## **£1040**

Department of the Treasury—Internal Revenue Service (99)

U.S. Individual Income Tax Return

2020

OMB No. 1545-007

IRS Use Only—Do not write or staple in this space.

Filing Status Check only one box.		Single  Married filing jointly bu checked the MFS box, enter the	_	ed filing separately your spouse. If you		_		, ,	_			. , . ,
	pers	son is a child but not your depende	nt ▶									
Your first name	and m	iddle initial	Last na	me					Your	soci	al security	number
BHARGAV	A RA	M	CHEK	URI	657	657-74-0924						
If joint return, s	pouse's	s first name and middle initial	Last na	me					Spou	se's	social secu	urity number
Home address	(numbe	er and street). If you have a P.O. box, se	ee instruction	ons.				Apt. no.	Presi	ident	ial Electio	n Campaign
201 SE I	RANG	ER BLVD						304			re if you, o	•
City, town, or p	ost offi	ce. If you have a foreign address, also	complete s	paces below.	Sta	ite	ZIP	code			0,	ly, want \$3 Checking a
BENTONV	ILLE				A	R	72	712			w will not o	•
Foreign country	y name		F	Foreign province/state	e/coun	ty	Fore	ign postal cod	le your	tax c	or refund.	Spouse
At any time du	ıring 20	D20, did you receive, sell, send, ex	change, c	or otherwise acquire	e any	financial intere	l est in	any virtual	l currenc\	 √?	Yes	⊠ No
Standard		eone can claim: You as a d										
Deduction		Spouse itemizes on a separate retu	•			•						
Age/Blindness	you:	: Were born before January 2,	1956	Are blind Sp	oouse	: Was bo	rn be	fore Januar	y 2, 195	6	☐ Is blir	nd
Dependents	s (see	instructions):		(2) Social securi	ty	(3) Relationsh	nip	(4) <b>✓</b> i	f qualifies	for (	see instruc	tions):
If more		irst name Last name		number		to you		Child tax		- 1		er dependents
than four									]			
dependents, see instruction	<u> </u>								]			
and check									]			]
here ▶ 🗌									]			]
	1	Wages, salaries, tips, etc. Attach	Form(s) \	N-2						1	13	7,250.
Attach	2a	Tax-exempt interest	2a		b 7	axable interes	t			2b		
Sch. B if required.	3a	Qualified dividends	3a	15.	<b>b</b> (	Ordinary divide	nds			3b		15.
	4a	IRA distributions	4a		b٦	axable amoun	ıt.			4b		
	5a	Pensions and annuities	5a		b٦	axable amoun	ıt.			5b		
Standard	6a	Social security benefits	6a		b٦	axable amoun	ıt.			6b		
Deduction for—	7	Capital gain or (loss). Attach Sch	edule D if	required. If not red	quirec	l, check here		🕨		7	1	0,784.
Single or Married filing	8	Other income from Schedule 1, I	ine 9							8		19.
separately, \$12,400	9	Add lines 1, 2b, 3b, 4b, 5b, 6b, 7	, and 8. T	his is your <b>total in</b>	come				▶	9	14	8,068.
Married filing	10	Adjustments to income:										
jointly or Qualifying	а	From Schedule 1, line 22				10	a					
widow(er), \$24,800	b	Charitable contributions if you tak	e the stan	ndard deduction. Se	e inst	ructions 10	b					
Head of	С	Add lines 10a and 10b. These are	<b>&gt;</b> 1	10c								
household, \$18,650	11	Subtract line 10c from line 9. This	s is your <b>a</b>	adjusted gross inc	ome				<b>•</b>	11	14	8,068.
If you checked	12	Standard deduction or itemize	d deducti	ions (from Schedul	le A)				. [	12	1	2,400.
any box under Standard	13	Qualified business income deduc	ction. Atta	ch Form 8995 or F	orm 8	3995-A				13		
Deduction, see instructions.	14	Add lines 12 and 13							. [	14	1	2,400.
230 111011 40110113.	15	Taxable income. Subtract line 1	4 from lin	e 11. If zero or less	s, ente	er -0				15	13	5,668.

Form 1040 (2020	))									Page <b>2</b>	
	16	Tax (see instructions). Check	if any from Form	(s): <b>1</b> 881	4 <b>2</b> 🗌 4972	3 🗌			16	26,638.	
	17	Amount from Schedule 2, lin	e3						17		
	18	Add lines 16 and 17							18	26,638.	
	19	Child tax credit or credit for	other dependen	ts					19		
	20	Amount from Schedule 3, lin	e7						20		
	21	Add lines 19 and 20							21		
	22	Subtract line 21 from line 18	. If zero or less,	enter -0					22	26,638.	
	23	Other taxes, including self-e	mployment tax,	from Schedule	e 2, line 10 .				23	0.	
	24	Add lines 22 and 23. This is	your <b>total tax</b>					. ▶	24	26,638.	
	25	Federal income tax withheld	from:								
	а	Form(s) W-2				25a	26,	150.			
	b	Form(s) 1099				25b					
	С	Other forms (see instructions	s)			25c					
	d	Add lines 25a through 25c	•						25d	26,150.	
	26	2020 estimated tax payment							26	,	
<ul> <li>If you have a L qualifying child,</li> </ul>	27	Earned income credit (EIC)				27					
attach Sch. EIC. F  If you have	28	Additional child tax credit. A				28					
nontaxable	29	American opportunity credit				29			1		
combat pay, see instructions.	30	Recovery rebate credit. See		*		30			-		
	31	Amount from Schedule 3, lin				31			-		
	32	Add lines 27 through 31. The					dits	. •	32		
	33	Add lines 25d, 26, and 32. T	•						33	26,150.	
	34	If line 33 is more than line 24							34	20,130.	
Refund	35a	Amount of line 34 you want				-	=	· ·	35a		
Direct deposit?	> b	Routing number X X X			► c Type:			_	JJa		
See instructions.	▶d	Account number X X X					—	avirigs			
	36	Amount of line 34 you want a				<u> </u>	크				
Amarint		•							27	488.	
Amount You Owe	37	Subtract line 33 from line 24		•					37	400.	
For details on		Note: Schedule H and Schedule SE filers, line 37 may not represent all of the taxes you owe for									
how to pay, see		2020. See Schedule 3, line 1	-								
instructions.	38	Estimated tax penalty (see in				38					
Third Party		you want to allow another structions					□Vaa Car	malata k	برمامير	X No	
Designee				Phone		. ▶ [	Yes. Cor	•		△ NO	
		esignee's me ▶		no.				nal identit er (PIN)			
Sign	Ur	der penalties of perjury, I declare to	hat I have examine		d accompanying sch	nedules a	nd statement	s. and to	the bes	st of my knowledge and	
•		lief, they are true, correct, and com									
Here	Yo	our signature		Date	Your occupation			If the	IRS ser	nt you an Identity	
	k.									IN, enter it here	
Joint return?	<b>b</b> -				SOFTWARE :		EER	<u> </u>	inst.) 🕨		
See instructions. Keep a copy for	Sp	ouse's signature. If a joint return, <b>b</b>	ooth must sign.	Date	Spouse's occupat	tion				nt your spouse an ection PIN, enter it here	
your records.		, lue								1 1 1 1 1 1	
	———Ph	one no. (415)818-5660	 5	Email address	CHEKURIBHAF	RGDV/@G	MATI. CON	1			
-		eparer's name	Preparer's signat	l .	CHEROKIDHAF	Date		PTIN		Check if:	
Paid		M PRIYA RAM SAGAR GUPTA TALLAM			GUPTA TALLAM			0208	2703	Self-employed	
Preparer		m's name ► GLOBAL TAX			COLIII IIIIIAI	.   00/2	J, 2021   1			678)965-9522	
Use Only		m's address > 2530 Pebb		n Cummin	a GA 30041				's EIN ▶		
Co to warm in -				Cammin		5511	20/00/04 555	1 (11111	3 LIN		
GO TO WWW.Irs.go	ov/rorr	m1040 for instructions and the late	st information.		BAA	REV (	08/30/21 PRO			Form <b>1040</b> (2020)	

## SCHEDULE 1 (Form 1040)

Additional Income and Adjustments to Income

OMB No. 1545-0074

2020
Attachment
Sequence No. 01

Department of the Treasury Internal Revenue Service

BHARGAVA RAM CHEKURI

Name(s) shown on Form 1040, 1040-SR, or 1040-NR

► Attach to Form 1040, 1040-SR, or 1040-NR.
 Go to www.irs.gov/Form1040 for instructions and the latest information.

Your social security number 657-74-0924

Par	t I Additional Income		
1	Taxable refunds, credits, or offsets of state and local income taxes	1	
2a	Alimony received	2a	
b	Date of original divorce or separation agreement (see instructions) ▶		
3	Business income or (loss). Attach Schedule C	3	
4	Other gains or (losses). Attach Form 4797	4	
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	5	
6	Farm income or (loss). Attach Schedule F	6	
7	Unemployment compensation	7	
8	Other income. List type and amount ▶ Other Income from box 3 of 1099-Misc 19.	8	19.
9	Combine lines 1 through 8. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8	9	19.
Par			
10	Educator expenses	10	
11	Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106	11	
12	Health savings account deduction. Attach Form 8889	12	
13	Moving expenses for members of the Armed Forces. Attach Form 3903	13	
14	Deductible part of self-employment tax. Attach Schedule SE	14	
15	Self-employed SEP, SIMPLE, and qualified plans	15	
16	Self-employed health insurance deduction	16	
17	Penalty on early withdrawal of savings	17	
18a	Alimony paid	18a	
b	Recipient's SSN		
С	Date of original divorce or separation agreement (see instructions) ▶		
19	IRA deduction	19	
20	Student loan interest deduction	20	
21	Tuition and fees deduction. Attach Form 8917	21	
22	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	22	

#### SCHEDULE D (Form 1040)

#### **Capital Gains and Losses**

OMB No. 1545-0074

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 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 Your social security number 657-74-0924 BHARGAVA RAM CHEKURI

#### Did you dispose of any investment(s) in a qualified opportunity fund during the tax year? If "Yes," attach Form 8949 and see its instructions for additional requirements for reporting your gain or loss. Short-Term Capital Gains and Losses - Generally Assets Held One Year or Less (see instructions) Part I See instructions for how to figure the amounts to enter on the (h) Gain or (loss) (g) Adjustments Subtract column (e) lines below. Proceeds Cost to gain or loss from from column (d) and This form may be easier to complete if you round off cents to Form(s) 8949, Part I, combine the result (sales price) (or other basis) whole dollars. with column (g) line 2. column (a) 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 . . . . . . . . . . . . . . . . . 72,272. 62,514. 1,026. 10,784. 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 . . . . . . . . . . . . . . . Short-term gain from Form 6252 and short-term gain or (loss) from Forms 4684, 6781, and 8824 4 Net short-term gain or (loss) from partnerships, S corporations, estates, and trusts from 5 Short-term capital loss carryover. Enter the amount, if any, from line 8 of your Capital Loss Carryover 6 Net short-term capital gain or (loss). Combine lines 1a through 6 in column (h), If you have any longterm capital gains or losses, go to Part II below. Otherwise, go to Part III on the back . . . . . . . . 7 10,784. 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 (h) Gain or (loss) (g) Adjustments Subtract column (e) (d) (e) lines below. Proceeds to gain or loss from from column (d) and Cost This form may be easier to complete if you round off cents to Form(s) 8949, Part II, (sales price) (or other basis) combine the result whole dollars. line 2. column (a) with column (a) 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 Totals for all transactions reported on Form(s) 8949 with Box E checked . . . . . . . . . . . . . . . . . . 10 Totals for all transactions reported on Form(s) 8949 with 11 Gain from Form 4797, Part I; long-term gain from Forms 2439 and 6252; and long-term gain or (loss) 11 12 Net long-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1 12 13 14 Long-term capital loss carryover. Enter the amount, if any, from line 13 of your Capital Loss Carryover 14 15 Net long-term capital gain or (loss). Combine lines 8a through 14 in column (h). Then, go to Part III 15

BAA

Schedule D (Form 1040) 2020 Page 2

#### Part III **Summary** 10,784. 16 Combine lines 7 and 15 and enter the result 16 • 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 • 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? ☐ **Yes.** Go to line 18. 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. and 22 below. If line 16 is a loss, enter here and on Form 1040, 1040-SR, or 1040-NR, line 7, the smaller of: 21 • The loss on line 16; or 21 • (\$3,000), or if married filing separately, (\$1,500) Note: When figuring which amount is smaller, treat both amounts as positive numbers. Do you have qualified dividends on Form 1040, 1040-SR, or 1040-NR, line 3a? 22 X 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.

#### Sales and Other Dispositions of Capital Assets

▶ 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.

OMB No. 1545-0074 Attachment Sequence No. 12A

Internal Revenue Service Name(s) shown on return

Department of the Treasury

Social security number or taxpayer identification number

657-74-0924

BHARGAVA RAM CHEKURI

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.

Short-Term. Transactions involving capital assets you held 1 year or less are generally short-term (see Part I

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 F	orm 1099-B				
1 (a) Description of property	(b) Date acquired	(c) Date sold or	(d) Proceeds	(e) Cost or other basis. See the <b>Note</b> below	If you enter an enter a co	f any, to gain or loss. amount in column (g), ode 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	<b>(g)</b> Amount of adjustment	from column (d) and combine the result with column (g)
ROBINHOOD CRYPTO LLC	01/01/20	10/28/20	3,549.	3,453.			96.
Robinhood Securities LLC	01/01/20	12/01/20	68,723.	59,061.	W	1,026.	10,688.
2 Totals. Add the amounts in columns negative amounts). Enter each total Schedule D, line 1b (if Box A above above is checked) or line 3 (if Box A)	al here and inc is checked), <b>lir</b>	lude on your ne 2 (if Box B	72 272	62 514		1 026	10 784

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.

## 2020 AR1000NR



## NR<sub>1</sub>

# ARKANSAS INDIVIDUAL INCOME TAX RETURN

## CHECK BOX IF AMENDED RETURN

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	Primary's legal first name		MI	Las	t name						Ob.		Prim	ary	's sc	ocia	Isea	curit	y num	ber	
	•BHARGAVA RAM		•	• C	HEKUF	RI				• [	Dece	eck if	6	57.	-74	1-0	92	4			
APE.	Spouse's legal first name	$\neg$	MI	Last	name														y num	ber	
USE LABEL (	•		•	•						• □	Che Dece	eck if	1 '					,	,		
AB P	Mailing address (number and street, P.O. box	or rural	route)								Dece	Jasec	+	hoo	L if c	-ddr	i	ic ou	ıtside l	18	
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를	on Maria Silvaria de la companya de				2020)			F	=		•	•	•								
ST	2.• Married filing joint (even if only		d income	∌)			5	.● [	_	larried Inter sp	_		-								
통호	3.● Head of household (see instruc						١.	Г	_												
FILING STATUS Check Only One Box	If the qualifying person was yo	ur child	d, but no	t your	depend	lent,	6	.● [		ualifyir								ıild			
<u> </u>	enter child's name here:						+			ear spo			<u> </u>					- 1 - 1		4	
• [	Check here if you want a tax bookle	t maile	ed to you	ı next	year.		•			ck thin aut									e ex	tens	sion
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	Dependents (Do not list yourself													-				Ш	—	—	27.
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	7D. TOTAL PERSONAL TAX CREE	ITS:	(Add line	s 7A, 7	'B, and 7	C. E	nter to	otal l	nere a	nd on l	ine 34	l)					7D	,			29.0
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PAID PREPARER	GLOBAL TAYES	ъμС				-															
L	E-mail SYAM@GTAXFILE.COM				CU	IMMI	NG	GA	300	041						$\perp$			8)9	<u> 55-</u>	9522
	Refund: Arkansas State Incom	ne Tax					Ta	χП	ue/l	No Ta	x:		Arkan P.O. E			Inco	me Ta	ax			
	Little Rock, AR 72203	-1000							3.5/1				Little I			7220	3-214	44			





**Primary SSN** 657-74-0924

Pri	ma	ry SSN <u>657-74-0924</u>								
		ROUND ALL AMOUNTS TO WHOLE DOLLARS	(A	) Primary/Joint Income		(B) Spouse's Inco Status 4 Onl		(C)	Arkansas Income Only	$\prod$
(S)	Ω	Wages salaries tips etc. (Attach W 2c)		137,250.	nn				49,000.	_
W-2(s)/1099(s)		Wages, salaries, tips, etc: (Attach W-2s) 8 Military pay: Primary ● 00 Spouse ● 00	H	137,230.	00	•	100		40,000.	100
1 5				ı	00		Loo			100
-2(s		Interest income: (If over \$1,500, Attach AR4)	•		00 00	-	00	_		00
		Dividend income: (If over \$1,500, Attach AR4)	•					_	0.	_
o o		Alimony and separate maintenance received:	•		00	-	00	_		00
1 5		Business or professional income: (Attach federal Schedule C)	•		00	•	00	_		00
o		Capital gains/(losses) from stocks, bonds, etc: (See instr. Attach federal Schedule D)14	•		00		00	_	0.	00
le ck		Other gains or (losses): (Attach federal Form 4797 and/or AR4684 if applicable)	•		00		00	-		00
풀		Non-qualified IRA distributions and taxable annuities: (Attach all 1099Rs)	•		00	•	00	•		00
INCOME Attach ch		Military retirement: Primary    O  Spouse   O  O  O  O  O  O  O  O  O  O  O  O  O								
\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\		.Primary employer pension plan(s)/qualified IRA(s):(Attach all 1099Rs)			^^					
ē		oss distribution 00 Taxable amt 00 \$6,000 18A	•		00		_	•		00
l å		.Spouse employer pension plan(s)/qualified IRA(s):(Attach all 1099Rs)	_		00		00	_		
s)60		oss distribution 00 Taxable amt 00 Less \$6,000 18B	-				+	-		00
109		Rents, royalties, partnerships, estates, trusts, etc.: (Attach federal Schedule E)19	•		00		00	_		00
W-2(s)/1099(s)		Farm income: (Attach federal Schedule F)			00	•	00	•		00
×-2		Unemployment: Primary/Joint 00 Spouse 000 21		10						
등		Other income/depreciation differences: (Attach Form AR-OI) See Stmt 22	•	19.			00	_	0.	
l tta		TOTAL INCOME: (Add lines 8 through 22)	•	148,068.			00	_	49,000.	_
`		TOTAL ADJUSTMENTS: (Attach Form AR1000ADJ)	•		00		00	_	40.000	00
	25.	ADJUSTED GROSS INCOME: (Subtract line 24 from line 23)	•	148,068.	00	•	00	•	49,000.	00
	26.	Select tax table: (Select only one) 26								
	27.	● Low income table (\$0), For low income qualifications see line 26 instructions					1			
S		● X Standard deduction (\$2,200 or \$4,400 for filing status 2 only)								
COMPUTATION		• Itemized deductions (Attach AR3)	•	2,200.	00	•	00			
15	28.	NET TAXABLE INCOME: (Subtract line 27 from line 25)	•	145,868.	00	•	00	1		
M		TAX: (Enter tax from tax table)		8,808.	00		00	1		
		Combined tax: (Add amounts from line 29, columns A and B)					30		8,808.	00
TAX		Enter tax from Lump Sum Distribution Averaging Schedule: (Attach AR1000TD)					.31	•		00
		Additional tax on IRA and qualified plan withdrawal and overpayment: (Attach federal For						•		00
		TOTAL TAX: (Add lines 30 through 32)						•	8,808.	00
<u></u>		Personal tax credit(s): (Enter total from line 7D)						•	29.	00
CREDITS		Child care credit: (20% of federal credit allowed; Attach federal Form 2441)								00
ᇤ		Other credits: (Attach AR1000TC)								00
_		TOTAL CREDITS: (Add lines 34 through 36)							29.	
TAX		NET TAX: (Subtract line 37 from line 33. If line 37 is greater than line 33, enter 0)							8,779.	
Z							. 38A		49,000.	_
		.Enter the amount from <b>line 25</b> , <b>Column C</b> :						-		
RA	300	Divide line 38A by 38B: (See instructions)		300		220000	. 300		140,000.	100
PRORATIC							200	<u></u>	2 005	Ιοο
-	-	APPORTIONED TAX LIABILITY: (Multiply line 38 by line 38C)						-	2,905. 2,957.	
		Arkansas income tax withheld: (Attach state copies of W-2 and/or 1099R, W2-G)						•	△, ソɔ/.	-
		Estimated tax paid or credit brought forward from 2019:						•		00
ပွ		Payment made with extension: (See instructions)						<u>•</u>		00
PAYMENTS		AMENDED RETURNS ONLY - Previous payments: (See instructions)					. 42	•		00
Ĭ₩.	43.	Early childhood program: Certification number:					40			00
Æ	11	(20% of federal credit; Attach federal Form 2441 and Form AR1000EC)							2,957.	
		TOTAL PAYMENTS: (Add lines 39 through 43)							4,931.	-
		AMENDED RETURNS ONLY - Previous refund: (See instructions)						•	2 057	00
$\vdash$	_	Adjusted total payments: (Subtract line 45 from line 44)						•	2,957.	_
DUE		AMOUNT OF OVERPAYMENT/REFUND: (If line 46 is greater than line 38D, enter d		_			. 47	•	52.	100
×		Amount to be applied to 2021 estimated tax:				00				
TAX		Amount of Check-Off contributions: (Attach Schedule AR1000-CO)				00				Icc
OR		AMOUNT TO BE REFUNDED TO YOU: (Subtract lines 48 and 49 from line 47)							52.	_
S S		AMOUNT DUE: (If line 46 is less than line 38D, enter difference; If over \$1,000, continue	_			TAX DUE	51	(3)		00
REFUND		.UEP: Attach Form AR2210 or AR2210A. If required, enter exception in box 52A	_	Penalty 52B ●		00		_		$\sqcup$
		Add lines 51 and 52B: (See instructions)								00
PA	Y ON	NLINE: Please visit our secure site ATAP (Arkansas Taxpayer Access Point) at www.at	-	_	AP	allows taxpayers	or th	eir re	oresentatives t	to
		log on, make payments and manage their account online. ATAP is available 24	hou	irs.						
		PAY BY CREDIT CARD: (See instructions)		PAY BY MA	٩IL	: (See instruction	ıs)		REV 05/29/21 PF	





# ARKANSAS INDIVIDUAL INCOME TAX OTHER INCOME/LOSS AND DEPRECIATION DIFFERENCES

Primary's legal name	Primary's social security number
BHARGAVA RAM CHEKURI	657-74-0924

**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.

Additions to Income	(A) Primary/Joint		(B) Spouse (Status 4	l)	(C) Arkansas Only
1. Federal depreciation: (Attach Schedule)		00		00	00
2. HSA and/or MSA taxable distributions		00		00	00
3. Long-term care insurance contracts		00		00	00
4. Gambling winnings: (Attach W2-G)4		00		00	00
5. Lottery / contest winnings: 5		00		00	00
6. Scholarships / fellowships / stipends: 6		00		00	00
7. Other: (Attach Schedule)	19.	00		00	0.00
8. INCOME TOTAL: (Add lines 1-7 and enter total): 8	19.	00		00	0.00

Culatura etia ma fue ma luca e ma e			
Subtractions from Income	(A) Primary/Joint	(B) Spouse (Status 4)	(C) Arkansas Only
9. State depreciation: (Attach Schedule)	С	0 0	00
10. Net operating loss: (Attach Form AR1000NOL)10	С	0	00
11. Foreign earned income exclusion:	С	0 0	00
12. Loss on excess deferral distribution	С	0 0	00
13. Other: (Attach Schedule)	C	0 0	00
14. LOSSES TOTAL: (Add lines 9-13 and enter total) 14	С	0 0	00
15. NET TOTAL: (Subtract line 14 from line 8 and enter total of each column on line 22 of Form AR1000F / AR1000NR).15	19.0	0 0	0.00





# ARKANSAS INDIVIDUAL INCOME TAX CAPITAL GAINS

Primary's legal name	Primary's social security number
BHARGAVA RAM CHEKURI	657-74-0924

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 71	0	0		00	0	00	C	00
2.	Enter adjustment, <b>if any</b> , for depreciation differe state amounts		2		00	0	0	C	00
3.	Arkansas long-term capital gain or loss. Add (or line 2		3	•	00	• 0	0	• C	00
4.	Enter federal net short-term capital loss, <b>if any</b> , reported on line 7, federal Schedule D4	0	0		00	0	0	С	00
5.	Enter adjustment, if any, for depreciation differe state amounts		5		00	0	0	C	00
6.	Arkansas net short-term capital loss. Add (or su line 5		6	•	00	• 0	0	• C	00
7a.	Arkansas net capital gain or loss. (If gain, subtiloss, add lines 6 and 3.)	ract line 6 from 3. If	a .	•	00	• 0	0	• C	00
7b.	If the amount on line 7a is over \$10,000,000, on If less than \$10,000,000, enter the total amount.		b .		00	0	0	С	00
8.	Arkansas taxable amount. If a gain multiply line 50 percent (.50), otherwise enter loss		8		00	0	0	C	00
9.	Enter federal short-term capital gain, <b>if any</b> , reported on line 7, federal Schedule D9	10,784.0	0	10,784.	00	0	0	0.0	00
10.		nces in federal and			00	0	0	C	00
11.	Arkansas short-term capital gain. Add (or subtraline 10		11	• 10,784.	00	• 0	0	• C	00
12.	Total taxable Arkansas capital gain or loss. Add (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/AR1000NI Enter line 12, column B on AR1000F/AR1000NI	s 1, 2, 3, and 6, r 5.) Enter here. ns A and B and enter R, line 14, column A.		10,784.	00	0	00	0.0	00



# ARKANSAS INDIVIDUAL INCOME TAX DECLARATION FOR ELECTRONIC FILING

Primary's Legal First Name and Middle Initial			Last Na	ime		Prim	Primary's Social Security Number							
	AVA RAM		• CHE	KURI		• 6	57-74	-0924						
Spouse's Le	gal First Name and Middle I	Initial	Last Na	ıme		Spo	use's Soc	cial Security Number	er					
						• •								
	<b>CESS (Number and Street, P.O. Box o</b>						phone							
201 SE City		T. 304 State or Province		ZIP			(415)818-5666 Check if address is outside U.S.							
						Foreign Countr		ide U.S.						
BENTONV PART I -	「エムレビ」 TAX RETURN INFORM	<u>AR</u> I <b>ATION</b> (Whole Dollars O	nlv)	72712										
		•					. 1	140.000	00					
	Income (Form AR1000F or						-	148,068.						
	Tax (Form AR1000F or AR1							2,905.	00					
	e Income Tax Withheld (For						$\overline{}$	2,957.	00					
	nd (Form AR1000F or AR1	•						52.	00					
	Due (Form AR1000F or AR						. 5		00					
PART II	- DECLARATION OF TA	XPAYER												
for the tax lia state return Under penal lines of the e consent to n of Arkansas and if rejecte and/or trans return electr	I consent that my refund be a joint return, this is an irrevent the bank account(s) shown I do not want direct deposit I authorize the State of Arkaform (AR TAX PMT).  I authorize the State of Arkaform (AR TAX PMT).  I authorize the State of Arkaform (AR EST PM da balance due return, I undability and all applicable interwill be rejected also.  Ities of perjury, I declare that electronic portion of my 2020 by ERO sending my return, to sending my ERO and/or traced, the reason(s) for the rejemitter the reason(s) for the dionically, I consent to the din of my tax return electronics.	coable appointment of the or on page 1 of the Form AF tof my refund or I am not reans as Income Tax Section Tax Se	ther spot and the	use as an agent to IR1000NR.  a refund.  e debit entries to not iate debit entries to form (AR EXT Properties)  s does not receive joint federal and so so and the amount the best of my known schedules and structure of transmissing or refund is deland addition, by usin	to my account as to my account as to my account as to my account.  To my account as to my account and time to the total and an in ayed, I author g a computer	s indicated on a sindicated on	the Arkan and on the amy tax lia return is r the amou in is true, cansas. I ether or n of Arkansa oftware to	asas Income Tax Para Arkansas Estimat ability, I will remain rejected, I understated to correct, and compalso consent to the lot my return is account to disclose to my prepare and transity	ayment  red Tax  I liable and my  onding blete. I e State epted, y ERO mit my					
Sign														
Here	Primary's Signature	Date			ouse's Signat			Date						
I declare that am only a co the return. I with a copy examined th	at I have reviewed the above ollector, I understand that I have obtained the taxpayer' of all forms and information he above taxpayer's return a te. This declaration of Paid	e taxpayer's return and that am not responsible for revi 's signature on Form AR84! to be filed with the State of and accompanying schedu	t the entrewing the 53 before Arkansa	ies on Form AR84 e taxpayer's retur e submitting this re s. If I am also the statements, and to	453 are comp n; I declare the eturn to the St Paid Prepare o the best of	lete and corre nat Form AR84 ate of Arkansa er, under pena my knowledge	153 accur is, and ha ties of pe	rately reflects the d ave provided the tax erjury I declare that	ata on xpayer I have					
ERO'S Use Only	ERO'S Signature  GLOBAL TAXES LLC Firm's name and address	Date		preparer	if self- employed GA 3	0041	Your SS 30-101 FE		<u> </u>					
my knowled	lties of perjury, I declare that lge and belief, they are true, Preparer's Signature		is declar <u>′2021</u> e	ation is based on Check - if self- employed	all information	n of which I have P02082 Prepare	nd statem ave any k 703 r's SSN o	ents, and to the be nowledge.	st of					
ose on	Firm's name and addre			TIN COMMITTING	. GA	20041		=1017196 EIN	_					

BHARGAVA RAM CHEKURI 657-74-0924 1

### Additional information from your 2020 Arkansas Tax Return

Form AR1000NR: NR/PY Individual Income Tax Return

Other Income Details Continuation Statement

Description	Amount
OTHER INCOME	0.