

Filing Status [X] 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: DILEEP KUMAR
Last name: POTRU
Your social security number: 353-83-6312
If joint return, spouse's first name and middle initial:
Last name:
Spouse's social security number:

Home address (number and street). If you have a P.O. box, see instructions.
3 BURNETT CIRCLE
Apt. no.
City, town, or post office. If you have a foreign address, also complete spaces below.
BENTONVILLE
State: AR
ZIP code: 72712
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 [X] 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

Table with 5 columns: (1) First name, Last name, (2) Social security number, (3) Relationship to you, (4) if qualifies for (see instructions): Child tax credit, Credit for other dependents. Includes a checkbox for 'Dependents (see instructions):'.

Main income table with columns for line numbers and amounts. Rows include: 1 Wages, salaries, tips, etc. Attach Form(s) W-2 (76,590); 2a Tax-exempt interest; 3a Qualified dividends (1); 4a IRA distributions; 5a Pensions and annuities; 6a Social security benefits; 7 Capital gain or (loss) (-3,000); 8 Other income from Schedule 1, line 9; 9 Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income (73,596); 10 Adjustments to income (10a, 10b, 10c); 11 Subtract line 10c from line 9. This is your adjusted gross income (73,596); 12 Standard deduction or itemized deductions (12,400); 13 Qualified business income deduction (1); 14 Add lines 12 and 13 (12,401); 15 Taxable income. Subtract line 14 from line 11. If zero or less, enter -0- (61,195).

For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate instructions.

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	9,249.
17	Amount from Schedule 2, line 3	17	
18	Add lines 16 and 17	18	9,249.
19	Child tax credit or credit for other dependents	19	
20	Amount from Schedule 3, line 7	20	
21	Add lines 19 and 20	21	
22	Subtract line 21 from line 18. If zero or less, enter -0-	22	9,249.
23	Other taxes, including self-employment tax, from Schedule 2, line 10	23	0.
24	Add lines 22 and 23. This is your <b>total tax</b>	24	9,249.
25	Federal income tax withheld from:		
a	Form(s) W-2	25a	10,229.
b	Form(s) 1099	25b	
c	Other forms (see instructions)	25c	
d	Add lines 25a through 25c	25d	10,229.
26	2020 estimated tax payments and amount applied from 2019 return	26	
27	Earned income credit (EIC) <b>NO</b>	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	
31	Amount from Schedule 3, line 13	31	
32	Add lines 27 through 31. These are your <b>total other payments and refundable credits</b>	32	
33	Add lines 25d, 26, and 32. These are your <b>total payments</b>	33	10,229.

• If you have a qualifying child, attach Sch. EIC.  
• If you have nontaxable combat pay, see instructions.

Refund

34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you <b>overpaid</b>	34	980.
35a	Amount of line 34 you want <b>refunded to you</b> . If Form 8888 is attached, check here <input type="checkbox"/>	35a	980.
b	Routing number 0 2 1 2 0 0 3 3 9		
c	Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings		
d	Account number 3 8 1 0 5 0 6 7 5 5 2 8		
36	Amount of line 34 you want <b>applied to your 2021 estimated tax</b>	36	

Amount You Owe

For details on how to pay, see instructions.

37	Subtract line 33 from line 24. This is the <b>amount you owe now</b>	37	
<b>Note:</b> 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, <b>both</b> must sign.	Date	Spouse's occupation	If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.)

Phone no. (603) 417-0543 Email address DILEEP9P@GMAIL.COM

Paid Preparer Use Only

Preparer's name SYAM PRIYA RAM SAGAR GUPTA TALLAM	Preparer's signature SYAM PRIYA RAM SAGAR GUPTA TALLAM	Date 09/16/2021	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

**SCHEDULE D**  
**(Form 1040)**

**Capital Gains and Losses**

OMB No. 1545-0074

**2020**

Attachment  
Sequence No. **12**

Department of the Treasury  
Internal Revenue Service (99)

▶ **Attach to Form 1040, 1040-SR, or 1040-NR.**  
▶ **Go to [www.irs.gov/ScheduleD](http://www.irs.gov/ScheduleD) for instructions and the latest information.**  
▶ **Use Form 8949 to list your transactions for lines 1b, 2, 3, 8b, 9, and 10.**

Name(s) shown on return

DILEEP KUMAR POTRU

Your social security number

353-83-6312

Did you dispose of any investment(s) in a qualified opportunity fund during the tax year?  **Yes**  **No**

If "Yes," attach Form 8949 and see its instructions for additional requirements for reporting your gain or loss.

**Part I Short-Term Capital Gains and Losses—Generally Assets Held One Year or Less** (see instructions)

See instructions for how to figure the amounts to enter on the lines below.

This form may be easier to complete if you round off cents to whole dollars.

	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part I, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
<b>1a</b> Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b .				
<b>1b</b> Totals for all transactions reported on Form(s) 8949 with <b>Box A</b> checked . . . . .	123,516.	139,210.	9,658.	-6,036.
<b>2</b> Totals for all transactions reported on Form(s) 8949 with <b>Box B</b> checked . . . . .				
<b>3</b> Totals for all transactions reported on Form(s) 8949 with <b>Box C</b> checked . . . . .				
<b>4</b> Short-term gain from Form 6252 and short-term gain or (loss) from Forms 4684, 6781, and 8824 . . . . .				<b>4</b>
<b>5</b> Net short-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1 . . . . .				<b>5</b>
<b>6</b> Short-term capital loss carryover. Enter the amount, if any, from line 8 of your <b>Capital Loss Carryover Worksheet</b> in the instructions . . . . .				<b>6</b> ( )
<b>7 Net short-term capital gain or (loss).</b> Combine lines 1a through 6 in column (h). If you have any long-term capital gains or losses, go to Part II below. Otherwise, go to Part III on the back . . . . .				<b>7</b> -6,036.

**Part II Long-Term Capital Gains and Losses—Generally Assets Held More Than One Year** (see instructions)

See instructions for how to figure the amounts to enter on the lines below.

This form may be easier to complete if you round off cents to whole dollars.

	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part II, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
<b>8a</b> Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b .				
<b>8b</b> Totals for all transactions reported on Form(s) 8949 with <b>Box D</b> checked . . . . .				
<b>9</b> Totals for all transactions reported on Form(s) 8949 with <b>Box E</b> checked . . . . .				
<b>10</b> Totals for all transactions reported on Form(s) 8949 with <b>Box F</b> checked . . . . .				
<b>11</b> Gain from Form 4797, Part I; long-term gain from Forms 2439 and 6252; and long-term gain or (loss) from Forms 4684, 6781, and 8824 . . . . .				<b>11</b>
<b>12</b> Net long-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1 . . . . .				<b>12</b>
<b>13</b> Capital gain distributions. See the instructions . . . . .				<b>13</b>
<b>14</b> Long-term capital loss carryover. Enter the amount, if any, from line 13 of your <b>Capital Loss Carryover Worksheet</b> in the instructions . . . . .				<b>14</b> ( )
<b>15 Net long-term capital gain or (loss).</b> Combine lines 8a through 14 in column (h). Then, go to Part III on the back . . . . .				<b>15</b>

**Part III Summary**

<b>16</b>	Combine lines 7 and 15 and enter the result . . . . .	<b>16</b>	-6,036.
	<ul style="list-style-type: none"> <li>• If line 16 is a <b>gain</b>, enter the amount from line 16 on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 17 below.</li> <li>• If line 16 is a <b>loss</b>, skip lines 17 through 20 below. Then, go to line 21. Also be sure to complete line 22.</li> <li>• If line 16 is <b>zero</b>, skip lines 17 through 21 below and enter -0- on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 22.</li> </ul>		
<b>17</b>	Are lines 15 and 16 <b>both</b> gains? <input type="checkbox"/> <b>Yes.</b> Go to line 18. <input type="checkbox"/> <b>No.</b> Skip lines 18 through 21, and go to line 22.		
<b>18</b>	If you are required to complete the <b>28% Rate Gain Worksheet</b> (see instructions), enter the amount, if any, from line 7 of that worksheet . . . . . ▶	<b>18</b>	
<b>19</b>	If you are required to complete the <b>Unrecaptured Section 1250 Gain Worksheet</b> (see instructions), enter the amount, if any, from line 18 of that worksheet . . . . . ▶	<b>19</b>	
<b>20</b>	Are lines 18 and 19 both zero or blank and are you not filing Form 4952? <input type="checkbox"/> <b>Yes.</b> Complete the <b>Qualified Dividends and Capital Gain Tax Worksheet</b> in the instructions for Forms 1040 and 1040-SR, line 16. <b>Don't</b> complete lines 21 and 22 below.  <input type="checkbox"/> <b>No.</b> Complete the <b>Schedule D Tax Worksheet</b> in the instructions. <b>Don't</b> complete lines 21 and 22 below.		
<b>21</b>	If line 16 is a loss, enter here and on Form 1040, 1040-SR, or 1040-NR, line 7, the <b>smaller</b> of: <ul style="list-style-type: none"> <li>• The loss on line 16; or</li> <li>• (\$3,000), or if married filing separately, (\$1,500) } . . . . .</li> </ul>	<b>21</b>	( 3,000. )
	<b>Note:</b> When figuring which amount is smaller, treat both amounts as positive numbers.		
<b>22</b>	Do you have qualified dividends on Form 1040, 1040-SR, or 1040-NR, line 3a?  <input checked="" type="checkbox"/> <b>Yes.</b> Complete the <b>Qualified Dividends and Capital Gain Tax Worksheet</b> in the instructions for Forms 1040 and 1040-SR, line 16.  <input type="checkbox"/> <b>No.</b> Complete the rest of Form 1040, 1040-SR, or 1040-NR.		

**Sales and Other Dispositions of Capital Assets**

Department of the Treasury  
Internal Revenue Service

► Go to [www.irs.gov/Form8949](http://www.irs.gov/Form8949) for instructions and the latest information.  
► File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D.

Name(s) shown on return

DILEEP KUMAR POTRU

Social security number or taxpayer identification number

353-83-6312

Before you check Box A, B, or C below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check.

**Part I Short-Term.** Transactions involving capital assets you held 1 year or less are generally short-term (see instructions). For long-term transactions, see page 2.

**Note:** You may aggregate all short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 1a; you aren't required to report these transactions on Form 8949 (see instructions).

**You must check Box A, B, or C below. Check only one box.** If more than one box applies for your short-term transactions, complete a separate Form 8949, page 1, for each applicable box. If you have more short-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

- (A)** Short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see **Note** above)
- (B)** Short-term transactions reported on Form(s) 1099-B showing basis **wasn't** reported to the IRS
- (C)** Short-term transactions not reported to you on Form 1099-B

1	(a) Description of property (Example: 100 sh. XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold or disposed of (Mo., day, yr.)	(d) Proceeds (sales price) (see instructions)	(e) Cost or other basis. See the <b>Note</b> below and see <i>Column (e)</i> in the separate instructions	Adjustment, if any, to gain or loss. If you enter an amount in column (g), enter a code in column (f). <b>See the separate instructions.</b>		(h) <b>Gain or (loss).</b> Subtract column (e) from column (d) and combine the result with column (g)
						(f) Code(s) from instructions	(g) Amount of adjustment	
	Robinhood Securities LLC	01/01/20	11/25/20	123,516.	139,210.	W	9,658.	-6,036.
<b>2 Totals.</b> Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, <b>line 1b</b> (if <b>Box A</b> above is checked), <b>line 2</b> (if <b>Box B</b> above is checked), or <b>line 3</b> (if <b>Box C</b> above is checked) ►				123,516.	139,210.		9,658.	-6,036.

**Note:** If you checked Box A above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See *Column (g)* in the separate instructions for how to figure the amount of the adjustment.

**Qualified Business Income Deduction  
Simplified Computation**

Department of the Treasury  
Internal Revenue Service

▶ **Attach to your tax return.**

Attachment  
Sequence No. **55**

▶ **Go to [www.irs.gov/Form8995](http://www.irs.gov/Form8995) for instructions and the latest information.**

Name(s) shown on return

DILEEP KUMAR POTRU

Your taxpayer identification number

353-83-6312

**Note.** You can claim the qualified business income deduction **only** if you have qualified business income from a qualified trade or business, real estate investment trust dividends, publicly traded partnership income, or a domestic production activities deduction passed through from an agricultural or horticultural cooperative. See instructions.  
Use this form if your taxable income, before your qualified business income deduction, is at or below \$163,300 (\$326,600 if married filing jointly), and you aren't a patron of an agricultural or horticultural cooperative.

<b>1</b>	<b>(a)</b> Trade, business, or aggregation name	<b>(b)</b> Taxpayer identification number	<b>(c)</b> Qualified business income or (loss)
<b>i</b>			
<b>ii</b>			
<b>iii</b>			
<b>iv</b>			
<b>v</b>			
<b>2</b>	Total qualified business income or (loss). Combine lines 1i through 1v, column (c)	<b>2</b>	
<b>3</b>	Qualified business net (loss) carryforward from the prior year	<b>3</b> ( )	
<b>4</b>	Total qualified business income. Combine lines 2 and 3. If zero or less, enter -0-	<b>4</b>	
<b>5</b>	Qualified business income component. Multiply line 4 by 20% (0.20)		<b>5</b>
<b>6</b>	Qualified REIT dividends and publicly traded partnership (PTP) income or (loss) (see instructions)	<b>6</b> 5.	
<b>7</b>	Qualified REIT dividends and qualified PTP (loss) carryforward from the prior year	<b>7</b> ( )	
<b>8</b>	Total qualified REIT dividends and PTP income. Combine lines 6 and 7. If zero or less, enter -0-	<b>8</b> 5.	
<b>9</b>	REIT and PTP component. Multiply line 8 by 20% (0.20)		<b>9</b> 1.
<b>10</b>	Qualified business income deduction before the income limitation. Add lines 5 and 9		<b>10</b> 1.
<b>11</b>	Taxable income before qualified business income deduction	<b>11</b> 61,196.	
<b>12</b>	Net capital gain (see instructions)	<b>12</b> 1.	
<b>13</b>	Subtract line 12 from line 11. If zero or less, enter -0-	<b>13</b> 61,195.	
<b>14</b>	Income limitation. Multiply line 13 by 20% (0.20)		<b>14</b> 12,239.
<b>15</b>	Qualified business income deduction. Enter the lesser of line 10 or line 14. Also enter this amount on the applicable line of your return ▶		<b>15</b> 1.
<b>16</b>	Total qualified business (loss) carryforward. Combine lines 2 and 3. If greater than zero, enter -0-		<b>16</b> ( 0. )
<b>17</b>	Total qualified REIT dividends and PTP (loss) carryforward. Combine lines 6 and 7. If greater than zero, enter -0-		<b>17</b> ( 0. )

# 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 ● <b>DILEEP KUMAR</b>	MI ●	Last name ● <b>POTRU</b>	Check if ● <input type="checkbox"/> Deceased	Primary's social security number ● <b>353-83-6312</b>
	Spouse's legal first name ●	MI ●	Last name ●	Check if ● <input type="checkbox"/> Deceased	Spouse's social security number ●
Mailing address (number and street, P.O. box or rural route) ● <b>3 BURNETT CIRCLE</b>					<input type="checkbox"/> Check if address is outside U.S.
City ● <b>BENTONVILLE</b>		State or province ● <b>AR</b>		ZIP ● <b>72712</b>	Foreign country name

FILING STATUS Check Only One Box	1. <input checked="" 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 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**

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) <small>(Filing status 3 only)</small>
<input type="checkbox"/> Spouse	<input type="checkbox"/> 65 or over	<input type="checkbox"/> 65 Special	<input type="checkbox"/> Blind	<input type="checkbox"/> Deaf	<input type="checkbox"/> <small>(Filing status 6 only)</small>

Multiply number of boxes checked ..... 7A  X \$29 = 29.00

**Dependents (Do not list yourself or spouse)**

First name	Last name	Dependent's social security number	Dependent's relationship to you
1.			
2.			
3.			

7B. Multiply number of DEPENDENTS from above ..... 7B  X \$29 = 00

7C. Multiply number of qualifying individuals from AR1000RC5 (See instructions) ..... 7C  X \$500 = 00

7D. TOTAL PERSONAL TAX CREDITS: (Add lines 7A, 7B, and 7C. Enter total here and on line 34) ..... 7D 29.00

DL# / State ID <b>943255177</b>	Your state <b>AR</b>	Issue date (mm/dd/yyyy) <b>12/16/2019</b>	Expiration date (mm/dd/yyyy) <b>08/19/2022</b>
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 ● <b>0 2 1 2 0 0 3 3 9</b>	Account Number 1 ● <b>3 8 1 0 5 0 6 7 5 5 2 8</b>	<input checked="" type="checkbox"/> Checking or <input type="checkbox"/> Savings	<b>Direct deposit 1 Amt</b> ● <span style="border: 1px solid black; padding: 2px;">341.00</span>
Routing Number 2 ● _____	Account Number 2 ● _____	<input type="checkbox"/> Checking or <input type="checkbox"/> Savings	<b>Direct deposit 2 Amt</b> ● <span style="border: 1px solid black; padding: 2px;">00</span>

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](http://www.atap.arkansas.gov)). Check the box if you still want us to mail you a paper Form 1099-G next year.

Primary's signature <b>SIGN HERE</b>	Date	Telephone <b>(603) 417-0543</b>	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's signature <b>SYAM PRIYA RAM SAGAR GUPTA TALLAM</b>	PTIN/ID number ● <b>09/16/2021</b>	For Department Use Only A <input type="checkbox"/> <input type="checkbox"/> ●	
Preparer's name <b>GLOBAL TAXES LLC</b>	City/State/ZIP <b>CUMMING GA 30041</b>	Telephone <b>(678) 965-9522</b>	
E-mail <b>SYAM@GTAXFILE.COM</b>			

**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 353-83-6312

		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		76,590.00	00	
	9. Military pay: Primary <input type="checkbox"/> Spouse <input type="checkbox"/>					
	10. Interest income: (If over \$1,500, Attach AR4)	10			00	
	11. Dividend income: (If over \$1,500, Attach AR4)	11		6.00	00	
	12. Alimony and separate maintenance received:	12			00	
	13. Business or professional income: (Attach federal Schedule C)	13			00	
	14. Capital gains/(losses) from stocks, bonds, etc: (See instructions, Attach federal Schedule D)	14		-3,000.00	00	
	15. Other gains or (losses): (Attach federal Form 4797 and/or AR4684 if applicable)	15			00	
	16. Non-qualified IRA distributions and taxable annuities: (Attach All 1099Rs)	16			00	
	17. Military retirement: Primary <input type="checkbox"/> Spouse <input type="checkbox"/>					
	18A. Primary employer pension plan(s)/qualified IRA(s): (See instructions, Attach all 1099Rs)	18A				
	Gross distribution <input type="checkbox"/> Taxable amount <input type="checkbox"/> Less \$6,000					
	18B. Spouse employer pension plan(s)/qualified IRA(s): (See instructions, Attach all 1099Rs)	18B				
	Gross distribution <input type="checkbox"/> Taxable amount <input type="checkbox"/> Less \$6,000					
	19. Rents, royalties, partnerships, estates, trusts, etc.: (Attach federal Schedule E)	19			00	
	20. Farm income: (Attach federal Schedule F)	20			00	
	21. Unemployment: Primary/Joint <input type="checkbox"/> Spouse <input type="checkbox"/>	21				
	22. Other income/depreciation differences: (Attach Form AR-OI)	22			00	
	23. TOTAL INCOME: (Add lines 8 through 22)	23		73,596.00	00	
	24. TOTAL ADJUSTMENTS: (Attach Form AR1000ADJ)	24			00	
	25. ADJUSTED GROSS INCOME: (Subtract line 24 from line 23)	25		73,596.00	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		2,200.00	00
28. NET TAXABLE INCOME: (Subtract line 27 from line 25)		28		71,396.00	00	
29. TAX: (Enter tax from tax table)		29		3,435.00	00	
30. Combined tax: (Add amounts from line 29, columns A and B)		30			3,435.00	
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			3,435.00		
TAX CREDITS	34. Personal tax credit(s): (Enter total from line 7D)	34		29.00		
	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			29.00	
38. NET TAX: (Subtract line 37 from line 33. If line 37 is greater than line 33, enter 0)	38			3,406.00		
PAYMENTS	39. Arkansas income tax withheld: (Attach state copies of W-2 and/or 1099R, W2-G)	39		3,747.00		
	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			3,747.00	
	45. AMENDED RETURNS ONLY - Previous refund: (See instructions)	45			00	
46. Adjusted total payments: (Subtract line 45 from line 44)	46			3,747.00		
REFUND OR TAX DUE	47. AMOUNT OF OVERPAYMENT/REFUND: (If line 46 is greater than line 38, enter difference)	47			341.00	
	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			341.00	
	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="checkbox"/> Penalty 52B <input type="checkbox"/>				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  
CAPITAL GAINS**

Primary's legal name DILEEP KUMAR POTRU	Primary's social security number 353-83-6312
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**In Arkansas, only 50% of the net capital gain is taxed. 100% of the short term capital gain is taxed.**

**Per Act 1488 of 2013, the amount of net capital gain in excess of ten million dollars (\$10,000,000) from a gain realized on or after January 1, 2014, is exempt from state tax.**

Complete the AR1000D if you have a CAPITAL GAIN OR LOSS reported on federal Schedule D, or if Schedule D is not required, a gain reported on federal Form 1040, line 7. The amount of capital loss that can be deducted after offsetting capital gains is limited to \$3,000 (\$1,500 per taxpayer for filing status 4 or 5). See instructions for line 14, Form AR1000F/AR1000NR.

Adjust your gains and losses for depreciation differences, if any, in the federal and Arkansas amounts using lines 2, 5 and 10. \*

**Note. Arkansas did not adopt the federal "bonus depreciation" provision from previous years. Therefore, there may be a difference in federal and Arkansas amounts of depreciation allowed.**

Full Year Resident Filers - Complete columns (A) and (B) only.

Nonresident or Part Year Resident Filers - Complete columns (A), (B), and (C).

	Federal Schedule D	(A) Primary	(B) Spouse	(C) Arkansas Only
1. Enter federal long-term capital gain or loss reported on line 15, federal Schedule D or Form 1040, line 7.....1	00	00	00	00
2. Enter adjustment, if any, for depreciation differences in federal and state amounts.....2		00	00	00
3. Arkansas long-term capital gain or loss. Add (or subtract) line 1 and line 2.....3		00	00	00
4. Enter federal net short-term capital loss, if any, reported on line 7, federal Schedule D .....4	-6,036.00	-6,036.00	00	00
5. Enter adjustment, if any, for depreciation differences in federal and state amounts.....5		00	00	00
6. Arkansas net short-term capital loss. Add (or subtract) line 4 and line 5.....6		-6,036.00	00	00
7a. Arkansas net capital gain or loss. (If gain, subtract line 6 from 3. If loss, add lines 6 and 3.).....7a		-6,036.00	00	00
7b. If the amount on line 7a is over \$10,000,000, only enter \$10,000,000. If less than \$10,000,000, enter the total amount.....7b		-6,036.00	00	00
8. Arkansas taxable amount. If a gain multiply line 7b by 50 percent (.50), otherwise enter loss.....8		-6,036.00	00	00
9. Enter federal short-term capital gain, if any, reported on line 7, federal Schedule D.....9	00	00	00	00
10. Enter adjustment, if any, for depreciation differences in federal and state amounts.....10		00	00	00
11. Arkansas short-term capital gain. Add (or subtract) line 9 and line 10.....11		00	00	00
12. Total taxable Arkansas capital gain or loss. Add lines 8 and 11. <b>(Loss limited to \$3,000, for filing status 1, 2, 3, and 6, \$1,500 per taxpayer if filing status 4 or 5.)</b> Enter here. <b>Filing status 1,2,3,5 and 6:</b> Add line 12, columns A and B and enter on AR1000F/AR1000NR, line 14. <b>Filing status 4:</b> Enter line 12, column A on AR1000F/AR1000NR, line 14, column A. Enter line 12, column B on AR1000F/AR1000NR, line 14, column B.		-3,000.00	00	00



ARKANSAS INDIVIDUAL INCOME TAX  
INTEREST AND DIVIDENDS

Primary's legal name DILEEP KUMAR POTRU	Primary's social security number 353-83-6312
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Full Year Resident Filers - Complete columns (A) and (B) if using filing status 4 (married filing separately on the same return). All other filing statuses must complete column (A) only.

Nonresident or Part Year Resident Filers - Complete columns (A), (B), and (C) if using filing status 4 (married filing separately on the same return). All other filing statuses must complete columns (A) and (C) only.

Part I - TAXABLE INTEREST

Interest on bank deposits, notes, mortgages from individuals, corporation bonds, savings and loan deposits, and credit union deposits are taxable. Interest on obligations of other states and subdivisions are fully taxable.

NAME OF PAYER	(A) Primary/Joint	(B) Spouse (If Filing Status 4)	(C) Arkansas Only
	00	00	00
	00	00	00
	00	00	00
	00	00	00
	00	00	00
	00	00	00
	00	00	00
	00	00	00
	00	00	00
	00	00	00
	00	00	00
Add the amounts listed and enter the total here and on line 10, Form AR1000F/ AR1000NR.	00	00	00

Part II - TAXABLE DIVIDENDS

Dividends and other distributions on stock are fully taxable. There is no dividend exclusion applicable to Arkansas.

NAME OF PAYER	(A) Primary/Joint	(B) Spouse (If Filing Status 4)	(C) Arkansas Only
ROBINHOOD SECURITIES LLC	6.00	00	00
	00	00	00
	00	00	00
	00	00	00
	00	00	00
	00	00	00
	00	00	00
	00	00	00
	00	00	00
	00	00	00
Add the amounts listed and enter the total here and on line 11, Form AR1000F/ AR1000NR.	6.00	00	00

Part III - INCOME NOT SUBJECT TO ARKANSAS TAX (See Instructions on pages 9 & 10)

Social security		00		00
Railroad retirement benefits		00		00
Ministers housing allowance		00		00
TOTAL AR MUNI DIV AND NONTAX DIST	2.	00		00
TOTAL INCOME NOT SUBJECT TO ARKANSAS TAX: .....				2.00



ARKANSAS INDIVIDUAL INCOME TAX DECLARATION FOR ELECTRONIC FILING

Primary's Legal First Name and Middle Initial: DILEEP KUMAR; Last Name: POTRU; Primary's Social Security Number: 353-83-6312; Spouse's Legal First Name and Middle Initial: ; Last Name: ; Spouse's Social Security Number: ; Mailing Address: 3 BURNETT CIRCLE; Telephone: (603) 417-0543; City: BENTONVILLE; State or Province: AR; ZIP: 72712; Check if address is outside U.S. Foreign Country: [ ]

Table with 5 rows: 1. Total Income (73,596.00), 2. Net Tax (3,406.00), 3. State Income Tax Withheld (3,747.00), 4. Refund (341.00), 5. Tax Due (00.00)

PART II - DECLARATION OF TAXPAYER

6a. [X] I consent that my refund be direct deposited as designated in the electronic portion of my 2020 Arkansas income tax return. 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: Signature: GLOBAL TAXES LLC, Date: 09/16/2021, Check if paid preparer: [ ], Check if self-employed: [ ], Your SSN or PTIN: 30-1017196, Firm's name and address: 2530 PEBBLE CREEK LN CUMMING GA 30041, FEIN: 30-1017196

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: Signature: SYAM PRIYA RAM SAGAR GUPTA TALLAM, Date: 09/16/2021, Check if self-employed: [ ], Preparer's SSN or PTIN: P02082703, Firm's name and address: 2530 PEBBLE CREEK LN CUMMING GA 30041, FEIN: 30-1017196