Filing Status Normal 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 one box. Presens is a child but not your dependent b Your first name and middle initial Last name Your social security number ARP TTHA KONREDDY 26.9–27-2801 Home address (number and stree). If you have a P.O. box, see instructions. Apt. no. Presidential Election Campaign 2702 SW BRANDON DR 106 Check here if you, or your Top the filing (hill), wont 33 BENTONTILLE Foreign province/state/county Foreign province/state/county Foreign province/state/county Foreign postal code your as or refund. Standard Someone can claim: You as a dependent Your spouse as a dependent You you as before infoructions; If more than four dependents, see instructions; (P) Social security (P) feationship (4) 4' if qualifies for (see instructions; If more than four dependents, see instructions; (P) Social security (P) feationship (4) 4' if qualifies for (see instructions; If more than four dependents, see instr	E 1040		artment of the Treasury-Internal Revenue Servi S. Individual Income Tax		(99) :urn	202	20	OMB No. 1545	5-0074	IRS Us	se Only	–Do not w	rite or staple	in this space.
ARP ITHA KONREDDY 269 - 27 - 2801 If joint return, spouse is first name and middle initial Last name Spouse's social security number Hone address (number and street). If you have a P.O. box, see instructions. Apt. no. Presidential Election Campaign 2702 SW BRANDON DR Check here if you, or your Spouse's social security number Age 72713 Foreign country name Foreign province/state/country Foreign postince. Tyou have a foreign address, also complete spaces below. Age 72713 box below will not change your tex or retund. Foreign country name Foreign province/state/country Foreign postal code you tex or retund. you tex or retund. BENTONVILLE Someone can claim: You as a dependent You re spouse as a dependent You for retund. You for retund. Beduction Spouse: Was born before January 2, 1956 Is blind Dependents, see instructions: (2) Social security (3) Relationship (4) for qualifies for (see instructions): If more than four dependents, see instructions: 1 83, 664. 2b 2b If more than four dependents, see instructions: 3a b Traxable amount. 4b Sa Pensions and annuitites 5a 5a	Check only	lf yo	ou checked the MFS box, enter the n	ame of	-									
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. Apt. no. 106 2702 SW BRANDON DR 106 Check here if you, or your City, town, or post office. If you have a foreign address, also complete spaces below. State 72713 EDRTONVILLE AR 7270.3 by Borosov will not change your tax or refund. Foreign country name Foreign province/state/country Foreign postal code You 's spouse a a dependent Standard Deduction Spouse itemizes on a separate return or you were a dual-status alien Yes X ho Standard dependent: Age/Blindness You: Were born before January 2, 1956 Are blind Spouse: Was born before January 2, 1956 Is blind Dependents (see instructions): (g) Social security (a) Relationship (d) V' if qualifies to relate order dependent If more (i) First name Last name is bailed is blind Dependents (see instructions): (g) Social security (a) Relationship (d) V' if qualifies to relate order dependent If more I Mass condit Chait ande dependent is you chait fo	Your first name	and m	iddle initial	Last na	ame							Your so	cial securi	ty number
Home address (number and street). If you have a P.O. box, see instructions. Apt. no. Presidential Election Campaign 2702 SW BRANDON DR 106 Check here if you, or your spouse if filing jointly, want S3 BINTONVILLE 2P code AR 72713 Foreign country name Foreign province/state/county Foreign postal code you is or post of this fund. Checking a box below will not change your is or post at or refund. You Spouse itemizes on a separate return or you were a dual-status alien Someone can claim: You as a dependent You 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 (9) Vere born before January 2, 1956 Are blind Spouse: Was born before January 2, 1956 Is blind Dependents (9) Vere born before January 2, 1956 Are blind Spouse: Was born before January 2, 1956 Is blind Dependents (9) Vere born before January 2, 1956 Are blind Dordinary dividends Is blind Age/Blindness (1) First name Last name In umber Do Taxable amount Is blind Age/Bli	ARPITHA			KONI	KONREDDY 269-27-2801									
2702 SW BRANDON DR 106 Check here if you, or your City, town, or post office. If you have a foreign address, also complete spaces below. State ZP code spouse if filling jointly, want \$3 BENTONVILLE AR 72713 box below will not change Foreign country mame Foreign province/statk/country Foreign postal code your tax or refund. You Tax or refund. You a spouse as a dependent You spouse as a dependent You Spouse Deduction Spouse itemizes on a separate return or you were a dual-status alien Age/Blindness You: Were born before January 2, 1956 Its blind Dependents (see instructions): (2) Social security (3) Relationship (4) 4' if qualifies for (see instructions): If more (1) First name Last name Immeer Immeer Immeer If erequired. 4a Immeer Immeer Immeer Immeer Immeer If a code in structions Immeer Immeer <t< td=""><td>lf joint return, s</td><td>pouse's</td><td>s first name and middle initial</td><td>Last na</td><td>ame</td><td></td><td></td><td></td><td></td><td></td><td></td><td>Spouse'</td><td>s social se</td><td>curity number</td></t<>	lf joint return, s	pouse's	s first name and middle initial	Last na	ame							Spouse'	s social se	curity number
Cuty, with, or bask under, in your have a holegy radiuless, and complete spaces below. State 24' Odde to go to this fund, checking a box below into change your tax or refund. Foreign country name Foreign province/state/county Foreign postal code 'Vou Spouse your tax or refund. At any time during 2020, did you receive, sell, send, exchange, or otherwise acquire any financial interest in any virtual currency? Yes No Standard Someone can claim: You as a dependent You repose as a dependent You gouse as a dependent Deduction Spouse itemizes on a separate return or you were a dual-status alien Age/Blindness You: Ware born before January 2, 1956 Are blind Spouse: Was born before January 2, 1956 Is blind Dependents (1) First name Last name (2) Social security (3) Relationship (4) // It qualifies for (see instructions): and check interest in				instruct	ions.									
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Foreign country name Foreign province/state/county Foreign postal code your tax or refund. At any time during 2020, did you receive, sell, send, exchange, or otherwise acquire any financial interest in any virtual currency? Yes No Standard Someone can claim: You as a dependent Your spouse as a dependent Your spouse as a dependent Deduction 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): (2) Social security (3) Relationship (4) I' if qualifies for (see instructions): If more than four dependents, see instructions (1) First name Last name Immber	BENTONV	ILLE					A	R	727	13		Ŭ		•
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	Standard	13	Qualified business income deduct	ion. Att	ach Forn	n 8995 or F	Form 8	3995-A				. 13		
15 Taxable income. Subtract line 14 from line 11. If zero or less, enter -0		14												
		15	Taxable income. Subtract line 14	from li	ne 11. lf:	zero or les	s, ente	er-0				. 15		69,044.

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

Form **1040** (2020)

Form 1040 (2020	D)									Page 2
	16	Tax (see instructions). Check	if any from Form	(s): 1 🗌 881	4 2 4972	3			16	10,976.
	17	Amount from Schedule 2, lin	ie3					[17	
	18	Add lines 16 and 17						[18	10,976.
	19	Child tax credit or credit for	other dependen	ts				[19	
	20	Amount from Schedule 3, lin	ie7					[20	
	21	Add lines 19 and 20							21	
	22	Subtract line 21 from line 18	. If zero or less,	enter -0					22	10,976.
	23	Other taxes, including self-e	mployment tax,	from Schedule	e 2, line 10 .			[23	0.
	24	Add lines 22 and 23. This is	your total tax					. 🕨	24	10,976.
	25	Federal income tax withheld	from:							
	а	Form(s) W-2				25a	11,5	568.		
	b	Form(s) 1099				25b				
	с	Other forms (see instructions	s)			25c				
	d	Add lines 25a through 25c							25d	11,568.
• If you have a	26	2020 estimated tax payment						[26	
qualifying child,	27	Earned income credit (EIC)			. _. No	27				
attach Sch. EIC.	28	Additional child tax credit. A	ttach Schedule 8	8812		28				
nontaxable combat pay,	29	American opportunity credit	from Form 8863	8, line 8		29				
see instructions.	30	Recovery rebate credit. See	instructions .			30	r.	719.		
	31	Amount from Schedule 3, lin	ie 13			31				
	32	Add lines 27 through 31. The	ese are your tota	al other paym	ents and refund	able cred	ts	. 🕨	32	719.
	33	Add lines 25d, 26, and 32. T	hese are your to	tal payments				. 🕨	33	12,287.
Refund	34	If line 33 is more than line 24	l, subtract line 2	4 from line 33.	This is the amou	int you ov e	erpaid	[34	1,311.
neruna	35a	Amount of line 34 you want			is attached, che	eck here)		35a	1,311.
Direct deposit?	►b	Routing number 0 8 2			► c Type: 🛛		g 🗌 Sa	vings		
See instructions.	►d	Account number 4 8 7	0 0 4 6	5 6 2 4	4 8					
	36	Amount of line 34 you want a	applied to your	2021 estimate	ed tax 🕨	36				
Amount	37	Subtract line 33 from line 24	. This is the amo	ount you owe	now			. 🕨	37	
You Owe		Note: Schedule H and Sch								
For details on how to pay, see		2020. See Schedule 3, line 1					,			
instructions.	38	Estimated tax penalty (see in	nstructions) .		🕨	38				
Third Party	Do	you want to allow another	person to disc	cuss this retu	rn with the IRS?	? See				
Designee	ins	structions				. 🕨 🗌	Yes. Com	plete be	low.	× No
		signee's		Phone				al identific	ation ₍	
		me 🕨		no. 🕨				(PIN) ►		
Sign		der penalties of perjury, I declare t ief, they are true, correct, and com								
Here		ur signature		Date	1,2,7					nt you an Identity
		ar signature		Duic						N, enter it here
Joint return?					QUALITY E	NGINEE	R	(see in	.st.) ►	
See instructions. Keep a copy for	Sp	ouse's signature. If a joint return, k	ooth must sign.	Date	Spouse's occupa	tion				nt your spouse an
your records.	,							(see in	· .	ection PIN, enter it here
			<u>ົ</u>			V11100M	ATT COM	(000 11	0	
		one no. (408)550-379 eparer's name	3 Preparer's signat	Email address	ARPITHAREDD	Date		TIN		Check if:
Paid									702	Self-employed
Preparer		PRIYA RAM SAGAR GUPTA TALLAM		RAM SAGAR	GUPIA IALLAM	I 09/09	ZUZI P	02082		
Use Only		m's name ► GLOBAL TAX			~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~					678)965-9522
		m's address ► 2530 Pebb		an Cumming	-			Firm's	EIN 🕨	
Go to www.irs.go	ov/Forn	n1040 for instructions and the late	st information.		BAA	REV 07/	28/21 PRO			Form 1040 (2020)

SCHEDULE	1
(Form 1040)	

Department of the Treasury

Internal Revenue Service

Additional Income and Adjustments to Income

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

	2020
	Attachment Sequence No. 01
r soc	ial security numb

OMB No. 1545-0074

► Go to www.irs.gov/Form1040 for instructions and the latest information.

Name(s) shown on Form 1040, 1040-SR, or 1040-NR	Your social security number
ARPITHA KONREDDY	269-27-2801
Part I Additional Income	

1	Taxable refunds, credits, or offsets of state and local income taxes	1	
2a	Alimony received	2a	
b	Date of original divorce or separation agreement (see instructions)		
3	Business income or (loss). Attach Schedule C	3	
4	Other gains or (losses). Attach Form 4797	4	
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	5	-2,220.
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, line 8	9	-2,220.
Par	line 8	J	-2,220.
10		10	
11	Certain business expenses of reservists, performing artists, and fee-basis government		
	officials. Attach Form 2106	11	
12	Health savings account deduction. Attach Form 8889	12	
13	Moving expenses for members of the Armed Forces. Attach Form 3903	13	
14	Deductible part of self-employment tax. Attach Schedule SE	14	
15	Self-employed SEP, SIMPLE, and qualified plans	15	
16	Self-employed health insurance deduction	16	
17	Penalty on early withdrawal of savings	17	
18a	Alimony paid	18a	
b	Recipient's SSN		
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		
For Pa	on Form 1040, 1040-SR, or 1040-NR, line 10a	22 Schedu	le 1 (Form 1040) 2020

SCHEDULE E	
(Form 1040)	

Department of the Treasury

Internal Revenue Service (99)

Supplemental Income and Loss

OMB No. 1545-0074 20

20

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

Attach to Form 1040, 1040-SR, 1040-NR, or 1041. ▶ Go to www.irs.gov/ScheduleE for instructions and the latest info

	060	uence	110.	10
ormation.	Atta	ichmen luence	t	13
	(~			

,										ər
	THA KONREDDY							27-280		
Part		-		-			• •	•		use
	Schedule C. See instructions. If you are an individual, rep									2
	you make any payments in 2020 that would require you t		• • •						_	_
	Yes," did you or will you file required Form(s) 1099?							•	Yes	No
<u>1a</u>	Physical address of each property (street, city, state, ZI			T T T C C						
<u>A</u>	INDIRA NAGAR, GUDIWADA KRISHNA ANDHR	A PRA	ADESH	IN 52	21105					
B C										
					Foir	Rental	Person			
1b	Type of Property (from list below) 2 For each rental real estate pro- above, report the number of fa	perty lis	sted al and			ays	Da		Q	JV
A	personal use days. Check the	QJV bo	ox only	•		365	Du	-	Г	
 	3 if you meet the requirements t qualified joint venture. See ins	to file as	sa ns.	A B		305		0	L	<u></u>
<u>с</u>			-	C					L	<u></u>
	of Property:			C					L	
	gle Family Residence 3 Vacation/Short-Term Rental	5 Lar	hd	-	7 Self-	Pontal				
-	ti-Family Residence 4 Commercial		valties			r (describe)				
Incom			yanies	A		B			С	
3	Rents received	3			500.				<u> </u>	
4	Royalties received	4			500.					
Expen	Ses'									
5	Advertising	5			50.					
6	Auto and travel (see instructions)	6		-	170.					
7	Cleaning and maintenance	7		-	1,0.					
8	Commissions.	8								
9		9						_		
10	Legal and other professional fees	10								
11	Management fees	11								
12	Mortgage interest paid to banks, etc. (see instructions)	12								
13	Other interest	13		2,5	500.					
14	Repairs	14								
15	Supplies	15								
16	Taxes	16								
17	Utilities	17								
18	Depreciation expense or depletion	18								
19	Other (list) ►	19								
20	Total expenses. Add lines 5 through 19	20		2,5	720.					
21	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	21		-2,2	220.					
22	Deductible rental real estate loss after limitation, if any,									
	on Form 8582 (see instructions)	22	(-2,2	20.)	()()
23a	Total of all amounts reported on line 3 for all rental properties		• •		23a		500.			
b	Total of all amounts reported on line 4 for all royalty prop				23b					
c	Total of all amounts reported on line 12 for all properties				23c					
d	Total of all amounts reported on line 18 for all properties		• •		23d			_		
e	Total of all amounts reported on line 20 for all properties		 -!		23e		2,720.			
24	Income. Add positive amounts shown on line 21. Do no		-				. 24			<u> </u>
25	Losses. Add royalty losses from line 21 and rental real estat							(2,2	220.)
26	Total rental real estate and royalty income or (loss).									
	here. If Parts II, III, IV, and line 40 on page 2 do not								. າ	,220.
	Schedule 1 (Form 1040), line 5. Otherwise, include this a	unount	in the to	JIAI UII	me 41	on page 2	. 26		- 4	U .

For Paperwork Reduction Act Notice, see the separate instructions.

2020 AR1000F ARKANSAS INDIVIDUAL INCOME TAX RETURN Full Yoar Posident



AR1

IN	COME TAX F		CHECK BOX IF															
Fu	III Year Resid	dent								AM	END	ED R	ETUR	N	_	Softv	vare II	2
Jan.	. 1 - Dec. 31, 2020 or f	-	ıg		, 20	- •					•					PROSE	RIES	
	Primary's legal first nar	ne		MI	Last n						Check if		ary's soc		•	ımber		
Г ~ш	• ARPITHA			•		NREDDY			•		Deceased		59-27-					
LOR	Spouse's legal first na	me		MI	Last n	ame					Check if	· · ·	se's soci	al secu	urity nu	mber		
BB.R				•	•				•		Deceased							
USE LABEL (Mailing address (num								neck if ad	dress is	outside	e U.S.						
NS S	• 2702 SW BRA City	NDON DR, 1		.06 or provinc	~~~		ZIP						an count	rv nam	10			
	BENTONVILLE		• AR	•	CC .			727	1 0									
×									-									
E BC	1.● X Single (Or w	vidowed before 2				20)	4.		4		• •		on the sa					
V QTA	2.• Married filin	g joint (Even if o	only one ha	ad income	e)		5.	•					on differe					
ъ В Р	3. Head of hou	usehold (See ins			4			- —	-									
FILING STATUS Check Only One Box	enter child's	/ing person was s name here:					6.	•		, ,		· /	n depend Istructior		ID			
	Check this box if y														tate d	exten	sion	
L_	Check here if you	want a tax boo	Klet maile	ed to you	i next ye	ear.							l exter					
	7A. X Yourself	• 65 or ov	ver	•	Special	•	Blind	1	•	Dea	af	He	ad of hou	sehold/	/qualifyi	ing wid	ow(er)	
		• 65 or ov	105		Special] Blind	J	•□	Dea	.f	L (F	iling status 3	s only)	(Filing s	status 6 o	nly)	
					•							-		* • • •				
OITS	Multiply number of boxe Dependents (Do											1	'A <u>1</u> X	\$29 =			29.	00
CREDITS	First name	not not yours	· ·	st name		Depen	dent's	socia	l securi	tv nu	Imber		Depend	ent's re	elation	shin to	VOL	
			24	ot name		Dopon		ooola	rocouri	ty na			Dopond		Jacon	ship to	you	
F J	1.																	
ONA	2.																	
PERSONAL TAX	3.																	
٩	7B. Multiply number	of DEPENDEN	ITS from	above								7B	• 🗌 ×	\$29 =				00
	7C. Multiply number of	of qualifying indiv	viduals fro	om AR10	00RC5 (See instruc	tions).					7C	• 🗌 ×	\$500 =				00
	7D. TOTAL PERSO	NAL TAX CR		(Add line	s 74 7R	and 7C F	nter to	al her	re and o	n line	a 34)			7D			29.	00
			20110.	(7100 1110	о <i>н</i> ч, г в,												27.	
	DL# / State ID 94395	4793	Your	state Z	AR		e date /dd/yyy	/)	05/1	9/2	020	_	Expiratio (mm/dd/y		09/	08/2	2022	
□						leeu	e date						Expiratio	n date				
	DL# / State ID		Spo	use state				/)				_	(mm/dd/					
													-					
	Direct deposit allowe	d to U.S. banks	s only. Cl	heck if ei	ither dep	oosit(s) wi	l ultim	ately	be pla	ced i	n a fore	eign aco	count. •					
E	Routing Numb	er 1		Acco	unt Nur	mber 1	• 2	C Cł	necking	or	•	Savings	;		Direct	deno	sit 1 An	nt
DO										4						•		
L DE	• 0 8 2 0	0 0 0 7	3	4 8	7 0	0 4	6	5 6	2	4	8						718.	00
DIRECT DEPOSIT							۰L		necking	or		Savings						
⊡	Routing Numb	er 2		Accou	unt Nu	mber 2					•		, 		Direct	depos	sit 2 An	nt
	•																	00
	PLEASE SIGN HERE	: Under penaltie	s of periur	y, I declar	re that I	have exami	ned thi	s retu	rn and a	ccom	npanving	schedu	les and st	tatemer	nts, and	to the	best of	mv
	knowledge and belief, the	ney are true, corre	ect and cor	nplete. D	eclaratio	n of prepare	er (other	than ta	axpayer) i	s bas	ed on all	informa	tion of w	nich pre	eparer h			
щщ	We will no lo (www.atap.a	nger automatio rkansas.gov).	cally mai Check th	l 1099-G ne box if	i forms. you sti	Instead, v II want us	ve asl to ma	k thai iil yoi	t you g u a pap	et th per F	nis infoi orm 10	matior 99-G n	n from o ext year	ur web	osite			
PLEASE SIGN HERE	Primary's signature						Date			Telep	ohone			May	y the Ar	kansas	Revenue	e
SIGI										(-	408)5	550-3	793	Age	-		nis returi	a
	Spouse's signature						Date			Telep	ohone] _	_	ne prepa דידו		
							1								Yes		No	
R.	Paid preparer's signa		ידיית אידים	T.T.AMO	9/00/	2021			umber .7196					For	Depart	tment l	Jse Only	
PAID PREPARER	Preparer's name			ulani ())/09/	City/Sta		101	./190						hone			
REI	GL	OBAL TAXES												·				
	E-mail SY	AM@GTAXFI		I		CUMMI	NG (3A 3	30041			Arkans	as State In		8)96	5-95	22	_
	Refund:	P.O. Box 1000					Тах	Du	e/No	Tax	:		ox 2144	203-21//				



Primary SSN ______269-27-2801

	L	ROUND ALL AMOUNTS TO WHOLE DOLLARS	(A) Primary/Joint Income	(B) Spouse's Income Status 4 Only		
0	8	Wages, salaries, tips, etc: (Attach W-2s)	• 83,664.00	• 00		
(>)6601/(>) <i>C-</i> /M	9					
1/1	10	Interest income: (If over \$1,500, Attach AR4)10	• 00	• 00		
0.00	11	Dividend income: (If over \$1,500, Attach AR4)	• 00	• 00		
of V		Alimony and separate maintenance received:	• 00	• 00		
		Business or professional income: (Attach federal Schedule C)	• 00	• 00		
on top	14	Capital gains/(losses) from stocks, bonds, etc: (See instructions, Attach federal Schedule D)	• 00	• 00		
a de	15	Other gains or (losses): (Attach federal Form 4797 and/or AR4684 if applicable)15	• 00	• 00		
Щų	16	Non-qualified IRA distributions and taxable annuities: (Attach All 1099Rs)16	• 00	• 00		
	17	. Military retirement: Primary • 00 Spouse • 00				
	18	A. Primary employer pension plan(s)/qualified IRA(s): (See instructions, Attach all 1099Rs)				
ere		Gross distribution 00 Taxable amount 00 Less \$6,000 18A	• 00			
INCOME INCOME (Attach W.2/s)/1099/s) here / Attach ch	18	B. Spouse employer pension plan(s)/qualified IRA(s): (See instructions, Attach all 1099Rs) Gross distribution Gross distributi	• 00	• 00		
000	19	. Rents, royalties, partnerships, estates, trusts, etc.: (Attach federal Schedule E)		• 00		
01/0	20		L	• 00		
-)(-)	21					
5	22		• 00	• 00		
ttac	23	TOTAL INCOME: (Add lines 8 through 22)	• 81,444.00	• 00		
	24	TOTAL ADJUSTMENTS: (Attach Form AR1000ADJ)	• 00	• 00		
	25	ADJUSTED GROSS INCOME: (Subtract line 24 from line 23)	• 81,444.00	• 00		
	26	Select tax table: (Select only one) 26				
	27	• Low income table (\$0), For low income qualifications see line 26 instructions				
Z		• X Standard deduction (\$2,200 or \$4,400 for filing status 2 only)				
ATIC		• Itemized deductions (Attach AR3) 27	• 2,200.00	• 00		
15	28	NET TAXABLE INCOME: (Subtract line 27 from line 25)	-	• 00		
COMPUTATION	29	TAX: (Enter tax from tax table)	3,902.00	00		
	30	Combined tax: (Add amounts from line 29, columns A and B)		3,902.00		
TAX	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)		• 3,902. ₀₀		
s,	34	Personal tax credit(s): (Enter total from line 7D)	• 29.00			
CREDITS	35	. Child care credit: (20% of federal credit allowed; attach federal Form 2441)	• 00			
CRE	36	Other credits: (Attach AR1000TC)	• 00			
TAX	37	TOTAL CREDITS: (Add lines 34 through 36)		• 29.00		
Ľ	38			• 3,873.00		
	39	Arkansas income tax withheld: (Attach state copies of W-2 and/or 1099R, W2-G)	• 4,591.00			
	40	. Estimated tax paid or credit brought forward from 2019:40	• 00	-		
s	41		• 00	-		
L I	42	AMENDED RETURNS ONLY - Previous payments: (See instructions)	• 00			
PAYMENTS	43	Early childhood program: Certification number:	• 00			
PA		CU% of rederal credit; Attach rederal Form 2441 and Form AR1000EC)		• 4,591.00		
	44			• • 00		
	46			 4,591.00 		
	47			• 718.00		
DUE	48			, 10, 00		
TAX	49					
OR 1	50			☺ 718.00		
	51					
REFUND		A. UEP: Attach Form AR2210 or AR2210A. If required, enter exception in box 52A • Penalty 52B		· · · · · ·		
8		C.Add lines 51 and 52B: (See instructions)		• 00		
P/	NY C	NLINE: Please visit our secure site ATAP (Arkansas Taxpayer Access Point) at www.atap.arkansas.gov. A	TAP allows taxpayers or	their representatives to		
		log on, make payments and manage their account online. ATAP is available 24 hours.				
Par		PAY BY CREDIT CARD: (See instructions) PAY BY M (R 3/2/2021)	AIL: (See instructions)			
гay				REV 05/29/21 PRO		





ARKANSAS INDIVIDUAL INCOME TAX DECLARATION FOR ELECTRONIC FILING

Primary's Leg	gal First Name and Middle	Initial	Last Na	me		Prima	Primary's Social Security Number							
• ARPITH			• KON	REDDY			• 269-27-2801							
Spouse's Leg	gal First Name and Middle	Initial	Last Na	me		Spou	se's	Social Security Number	er					
						•								
-	CSS (Number and Street, P.O. Box					Telep								
	BRANDON DR, APT			ZIP)550-3793						
City		State or Province				Check if addre		outside U.S.						
BENTONV		AR MATION (Whole Dollars Or	ulv)	72713		0 1								
		κ.	• /				1	01 444	00					
	-	or AR1000NR, Line 23)					1	81,444.	00					
		1000NR, Line 38)					2	3,873.	00					
3. State	Income Tax Withheld (For	rm AR1000F or AR1000NR	, Line 3	9)			3	• 4,591.	00					
4. Refur	nd (Form AR1000F or AR	1000NR, Line 47)					4	718.	00					
	ue (Form AR1000F or AF			5		00								
PART II -	DECLARATION OF TA	AXPAYER												
6b. 6c. 6d. 6d. 6d. If I have filed for the tax lia state return v Under penalt lines of the e consent to m of Arkansas s and if rejecte and/or transr	 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). 													
Sign														
Here	Primary's Signature	Date		Spo	ouse's Signati	ure		Date						
PART III	- DECLARATION OF E	LECTRONIC RETURN	ORIGIN	ATOR (ERO) A	ND PAID PI	REPARER								
am only a co the return. I h with a copy o examined th	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		09/09	<u>/20</u> 21	Check if paid	Check if self-									
Use	ERO'S Signature	Date		preparer	employed		You	r SSN or PTIN						
	GLOBAL TAXES LLC Firm's name and address		<u>eek li</u>	I CUMMING	GA 30	0041 3	0-1	1017196 FEIN	—					
		at I have examined the above, correct, and complete. Thi		ation is based on					est of					
Paid		09/09/	2021	Check if self-	1 -	P020827								
Prepare		Date		employed	1 –		s S	SN or PTIN						
Use Onl	-	TALLAM 2530 PEBBLE C	REEK	LN CUMMING	GA GA	30041		30-1017196						
	Firm's name and add	ress						FEIN						