

IRS e-file Signature Authorization

▶ ERO must obtain and retain completed Form 8879.
▶ Go to www.irs.gov/Form8879 for the latest information.

Submission Identification Number (SID) ▶

Taxpayer's name BHASKAR REDDY YELUGURI	Social security number 879-50-4364
Spouse's name	Spouse's social security number

Part I Tax Return Information – Tax Year Ending December 31, 2020 (Enter year you are authorizing.)

Enter whole dollars only on lines 1 through 5.

Note: Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.

1 Adjusted gross income	1	76,027.
2 Total tax	2	9,788.
3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099	3	9,375.
4 Amount you want refunded to you	4	
5 Amount you owe	5	413.

Part II Taxpayer Declaration and Signature Authorization (Be sure you get and keep a copy of your return)

Under penalties of perjury, I declare that I have examined a copy of the income tax return (original or amended) I am now authorizing, and to the best of my knowledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I above are the amounts from the income tax return (original or amended) I am now authorizing. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution to debit the entry to this account. This authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate the authorization. To revoke (cancel) a payment, I must contact the U.S. Treasury Financial Agent at **1-888-353-4537**. Payment cancellation requests must be received no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I further acknowledge that the personal identification number (PIN) below is my signature for the income tax return (original or amended) I am now authorizing and, if applicable, my Electronic Funds Withdrawal Consent.

Taxpayer's PIN: check one box only

- I authorize GLOBAL TAXES LLC to enter or generate my PIN

0	4	3	6	4
---	---	---	---	---

 as my signature on the income tax return (original or amended) I am now authorizing.
- I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box **only** if you are entering your own PIN **and** your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Your signature ▶ _____ Date ▶ _____

Spouse's PIN: check one box only

- I authorize _____ to enter or generate my PIN

--	--	--	--	--

 as my signature on the income tax return (original or amended) I am now authorizing.
- I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box **only** if you are entering your own PIN **and** your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Spouse's signature ▶ _____ Date ▶ _____

Practitioner PIN Method Returns Only—continue below

Part III Certification and Authentication – Practitioner PIN Method Only

ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN.

5	8	7	2	7	8	6	1	9	8	9
---	---	---	---	---	---	---	---	---	---	---

Don't enter all zeros

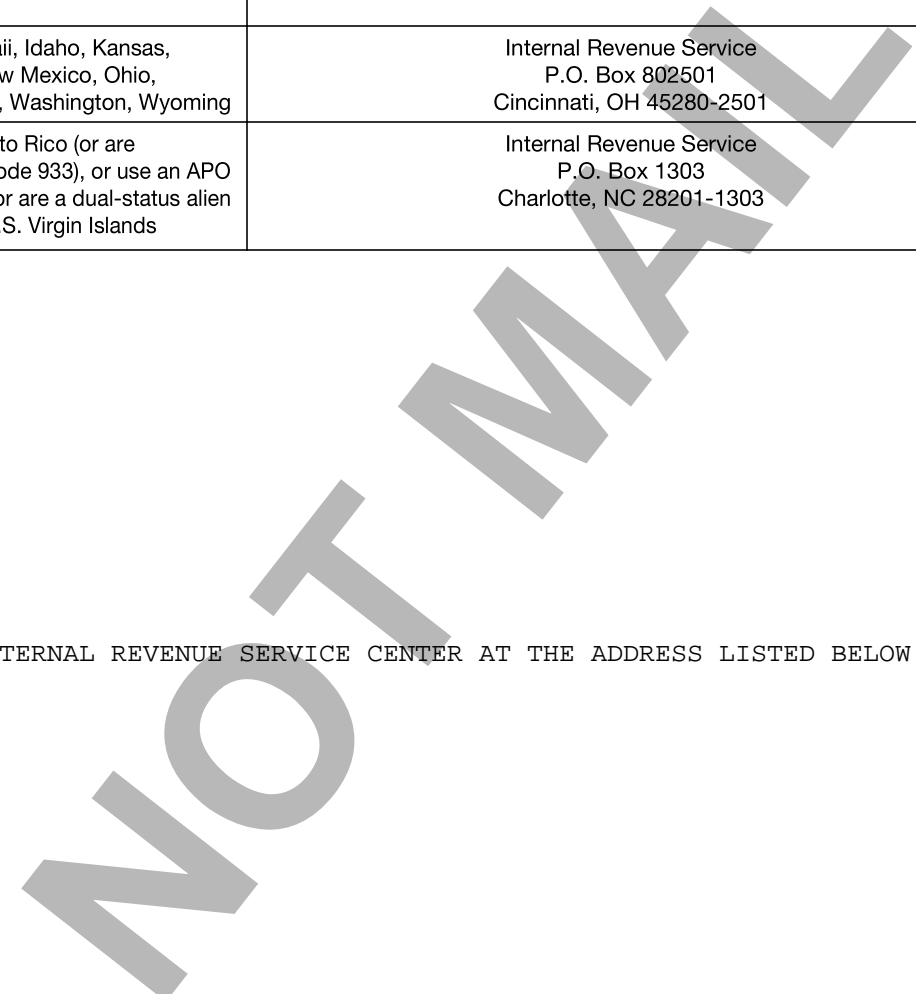
I certify that the above numeric entry is my PIN, which is my signature for the electronic individual income tax return (original or amended) I am now authorized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and **Pub. 1345**, Handbook for Authorized IRS e-file Providers of Individual Income Tax Returns.

ERO's signature ▶ _____ Date ▶ _____

**ERO Must Retain This Form – See Instructions
Don't Submit This Form to the IRS Unless Requested To Do So**

IF you live in . . .	THEN use this address to send in your payment . . .
Alabama, Florida, Georgia, Louisiana, Mississippi, North Carolina, South Carolina, Tennessee, Texas	Internal Revenue Service P.O. Box 1214 Charlotte, NC 28201-1214
Arkansas, Connecticut, Delaware, District of Columbia, Illinois, Indiana, Iowa, Kentucky, Maine, Maryland, Massachusetts, Minnesota, Missouri, New Hampshire, New Jersey, New York, Oklahoma, Pennsylvania, Rhode Island, Vermont, Virginia, West Virginia, Wisconsin	Internal Revenue Service P.O. Box 931000 Louisville, KY 40293-1000
Alaska, Arizona, California, Colorado, Hawaii, Idaho, Kansas, Michigan, Montana, Nebraska, Nevada, New Mexico, Ohio, Oregon, North Dakota, South Dakota, Utah, Washington, Wyoming	Internal Revenue Service P.O. Box 802501 Cincinnati, OH 45280-2501
A foreign country, American Samoa, or Puerto Rico (or are excluding income under Internal Revenue Code 933), or use an APO or FPO address, or file Form 2555 or 4563, or are a dual-status alien or nonpermanent resident of Guam or the U.S. Virgin Islands	Internal Revenue Service P.O. Box 1303 Charlotte, NC 28201-1303

MAIL FORM 1040-V TO THE INTERNAL REVENUE SERVICE CENTER AT THE ADDRESS LISTED BELOW.



▼ Detach Here and Mail With Your Payment and Return ▼

Department of the Treasury
Internal Revenue Service (99)

2020

Form 1040-V Payment Voucher

- ▶ Use this voucher when making a payment with Form 1040.
- ▶ Do not staple this voucher or your payment to Form 1040.
- ▶ Make your check or money order payable to the 'United States Treasury.'
- ▶ Write your social security number (SSN) on your check or money order.

Enter the amount of your payment ▶	413.
--	-------------

REV 03/06/21 PRO 1555

BHASKAR REDDY YELUGURI
3502 SW DEERFIELD BLVD, #1
BENTONVILLE AR 72713

INTERNAL REVENUE SERVICE
P.O. BOX 931000
LOUISVILLE, KY 40293-1000

Filing Status 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 BHASKAR REDDY	Last name YELUGURI	Your social security number 879-50-4364
If joint return, spouse's first name and middle initial	Last name	Spouse's social security number

Home address (number and street). If you have a P.O. box, see instructions. 3502 SW DEERFIELD BLVD, #1		Apt. no.	Presidential Election Campaign Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund. <input checked="" type="checkbox"/> You <input type="checkbox"/> Spouse
City, town, or post office. If you have a foreign address, also complete spaces below. BENTONVILLE	State AR	ZIP code 72713	
Foreign country name	Foreign province/state/county	Foreign postal code	

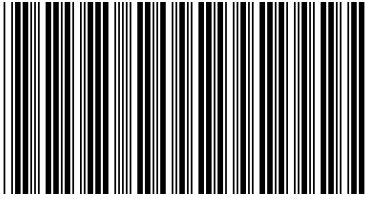
At any time during 2020, did you receive, sell, send, exchange, or otherwise acquire any financial interest in any virtual currency? Yes No

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

	(1) First name	Last name	(2) Social security number	(3) Relationship to you	(4) <input checked="" type="checkbox"/> if qualifies for (see instructions):	Child tax credit	Credit for other dependents
If more than four dependents, see instructions and check here ▶ <input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	1 Wages, salaries, tips, etc. Attach Form(s) W-2	1	76,027.
Attach Sch. B if required.	2a Tax-exempt interest	2a	
	3a Qualified dividends	3a	
	4a IRA distributions	4a	
	5a Pensions and annuities	5a	
	6a Social security benefits	6a	
	7 Capital gain or (loss). Attach Schedule D if required. If not required, check here ▶ <input type="checkbox"/>	7	
	8 Other income from Schedule 1, line 9	8	0.
	9 Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income ▶	9	76,027.
Standard Deduction for— • Single or Married filing separately, \$12,400 • Married filing jointly or Qualifying widow(er), \$24,800 • Head of household, \$18,650 • If you checked any box under Standard Deduction, see instructions.	10 Adjustments to income:		
	a From Schedule 1, line 22	10a	
	b Charitable contributions if you take the standard deduction. See instructions	10b	
	c Add lines 10a and 10b. These are your total adjustments to income ▶	10c	
	11 Subtract line 10c from line 9. This is your adjusted gross income ▶	11	76,027.
	12 Standard deduction or itemized deductions (from Schedule A)	12	12,400.
	13 Qualified business income deduction. Attach Form 8995 or Form 8995-A	13	
	14 Add lines 12 and 13	14	12,400.
	15 Taxable income. Subtract line 14 from line 11. If zero or less, enter -0-	15	63,627.



0130201010

2020 NJ-1040NR-V PAYMENT VOUCHER

Payment by Credit Card

You may pay your 2020 New Jersey income taxes or make payment of estimated tax for 2021 by credit card by visiting the Division's website at www.njtaxation.org and selecting "Make a Payment".

Payment by E-Check

You may pay your 2020 New Jersey income taxes or make a payment of estimated tax for 2021 by e-check. This option is available on the Division's Website at: www.njtaxation.org. Taxpayers who do not have access to the Internet can make a payment by calling the Division's Customer Service Call Center at 609-292-6400. **Do not use the payment voucher if you pay your taxes by e-check.**

Payment by Check

If you are paying your 2020 New Jersey income taxes, with your return, by check, be sure to enclose the payment voucher printed below with your check or money order. Mail to: State of New Jersey, Division of Taxation, Revenue Processing Center, PO Box 244, Trenton, NJ 08646-0244.

If you are paying your 2020 New Jersey income taxes, separate from your return, by check, be sure to enclose the payment voucher printed below with your check or money order. Mail to: State of New Jersey, Division of Taxation, Revenue Processing Center, PO Box 643, Trenton, NJ 08646-0643.

If you are making your first installment payment of estimated tax for 2021, use separate checks or money orders for each payment. Send your 2021 estimated tax payment with a NJ-1040-ES voucher to: State of New Jersey, Division of Taxation, Revenue Processing Center, PO Box 222, Trenton, NJ 08646-0222.

DO NOT CUT THIS PAGE

New Jersey Gross Income Tax
Nonresident Payment Voucher
NJ-1040NR-V

879-50-4364 YELU
YELUGURI, BHASKAR REDDY
3502 SW DEERFIELD BLVD, #1
BENTONVILLE, AR 72713

1555 2020

Make your check payable to 'State of New Jersey - TGI'.
Write your social security # and tax year on your check.

State of New Jersey
Division of Taxation
Revenue Processing Center
PO Box 643
Trenton, NJ 08646-0643

Enter amount of payment here:

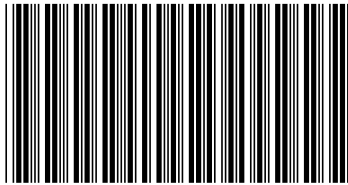
29.00



2020 NJ-1040NR
New Jersey Nonresident Income Tax Return

For Privacy Act Notification, See Instructions

NJ-1040NR
2020
Page 1



040NV01200

For Taxable Year January 1, 2020 – December 31, 2020 or Other Tax Year
Beginning _____, 2020 Ending _____, 2021

1555

Your Social Security Number
879504364

Last Name, First Name, Initial (Joint filers enter first name and middle initial of each. Enter spouse/CU partner last name only if different.)
YELUGURI BHASKAR REDDY

Spouse's/CU Partner's Social Security Number

State of Residency (outside NJ)
Arkansas

Home Address (Number and Street, incl. apt. # or rural route)
3502 SW DEERFIELD BLVD, #1

Driver's License # (Voluntary)

State

City, Town, Post Office

State

ZIP Code

BENTONVILLE

AR

72713

This is an amended return

Federal extension application attached or enter confirmation number _____

The address above is a foreign address

Your address has changed

Death certificate for deceased taxpayer is attached (See instructions page 9)

I authorize the Division of Taxation to discuss my return and enclosures with my preparer

NJ Residency Status If you were a New Jersey resident for ANY part of the tax year, give the period of New Jersey residency.

From:

To:

Gubernatorial Elections Fund

Do you wish to designate \$1 of your taxes for this fund? If joint return, does your spouse/CU partner wish to designate \$1? Note: If you check the "Yes" box(es), it will not increase your tax or reduce your refund.

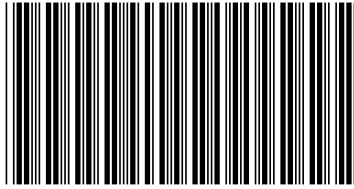
Yes

No

Yes

No





040NV02200

Name(s) as shown on Form NJ-1040NR
YELUGURI BHASKAR REDDY

Your Social Security Number
879504364

1555

Filing Status
(Check only ONE box)

- 1. Single
- 2. Married/CU Couple, filing joint return
- 3. Married/CU Partner, filing separate return
- 4. Head of Household
- 5. Qualifying Widow(er)/Surviving CU Partner

Name and SSN of Spouse/CU Partner

Exemptions

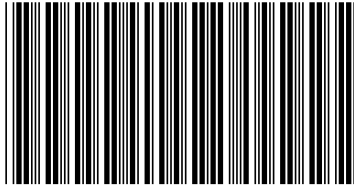
- 6. Regular Self Spouse/CU Partner Domestic Partner 6. 1
- 7. Age 65 or over Self Spouse/CU Partner 7.
- 8. Blind or Disabled Self Spouse/CU Partner 8.
- 9. Veteran Exemption Self Spouse/CU Partner 9.
- 10. Number of your qualified dependent children 10.
- 11. Number of other dependents 11.
- 12. Dependents attending colleges (See Instructions) 12.
- 13. For line 13a – Add lines 6, 7, 8, and 12. For line 13b – Add lines 10 and 11. For line 13c – Enter amount from line 9. 13a. 1 13b. 13c.

Dependent Information

- 14. Dependent's Last Name, First Name, Middle Initial _____ Dependent's Social Security Number _____ Birth Year _____
- a. _____
- b. _____
- c. _____
- d. _____

COL. A - AMOUNT OF GROSS INCOME (EVERYWHERE) COL. B - AMOUNT FROM NEW JERSEY SOURCES

15. Wages, salaries, tips, and other employee compensation	15.	76027	.	15.	15510	.
Check box if you completed lines 66 through 72						
16. Interest	16.	.	.	16.	.	.
17. Dividends	17.	.	.	17.	.	.
18. Net profits from business (Schedule NJ-BUS-1, Part I, line 4)	18.	.	.	18.	.	.
19. Net gains or income from disposition of property (From line 65)	19.	.	.	19.	.	.
20. Net gains or income from rents, royalties, patents, and copyrights (Schedule NJ-BUS-1, Part II, line 4)	20.	.	.	20.	.	.
21. Net gambling winnings (See Instructions)	21.	.	.	21.	.	.
22. Pensions, Annuities, and IRA Withdrawals	22.	.	.	22.	.	.
23. Distributive Share of Partnership Income (Schedule NJ-BUS-1, Part III, line 4)	23.	.	.	23.	.	.
24. Net pro rata share of S Corporation Income (Schedule NJ-BUS-1, Part IV, line 4)	24.	.	.	24.	.	.
25. Alimony and separate maintenance payments received	25.	.	.	25.	.	.
26. Other – State Nature and Source _____	26.	.	.	26.	.	.
27. TOTAL INCOME (Add lines 15 through 26)	27.	76027	.	27.	15510	.
28a. Pension Exclusion (See Instructions)	28a.	.	.	28a.	.	.
28b. Other Retirement Income Exclusion (See Worksheet and Instructions)	28b.	.	.	28b.	.	.
28c. Total Exclusion Amount (Add line 28a and line 28b)	28c.	.	.	28c.	.	.
29. Gross Income (Subtract line 28c from line 27)	29.	76027	.	29.	15510	.
30. Total Exemption Amount (See Instructions)	30.	1000	.			
31. Medical Expenses (See Worksheet and Instructions)	31.	.	.			
32. Alimony and separate maintenance payments	32.	.	.			
33. Qualified Conservation Contribution	33.	.	.			
34. Health Enterprise Zone Deduction	34.	.	.			
35. Alternative Business Calculation Adjustment (Schedule NJ-BUS-2, line 11)	35.	0	.			



040NV03200

Name(s) as shown on Form NJ-1040NR
YELUGURI BHASKAR REDDY

Your Social Security Number
879504364

1555

36. Organ/Bone Marrow Donation Deduction (See instructions)	36.	.	.
37. Total Exemptions and Deductions (Add lines 30 through 36)	37.	1000	.
38. TAXABLE INCOME (Subtract line 37 from line 29, column A)	38.	75027	.
39. Tax on amount on line 38 (From Tax Table page 34)	39.	2653	.
40. Income Percentage B. (line 29) / A. (line 29) = <u>20.40</u> %			
41. NEW JERSEY TAX (Multiply amount from line 39 by income percentage from line 40)	41.		541 .
42. Sheltered Workshop Tax Credit (Enclose GIT-317. See Instructions)	42.		.
43. Gold Star Family Counseling Credit (See Instructions)	43.		.
44. Credit for Employer of Organ/Bone Marrow Donor (See instructions)	44.		.
45. Total credits (Add lines 42, 43, and 44)	45.		.
46. Balance of Tax After Credits (Subtract line 45 from line 41)	46.		541 .
47. Penalty for Underpayment of Estimated Tax. Check box if Form NJ-2210NR is enclosed	47.		.
48. Total Tax and Penalty (Add line 46 and line 47)	48.		541 .
49. Total New Jersey Income Tax Withheld (From enclosed Forms W-2 and 1099)	49.	512	.
50. New Jersey Estimated Tax Payments/Credit from 2019 return	50.		.
51. Tax paid on your behalf by Partnership(s)	51.		.
52. EXCESS NJ UI/WF/SWF Withheld (Enclose Form NJ-2450)	52.		.
53. EXCESS NJ Disability Insurance Withheld (Enclose Form NJ-2450)	53.		.
54. EXCESS NJ Family Leave Insurance Withheld (Enclose Form NJ-2450)	54.		.
55. Pass-Through Business Alternative Income Tax Credit (See instructions)	55.		.
56. Total Payments/Credits (Add lines 49 through 55)	56.		512 .
57. If line 56 is LESS THAN line 48, enter AMOUNT YOU OWE	57.		29 .
58. If line 56 is MORE THAN line 48, enter OVERPAYMENT	58.		.
59. Deductions from Overpayment on line 58 that you elect to credit to:			
(A) Your 2021 Tax	59A.		.
(B) N.J. Endangered Wildlife Fund	59B.		.
(C) N.J. Children's Trust Fund	59C.		.
(D) N.J. Vietnam Veterans' Memorial Fund	59D.		.
(E) N.J. Breast Cancer Research Fund	59E.		.
(F) U.S.S. N.J. Educational Museum Fund	59F.		.
(G) Designated Contribution Code	59G.		.
60. Total Deductions From Overpayment (Add lines 59A through 59G)	60.		.
61. REFUND (Amount to be sent to you. Subtract line 60 from line 58)	61.		.

Also enter on line 50:
• Payments made in connection with sale of NJ real property
• Payments by S corporation for nonresident shareholder

NOTE:
An entry on line 59A, B, C, D, E, F, or G will reduce your tax refund

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. If prepared by a person other than taxpayer, this declaration is based on all information of which the preparer has any knowledge.

> _____
Your Signature Date

> _____
Spouse's/CU Partner's Signature (if filing jointly, BOTH must sign)

Paid Preparer's Signature

Federal Identification Number

SYAM PRIYA RAM SAGAR GUPTA TALLAM

P02082703

Firm's Name

Firm's Federal Employer Identification Number

GLOBAL TAXES LLC

30-1017196

Pay amount on line 57 in full. Write Social Security number(s) on check or money order and make payable to:

State of New Jersey - TGI
Division of Taxation
Revenue Processing Center
PO Box 244
Trenton, NJ 08646-0244

You may also pay by e-check or credit card.

Name(s) as shown on Form NJ-1040NR
 YELUGURI BHASKAR REDDY

Your Social Security Number
 879504364

PART I		Net Gains or Income From Disposition of Property		List the net gains or income, less net loss, derived from the sale, exchange, or other disposition of property including real or personal whether tangible or intangible.			
(a) Kind of property and description	(b) Date acquired (Mo., day, yr.)	(c) Date sold (Mo., day, yr.)	(d) Gross sales price	(e) Cost or other basis as adjusted (see instructions) and expense of sale	(f) Gain or (loss) (d less e)		
62.							
63. Capital Gains Distribution					63.		
64. Other Net Gains.....					64.		
65. Net Gains (Add lines 62, 63, and 64) (Enter here and on line 19) (If loss, enter zero)					65.		

PART II		Allocation of Wage and Salary Income Earned Partly Inside and Outside New Jersey		(See instructions if compensation depends entirely on volume of business transacted or if other basis of allocation is used.)	
66. Amount reported on line 15 in column A required to be allocated		66.			
67. Total days in taxable year		67.			
68. Deduct nonworking days (Sundays, Saturdays, holidays, sick leave, vacation, etc.)		68.			
69. Total days worked in taxable year (subtract line 68 from line 67)		69.			
70. Deduct days worked outside New Jersey.....		70.			
71. Days worked in New Jersey (subtract line 70 from line 69).....		71.			
72. ALLOCATION FORMULA $\frac{\text{(Line 71)}}{\text{(Line 69)}} \times \frac{\text{(Enter amount from line 66)}}{\text{(Salary earned inside N.J.)}} = \text{_____}$ (Include this amount on line 15, col. B)					

PART III		Allocation of Business Income to New Jersey		(See instructions if other than Formula Basis of allocation is used.)	
Business Allocation Percentage (From Schedule NJ-NR-A)					
Enter below the line number and amount of each item of business income reported in column A that is required to be allocated and multiply by allocation percentage to determine amount of income from New Jersey sources.					
From Line No. _____	\$ _____	x _____	% = \$ _____		
From Line No. _____	\$ _____	x _____	% = \$ _____		
From Line No. _____	\$ _____	x _____	% = \$ _____		

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 ● BHASKAR REDDY	MI ●	Last name ● YELUGURI	Check if ● <input type="checkbox"/> Deceased	Primary's social security number ● 879-50-4364
	Spouse's legal first name ●	MI ●	Last name ●	Check if ● <input type="checkbox"/> Deceased	Spouse's social security number ●
Mailing address (number and street, P.O. box or rural route) ● 3502 SW DEERFIELD BLVD, #1					<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 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)															
	<input type="checkbox"/> Spouse	<input type="checkbox"/> 65 or over	<input type="checkbox"/> 65 Special	<input type="checkbox"/> Blind	<input type="checkbox"/> Deaf	(Filing status 6 only)															
	Multiply number of boxes checked 7A <input type="checkbox"/> X \$29 = 29.00																				
	Dependents (Do not list yourself or spouse)																				
	<table border="1"> <thead> <tr> <th>First name</th> <th>Last name</th> <th>Dependent's social security number</th> <th>Dependent's relationship to you</th> </tr> </thead> <tbody> <tr><td>1.</td><td></td><td></td><td></td></tr> <tr><td>2.</td><td></td><td></td><td></td></tr> <tr><td>3.</td><td></td><td></td><td></td></tr> </tbody> </table>						First name	Last name	Dependent's social security number	Dependent's relationship to you	1.				2.				3.		
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 _____ Your state _____	Issue date (mm/dd/yyyy) _____	Expiration date (mm/dd/yyyy) _____
	DL# / State ID _____ Spouse state _____	Issue date (mm/dd/yyyy) _____	Expiration date (mm/dd/yyyy) _____

DIRECT DEPOSIT	Direct deposit allowed to U.S. banks only. Check if either deposit(s) will ultimately be placed in a foreign account. <input type="checkbox"/>		
	Routing Number 1	Account Number 1	<input type="checkbox"/> Checking or <input type="checkbox"/> Savings
	<input type="checkbox"/>	<input type="checkbox"/>	Direct deposit 1 Amt 00
	Routing Number 2	Account Number 2	<input type="checkbox"/> Checking or <input type="checkbox"/> Savings
<input type="checkbox"/>	<input type="checkbox"/>	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 (510) 320-8011	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 ● 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
--	--



Primary SSN 879-50-4364

		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		76,027.00	00
	9. Military pay: Primary <input type="checkbox"/> <input type="checkbox"/> Spouse <input type="checkbox"/> <input type="checkbox"/>				
	10. Interest income: (If over \$1,500, Attach AR4)	10		00	00
	11. Dividend income: (If over \$1,500, Attach AR4)	11		00	00
	12. Alimony and separate maintenance received:	12		00	00
	13. Business or professional income: (Attach federal Schedule C)	13		00	00
	14. Capital gains/(losses) from stocks, bonds, etc: (See instructions, Attach federal Schedule D)	14		00	00
	15. Other gains or (losses): (Attach federal Form 4797 and/or AR4684 if applicable)	15		00	00
	16. Non-qualified IRA distributions and taxable annuities: (Attach All 1099Rs)	16		00	00
	17. Military retirement: Primary <input type="checkbox"/> <input type="checkbox"/> Spouse <input type="checkbox"/> <input type="checkbox"/>				
	18A. Primary employer pension plan(s)/qualified IRA(s): (See instructions, Attach all 1099Rs) Gross distribution <input type="checkbox"/> <input type="checkbox"/> Taxable amount <input type="checkbox"/> <input type="checkbox"/> Less \$6,000	18A		00	
	18B. Spouse employer pension plan(s)/qualified IRA(s): (See instructions, Attach all 1099Rs) Gross distribution <input type="checkbox"/> <input type="checkbox"/> Taxable amount <input type="checkbox"/> <input type="checkbox"/> Less \$6,000	18B		00	00
	19. Rents, royalties, partnerships, estates, trusts, etc.: (Attach federal Schedule E)	19		00	00
	20. Farm income: (Attach federal Schedule F)	20		00	00
	21. Unemployment: Primary/Joint <input type="checkbox"/> <input type="checkbox"/> Spouse <input type="checkbox"/> <input type="checkbox"/>	21			
	22. Other income/depreciation differences: (Attach Form AR-OI)	22		00	00
	23. TOTAL INCOME: (Add lines 8 through 22)	23		76,027.00	00
24. TOTAL ADJUSTMENTS: (Attach Form AR1000ADJ)	24		00	00	
25. ADJUSTED GROSS INCOME: (Subtract line 24 from line 23)	25		76,027.00	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		73,827.00	00
	29. TAX: (Enter tax from tax table)	29		3,583.00	00
	30. Combined tax: (Add amounts from line 29, columns A and B)	30			3,583.00
	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			3,583.00	
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		541.00	
	37. TOTAL CREDITS: (Add lines 34 through 36)	37			570.00
38. NET TAX: (Subtract line 37 from line 33. If line 37 is greater than line 33, enter 0)	38			3,013.00	
PAYMENTS	39. Arkansas income tax withheld: (Attach state copies of W-2 and/or 1099R, W2-G)	39		2,687.00	
	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			2,687.00
45. AMENDED RETURNS ONLY - Previous refund: (See instructions)	45			00	
46. Adjusted total payments: (Subtract line 45 from line 44)	46			2,687.00	
REFUND OR TAX DUE	47. AMOUNT OF OVERPAYMENT/REFUND: (If line 46 is greater than line 38, enter difference)	47			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			00
	51. AMOUNT DUE: (If line 46 is less than line 38, enter difference; If over \$1,000, continue to 52A) TAX DUE	51			326.00
	52A. UEP: Attach Form AR2210 or AR2210A. If required, enter exception in box 52A <input type="checkbox"/> Penalty 52B <input type="checkbox"/> <input type="checkbox"/>				
52C. Add lines 51 and 52B: (See instructions) TOTAL DUE	52C			326.00	

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
TAX CREDITS

Primary taxpayer's name BHASKAR REDDY YELUGURI	Primary's social security number 879-50-4364
--	--

IMPORTANT: SEE INSTRUCTIONS ON REVERSE SIDE OF THIS FORM

1. State political contribution credit: (See instructions)	1 ●		00
2. Other state tax credit: [Attach copy of other state tax return(s)] ..See OtherStatesCredit	2 ●	541.	00
3. Credit for adoption expenses: (Attach federal Form 8839)	3 ●		00
4. Phenylketonuria disorder credit: (See instructions. Attach AR1113)	4 ●		00

If certificate is issued to an individual, leave FEIN box below blank.

Primary:

5A. BIC Code ●	FEIN ●	Amount ●	00
5B. BIC Code ●	FEIN ●	Amount ●	00
5C. BIC Code ●	FEIN ●	Amount ●	00

Spouse:

5D. BIC Code ●	FEIN ●	Amount ●	00
5E. BIC Code ●	FEIN ●	Amount ●	00
5F. BIC Code ●	FEIN ●	Amount ●	00

5. Business incentive tax credit(s): (Add amounts from 5A-5F above) 5 ● 00
A copy of the tax credit certificate(s) or appropriate documentation of the credit(s) claimed must be attached.

6. TOTAL CREDITS:
 Add lines 1 through 5. Enter total on line 36, Form AR1000F/AR1000NR 6 ● 541.00

BUSINESS INCENTIVE CREDIT TYPES

Code Credit Type

- 0001....Advantage Arkansas
- 0002....Affordable Housing
- 0003....AR Plus
- 0004....AR Plus 50% Technology-Based
- 0005....AR Plus 75% Technology-Based
- 0006....AR Plus 100% Technology-Based
- 0008....Capital Development Company
- 0009....Child Care Facility
- 0010....Coal Mining Producing and Extracting
- 0011....Delta Geotourism
- 0013....Enterprise Zone
- 0014....Equipment Donation/Sale
- 0015....Equity Investment Incentive
- 0016....Existing Workforce Training
- 0017....Family Savings Initiative Act
- 0018....Historic Rehabilitation
- 0019....Low Income Housing
- 0020....Public Roads Incentive
- 0021....Research Park Authority
- 0022....Research and Development with Universities
- 0023....In-House Research Income Tax Credit
- 0024....In-House Research by Targeted Business Income Tax Credit
- 0025....In-House Research Area of Strategic Value Income Tax Credit
- 0026....Qualified Research

Code Credit Type

- 0028....Tourism Development
- 0029....Tuition Reimbursement Program
- 0030....Targeted Business Payroll
- 0031....Venture Capital Investment
- 0034....Waste Reduction, Reuse or Recycle Equipment
- 0035....Water Impounded Outside Critical
- 0036....Water Impounded Within Critical
- 0037....Water Surface Outside Critical
- 0038....Water Surface Inside Critical
- 0039....Water Surface Inside Critical-Industrial or Commercial
- 0040....Water Land Leveling
- 0041....Wetland Riparian Zone Creation/Restoration
- 0042....Wetland Riparian Zone Conservation
- 0043....Central Business Improvement District Rehab and Dev
- 0044....Biodiesel Incentive Credit
- 0045....Recycle Equipment for Steel Manufacturer
- 0046....Recycle-Steel Manufacturer Amendment 82 Project Act 862
- 0047....Recycle-Expansion Project Act 1046
- 0048....Recycle-Steel Manufacturing Specialty Products Facility \$4M Act 1046
- 0049....Recycle-Steel Manufacturing Specialty Products Facility \$5M Act 1046
- 0050....Recycle-Steel Manufacturing Specialty Products Facility \$6.5M Act 1046
- 0051....Apprenticeship Program
- 0052....Major Historic Rehabilitation
- 0053....Delta Music Trail

Additional information from your 2020 Arkansas Tax Return

Form AR1000TC: Tax Credits

OtherStatesCredit

Continuation Statement

Other State	Oth. State AGI	Oth. Tax Due	Allowable Tax Crd.	Withholding Amt
NJ	15,306.	541.	541.	512.

DO NOT MAIL