1	Wages, salaries, tips, etc. Attach	Form(s)	W-2						1	Ş	94,058.	
Attach	2a	Tax-exempt interest	2a		b 7	Taxable inte	erest			2b			
Sch. B if required.	3a	Qualified dividends	3a		b	Ordinary div	/idends			3b		0.	
	4a	IRA distributions	4a		b 7	Taxable am	ount .			4b			
	5a	Pensions and annuities	5a		b 7	Taxable am	ount .			5b			
Standard	6a	Social security benefits	6a		b 7	Taxable am	ount .			6b			
Deduction for—	7	Capital gain or (loss). Attach Sch	edule D if	required. If not re	quirec	l, check he	re .	•	-	7			
Single or Married filing	8	Other income from Schedule 1, li	ine 9 .							8	_	-9,550.	
separately, \$12,400	9	Add lines 1, 2b, 3b, 4b, 5b, 6b, 7	, and 8. T	his is your <b>total in</b>	come				•	9	3	34,508.	
Married filing	10	Adjustments to income:											
jointly or Qualifying	а	From Schedule 1, line 22					10a						
widow(er), \$24,800	b	Charitable contributions if you take the standard deduction. See instructions 10b 300.											
€4,600 Head of	С	Add lines 10a and 10b. These are your total adjustments to income							<b>•</b>	10c	;	300.	
household, \$18,650	11	Subtract line 10c from line 9. This	s is your a	adjusted gross in	come				•	11	3	34,208.	
If you checked	12	Standard deduction or itemized	d deduct	ions (from Schedu	le A)					12	]	12,400.	
any box under Standard	13	Qualified business income deduc		,	-	3995-A .				13			
Deduction, see instructions.	14	Add lines 12 and 13								14	1	12,400.	
See manuchons.	15	Taxable income. Subtract line 1	4 from lin	e 11. If zero or less	s, ente	er -0				15	7	71,808.	

Form 1040 (2020	))									Page 2
	16	Tax (see instructions). Check	if any from Form	n(s): <b>1</b> 881	4 <b>2</b> 🗌 4972	3 🗌			. 16	11,592.
	17	Amount from Schedule 2, lir								
	18	Add lines 16 and 17							. 18	11,592.
	19	Child tax credit or credit for	other dependen	ts					. 19	
	20	Amount from Schedule 3, lir	ne 7						. 20	
	21	Add lines 19 and 20							. 21	
	22	Subtract line 21 from line 18	B. If zero or less,	enter -0					. 22	11,592.
	23	Other taxes, including self-e	mployment tax,	from Schedule	2, line 10 .				. 23	0.
	24	Add lines 22 and 23. This is	vour total tax						▶ 24	11,592.
	25	Federal income tax withheld	l from:							
	а	Form(s) W-2				25a	10	,592	1.	
	b	Form(s) 1099				25b		•		
	c	Other forms (see instruction				25c				
	d	Add lines 25a through 25c	•						. 25d	10,591.
	26	2020 estimated tax paymen								10/371.
<ul> <li>If you have a L qualifying child,</li> </ul>	27	Earned income credit (EIC)				27		•	. 20	
attach Sch. EIC.	28	Additional child tax credit. A				28				
If you have nontaxable	29	American opportunity credit				29				
combat pay, see instructions.	30	Recovery rebate credit. See		-		30		880	$\overline{}$	
see instructions.	31	Amount from Schedule 3. lir				31		000	J.	
	32	Add lines 27 through 31. The					ndito.		▶ 32	880.
	33	· ·	•							11,471.
		Add lines 25d, 26, and 32. T If line 33 is more than line 24	-					•		11,4/1.
Refund	34					•	=		. 34	
Direct deposit?	35a	Amount of line 34 you want Routing number X X X			► c Type:				_	
See instructions.	►b	Account number X X X				<b>.</b>		Saving	JS	
	► d 36	Amount of line 34 you want				<u> </u>				
Amount		•							> 37	121.
You Owe	37	Subtract line 33 from line 24		-						121.
For details on		Note: Schedule H and Schedule SE filers, line 37 may not represent all of the taxes you owe for 2020. See Schedule 3, line 12e, and its instructions for details.								
how to pay, see	38	Estimated tax penalty (see in	•			38				
instructions.										
Third Party Designee		you want to allow another					Yes. C	omole	te helow	X No
Designee		signee's		Phone				•	entification	<del></del>
		me ▶		no.				ber (PII		
Sign	Un	der penalties of perjury, I declare	that I have examine	ed this return and	accompanying sch	nedules a	and stateme	nts, an	d to the be	st of my knowledge and
Here	bel	ief, they are true, correct, and com	plete. Declaration	of preparer (othe	r than taxpayer) is b	ased on	all informati	on of w	hich prepar	er has any knowledge.
TICIC	Yo	ur signature		Date	Your occupation					nt you an Identity
				03/23/2021	COEGMADE		מקוחו		rotection P see inst.) <b>&gt;</b>	PIN, enter it here
Joint return? See instructions.	Sn.	ouse's signature. If a joint return,	hath must sign	Date	SOFTWARE I		IEEK	- + `		nt your spouse an
Keep a copy for	Ор	ouse's signature. If a joint return,	both must sign.	Date	opouse s occupat					ection PIN, enter it here
your records.								(5	see inst.) ►	
	Ph	one no.		Email address						
Doid	Pre	eparer's name	Preparer's signat	ture		Date		PTIN		Check if:
Paid	SYAM	PRIYA RAM SAGAR GUPTA TALLAM	SYAM PRIYA	RAM SAGAR	GUPTA TALLAM	03/2	21/2021	P02	082703	Self-employed
Preparer	Fire	m's name ▶ GLOBAL TA	XES LLC					F	Phone no.	(678)965-9522
Use Only	Fir	m's address ▶ 2530 Pebb	le Creek L	n Cummin	g GA 30041				irm's EIN	
Go to www.irs.ad	ov/Forn	n1040 for instructions and the late	est information.		BAA	REV	03/13/21 PR			Form <b>1040</b> (2020
9						•				\

## SCHEDULE 1 (Form 1040)

#### **Additional Income and Adjustments to Income**

OMB No. 1545-0074

2020
Attachment
Sequence No. 01

Department of the Treasury Internal Revenue Service

SURAJ SHEELA

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

► Attach to Form 1040, 1040-SR, or 1040-NR.
 Go to www.irs.gov/Form1040 for instructions and the latest information.

Your social security number 084-06-4899

Par	t I Additional Income		
1	Taxable refunds, credits, or offsets of state and local income taxes	1	
2a	Alimony received	2a	
b	Date of original divorce or separation agreement (see instructions) ▶		
3	Business income or (loss). Attach Schedule C	3	
4	Other gains or (losses). Attach Form 4797	4	
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	5	-9,550.
6	Farm income or (loss). Attach Schedule F	6	<u> </u>
7	Unemployment compensation	7	
8	Other income. List type and amount ▶		
		8	
9	Combine lines 1 through 8. Enter here and on Form 1040, 1040-SR, or 1040-NR,		
Par	t II Adjustments to Income	9	-9,550.
		10	
10	Educator expenses	10	
11	Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106	11	
12	Health savings account deduction. Attach Form 8889	12	
13	Moving expenses for members of the Armed Forces. Attach Form 3903	13	
14	Deductible part of self-employment tax. Attach Schedule SE	14	
15	Self-employed SEP, SIMPLE, and qualified plans	15	
16	Self-employed health insurance deduction	16	
17	Penalty on early withdrawal of savings	17	
18a	Alimony paid	18a	
b	Recipient's SSN		
С	Date of original divorce or separation agreement (see instructions) ▶		
19	IRA deduction	19	
20	Student loan interest deduction	20	
21	Tuition and fees deduction. Attach Form 8917	21	
22	Add lines 10 through 21. These are your <b>adjustments to income.</b> Enter here and on Form 1040, 1040-SR, or 1040-NR, line 10a	22	

#### **SCHEDULE E**

Department of the Treasury

(Form 1040)

#### **Supplemental Income and Loss**

(From rental real estate, royalties, partnerships, S corporations, estates, trusts, REMICs, etc.)

► Attach to Form 1040, 1040-SR, 1040-NR, or 1041.

Attachment

OMB No. 1545-0074

▶ Go to www.irs.gov/ScheduleE for instructions and the latest information. Internal Revenue Service (99) Name(s) shown on return

Sequence No. 13

Your social security number

084-06-4899 SURAJ SHEELA Income or Loss From Rental Real Estate and Royalties Note: If you are in the business of renting personal property, use Part I Schedule C. See instructions. If you are an individual, report farm rental income or loss from Form 4835 on page 2, line 40. A Did you make any payments in 2020 that would require you to file Form(s) 1099? See instructions . . . . . Physical address of each property (street, city, state, ZIP code) Α VENKATAIAH COLONY DESAIPET, WARANGAL TELANGANA IN 506002 В C 1b Fair Rental **Personal Use** Type of Property For each rental real estate property listed QJV above, report the number of fair rental and personal use days. Check the QJV box only if you meet the requirements to file as a (from list below) **Days Days** 365 0 Α Α qualified joint venture. See instructions. В В С С Type of Property: Single Family Residence 3 Vacation/Short-Term Rental 5 Land 7 Self-Rental 2 Multi-Family Residence 4 Commercial 6 Royalties 8 Other (describe) Income: **Properties:** Α 3 Rents received . 650. 3 4 Royalties received . . . . . . 4 Expenses: Advertising . . . . . . 5 5 6 Auto and travel (see instructions) . . . 6 7 Cleaning and maintenance . . . 7 8 8 Commissions. . . . . . 9 9 Insurance . . . . . . . . . . 10 Legal and other professional fees . . . 10 11 11 500. 12 Mortgage interest paid to banks, etc. (see instructions) 12 13 13 4,700. Other interest. . . . . . . . . 2,000. 14 Repairs. . . . . . . . 14 15 1,020. 15 Supplies . Taxes . . . . . . 16 16 17 17 1,980. 18 Depreciation expense or depletion . . 18 19 19 Total expenses. Add lines 5 through 19 . . . . . 20 20 10,200. 21 Subtract line 20 from line 3 (rents) and/or 4 (royalties). If result is a (loss), see instructions to find out if you must file Form 6198 . . . . . . . . . . . . . . . . . 21 -9,550. 22 Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions) . . . . . . . . -9,550.) 650 23a Total of all amounts reported on line 3 for all rental properties 23a **b** Total of all amounts reported on line 4 for all royalty properties 23b 23c **c** Total of all amounts reported on line 12 for all properties d Total of all amounts reported on line 18 for all properties 23d 23e Total of all amounts reported on line 20 for all properties 10,200. Income. Add positive amounts shown on line 21. Do not include any losses 24 24 25 Losses. Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here. 25 9,550. 26 Total rental real estate and royalty income or (loss). Combine lines 24 and 25. Enter the result here. If Parts II, III, IV, and line 40 on page 2 do not apply to you, also enter this amount on Schedule 1 (Form 1040), line 5. Otherwise, include this amount in the total on line 41 on page 2 26 -9,550.

## Form **8889**

Department of the Treasury

Internal Revenue Service

**Health Savings Accounts (HSAs)** 

► Attach to Form 1040, 1040-SR, or 1040-NR.

► Go to www.irs.gov/Form8889 for instructions and the latest information.

OMB No. 1545-0074

2020
Attachment
Sequence No. 52

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

SURAJ SHEELA

Social security number of HSA beneficiary. If both spouses have HSAs, see instructions ▶ 084-06-4899

Before you begin: Complete Form 8853, Archer MSAs and Long-Term Care Insurance Contracts, if required. HSA Contributions and Deduction. See the instructions before completing this part. If you are filing jointly and both you and your spouse each have separate HSAs, complete a separate Part I for each spouse. Check the box to indicate your coverage under a high-deductible health plan (HDHP) during 2020. 2 HSA contributions you made for 2020 (or those made on your behalf), including those made from January 1, 2021, through April 15, 2021, that were for 2020. Do not include employer contributions, 2 0. If you were under age 55 at the end of 2020 and, on the first day of every month during 2020, you were, or were considered, an eligible individual with the same coverage, enter \$3,550 (\$7,100 for 3 7,100. Enter the amount you and your employer contributed to your Archer MSAs for 2020 from Form 8853, lines 1 and 2. If you or your spouse had family coverage under an HDHP at any time during 2020, also 4 Ο. 5 5 7,100. 6 Enter the amount from line 5. But if you and your spouse each have separate HSAs and had family coverage under an HDHP at any time during 2020, see the instructions for the amount to enter . . . 6 7,100. 7 If you were age 55 or older at the end of 2020, married, and you or your spouse had family coverage 0. under an HDHP at any time during 2020, enter your additional contribution amount. See instructions 7 8 8 7,100. Employer contributions made to your HSAs for 2020 . . . . . . . . . 9 10 510. 11 11 12 12 6,590. HSA deduction. Enter the smaller of line 2 or line 12 here and on Schedule 1 (Form 1040), Part II, line 12 13 13 0. Caution: If line 2 is more than line 13, you may have to pay an additional tax. See instructions. Part II HSA Distributions. If you are filing jointly and both you and your spouse each have separate HSAs, complete a separate Part II for each spouse. Distributions included on line 14a that you rolled over to another HSA. Also include any excess contributions (and the earnings on those excess contributions) included on line 14a that were 14b 14c Qualified medical expenses paid using HSA distributions (see instructions) . . . . . . . . . . . . . 15 15 Taxable HSA distributions. Subtract line 15 from line 14c. If zero or less, enter -0-. Also, include this 16 amount in the total on Schedule 1 (Form 1040), Part I, line 8, and enter "HSA" and the amount on the 16 17a If any of the distributions included on line 16 meet any of the Exceptions to the Additional b Additional 20% tax (see instructions). Enter 20% (0.20) of the distributions included on line 16 that are subject to the additional 20% tax. Also, include this amount in the total on Schedule 2 (Form 1040), Part II, line 8; check box c and enter "HSA" and the amount on the line next to the box . . . Income and Additional Tax for Failure To Maintain HDHP Coverage. See the instructions before Part III completing this part. If you are filing jointly and both you and your spouse each have separate HSAs, complete a separate Part III for each spouse. 18 18 19 19 20 Total income, Add lines 18 and 19. Include this amount on Schedule 1 (Form 1040), Part I, line 8, and 20 21 Additional tax. Multiply line 20 by 10% (0.10). Include this amount in the total on Schedule 2 (Form 1040), Part II, line 8; check box c and enter "HDHP" and the amount on the line next to the box . . 21

## STATE OF ARKANSAS INDIVIDUAL INCOME TAX PAYMENT VOUCHER INSTRUCTIONS

All tax return payments should be mailed on or before the due date of the tax return.

#### Pay Online

Paying online is convenient, secure, and helps make sure we get your payments on time. Please visit our secure site ATAP (Arkansas Taxpayer Access Point) at www.atap.arkansas.gov. ATAP allows taxpayers or their representatives to log on, make payments and manage their account online.

#### Additional ATAP features are:

- Make name and address changes
- View account letters
- Check refund status
- ATAP is available 24 hours.

#### **E-Filed Returns**

If mailing a payment for a tax return that has been electronically filed, complete the voucher (AR1000V) below. Mail the AR1000V and a check or money order to the address listed below. If this payment is for an amended return, mark "YES" on the voucher in the appropriate space.

Arkansas State Income Tax P.O. Box 8149 Little Rock, AR 72203-8149

#### **Paper Returns**

If mailing a paper tax return with a payment, complete the voucher (AR1000V) below. Mail the AR1000V, a check or money order and your tax return (Form AR1000F or AR1000NR) to the address listed below. If this payment is for an amended return, mark "YES" on the voucher in the appropriate space.

Arkansas State Income Tax P.O. Box 2144 Little Rock, AR 72203-2144

**Note:** Make your check or money order payable in U.S. Dollars to the Department of Finance and Administration. Be sure to include your Social Security Number and/or account number on your check or money order.

(R 8/16/2018

 $\psi$  You must cut along the dotted line or the processing of your payment will be delayed.  $\psi$ 

REV	03/	16/21	PRO

Primary Social Security Number	Spouse's Social Security Number	Fiscal Year End	Tax Year				
084-06-4899			2020				
		Due Date	Amount Paid				
Name SURAJ	SHEELA	04/15/2021	766				
Name BUICAU	DITELLA		Include Cents (ex. 1,234,567.89)				
Address 6100 SW CHALKSTO	ONE RD		Is Payment for an Amended Return?				
City, State, Zip BENTONVILLE,	AR 72713	Yes	No				

## 2020 AR1000F



## AR1

# **ARKANSAS INDIVIDUAL**

	COME TAX RETURN							HECH					
Fu	II Year Resident						AME	ENDE	D RE	TURI	4	Sof	tware ID
Jan.	1 - Dec. 31, 2020 or fiscal year ending	,	20					•				• PROS	SERIES
	Primary's legal first name	MI	Last na	ıme				Check if	Prima	ry's soci	al sec	urity numbe	er
l	• SURAJ	•	• SHI	EELA			• De		• 08	4-06-	489	9	
USE LABEL OR PRINT OR TYPE	Spouse's legal first name	MI	Last na	ime				Check if	Spous	e's soci	al sec	urity numbe	er
펵	•	•	•				• 🗆 De		•				
뎔티	Mailing address (number and street, P.O. box or rural	route)	1						□ Ch	eck if add	lress is	s outside U.S	3
SE	•6100 SW CHALKSTONE RD	,								ook ii dae	1000 10	, 0010100 0.0	
> =		or provinc	e		ZIP				Foreig	n countr	y nam	пе	
	• BENTONVILLE • AR	'	_			2713			`	•			
×					$\overline{}$								
FILING STATUS Check Only One Box	1.● X Single (Or widowed before 2020 or div	orced at e	nd of 202	0)	4.●	Mar	ried filir	ng sepa	rately o	on the sa	me re	eturn	
Įξδ	2.● Married filing joint (Even if only one ha	ad income	)		5.●					n differe			
S of S	3. Head of household (See instructions)					Ent	er spou	se's nar	ne her	e and SS	3N ab	ove	
ĮŠĚĮ	If the qualifying person was your chil	d, but not	your de	pendent,	6.●	Qua	alifying v	widow(e	r) with	depende	ent ch	ild	
E 옮	enter child's name here:					Yea	r spous	e died:	(See in	struction	s)		
• [	Check here if you want a tax booklet maile	ed to vou	next ve	ar.	•							state exte	ension
			,			Jor an	autom	natic fe	edera	exten	sion		
	7A. X Yourself ● 65 or over	● 65 €	Special	•	Blind	•	Deaf		Hea	d of hous	sehold	l/qualifying w (Filing status	vidow(er)
	• • • • • • • • • • • • • • • • • • • •		0		_ ]		_ 		(FI	iing status s	only)	(Filing status	6 only)
	Spouse • 65 or over		Special	•	Blind	• L	Deaf						
TS	Multiply number of boxes checked								7	۸ <u>1</u> × ۶	§29 =		29.00
CREDITS	Dependents (Do not list yourself or sp	ouse)											
	First name Las	st name		Depen	dent's so	cial secu	ırity nun	nber		Depende	ent's r	elationship	to you
PERSONAL TAX	1.												
ŀ.													
N N	2.												
ERS	3.												
□	7B. Multiply number of <b>DEPENDENTS</b> from	above							7B •	▶	\$29 =		00
	7C. Multiply number of qualifying individuals fro	m <b>AR100</b>	ORC5 (S	ee instruc	tions)				7C •	•□x:	\$500 =	:	00
											_		
	7D. TOTAL PERSONAL TAX CREDITS:	(Add lines	7A, 7B, a	and 7C. E	nter total	here and	on line	34)			7D		29.00
					e date					Expiration	ı date		
٦	DL# / State ID Your	state _		(mm	/dd/yyyy)				-	(mm/dd/y	ууу) 🗕		
□				Issu	e date					Expiration	า date		
	DL# / State ID Sport	use state _		(mm	n/dd/yyyy)				-	(mm/dd/y	ууу) _		
										-	—		
	Direct deposit allowed to U.S. banks only. Cl	heck if eit	ther dep	osit(s) wi	ll ultima	tely be pl	aced in	a forei	gn acc	ount. •			
		_			_	Checkir	ng or 🍝	Пз	avings				
OSI	Routing Number 1	Accou	ınt Num	nber 1		1 1	ig oi	<del>'</del>	- I		_	Direct dep	osit 1 Amt
DIRECT DEPOSIT	•	·									•		00
Ω										-	_		
N	Routing Number 2	Accou	ınt Nun	nber 2	•	Checkir	ng or •	, ∏s	avings			Direct der	osit 2 Amt
-					$\overline{}$			一	$\neg$		٦ .	Direct dep	
	( •	`L									•		00
	PLEASE SIGN HERE: Under penalties of perjur	v. I declare	e that I ha	ave exami	ned this r	eturn and	accomp	anving s	chedul	es and st	ateme	nts, and to t	he best of my
	knowledge and belief, they are true, correct and cor												
	<ul> <li>We will no longer automatically mai (www.atap.arkansas.gov). Check th</li> </ul>	I 1099-G	forms. I	nstead, want us	we ask	that you	get thi	s inforr	nation	from ou	ır wel	osite	
PLEASE SIGN HERE	Primary's signature	DOX	<b>, e a</b> e <b>t</b>		Date	<b>J</b> ou a po	Teleph		7 0 110	at jour	_		aa Dawamua
물등					03/23/202	1	1 .	82)2!	52-8	549	1 '	y the Arkans ency discuss	
S	Spouse's signature				Date		Teleph				1	with the pre	
							1 '				ΙГ	Yes 2	No N
	Paid preparer's signature				PTIN/I	D numbe	<u> </u>				Fo	r Departmen	nt Use Only
ΈR	SYAM PRIYA RAM SAGAR GUPTA TA	LLAM 03	3/21/2	2021		01719					A	T	•
PAE	Preparer's name			City/Sta							-	ohone	<u> </u>
PAID PREPARER	GLOBAL TAXES LLC	_					-				,	0.005	NE 0.0
	E-mail SYAM@GTAXFILE.COM	1		CUMMI	.NG GA	3004	:1		Arkens	ne State Iv		8)965-9	9522
	Arkansas State Income Tax P.O. Box 1000				Tax	Due/No	Tax:		P.O. Bo	ns State Inc x 2144	ome ia	X.	

Little Rock, AR 72203-1000

P.O. Box 2144 Little Rock, AR 72203-2144



Primary SSN <u>084-06-4899</u>

		ROUND ALL AMOUNTS TO WHOLE DOLLARS		(A)	Primary/Joint Income		(B) S	Spouse's Income	е
٥	8.	Wages, salaries, tips, etc: (Attach W-2s)	8		94,058.	00	•		00
s)66	9.	Military pay: Primary   Military pay: Primary   Military pay: Primary   Military pay: □ 00 Spouse □ 00	U	Ť	3170301	00	Ť		100
/10			10	•		00	•		00
2(s)	10.	Interest income: (If over \$1,500, Attach AR4)		<u> </u>	0.	00	-		00
×-	11.	Dividend income: (If over \$1,500, Attach AR4)		•	0.	-	•		-
of	12.	Alimony and separate maintenance received:		•		00	•		00
top	13.	Business or professional income: (Attach federal Schedule C)		•		00	•		00
on	14.	Capital gains/(losses) from stocks, bonds, etc: (See instructions, Attach federal Schedule D)	14	•		00	•		00
Sck	15.	Other gains or (losses): (Attach federal Form 4797 and/or AR4684 if applicable)	15	•		00	•		00
Fe	16.	Non-qualified IRA distributions and taxable annuities: (Attach All 1099Rs)	16	•		00	•		00
col	17.	Military retirement: <b>Primary</b> ● 00 <b>Spouse</b> ● 00							
Att	18A	Primary employer pension plan(s)/qualified IRA(s): (See instructions, Attach all 1099Rs)							
re/		Gross distribution   Taxable amount   O  Less \$6,000	18A	•		00			
he	18B	Spouse employer pension plan(s)/qualified IRA(s): (See instructions, Attach all 1099Rs)							
(s)6		100 Taxable amount	18B	•	0 550	00	_		00
109	19.	Rents, royalties, partnerships, estates, trusts, etc.: (Attach federal Schedule E)	19	•	-9,550.	00			00
/(s)	20.		20	•		00	•		00
W-2	21.	Unemployment: Primary/Joint   O Spouse   O O O	21						
ch	22.	Other income/depreciation differences: (Attach Form AR-OI)	22	•		00	•		00
Atta	23.	TOTAL INCOME: (Add lines 8 through 22)	23	•	84,508.	00	•		00
_	24.	TOTAL ADJUSTMENTS: (Attach Form AR1000ADJ)	24	•		00	•		00
	25.	ADJUSTED GROSS INCOME: (Subtract line 24 from line 23)	25	•	84,508.	00	•		00
	26.	Select tax table: (Select only one)	26						
	27.	● Low income table (\$0), For low income qualifications see line 26 instructions							
z		■ X Standard deduction (\$2,200 or \$4,400 for filing status 2 only)							
10			27		2,200.	00			00
COMPUTATION	20				82,308.	00			00
MPL		NET TAXABLE INCOME: (Subtract line 27 from line 25)  TAX: (Enter tax from tax table)			4,179.	00			00
CO	29.						$\vdash$	4,179.	00
TAX	30.	Combined tax: (Add amounts from line 29, columns A and B)					_	4,17.	_
-	31.	Enter tax from Lump Sum Distribution Averaging Schedule: (Attach AR1000TD)					•		00
		Additional tax on IRA and qualified plan withdrawal and overpayment: (Attach federal Form 5329, if require					•	4 150	00
	33.	TOTAL TAX: (Add lines 30 through 32)				33	•	4,179.	00
s	34.	Personal tax credit(s): (Enter total from line 7D)	34	•	29.	00			
CREDIT	35.	Child care credit: (20% of federal credit allowed; attach federal Form 2441)	35	•		00			
CRE	36.	Other credits: (Attach AR1000TC)	36	•		00			
AX	37.	TOTAL CREDITS: (Add lines 34 through 36)				37	•	29.	00
F	38.	NET TAX: (Subtract line 37 from line 33. If line 37 is greater than line 33, enter 0)				38	•	4,150.	00
	39.	Arkansas income tax withheld: (Attach state copies of W-2 and/or 1099R, W2-G)	39	•	3,384.	00			
	40.			•		00	1		
	41.	Payment made with extension: (See instructions)		•		00	1		
TS	42.	AMENDED RETURNS ONLY - Previous payments: (See instructions)		•		00	1		
PAYMENTS		, ,		Ť		00	1		
۸	45.	Early childhood program: Certification number:(20% of federal credit; Attach federal Form 2441 and Form AR1000EC)	43	•		00			
Д.		TOTAL PAYMENTS: (Add lines 39 through 43)				44	•	3,384.	00
	45.	AMENDED RETURNS ONLY - Previous refund: (See instructions)					•	,	00
	46.	Adjusted total payments: (Subtract line 45 from line 44)					•	3,384.	00
H							•	3,301.	00
DUE	47.	AMOUNT OF OVERPAYMENT/REFUND: (If line 46 is greater than line 38, enter difference)	г			00			100
TAX		Amount to be applied to 2021 estimated tax:				00			
R T		Amount of Check-off Contributions: (Attach Schedule AR1000-CO)				-	<u></u>		100
D OR	50.	,						766.	00
EFUND		AMOUNT DUE: (If line 46 is less than line 38, enter difference; If over \$1,000, continue to 52A)					O	/00.	00
REF		. <b>UEP:</b> Attach Form AR2210 or AR2210A. If required, enter exception in box 52A Penalty 52			00	_		7.0	00
		Add lines 51 and 52B: (See instructions)  NLINE: Please visit our secure site ATAP (Arkansas Taxpayer Access Point) at www.atap.arkansas.gc						766.	
PA	ı Ul	log on, make payments and manage their account online. ATAP is available 24 hours.	v. A	IMP 8	anows taxpayers	011	ırıeli i	epresentatives	เบ
			V M	Δ11 -	(See instructio	ne)			



# ARKANSAS INDIVIDUAL INCOME TAX DECLARATION FOR ELECTRONIC FILING

Primary's Legal First Name and Middle Initial				Last Name				Primary's Social Security Number				
• SURAJ			• SHE	ELA		• 084-06-4899						
Spouse's Le	egal First Name and Middle	Initial	Last Na	me		1 '	Spouse's Social Security Number					
Mailing Add	TGSS (Number and Street, P.O. Box	or Purol Pouto)					● Telephone					
ŭ		or Rural Route)			٠ ا ا	(682)252-8649						
City	V CHALKSTONE RD	State or Province		ZIP		ess is outside						
BENTON	/TI.I.E	AR		72713		gn Country						
		MATION (Whole Dollars On	nly)	, , , , ,	•							
1. Tota	I Income (Form AR1000F o	or AR1000NR, Line 23)					1	84,508.	00			
2. Net	Tax (Form AR1000F or AR	1000NR, Line 38)					2	4,150.	00			
3. State	e Income Tax Withheld (For	m AR1000F or AR1000NR	, Line 3	?)			3 •	3,384.	00			
4. Refu	and (Form AR1000F or AR1	1000NR, Line 47)					4		00			
5. Tax	Due (Form AR1000F or AR	21000NR, Line 51)					5	766.	00			
	- DECLARATION OF TA											
<ul> <li>6a. I consent that my refund be direct deposited as designated in the electronic portion of my 2020 Arkansas 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. The refund will be direct deposited to the bank account(s) shown on page 1 of the Form AR1000F/AR1000NR.</li> <li>6b. X I do not want direct deposit of my refund or I am not receiving a refund.</li> <li>6c. I authorize the State of Arkansas Income Tax Section to initiate debit entries to my account as indicated on the Arkansas Income Tax Payme form (AR TAX PMT).</li> <li>6d. I authorize the State of Arkansas Income Tax Section to initiate debit entries to my account as indicated on the Arkansas Estimated Payment form (AR EST PMT) or Arkansas Extension Payment form (AR EXT PMT).</li> <li>If I have filed a balance due return, I understand that if the State of Arkansas does not receive full and timely payment of my tax liability, I will remain liat for the tax liability and all applicable interest and penalties. If I have filed a joint federal and state return and my federal return is rejected, I understand return will be rejected also.</li> <li>Under penalties of perjury, I declare that the information I have given my ERO and the amounts in Part I above agree with the amounts on the correspondilines of the electronic portion of my 2020 Arkansas income tax return. To the best of my knowledge and belief, my return is true, correct, and complete consent to my ERO sending my return, this declaration, and accompanying schedules and statements to the State of Arkansas. I also consent to the State of Arkansas sending my ERO and/or transmitter an acknowledgement of receipt of transmission and an indication of whether or not my return is accepted and/or transmitter the reason(s) for the delay, or when the refund was sent. In addition, by using a computer system and software to prepare and transmitrent.</li> </ul>								ed Tax I liable and my I liable and my I liable bette. I liable bette. I liable bette, y ERO				
Sign	n of my tax return electronic	03/23/2021										
Here	Primary's Signature	Date		Spouse's S	Signature			Date	_			
PART II	- DECLARATION OF E	LECTRONIC RETURN (	ORIGIN	ATOR (ERO) AND PA	ID PREP	ARER						
am only a c the return. I with a copy examined t	collector, I understand that I have obtained the taxpayer of all forms and information he above taxpayer's return	e taxpayer's return and that am not responsible for revie 's signature on Form AR845 to be filed with the State of and accompanying schedul Preparer is based on all info	ewing the 53 before Arkansa les and s	e taxpayer's return; I dec submitting this return to s. If I am also the Paid P tatements, and to the be	clare that Fo the State of reparer, und est of my kr as knowled	rm AR845 Arkansas der penalti nowledge	53 accurat s, and have ies of perju	ely reflects the deprovided the tax ary I declare that	ata on kpayer I have			
ERO'S		03/21	/2021	if paid if self-								
Use	ERO'S Signature	Date		preparer emplo	yed		Your SSN	or PTIN				
Only	GLOBAL TAXES LLC Firm's name and address	2530 PEBBLE CRE	EEK LI	N CUMMING G.	A 30041	L 3	0-1017 FEIN		_			
	alties of perjury, I declare that	at I have examined the above, correct, and complete. Thi					d statemer	its, and to the be	st of			
Paid	-	03/21/		Check		020827	-					
Prepare	Preparer's Signature	Date		if self- employed			's SSN or	PTIN	_			
Use On		ALLAM 2530 PEBBLE C	REEK		GA 30	0041	30-3	1017196				
	Firm's name and addr				FEI	N						