

DO NOT FILE

FORM NOT FINAL

▼ Detach Here and Mail With Your Payment ▼

Department of the Treasury
Internal Revenue Service

Calendar Year —
Due **04/15/2021**

2021 Form 1040-ES Payment Voucher 1

File only if you are making a payment of estimated tax by check or money order. Mail this voucher with your check or money order payable to the **United States Treasury**. Write your social security number and '2021 Form 1040-ES' on your check or money order. Do not send cash. Enclose, but do not staple or attach, your payment with this voucher.

Amount of estimated tax you are paying by check or money order.....▶	623.
--	------

REV 01/15/21 PRO 1555

833-41-5476 960-95-4116
RAJESWARI GODUGULA
SURENDRA N ANNAM
15509 CAPITOL HILL BLVD APT 414
LITTLE ROCK AR 72223

INTERNAL REVENUE SERVICE
PO BOX 931100
LOUISVILLE KY 40293-1100

833415476 VP GODU 30 0 202112 430

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Department of the Treasury
Internal Revenue Service

Calendar Year —
Due **06/15/2021**

2021 Form 1040-ES Payment Voucher 2

File only if you are making a payment of estimated tax by check or money order. Mail this voucher with your check or money order payable to the **United States Treasury**. Write your social security number and '2021 Form 1040-ES' on your check or money order. Do not send cash. Enclose, but do not staple or attach, your payment with this voucher.

Amount of estimated tax you are paying by check or money order.....▶	623.
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REV 01/15/21 PRO 1555

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Department of the Treasury
Internal Revenue Service

Calendar Year —
Due **09/15/2021**

2021 Form 1040-ES Payment Voucher 3

File only if you are making a payment of estimated tax by check or money order. Mail this voucher with your check or money order payable to the **United States Treasury.** Write your social security number and '2021 Form 1040-ES' on your check or money order. Do not send cash. Enclose, but do not staple or attach, your payment with this voucher.

Amount of estimated tax you are paying by check or money order.....▶	623.
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REV 01/15/21 PRO 1555

833-41-5476 960-95-4116
RAJESWARI GODUGULA
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LOUISVILLE KY 40293-1100

833415476 VP GODU 30 0 202112 430

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Department of the Treasury
Internal Revenue Service

Calendar Year —
Due **01/18/2022**

2021 Form 1040-ES Payment Voucher 4

File only if you are making a payment of estimated tax by check or money order. Mail this voucher with your check or money order payable to the **United States Treasury.** Write your social security number and '2021 Form 1040-ES' on your check or money order. Do not send cash. Enclose, but do not staple or attach, your payment with this voucher.

Amount of estimated tax you are paying by check or money order.....▶	623.
--	------

REV 01/15/21 PRO 1555

833-41-5476 960-95-4116
RAJESWARI GODUGULA
SURENDRA N ANNAM
15509 CAPITOL HILL BLVD APT 414
LITTLE ROCK AR 72223

INTERNAL REVENUE SERVICE
PO BOX 931100
LOUISVILLE KY 40293-1100

833415476 VP GODU 30 0 202112 430

IRS e-file Signature Authorization

(Rev. August 2020)

OMB No. 1545-0074

Department of the Treasury
Internal Revenue Service

- ▶ ERO must obtain and retain completed Form 8879.
- ▶ Go to www.irs.gov/Form8879 for the latest information.

Submission Identification Number (SID) ▶

Taxpayer's name RAJESWARI GODUGULA	Social security number 833-41-5476
Spouse's name SURENDRA N ANNAM	Spouse's social security number 960-95-4116

Part I Tax Return Information – Tax Year Ending December 31, (Enter year you are authorizing.)

Enter 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	64,952.
2 Total tax	2	3,926.
3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099	3	1,435.
4 Amount you want refunded to you	4	
5 Amount you owe	5	1,291.

Part II Taxpayer Declaration and Signature Authorization (Be sure you get and keep a copy of your return)

Under penalties of perjury, I declare that I have examined a copy of the income tax return (original or amended) I am now authorizing, and to the best of my knowledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I above are the amounts from the income tax return (original or amended) I am now authorizing. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution to debit the entry to this account. This authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate the authorization. To revoke (cancel) a payment, I must contact the U.S. Treasury Financial Agent at **1-888-353-4537**. Payment cancellation requests must be received no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I further acknowledge that the personal identification number (PIN) below is my signature for the income tax return (original or amended) I am now authorizing and, if applicable, my Electronic Funds Withdrawal Consent.

Taxpayer's PIN: check one box only

- I authorize GLOBAL TAXES LLC to enter or generate my PIN

1	5	4	7	6
---	---	---	---	---

 as my signature on the income tax return (original or amended) I am now authorizing. **Enter five digits, but don't enter all zeros**
ERO firm name
- I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box **only** if you are entering your own PIN **and** your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Your signature ▶ _____ Date ▶ _____

Spouse's PIN: check one box only

- I authorize GLOBAL TAXES LLC to enter or generate my PIN

5	4	1	1	6
---	---	---	---	---

 as my signature on the income tax return (original or amended) I am now authorizing. **Enter five digits, but don't enter all zeros**
ERO firm name
- I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box **only** if you are entering your own PIN **and** your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Spouse's signature ▶ _____ Date ▶ _____

Practitioner PIN Method Returns Only—continue below

Part III Certification and Authentication – Practitioner PIN Method Only

ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN.

5	8	7	2	7	8	6	1	9	8	9
---	---	---	---	---	---	---	---	---	---	---

Don't enter all zeros

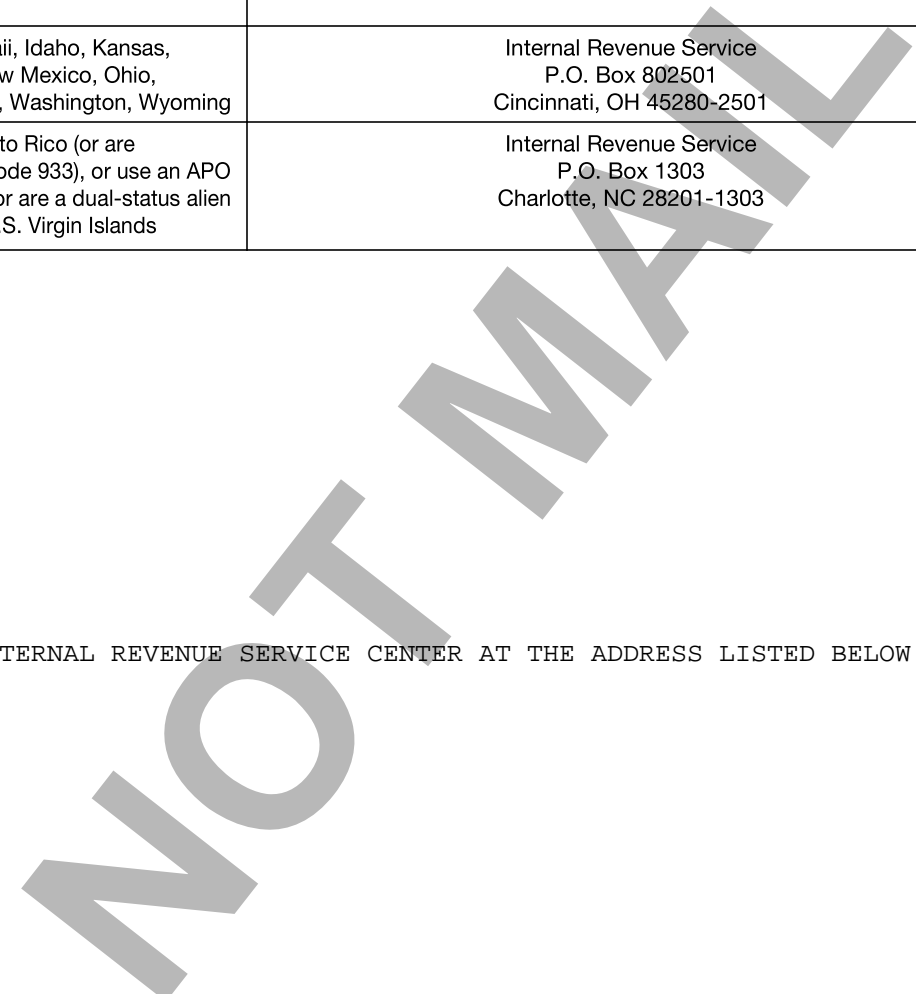
I certify that the above numeric entry is my PIN, which is my signature for the electronic individual income tax return (original or amended) I am now authorized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and **Pub. 1345**, Handbook for Authorized IRS e-file Providers of Individual Income Tax Returns.

ERO's signature ▶ _____ Date ▶ _____

**ERO Must Retain This Form – See Instructions
Don't Submit This Form to the IRS Unless Requested To Do So**

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.



▼ Detach Here and Mail With Your Payment and Return ▼

Department of the Treasury
Internal Revenue Service (99)

2020

Form 1040-V Payment Voucher

- ▶ 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.

Enter the amount of your payment ▶	1,291.
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REV 01/15/21 PRO 1555

RAJESWARI GODUGULA
 SURENDRA N ANNAM
 15509, CAPITOL HILL BLVD 414
 LITTLE ROCK AR 72223

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

Filing Status Single Married filing jointly Married filing separately (MFS) Head of household (HOH) Qualifying widow(er) (QW)
 Check only one box. If you checked the MFS box, enter the name of your spouse. If you checked the HOH or QW box, enter the child's name if the qualifying person is a child but not your dependent ▶

Your first name and middle initial RAJESWARI		Last name GODUGULA		Your social security number 833-41-5476	
If joint return, spouse's first name and middle initial SURENDRA N		Last name ANNAM		Spouse's social security number 960-95-4116	
Home address (number and street). If you have a P.O. box, see instructions. 15509, CAPITOL HILL BLVD				Apt. no. 414	
City, town, or post office. If you have a foreign address, also complete spaces below. LITTLE ROCK			State AR	ZIP code 72223	
Foreign country name		Foreign province/state/county		Foreign postal code	

Presidential Election Campaign
 Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund.
 You Spouse

At any time during 2020, did you receive, sell, send, exchange, or otherwise acquire any financial interest in any virtual currency? Yes No

Standard Deduction **Someone can claim:** You as a dependent Your spouse as a dependent Spouse itemizes on a separate return or you were a dual-status alien

Age/Blindness **You:** Were born before January 2, 1956 Are blind **Spouse:** Was born before January 2, 1956 Is blind

Dependents (see instructions):

(1) First name	Last name	(2) Social security number	(3) Relationship to you	(4) <input checked="" type="checkbox"/> if qualifies for (see instructions):	Child tax credit	Credit for other dependents
NAGASAI E	KARIVEDHA	952-84-5895	Son	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

1 Wages, salaries, tips, etc. Attach Form(s) W-2		1		64,952.
2a Tax-exempt interest	2a	b Taxable interest	2b	
3a Qualified dividends	3a	b Ordinary dividends	3b	
4a IRA distributions	4a	b Taxable amount	4b	
5a Pensions and annuities	5a	b Taxable amount	5b	
6a Social security benefits	6a	b Taxable amount	6b	
7 Capital gain or (loss). Attach Schedule D if required. If not required, check here <input type="checkbox"/>			7	
8 Other income from Schedule 1, line 9			8	
9 Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income ▶			9	64,952.
10 Adjustments to income:				
a From Schedule 1, line 22		10a		
b Charitable contributions if you take the standard deduction. See instructions		10b		
c Add lines 10a and 10b. These are your total adjustments to income ▶			10c	
11 Subtract line 10c from line 9. This is your adjusted gross income ▶			11	64,952.
12 Standard deduction or itemized deductions (from Schedule A)			12	24,800.
13 Qualified business income deduction. Attach Form 8995 or Form 8995-A			13	
14 Add lines 12 and 13			14	24,800.
15 Taxable income. Subtract line 14 from line 11. If zero or less, enter -0-			15	40,152.

16	Tax (see instructions). Check if any from Form(s): 1 <input type="checkbox"/> 8814 2 <input type="checkbox"/> 4972 3 <input type="checkbox"/> _____	16	4,426.
17	Amount from Schedule 2, line 3	17	
18	Add lines 16 and 17	18	4,426.
19	Child tax credit or credit for other dependents	19	500.
20	Amount from Schedule 3, line 7	20	
21	Add lines 19 and 20	21	500.
22	Subtract line 21 from line 18. If zero or less, enter -0-	22	3,926.
23	Other taxes, including self-employment tax, from Schedule 2, line 10	23	0.
24	Add lines 22 and 23. This is your total tax	24	3,926.
25	Federal income tax withheld from:		
a	Form(s) W-2	25a	1,435.
b	Form(s) 1099	25b	
c	Other forms (see instructions)	25c	
d	Add lines 25a through 25c	25d	1,435.
26	2020 estimated tax payments and amount applied from 2019 return	26	
27	Earned income credit (EIC)	27	
28	Additional child tax credit. Attach Schedule 8812	28	
29	American opportunity credit from Form 8863, line 8	29	
30	Recovery rebate credit. See instructions	30	1,200.
31	Amount from Schedule 3, line 13	31	
32	Add lines 27 through 31. These are your total other payments and refundable credits	32	1,200.
33	Add lines 25d, 26, and 32. These are your total payments	33	2,635.

Refund

34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid	34																			
35a	Amount of line 34 you want refunded to you . If Form 8888 is attached, check here <input type="checkbox"/>	35a																			
b	Routing number <table border="1"><tr><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td></tr></table> c Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings	X	X	X	X	X	X	X	X	X	X										
X	X	X	X	X	X	X	X	X	X												
d	Account number <table border="1"><tr><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td></tr></table>	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X		
X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X				
36	Amount of line 34 you want applied to your 2021 estimated tax	36																			

Amount You Owe

37	Subtract line 33 from line 24. This is the amount you owe now	37	1,291.
	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.		
38	Estimated tax penalty (see instructions)	38	

Third Party Designee

Do you want to allow another person to discuss this return with the IRS? See instructions **Yes**. Complete below. **No**

Designee's name _____ Phone no. _____ Personal identification number (PIN) _____

Sign Here

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, 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.

Your signature	Date	Your occupation SOFTWARE ENGINEER	If the IRS sent you an Identity Protection PIN, enter it here (see inst.)
Spouse's signature. If a joint return, both must sign.	Date	Spouse's occupation HOME MAKER	If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.)

Phone no. _____ Email address _____

Paid Preparer Use Only

Preparer's name SYAM PRIYA RAM SAGAR GUPTA TALLAM	Preparer's signature SYAM PRIYA RAM SAGAR GUPTA TALLAM	Date 01/25/2021	PTIN P02082703	Check if: <input type="checkbox"/> Self-employed
Firm's name GLOBAL TAXES LLC	Firm's address 2530 Pebble Creek Ln Cumming GA 30041		Phone no. (678) 965-9522	Firm's EIN 30-1017196

Paid Preparer's Due Diligence Checklist

Earned Income Credit (EIC), American Opportunity Tax Credit (AOTC), Child Tax Credit (CTC) (including the Additional Child Tax Credit (ACTC)) and Credit for Other Dependents (ODC)), and Head of Household (HOH) Filing Status

2020

Department of the Treasury
Internal Revenue Service

▶ **To be completed by preparer and filed with Form 1040, 1040-SR, 1040-NR, 1040-PR, or 1040-SS.**
▶ **Go to www.irs.gov/Form8867 for instructions and the latest information.**

Attachment Sequence No. **70**

Taxpayer name(s) shown on return RAJESWARI GODUGULA & SURENDRA N ANNAM	Taxpayer identification number 833-41-5476
Enter preparer's name and PTIN SYAM PRIYA RAM SAGAR GUPTA TALLAM P02082703	

Part I Due Diligence Requirements

Please check the appropriate box for the credit(s) and/or HOH filing status claimed on the return and complete the related Parts I-V for the benefit(s) claimed (check all that apply). EIC CTC/ACTC/ODC AOTC HOH

	Yes	No	N/A
1 Did you complete the return based on information for tax year 2020 provided by the taxpayer or reasonably obtained by you?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2 If credits are claimed on the return, did you complete the applicable EIC and/or CTC/ACTC/ODC worksheets found in the Form 1040, 1040-SR, 1040-NR, 1040-PR, or 1040-SS instructions, and/or the AOTC worksheet found in the Form 8863 instructions, or your own worksheet(s) that provides the same information, and all related forms and schedules for each credit claimed?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3 Did you satisfy the knowledge requirement? To meet the knowledge requirement, you must do both of the following. • Interview the taxpayer, ask questions, and contemporaneously document the taxpayer's responses to determine that the taxpayer is eligible to claim the credit(s) and/or HOH filing status. • Review information to determine that the taxpayer is eligible to claim the credit(s) and/or HOH filing status and to figure the amount(s) of any credit(s)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4 Did any information provided by the taxpayer or a third party for use in preparing the return, or information reasonably known to you, appear to be incorrect, incomplete, or inconsistent? (If "Yes," answer questions 4a and 4b. If "No," go to question 5.)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
a Did you make reasonable inquiries to determine the correct, complete, and consistent information?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b Did you contemporaneously document your inquiries? (Documentation should include the questions you asked, whom you asked, when you asked, the information that was provided, and the impact the information had on your preparation of the return.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5 Did you satisfy the record retention requirement? To meet the record retention requirement, you must keep a copy of your documentation referenced in 4b, a copy of this Form 8867, a copy of any applicable worksheet(s), a record of how, when, and from whom the information used to prepare Form 8867 and any applicable worksheet(s) was obtained, and a copy of any document(s) provided by the taxpayer that you relied on to determine eligibility for the credit(s) and/or HOH filing status or to figure the amount(s) of the credit(s) List those documents provided by the taxpayer, if any, that you relied on: _____ _____ _____	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6 Did you ask the taxpayer whether he/she could provide documentation to substantiate eligibility for the credit(s) and/or HOH filing status and the amount(s) of any credit(s) claimed on the return if his/her return is selected for audit?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7 Did you ask the taxpayer if any of these credits were disallowed or reduced in a previous year? (If credits were disallowed or reduced, go to question 7a; if not, go to question 8.)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
a Did you complete the required recertification Form 8862?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8 If the taxpayer is reporting self-employment income, did you ask questions to prepare a complete and correct Schedule C (Form 1040)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Part II Due Diligence Questions for Returns Claiming EIC (If the return does not claim EIC, go to Part III.)

	Yes	No	N/A
9a Have you determined that the taxpayer is eligible to claim the EIC for the number of qualifying children claimed, or is eligible to claim the EIC without a qualifying child? (If the taxpayer is claiming the EIC and does not have a qualifying child, go to question 10.)	<input type="checkbox"/>	<input type="checkbox"/>	
b Did you ask the taxpayer if the child lived with the taxpayer for over half of the year, even if the taxpayer has supported the child the entire year?	<input type="checkbox"/>	<input type="checkbox"/>	
c Did you explain to the taxpayer the rules about claiming the EIC when a child is the qualifying child of more than one person (tiebreaker rules)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Part III Due Diligence Questions for Returns Claiming CTC/ACTC/ODC (If the return does not claim CTC, ACTC, or ODC, go to Part IV.)

	Yes	No	N/A
10 Have you determined that each qualifying person for the CTC/ACTC/ODC is the taxpayer's dependent who is a citizen, national, or resident of the United States?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
11 Did you explain to the taxpayer that he/she may not claim the CTC/ACTC if the taxpayer has not lived with the child for over half of the year, even if the taxpayer has supported the child, unless the child's custodial parent has released a claim to exemption for the child?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12 Did you explain to the taxpayer the rules about claiming the CTC/ACTC/ODC for a child of divorced or separated parents (or parents who live apart), including any requirement to attach a Form 8332 or similar statement to the return?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Part IV Due Diligence Questions for Returns Claiming AOTC (If the return does not claim AOTC, go to Part V.)

	Yes	No
13 Did the taxpayer provide substantiation for the credit, such as a Form 1098-T and/or receipts for the qualified tuition and related expenses for the claimed AOTC?	<input type="checkbox"/>	<input type="checkbox"/>

Part V Due Diligence Questions for Claiming HOH (If the return does not claim HOH filing status, go to Part VI.)

	Yes	No
14 Have you determined that the taxpayer was unmarried or considered unmarried on the last day of the tax year and provided more than half of the cost of keeping up a home for the year for a qualifying person?	<input type="checkbox"/>	<input type="checkbox"/>

Part VI Eligibility Certification

- ▶ **You will have complied with all due diligence requirements for claiming the applicable credit(s) and/or HOH filing status on the return of the taxpayer identified above if you:**
 - A. Interview the taxpayer, ask adequate questions, contemporaneously document the taxpayer's responses on the return or in your notes, review adequate information to determine if the taxpayer is eligible to claim the credit(s) and/or HOH filing status and to figure the amount(s) of the credit(s);
 - B. Complete this Form 8867 truthfully and accurately and complete the actions described in this checklist for any applicable credit(s) claimed and HOH filing status, if claimed;
 - C. Submit Form 8867 in the manner required; **and**
 - D. Keep all five of the following records for 3 years from the latest of the dates specified in the Form 8867 instructions under *Document Retention*.
 1. A copy of this Form 8867.
 2. The applicable worksheet(s) or your own worksheet(s) for any credit(s) claimed.
 3. Copies of any documents provided by the taxpayer on which you relied to determine the taxpayer's eligibility for the credit(s) and/or HOH filing status and to figure the amount(s) of the credit(s).
 4. A record of how, when, and from whom the information used to prepare this form and the applicable worksheet(s) was obtained.
 5. A record of any additional information you relied upon, including questions you asked and the taxpayer's responses, to determine the taxpayer's eligibility for the credit(s) and/or HOH filing status and to figure the amount(s) of the credit(s).

▶ **If you have not complied with all due diligence requirements, you may have to pay a \$540 penalty for each failure to comply related to a claim of an applicable credit or HOH filing status.**

15 Do you certify that all of the answers on this Form 8867 are, to the best of your knowledge, true, correct, and complete?	Yes	No
	<input checked="" type="checkbox"/>	<input type="checkbox"/>

2020 AR1000F



AR1

ARKANSAS INDIVIDUAL INCOME TAX RETURN Full Year Resident

CHECK BOX IF AMENDED RETURN

Software ID

Jan. 1 - Dec. 31, 2020 or fiscal year ending _____, 20__

PROSERIES

USE LABEL OR PRINT OR TYPE	Primary's legal first name ● RAJESWARI	MI ●	Last name ● GODUGULA	Check if ● <input type="checkbox"/> Deceased	Primary's social security number ● 833-41-5476
	Spouse's legal first name ● SURENDRA	MI ● N	Last name ● ANNAM	Check if ● <input type="checkbox"/> Deceased	Spouse's social security number ● 960-95-4116
Mailing address (number and street, P.O. box or rural route) ● 15509, CAPITOL HILL BLVD, APT. 414					<input type="checkbox"/> Check if address is outside U.S.
City ● LITTLE ROCK		State or province ● AR		ZIP ● 72223	Foreign country name

FILING STATUS Check Only One Box	1. <input type="checkbox"/> Single (Or widowed before 2020 or divorced at end of 2020)	4. <input type="checkbox"/> Married filing separately on the same return
	2. <input checked="" type="checkbox"/> Married filing joint (Even if only one had income)	5. <input type="checkbox"/> Married filing separately on different returns Enter spouse's name here and SSN above _____
3. <input type="checkbox"/> Head of household (See instructions) If the qualifying person was your child, but not your dependent, enter child's name here: _____	6. <input type="checkbox"/> Qualifying widow(er) with dependent child Year spouse died: (See instructions) _____	

Check here if you want a tax booklet mailed to you next year.
 Check this box if you have filed a state extension or an automatic federal extension

PERSONAL TAX CREDITS	7A. <input checked="" type="checkbox"/> Yourself	<input type="checkbox"/> 65 or over	<input type="checkbox"/> 65 Special	<input type="checkbox"/> Blind	<input type="checkbox"/> Deaf	<input type="checkbox"/> Head of household/qualifying widow(er) (Filing status 3 only)
	<input checked="" type="checkbox"/> Spouse	<input type="checkbox"/> 65 or over	<input type="checkbox"/> 65 Special	<input type="checkbox"/> Blind	<input type="checkbox"/> Deaf	(Filing status 6 only)
	Multiply number of boxes checked 7A <input type="checkbox"/> X \$29 = <input type="text" value="58.00"/>					
	Dependents (Do not list yourself or spouse)					
	1. NAGASAI KARIVEDHA		952-84-5895	SON		
7B. Multiply number of DEPENDENTS from above 7B <input type="checkbox"/> X \$29 = <input type="text" value="29.00"/>						
7C. Multiply number of qualifying individuals from AR1000RC5 (See instructions) 7C <input type="checkbox"/> X \$500 = <input type="text" value="00"/>						
7D. TOTAL PERSONAL TAX CREDITS: (Add lines 7A, 7B, and 7C. Enter total here and on line 34) 7D <input type="text" value="87.00"/>						

I D	DL# / State ID _____ Your state _____	Issue date (mm/dd/yyyy) _____	Expiration date (mm/dd/yyyy) _____
	DL# / State ID _____ Spouse state _____	Issue date (mm/dd/yyyy) _____	Expiration date (mm/dd/yyyy) _____

Direct deposit allowed to U.S. banks only. Check if either deposit(s) will ultimately be placed in a foreign account.

Routing Number 1 ● 0 6 1 0 0 0 0 5 2	Account Number 1 ● 3 3 4 0 4 4 2 9 8 7 3 5	<input checked="" type="checkbox"/> Checking or <input type="checkbox"/> Savings	Direct deposit 1 Amt ● <input type="text" value="91.00"/>
Routing Number 2 ●	Account Number 2 ●	<input type="checkbox"/> Checking or <input type="checkbox"/> Savings	Direct deposit 2 Amt ● <input type="text" value="00"/>

PLEASE SIGN HERE: Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, 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.

We will no longer automatically mail 1099-G forms. Instead, we ask that you get this information from our website (www.atap.arkansas.gov). Check the box if you still want us to mail you a paper Form 1099-G next year.

PLEASE SIGN HERE	Primary's signature	Date	Telephone (501) 258-5494	May the Arkansas Revenue Agency discuss this return with the preparer? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	Spouse's signature	Date	Telephone	

PAID PREPARER	Paid preparer's signature SYAM PRIYA RAM SAGAR GUPTA TALLAM	PTIN/ID number ● 301017196	For Department Use Only	
	Preparer's name GLOBAL TAXES LLC	City/State/ZIP CUMMING GA 30041	A	●
	E-mail SYAM@GTAXFILE.COM	Telephone (678) 965-9522		

Refund: Arkansas State Income Tax, P.O. Box 1000, Little Rock, AR 72203-1000
 Tax Due/No Tax: Arkansas State Income Tax, P.O. Box 2144, Little Rock, AR 72203-2144



Primary SSN 833-41-5476

		ROUND ALL AMOUNTS TO WHOLE DOLLARS		(A) Primary/Joint Income	(B) Spouse's Income Status 4 Only
INCOME Attach W-2(s)/1099(s) here / Attach check on top of W-2(s)/1099(s)	8. Wages, salaries, tips, etc: (Attach W-2s)	8		64,952.00	00
	9. Military pay: Primary <input type="text" value="00"/> Spouse <input type="text" value="00"/>				
	10. Interest income: (If over \$1,500, Attach AR4)	10		00	00
	11. Dividend income: (If over \$1,500, Attach AR4)	11		00	00
	12. Alimony and separate maintenance received:	12		00	00
	13. Business or professional income: (Attach federal Schedule C)	13		00	00
	14. Capital gains/(losses) from stocks, bonds, etc: (See instructions, Attach federal Schedule D)	14		00	00
	15. Other gains or (losses): (Attach federal Form 4797 and/or AR4684 if applicable)	15		00	00
	16. Non-qualified IRA distributions and taxable annuities: (Attach All 1099Rs)	16		00	00
	17. Military retirement: Primary <input type="text" value="00"/> Spouse <input type="text" value="00"/>				
	18A. Primary employer pension plan(s)/qualified IRA(s): (See instructions, Attach all 1099Rs) Gross distribution <input type="text" value="00"/> Taxable amount <input type="text" value="00"/> Less \$6,000	18A		00	
	18B. Spouse employer pension plan(s)/qualified IRA(s): (See instructions, Attach all 1099Rs) Gross distribution <input type="text" value="00"/> Taxable amount <input type="text" value="00"/> Less \$6,000	18B		00	00
	19. Rents, royalties, partnerships, estates, trusts, etc.: (Attach federal Schedule E)	19		00	00
	20. Farm income: (Attach federal Schedule F)	20		00	00
	21. Unemployment (Attach 1099-G)	21		00	00
	22. Other income/depreciation differences: (Attach Form AR-OI)	22		00	00
	23. TOTAL INCOME: (Add lines 8 through 22)	23		64,952.00	00
24. TOTAL ADJUSTMENTS: (Attach Form AR1000ADJ)	24		00	00	
25. ADJUSTED GROSS INCOME: (Subtract line 24 from line 23)	25		64,952.00	00	
TAX COMPUTATION	26. Select tax table: (Select only one)	26			
	27. <input type="checkbox"/> Low income table (\$0), For low income qualifications see line 26 instructions <input checked="" type="checkbox"/> Standard deduction (\$2,200 or \$4,400 for filing status 2 only) <input type="checkbox"/> Itemized deductions (Attach AR3)	27		4,400.00	00
	28. NET TAXABLE INCOME: (Subtract line 27 from line 25)	28		60,552.00	00
	29. TAX: (Enter tax from tax table)	29		2,798.00	00
	30. Combined tax: (Add amounts from line 29, columns A and B)	30			2,798.00
	31. Enter tax from Lump Sum Distribution Averaging Schedule: (Attach AR1000TD)	31			00
	32. Additional tax on IRA and qualified plan withdrawal and overpayment: (Attach federal Form 5329, if required)	32			00
33. TOTAL TAX: (Add lines 30 through 32)	33			2,798.00	
TAX CREDITS	34. Personal tax credit(s): (Enter total from line 7D)	34		87.00	
	35. Child care credit: (20% of federal credit allowed; attach federal Form 2441)	35		00	
	36. Other credits: (Attach AR1000TC)	36		00	
	37. TOTAL CREDITS: (Add lines 34 through 36)	37			87.00
38. NET TAX: (Subtract line 37 from line 33. If line 37 is greater than line 33, enter 0)	38			2,711.00	
PAYMENTS	39. Arkansas income tax withheld: (Attach state copies of W-2 and/or 1099R, W2-G)	39		2,802.00	
	40. Estimated tax paid or credit brought forward from 2019:	40		00	
	41. Payment made with extension: (See instructions)	41		00	
	42. AMENDED RETURNS ONLY - Previous payments: (See instructions)	42		00	
	43. Early childhood program: Certification number: _____ (20% of federal credit; Attach federal Form 2441 and Form AR1000EC)	43		00	
	44. TOTAL PAYMENTS: (Add lines 39 through 43)	44			2,802.00
45. AMENDED RETURNS ONLY - Previous refund: (See instructions)	45			00	
46. Adjusted total payments: (Subtract line 45 from line 44)	46			2,802.00	
REFUND OR TAX DUE	47. AMOUNT OF OVERPAYMENT/REFUND: (If line 46 is greater than line 38, enter difference)	47			91.00
	48. Amount to be applied to 2021 estimated tax:	48		00	
	49. Amount of Check-off Contributions: (Attach Schedule AR1000-CO)	49		00	
	50. AMOUNT TO BE REFUNDED TO YOU: (Subtract lines 48 and 49 from line 47) REFUND	50			91.00
	51. AMOUNT DUE: (If line 46 is less than line 38, enter difference; If over \$1,000, continue to 52A) TAX DUE	51			00
	52A. UEP: Attach Form AR2210 or AR2210A. If required, enter exception in box 52A <input type="text"/> Penalty 52B <input type="text" value="00"/>				
52C. Add lines 51 and 52B: (See instructions) TOTAL DUE	52C			00	

PAY ONLINE: 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. ATAP is available 24 hours.

PAY BY CREDIT CARD: (See instructions)

PAY BY MAIL: (See instructions)



ARKANSAS INDIVIDUAL INCOME TAX DECLARATION FOR ELECTRONIC FILING

Primary's Legal First Name and Middle Initial ● RAJESWARI		Last Name ● GODUGULA		Primary's Social Security Number ● 833-41-5476	
Spouse's Legal First Name and Middle Initial SURENDRA N		Last Name ANNAM		Spouse's Social Security Number ● 960-95-4116	
Mailing Address (Number and Street, P.O. Box or Rural Route) 15509, CAPITOL HILL BLVD, APT. 414				Telephone ● (501) 258-5494	
City LITTLE ROCK		State or Province AR		ZIP 72223	
				<input type="checkbox"/> Check if address is outside U.S. Foreign Country	

PART I - TAX RETURN INFORMATION (Whole Dollars Only)

1. Total Income (Form AR1000F or AR1000NR, Line 23)	1	64,952.	00
2. Net Tax (Form AR1000F or AR1000NR, Line 38)	2	2,711.	00
3. State Income Tax Withheld (Form AR1000F or AR1000NR, Line 39)	3	2,802.	00
4. Refund (Form AR1000F or AR1000NR, Line 47)	4	91.	00
5. Tax Due (Form AR1000F or AR1000NR, Line 51)	5		00

PART II - DECLARATION OF TAXPAYER

- 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.
- 6b. I do not want direct deposit of my refund or I am not receiving a refund.
- 6c. I authorize the State of Arkansas Income Tax Section to initiate debit entries to my account as indicated on the Arkansas Income Tax Payment form (AR TAX PMT).
- 6d. I authorize the State of Arkansas Income Tax Section to initiate debit entries to my account as indicated on the Arkansas Estimated Tax Payment form (AR EST PMT) or Arkansas Extension Payment form (AR EXT PMT).

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 liable 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 my state return will be rejected also.

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 corresponding lines 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. I 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 if rejected, the reason(s) for the rejection. If the processing of my return or refund is delayed, I authorize the State of Arkansas to disclose to my ERO 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 transmit my return electronically, I consent to the disclosure to the State of Arkansas of all information pertaining to my use of the system and software and to the transmission of my tax return electronically.

Sign Here _____
 Primary's Signature _____ Date _____ Spouse's Signature _____ Date _____

PART III - DECLARATION OF ELECTRONIC RETURN ORIGINATOR (ERO) AND PAID PREPARER

I declare that I have reviewed the above taxpayer's return and that the entries on Form AR8453 are complete and correct to the best of my knowledge. If I am only a collector, I understand that I am not responsible for reviewing the taxpayer's return; I declare that Form AR8453 accurately reflects the data on the return. I have obtained the taxpayer's signature on Form AR8453 before submitting this return to the State of Arkansas, and have provided the taxpayer with a copy of all forms and information to be filed with the State of Arkansas. If I am also the Paid Preparer, under penalties of perjury I declare that I have examined the above taxpayer's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. This declaration of Paid Preparer is based on all information of which the preparer has knowledge.

ERO'S Use Only _____
 ERO'S Signature _____ Date 01/25/2021
 Check if paid preparer Check if self-employed Your SSN or PTIN _____
 GLOBAL TAXES LLC 2530 PEBBLE CREEK LN CUMMING GA 30041 30-1017196
 Firm's name and address _____ FEIN _____

Under penalties of perjury, I declare that I have examined the above taxpayer's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. This declaration is based on all information of which I have any knowledge.

Paid Preparer's Use Only _____
 Preparer's Signature _____ Date 01/25/2021
 Check if self-employed Preparer's SSN or PTIN P02082703
 SYAM PRIYA RAM SAGAR GUPTA TALLAM 2530 PEBBLE CREEK LN CUMMING GA 30041 30-1017196
 Firm's name and address _____ FEIN _____