

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 (PAVAN KUMAR REDDY), Last name (YARRAMALA), Your social security number (081-89-3052), Spouse's social security number (837-46-3619), Home address (1103 SW ANCHOR WAY), City (BENTONVILLE), State (AR), ZIP code (72713).

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 for Dependents with columns: (1) First name, Last name, (2) Social security number, (3) Relationship to you, (4) Child tax credit, Credit for other dependents.

Main tax calculation table with rows 1-15. Includes sections for Attach Sch. B if required, Standard Deduction for, and Taxable income calculation resulting in 48,385.

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

<b>16</b>	<b>Tax</b> (see instructions). Check if any from Form(s): 1 <input type="checkbox"/> 8814 2 <input type="checkbox"/> 4972 3 <input type="checkbox"/> _____	<b>16</b>	5,410.
<b>17</b>	Amount from Schedule 2, line 3	<b>17</b>	
<b>18</b>	Add lines 16 and 17	<b>18</b>	5,410.
<b>19</b>	Child tax credit or credit for other dependents	<b>19</b>	
<b>20</b>	Amount from Schedule 3, line 7	<b>20</b>	
<b>21</b>	Add lines 19 and 20	<b>21</b>	
<b>22</b>	Subtract line 21 from line 18. If zero or less, enter -0-	<b>22</b>	5,410.
<b>23</b>	Other taxes, including self-employment tax, from Schedule 2, line 10	<b>23</b>	0.
<b>24</b>	Add lines 22 and 23. This is your <b>total tax</b>	<b>24</b>	5,410.
<b>25</b>	Federal income tax withheld from:		
<b>a</b>	Form(s) W-2	<b>25a</b>	12,081.
<b>b</b>	Form(s) 1099	<b>25b</b>	
<b>c</b>	Other forms (see instructions)	<b>25c</b>	
<b>d</b>	Add lines 25a through 25c	<b>25d</b>	12,081.
<b>26</b>	2020 estimated tax payments and amount applied from 2019 return	<b>26</b>	
<b>27</b>	Earned income credit (EIC) <b>NO</b>	<b>27</b>	
<b>28</b>	Additional child tax credit. Attach Schedule 8812	<b>28</b>	
<b>29</b>	American opportunity credit from Form 8863, line 8	<b>29</b>	
<b>30</b>	Recovery rebate credit. See instructions	<b>30</b>	3,000.
<b>31</b>	Amount from Schedule 3, line 13	<b>31</b>	
<b>32</b>	Add lines 27 through 31. These are your <b>total other payments and refundable credits</b>	<b>32</b>	3,000.
<b>33</b>	Add lines 25d, 26, and 32. These are your <b>total payments</b>	<b>33</b>	15,081.

**Refund**

<b>34</b>	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you <b>overpaid</b>	<b>34</b>	9,671.
<b>35a</b>	Amount of line 34 you want <b>refunded to you</b> . If Form 8888 is attached, check here <input type="checkbox"/>	<b>35a</b>	9,671.
<b>b</b>	Routing number 082000073	<b>c</b>	Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings
<b>d</b>	Account number 487004664641		
<b>36</b>	Amount of line 34 you want <b>applied to your 2021 estimated tax</b>	<b>36</b>	

**Amount You Owe**

<b>37</b>	Subtract line 33 from line 24. This is the <b>amount you owe now</b>	<b>37</b>	
<b>38</b>	Estimated tax penalty (see instructions)	<b>38</b>	

**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 IT PROFESSIONAL	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 STUDENT	If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.)

Phone no. (571) 474-9564 Email address PAWANREDDY.0211@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

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

**SCHEDULE 1  
(Form 1040)**

Department of the Treasury  
Internal Revenue Service

**Additional Income and Adjustments to Income**

▶ **Attach to Form 1040, 1040-SR, or 1040-NR.**  
▶ **Go to [www.irs.gov/Form1040](http://www.irs.gov/Form1040) for instructions and the latest information.**

OMB No. 1545-0074

**2020**  
Attachment  
Sequence No. **01**

Name(s) shown on Form 1040, 1040-SR, or 1040-NR  
PAVAN KUMAR REDDY YARRAMALA & BHARGAVI ALLE

Your social security number  
081-89-3052

**Part I Additional Income**

<b>1</b>	Taxable refunds, credits, or offsets of state and local income taxes . . . . .	<b>1</b>	
<b>2a</b>	Alimony received . . . . .	<b>2a</b>	
<b>b</b>	Date of original divorce or separation agreement (see instructions) ▶ _____		
<b>3</b>	Business income or (loss). Attach Schedule C . . . . .	<b>3</b>	
<b>4</b>	Other gains or (losses). Attach Form 4797 . . . . .	<b>4</b>	
<b>5</b>	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	<b>5</b>	-5,000.
<b>6</b>	Farm income or (loss). Attach Schedule F . . . . .	<b>6</b>	
<b>7</b>	Unemployment compensation . . . . .	<b>7</b>	
<b>8</b>	Other income. List type and amount ▶ _____ _____	<b>8</b>	
<b>9</b>	Combine lines 1 through 8. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8 . . . . .	<b>9</b>	-5,000.

**Part II Adjustments to Income**

<b>10</b>	Educator expenses . . . . .	<b>10</b>	
<b>11</b>	Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 . . . . .	<b>11</b>	
<b>12</b>	Health savings account deduction. Attach Form 8889 . . . . .	<b>12</b>	
<b>13</b>	Moving expenses for members of the Armed Forces. Attach Form 3903 . . . . .	<b>13</b>	
<b>14</b>	Deductible part of self-employment tax. Attach Schedule SE . . . . .	<b>14</b>	
<b>15</b>	Self-employed SEP, SIMPLE, and qualified plans . . . . .	<b>15</b>	
<b>16</b>	Self-employed health insurance deduction . . . . .	<b>16</b>	
<b>17</b>	Penalty on early withdrawal of savings . . . . .	<b>17</b>	
<b>18a</b>	Alimony paid . . . . .	<b>18a</b>	
<b>b</b>	Recipient's SSN . . . . . ▶ _____		
<b>c</b>	Date of original divorce or separation agreement (see instructions) ▶ _____		
<b>19</b>	IRA deduction . . . . .	<b>19</b>	
<b>20</b>	Student loan interest deduction . . . . .	<b>20</b>	
<b>21</b>	Tuition and fees deduction. Attach Form 8917 . . . . .	<b>21</b>	
<b>22</b>	Add lines 10 through 21. These are your <b>adjustments to income</b> . Enter here and on Form 1040, 1040-SR, or 1040-NR, line 10a . . . . .	<b>22</b>	

**SCHEDULE E**  
**(Form 1040)**

**Supplemental Income and Loss**

OMB No. 1545-0074

(From rental real estate, royalties, partnerships, S corporations, estates, trusts, REMICs, etc.)

**2020**

Department of the Treasury  
Internal Revenue Service (99)

▶ Attach to Form 1040, 1040-SR, 1040-NR, or 1041.

Attachment  
Sequence No. **13**

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

Name(s) shown on return

Your social security number

PAVAN KUMAR REDDY YARRAMALA & BHARGAVI ALLE

081-89-3052

**Part I** **Income or Loss From Rental Real Estate and Royalties** Note: If you are in the business of renting personal property, use **Schedule C**. See instructions. If you are an individual, report farm rental income or loss from **Form 4835** on page 2, line 40.

- A** Did you make any payments in 2020 that would require you to file Form(s) 1099? See instructions . . . . .  Yes  No  
**B** If "Yes," did you or will you file required Form(s) 1099? . . . . .  Yes  No

<b>1a</b>	Physical address of each property (street, city, state, ZIP code)				
<b>A</b>	KUKATPALLY HYDERABAD TELANGANA IN 500072				
<b>B</b>					
<b>C</b>					
<b>1b</b>	Type of Property (from list below)	<b>2</b> For each rental real estate property listed above, report the number of fair rental and personal use days. Check the <b>QJV</b> box only if you meet the requirements to file as a qualified joint venture. See instructions.	<b>Fair Rental Days</b>	<b>Personal Use Days</b>	<b>QJV</b>
<b>A</b>	3		<b>A</b> 365	0	<input type="checkbox"/>
<b>B</b>			<b>B</b>		<input type="checkbox"/>
<b>C</b>			<b>C</b>		<input type="checkbox"/>

**Type of Property:**

- 1 Single Family Residence    3 Vacation/Short-Term Rental    5 Land    7 Self-Rental  
 2 Multi-Family Residence    4 Commercial    6 Royalties    8 Other (describe)

<b>Income:</b>		<b>Properties:</b>		<b>A</b>	<b>B</b>	<b>C</b>
<b>3</b>	Rents received . . . . .	<b>3</b>		600.		
<b>4</b>	Royalties received . . . . .	<b>4</b>				
<b>Expenses:</b>						
<b>5</b>	Advertising . . . . .	<b>5</b>				
<b>6</b>	Auto and travel (see instructions) . . . . .	<b>6</b>				
<b>7</b>	Cleaning and maintenance . . . . .	<b>7</b>		900.		
<b>8</b>	Commissions. . . . .	<b>8</b>				
<b>9</b>	Insurance . . . . .	<b>9</b>				
<b>10</b>	Legal and other professional fees . . . . .	<b>10</b>				
<b>11</b>	Management fees . . . . .	<b>11</b>				
<b>12</b>	Mortgage interest paid to banks, etc. (see instructions)	<b>12</b>				
<b>13</b>	Other interest. . . . .	<b>13</b>				
<b>14</b>	Repairs. . . . .	<b>14</b>		1,200.		
<b>15</b>	Supplies . . . . .	<b>15</b>		1,000.		
<b>16</b>	Taxes . . . . .	<b>16</b>				
<b>17</b>	Utilities. . . . .	<b>17</b>		2,500.		
<b>18</b>	Depreciation expense or depletion . . . . .	<b>18</b>				
<b>19</b>	Other (list) ▶ . . . . .	<b>19</b>				
<b>20</b>	Total expenses. Add lines 5 through 19 . . . . .	<b>20</b>		5,600.		
<b>21</b>	Subtract line 20 from line 3 (rents) and/or 4 (royalties). If result is a (loss), see instructions to find out if you must file <b>Form 6198</b> . . . . .	<b>21</b>		-5,000.		
<b>22</b>	Deductible rental real estate loss after limitation, if any, on <b>Form 8582</b> (see instructions) . . . . .	<b>22</b>	(	-5,000.)	(	)
<b>23a</b>	Total of all amounts reported on line 3 for all rental properties . . . . .	<b>23a</b>		600.		
<b>b</b>	Total of all amounts reported on line 4 for all royalty properties . . . . .	<b>23b</b>				
<b>c</b>	Total of all amounts reported on line 12 for all properties . . . . .	<b>23c</b>				
<b>d</b>	Total of all amounts reported on line 18 for all properties . . . . .	<b>23d</b>				
<b>e</b>	Total of all amounts reported on line 20 for all properties . . . . .	<b>23e</b>		5,600.		
<b>24</b>	<b>Income.</b> Add positive amounts shown on line 21. <b>Do not</b> include any losses . . . . .	<b>24</b>				
<b>25</b>	<b>Losses.</b> Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here . . . . .	<b>25</b>	(	5,000.)		
<b>26</b>	<b>Total rental real estate and royalty income or (loss).</b> Combine lines 24 and 25. Enter the result here. If Parts II, III, IV, and line 40 on page 2 do not apply to you, also enter this amount on Schedule 1 (Form 1040), line 5. Otherwise, include this amount in the total on line 41 on page 2 . . . . .	<b>26</b>				-5,000.

For Paperwork Reduction Act Notice, see the separate instructions.

Schedule E (Form 1040) 2020

# 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 ● PAVAN KUMAR REDDY	MI ●	Last name ● YARRAMALA	Check if ● <input type="checkbox"/> Deceased	Primary's social security number ● 081-89-3052
	Spouse's legal first name ● BHARGAVI	MI ●	Last name ● ALLE	Check if ● <input type="checkbox"/> Deceased	Spouse's social security number ● 837-46-3619
Mailing address (number and street, P.O. box or rural route) ● 1103 SW ANCHOR WAY, APT. 201					<input type="checkbox"/> Check if address is outside U.S.
City ● BENTONVILLE		State or province ● AR		ZIP ● 72713	Foreign country name

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

●  Check here if you want a tax booklet mailed to you next year.

●  **Check this box if you have filed a state extension or an automatic federal extension**

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

ID	DL# / State ID <u>943076248</u>	Your state <u>AR</u>	Issue date (mm/dd/yyyy) <u>06/26/2020</u>	Expiration date (mm/dd/yyyy) <u>06/26/2028</u>
	DL# / State ID <u>941811099</u>	Spouse state <u>AR</u>	Issue date (mm/dd/yyyy) <u>10/22/2019</u>	Expiration date (mm/dd/yyyy) <u>10/22/2023</u>

DIRECT DEPOSIT	<b>Direct deposit allowed to U.S. banks only. Check if either deposit(s) will ultimately be placed in a foreign account.</b> ● <input type="checkbox"/>				
	Routing Number 1		Account Number 1		● <input checked="" type="checkbox"/> Checking or ● <input type="checkbox"/> Savings
	● 0 8 2 0 0 0 0 7 3		● 4 8 7 0 0 4 6 6 4 6 4 1		● <input type="text" value="732.00"/> Direct deposit 1 Amt
	Routing Number 2		Account Number 2		● <input type="checkbox"/> Checking or ● <input type="checkbox"/> Savings
●		●		● <input type="text" value="00"/> Direct deposit 2 Amt	

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.

PLEASE SIGN HERE	Primary's signature	Date	Telephone (571) 474-9564	May the Arkansas Revenue Agency discuss this return with the preparer? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	Spouse's signature	Date	Telephone	

PAID PREPARER	Paid preparer's signature <b>SYAM PRIYA RAM SAGAR GUPTA TALLAM</b> 09/16/2021		PTIN/ID number ● 301017196	For Department Use Only	
	Preparer's name GLOBAL TAXES LLC		City/State/ZIP CUMMING GA 30041	Telephone (678) 965-9522	
	E-mail SYAM@GTAXFILE.COM				

<b>Refund:</b> Arkansas State Income Tax P.O. Box 1000 Little Rock, AR 72203-1000	<b>Tax Due/No Tax:</b> Arkansas State Income Tax P.O. Box 2144 Little Rock, AR 72203-2144
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Primary SSN 081-89-3052

		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	●	78,185.00	●	
	9. Military pay: Primary <input type="text" value="00"/> Spouse <input type="text" value="00"/>		●		●	
	10. Interest income: (If over \$1,500, Attach AR4)	10	●		●	
	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="text" value="00"/> Spouse <input type="text" value="00"/>		●		●	
	18A. Primary employer pension plan(s)/qualified IRA(s): (See instructions, Attach all 1099Rs)	18A	●		●	
	Gross distribution <input type="text" value="00"/> Taxable amount <input type="text" value="00"/> Less \$6,000		●		●	
	18B. Spouse employer pension plan(s)/qualified IRA(s): (See instructions, Attach all 1099Rs)	18B	●		●	
	Gross distribution <input type="text" value="00"/> Taxable amount <input type="text" value="00"/> Less \$6,000		●		●	
	19. Rents, royalties, partnerships, estates, trusts, etc.: (Attach federal Schedule E)	19	●	-5,000.00	●	
	20. Farm income: (Attach federal Schedule F)	20	●		●	
	21. Unemployment: Primary/Joint <input type="text" value="00"/> Spouse <input type="text" value="00"/>	21	●		●	
	22. Other income/depreciation differences: (Attach Form AR-OI)	22	●		●	
	23. TOTAL INCOME: (Add lines 8 through 22)	23	●	73,185.00	●	
	24. TOTAL ADJUSTMENTS: (Attach Form AR1000ADJ)	24	●		●	
	25. ADJUSTED GROSS INCOME: (Subtract line 24 from line 23)	25	●	73,185.00	●	
	TAX COMPUTATION	26. Select tax table: (Select only one)	26			
		27. ● <input type="checkbox"/> Low income table (\$0), For low income qualifications see line 26 instructions				
		● <input checked="" type="checkbox"/> Standard deduction (\$2,200 or \$4,400 for filing status 2 only)				
		● <input type="checkbox"/> Itemized deductions (Attach AR3)	27	●	4,400.00	●
28. NET TAXABLE INCOME: (Subtract line 27 from line 25)		28	●	68,785.00	●	
29. TAX: (Enter tax from tax table)		29	●	3,282.00	●	
30. Combined tax: (Add amounts from line 29, columns A and B)		30			3,282.00	
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	●		3,282.00		
TAX CREDITS	34. Personal tax credit(s): (Enter total from line 7D)	34	●	58.00	●	
	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	●		58.00	
38. NET TAX: (Subtract line 37 from line 33. If line 37 is greater than line 33, enter 0)	38	●		3,224.00		
PAYMENTS	39. Arkansas income tax withheld: (Attach state copies of W-2 and/or 1099R, W2-G)	39	●	3,956.00	●	
	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	●		3,956.00	
45. AMENDED RETURNS ONLY - Previous refund: (See instructions)	45	●		●		
46. Adjusted total payments: (Subtract line 45 from line 44)	46	●		3,956.00		
REFUND OR TAX DUE	47. AMOUNT OF OVERPAYMENT/REFUND: (If line 46 is greater than line 38, enter difference)	47	●		732.00	
	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	●		732.00	
	51. AMOUNT DUE: (If line 46 is less than line 38, enter difference; If over \$1,000, continue to 52A)	TAX DUE 51	●		00	
	52A. UEP: Attach Form AR2210 or AR2210A. If required, enter exception in box 52A <input type="text" value="00"/> Penalty 52B <input type="text" value="00"/>		●		00	
52C. Add lines 51 and 52B: (See instructions)	TOTAL DUE 52C	●		00		

PAY ONLINE: Please visit our secure site ATAP (Arkansas Taxpayer Access Point) at www.atap.arkansas.gov. ATAP allows taxpayers or their representatives to log on, make payments and manage their account online. ATAP is available 24 hours.

PAY BY CREDIT CARD: (See instructions)

PAY BY MAIL: (See instructions)



ARKANSAS INDIVIDUAL INCOME TAX DECLARATION FOR ELECTRONIC FILING

Primary's Legal First Name and Middle Initial: PAVAN KUMAR REDDY; Last Name: YARRAMALA; Primary's Social Security Number: 081-89-3052; Spouse's Legal First Name and Middle Initial: BHARGAVI; Last Name: ALLE; Spouse's Social Security Number: 837-46-3619; Mailing Address: 1103 SW ANCHOR WAY, APT. 201; Telephone: (571) 474-9564; City: BENTONVILLE; State or Province: AR; ZIP: 72713; Check if address is outside U.S. Foreign Country: [ ]

Table with 3 columns: Line number, Description, Amount. Row 1: Total Income (Form AR1000F or AR1000NR, Line 23) 73,185.00; Row 2: Net Tax (Form AR1000F or AR1000NR, Line 38) 3,224.00; Row 3: State Income Tax Withheld (Form AR1000F or AR1000NR, Line 39) 3,956.00; Row 4: Refund (Form AR1000F or AR1000NR, Line 47) 732.00; Row 5: Tax Due (Form AR1000F or AR1000NR, Line 51) 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. 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: 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