

Filing Status [] Single [X] 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

Personal information section including: Your first name and middle initial (SINDHUJA), Last name (CHERUKU MULINTI), Your social security number (826-86-1445), Spouse's social security number (725-22-2622), Home address (4000 S DIXIELAND RD), Apt. no. (K-106), City (ROGERS), State (AR), ZIP code (72758).

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) Child tax credit, Credit for other dependents. Includes instructions for dependents.

Main income and deduction table with columns for line numbers and amounts. Includes sections for Attach Sch. B if required, Standard Deduction for, and Total income (178,000) and Taxable income (153,200).

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	25,284.
17	Amount from Schedule 2, line 3	17	
18	Add lines 16 and 17	18	25,284.
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	25,284.
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	25,284.
25	Federal income tax withheld from:		
a	Form(s) W-2	25a	30,927.
b	Form(s) 1099	25b	
c	Other forms (see instructions)	25c	
d	Add lines 25a through 25c	25d	30,927.
26	2020 estimated tax payments and amount applied from 2019 return	26	
27	Earned income credit (EIC) NO	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	491.
31	Amount from Schedule 3, line 13	31	
32	Add lines 27 through 31. These are your total other payments and refundable credits	32	491.
33	Add lines 25d, 26, and 32. These are your total payments	33	31,418.

• 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 overpaid	34	6,134.
35a	Amount of line 34 you want refunded to you . If Form 8888 is attached, check here <input type="checkbox"/>	35a	6,134.
b	Routing number 071000013	c Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings	
d	Account number 626812932		
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	
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	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	If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.)
		SOFTWARE ENGINEER	
		SOFTWARE ENGINEER	

Phone no. (216) 777-0551 Email address SINDHUJA.3103@GMAIL.COM

Paid Preparer Use Only

Preparer's name	Preparer's signature	Date	PTIN	Check if:
SYAM PRIYA RAM SAGAR GUPTA TALLAM	SYAM PRIYA RAM SAGAR GUPTA TALLAM	09/25/2021	P02082703	<input type="checkbox"/> Self-employed
Firm's name	Firm's address			Phone no.
GLOBAL TAXES LLC	2530 Pebble Creek Ln Cumming GA 30041			(678) 965-9522
Firm's EIN				30-1017196

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 ● SINDHUJA	MI ●	Last name ● CHERUKU MULINTI	Check if Deceased ● <input type="checkbox"/>	Primary's social security number ● 826-86-1445
	Spouse's legal first name ● RAGHAVENDRA	MI ●	Last name ● GUDIPUDI	Check if Deceased ● <input type="checkbox"/>	Spouse's social security number ● 725-22-2622
Mailing address (number and street, P.O. box or rural route) ● 4000 S DIXIELAND RD , APT. K-106					<input type="checkbox"/> Check if address is outside U.S.
City ● ROGERS		State or province ● AR		ZIP ● 72758	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 checked="" 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 checked="" 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 = 58.00

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 = 00.00

7C. Multiply number of qualifying individuals from AR1000RC5 (See instructions) 7C X \$500 = 00.00

7D. TOTAL PERSONAL TAX CREDITS: (Add lines 7A, 7B, and 7C. Enter total here and on line 34) 7D 58.00

DL# / State ID <u>943041941</u>	Your state <u>AR</u>	Issue date (mm/dd/yyyy) <u>06/18/2020</u>	Expiration date (mm/dd/yyyy) <u>02/17/2022</u>
DL# / State ID <u>942416380</u>	Spouse state <u>AR</u>	Issue date (mm/dd/yyyy) <u>11/22/2019</u>	Expiration date (mm/dd/yyyy) <u>01/06/2022</u>

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 7 1 0 0 0 1 3	Account Number 1 ● 6 2 6 8 1 2 9 3 2	<input checked="" type="checkbox"/> Checking or <input type="checkbox"/> Savings	Direct deposit 1 Amt ● 221.00
Routing Number 2 ●	Account Number 2 ●	<input type="checkbox"/> Checking or <input type="checkbox"/> Savings	Direct deposit 2 Amt ● 00.00

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.

Primary's signature	Date	Telephone (216) 777-0551	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 SYAM PRIYA RAM SAGAR GUPTA TALLAM	PTIN/ID number ● 301017196	For Department Use Only A <input type="checkbox"/> <input type="checkbox"/> ●	
Preparer's name GLOBAL TAXES LLC	City/State/ZIP CUMMING GA 30041	Telephone (678) 965-9522	
E-mail SYAM@GTAXFILE.COM			

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 826-86-1445

		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		85,931.00	92,069.00	
	9. Military pay: Primary <input type="checkbox"/> Spouse <input type="checkbox"/>					
	10. Interest income: (If over \$1,500, Attach AR4)	10				
	11. Dividend income: (If over \$1,500, Attach AR4)	11				
	12. Alimony and separate maintenance received:	12				
	13. Business or professional income: (Attach federal Schedule C)	13				
	14. Capital gains/(losses) from stocks, bonds, etc: (See instructions, Attach federal Schedule D)	14				
	15. Other gains or (losses): (Attach federal Form 4797 and/or AR4684 if applicable)	15				
	16. Non-qualified IRA distributions and taxable annuities: (Attach All 1099Rs)	16				
	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				
	20. Farm income: (Attach federal Schedule F)	20				
	21. Unemployment: Primary/Joint <input type="checkbox"/> Spouse <input type="checkbox"/>	21				
	22. Other income/depreciation differences: (Attach Form AR-OI)	22				
	23. TOTAL INCOME: (Add lines 8 through 22)	23				
	24. TOTAL ADJUSTMENTS: (Attach Form AR1000ADJ)	24				
	25. ADJUSTED GROSS INCOME: (Subtract line 24 from line 23)	25				
	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			
28. NET TAXABLE INCOME: (Subtract line 27 from line 25)		28				
29. TAX: (Enter tax from tax table)		29				
30. Combined tax: (Add amounts from line 29, columns A and B)		30				
31. Enter tax from Lump Sum Distribution Averaging Schedule: (Attach AR1000TD)		31				
32. Additional tax on IRA and qualified plan withdrawal and overpayment: (Attach federal Form 5329, if required)	32					
33. TOTAL TAX: (Add lines 30 through 32)	33					
TAX CREDITS	34. Personal tax credit(s): (Enter total from line 7D)	34				
	35. Child care credit: (20% of federal credit allowed; attach federal Form 2441)	35				
	36. Other credits: (Attach AR1000TC)	36				
	37. TOTAL CREDITS: (Add lines 34 through 36)	37				
38. NET TAX: (Subtract line 37 from line 33. If line 37 is greater than line 33, enter 0)	38					
PAYMENTS	39. Arkansas income tax withheld: (Attach state copies of W-2 and/or 1099R, W2-G)	39				
	40. Estimated tax paid or credit brought forward from 2019:	40				
	41. Payment made with extension: (See instructions)	41				
	42. AMENDED RETURNS ONLY - Previous payments: (See instructions)	42				
	43. Early childhood program: Certification number: _____ (20% of federal credit; Attach federal Form 2441 and Form AR1000EC)	43				
	44. TOTAL PAYMENTS: (Add lines 39 through 43)	44				
	45. AMENDED RETURNS ONLY - Previous refund: (See instructions)	45				
46. Adjusted total payments: (Subtract line 45 from line 44)	46					
REFUND OR TAX DUE	47. AMOUNT OF OVERPAYMENT/REFUND: (If line 46 is greater than line 38, enter difference)	47				
	48. Amount to be applied to 2021 estimated tax:	48				
	49. Amount of Check-off Contributions: (Attach Schedule AR1000-CO)	49				
	50. AMOUNT TO BE REFUNDED TO YOU: (Subtract lines 48 and 49 from line 47)	REFUND 50				
	51. AMOUNT DUE: (If line 46 is less than line 38, enter difference; If over \$1,000, continue to 52A)	TAX DUE 51				
	52A. UEP: Attach Form AR2210 or AR2210A. If required, enter exception in box 52A <input type="checkbox"/> Penalty 52B <input type="checkbox"/>					
52C. Add lines 51 and 52B: (See instructions)	TOTAL DUE 52C					

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 ● SINDHUJA		Last Name ● CHERUKU MULINTI		Primary's Social Security Number ● 826-86-1445	
Spouse's Legal First Name and Middle Initial RAGHAVENDRA		Last Name GUDIPUDI		Spouse's Social Security Number ● 725-22-2622	
Mailing Address (Number and Street, P.O. Box or Rural Route) 4000 S DIXIELAND RD , APT. K-106				Telephone ● (216) 777-0551	
City ROGERS	State or Province AR	ZIP 72758	<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	178,000.00
2. Net Tax (Form AR1000F or AR1000NR, Line 38).....	2	9,426.00
3. State Income Tax Withheld (Form AR1000F or AR1000NR, Line 39).....	3	● 9,647.00
4. Refund (Form AR1000F or AR1000NR, Line 47).....	4	221.00
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
 Signature: _____ Date: 09/25/2021
 Check if paid preparer Check if self-employed
 Firm's name and address: GLOBAL TAXES LLC 2530 PEBBLE CREEK LN CUMMING GA 30041
 Your SSN or PTIN: 30-1017196
 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
 Signature: _____ Date: 09/25/2021
 Check if self-employed
 Firm's name and address: SYAM PRIYA RAM SAGAR GUPTA TALLAM 2530 PEBBLE CREEK LN CUMMING GA 30041
 Preparer's SSN or PTIN: P02082703
 FEIN: 30-1017196