

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 VISHWANATHA REDDY	Last name THOTA	Your social security number 189-93-6424
If joint return, spouse's first name and middle initial SWETHA	Last name POLAGARI	Spouse's social security number APPLIED FOR
Home address (number and street). If you have a P.O. box, see instructions. 2603 SE BRIDLE STREET		Apt. no. 204
City, town, or post office. If you have a foreign address, also complete spaces below. BENTONVILLE	State AR	ZIP code 72712
Foreign country name	Foreign province/state/county	Foreign postal code

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.
 You Spouse

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

Dependents (see instructions):

(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
					<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	60,654.
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	
9 Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income ▶	9	60,654.
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	60,654.
12 Standard deduction or itemized deductions (from Schedule A)	12	24,800.
13 Qualified business income deduction. Attach Form 8995 or Form 8995-A	13	
14 Add lines 12 and 13	14	24,800.
15 Taxable income. Subtract line 14 from line 11. If zero or less, enter -0-	15	35,854.

For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate instructions.

16	Tax (see instructions). Check if any from Form(s): 1 <input type="checkbox"/> 8814 2 <input type="checkbox"/> 4972 3 <input type="checkbox"/> _____	16	3,910.
17	Amount from Schedule 2, line 3	17	
18	Add lines 16 and 17	18	3,910.
19	Child tax credit or credit for other dependents	19	
20	Amount from Schedule 3, line 7	20	
21	Add lines 19 and 20	21	
22	Subtract line 21 from line 18. If zero or less, enter -0-	22	3,910.
23	Other taxes, including self-employment tax, from Schedule 2, line 10	23	0.
24	Add lines 22 and 23. This is your total tax	24	3,910.
25	Federal income tax withheld from:		
a	Form(s) W-2	25a	6,326.
b	Form(s) 1099	25b	
c	Other forms (see instructions)	25c	
d	Add lines 25a through 25c	25d	6,326.
26	2020 estimated tax payments and amount applied from 2019 return	26	
27	Earned income credit (EIC)	27	
28	Additional child tax credit. Attach Schedule 8812	28	
29	American opportunity credit from Form 8863, line 8	29	
30	Recovery rebate credit. See instructions	30	
31	Amount from Schedule 3, line 13	31	
32	Add lines 27 through 31. These are your total other payments and refundable credits	32	
33	Add lines 25d, 26, and 32. These are your total payments	33	6,326.

Refund

34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid	34	2,416.
35a	Amount of line 34 you want refunded to you . If Form 8888 is attached, check here <input type="checkbox"/>	35a	2,416.
b	Routing number 052001633		
c	Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings		
d	Account number 446029675740		
36	Amount of line 34 you want applied to your 2021 estimated tax	36	

Amount You Owe

37	Subtract line 33 from line 24. This is the amount you owe now	37	
Note: Schedule H and Schedule SE filers, line 37 may not represent all of the taxes you owe for 2020. See Schedule 3, line 12e, and its instructions for details.			
38	Estimated tax penalty (see instructions)	38	

Third Party Designee

Do you want to allow another person to discuss this return with the IRS? See instructions Yes. Complete below. No

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	If the IRS sent you an Identity Protection PIN, enter it here (see inst.)
Spouse's signature. If a joint return, both 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:
SYAM PRIYA RAM SAGAR GUPTA TALLAM	SYAM PRIYA RAM SAGAR GUPTA TALLAM	03/04/2021	P02082703	<input type="checkbox"/> Self-employed
Firm's name	Phone no.			
GLOBAL TAXES LLC	(678) 965-9522			
Firm's address	Firm's EIN			
2530 Pebble Creek Ln Cumming GA 30041	30-1017196			

Application for IRS Individual Taxpayer Identification Number

OMB No. 1545-0074

▶ **For use by individuals who are not U.S. citizens or permanent residents.**
▶ **See separate instructions.**

An IRS individual taxpayer identification number (ITIN) is for U.S. federal tax purposes only.

Application type (check one box):
<input checked="" type="checkbox"/> Apply for a new ITIN
<input type="checkbox"/> Renew an existing ITIN

Before you begin:

• **Don't submit this form if you have, or are eligible to get, a U.S. social security number (SSN).**

Reason you're submitting Form W-7. Read the instructions for the box you check. **Caution:** If you check box **b, c, d, e, f,** or **g,** you must file a U.S. federal tax return with Form W-7 unless you meet one of the exceptions (see instructions).

- a Nonresident alien required to get an ITIN to claim tax treaty benefit
- b Nonresident alien filing a U.S. federal tax return
- c U.S. resident alien (**based on days present in the United States**) filing a U.S. federal tax return
- d Dependent of U.S. citizen/resident alien } If **d**, enter relationship to U.S. citizen/resident alien (see instructions) ▶ _____
- e Spouse of U.S. citizen/resident alien } If **d** or **e**, enter name and SSN/ITIN of U.S. citizen/resident alien (see instructions) ▶ VISHWANATHA REDDY THOTA 189-93-6424
- f Nonresident alien student, professor, or researcher filing a U.S. federal tax return or claiming an exception
- g Dependent/spouse of a nonresident alien holding a U.S. visa
- h Other (see instructions) ▶ _____

Additional information for **a** and **f**: Enter treaty country ▶ _____ and treaty article number ▶ _____

Name (see instructions)	1a First name SWETHA	Middle name	Last name POLAGARI
	1b First name	Middle name	Last name

Applicant's Mailing Address	2 Street address, apartment number, or rural route number. If you have a P.O. box, see separate instructions. 2603 SE BRIDLE STREET Apt 204
	City or town, state or province, and country. Include ZIP code or postal code where appropriate. BENTONVILLE AR USA 72712

Foreign (non-U.S.) Address (see instructions)	3 Street address, apartment number, or rural route number. Don't use a P.O. box number.
	City or town, state or province, and country. Include postal code where appropriate.

Birth Information	4 Date of birth (month / day / year) 07/01/1994	Country of birth INDIA	City and state or province (optional)	5 <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female
--------------------------	---	---------------------------	---------------------------------------	--

Other Information	6a Country(ies) of citizenship INDIAN	6b Foreign tax I.D. number (if any)	6c Type of U.S. visa (if any), number, and expiration date	
	6d Identification document(s) submitted (see instructions) <input checked="" type="checkbox"/> Passport <input type="checkbox"/> Driver's license/State I.D. <input type="checkbox"/> USCIS documentation <input type="checkbox"/> Other			Date of entry into the United States (MM/DD/YYYY): <u>03/13/2020</u>
	6e Have you previously received an ITIN or an Internal Revenue Service Number (IRSN)? <input checked="" type="checkbox"/> No/Don't know. Skip line 6f. <input type="checkbox"/> Yes. Complete line 6f. If more than one, list on a sheet and attach to this form (see instructions).			
	6f Enter ITIN and/or IRSN ▶ ITIN _____ IRSN _____ and name under which it was issued ▶ First name Middle name Last name			

Sign Here Under penalties of perjury, I (applicant/delegate/acceptance agent) declare that I have examined this application, including accompanying documentation and statements, and to the best of my knowledge and belief, it is true, correct, and complete. I authorize the IRS to share information with my acceptance agent in order to perfect this Form W-7, Application for IRS Individual Taxpayer Identification Number.

Sign Here Keep a copy for your records.	Signature of applicant (if delegate, see instructions)	Date (month / day / year)	Phone number
	Name of delegate, if applicable (type or print)	Delegate's relationship to applicant <input type="checkbox"/> Parent <input type="checkbox"/> Court-appointed guardian <input type="checkbox"/> Power of attorney	

Acceptance Agent's Use ONLY	Signature	Date (month / day / year)	Phone Fax
	Name and title (type or print)	Name of company	EIN Office code PTIN

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 ● VISHWANATHA REDDY	MI ●	Last name ● THOTA	Check if Deceased ● <input type="checkbox"/>	Primary's social security number ● 189-93-6424
	Spouse's legal first name ● SWETHA	MI ●	Last name ● POLAGARI	Check if Deceased ● <input type="checkbox"/>	Spouse's social security number ● APPLIED FOR
Mailing address (number and street, P.O. box or rural route) ● 2603 SE BRIDLE STREET, APT. 204					<input type="checkbox"/> Check if address is outside U.S.
City ● BENTONVILLE		State or province ● AR		ZIP ● 72712	Foreign country name

FILING STATUS Check Only One Box	1. <input 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 checked="" 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 checked="" 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 = <input type="text" value="58.00"/>					
	Dependents (Do not list yourself or spouse)					
	First name		Last name		Dependent's social security number	Dependent's relationship to you
	1. _____					
2. _____						
3. _____						
7B. Multiply number of DEPENDENTS from above 7B <input type="checkbox"/> X \$29 = <input type="text" value="00"/>						
7C. Multiply number of qualifying individuals from AR1000RC5 (See instructions) 7C <input type="checkbox"/> X \$500 = <input type="text" value="00"/>						
7D. TOTAL PERSONAL TAX CREDITS: (Add lines 7A, 7B, and 7C. Enter total here and on line 34) 7D <input type="text" value="58.00"/>						

ID	DL# / State ID <u>942511498</u>	Your state <u>AR</u>	Issue date (mm/dd/yyyy) <u>12/09/2019</u>	Expiration date (mm/dd/yyyy) <u>09/17/2021</u>
	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 checked="" type="checkbox"/> Checking or <input type="checkbox"/> Savings	Direct deposit 1 Amt	
	● 0 5 2 0 0 1 6 3 3	● 4 4 6 0 2 9 6 7 5 7 4 0		● <input type="text" value="328.00"/>	
	Routing Number 2	Account Number 2	<input type="checkbox"/> Checking or <input type="checkbox"/> Savings	Direct deposit 2 Amt	
●	●		● <input type="text" value="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 (314) 755-6424	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	Telephone (678) 965-9522	
	E-mail SYAM@GTAXFILE.COM			

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 189-93-6424

		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	60,654.00	00	00	
	9. Military pay: Primary <input type="checkbox"/> Spouse <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"/> Spouse <input type="checkbox"/>					
	18A. Primary employer pension plan(s)/qualified IRA(s): (See instructions, Attach all 1099Rs) Gross distribution <input type="checkbox"/> Taxable amount <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"/> Taxable amount <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 (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		60,654.00	00	
	24. TOTAL ADJUSTMENTS: (Attach Form AR1000ADJ)	24		00	00	
	25. ADJUSTED GROSS INCOME: (Subtract line 24 from line 23)	25		60,654.00	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		4,400.00	00
		28. NET TAXABLE INCOME: (Subtract line 27 from line 25)	28		56,254.00	00
		29. TAX: (Enter tax from tax table)	29		2,545.00	00
		30. Combined tax: (Add amounts from line 29, columns A and B)	30			2,545.00
		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			2,545.00	
TAX CREDITS	34. Personal tax credit(s): (Enter total from line 7D)	34		58.00		
	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			58.00	
38. NET TAX: (Subtract line 37 from line 33. If line 37 is greater than line 33, enter 0)	38			2,487.00		
PAYMENTS	39. Arkansas income tax withheld: (Attach state copies of W-2 and/or 1099R, W2-G)	39		2,815.00		
	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			2,815.00	
	45. AMENDED RETURNS ONLY - Previous refund: (See instructions)	45			00	
46. Adjusted total payments: (Subtract line 45 from line 44)	46			2,815.00		
REFUND OR TAX DUE	47. AMOUNT OF OVERPAYMENT/REFUND: (If line 46 is greater than line 38, enter difference)	47			328.00	
	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			328.00	
	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 DECLARATION FOR ELECTRONIC FILING

Primary's Legal First Name and Middle Initial ● VISHWANATHA REDDY		Last Name ● THOTA		Primary's Social Security Number ● 189-93-6424																													
Spouse's Legal First Name and Middle Initial SWETHA		Last Name POLAGARI		Spouse's Social Security Number ● APPLIED FOR																													
Mailing Address (Number and Street, P.O. Box or Rural Route) 2603 SE BRIDLE STREET, APT. 204				Telephone ● (314) 755-6424																													
City BENTONVILLE	State or Province AR	ZIP 72712	<input type="checkbox"/> Check if address is outside U.S. Foreign Country																														
PART I - TAX RETURN INFORMATION (Whole Dollars Only)																																	
1. Total Income (Form AR1000F or AR1000NR, Line 23)	1	60,654.	00																														
2. Net Tax (Form AR1000F or AR1000NR, Line 38)	2	2,487.	00																														
3. State Income Tax Withheld (Form AR1000F or AR1000NR, Line 39)	3	2,815.	00																														
4. Refund (Form AR1000F or AR1000NR, Line 47)	4	328.	00																														
5. Tax Due (Form AR1000F or AR1000NR, Line 51)	5		00																														
PART II - DECLARATION OF TAXPAYER																																	
<p>6a. <input checked="" type="checkbox"/> I consent that my refund be direct deposited as designated in the electronic portion of my 2020 Arkansas income tax return. If I have filed a joint return, this is an irrevocable appointment of the other spouse as an agent to receive the refund. The refund will be direct deposited to the bank account(s) shown on page 1 of the Form AR1000F/AR1000NR.</p> <p>6b. <input type="checkbox"/> I do not want direct deposit of my refund or I am not receiving a refund.</p> <p>6c. <input type="checkbox"/> 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).</p> <p>6d. <input type="checkbox"/> 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).</p>																																	
<p>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.</p> <p>Under penalties of perjury, I declare that the information I have given my ERO and the amounts in Part I above agree with the amounts on the corresponding lines of the electronic portion of my 2020 Arkansas income tax return. To the best of my knowledge and belief, my return is true, correct, and complete. I consent to my ERO sending my return, this declaration, and accompanying schedules and statements to the State of Arkansas. I also consent to the State of Arkansas sending my ERO and/or transmitter an acknowledgement of receipt of transmission and an indication of whether or not my return is accepted, and if rejected, the reason(s) for the rejection. If the processing of my return or refund is delayed, I authorize the State of Arkansas to disclose to my ERO and/or transmitter the reason(s) for the delay, or when the refund was sent. In addition, by using a computer system and software to prepare and transmit my return electronically, I consent to the disclosure to the State of Arkansas of all information pertaining to my use of the system and software and to the transmission of my tax return electronically.</p>																																	
<p>Sign Here</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 25%; border-bottom: 1px solid black;"></td> <td style="width: 25%; border-bottom: 1px solid black;"></td> <td style="width: 25%; border-bottom: 1px solid black;"></td> <td style="width: 25%; border-bottom: 1px solid black;"></td> </tr> <tr> <td style="text-align: center;">Primary's Signature</td> <td style="text-align: center;">Date</td> <td style="text-align: center;">Spouse's Signature</td> <td style="text-align: center;">Date</td> </tr> </table>										Primary's Signature	Date	Spouse's Signature	Date																				
Primary's Signature	Date	Spouse's Signature	Date																														
PART III - DECLARATION OF ELECTRONIC RETURN ORIGINATOR (ERO) AND PAID PREPARER																																	
<p>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.</p>																																	
<table style="width: 100%; border: none;"> <tr> <td style="width: 15%;">ERO'S Use Only</td> <td style="width: 30%; border-bottom: 1px solid black;"></td> <td style="width: 10%; text-align: center;">03/04/2021</td> <td style="width: 10%; text-align: center;">Date</td> <td style="width: 10%; text-align: center;">Check if paid preparer <input type="checkbox"/></td> <td style="width: 10%; text-align: center;">Check if self-employed <input type="checkbox"/></td> <td style="width: 25%; border-bottom: 1px solid black;"></td> </tr> <tr> <td></td> <td style="text-align: center;">ERO'S Signature</td> <td></td> <td></td> <td></td> <td></td> <td style="text-align: center;">Your SSN or PTIN</td> </tr> <tr> <td></td> <td colspan="4" style="border-bottom: 1px solid black;">GLOBAL TAXES LLC 2530 PEBBLE CREEK LN CUMMING GA 30041</td> <td></td> <td style="border-bottom: 1px solid black;">30-1017196</td> </tr> <tr> <td></td> <td colspan="4" style="text-align: center;">Firm's name and address</td> <td></td> <td style="text-align: center;">FEIN</td> </tr> </table>						ERO'S Use Only		03/04/2021	Date	Check if paid preparer <input type="checkbox"/>	Check if self-employed <input type="checkbox"/>			ERO'S Signature					Your SSN or PTIN		GLOBAL TAXES LLC 2530 PEBBLE CREEK LN CUMMING GA 30041					30-1017196		Firm's name and address					FEIN
ERO'S Use Only		03/04/2021	Date	Check if paid preparer <input type="checkbox"/>	Check if self-employed <input type="checkbox"/>																												
	ERO'S Signature					Your SSN or PTIN																											
	GLOBAL TAXES LLC 2530 PEBBLE CREEK LN CUMMING GA 30041					30-1017196																											
	Firm's name and address					FEIN																											
<p>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.</p>																																	
<table style="width: 100%; border: none;"> <tr> <td style="width: 15%;">Paid Preparer's Use Only</td> <td style="width: 30%; border-bottom: 1px solid black;"></td> <td style="width: 10%; text-align: center;">03/04/2021</td> <td style="width: 10%; text-align: center;">Date</td> <td style="width: 10%; text-align: center;">Check if self-employed <input type="checkbox"/></td> <td style="width: 20%; border-bottom: 1px solid black;"></td> </tr> <tr> <td></td> <td style="text-align: center;">Preparer's Signature</td> <td></td> <td></td> <td></td> <td style="text-align: center;">Preparer's SSN or PTIN</td> </tr> <tr> <td></td> <td colspan="4" style="border-bottom: 1px solid black;">SYAM PRIYA RAM SAGAR GUPTA TALLAM 2530 PEBBLE CREEK LN CUMMING GA 30041</td> <td></td> </tr> <tr> <td></td> <td colspan="4" style="text-align: center;">Firm's name and address</td> <td style="text-align: center;">FEIN</td> </tr> </table>						Paid Preparer's Use Only		03/04/2021	Date	Check if self-employed <input type="checkbox"/>			Preparer's Signature				Preparer's SSN or PTIN		SYAM PRIYA RAM SAGAR GUPTA TALLAM 2530 PEBBLE CREEK LN CUMMING GA 30041						Firm's name and address				FEIN				
Paid Preparer's Use Only		03/04/2021	Date	Check if self-employed <input type="checkbox"/>																													
	Preparer's Signature				Preparer's SSN or PTIN																												
	SYAM PRIYA RAM SAGAR GUPTA TALLAM 2530 PEBBLE CREEK LN CUMMING GA 30041																																
	Firm's name and address				FEIN																												