Filing Status Single Married filing jointly Married filing separately (MFS) Head of household (HOH) Qualifying widow(er) (QW) Check only Hyou 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 midow(er) (QW) Your first name and middle initial Last name Your social security number DILEEP KUMAR POTRU 35-36-312 Home address (number and street). If you have a P.O. box, see instructors. Apt. no. Presidential Election Campaign 3 BURNETT CIRCLE Check here if you, or your Spouler 5 filing filing (high want S3 base of the filing high want S3 Foreign country name Foreign province/state/county Foreign province/state/county Foreign postul code your as orefund. BernTONTILLE Someone can claim: You as a dependent Your spouse as a dependent You you as below will not change be instructorns; Christenses Image: Instructorns; (I) First name Last name (I) First name I 76, 590. Apt. Ro Ording dividends 3g 1. 76, 590. Foreign province/state/county Foreign postul code You Spouse Chand mode Image: Instructons; <t< th=""><th>E1040</th><th></th><th>artment of the Treasury—Internal Revenue Servi S. Individual Income Ta></th><th></th><th>⁽⁹⁹⁾ 20)</th><th>20</th><th>OMB No. 1545</th><th>-0074</th><th>IRS Use O</th><th>nly—Do</th><th>o not wri</th><th>te or staple</th><th>in this space.</th></t<>	E1040		artment of the Treasury—Internal Revenue Servi S. Individual Income Ta >		⁽⁹⁹⁾ 20)	20	OMB No. 1545	-0074	IRS Use O	nly—Do	o not wri	te or staple	in this space.
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		15	Taxable income. Subtract line 14	from lin	e 11. If zero or le	ss, ente	er-0				15		

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

Form **1040** (2020)

Form 1040 (2020))										Page 2
	16	Tax (see instructions). Check	if any from Form	n(s): 1 🗌 881	4 2] 4972	3			16	9,249.
	17	Amount from Schedule 2, lin	ie3							17	
	18	Add lines 16 and 17								18	9,249.
	19	Child tax credit or credit for	other dependen	ts						19	
	20	Amount from Schedule 3, lin	ie7							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-e	mployment tax,	from Schedule	e 2, line 1	0.				23	0.
	24	Add lines 22 and 23. This is	your total tax						. 🕨	24	9,249.
	25	Federal income tax withheld	from:								
	а	Form(s) W-2					25a	10	,229		
	b	Form(s) 1099					25b				
	С	Other forms (see instructions	s)				25c				
	d	Add lines 25a through 25c								25d	10,229.
• If you have a	26	2020 estimated tax payment								26	
qualifying child,	27	Earned income credit (EIC)			¹	1ò	27				
attach Sch. EIC.	28	Additional child tax credit. A	ttach Schedule	8812			28				
nontaxable combat pay,	29	American opportunity credit	from Form 8863	3, line 8			29				
see instructions.	30	Recovery rebate credit. See	instructions .				30				
	31	Amount from Schedule 3, lin	ie 13				31				
	32	Add lines 27 through 31. The	ese are your tot a	al other paym	ents and	l refunda	able c	redits	. Þ	32	
	33	Add lines 25d, 26, and 32. T	hese are your to	tal payments					. 🕨	33	10,229.
Refund	34	If line 33 is more than line 24	l, subtract line 2	4 from line 33.	This is tl	he amou	nt you	overpaid		34	980.
neruna	35a	Amount of line 34 you want			3 is attacl	hed, che	ck her	е		35a	980.
Direct deposit?	►b	Routing number 0 2 1	2 0 0 3	39	► c Ty	rpe: 🗙	Chec	king	Saving	s	
See instructions.	►d	Account number 3 8 1	0 5 0 6	7 5 5 2	2 8						
	36	Amount of line 34 you want a	applied to your	2021 estimate	ed tax .	. 🕨	36				
Amount	37	Subtract line 33 from line 24	. This is the amo	ount you owe	now .				. 🕨	37	
You Owe		Note: Schedule H and Sch		-						or 🗌	
For details on how to pay, see		2020. See Schedule 3, line 1			•						
instructions.	38	Estimated tax penalty (see ir	nstructions) .			. 🕨	38				
Third Party	Do	you want to allow another					' See				
Designee	ins	structions	·				. 🕨	Ves. Co	omplete	e below.	X No
		signee's		Phone						ntification	
		me 🕨		no. 🕨					oer (PIN	/	
Sign		der penalties of perjury, I declare t ief, they are true, correct, and com									
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Joint return?					SOFT	WARE	ENGI	NEER	(se	ee inst.) 🕨	
See instructions.	Sp	ouse's signature. If a joint return, t	ooth must sign.	Date	Spouse'	s occupat	tion				nt your spouse an
Keep a copy for your records.	/										ection PIN, enter it here
your rocordo.			-						(56	ee inst.) 🕨	
		one no. (603)417-054		Email address	DILE	EP9P@		L.COM	DTIN		
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Preparer			SYAM PRIYA	RAM SAGAR	GUPTA	'I'ALLAM	09/	16/2021		82703	Self-employed
Use Only		m's name ► GLOBAL TAX							Pł	one no. (678)965-9522
	Fir	m's address ► 2530 Pebb	le Creek L	n Cummin	g GA 3	30041			Fi	rm's EIN 🕨	1
Go to www.irs.go	ov/Forn	n1040 for instructions and the late	st information.		BA	٩A	RE	V 07/28/21 PRC)		Form 1040 (2020)

BAA

SCHEDULE D

(Form 1040)

Capital Gains and Losses

OMB No. 1545-0074

20

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

Attachment Sequence No. **12**

20

Internal Revenue Service (99) Name(s) shown on return

Department of the Treasury

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 X 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)

lines This	instructions for how to figure the amounts to enter on the below. form may be easier to complete if you round off cents to e dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustment to gain or loss Form(s) 8949, F line 2, columr	from Part I,	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
1a	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.					
1b	Totals for all transactions reported on Form(s) 8949 with Box A checked	123,516.	139,210.	9,6	58.	-6,036.
2	Totals for all transactions reported on Form(s) 8949 with Box B checked					
3	Totals for all transactions reported on Form(s) 8949 with Box C checked					
4	Short-term gain from Form 6252 and short-term gain or (I	oss) from Forms 4	684, 6781, and 88	324	4	
5	Net short-term gain or (loss) from partnerships, Schedule(s) K-1				5	
6	Short-term capital loss carryover. Enter the amount, if an Worksheet in the instructions	6	()			
7	Net short-term capital gain or (loss). Combine lines 1a term capital gains or losses, go to Part II below. Otherwise	•	· / ·		7	-6,036.

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

	instructions for how to figure the amounts to enter on the below.	(d) Proceeds	(e) Cost	(g) Adjustmen		(h) Gain or (loss) Subtract column (e)
	form may be easier to complete if you round off cents to e dollars.	(sales price)	(or other basis)	to gain or loss Form(s) 8949, I line 2, colum	Part II,	from column (d) and combine the result with column (g)
8a	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.					
8b	Totals for all transactions reported on Form(s) 8949 with Box D checked					
9	Totals for all transactions reported on Form(s) 8949 with Box E checked					
10	Totals for all transactions reported on Form(s) 8949 with Box F checked.					
11	ain or (loss)	11				
12 13	Net long-term gain or (loss) from partnerships, S corporat Capital gain distributions. See the instructions	. ,	12 13			
	Long-term capital loss carryover. Enter the amount, if any Worksheet in the instructions	13	()			
15	Net long-term capital gain or (loss). Combine lines 8a on the back .	15				

Part	III Summary	
16	Combine lines 7 and 15 and enter the result	16 -6,036.
	• If line 16 is a gain, enter the amount from line 16 on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 17 below.	
	• If line 16 is a loss , skip lines 17 through 20 below. Then, go to line 21. Also be sure to complete line 22.	
	• If line 16 is zero, skip lines 17 through 21 below and enter -0- on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 22.	
17	Are lines 15 and 16 both gains?	
	No. Skip lines 18 through 21, and go to line 22.	
18	If you are required to complete the 28% Rate Gain Worksheet (see instructions), enter the amount, if any, from line 7 of that worksheet	18
19	If you are required to complete the Unrecaptured Section 1250 Gain Worksheet (see instructions), enter the amount, if any, from line 18 of that worksheet	19
20	 Are lines 18 and 19 both zero or blank and are you not filing Form 4952? Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Forms 1040 and 1040-SR, line 16. Don't complete lines 21 and 22 below. 	
	☐ No. Complete the Schedule D Tax Worksheet in the instructions. Don't complete lines 21 and 22 below.	
21	If line 16 is a loss, enter here and on Form 1040, 1040-SR, or 1040-NR, line 7, the smaller of:	
	The loss on line 16; or (\$3,000), or if married filing separately, (\$1,500)	21 (3,000.)
	Note: When figuring which amount is smaller, treat both amounts as positive numbers.	
22	Do you have qualified dividends on Form 1040, 1040-SR, or 1040-NR, line 3a?	
	Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Forms 1040 and 1040-SR, line 16.	
	□ No. Complete the rest of Form 1040, 1040-SR, or 1040-NR.	

REV 07/28/21 PRO

Schedule D (Form 1040) 2020

Department of the Treasury

Internal Revenue Service

Sales and Other Dispositions of Capital Assets

OMB No. 1545-0074

► Go to 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.

2020 Attachment Sequence No. 12A

Name(s) shown on return	Social security number or taxpayer identification number
DILEEP KUMAR POTRU	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.

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

Form 8995	
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Qualified Business Income Deduction Simplified Computation

Attach to your tax return.

Department of the Treasury Internal Revenue Service

Cata	Manana iro	aou/Eorm00)E for inot	ruotiono or	ad tha lata	st information.
GO 10	<i>www.</i>	,407/20111093	5 IUI IIISU	rucuons ar	iu lie lale	si mormation.

2020 Attachment Sequence No. 55

OMB No. 1545-2294

Name(s)	shown	on	return	

Your taxpayer identification number

DILEEP KUMAR POTRU

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.

1		axpayer tion number	• • •	Qualified business income or (loss)
i				
ii				
iii				
iv				
v				
-				
2	Total qualified business income or (loss). Combine lines 1i through 1v, column (c) 2			
3	Qualified business net (loss) carryforward from the prior year)		
4	Total qualified business income. Combine lines 2 and 3. If zero or less, enter -0-	/		
5	Qualified business income component. Multiply line 4 by 20% (0.20)		5	
6	Qualified REIT dividends and publicly traded partnership (PTP) income or (loss)	Ī	-	
	(see instructions)	5.		
7	Qualified REIT dividends and qualified PTP (loss) carryforward from the prior			
	year)		
8	Total qualified REIT dividends and PTP income. Combine lines 6 and 7. If zero	_		
9	or less, enter -0- 8 REIT and PTP component. Multiply line 8 by 20% (0.20)	5.	9	1
9 10	Qualified business income deduction before the income limitation. Add lines 5 and 9		9 10	1.
11		61,196.	10	±.
12	Net capital gain (see instructions)	1.		
13	Subtract line 12 from line 11. If zero or less, enter -0	61,195.		
14	Income limitation. Multiply line 13 by 20% (0.20)		14	12,239.
15	Qualified business income deduction. Enter the lesser of line 10 or line 14. Also enter this a			_
	the applicable line of your return		15	1.
	Total qualified business (loss) carryforward. Combine lines 2 and 3. If greater than zero, enter Total qualified DEIT dividende and DTD (loss) carryforward. Combine lines 2 and 7. If greater than zero, enter the second		16	(0.)
17	Total qualified REIT dividends and PTP (loss) carryforward. Combine lines 6 and 7. If greater, enter -0-	eater than	17	(0.)
For Pri	vacy Act and Paperwork Reduction Act Notice, see instructions. REV 07/28/21 PRO		.,	Form 8995 (2020)

2020 AR1000F ARKANSAS INDIVIDUAL INCOME TAX RETURN Full Year Resident



AR1

IN	COME TAX RETURN		CHECK BOX IF															
Fu	II Year Resident							ŀ	١ME	ND	ED R	ET	URN	J	_	Softw	vare I	D
Jan.	1 - Dec. 31, 2020 or fiscal year ending	,	20	•						•						PROSE	RIES	
	Primary's legal first name	MI	Last n	ist name Check if						ary's social security number								
~ ш	• DILEEP KUMAR	•	• PO					•	🗌 De	ceased				631				
USE LABEL OR PRINT OR TYPE	Spouse's legal first name	MI •	Last n ●	ame						heck if ceasec	1 ·	ise's	socia	al sec	urity n	umber		
LABI	Mailing address (number and street, P.O. box or rural route)							•		ceased	+	heck	if add	ress is	soutsi	de U.S.		
JSE NIN	• 3 BURNETT CIRCLE														, o alon			
 ⁻	City State or province												ountr	y nam	ie			
×	• BENTONVILLE • AR					• 7												
BB	1.• X Single (Or widowed before 2020 or div	orced at e	nd of 20	20)		4.●	Ц	Marrie	d filin	g sepa	arately	on tl	he sa	me re	turn			
FILING STATUS Check Only One Box	2.• Married filing joint (Even if only one h	ad income)			5.•		Marrie Enter s										
В В Б Б Б Б Б Б	3.• Head of household (See instructions) If the qualifying person was your chi		vour de	anond	ont	6.●												
FIL	enter child's name here:				ent,	0.•		Qualify Year s							lia			
•[Check here if you want a tax booklet mail	ed to you	next ye	ear.		•	ך Ch	eck t	his k	oox if	you have filed a state extension federal extension							
	7A. X Yourself • 65 or over	• 65	Special		•	Blind	(• 🗖 1	Deaf		He	ad o	fhous	sehold	/qualif	ying wide	ow(er)	
	Spouse • 65 or over	• 65	Special			Blind		•□	Deaf		(i	-iling s	tatus 3	oniy)	(Filing	j status 6 oi	nly)	
s	Multiply number of boxes checked		•									7A 1	٦xs	329 =			29.	
μ	Dependents (Do not list yourself or s													20			29.	100
PERSONAL TAX CREDITS	First name La	st name		De	pend	enťs sc	cial s	security	y num	ıber		Dependent's relationship to you						
TAX	1.																	
NAL	2.																	
SSO	3.																	
PEI	7B. Multiply number of DEPENDENTS from	above									7B	•	X	\$29 =				00
	7C. Multiply number of qualifying individuals fro	om AR100	0RC5 (See in:	struct	ions)					7C	•	٦x٩	\$500 =				00
	7D. TOTAL PERSONAL TAX CREDITS:														<u> </u>		29.	+
	TO THE PERSONAL TAX CREDITS.	(Add liftes	/A, /D,				nere		i iine a	94)					<u> </u>		29.	100
	DL# / State ID 943255177 You	rstate A	R		Issue (mm/	date dd/yyyy)	1	2/16	/20	19	_		piration n/dd/yy		08	/19/2	2022	
□				Issue date						Expiration date								
	DL# / State ID Spo	ouse state			(mm/dd/yyyy)					(mm/dd/yyyy)								
	Direct deposit allowed to U.S. banks only. C	bock if oil	bor dor	ocit/c) will	ultimat	oly b	o plac	od in	a foro	ian ac	cour	.+ •					
	Direct deposit anowed to 0.5. Danks only. C	HECK II EI		Josh(s	<i>y</i> wiii			•			•		n. • L					
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	●													•				00
	PLEASE SIGN HERE: Under penalties of perju	rv. I declar	ethat II	ave ex	camin	ed this r	eturn	and ac	comp	anving	schedu	iles a	nd sta	ateme	nts. ar	nd to the	best of	f mv
	knowledge and belief, they are true, correct and co	mplete. De	claratio	n of pre	eparer	other th	an taxp	oayer) is	based	d on all	informa	ation	of wh	ich pre	eparer			
PLEASE SIGN HERE	 We will no longer automatically ma (www.atap.arkansas.gov). Check the 	he box if	forms. you stil	Inste II wan	ad, w	to mail	you	you ge a pape	er For	m 10	matio 99-G n	ext	om ou year.	ir wei	site			
LEA:	Primary's signature					Date		Т	eleph						-	Arkansas		
l d S				(603)41					17-0)54	3	Age	-	iscuss th the prepa		rn		
	Spouse's signature				ľ	Date			eleph	one				Ιг	Ye		No	
	Paid preparer's signature					PTIN/I	D nu	mber						Fo	r Depa	Irtment L	Jse On	ly
PAID PREPARER	SYAM PRIYA RAM SAGAR GUPTA TA	LLAM 0	9/16/			•301	017	196						A			•	
PAI	Preparer's name GLOBAL TAXES LLC			City	/Stat	e/ZIP								Telep	phone			
Å	E-mail SYAM@GTAXFILE.COM	4		CUI	MMII	NG GA	30	041						(67	8)91	65-95	22	
	Arkansas State Income Tax P.O. Box 1000					Tax	Due	/No T	ax:		Arkans P.O. B			ome Ta	K			
	Little Rock, AR 72203-1000					.u.			-					03-214	4			



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		ROUND ALL AMOUNTS TO WHOLE DOLLARS	(A)	Primary/Joint Income	(B) Spouse's Income Status 4 Only		
(s	8.	Wages, salaries, tips, etc: (Attach W-2s)	•	76,590.00	• 00		
)66(9.	Military pay: Primary O0 Spouse 00					
110	10.	Interest income: (If over \$1,500, Attach AR4)	•	00	• 00		
W-2(s)/1099(s)	11.	Dividend income: (If over \$1,500, Attach AR4)	•	б.00	• 00		
of	12.	Alimony and separate maintenance received:	•	00	• 00		
	13.	Business or professional income: (Attach federal Schedule C)	•	00	• 00		
on top	14.	Capital gains/(losses) from stocks, bonds, etc: (See instructions, Attach federal Schedule D)	•	-3,000.00	• 00		
k k	15.	Other gains or (losses): (Attach federal Form 4797 and/or AR4684 if applicable)	•	00	• 00		
<u>ال</u> بح	16.	Non-qualified IRA distributions and taxable annuities: (Attach All 1099Rs)16	•	00	• 00		
ach	17.	Military retirement: Primary 00 Spouse 00 00					
A FN	18A	Primary employer pension plan(s)/qualified IRA(s): (See instructions, Attach all 1099Rs)					
ere		Gross distribution 00 Taxable amount 00 Less \$6,000 18A	•	00			
s) he	18B	. Spouse employer pension plan(s)/qualified IRA(s): (See instructions, Attach all 1099Rs)	•	00	• 00		
\$)66	19.	Gross distribution		00	• 00		
Attach W-2(s)/1099(s) here / Attach check	20.	Farm income: (Attach federal Schedule F)	•	00			
-2(s	21.	Unemployment: Primary/Joint 00 Spouse 00 21					
× ا	22.	Other income/depreciation differences: (Attach Form AR-OI)	•	00	• 00		
ttac	23.	TOTAL INCOME: (Add lines 8 through 22)	•	73,596.00	• 00		
◄	24.	TOTAL ADJUSTMENTS: (Attach Form AR1000ADJ)	•	00	• 00		
	25.	ADJUSTED GROSS INCOME: (Subtract line 24 from line 23)	•	73,596.00	• 00		
	26.	Select tax table: (Select only one) 26					
	27.	• Low income table (\$0), For low income qualifications see line 26 instructions					
z		• 🔀 Standard deduction (\$2,200 or \$4,400 for filing status 2 only)					
T IO		• Itemized deductions (Attach AR3) 27	•	2,200.00	• 00		
5	28.	NET TAXABLE INCOME: (Subtract line 27 from line 25)	•	71,396.00	• 00		
COMPUTATION	29.	TAX: (Enter tax from tax table)		3,435.00	00		
	30.	Combined tax: (Add amounts from line 29, columns A and B)			3,435.00		
TAX	31.	Enter tax from Lump Sum Distribution Averaging Schedule: (Attach AR1000TD)			• 00		
	32.	Additional tax on IRA and qualified plan withdrawal and overpayment: (Attach federal Form 5329, if required) .			• 00		
	33.	TOTAL TAX: (Add lines 30 through 32)			• 3,435. ₀₀		
ŝ	34.	Personal tax credit(s): (Enter total from line 7D)	•	29.00			
CREDIT	35.	Child care credit: (20% of federal credit allowed; attach federal Form 2441)	•	00			
CRE	36.	Other credits: (Attach AR1000TC)	•	00			
TAX	37.	TOTAL CREDITS: (Add lines 34 through 36)			• 29.00		
Ľ	38.	NET TAX: (Subtract line 37 from line 33. If line 37 is greater than line 33, enter 0)			• 3,406.00		
	39.	Arkansas income tax withheld: (Attach state copies of W-2 and/or 1099R, W2-G)	•	3,747.00			
	40.	Estimated tax paid or credit brought forward from 2019:40	•	00			
Ś	41.	Payment made with extension: (See instructions)	•	00			
ENT	42.	AMENDED RETURNS ONLY - Previous payments: (See instructions)	•	00			
PAYMENTS	43.	Early childhood program: Certification number:	•	00			
P	44	TOTAL PAYMENTS: (Add lines 39 through 43)			• 3,747.00		
	45.	AMENDED RETURNS ONLY - Previous refund: (See instructions)			• 00		
	46.	Adjusted total payments: (Subtract line 45 from line 44)			• 3,747.00		
ω	47.	AMOUNT OF OVERPAYMENT/REFUND: (If line 46 is greater than line 38, enter difference)			• 341.00		
DUE	48.	Amount to be applied to 2021 estimated tax:		00			
TAX	49.	Amount of Check-off Contributions: (Attach Schedule AR1000-CO)		00			
В	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)					
REFUND		. UEP: Attach Form AR2210 or AR2210A. If required, enter exception in box 52A Penalty 52B		00			
		Add lines 51 and 52B: (See instructions)					
PA	Y OF	NLINE: Please visit our secure site ATAP (Arkansas Taxpayer Access Point) at www.atap.arkansas.gov. A	TAP a	llows taxpayers or t	heir representatives to		
		log on, make payments and manage their account online. ATAP is available 24 hours.		Cas instruction			
Page	e AR2 (PAY BY CREDIT CARD: (See instructions) PAY BY M R 3/2/2021)	AIL: (See instructions)	REV 05/29/21 PRO		





ARKANSAS INDIVIDUAL INCOME TAX

CAPITAL GAINS

Primary's legal name DILEEP KUMAR POTRU Primary's social security number 353-83-6312

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	
Enter federal long-term capital gain or loss reported on line 15, federal Schedule D or Form 1040, line 71	00	0		00	0)0	00	10
		2		00	0	0	00	0
		3	•	00	• 0)0	• 00	0
Enter federal net short-term capital loss, if any , reported on line 7, federal Schedule D4	-6,036.00	0	-6,036.	00	0)0	00	10
Enter adjustment, if any, for depreciation differe	nces in federal and			00	0)0	00	0
Arkansas net short-term capital loss. Add (or su lline 5	btract) line 4 and	3	-6,036.	00	• 0)0	• 00	0
Arkansas net capital gain or loss. (If gain, subtr loss, add lines 6 and 3.)	ract line 6 from 3. If 7a		-6,036.	00	• 0	0	• 00	0
If the amount on line 7a is over \$10,000,000, on	y enter \$10,000,000.			00	о	0	00	0
		8	-6,036.	00	0)0	00	0
1 3 7	00	0		00	0)0	00	0
				00	0)0	00	0
		1	•	00	• 0)0	• 00	0
(Loss limited to \$3,000, for filing status \$1,500 per taxpayer if filing status 4 or Filing status 1,2,3,5 and 6: Add line 12, column on AR1000F/AR1000NR, line 14. Filing status 4: Enter line 12, column A on AR1000F/AR1000NR	5 1, 2, 3, and 6, r 5.) Enter here. Its A and B and enter R, line 14, column A.		2,000	00		10	0	
	reported on line 15, federal Schedule D or Form 1040, line 7	Schedule D Enter federal long-term capital gain or loss reported on line 15, federal Schedule D or Form 1040, line 7. 0 Enter adjustment, if any, for depreciation differences in federal and state amounts. 0 Arkansas long-term capital gain or loss. Add (or subtract) line 1 and line 2. 1 0 Enter federal net short-term capital loss, if any, reported on line 7, federal Schedule D -6,036.0 Enter adjustment, if any, for depreciation differences in federal and state amounts. -6,036.0 Arkansas net short-term capital loss. Add (or subtract) line 4 and line 5.	Schedule D Enter federal long-term capital gain or loss reported on line 15, federal Schedule D or Form 1040, line 7. 00 Enter adjustment, if any, for depreciation differences in federal and state amounts. 2 Arkansas long-term capital gain or loss. Add (or subtract) line 1 and line 2. 3 Enter federal net short-term capital loss, if any, reported on line 7, federal Schedule D -6, 036.00 Enter adjustment, if any, for depreciation differences in federal and state amounts. 5 Arkansas net short-term capital loss. Add (or subtract) line 4 and line 5. 6 Arkansas net short-term capital loss. Add (or subtract) line 4 and line 5. 6 Arkansas net capital gain or loss. (If gain, subtract line 6 from 3. If loss, add lines 6 and 3.) 7a If the amount on line 7a is over \$10,000,000, only enter \$10,000,000. 7b Arkansas taxable amount. If a gain multiply line 7b by 50 percent (.50), otherwise enter loss. 8 Enter federal short-term capital gain, if any, reported on line 7, federal Schedule D. 9 00 Enter adjustment, if any, for depreciation differences in federal and state amounts. 10 Arkansas taxable amount. If a gain multiply line 7b by 50 percent (.50), otherwise enter loss. 8 Enter federal short-term capital gain. Add (or subtract) line 9 and line 10. 11 Arkansas short-term ca	Schedule D Primary Enter federal long-term capital gain or loss reported on line 15, federal Schedule D or Form 1040, line 7	Schedule D Primary Enter federal long-term capital gain or loss reported on line 15, federal Schedule D or Form 1040, line 7	Schedule D Primary Spouse Enter federal long-term capital gain or loss reported on line 15, federal Schedule D or Form 1040, line 7. 00 00 00 00 Enter adjustment, if any, for depreciation differences in federal and state amounts. 2 00 00 00 Arkansas long-term capital gain or loss. Add (or subtract) line 1 and line 2. 3 00 00 00 00 Enter federal net short-term capital loss, if any, reported on line 7, federal Schedule D 4 -6, 036. 00 -6, 036. 00 00 Arkansas net short-term capital loss. Add (or subtract) line 4 and line 5 6 -6, 036. 00 00 00 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 If the amount on line 7 a lis over \$10,000,000, only enter \$10,000,000. -6, 036. 00 00 00 00 Enter adjustment, if any, for depreciation differences in federal and state amounts.	Schedule D Primary Spouse Enter federal long-term capital gain or loss reported on line 15, federal Schedule D or Form 1040, line 7. 00 00 00 Enter adjustment, if any, for depreciation differences in federal and state amounts. 00 00 00 Arkansas long-term capital gain or loss. Add (or subtract) line 1 and line 2. 00 00 00 Enter adjustment, if any, for depreciation differences in federal and state amounts. -6, 036.00 -6, 036.00 00 Enter adjustment, if any, for depreciation differences in federal and state amounts. <	Schedule D Primary Spouse Arkansas Only Enter federal long-term capital gain or loss reported on line 15, federal Schedule D or form 1040, line 7. 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 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 00 00 00 00 00 00 00 00 00 00 00 00 00 00 00 00 00 00 00 00 00 00 00





ARKANSAS INDIVIDUAL INCOME TAX INTEREST AND DIVIDENDS

Primary's legal name	Primary's social security number
DILEEP KUMAR POTRU	353-83-6312

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
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/Join	t	(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.	б.	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 ARKANS	2.00		
Page AR4 (R 6/02/2020)			REV 05/29/21 PRO





ARKANSAS INDIVIDUAL INCOME TAX DECLARATION FOR ELECTRONIC FILING

Primary's Legal First Name and Middle Initial			ime		Primary's Social Security Number						
• DILEEP KUMAR		• POT	RU	• 353-83-6312							
Spouse's Legal First Name and Middle	e Initial	Last Na	ime		Spouse's Social Security Number						
					•						
Mailing Address (Number and Street, P.O. Bo	x or Rural Route)			Telephone							
3 BURNETT CIRCLE					• (603)4	117-0543					
City	State or Province		ZIP	Check Foreign C	if address is ou	tside U.S.					
BENTONVILLE	AR		72712	Foreight C	Journary						
PART I - TAX RETURN INFOR	MATION (Whole Dollars Or										
1. Total Income (Form AR1000F			73,596.	00							
2. Net Tax (Form AR1000F or Al					3,406.	00					
3. State Income Tax Withheld (Fo						3,747.	00				
4. Refund (Form AR1000F or AF	1000NR, Line 47)					341.	00				
5. Tax Due (Form AR1000F or A	R1000NR, Line 51)				5		00				
PART II - DECLARATION OF T	AXPAYER										
a joint return, this is an irrethe bank account(s) show 6b. I do not want direct depose 6c. I authorize the State of Autoria form (AR TAX PMT). 6d. I authorize the State of Autoria form (AR TAX PMT). 6d. I authorize the State of Autoria form (AR EST F If I have filed a balance due return, I under the tax liability and all applicable in state return will be rejected also. Under penalties of perjury, I declare the lines of the electronic portion of my 20 consent to my ERO sending my return of Arkansas sending my ERO and/or the reason(s) for the return of the reson(s) for the return of the return of the reson(s) for the return of the return of the reson(s) for the return of the return the return of the return the	 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 										
Sign											
Here Primary's Signature	Date	•	Spouse's Signa	ture		Date	_				
PART III - DECLARATION OF	ELECTRONIC RETURN	ORIGIN	ATOR (ERO) AND PAID P	REPARE	R						
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	09/16	/2021]							
Use ERO'S Signature	preparer employed	-	Your S	SN or PTIN							
Only <u>GLOBAL TAXES LL</u> Firm's name and address		EEK LI	N CUMMING GA 3	0041		17196 EIN					
Under penalties of perjury, I declare the my knowledge and belief, they are true			ation is based on all information				st of				
Paid	09/16/		Check · if self-		082703						
Preparer's Preparer's Signature			employed		eparer's SSN						
Use Only SYAM PRIYA RAM SAGAR GUPTA	TALLAM 2530 PEBBLE C	REEK	LN CUMMING GA	<u>A 3004</u>		0-1017196					
Firm's name and add	Iress					FEIN					