AR8453



2020

		CLARATION	-		KONIC					
Primary's Legal First Name and Middle Initial			Last Name			Primary's Social Security Number				
• PHANINDER			• ALLADI				• 344-06-6121			
Spouse's Legal First Name and Middle Initial			Last Name		Spoi	Spouse's Social Security Number				
Mailing Add	IFESS (Number and Street, P.O. Box	x or Rural Route)				Tele	ohone			
2501 S	W BOILERMAKER RO	AD., APT. 14				• (618)5	21-6383		
City State or Province				ZIP Chec			ck if address is outside U.S.			
BENTONVILLE AR				72712 Foreign Country						
	- TAX RETURN INFOR		Only)					in the same of the		
1. Tota	al Income (Form AR1000F	or AR1000NR, Line 23)					1	72,136.	00	
Total Income (Form AR1000F or AR1000NR, Line 23) Net Tax (Form AR1000F or AR1000NR, Line 38)								3,324.	00	
The state of the s									00	
							-	3,532.	-	
4. Refund (Form AR1000F or AR1000NR, Line 47)								208.	00	
5. Tax Due (Form AR1000F or AR1000NR, Line 51)							5		00	
PART II	- DECLARATION OF T	AXPAYER								
for the tax I state return Under pena lines of the consent to of Arkansas and if reject and/or trans- return elect	I authorize the State of A Payment form (AR EST P et a balance due return, I ur iability and all applicable into will be rejected also. alties of perjury, I declare that electronic portion of my 20 my ERO sending my return, is sending my ERO and/or treted, the reason(s) for the resmitter the reason(s) for the tronically, I consent to the or a sending my, I consent to the consen	PMT) or Arkansas Extensi inderstand that if the State terest and penalties. If I have go at the information I have go 20 Arkansas income tax to this declaration, and according ransmitter an acknowledge pection. If the processing delay, or when the refund disclosure to the State of	on Paymer of Arkansa nave filed a liven my ER return. To to companying lement of ret of my retur l was sent.	at form (AR EXT P as does not receive joint federal and s O and the amount the best of my know schedules and st acceipt of transmiss or or refund is delay addition, by usin	e full and time state return ar ts in Part I about the state and the statements to the sion and an incayed, I authoring a computer	ly payment of ad my federal r we agree with elief, my return the State of Ark dication of who ize the State of system and so	my tax lia eturn is r the amou n is true, ansas. I other or n f Arkansa oftware to	ability, I will remain rejected, I understa ints on the correspondenced, and compalso consent to the ot my return is account to the other return is account to the prepare and transity of the second respondenced in the second respondence in the second respondenced in the second respondence in the second respondenced respondenced in the second respondenced res	onding blete. I state epted, y ERO mit my	
	on of my tax return electroni	00.000.000								
Sign Here		2 07/	17/20							
	Primary's Signature I - DECLARATION OF E		ate		ouse's Signati			Date	- 23	
am only a the return. with a copy examined and comple ERO'S Use Only Under pen my knowle Paid Prepare	rat I have reviewed the above collector, I understand that I have obtained the taxpayer of all forms and information the above taxpayer's returnete. This declaration of Paid ERO'S Signature GLOBAL TAXES LLC Firm's name and address alties of perjury, I declare the dge and belief, they are truers. Preparer's Signature	I am not responsible for rer's signature on Form AR in to be filed with the State and accompanying sched Preparer is based on all O2/DC 2530 PEBBLE (see, correct, and complete.	eviewing the 8453 before of Arkansie dules and I information 17/2021 late CREEK I This declarate This declarate	te taxpayer's reture submitting this reas. If I am also the statements, and to not which the pre Check if paid preparer N CUMMING ayer's return and a ration is based on Check if selfemployed	rn; I declare the turn to the Steparer has known the best of sparer has known the self-employed GA 30 accompanying all information	at Form AR84 ate of Arkansa r, under penal my knowledge wledge. 0041 schedules an n of which I ha P02082 Prepare	53 accurs, and hatties of per and beli Your SS 80-101 FE d statem inve any k 703	rately reflects the development of the table of table	ata on xpayer I have orrect,	
Use On		TALLAM 2530 PEBBLE	CREEK	LN CUMMING	G GA	30041	4.000	-1017196		
	Firm's name and add	dress					F	EIN		
AR8453 (R 7/6/2	2020)							REV 01/26/	21 PRO	