

Filing Status [X] Single [] 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

Your first name and middle initial: BHARGAVA RAM
Last name: CHEKURI
Your social security number: 657-74-0924
If joint return, spouse's first name and middle initial:
Last name:
Spouse's social security number:

Home address (number and street): 201 SE RANGER BLVD
Apt. no.: 304
City, town, or post office: BENTONVILLE
State: AR
ZIP code: 72712
Foreign country name:
Foreign province/state/county:
Foreign postal code:
Presidential Election Campaign: [] You [] Spouse

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 tax calculation table with columns for line numbers and amounts. Includes sub-columns for 2a, 3a, 4a, 5a, 6a, 10a, 10b, 10c, 11, 12, 13, 14, 15. Total taxable income: 135,668.

For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate 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 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
BHARGAVA RAM CHEKURI

Your social security number
657-74-0924

Part 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 ▶ <u>Other Income from box 3 of 1099-Misc</u> 19.	8	19.
9	Combine lines 1 through 8. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8	9	19.

Part II Adjustments to Income

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 ▶ _____		
c	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 adjustments to income . 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

2020

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
BHARGAVA RAM CHEKURI

Your social security number
657-74-0924

Did you dispose of any investment(s) in a qualified opportunity fund during the tax year? **Yes** **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)

See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part I, line 2, column (g)	(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	72,272.	62,514.	1,026.	10,784.
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 (loss) from Forms 4684, 6781, and 8824				4
5 Net short-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1				5
6 Short-term capital loss carryover. Enter the amount, if any, from line 8 of your Capital Loss Carryover Worksheet in the instructions				6 ()
7 Net short-term capital gain or (loss). Combine lines 1a through 6 in column (h). If you have any long-term 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 lines below. This form may be easier to complete if you round off cents to whole dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part II, line 2, column (g)	(h) Gain or (loss) Subtract column (e) 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 Gain from Form 4797, Part I; long-term gain from Forms 2439 and 6252; and long-term gain or (loss) from Forms 4684, 6781, and 8824				11
12 Net long-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1				12
13 Capital gain distributions. See the instructions				13
14 Long-term capital loss carryover. Enter the amount, if any, from line 13 of your Capital Loss Carryover Worksheet in the instructions				14 ()
15 Net long-term capital gain or (loss). Combine lines 8a through 14 in column (h). Then, go to Part III on the back				15

Part III Summary

16	Combine lines 7 and 15 and enter the result	16	10,784.
	<ul style="list-style-type: none"> • 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? <input type="checkbox"/> Yes. Go to line 18. <input checked="" type="checkbox"/> 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? <input type="checkbox"/> 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. <input type="checkbox"/> 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: <ul style="list-style-type: none"> • The loss on line 16; or • (\$3,000), or if married filing separately, (\$1,500) } <p>Note: When figuring which amount is smaller, treat both amounts as positive numbers.</p>	21	()
22	Do you have qualified dividends on Form 1040, 1040-SR, or 1040-NR, line 3a? <input checked="" type="checkbox"/> Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Forms 1040 and 1040-SR, line 16. <input type="checkbox"/> No. Complete the rest of Form 1040, 1040-SR, or 1040-NR.		

2020 AR1000NR



NR1

ARKANSAS INDIVIDUAL
INCOME TAX RETURN
Nonresident and Part Year Resident
Jan. 1 - Dec. 31, 2020 or fiscal year ending _____, 20__ •

CHECK BOX IF
AMENDED RETURN

Software ID

PROSERIES

USE LABEL OR PRINT OR TYPE	Primary's legal first name • BHARGAVA RAM	MI •	Last name • CHEKURI	Check if Deceased <input type="checkbox"/>	Primary's social security number • 657-74-0924
	Spouse's legal first name •	MI •	Last name •	Check if Deceased <input type="checkbox"/>	Spouse's social security number •
	Mailing address (number and street, P.O. box or rural route) • 201 SE RANGER BLVD , APT. 304				<input type="checkbox"/> Check if address is outside U.S.
	City • BENTONVILLE	State or province • AR	ZIP • 72712	Foreign country name	

ATTACH A COPY OF YOUR COMPLETE FEDERAL RETURN

NONRESIDENT: List state of residence: _____

PART YEAR RESIDENT: Dates lived in AR: From: 08/02/2020 To: 12/31/2020

FILING STATUS Check Only One Box	1. <input checked="" 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 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) (Filing status 3 only) (Filing status 6 only)
	<input 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 = 29.00					
	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 <input type="checkbox"/> X \$29 = 00						
7C. Multiply number of qualifying individuals from AR1000RC5 (see instructions) 7C <input type="checkbox"/> X \$500 = 00						
7D. TOTAL PERSONAL TAX CREDITS: (Add lines 7A, 7B, and 7C. Enter total here and on line 34) 7D 29.00						

I D	DL# / State ID <u>CHEKUBR103LQ</u> Your state <u>WA</u> Issue date (mm/dd/yyyy) <u>05/11/2016</u> Expiration date (mm/dd/yyyy) <u>06/18/2022</u>
	DL# / State ID _____ Spouse state _____ Issue date (mm/dd/yyyy) _____ Expiration date (mm/dd/yyyy) _____

Direct deposit allowed to U.S. banks only. Check if either deposit(s) will ultimately be placed in a foreign account.

Routing Number 1 • <input type="checkbox"/> 3 2 2 2 7 1 6 2 7	Account Number 1 • <input checked="" type="checkbox"/> Checking or <input type="checkbox"/> Savings • 5 0 7 2 8 9 2 6 7	Direct deposit 1 Amt • 52.00
Routing Number 2 •	Account Number 2 • <input type="checkbox"/> Checking or <input type="checkbox"/> Savings •	Direct deposit 2 Amt • 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.

PLEASE SIGN HERE	Primary's signature	Date	Telephone (415) 818-5666	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 SYAM PRIYA RAM SAGAR GUPTA TALLAM	PTIN/ID number • 09/23/2021 301017196	For Department Use Only	
	Preparer's name GLOBAL TAXES LLC	City/State/ZIP CUMMING GA 30041	A	•
	E-mail SYAM@GTAXFILE.COM	Telephone (678) 965-9522		

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
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Primary SSN 657-74-0924

ROUND ALL AMOUNTS TO WHOLE DOLLARS		(A) Primary/Joint Income	(B) Spouse's Income Status 4 Only	(C) Arkansas Income 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	● 137,250.00	●	● 49,000.00	
	9. Military pay: Primary ● 00 Spouse ● 00				
	10. Interest income: (If over \$1,500, Attach AR4) 10	●	●	●	
	11. Dividend income: (If over \$1,500, Attach AR4) 11	● 15.00	●	● 0.00	
	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 instr. Attach federal Schedule D) 14	● 10,784.00	●	● 0.00	
	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 ● 00 Spouse ● 00				
	18A. Primary employer pension plan(s)/qualified IRA(s): (Attach all 1099Rs)				
	Gross distribution ● 00 Taxable amt ● 00 Less \$6,000	18A ●	00	● 00	
	18B. Spouse employer pension plan(s)/qualified IRA(s): (Attach all 1099Rs)				
	Gross distribution ● 00 Taxable amt ● 00 Less \$6,000	18B ●	00	● 00	
	19. Rents, royalties, partnerships, estates, trusts, etc.: (Attach federal Schedule E) 19	●	●	●	
	20. Farm income: (Attach federal Schedule F) 20	●	●	●	
	21. Unemployment: Primary/Joint ● 00 Spouse ● 00	21			
	22. Other income/depreciation differences: (Attach Form AR-OI) See Stmt 22	● 19.00	●	● 0.00	
	23. TOTAL INCOME: (Add lines 8 through 22) 23	● 148,068.00	●	● 49,000.00	
	24. TOTAL ADJUSTMENTS: (Attach Form AR1000ADJ) 24	●	●	●	
	25. ADJUSTED GROSS INCOME: (Subtract line 24 from line 23) 25	● 148,068.00	●	● 49,000.00	
	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	● 2,200.00	●	● 00
28. NET TAXABLE INCOME: (Subtract line 27 from line 25) 28		● 145,868.00	●	● 00	
29. TAX: (Enter tax from tax table) 29		● 8,808.00	●	● 00	
30. Combined tax: (Add amounts from line 29, columns A and B) 30				● 8,808.00	
31. Enter tax from Lump Sum Distribution Averaging Schedule: (Attach AR1000TD) 31			● 00		
32. Additional tax on IRA and qualified plan withdrawal and overpayment: (Attach federal Form 5329, if required) 32			● 00		
33. TOTAL TAX: (Add lines 30 through 32) 33			● 8,808.00		
TAX CREDITS	34. Personal tax credit(s): (Enter total from line 7D) 34			● 29.00	
	35. Child care credit: (20% of federal credit allowed; Attach federal Form 2441) 35			● 00	
	36. Other credits: (Attach AR1000TC) 36			● 00	
	37. TOTAL CREDITS: (Add lines 34 through 36) 37			● 29.00	
	38. NET TAX: (Subtract line 37 from line 33. If line 37 is greater than line 33, enter 0) 38			● 8,779.00	
PRORATION	38A. Enter the amount from line 25, Column C: 38A			● 49,000.00	
	38B. Enter the total amount from line 25, Columns A and B: 38B			● 148,068.00	
	38C. Divide line 38A by 38B: (See instructions) 38C		● .330929		
	38D. APPORTIONED TAX LIABILITY: (Multiply line 38 by line 38C) 38D			● 2,905.00	
PAYMENTS	39. Arkansas income tax withheld: (Attach state copies of W-2 and/or 1099R, W-2-G) 39			● 2,957.00	
	40. Estimated tax paid or credit brought forward from 2019: 40			● 00	
	41. Payment made with extension: (See instructions) 41			● 00	
	42. AMENDED RETURNS ONLY - Previous payments: (See instructions) 42			● 00	
	43. Early childhood program: Certification number: _____ (20% of federal credit; Attach federal Form 2441 and Form AR1000EC) 43			● 00	
	44. TOTAL PAYMENTS: (Add lines 39 through 43) 44			● 2,957.00	
	45. AMENDED RETURNS ONLY - Previous refund: (See instructions) 45			● 00	
46. Adjusted total payments: (Subtract line 45 from line 44) 46			● 2,957.00		
REFUND OR TAX DUE	47. AMOUNT OF OVERPAYMENT/REFUND: (If line 46 is greater than line 38D, enter difference) 47			● 52.00	
	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	☺		● 52.00	
	51. AMOUNT DUE: (If line 46 is less than line 38D, 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 ● Penalty 52B ● 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
OTHER INCOME/LOSS AND DEPRECIATION DIFFERENCES

Primary's legal name BHARGAVA RAM CHEKURI	Primary's social security number 657-74-0924
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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)	(C) Arkansas Only
1. Federal depreciation: (Attach Schedule) 1	00	00	00
2. HSA and/or MSA taxable distributions 2	00	00	00
3. Long-term care insurance contracts 3	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) 7	19.00	00	0.00
8. INCOME TOTAL: (Add lines 1-7 and enter total): 8	19.00	00	0.00

Subtractions from Income

	(A) Primary/Joint	(B) Spouse (Status 4)	(C) Arkansas Only
9. State depreciation: (Attach Schedule) 9	00	00	00
10. Net operating loss: (Attach Form AR1000NOL) 10	00	00	00
11. Foreign earned income exclusion: 11	00	00	00
12. Loss on excess deferral distribution 12	00	00	00
13. Other: (Attach Schedule) 13	00	00	00
14. LOSSES TOTAL: (Add lines 9-13 and enter total) 14	00	00	00
15. NET TOTAL: (Subtract line 14 from line 8 and enter total of each column on line 22 of Form AR1000F / AR1000NR). 15	19.00	00	0.00



**ARKANSAS INDIVIDUAL INCOME TAX
CAPITAL GAINS**

Primary's legal name BHARGAVA RAM CHEKURI	Primary's social security number 657-74-0924
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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 7.....1	00	00	00	00
2. Enter adjustment, if any, for depreciation differences in federal and state amounts.....2		00	00	00
3. Arkansas long-term capital gain or loss. Add (or subtract) line 1 and line 2.....3	●	00 ●	00 ●	00
4. Enter federal net short-term capital loss, if any, reported on line 7, federal Schedule D4	00	00	00	00
5. Enter adjustment, if any, for depreciation differences in federal and state amounts.....5		00	00	00
6. Arkansas net short-term capital loss. Add (or subtract) line 4 and line 5.....6	●	00 ●	00 ●	00
7a. Arkansas net capital gain or loss. (If gain, subtract line 6 from 3. If loss, add lines 6 and 3.).....7a	●	00 ●	00 ●	00
7b. If the amount on line 7a is over \$10,000,000, only enter \$10,000,000. If less than \$10,000,000, enter the total amount.....7b		00	00	00
8. Arkansas taxable amount. If a gain multiply line 7b by 50 percent (.50), otherwise enter loss.....8		00	00	00
9. Enter federal short-term capital gain, if any, reported on line 7, federal Schedule D.....9	10,784.00	10,784.00	00	0.00
10. Enter adjustment, if any, for depreciation differences in federal and state amounts.....10		00	00	00
11. Arkansas short-term capital gain. Add (or subtract) line 9 and line 10.....11	●	10,784.00 ●	00 ●	00
12. Total taxable Arkansas capital gain or loss. Add lines 8 and 11. (Loss limited to \$3,000, for filing status 1, 2, 3, and 6, \$1,500 per taxpayer if filing status 4 or 5.) Enter here. Filing status 1,2,3,5 and 6: Add line 12, columns A and B and enter on AR1000F/AR1000NR, line 14. Filing status 4: Enter line 12, column A on AR1000F/AR1000NR, line 14, column A. Enter line 12, column B on AR1000F/AR1000NR, line 14, column B.		10,784.00	00	0.00



ARKANSAS INDIVIDUAL INCOME TAX
DECLARATION FOR ELECTRONIC FILING

Primary's Legal First Name and Middle Initial ● BHARGAVA RAM		Last Name ● CHEKURI		Primary's Social Security Number ● 657-74-0924	
Spouse's Legal First Name and Middle Initial		Last Name		Spouse's Social Security Number ●	
Mailing Address (Number and Street, P.O. Box or Rural Route) 201 SE RANGER BLVD , APT. 304				Telephone ● (415) 818-5666	
City BENTONVILLE	State or Province AR	ZIP 72712	<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	148,068.	00
2. Net Tax (Form AR1000F or AR1000NR, Line 38).....	2	2,905.	00
3. State Income Tax Withheld (Form AR1000F or AR1000NR, Line 39).....	3	● 2,957.	00
4. Refund (Form AR1000F or AR1000NR, Line 47).....	4	52.	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 _____ 09/23/2021 _____
 ERO'S Signature Date Check if paid preparer Check if self-employed Your SSN or PTIN
 GLOBAL TAXES LLC 2530 PEBBLE CREEK LN CUMMING GA 30041 30-1017196
 Firm's name and address 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 _____ 09/23/2021 _____
 Preparer's Signature Date Check if self-employed P02082703
 SYAM PRIYA RAM SAGAR GUPTA TALLAM 2530 PEBBLE CREEK LN CUMMING GA 30041 30-1017196
 Firm's name and address FEIN

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.