E 1040 Department of the Treasury—Internal Revenue Service (99) U.S. Individual Income Tax Return

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

Filing Status Check only one box.	If yo	Single Married filing jointly u checked the MFS box, enter the son is a child but not your depende	mame of y	ed filing separately your spouse. If you					_				
Your first name			Last nai	me					You	r soc	cial security	v number	
PARASHUI				IARAM						512-51-9529			
		s first name and middle initial	Last na							Spouse's social security number			
	•	er and street). If you have a P.O. box, se	e instruction	ons.				Apt. no.			ntial Electio	on Campaign	
		ce. If you have a foreign address, also c	complete si	paces below	Sta	te	ZIP	nde	spo	use i	if filing joint	tly, want \$3	
ROGERS		50 , 500 a	, op.o.to o	pacco 50.0 m	A			756		to go to this fund. Checking a box below will not change			
	Foreign country name				e/coun		_	Foreign postal code your tax or re				refund.	
At any time du	rina 20	020, did you receive, sell, send, exc	change, o	or otherwise acquire	e anv	financial intere	est in	anv virtual	currenc	 :v?	☐Yes	⊠ No	
Standard	Som	eone can claim: You as a d	ependent	t Your spou	se as	a dependent		arry virtual		·, y ·			
Deduction		Spouse itemizes on a separate retu	ırn or you	were a dual-status	s alier	1							
Age/Blindness	You:	Were born before January 2,	1956	Are blind Sp	ouse	: Was bo	rn be	fore Januar	y 2, 195	56	☐ Is bli	nd	
Dependents	s (see	instructions):		(2) Social securi	ty	(3) Relationsh	nip	(4) 🗸 i	f qualifie	s for	(see instruc	ctions):	
If more	(1) F	irst name Last name		number		to you		Child tax	credit	- (Credit for oth	ner dependents	
than four dependents,										\dashv			
see instruction	s ——									\dashv	L		
and check										\dashv			
here 🕨 🔝										ᆚ	L		
Attach	_1_	Wages, salaries, tips, etc. Attach	1, ,	N-2					.	1	+ - /	75,472.	
Sch. B if	2a	Tax-exempt interest	2a			axable interes			.	2b	+		
required.	3a	Qualified dividends	3a			Ordinary divide			.	3b	+		
	4a	IRA distributions	4a			axable amoun			. +	4b	+		
	5a	Pensions and annuities	5a 6a			axable amoun axable amoun			.	5b 6b	+		
Standard Deduction for—	6a 7	Social security benefits Lapital gain or (loss). Attach School		roquired If not rec			π.		. in t	7	+		
Single or	8	Other income from Schedule 1, li			quirec	i, check here	•			8	 _	-6 , 095.	
Married filing separately,	9	Add lines 1, 2b, 3b, 4b, 5b, 6b, 7			· ·		•			9		59 , 377.	
\$12,400 Married filing	10	Add lines 1, 2b, 3b, 4b, 3b, 6b, 7 Adjustments to income:	, and o. i	riis is your total iii	COIIIC		•			9	+ ~	73,311.	
jointly or	а					10	a						
Qualifying widow(er),	b	From Schedule 1, line 22											
\$24,800 • Head of	c									10c			
household,	11	Subtract line 10c from line 9. This	•	-			Ċ			11		59,377.	
\$18,650 I If you checked	12	Standard deduction or itemized	•	-					.	12		12,400.	
any box under Standard	13	Qualified business income deduc		,	,	8995-A			.	13	T -		
Deduction,	14	Add lines 12 and 13							.	14	1	12,400.	
see instructions.	15	Taxable income. Subtract line 1-	4 from lin	e 11. If zero or less	, ente	er -0			. [15		6,977.	

Form 1040 (2020))									Page 2
	16	Tax (see instructions). Check	if any from Form	(s): 1 881	4 2 🗌 4972	3 🗌			16	8,325.
	17	Amount from Schedule 2, lin	-						17	
	18	Add lines 16 and 17							18	8,325.
	19	Child tax credit or credit for	other dependent	ts					19	
	20	Amount from Schedule 3, lin	ne 7						20	
	21	Add lines 19 and 20							21	
	22	Subtract line 21 from line 18	B. If zero or less,	enter -0					22	8,325.
	23	Other taxes, including self-e	employment tax,	from Schedule	e 2, line 10 .				23	0.
	24	Add lines 22 and 23. This is			•				24	8,325.
	25	Federal income tax withheld	d from:							
	а	Form(s) W-2				25a	10	,918.		
	b	Form(s) 1099				25b		,		
	С	Other forms (see instruction				25c				
	d	Add lines 25a through 25c	,						25d	10,918.
	26	2020 estimated tax paymen							26	10,310.
 If you have a L qualifying child, 	27	Earned income credit (EIC)								
attach Sch. EIC.	28	Additional child tax credit. A				27				
If you have nontaxable	29	American opportunity credit								
combat pay, see instructions.	30	Recovery rebate credit. See								
3cc instructions.	31	Amount from Schedule 3, lin								
	32	Add lines 27 through 31. Th	32							
	33	•	,						33	10,918.
	34	Add lines 25d, 26, and 32. These are your total payments								2,593.
Refund	35a					-	-		34 35a	2,593.
Direct deposit?	b b	Amount of line 34 you want refunded to you. If Form 8888 is attached, check here ▶ ☐ Routing number 0 4 4 0 0 0 0 0 3 7 ▶ c Type: ★ Checking ☐ Savings								2,333.
See instructions.	►d	Account number 8 5 1 6 5 3 1 8 3								
	36	Amount of line 34 you want			ad tax	36	┌			
Amount	37	Subtract line 33 from line 24							37	
You Owe	31			-						
For details on		Note: Schedule H and Sch 2020. See Schedule 3, line								
how to pay, see instructions.	38	Estimated tax penalty (see i								
Third Party		you want to allow another				38				
Designee		structions					Yes. C	omplete	below.	⋉ No
200.900		signee's		Phone				onal iden		
	nar	me ►		no. ►			num	ber (PIN)	>	
Sign		der penalties of perjury, I declare								
Here		ief, they are true, correct, and con	nplete. Declaration			ased on	all informati			, ,
	Yo	ur signature		Date	Your occupation			- 1		nt you an Identity IN, enter it here
Joint return?					 SOFTWARE :	ENGTI	VEEB		e inst.)	IIV, enter it flere
See instructions.	Sp	ouse's signature. If a joint return,	both must sign.	Date	Spouse's occupat			If th	ne IRS sei	nt your spouse an
Keep a copy for		, ,	0							ection PIN, enter it here
your records.								(se	e inst.) ►	
-		one no.	1	Email address						
Paid		eparer's name	Preparer's signat			Date		PTIN		Check if:
Preparer	SYAM	PRIYA RAM SAGAR GUPTA TALLAM	SYAM PRIYA	RAM SAGAR	GUPTA TALLAM	1 02/	18/2021	P0208	32703	Self-employed
Use Only		Firm's name ▶ GLOBAL TAXES LLC Phor						one no.	(678) 965-9522	
————	Fin	Firm's address ▶ 2530 Pebble Creek Ln Cumming GA 30041 Firm's							n's EIN ▶	30-1017196
Go to www.irs.go	ov/Forn	n1040 for instructions and the late	est information.		BAA	REV	02/07/21 PR)		Form 1040 (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

PARASHURAM POCHARAM

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

Attachment Sequence No. 01 Your social security number

512-51-9529

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	-6,095.
6	Farm income or (loss). Attach Schedule F	6	
7	Unemployment compensation	7	
8	Other income. List type and amount ▶		
		8	
9	Combine lines 1 through 8. Enter here and on Form 1040, 1040-SR, or 1040-NR,	9	C 00E
Par	line 8	9	-6,095.
		10	
10 11	Educator expenses	10	
• • •	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 adjustments to income. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 10a	22	

SCHEDULE E

(Form 1040)

Supplemental Income and Loss

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

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

2020
Attachment Sequence No. 13

OMB No. 1545-0074

Department of the Treasury Internal Revenue Service (99) Name(s) shown on return

► Go to www.irs.gov/ScheduleE for instructions and the latest information.

Your social security number 512-51-9529

PARA	SHURAM POCHARAM							51	2-51	-952	9
Part	Income or Loss From Rental Real Estate an Schedule C. See instructions. If you are an individual	-			•						
	d you make any payments in 2020 that would require y Yes," did you or will you file required Form(s) 1099?										'es ⊠ No 'es □ No
1a	Physical address of each property (street, city, state	e, ZIP c	code)							_
Α	4-6-137/W/90, SAINAGAR WEST ALLWYN	COLON	ΙΥ,	KUKATE	PALLY	,HYD	ERABAD, T	ELA	NGAN	A IN	
В											
С											
1b	Type of Property (from list below) 2 For each rental real estate above, report the number personal use days. Check	r of fair i	renta	al and			Rental Days	Personal Use Days			QJV
A	3 personal use days. Check if you meet the requirement	ents to f	ile as	s a	Α		365			0	
B	qualified joint venture. Se	e instru	ction	18.	В						
C					С						
1 Sing	of Property: gle Family Residence 3 Vacation/Short-Term Re ti-Family Residence 4 Commercial			nd yalties			Rental r (describe)				
Incom	ne: Proper	ties:			Α		В				С
3	Rents received		3		4	50.					
4	Royalties received		4								
Expen											
5	Advertising		5			95.					
6	Auto and travel (see instructions)	.	6			50.					
7	Cleaning and maintenance	.	7		1	50.					
8	Commissions		8								
9	Insurance	· –	9								
10	Legal and other professional fees	_	10								
11	Management fees		11								
12	Mortgage interest paid to banks, etc. (see instruction	. —	12			0.0					
13	Other interest		13			00.					
14	Repairs	_	14 15			50.					
15 16	Supplies		16								
17	Utilities		17								
18	Depreciation expense or depletion	· –	18								
19	Other (list)		19								
20	Total expenses. Add lines 5 through 19		20		6.5	45.					
21	Subtract line 20 from line 3 (rents) and/or 4 (royaltie										
21	result is a (loss), see instructions to find out if your										
	file Form 6198		21		-6,0	95.					
22	Deductible rental real estate loss after limitation, if on Form 8582 (see instructions)	J .	22	(-6 , 09	95.)	()()
23a	Total of all amounts reported on line 3 for all rental p	oroperti	es			23a		4.	50.		
b	Total of all amounts reported on line 4 for all royalty	proper	ties			23b					
С	Total of all amounts reported on line 12 for all prope	rties .				23c					
d	Total of all amounts reported on line 18 for all prope	erties .				23d					
е	Total of all amounts reported on line 20 for all prope					23e		6,5	45.		
24	Income. Add positive amounts shown on line 21. D			-				.	24		
25	Losses. Add royalty losses from line 21 and rental real								25 (6,095.)
26	Total rental real estate and royalty income or (lo	-									
	here. If Parts II, III, IV, and line 40 on page 2 do Schedule 1 (Form 1040), line 5. Otherwise, include ti			•				on	26		-6,095.

Schedule E

Schedule E Worksheet

► Keep for your records

2020

Name(s) shown on return Social Security No. PARASHURAM POCHARAM 512-51-9529 **General Information:** Property description 4-6-137/W/90, SAI NAGAR WEST, ALLWYN COLONY, Property type. . 3 Vacation/Short-term If type is other, enter a description . . Location (street address) $\underline{4-6-137/W/90}$, SAINAGAR WEST City ALLWYN COLONY, State ZIP code If a foreign address: Foreign province or state . . KUKATPALLY, HYDERABAD, TELANGANA Foreign postal code Foreign country India **Complete For All Properties:** Did you make any payments that would require you to file Form(s) 1099? Yes No If yes, did you or will you file all required Form(s) 1099?.... Yes Nο **Complete For All Rental Properties:** 0 **Check All That Apply:** Owned by spouse В С Active participation. X D Qualified joint venture F Ε Some investment is not at risk G Н Other passive exceptions Complete taxable disposition — See Help . . ı Treat all MACRS assets for this activity as qualified Indian reservation property? . . Yes Treat all assets acquired after August 27, 2005 as J qualified GO Zone property? Regular Extension No Κ Treat all assets acquired after May 4, 2007 as qualified Kansas Disaster Zone property? Yes No L Was this activity located in a Qualified Disaster Area? Yes M Ownership Percentage: Check to allocate income and expenses using ownership percentage 0 **Owner-Occupied Rentals:** Q Vacation Home or Property with Personal Use Days: Check to allocate interest and taxes using the Tax Court Method S

Property Location Page 2
4-6-137/W/90, SAINAGAR WEST, ALLWYN COLONY,, KUKATPALLY, HYDERABAD, TELANGANA, India

4-	-6-13//W/90,SAINAGAR WEST, ALLWIN COLON	I,, KUKATPALL	I, HIDERABAD, T	<u>ELANGANA, INGLA</u>
Inco	me		% if Different	Total
3	Enter rental income (not reported elsewhere)	450.		
	Rental income from Form 1099-MISC			
	Rental income from Form 1099-K			
	Rental Income from Cancellation of Debt Wks			
	Total rents received	450.	100.000000	450.
4	Enter royalties received (not reported elsewhere)			
	Royalty income from Form 1099-MISC			
	Royalty income from Form 1099-K			
	Royalty Income from Cancellation of Debt Wks			
	Royalty Income from Schedule K-1			
	Total royalties received			

Expenses	ses (a) (b Total Ente if n		(c) Reported On Schedule E	(d) Vacation Home Loss Limitation	(e) Allocated to Personal use
5 Advertising	95.		95.		
6 a Auto					
b Travel	250.		250.		
7 Cleaning and maint	150.	1 1	150.		
8 Commissions					
9 a Mort insur qualified					
From Form 1098 import		-			
Total mort insur qual					
b Other Insurance					
Legal & other prof fees					
1 Management fees					
2 a Mortgage int qualified .					
From Form 1098 import		_			
Total mort int qualified					
b Mort int other					
From Form 1098 import		_			
Total mort int other					
3 Other interest	F 000		E 000		
	5 , 800.		5,800. 250.		
<u> </u>	250.		250.		
5 Supplies					
6 a Real estate taxes		_			
From Form 1098 import					
Total real estate taxes					
b Other taxes					
7 Utilities					
8 a Depreciation					
b Depletion					
c Depreciation carryover					
9 Other expenses					
a					
b					
С					
d					
e Indirect operating exp .					
f Operating exp carryover					
g Vehicle rental					
h Amortization					
Add lines 5 through 19	6,545.		6,545.		
1 Income or (loss)		-	-6,095.		
2 Deductible rental real estate			-6,095.		

2020 AR1000F



AR1

ARKANSAS INDIVIDUAL INCOME TAX RETURN Full Year Resident

CHECK BOX IF AMENDED RETURN									
•									
Obl- ii		Prim	ary's social:						

Fu	III Year Resident				AMENDE	D RETURN		Software ID			
	. 1 - Dec. 31, 2020 or fiscal year ending	, 20	•		•		•	PROSERIES			
	Primary's legal first name	/II Last n	ame		Check if	Primary's social	security				
	• PARASHURAM	• PC	CHARAM	— 1 l.							
A P	Spouse's legal first name	/II Last n	ame		Check if	Spouse's social	security	number			
BEL	•	-		● □ Deceased ●							
USE LABEL OR PRINT OR TYPE	Mailing address (number and street, P.O. box or rural ro	oute)				☐ Check if addr	ess is outs	side U.S.			
USI	• 3907 W OLIVE STREET			Lain		Foreign country	nomo				
	'	province		ZIP Foreign country name							
×	• ROGERS • AR			• 72756							
TUS Be	1.● X Single (Or widowed before 2020 or divor		120)	4.● Married filing separately on the same return							
STA	2.● Married filing joint (Even if only one had	l income)		5.●							
S S	3.● Head of household (See instructions)			·							
FILING STATUS Check Only One Box	If the qualifying person was your child, enter child's name here:			nt, 6.● Qualifying widow(er) with dependent child Year spouse died: (See instructions)							
• [Check here if you want a tax booklet mailed			Chec		you have filed		extension			
	Check here if you want a tax bookiet manet	to you next yo		• or an	automatic fo	ederal extens	ion				
	7A. X Yourself ● 65 or over ●	65 Special	•	Blind ●	Deaf	Head of house	ehold/qual	lifying widow(er)			
	Spouse • 65 or over •	— (i iiiig status o oi	, (1111	ing status o omy)							
,,	Multiply number of boxes checked	<u> —</u> оо орооны		Blind • L	Deaf	7A 1 X \$2	29 =	0.0			
T T	Dependents (Do not list yourself or spo							29.00			
CREDITS	First name Last	name	Depende	ent's social secu	urity number	Depender	nt's relati	onship to you			
ΑX	1										
AL.	2.										
PERSONAL TAX											
PER	7B. Multiply number of DEPENDENTS from all	hovo				7P • 🗆 🗸 🗸	20 -	00			
	' '						\vdash				
	7C. Multiply number of qualifying individuals from	1 AR1000RC5 (See instruction	ons)		7C • X \$5	500 =	00			
	7D. TOTAL PERSONAL TAX CREDITS: (A	dd lines 7A, 7B	, and 7C. Ent	ter total here and	I on line 34)		7D	29 .00			
	DL# / State ID 942032655 Your s	tate AR	Issue	ΛΛ /	10/2020	Expiration	[]	2/28/2021			
9	DL# / State ID 942032655 Your st	tate <u>1111</u>	. (mm/d	d/yyyy)09/	10/2020	_ (mm/dd/yyy	/y)				
-	DL# / State ID Spous	4-4-	Issue			Expiration date (mm/dd/yyyy)					
	Spous Spous	e state	_ (mm/d	ld/yyyy)		_ (mm/dd/yy	<i>y</i> y)				
	Direct deposit allowed to U.S. banks only. Che	eck if either de	posit(s) will	ultimately be p	laced in a forei	gn account. ●	7				
						- <u>-</u>	_				
DSIT	Routing Number 1	Account Nu	mber 1	X Checking	ng or • S	avings	Dire	ect deposit 1 Amt			
)EP(• 0 4 4 0 0 0 0 3 7 •	8 5 1 6	5 5 3	1 8 3			•	575.00			
DIRECT DEPOSIT							·	I			
DIRE	Routing Number 2	Account Nu	mber 2	Checking	ng or 🌘 🔲 S	avings	Dire	ect deposit 2 Amt			
								. 00			
								100			
	PLEASE SIGN HERE: Under penalties of perjury, knowledge and belief, they are true, correct and comp										
Щ	We will no longer automatically mail	1099- G forms.	Instead, w	e ask that you	get this infor	nation from our	· website	•			
PLEASE SIGN HERE	☐ (www.atap.arkansas.gov). Check the Primary's signature	box if you sti		o maii you a pa	Telephone	9-G next year.					
PE S			ľ	atc	Telephone		-	Arkansas Revenue discuss this return			
ဟ	Spouse's signature	KE	D	ate	Telephone		with	the preparer?			
						Y	es X No				
~	Paid preparer's signature			PTIN/ID number		1	For Dep	partment Use Only			
PAID PREPARER	SYAM PRIYA RAM SAGAR GUPTA TAL	LAM02/18/	City/State	●30101719	16		A	•			
REP	Preparer's name GLOBAL TAXES LLC		City/State	#/ZIP			Telephon	е			
	E-mail STAM@GTAAFILE.COM		CUMMIN	IG GA 3004	1			965-9522			
	Refund: Arkansas State Income Tax P.O. Box 1000			Tax Due/No	Tax:	P.O. Box 2144	me lax				





Primary SSN __512-51-9529

		ROUND ALL AMOUNTS TO WHOLE DOLLARS	(A) Primary/Joint Income	(B) Spouse's Income Status 4 Only			
s)	8.	Wages, salaries, tips, etc: (Attach W-2s)	•	75,472	. 00	•	- (00
966	9.	Military pay: Primary • 00 Spouse • 00		,				
)/10	10.	Interest income: (If over \$1,500, Attach AR4)	•		00	•	(00
W-2(s)/1099(s)	11.	Dividend income: (If over \$1,500, Attach AR4)	•		00	•	(00
of W	12.	Alimony and separate maintenance received:	•		00	•	(00
o do	13.	Business or professional income: (Attach federal Schedule C)			00	•	(00
on to	14.	Capital gains/(losses) from stocks, bonds, etc: (See instructions, Attach federal Schedule D)			00	•	(00
eck c	15.	Other gains or (losses): (Attach federal Form 4797 and/or AR4684 if applicable)			00	•	(00
E	16.	Non-qualified IRA distributions and taxable annuities: (Attach All 1099Rs)			00	•	(00
INCOME Attach ch	17.	Military retirement: Primary ● 00 Spouse ● 00						
Atta		Primary employer pension plan(s)/qualified IRA(s): (See instructions, Attach all 1099Rs)						
re /		Gross distribution Taxable amount OO Less \$6,000 18.	A 👤		00			
) he	18B	Spouse employer pension plan(s)/qualified IRA(s): (See instructions, Attach all 1099Rs)				_		00
W-2(s)/1099(s)		Gross distribution 00 Taxable amount 00 Less \$6,000		-6,095	00			00
/109	19.	Rents, royalties, partnerships, estates, trusts, etc.: (Attach federal Schedule E)			+	•		00
2(s)	20.	Farm income: (Attach federal Schedule F)	\neg		00	•		00
	21.	Unemployment (Attach 1099-G)			00	•		00
ach	22.	Other income/depreciation differences: (Attach Form AR-OI)			00	•		00
Att	23.	TOTAL INCOME: (Add lines 8 through 22)			+	•		00
	24.	TOTAL ADJUSTMENTS: (Attach Form AR1000ADJ)			00	•		00
	25.	ADJUSTED GROSS INCOME: (Subtract line 24 from line 23)		69 , 377	- 00	•	[(00
		Select tax table: (Select only one)			Т			
		Low income table (\$0), For low income qualifications see line 26 instructions						
ON		● X Standard deduction (\$2,200 or \$4,400 for filing status 2 only)		2 200				00
TAT		• Itemized deductions (Attach AR3)	\vdash	2,200	_			00
IPU.	28.	NET TAXABLE INCOME: (Subtract line 27 from line 25)		67,177	_	•		00
COMPUTATION	29.	TAX: (Enter tax from tax table)		3,188	1			00
TAX (30.	Combined tax: (Add amounts from line 29, columns A and B)					-	00
Ŧ	31.	Enter tax from Lump Sum Distribution Averaging Schedule: (Attach AR1000TD)				•		00
	32.	Additional tax on IRA and qualified plan withdrawal and overpayment: (Attach federal Form 5329, if required				•		00
	33.	TOTAL TAX: (Add lines 30 through 32)			$\overline{}$	•	3,188.	00
LS	34.	Personal tax credit(s): (Enter total from line 7D)	•	29	100			
CREDITS	35.	Child care credit: (20% of federal credit allowed; attach federal Form 2441)	•		00			
	36.	Other credits: (Attach AR1000TC)	•		00			
TAX	37.	TOTAL CREDITS: (Add lines 34 through 36)				•		00
_	38.	NET TAX: (Subtract line 37 from line 33. If line 37 is greater than line 33, enter 0)				•	3,159.	00
	39.	Arkansas income tax withheld: (Attach state copies of W-2 and/or 1099R, W2-G)39		3,734	. 00			
	40.	Estimated tax paid or credit brought forward from 2019:			00			
S	41.	Payment made with extension: (See instructions)	•		00			
Ľ	42.	AMENDED RETURNS ONLY - Previous payments: (See instructions)			00			
PAYMENTS	43.	Early childhood program: Certification number:						
PA					00		3,734.	00
		TOTAL PAYMENTS: (Add lines 39 through 43)				•		00
	45.	AMENDED RETURNS ONLY - Previous refund: (See instructions)				•		
	46.	Adjusted total payments: (Subtract line 45 from line 44)				•		00
UE	47.	, , ,			$\overline{}$	•	575.	JU
TAX DUE		Amount to be applied to 2021 estimated tax:			00			
R T/		Amount of Check-off Contributions: (Attach Schedule AR1000-CO)			00			
D OR		AMOUNT TO BE REFUNDED TO YOU: (Subtract lines 48 and 49 from line 47)					575.	
REFUND		AMOUNT DUE: (If line 46 is less than line 38, enter difference; If over \$1,000, continue to 52A)		TAX DUE		\bigcirc		00
REF		UEP: Attach Form AR2210 or AR2210A. If required, enter exception in box 52A Penalty 52B Add lines 51 and 52B: (See instructions)			_		17	00
		Add lines 51 and 52B: (See instructions)						
	. 51	log on, make payments and manage their account online. ATAP is available 24 hours.	, \I/\I	anows taxpayer	3 01		prosonianves to	
			MAIL	L: (See instructi	ons)			



ARKANSAS INDIVIDUAL INCOME TAX DECLARATION FOR ELECTRONIC FILING

Primary's Leg	al First Name and Middle	e Initial	Last Na	ame		Prir	Primary's Social Security Number				
PARASHU				CHARAM		•	• 512-51-9529 Spouse's Social Security Number				
Spouse's Leg	al First Name and Middle	Initial	Last Na	ame		l .	ouse's Soci	al Security Number	ər		
Mailin a Adda						T-1					
	SS (Number and Street, P.O. Box	c or Rural Route)					ephone				
3907 W C	OLIVE STREET	State or Province		ZIP		☐ Check if ad	(234) 26				
						Foreign Coun		ie U.S.			
ROGERS PART I - 1	TAX RETURN INFORM	<u> </u> AR MATION (Whole Dollars C)nlv)	72756							
		,					1	60 277	00		
	•	or AR1000NR, Line 23)						69,377.	00		
		R1000NR, Line 38)						3,159.	00		
		rm AR1000F or AR1000N					-	3,734.	00		
4. Refun	d (Form AR1000F or AR	1000NR, Line 47)						575.	00		
	•	R1000NR, Line 51)					5		00		
PART II -	DECLARATION OF TA	AXPAYER									
6b. I 6c. I f 6d. I F If I have filed a for the tax liab state return w Under penalti lines of the el consent to my of Arkansas s and if rejected and/or transm return electro	he bank account(s) show do not want direct depose authorize the State of Arkorm (AR TAX PMT). authorize the State of Arkorm (AR TAX PMT). authorize the State of Arkorm (AR EST Plant) a balance due return, I un bility and all applicable intervill be rejected also. es of perjury, I declare that ectronic portion of my 202 (FRO sending my return, ending my ERO and/or trad, the reason(s) for the rejuitter the reason(s)	vocable appointment of the vin on page 1 of the Form A sit of my refund or I am not kansas Income Tax Section Arkansas Income Tax Sect MT) or Arkansas Extension aderstand that if the State of the information I have give 20 Arkansas income tax rejection. If the processing of delay, or when the refund we disclosure to the State of Acally.	R1000F/A receiving to initiate to note initiate receiving A real receiving Arkansa ve filed a ren my ER turn. To te mpanying ment of receiving trans sent. I	AR1000NR. a refund. e debit entries to relate debit entries to relate debit entries to relate debit entries to relate debit entries to form (AR EXT Personal second of the amount he best of my known schedules and steept of transmisser or refund is delan addition, by usin	my account as to my account as my account as my account as the full and time at the full and the my account as the ments to the theorem and an in ayed, I authoring a computer	s indicated on unt as indicated ely payment of not my federal ove agree with belief, my return he State of Andication of whicize the State	of my tax lia return is return is true, chansas. I a nether or no of Arkansa software to	Arkansas Estimat bility, I will remain piected, I understants on the correspondence, and compalso consent to the of my return is access to disclose to my prepare and trans	ayment red Tax I liable and my I liable and my		
Sign											
	Primary's Signature	Dat			ouse's Signat			Date			
I declare that am only a col the return. I h with a copy o examined the and complete	I have reviewed the abov llector, I understand that I ave obtained the taxpayer f all forms and information a above taxpayer's return	ve taxpayer's return and that am not responsible for rever's signature on Form AR84 in to be filed with the State of and accompanying sched at Preparer is based on all in	at the entrivewing the 153 before of Arkansaules and offermation	ries on Form AR8- e taxpayer's retur- e submitting this re as. If I am also the statements, and t n of which the pre Check	453 are comprin; I declare the turn to the Si Paid Prepare to the best of parer has known the Check	olete and corre nat Form AR8 tate of Arkans er, under pena my knowledg	453 accura as, and hav alties of per	ately reflects the do we provided the tax jury I declare that	ata on xpayer I have		
ERO'S -	ERO'S Signature	02/18 Dat	3/2021 •	_ if paid preparer	if self- employed		Your SSI	N or PTIN	—		
036	_				GA 3	0041	30-101				
	<u>GLOBAL TAXES LLC</u> Firm's name and address		<u>(EER L</u>	N COMMING	GA 3	0041	FEI				
Under penalt my knowledg	ies of perjury, I declare the	nat I have examined the above, correct, and complete. To 02/18	his decla	ration is based on Check			ind statemenave any kr	ents, and to the be	st of		
Paid Preparer	Preparer's Signature			- if self-] .		er's SSN o	r PTIN	—		
Use Only	•	TALLAM 2530 PEBBLE		employed LN CUMMING	g GA			-1017196			
	Firm's name and add							EIN			