

**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 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 RAVINANDAN	Last name ATLURI	Your social security number 669-97-9861
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. 500 NAPA VALLEY DR		Apt. no. 1315
City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions). LITTLE ROCK AR 72211		<b>Presidential Election Campaign</b> 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 type="checkbox"/> You <input type="checkbox"/> Spouse
Foreign country name	Foreign province/state/county	Foreign postal code
If more than four dependents, see instructions and ✓ here ▶ <input type="checkbox"/>		

**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, 1955  Are blind **Spouse:**  Was born before January 2, 1955  Is blind

Dependents (see instructions):		(2) Social security number	(3) Relationship to you	(4) ✓ if qualifies for (see instructions):	
(1) First name	Last name			Child tax credit	Credit for other dependents
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

**Standard Deduction for—**  
 • Single or Married filing separately, \$12,200  
 • Married filing jointly or Qualifying widow(er), \$24,400  
 • Head of household, \$18,350  
 • If you checked any box under **Standard Deduction**, see instructions.

1 Wages, salaries, tips, etc. Attach Form(s) W-2 . . . . .					1	132,412.
2a Tax-exempt interest . . . . .	2a		b Taxable interest. Attach Sch. B if required		2b	553.
3a Qualified dividends . . . . .	3a		b Ordinary dividends. Attach Sch. B if required		3b	
4a IRA distributions . . . . .	4a		b Taxable amount . . . . .		4b	
c Pensions and annuities . . . . .	4c		d Taxable amount . . . . .		4d	
5a Social security benefits . . . . .	5a		b Taxable amount . . . . .		5b	
6 Capital gain or (loss). Attach Schedule D if required. If not required, check here . . . . . ▶ <input type="checkbox"/>					6	
7a Other income from Schedule 1, line 9 . . . . .					7a	-6,430.
b Add lines 1, 2b, 3b, 4b, 4d, 5b, 6, and 7a. This is your <b>total income</b> . . . . . ▶					7b	126,535.
8a Adjustments to income from Schedule 1, line 22 . . . . .					8a	
b Subtract line 8a from line 7b. This is your <b>adjusted gross income</b> . . . . . ▶					8b	126,535.
9 <b>Standard deduction or itemized deductions</b> (from Schedule A) . . . . .	9	12,200.				
10 Qualified business income deduction. Attach Form 8995 or Form 8995-A . . . . .	10					
11a Add lines 9 and 10 . . . . .					11a	12,200.
b <b>Taxable income.</b> Subtract line 11a from line 8b. If zero or less, enter -0- . . . . .					11b	114,335.

<b>12a</b>	<b>Tax</b> (see inst.) Check if any from Form(s): 1 <input type="checkbox"/> 8814 2 <input type="checkbox"/> 4972 3 <input type="checkbox"/> _____	<b>12a</b>	21,615.		
<b>b</b>	Add Schedule 2, line 3, and line 12a and enter the total			<b>12b</b>	21,615.
<b>13a</b>	Child tax credit or credit for other dependents	<b>13a</b>			
<b>b</b>	Add Schedule 3, line 7, and line 13a and enter the total			<b>13b</b>	
<b>14</b>	Subtract line 13b from line 12b. If zero or less, enter -0-			<b>14</b>	21,615.
<b>15</b>	Other taxes, including self-employment tax, from Schedule 2, line 10			<b>15</b>	0.
<b>16</b>	Add lines 14 and 15. This is your <b>total tax</b>			<b>16</b>	21,615.
<b>17</b>	Federal income tax withheld from Forms W-2 and 1099			<b>17</b>	22,157.
<b>18</b>	Other payments and refundable credits:				
<b>a</b>	Earned income credit (EIC) . . . . . No	<b>18a</b>			
<b>b</b>	Additional child tax credit. Attach Schedule 8812	<b>18b</b>			
<b>c</b>	American opportunity credit from Form 8863, line 8	<b>18c</b>			
<b>d</b>	Schedule 3, line 14	<b>18d</b>			
<b>e</b>	Add lines 18a through 18d. These are your <b>total other payments and refundable credits</b>			<b>18e</b>	
<b>19</b>	Add lines 17 and 18e. These are your <b>total payments</b>			<b>19</b>	22,157.

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

**Refund**

<b>20</b>	If line 19 is more than line 16, subtract line 16 from line 19. This is the amount you <b>overpaid</b>	<b>20</b>	542.
<b>21a</b>	Amount of line 20 you want <b>refunded to you</b> . If Form 8888 is attached, check here <input type="checkbox"/>	<b>21a</b>	542.
<b>b</b>	Routing number 082000073 <b>c</b> Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings		
<b>d</b>	Account number 487006296486		
<b>22</b>	Amount of line 20 you want <b>applied to your 2020 estimated tax</b>	<b>22</b>	

**Amount You Owe**

<b>23</b>	<b>Amount you owe.</b> Subtract line 19 from line 16. For details on how to pay, see instructions	<b>23</b>	
<b>24</b>	Estimated tax penalty (see instructions)	<b>24</b>	

**Third Party Designee**

Do you want to allow another person (other than your paid preparer) to discuss this return with the IRS? See instructions.  Yes. Complete below.  No

(Other than paid preparer) Designee's name \_\_\_\_\_ Phone no. \_\_\_\_\_ Personal identification number (PIN) \_\_\_\_\_

**Sign Here**

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Your signature	Date	Your occupation SOFTWARE DEVELOPER	If the IRS sent you an Identity Protection PIN, enter it here (see inst.)
Spouse's signature. If a joint return, <b>both</b> must sign.	Date	Spouse's occupation	If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.)
Phone no.	Email address		

**Paid Preparer Use Only**

Preparer's name	Preparer's signature	Date	PTIN	Check if: <input type="checkbox"/> 3rd Party Designee <input type="checkbox"/> Self-employed
Firm's name <b>▶</b> GLOBAL TAXES LLC	Phone no.			
Firm's address <b>▶</b> 2530 Pebble Creek Ln Cumming GA 30041	Firm's EIN <b>▶</b>			

**SCHEDULE 1**  
**(Form 1040 or 1040-SR)**

Department of the Treasury  
Internal Revenue Service

**Additional Income and Adjustments to Income**

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

OMB No. 1545-0074

**2019**  
Attachment  
Sequence No. **01**

Name(s) shown on Form 1040 or 1040-SR  
RAVINANDAN ATLURI

Your social security number  
669-97-9861

At any time during 2019, did you receive, sell, send, exchange, or otherwise acquire any financial interest in any virtual currency?  Yes  No

<b>Part I Additional Income</b>			
<b>1</b>	Taxable refunds, credits, or offsets of state and local income taxes . . . . .	<b>1</b>	
<b>2a</b>	Alimony received . . . . .	<b>2a</b>	
<b>b</b>	Date of original divorce or separation agreement (see instructions) ▶ _____		
<b>3</b>	Business income or (loss). Attach Schedule C . . . . .	<b>3</b>	
<b>4</b>	Other gains or (losses). Attach Form 4797 . . . . .	<b>4</b>	
<b>5</b>	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E . . . . .	<b>5</b>	-6,430.
<b>6</b>	Farm income or (loss). Attach Schedule F . . . . .	<b>6</b>	
<b>7</b>	Unemployment compensation . . . . .	<b>7</b>	
<b>8</b>	Other income. List type and amount ▶ _____	<b>8</b>	
<b>9</b>	Combine lines 1 through 8. Enter here and on Form 1040 or 1040-SR, line 7a . . . . .	<b>9</b>	-6,430.

<b>Part II Adjustments to Income</b>			
<b>10</b>	Educator expenses . . . . .	<b>10</b>	
<b>11</b>	Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 . . . . .	<b>11</b>	
<b>12</b>	Health savings account deduction. Attach Form 8889 . . . . .	<b>12</b>	
<b>13</b>	Moving expenses for members of the Armed Forces. Attach Form 3903 . . . . .	<b>13</b>	
<b>14</b>	Deductible part of self-employment tax. Attach Schedule SE . . . . .	<b>14</b>	
<b>15</b>	Self-employed SEP, SIMPLE, and qualified plans . . . . .	<b>15</b>	
<b>16</b>	Self-employed health insurance deduction . . . . .	<b>16</b>	
<b>17</b>	Penalty on early withdrawal of savings . . . . .	<b>17</b>	
<b>18a</b>	Alimony paid . . . . .	<b>18a</b>	
<b>b</b>	Recipient's SSN . . . . . ▶ _____		
<b>c</b>	Date of original divorce or separation agreement (see instructions) ▶ _____		
<b>19</b>	IRA deduction . . . . .	<b>19</b>	
<b>20</b>	Student loan interest deduction . . . . .	<b>20</b>	
<b>21</b>	Tuition and fees. Attach Form 8917 . . . . .	<b>21</b>	
<b>22</b>	Add lines 10 through 21. These are your <b>adjustments to income</b> . Enter here and on Form 1040 or 1040-SR, line 8a . . . . .	<b>22</b>	

**SCHEDULE E**  
(Form 1040 or 1040-SR)

**Supplemental Income and Loss**

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

OMB No. 1545-0074

**2019**  
Attachment  
Sequence No. **13**

Department of the Treasury  
Internal Revenue Service (99)

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

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

Name(s) shown on return

RAVINANDAN ATLURI

Your social security number

669-97-9861

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

**A** Did you make any payments in 2019 that would require you to file Form(s) 1099? (see instructions) . . . . .  Yes  No

**B** If "Yes," did you or will you file required Forms 1099? . . . . .  Yes  No

<b>1a</b>	Physical address of each property (street, city, state, ZIP code)				
<b>A</b>	MIYAPUR HYDERABAD TELANGANA IN 500048				
<b>B</b>					
<b>C</b>					
<b>1b</b>	Type of Property (from list below)	<b>2</b> For each rental real estate property listed above, report the number of fair rental and personal use days. Check the <b>QJV</b> box only if you meet the requirements to file as a qualified joint venture. See instructions.	Fair Rental Days	Personal Use Days	QJV
<b>A</b>	3		365	0	<input type="checkbox"/>
<b>B</b>					<input type="checkbox"/>
<b>C</b>					<input type="checkbox"/>

**Type of Property:**

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

Income:		Properties:		A	B	C
<b>3</b>	Rents received . . . . .	<b>3</b>		620.		
<b>4</b>	Royalties received . . . . .	<b>4</b>				
<b>Expenses:</b>						
<b>5</b>	Advertising . . . . .	<b>5</b>		210.		
<b>6</b>	Auto and travel (see instructions) . . . . .	<b>6</b>		460.		
<b>7</b>	Cleaning and maintenance . . . . .	<b>7</b>		230.		
<b>8</b>	Commissions. . . . .	<b>8</b>				
<b>9</b>	Insurance . . . . .	<b>9</b>				
<b>10</b>	Legal and other professional fees . . . . .	<b>10</b>				
<b>11</b>	Management fees . . . . .	<b>11</b>				
<b>12</b>	Mortgage interest paid to banks, etc. (see instructions)	<b>12</b>				
<b>13</b>	Other interest. . . . .	<b>13</b>		5,900.		
<b>14</b>	Repairs. . . . .	<b>14</b>		250.		
<b>15</b>	Supplies . . . . .	<b>15</b>				
<b>16</b>	Taxes . . . . .	<b>16</b>				
<b>17</b>	Utilities. . . . .	<b>17</b>				
<b>18</b>	Depreciation expense or depletion . . . . .	<b>18</b>				
<b>19</b>	Other (list) ▶ . . . . .	<b>19</b>				
<b>20</b>	Total expenses. Add lines 5 through 19 . . . . .	<b>20</b>		7,050.		
<b>21</b>	Subtract line 20 from line 3 (rents) and/or 4 (royalties). If result is a (loss), see instructions to find out if you must file Form 6198 . . . . .	<b>21</b>		-6,430.		
<b>22</b>	Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions) . . . . .	<b>22</b>	(	-6,430.)	(	)
<b>23a</b>	Total of all amounts reported on line 3 for all rental properties . . . . .	<b>23a</b>		620.		
<b>b</b>	Total of all amounts reported on line 4 for all royalty properties . . . . .	<b>23b</b>				
<b>c</b>	Total of all amounts reported on line 12 for all properties . . . . .	<b>23c</b>				
<b>d</b>	Total of all amounts reported on line 18 for all properties . . . . .	<b>23d</b>				
<b>e</b>	Total of all amounts reported on line 20 for all properties . . . . .	<b>23e</b>		7,050.		
<b>24</b>	<b>Income.</b> Add positive amounts shown on line 21. Do not include any losses . . . . .	<b>24</b>				
<b>25</b>	<b>Losses.</b> Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here . . . . .	<b>25</b>	(	6,430.)		
<b>26</b>	<b>Total rental real estate and royalty income or (loss).</b> Combine lines 24 and 25. Enter the result here. If Parts II, III, IV, and line 40 on page 2 do not apply to you, also enter this amount on Schedule 1 (Form 1040 or 1040-SR), line 5, or Form 1040-NR, line 18. Otherwise, include this amount in the total on line 41 on page 2 . . . . .	<b>26</b>		-6,430.		

# 2019 AR1000F

## ARKANSAS INDIVIDUAL INCOME TAX RETURN

### Full Year Resident



# AR1

### CHECK BOX IF AMENDED RETURN

Software ID

Jan. 1 - Dec. 31, 2019 or fiscal year ending \_\_\_\_\_, 20\_\_

PROSERIES

USE LABEL OR PRINT OR TYPE	Primary's legal first name ● RAVINANDAN	MI ●	Last name ● ATLURI	Primary's social security number ● 669-97-9861
	Spouse's legal first name	MI ●	Last name	Spouse's social security number
	Mailing address (number and street, P.O. box or rural route) ● 500 NAPA VALLEY DR, APT. 1315			<input type="checkbox"/> Check if address is outside U.S.
	City ● LITTLE ROCK	State or province ● AR	ZIP ● 72211	Foreign country name

FILING STATUS Check Only One Box	1. <input checked="" type="checkbox"/> Single (Or widowed before 2019 or divorced at end of 2019)	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) <small>(Filing status 3 only)</small>
	<input type="checkbox"/> Spouse	<input type="checkbox"/> 65 or over	<input type="checkbox"/> 65 Special	<input type="checkbox"/> Blind	<input type="checkbox"/> Deaf	<input type="checkbox"/> <small>(Filing status 6 only)</small>

Multiply number of boxes checked ..... 7A  X \$26 = 26.00

**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  X \$26 = 00

7C. Multiply number of qualifying individuals from **AR1000RC5** (See instructions) ..... 7C  X \$500 = 00

**7D. TOTAL PERSONAL TAX CREDITS: (Add lines 7A, 7B, and 7C. Enter total here and on line 34) ..... 7D** 26.00

ID	DL# / State ID <u>940136763</u>	Your state <u>AR</u>	Issue date (mm/dd/yyyy) <u>02/13/2019</u>	Expiration date (mm/dd/yyyy) <u>10/21/2020</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.

<b>Routing Number 1</b>	<b>Account Number 1</b>	<input checked="" type="checkbox"/> Checking or <input type="checkbox"/> Savings	<b>Direct deposit 1 Amt</b>
● 0 8 2 0 0 0 0 7 3	● 4 8 7 0 0 6 2 9 6 4 8 6		● <span style="border: 1px solid black; padding: 2px;">343.00</span>
<b>Routing Number 2</b>	<b>Account Number 2</b>	<input type="checkbox"/> Checking or <input type="checkbox"/> Savings	<b>Direct deposit 2 Amt</b>
●	●		● <span style="border: 1px solid black; padding: 2px;">00</span>

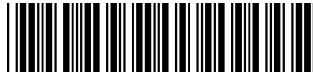
**PLEASE SIGN HERE:** Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Next year (January 2021) we will no longer automatically mail 1099-G forms. Instead, we ask that you get this information from our website ([www.atap.arkansas.gov](http://www.atap.arkansas.gov)). Check the box if you still want us to mail you a paper Form 1099-G next year.

PLEASE SIGN HERE	Primary's signature	Date	Telephone (216) 355-0823	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	PTIN/ID number ●	<b>For Department Use Only</b>	
	Preparer's name GLOBAL TAXES LLC	City/State/ZIP CUMMING GA 30041	Telephone	A <input type="checkbox"/> B <input type="checkbox"/>

<b>Refund:</b> Arkansas State Income Tax P.O. Box 1000 Little Rock, AR 72203-1000	<b>Tax Due/No Tax:</b> Arkansas State Income Tax P.O. Box 2144 Little Rock, AR 72203-2144
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Primary SSN 669-97-9861

		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		132,412.00	00	
	9. Military pay: Primary <input type="checkbox"/> [00] Spouse <input type="checkbox"/> [00]					
	10. Interest income: (If over \$1,500, attach AR4) .....	10		553.00	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 instr. 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"/> [00] Spouse <input type="checkbox"/> [00]					
	18A. Primary employer pension plan(s)/qualified IRA(s): (See instructions, attach all 1099Rs) Gross distribution <input type="checkbox"/> [00] Taxable amount <input type="checkbox"/> [00] Less \$6,000	18A		00		
	18B. Spouse employer pension plan(s)/qualified IRA(s): (See instructions, attach all 1099Rs) Gross distribution <input type="checkbox"/> [00] Taxable amount <input type="checkbox"/> [00] Less \$6,000	18B		00	00	
	19. Rents, royalties, partnerships, estates, trusts, etc.: (Attach federal Schedule E) .....	19		-6,430.00	00	
	20. Farm income: (Attach federal Schedule F) .....	20		00	00	
	21. Unemployment (Attach 1099-G) .....	21		00	00	
	22. Other income/depreciation differences: (Attach Form AR-OI) .....	22		00	00	
	23. TOTAL INCOME: (Add lines 8 through 22) .....	23		126,535.00	00	
	24. TOTAL ADJUSTMENTS: (Attach Form AR1000ADJ) .....	24		00	00	
	25. ADJUSTED GROSS INCOME: (Subtract line 24 from line 23) .....	25		126,535.00	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 type="checkbox"/> Standard deduction (\$2,200 or \$4,400 for filing status 2 only) <input checked="" type="checkbox"/> Itemized deductions (AR3) Spouse itemized on separate return, Check here. <input type="checkbox"/>	27		4,503.00	00
		28. NET TAXABLE INCOME: (Subtract line 27 from line 25) .....	28		122,032.00	00
		29. TAX: (Enter tax from tax table) .....	29		7,435.00	00
		30. Combined tax: (Add amounts from line 29, columns A and B) .....	30			7,435.00
		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			7,435.00	
TAX CREDITS	34. Personal tax credit(s): (Enter total from line 7D) .....	34	26.00			
	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			26.00	
38. NET TAX: (Subtract line 37 from line 33. If line 37 is greater than line 33, enter 0) .....	38			7,409.00		
PAYMENTS	39. Arkansas income tax withheld: (Attach state copies of W-2 and/or 1099R, 1099-G) .....	39	7,752.00			
	40. Estimated tax paid or credit brought forward from 2018: .....	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			7,752.00	
	45. AMENDED RETURNS ONLY - Previous refund: (See instructions) .....	45			00	
46. Adjusted total payments: (Subtract line 45 from line 44) .....	46			7,752.00		
REFUND OR TAX DUE	47. AMOUNT OF OVERPAYMENT/REFUND: (If line 46 is greater than line 38, enter difference) .....	47			343.00	
	48. Amount to be applied to 2020 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			343.00	
	51. AMOUNT DUE: (If line 46 is less than line 38, enter difference; If over \$1,000, continue to 52A) .....	TAX DUE 51			00	
	52A. UEP: Attach Form AR2210 or AR2210A. If required, enter exception in box 52A <input type="checkbox"/> Penalty 52B <input type="checkbox"/> [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  
DEDUCTION FOR TUITION PAID TO  
POST-SECONDARY EDUCATIONAL INSTITUTIONS**

Taxpayer's name RAVINANDAN ATLURI		Taxpayer's social security number 669-97-9861
Student attending institution RAVINANDAN ATLURI	Relationship to taxpayer SELF	Student's social security number 669-97-9861

**ONE FORM PER STUDENT PER TYPE OF INSTITUTION**

1. Name(s) of institution(s): CAMPBELLSVILLE UNIVERSITY INC.

Check one:     2-Year     4-Year     Technical Institute

2. Total tuition paid by taxpayer: <b>(See instructions)</b> .....	2 >	11,400.	00
3. Multiply line 2 by 50% <b>(.50)</b> : .....	3 >	5,700.	00
4. Enter the appropriate Weighted Average Tuition from the table below: <b>(See instructions)</b> ....	4 >	4,503.	00
5. Enter the lesser of line 3 or line 4 here and on Form AR3, line 19: .....	5 >	4,503.	00

**Instructions**

**This deduction is allowed for a portion of the tuition paid by the taxpayer as tuition for the taxpayer, the taxpayer's spouse or their dependent.**

**Line 1** Enter the name(s) of institution(s). Study must be for an associate, undergraduate or graduate degree. The institution(s) can be located out of Arkansas, but you must use the Arkansas Weighted Average Tuition in determining the maximum allowable deduction.

**Line 2** Enter the total amount of tuition paid. Reduce the amount of tuition paid by any reimbursements from scholarships, grants, and/or fellowships. **Do not** include expenses paid for fees, books, or lodging.

**Line 3** Enter 50% of line 2, tuition paid.

**Line 4** From the list below, choose the type of institution attended and enter the corresponding amount from the **50% of Weighted Average Tuition** column.

<u>Type of Institution</u>	<u>50% of Weighted Average Tuition</u>
2-year Colleges	\$2,114
4-year Colleges	\$4,503
Technical Institutes	\$778

**Line 5** Enter this amount on Itemized Deductions (**AR3**), line 19.

**NOTE: If you completed more than one AR1075, total the amounts from line 5 on each form and enter on AR3, line 19.**



**ARKANSAS INDIVIDUAL INCOME TAX  
ITEMIZED DEDUCTIONS**

Primary's legal name RAVINANDAN ATLURI		Primary's social security number 669-97-9861		
<b>MEDICAL AND DENTAL EXPENSES: [Do not include expense(s) paid by others]. (See instructions)</b>				
1. Medical and dental expenses:.....	1	0.00		
2. Enter amount from Form AR1000F/AR1000NR, line 25A and 25B:.....	2	126,535.00		
3. Multiply line 2 by 10% (.10), otherwise enter 0:.....	3	12,654.00		
4. TOTAL MEDICAL EXPENSES: (Subtract line 3 from line 1; if more than line 1, enter 0).....	4	0.00		
<b>TAXES: (See instructions)</b>				
5. Real estate tax:.....	5	00		
6. Personal property tax or other taxes: (List type and amount).....	6	00		
7. TOTAL TAXES: (Add lines 5 and 6).....	7	00		
<b>INTEREST EXPENSES: (See instructions)</b>				
8. Home mortgage interest paid to financial institutions:.....	8	00		
9. Home mortgage interest paid to an individual: Name: _____ Address: _____	9	00		
10. Deductible points:.....	10	00		
11. Investment interest: (Attach federal Form 4952).....	11	00		
12. TOTAL INTEREST EXPENSE: (Add lines 8 through 11).....	12	00		
<b>CONTRIBUTIONS: (See instructions)</b>				
13. Cash contributions:.....	13	00		
14. Art and literary contributions:.....	14	00		
15. Other:.....	15	00		
16. Carryover contributions: (List type and amount).....	16	00		
17. TOTAL CONTRIBUTIONS: (Add lines 13 through 16).....	17	00		
<b>CASUALTY AND THEFT LOSSES: (See instructions)</b>				
18. TOTAL CASUALTY AND THEFT LOSSES: (Attach Form AR4684).....	18	00		
<b>POST-SECONDARY EDUCATION TUITION DEDUCTION(S): (See instructions)</b>				
19. TOTAL POST-SECONDARY EDUCATION TUITION DEDUCTION(S): [Attach AR1075(s)].....	19	4,503.00		
<b>MISCELLANEOUS DEDUCTIONS SUBJECT TO 2% AGI LIMIT: (See instructions)</b>				
20. Unreimbursed employee business expenses: (Attach Form AR2106).....	20	00		
21. Other expenses: (List type and amount).....	21	00		
22. Add the amounts on lines 20 and 21. Enter the total:.....	22	00		
23. Enter amount from Form AR1000F/AR1000NR, line 25A and 25B:.....	23	00		
24. Multiply line 23 above by 2% (.02):.....	24	00		
25. TOTAL MISCELLANEOUS DEDUCTIONS: (Subtract line 24 from line 22; if line 24 is more than line 22, enter 0).....	25	00		
<b>OTHER MISCELLANEOUS DEDUCTIONS: (See instructions)</b>				
26. Volunteer firefighter expenses:.....	26	00		
27. Other miscellaneous deductions: (List type and amount).....	27	00		
28. TOTAL MISCELLANEOUS DEDUCTIONS NOT SUBJECT TO THE 2% AGI LIMITATION: (Add lines 26 and 27).....	28	00		
<b>TOTAL ITEMIZED DEDUCTIONS:</b>				
29. Add amounts on lines 4, 7, 12, 17, 18, 19, 25, and 28 and enter the total here:.....	29	4,503.00		
<b>Complete lines 30 - 34 ONLY if Filing Status 4 or 5.</b>				
		<b>PRIMARY</b>	<b>SPOUSE'S</b>	
		Adjusted Gross Income	Adjusted Gross Income	
30. Enter adjusted gross income from Form AR1000F/AR1000NR, line 25, columns (A) and (B) here:.....	30A	00	30B	00
31. Total Arkansas adjusted gross income: (Add columns 30A and 30B from above).....	31	00	31	00
32. Divide the amount on line 30A above by the amount on line 31. Enter the percentage here:.....	32	%	32	%
33. Multiply line 29 by the percentage on line 32. Enter here and on Form AR1000F/AR1000NR, line 27, col. (A):..... (Primary)	33	00	33	00
34. Subtract line 33 from line 29. Enter here and on Form AR1000F/AR1000NR, line 27, column (B). If you and your spouse are using Filing Status 5, enter on line 27, col. (A) of your spouse's return:..... (Spouse)	34	00	34	00





ARKANSAS INDIVIDUAL INCOME TAX DECLARATION FOR ELECTRONIC FILING

Primary's Legal First Name and Middle Initial: RAVINANDAN, Last Name: ATLURI, Primary's Social Security Number: 669-97-9861, Spouse's Legal First Name and Middle Initial, Spouse's Social Security Number, Mailing Address: 500 NAPA VALLEY DR, APT. 1315, Telephone: (216) 355-0823, City: LITTLE ROCK, State or Province: AR, ZIP: 72211, Check if address is outside U.S. Foreign Country.

Table with 5 rows and 3 columns: Line, Description, Amount. Row 1: Total Income (Form AR1000F or AR1000NR, Line 23) 126,535.00; Row 2: Net Tax (Form AR1000F or AR1000NR, Line 38) 7,409.00; Row 3: State Income Tax Withheld (Form AR1000F or AR1000NR, Line 39) 7,752.00; Row 4: Refund (Form AR1000F or AR1000NR, Line 47) 343.00; Row 5: Tax Due (Form AR1000F or AR1000NR, Line 51) 00.

PART II - DECLARATION OF TAXPAYER

6a. [X] I consent that my refund be direct deposited as designated in the electronic portion of my 2019 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 shown on the AR1000F/AR1000NR, line 50. 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 2019 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 ERO'S Signature Date Check if paid preparer [ ] Check if self-employed [ ] Your SSN or PTIN 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 Preparer's Signature Date Check if self-employed [ ] Preparer's SSN or PTIN Firm's name and address FEIN

**SCHEDULE E**  
(Form 1040 or 1040-SR)

**Supplemental Income and Loss**

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

OMB No. 1545-0074

**2019**  
Attachment  
Sequence No. **13**

Department of the Treasury  
Internal Revenue Service (99)

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

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

Name(s) shown on return

RAVINANDAN ATLURI

Your social security number

669-97-9861

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

**A** Did you make any payments in 2019 that would require you to file Form(s) 1099? (see instructions) . . . . .  Yes  No

**B** If "Yes," did you or will you file required Forms 1099? . . . . .  Yes  No

<b>1a</b>	Physical address of each property (street, city, state, ZIP code)				
<b>A</b>	MIYAPUR HYDERABAD TELANGANA IN 500048				
<b>B</b>					
<b>C</b>					
<b>1b</b>	Type of Property (from list below)	<b>2</b> For each rental real estate property listed above, report the number of fair rental and personal use days. Check the <b>QJV</b> box only if you meet the requirements to file as a qualified joint venture. See instructions.	Fair Rental Days	Personal Use Days	QJV
<b>A</b>	3		<b>A</b> 365	0	<input type="checkbox"/>
<b>B</b>			<b>B</b>		<input type="checkbox"/>
<b>C</b>			<b>C</b>		<input type="checkbox"/>

**Type of Property:**

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

Income:		Properties:		A	B	C
<b>3</b>	Rents received . . . . .	<b>3</b>		620.		
<b>4</b>	Royalties received . . . . .	<b>4</b>				
<b>Expenses:</b>						
<b>5</b>	Advertising . . . . .	<b>5</b>		210.		
<b>6</b>	Auto and travel (see instructions) . . . . .	<b>6</b>		460.		
<b>7</b>	Cleaning and maintenance . . . . .	<b>7</b>		230.		
<b>8</b>	Commissions. . . . .	<b>8</b>				
<b>9</b>	Insurance . . . . .	<b>9</b>				
<b>10</b>	Legal and other professional fees . . . . .	<b>10</b>				
<b>11</b>	Management fees . . . . .	<b>11</b>				
<b>12</b>	Mortgage interest paid to banks, etc. (see instructions)	<b>12</b>				
<b>13</b>	Other interest. . . . .	<b>13</b>		5,900.		
<b>14</b>	Repairs. . . . .	<b>14</b>		250.		
<b>15</b>	Supplies . . . . .	<b>15</b>				
<b>16</b>	Taxes . . . . .	<b>16</b>				
<b>17</b>	Utilities. . . . .	<b>17</b>				
<b>18</b>	Depreciation expense or depletion . . . . .	<b>18</b>				
<b>19</b>	Other (list) ▶ . . . . .	<b>19</b>				
<b>20</b>	Total expenses. Add lines 5 through 19 . . . . .	<b>20</b>		7,050.		
<b>21</b>	Subtract line 20 from line 3 (rents) and/or 4 (royalties). If result is a (loss), see instructions to find out if you must file Form 6198 . . . . .	<b>21</b>		-6,430.		
<b>22</b>	Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions) . . . . .	<b>22</b>	(	-6,430.)	(	)
<b>23a</b>	Total of all amounts reported on line 3 for all rental properties . . . . .	<b>23a</b>		620.		
<b>b</b>	Total of all amounts reported on line 4 for all royalty properties . . . . .	<b>23b</b>				
<b>c</b>	Total of all amounts reported on line 12 for all properties . . . . .	<b>23c</b>				
<b>d</b>	Total of all amounts reported on line 18 for all properties . . . . .	<b>23d</b>				
<b>e</b>	Total of all amounts reported on line 20 for all properties . . . . .	<b>23e</b>		7,050.		
<b>24</b>	<b>Income.</b> Add positive amounts shown on line 21. Do not include any losses . . . . .	<b>24</b>				
<b>25</b>	<b>Losses.</b> Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here . . . . .	<b>25</b>	(	6,430.)		
<b>26</b>	<b>Total rental real estate and royalty income or (loss).</b> Combine lines 24 and 25. Enter the result here. If Parts II, III, IV, and line 40 on page 2 do not apply to you, also enter this amount on Schedule 1 (Form 1040 or 1040-SR), line 5, or Form 1040-NR, line 18. Otherwise, include this amount in the total on line 41 on page 2 . . . . .	<b>26</b>		-6,430.		