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

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

Age/Blindness You:	Filing Status Check only one box.	If yo	Single X Married filing jointly [ u checked the MFS box, enter the r on is a child but not your dependen	name of y									
If joint return, spouse's first name and middle initial   Last name   KATHT   978-90-1549	Your first name	and mi	ddle initial	Last nar	me					١.	Your so	cial securi	ity number
SNEHA   SATHI   978-90-1549   Presidential Election Campaign address (number and street). If you have a P.O. box, see instructions.   Apt. no.   1   Check here if you, or your spouse if filing jointly, want \$3   SENTONVILLE   AR   72713   To the checking a box below will not change your tax or refund.   Apt. no.   Apt. no.   Apt. no.   Apt. no.   Check here if you, or your spouse if filing jointly, want \$3   December   Apr.   Apt. no.   Apt	MAHESH			PAKI	RU						004-	73-526	55
Home address (number and street), If you have a P.O. box, see instructions. 35 02 SW DEERFIELD BLVD   1 Check here if you, or your \$35 02 SW DEERFIELD BLVD   1 DW DEERFIELD   1	If joint return, s	pouse's	first name and middle initial								Spouse'	's social se	curity number
City, town, or post office. If you have a foreign address, also complete spaces below.   State   ZIP code   AR   72713   Standard   Someone can claim:   You as a dependent   Your spouse 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   Spouse instructions;   (1) First name   Last name   Spouse   Was born before January 2, 1956   Is blind   Spouse   Spouse instructions;   (2) Social security   (3) Relationship   (4) ** if qualifies for (see instructions);   (5) Relationship   (4) ** if qualifies for (see instructions);   (6) ** if qualifies for (see instructions);   (7) ** if qualifies for (see instructions);   (8) Relationship   (1) ** if qualifies for (see instructions);   (2) ** if qualifies for (see instructions);   (3) Relationship   (4) ** if qualifies for (see instructions);   (5) ** if qualifies for (see instructions);   (6) ** if qualifies for (see instructions);   (1) ** if qualifies for (see instructions);   (2) ** if qualifies for (see i	SNEHA			KATH	I						978-	90-154	19
City, town, or post office. If you have a foreign address, also complete spaces below.    State   AR   72713   2	Home address	(numbe	r and street). If you have a P.O. box, see	instruction	ons.				Apt. no.	ı	Preside	ntial Electi	ion Campaign
Semonth   Semo	3502 SW	DEE	RFIELD BLVD						1	(	Check h	nere if you	, or your
EENTONVILLE Foreign country name    Foreign province/state/county   Foreign province/state/county   Foreign postal code   You   Spouse   You   You   Spouse   You   Spouse   You   You   Spouse   You   You   Spouse   You	City, town, or p	ost offic	ce. If you have a foreign address, also co	mplete s	paces below.	Sta	te	ZIP	code				
Foreign country name    Foreign postal code   your tax or refund.   You   Spouse	BENTONV	ILLE				A	Я.	72	2713				
At any time during 2020, did you receive, sell, send, exchange, or otherwise acquire any financial interest in any virtual currency?  \( \text{Yes} \) \( \text{No} \)  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 \( \) Are blind \( \) Spouse: \( \) Was born before January 2, 1956 \( \) Is blind  Dependents (see instructions): \( (2) \) Social security (3) Relationship to you Child tax credit (Credit for other dependents than four dependents, see instructions): \( \) Child tax credit \( \) Credit for other dependents, see instructions and check here \( \) \( \) \( \) Wages, salaries, tips, etc. Attach Form(s) W-2 \)  Attach Sch. Bif required.  Attach 3a Qualified dividends \( \) 3a \( \) 54 \( \) b Taxable interest \( \) 2b \( \) Tax-exempt interest \( \) 2a \( \) Pensions and annuities \( \) 5a \( \) b Taxable amount \( \) 4b \( \) 5a \( \) Pensions and annuities \( \) 5a \( \) b Taxable amount \( \) 5b \( \) Social security benefits \( \) 6a \( \) Social security benefits \( \) 6a \( \) D Taxable amount \( \) 5b \( \) Sagle or Natried fling separately, \$12,400' \( \) 9 \( \) Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income \( \) Portinative to income:  a From Schedule 1, line 9 \( \) 9 \( \) Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income \( \) Portinative to income:  a From Schedule 1, line 9. This is your adjusted gross income \( \) Portinative to income:  a From Schedule 1, line 9. This is your adjusted gross income \( \) Portinative to income \( \) Add lines 1, 2a deduction or itemized deductions (from Schedule A) \( \) 10 Subtract line 10c from line 9. This is your adjusted gross income \( \) Portinative to income \( \) Subtract line 10c from line 9. This is your adjusted gross income \( \) Portinative to income \( \) Subtract line 10c from line 9. This is your adjusted g	Foreign country	y name		F	oreign province/state	/coun	ty	For	eign postal c				0
Standard Deduction  Someone can claim:												You	Spouse
Age/Blindness You:	At any time du	ıring 20	020, did you receive, sell, send, exc	hange, o	or otherwise acquire	any	financial in	terest ir	n any virtua	al curr	ency?	Yes	⊠ No
Dependents (see instructions):  (1) First name  Last name  (2) Social security number  (3) Relationship to you  Child tax credit  Credit for other dependents cheependents, see instructions and check here  □  1 Wages, salaries, tips, etc. Attach Form(s) W-2  Attach Sch. B if required.  3a Qualified dividends  5a Pensions and annuities  5a Densions and annuities  5b Densions and annuities  5a Densions and annuities  5a Densions and annuities  5a Densions and annuities  5a Densions and annuities  5b Densions and annuities  5a Densions and annuities  5a Densions and annuities  5b Densions  6b Densions  6b Densions  7 Capital gain or (loss), Attach Schedule D if required. If not required, check here  □  7 A 4,558.  8 Other income from Schedule 1, line 9  8 Other income from Schedule 1, line 22  b Charitable contributions if you take the standard deduction. See instructions  10b Densions  10c Densions  11 1 109,349.  12 24,800.  13 Qualified business income deduction. Attach Form 8995 or Form 8995-A  13	Standard Deduction	_			•			nt					
Dependents (see instructions):  (1) First name  Last name  (2) Social security number  (3) Relationship to you  Child tax credit  Credit for other dependents See instructions and check here ▶  1 Wages, salaries, tips, etc. Attach Form(s) W-2  Attach Sch. B if required.  3a Qualified dividends  5a Qualified dividends  5a Pensions and annuities  5a b Taxable amount  5a Pensions and annuities  5a b Taxable amount  5a Capital gain or (loss). Attach Schedule D if required. If not required, check here  8 Other income from Schedule 1, line 9  9 Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income  1 Addiplication for Coulifying widow(er) \$24,800  Head of household, \$24,800  Head of household, \$24,800  If you checked ary box under \$25 Standard  Qualified douction or itemized deduction or itemized deduction (from Schedule A)  1 12 24,800  1 24,800  1 3 Qualified business income deduction. Attach Form 8995 or Form 8995 o	Age/Blindness	s You	☐ Were born before January 2 1	956	Are blind Sn	ouse	. D Was	born be	efore Janua	arv 2	1956	□lsh	lind
If more than four dependents, see instructions and check here ▶ □    1		-											
than four dependents, see instructions and check here ▶ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □	•	•	•			y	, ,		1				
dependents, see instructions and check here ▶ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □		(1)	Tat name Last name				,		I IIII I		ait .	Orcan for or	
and check here ▶ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □	dependents,								,	=			<del> </del>
here ▶ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □		s ——								_			Ħ
Attach Sch. B if required.  2a Tax-exempt interest	here >									_			늗
Attach Sch. B if required.  2a Tax-exempt interest		. 1	Wages salaries tips etc Attach l	Form(s) \	N-2						1	T 1	04 737
Sch. B if required.    Standard	Attach		1	1, ,		 ь т	avable inte	roet			_		0177371
Tequired   Fequired   Females   Fe			· -		5.4								54
5a Pensions and annuities 5a b Taxable amount	required.				311		•						
Standard Deduction for—Single or Married filing separately, \$12,400  Married filing jointly or Qualifying widow(er), \$24,800 Head of household, \$18,650  If you checked any box under Standard  Deduction for—Single or Capital gain or (loss). Attach Schedule D if required. If not required, check here  7													
Deduction for—Single or Married filing separately, \$12,400     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     109, 349       10 Adjustments to income: Qualifying widow(er), \$24,800     b Charitable contributions if you take the standard deduction. See instructions     10b       11 Subtract line 10c from line 9. This is your adjusted gross income     ▶ 10c       11 Standard deduction or itemized deductions (from Schedule A)     12 24,800       12 Qualified business income deduction. Attach Form 8995 or Form 8995-A     13	Standard		_										
Single or Married filing separately, \$12,400  Married filing jointly or Qualifying widow(er), \$24,800  Head of household, \$18,650  If you checked any box under Standard  Qualified business income deduction. Attach Form 8995 or Form 8995-A   Other income from Schedule 1, line 9  Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income  9 109, 349.  10a  10b  10a  11ba  11ba  11ba  11ba  11ba  11c  11ba  11ba  11ba  11ba  11ba  11ba  11ba  12c  13c  14c  15c  15c  16c  17c  18c  18c  18c  18c  18c  18c  18	Deduction for—		· -		required If not rea					▶ □			4 558
Separately, \$12,400  Married filing jointly or Qualifying widow(er), \$24,800  Head of household, \$18,650  If you checked any box under Standard  Qualified business income deduction. Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income  Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income  From Schedule 1, line 22  Charitable contributions if you take the standard deduction. See instructions  Charitable contributions if you take the standard deductions. See instructions  Charitable contributions if you take the standard deductions. See instructions  Charitable contributions if you take the standard deductions. See instructions  Charitable contributions if you take the standard deductions. See instructions  Charitable contributions if you take the standard deductions. See instructions  Charitable contributions if you take the standard deductions. See instructions  Charitable contributions if you take the standard deductions. See instructions  Charitable contributions if you take the standard deductions. See instructions  Charitable contributions if you take the standard deductions. See instructions  Charitable contributions if you take the standard deduction. See instructions  10b  10c  11c  12 24,800.	Single or     Married filing		,			uncu	, Cricok rici	С.					
Married filing jointly or Qualifying widow(er), \$24,800  Head of household, \$18,650  If you checked any box under Standard  Qualified business income deduction. Addiustments to income	separately,		·			· ·					-	1	09.349
jointly or Qualifying widow(er), \$24,800  Head of household, \$18,650  If you checked any box under Standard  Qualified business income deduction. Attach Form 8995 or Form 8995-A  Trom Schedule 1, line 22				ana o. i	riio io your <b>totai iii</b>	,01110						_	07/317.
widow(er), \$24,800  Head of household, \$11 Subtract line 10c from line 9. This is your adjusted gross income  Standard deduction or itemized deductions (from Schedule A)  Qualified business income deduction. See instructions  10b  10c  11c  12 24,800  12 24,800  13 Qualified business income deduction. Attach Form 8995 or Form 8995-A  13	jointly or		•					10a					
Head of household, \$18,650  If you checked any box under Standard  Qualified business income deduction. Attach Form 8995 or Form 8995-A  Add lines 10a and 10b. These are your total adjustments to income  Subtract line 10c from line 9. This is your adjusted gross income  11 109,349.  12 24,800.	widow(er),		·			 inst	ructions						
household, \$18,650  11 Subtract line 10c from line 9. This is your adjusted gross income			•				-	100		_	100	_	
Standard deduction or itemized deductions (from Schedule A)	household,			•	-								09 349
any box under Standard Qualified business income deduction. Attach Form 8995 or Form 8995-A				•	•								
Statistics	any box under				,	,	 1995-Δ						21,000.
	Deduction,	14	Add lines 12 and 13			J. 1111 C					14		24,800.
see instructions.  15 Taxable income. Subtract line 14 from line 11. If zero or less, enter -0	see instructions.			from line	e 11. If zero or less	ente	er -0						

Form 1040 (2020	))									Page <b>2</b>		
	16	Tax (see instructions). Check	if any from Form	(s): <b>1</b> 881	4 <b>2</b> 4972	3 🗌			16	10,147.		
	17	Amount from Schedule 2, lin	ie 3						17			
	18	Add lines 16 and 17							18	10,147.		
	19	Child tax credit or credit for	other dependen	ts					19			
	20	Amount from Schedule 3, lin	ie 7						20			
	21	Add lines 19 and 20							21			
	22	Subtract line 21 from line 18	. If zero or less,	enter -0					22	10,147.		
	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 <b>total tax</b>					. ▶	24	10,147.		
	25	Federal income tax withheld	from:									
	а	Form(s) W-2				25a	16	,215	.			
	b	Form(s) 1099				25b						
	С	Other forms (see instructions	s)			25c						
	d	Add lines 25a through 25c	•						25d	16,215.		
	26	2020 estimated tax payment							26			
<ul> <li>If you have a L qualifying child,</li> </ul>	27	Earned income credit (EIC)				27						
attach Sch. EIC.   If you have	28	Additional child tax credit. A				28						
nontaxable	29	American opportunity credit				29						
combat pay, see instructions.	30	Recovery rebate credit. See		•		30	1	,749				
	31	Amount from Schedule 3, lin				31		,, 10	•			
	32	Add lines 27 through 31. The					edits	. •	32	1,749.		
	33	Add lines 25d, 26, and 32. T	•							17,964.		
	34	If line 33 is more than line 24							34	7,817.		
Refund	35a	Amount of line 34 you want				•	=	· ·	35a	7,817.		
Direct deposit?	> b	Routing number 1 1 1				Chec		Savings		7,017.		
See instructions.	►d	Account number 1 9 0			l l l	Crieci	King 3	avirige	<b>'</b>			
	36				nd tov	36	┌					
Amarint		Amount of line 34 you want a							27			
Amount You Owe	37	Subtract line 33 from line 24		•					37			
For details on		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.										
how to pay, see	00	·										
instructions.	38	Estimated tax penalty (see in										
Third Party		you want to allow another	•				Yes. Co	manlata	halaur	⊠ No		
Designee				Phone				•		_		
		signee's me ▶		no.				er (PIN)	itification			
Sign	Un	der penalties of perjury, I declare t	hat I have examine			hedules	and statemer	ts. and	to the bes	st of mv knowledge and		
•	be	lief, they are true, correct, and com	plete. Declaration	of preparer (othe	r than taxpayer) is l	based on	all informatio	n of whi	ch prepar	er has any knowledge.		
Here	Yo	ur signature		Date	Your occupation					nt you an Identity		
	<b>k</b>									IN, enter it here		
Joint return? See instructions.				5.	SOFTWARE		NEER	`	e inst.)			
Keep a copy for	Sp	ouse's signature. If a joint return, I	ooth must sign.	Date	Spouse's occupa	ation				nt your spouse an ection PIN, enter it here		
your records.					HOME MAKE	lR.			e inst.) ▶			
	———Ph	one no. (972)834-713	2	Email address	MAHESH.PA		MATI CO	M				
		eparer's name	Preparer's signat	l .		Date		PTIN		Check if:		
Paid	SYAN	I PRIYA RAM SAGAR GUPTA TALLAM			GUPTA TALLA			P020	82703	Self-employed		
Preparer		m's name ▶ GLOBAL TAX		(678)965-9522								
Use Only		m's address ► 2530 Pebb		n Cummin	a GA 30041				m's EIN ▶			
Go to want ire or		m1040 for instructions and the late					′ 08/30/21 PRO		0 Eliv P	Form <b>1040</b> (2020)		
00 to WWW.113.90	.v,1 011	to for monucuons and the late	o. iiiioiiiialioii.		BAA	KEV	00/30/21 PKU			101111 10-10 (2020)		

#### SCHEDULE D (Form 1040)

Department of the Treasury

Internal Revenue Service (99)

### **Capital Gains and Losses**

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

▶ Go to www.irs.gov/ScheduleD for instructions and the latest information.
 ▶ Use Form 8949 to list your transactions for lines 1b, 2, 3, 8b, 9, and 10.

OMB No. 1545-0074

2020

Attachment Sequence No. **12** 

Name(s) shown on return Your social security number 004-73-5265 MAHESH PAKIRU & SNEHA KATHI Did you dispose of any investment(s) in a qualified opportunity fund during the tax year? If "Yes," attach Form 8949 and see its instructions for additional requirements for reporting your gain or loss. Short-Term Capital Gains and Losses - Generally Assets Held One Year or Less (see instructions) Part I See instructions for how to figure the amounts to enter on the (h) Gain or (loss) (g) Adjustments Subtract column (e) lines below. Proceeds Cost to gain or loss from from column (d) and This form may be easier to complete if you round off cents to (sales price) Form(s) 8949, Part I, combine the result (or other basis) whole dollars. with column (g) line 2. column (a) 1a Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b . **1b** Totals for all transactions reported on Form(s) 8949 with **Box A** checked . . . . . . . . . . . . . . . . . 10,776. 6,702. 4,074. Totals for all transactions reported on Form(s) 8949 with Box B checked . . . . . . . . . . . . . . 3 Totals for all transactions reported on Form(s) 8949 with Box C checked . . . . . . . . . . . . . . . . . . Short-term gain from Form 6252 and short-term gain or (loss) from Forms 4684, 6781, and 8824 4 Net short-term gain or (loss) from partnerships, S corporations, estates, and trusts from 5 Short-term capital loss carryover. Enter the amount, if any, from line 8 of your Capital Loss Carryover 6 Net short-term capital gain or (loss). Combine lines 1a through 6 in column (h), If you have any longterm capital gains or losses, go to Part II below. Otherwise, go to Part III on the back . . . . . . . . 7 4,074. Part II Long-Term Capital Gains and Losses—Generally Assets Held More Than One Year (see instructions) See instructions for how to figure the amounts to enter on the (h) Gain or (loss) (g) Adjustments Subtract column (e) (d) (e) lines below. Proceeds to gain or loss from from column (d) and Cost This form may be easier to complete if you round off cents to Form(s) 8949, Part II, (sales price) (or other basis) combine the result whole dollars. line 2. column (a) with column (a) 8a Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b . 8b Totals for all transactions reported on Form(s) 8949 with 1,087. 1,571. 484. Totals for all transactions reported on Form(s) 8949 with Box E checked . . . . . . . . . . . . . . . . . . 10 Totals for all transactions reported on Form(s) 8949 with 11 Gain from Form 4797, Part I; long-term gain from Forms 2439 and 6252; and long-term gain or (loss) 11 12 Net long-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1 12 13 14 Long-term capital loss carryover. Enter the amount, if any, from line 13 of your Capital Loss Carryover 14

15 Net long-term capital gain or (loss). Combine lines 8a through 14 in column (h). Then, go to Part III

BAA

15

484.

Schedule D (Form 1040) 2020 Page 2

### Part III **Summary** 4,558. 16 Combine lines 7 and 15 and enter the result 16 • If line 16 is a gain, enter the amount from line 16 on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 17 below. • If line 16 is a loss, skip lines 17 through 20 below. Then, go to line 21. Also be sure to complete • If line 16 is zero, skip lines 17 through 21 below and enter -0- on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 22. 17 Are lines 15 and 16 both gains? X Yes. Go to line 18. No. Skip lines 18 through 21, and go to line 22. 18 If you are required to complete the 28% Rate Gain Worksheet (see instructions), enter the amount, if any, from line 7 of that worksheet . . . . . . . . . . . 18 19 If you are required to complete the Unrecaptured Section 1250 Gain Worksheet (see instructions), enter the amount, if any, from line 18 of that worksheet . 19 20 Are lines 18 and 19 both zero or blank and are you not filing Form 4952? X Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Forms 1040 and 1040-SR, line 16. Don't complete lines 21 and 22 below. □ No. Complete the Schedule D Tax Worksheet in the instructions. Don't complete lines 21 and 22 below. If line 16 is a loss, enter here and on Form 1040, 1040-SR, or 1040-NR, line 7, the smaller of: 21 • The loss on line 16; or 21 • (\$3,000), or if married filing separately, (\$1,500) Note: When figuring which amount is smaller, treat both amounts as positive numbers. Do you have gualified dividends on Form 1040, 1040-SR, or 1040-NR, line 3a? 22 ☐ Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Forms 1040 and 1040-SR, line 16. No. Complete the rest of Form 1040, 1040-SR, or 1040-NR.

### Form **8949**

### **Sales and Other Dispositions of Capital Assets**

► Go to www.irs.gov/Form8949 for instructions and the latest information.

▶ File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D.

OMB No. 1545-0074

2020
Attachment
Sequence No. 12A

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

Social security number or taxpayer identification number

004-73-5265

MAHESH PAKIRU & SNEHA KATHI

Before you check Box A, B, or C below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check.

Part I Short-Term. Transactions involving capital assets you held 1 year or less are generally short-term (see instructions). For long-term transactions, see page 2.

**Note:** You may aggregate all short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 1a; you aren't required to report these transactions on Form 8949 (see instructions).

You must check Box A, B, or C below. Check only one box. If more than one box applies for your short-term transactions, complete a separate Form 8949, page 1, for each applicable box. If you have more short-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

(A) Short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see **Note** above)

☐ (B) Short-term transactions☐ (C) Short-term transactions☐		٠,,	_	sis <b>wasn't</b> report	ed to the IF	RS	-1
1  (a)  Description of property	(b) Date acquired	(c) Date sold or	<b>(d)</b> Proceeds	(e) Cost or other basis. See the <b>Note</b> below	If you enter an enter a co	any, to gain or loss. amount in column (g), ode in column (f). arate instructions.	(h) Gain or (loss). Subtract column (e)
(Example: 100 sh. XYZ Co.)	(Mo., day, yr.)	disposed of (Mo., day, yr.)	(sales price) (see instructions)	and see Column (e) in the separate instructions	(f) Code(s) from instructions	<b>(g)</b> Amount of adjustment	from column (d) and combine the result with column (g)
MERRILL	11/06/20	03/17/20	2,895.	2,135.			760.
Robinhood Crypto LLC	01/01/20	04/02/20	288.	180.			108.
Robinhood Securities LLC	01/01/20	11/09/20	7,593.	4,387.			3,206.
2 Totals. Add the amounts in columns negative amounts). Enter each total Schedule D, line 1b (if Box A above above is checked), or line 3 (if Box C)	al here and inc is checked), <b>li</b> i	lude on your ne 2 (if Box B	10,776.	6,702.			4,074.

**Note:** If you checked Box A above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See *Column* (g) in the separate instructions for how to figure the amount of the adjustment.

Form 8949 (2020) Attachment Sequence No. **12A** Page

Name(s) shown on return. Name and SSN or taxpayer identification no. not required if shown on other side MAHESH PAKIRU & SNEHA KATHI

Social security number or taxpayer identification number 004-73-5265

Before you check Box D, E, or F below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check.

#### Part II

**Long-Term.** Transactions involving capital assets you held more than 1 year are generally long-term (see instructions). For short-term transactions, see page 1.

**Note:** You may aggregate all long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 8a; you aren't required to report these transactions on Form 8949 (see instructions).

You must check Box D, E, or F below. Check only one box. If more than one box applies for your long-term transactions, complete a separate Form 8949, page 2, for each applicable box. If you have more long-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

<ul><li>✗ (D) Long-term transactions</li><li>☐ (E) Long-term transactions</li><li>☐ (F) Long-term transactions</li></ul>	reported on	Form(s) 1099	)-B showing bas	•		`	<del>)</del>
1  (a) Description of property	(b) Date acquired	(c) Date sold or	<b>(d)</b> Proceeds	(e) Cost or other basis. See the <b>Note</b> below	If you enter an enter a c	f any, to gain or loss. amount in column (g), ode in column (f). parate instructions.	(h) Gain or (loss). Subtract column (e)
(Example: 100 sh. XYZ Ćo.)	(Mo., day, yr.)	disposed of (Mo., day, yr.)	(sales price) (see instructions)	and see Column (e) in the separate instructions	(f) Code(s) from instructions	(g) Amount of adjustment	from column (d) and combine the result with column (g)
MERRILL	11/06/20	03/19/19	1,447.	997.			450.
Robinhood Securities LLC	05/24/18	04/01/20	124.	90.			34.
Totals. Add the amounts in columns negative amounts). Enter each tota Schedule D. line 8b (if Box D above	al here and inc	lude on your					

**Note:** If you checked Box D above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See *Column* (g) in the separate instructions for how to figure the amount of the adjustment.

1,571.

above is checked), or line 10 (if Box F above is checked) ▶

1,087.

### Form **8889**

**Health Savings Accounts (HSAs)** 

► Attach to Form 1040, 1040-SR, or 1040-NR.
 Go to www.irs.gov/Form8889 for instructions and the latest information.

OMB No. 1545-0074

2020
Attachment
Sequence No. 52

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

MAHESH PAKIRU

Department of the Treasury

Internal Revenue Service

Social security number of HSA beneficiary. If both spouses have HSAs, see instructions ▶ 004-73-5265

Befor	<b>re you begin:</b> Complete Form 8853, Archer MSAs and Long-Term Care Insurance Contracts, it	f required.	
Part	HSA Contributions and Deduction. See the instructions before completing this part. If y and both you and your spouse each have separate HSAs, complete a separate Part I for		
1	Check the box to indicate your coverage under a high-deductible health plan (HDHP) during 2020. See instructions	➤ Self-only	Family
2	HSA contributions you made for 2020 (or those made on your behalf), including those made from January 1, 2021, through April 15, 2021, that were for 2020. <b>Do not</b> include employer contributions, contributions through a cafeteria plan, or rollovers. See instructions	2	0.
3	If you were under age 55 at the end of 2020 and, on the first day of <b>every</b> month during 2020, you were, or were considered, an eligible individual with the <b>same</b> coverage, enter \$3,550 (\$7,100 for family coverage). <b>All others,</b> see the instructions for the amount to enter	3	3,550.
4	Enter the amount you and your employer contributed to your Archer MSAs for 2020 from Form 8853, lines 1 and 2. If you or your spouse had family coverage under an HDHP at any time during 2020, also include any amount contributed to your spouse's Archer MSAs	4	0.
5 6	Subtract line 4 from line 3. If zero or less, enter -0	6	3,550.
7 8	If you were age 55 or older at the end of 2020, married, and you or your spouse had family coverage under an HDHP at any time during 2020, enter your additional contribution amount. See instructions Add lines 6 and 7	7 8	0. 3,550.
9 10	Employer contributions made to your HSAs for 2020		
11 12 13	Add lines 9 and 10	11 12 13	3,550. 0. 0.
Part	Caution: If line 2 is more than line 13, you may have to pay an additional tax. See instructions.  HSA Distributions. If you are filing jointly and both you and your spouse each have separate Part II for each spouse.	arate HSAs,	complete
14a	Total distributions you received in 2020 from all HSAs (see instructions)	14a	
b	Distributions included on line 14a that you rolled over to another HSA. Also include any excess contributions (and the earnings on those excess contributions) included on line 14a that were withdrawn by the due date of your return. See instructions	14b	
С	Subtract line 14b from line 14a	14c	
15	Qualified medical expenses paid using HSA distributions (see instructions)	15	
16	<b>Taxable HSA distributions.</b> Subtract line 15 from line 14c. If zero or less, enter -0 Also, include this amount in the total on Schedule 1 (Form 1040), Part I, line 8, and enter "HSA" and the amount on the dotted line	16	
	If any of the distributions included on line 16 meet any of the Exceptions to the Additional 20% Tax (see instructions), check here		
	<b>Additional 20% tax</b> (see instructions). Enter 20% (0.20) of the distributions included on line 16 that are subject to the additional 20% tax. Also, include this amount in the total on Schedule 2 (Form 1040), Part II, line 8; check box c and enter "HSA" and the amount on the line next to the box	17b	
Part	Income and Additional Tax for Failure To Maintain HDHP Coverage. See the instruction completing this part. If you are filing jointly and both you and your spouse each have sep complete a separate Part III for each spouse.		<b>)</b> ,
18	Last-month rule	18	
19	Qualified HSA funding distribution	19	
20	<b>Total income.</b> Add lines 18 and 19. Include this amount on Schedule 1 (Form 1040), Part I, line 8, and enter "HSA" and the amount on the dotted line	20	
21	Additional tax. Multiply line 20 by 10% (0.10). Include this amount in the total on Schedule 2 (Form	21	



### Application for IRS Individual Taxpayer Identification Number

► 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.

OMB No. 1545-0074

Application type (check one box):

Apply for a new ITIN Renew an existing ITIN Don't submit this form if you have, or are eligible to get, a U.S. social security number (SSN). Reason vou'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 If d, enter relationship to U.S. citizen/resident alien (see instructions) ▶ d Dependent of U.S. citizen/resident alien e X Spouse of U.S. citizen/resident alien If d or e, enter name and SSN/ITIN of U.S. citizen/resident alien (see instructions) ▶ MAHESH PAKIRU f Union 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 ▶ 1a First name Middle name Last name Name SNEHA KATHI (see instructions) Middle name 1b First name Last name Name at birth if different . . > 2 Street address, apartment number, or rural route number. If you have a P.O. box, see separate instructions. Applicant's 3502 SW DEERFIELD BLVD Apt 1 Mailing City or town, state or province, and country. Include ZIP code or postal code where appropriate. **Address** 72713 BENTONVILLE USA Street address, apartment number, or rural route number. Don't use a P.O. box number. Foreign (non-**U.S.) Address** City or town, state or province, and country. Include postal code where appropriate. (see instructions) 4 Date of birth (month / day / year) Country of birth City and state or province (optional) Male **Birth** 06/10/1996 Information TNDTA ▼ Female 6a Country(ies) of citizenship **6b** Foreign tax I.D. number (if any) 6c Type of U.S. visa (if any), number, and expiration date Other INDIA Information 6d Identification document(s) submitted (see instructions) X Passport Driver's license/State I.D. Other USCIS documentation Date of entry into the United States No.: P4468741 Exp. date: 09/06/2026 Issued by: INDIA (MM/DD/YYYY): 6e Have you previously received an ITIN or an Internal Revenue Service Number (IRSN)? No/Don't know. Skip line 6f. 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 6g Name of college/university or company (see instructions) ▶ City and state ▶ Length of stay ▶ Under penalties of perjury, I (applicant/delegate/acceptance agent) declare that I have examined this application, including accompanying Sign 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. Here Signature of applicant (if delegate, see instructions) Date (month / day / year) Phone number Keep a copy for your records. Name of delegate, if applicable (type or print) Delegate's relationship Parent Court-appointed guardian to applicant Power of attorney Date (month / day / year) Signature Phone **Acceptance** Fax Agent's Name and title (type or print) Name of company **Use ONLY** Office code

### 2020 AR1000F



### AR1

# **ARKANSAS INDIVIDUAL**

ΙN	COME TAX RETURN							CHE	CK E	30X	IF				
Fu	II Year Resident						ΑN	/ENI	DED	RE	<b>TURI</b>	J		Softv	vare ID
	1 - Dec. 31, 2020 or fiscal year ending		20	•					•	7			•	PROSE	
	Primary's legal first name	MI	Last na	me					Pri	<u> </u>	's socia	al seci	uritv r	number	KIES
	• MAHESH	•	• PAI				• 🗆	Check Decease	K II	-	-73-		•		
絽	Spouse's legal first name	МІ	Last na						Sn					number	
	• SNEHA	•	• KA				• □	Check	KIT I .		-90-		•		
USE LABEL OR PRINT OR TYPE	Mailing address (number and street, P.O. box or rural	route)	- NA	тпт			<u> </u>	Decea	_					de U.S.	
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25.5		or provinc	<u> </u>		ZIP				- $+$ <sub>Fo</sub>	reian	countr	v nam	ie		
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×						=							—		
FILING STATUS Check Only One Box	1.● Single (Or widowed before 2020 or div	orced at e	nd of 202	20)	4.●	Ш	Married f	filing se	eparate	ely on	the sa	me re	turn		
Āδ	2. Married filing joint (Even if only one ha	ad income	)		5.●		Married f								
25.5	3.● Head of household (See instructions)					_	Enter spo	ouse's	name	here	and SS	N abo	ove _		
ફ	If the qualifying person was your chil	ld, but not	your de	pendent	6.●		Qualifyin						ild		
노항	enter child's name here:				-		Year spo						_		
• [	Check here if you want a tax booklet mail	ed to you	next ye	ar.	•		eck thi						tate	exten	sion
H						⊐ or	an auto		$\overline{}$						
	7A. X Yourself ● 65 or over	<b>●</b> 65 :	Special	•	Blind	•	De De	eaf		Head Filin	of hous g status 3	sehold/	qualif <sup>(Filing</sup>	ying wid g status 6 o	ow(er)
	X Spouse ● 65 or over	65	Special	•	Blind		• П De	eaf				•	` `	,	**
	Multiply number of boxes checked	ш			_		ш			71	2 X \$	20 -			0/
ITS	Dependents (Do not list yourself or sp									/ ^	<u>∠</u> ^ ₁	29 -			58.00
CREDITS		st name	1	Dene	ndent's so	ncial s	ecurity n	umher	. T		enenda	ent's r		nship to	VOL
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¥-	<u>  1.</u>														
Σ	2.														
PERSONAL TAX	3.														
PEI	7B. Multiply number of <b>DEPENDENTS</b> from	above							_ <del></del>	В		\$29 =			00
	. ,												_		
	7C. Multiply number of qualifying individuals fro	om <b>AR100</b>	URC5 (S	iee instru	ictions)				/		x s	\$500 =			00
	7D. TOTAL PERSONAL TAX CREDITS:	(Add lines	7A, 7B,	and 7C.	Enter tota	l here	and on lir	ne 34) .				7D			58.00
				Iss	ue date					F	xpiration	ı date			
	DL# / State ID 940987797 Your	rstate A	R		m/dd/yyyy)	0	9/30/	<u> 2019</u>			nm/dd/y		09	/30/2	2027
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	Direct deposit allowed to U.S. banks only. C	heck if eit	her dep	osit(s) v	ill ultima	tely b	e placed	in a fo	reign a	acco	unt. 🗨				
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	knowledge and belief, they are true, correct and cor														
₩	We will no longer automatically mai (www.atap.arkansas.gov). Check the control of the contr	il 1099-G	forms. I	Instead	we ask	that	ou get t	his in	format	ion f	rom ou	ır web	site		
ASE	Primary's signature	ie box ii	you still	want u	Date	you	1 - 1			nex	ı year.				_
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_ <u>s</u>	Spouse's signature		_		Date			ephone		- / <u>_</u>	<i>3</i> <u></u>	l Age	-	the prepa	
	Opouse's signature				Date			-prioric	,			Ιг	☐ Ye	s X	No
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PAID PREPARER	Prenarer's name	· · · · · · · · · · · · · · · ·	. , 44 , ,	_	ate/ZIP	/							hone		<u> </u>
A E	GLOBAL TAXES LLC			'								Ι΄.			
	E-mail SYAM@GTAXFILE.COM	<u> </u>		CUMM	ING GA	<u> 30</u>	041							65-95	522
	Arkansas State Income Tax								Ark	ansas	State Inc	ome Tax	K		

Tax Due/No Tax:

P.O. Box 2144

Little Rock, AR 72203-2144

Refund:

P.O. Box 1000

Little Rock, AR 72203-1000



**Primary SSN** \_\_004-73-5265

		ROUND ALL AMOUNTS TO WHOLE DOLLARS	(A)	) Primary/Joint Income	П	(B) Spouse's Income Status 4 Only	е
				104,737.0			00
(s) 6	8.	Wages, salaries, tips, etc: (Attach W-2s)		104,737.0	0	•	100
W-2(s)/1099(s)	9.	Military pay: Primary ● 00 Spouse ● 00		I o			00
/(s);	10.	Interest income: (If over \$1,500, Attach AR4)	•	- 4	_	_	_
\ <u>``</u>	11.	Dividend income: (If over \$1,500, Attach AR4)	•	-	0	•	00
of	12.	Alimony and separate maintenance received:	•		0	•	00
top	13.	Business or professional income: (Attach federal Schedule C)	•		0	•	00
e e	14.	Capital gains/(losses) from stocks, bonds, etc. (See instructions, Attach federal Schedule D)	•	· · ·	0	•	00
eck	15.	Other gains or (losses): (Attach federal Form 4797 and/or AR4684 if applicable)	•	0	0	•	00
풀호	16.	Non-qualified IRA distributions and taxable annuities: (Attach All 1099Rs)	•	0	0	•	00
INCOME Attach che	17.	Military retirement: <b>Primary</b> ● 00 <b>Spouse</b> ● 00					
A#	18A.	Primary employer pension plan(s)/qualified IRA(s): (See instructions, Attach all 1099Rs)			-		
re/		Gross distribution 00 Taxable amount 00 Less \$6,000 18A	\ <u> •                                   </u>	0	0		
) here	18B.	Spouse employer pension plan(s)/qualified IRA(s): (See instructions, Attach all 1099Rs)			اہ		
(s)6(	l	Gross distribution 00 Taxable amount 00 Less \$6,000	` <b> -</b> -		Ť		00
W-2(s)/1099(s)	l	Rents, royalties, partnerships, estates, trusts, etc.: (Attach federal Schedule E)	•	<u> </u>	0		00
(s) <sub>1</sub>	20.	Farm income: (Attach federal Schedule F)	•	0	U	•	00
	21.	Unemployment: Primary/Joint   O Spouse   00 21			•		
Attach	22.	Other income/depreciation differences: (Attach Form AR-OI)	•		0		00
Att	23.	TOTAL INCOME: (Add lines 8 through 22)23	•		0	-	00
	24.	TOTAL ADJUSTMENTS: (Attach Form AR1000ADJ)	•		0		00
	25.	ADJUSTED GROSS INCOME: (Subtract line 24 from line 23)	•	109,107.0	0	•	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)					
Ĭ		• Itemized deductions (Attach AR3)	•	4,400.0	0	•	00
5	28.	NET TAXABLE INCOME: (Subtract line 27 from line 25)	•	104,707.0	0	•	00
COMPUTATION	29.	TAX: (Enter tax from tax table)		6,092.0	0		00
	30.	Combined tax: (Add amounts from line 29, columns A and B)		30		6,092.	00
TAX	31.	Enter tax from Lump Sum Distribution Averaging Schedule: (Attach AR1000TD)			- 1	•	00
	32.	Additional tax on IRA and qualified plan withdrawal and overpayment: (Attach federal Form 5329, if required)			- 1	•	00
	33.	TOTAL TAX: (Add lines 30 through 32)			П	• 6,092.	00
	-		$\overline{}$	58.0	-	0 0,002.	100
TS	34.	Personal tax credit(s): (Enter total from line 7D)					
CREDITS	35.	Child care credit: (20% of federal credit allowed; attach federal Form 2441)			0		
	36.	Other credits: (Attach AR1000TC)	•		0	F.0	100
TAX	37.	TOTAL CREDITS: (Add lines 34 through 36)			- 1	• 58.	00
	38.	NET TAX: (Subtract line 37 from line 33. If line 37 is greater than line 33, enter 0)				• 6,034.	00
	39.	Arkansas income tax withheld: (Attach state copies of W-2 and/or 1099R, W2-G)	•	5,563.0	_		
	40.	Estimated tax paid or credit brought forward from 2019:	•		0		
s	41.	Payment made with extension: (See instructions)41	•		0		
PAYMENTS	42.	AMENDED RETURNS ONLY - Previous payments: (See instructions)	•	0	0		
ΥME	43.	Early childhood program: Certification number:			اہ		
PA				0	_		100
		TOTAL PAYMENTS: (Add lines 39 through 43)			г	<ul><li>5,563.</li></ul>	00
	l	AMENDED RETURNS ONLY - Previous refund: (See instructions)			- 1		00
	46.	Adjusted total payments: (Subtract line 45 from line 44)		46		• 5,563.	00
DUE	47.	AMOUNT OF OVERPAYMENT/REFUND: (If line 46 is greater than line 38, enter difference)			٦,	•	00
×	ı	Amount to be applied to 2021 estimated tax:		00	-		
TAX	49.	Amount of Check-off Contributions: (Attach Schedule AR1000-CO)		00	۰,		
OR OR	50.	AMOUNT TO BE REFUNDED TO YOU: (Subtract lines 48 and 49 from line 47)					00
Į Š	51.	AMOUNT DUE: (If line 46 is less than line 38, enter difference; If over \$1,000, continue to 52A)			•[	⊗ 471.	00
REFUND		UEP: Attach Form AR2210 or AR2210A. If required, enter exception in box 52A   ■ Penalty 52B		00	r		$\vdash$
		Add lines 51 and 52B: (See instructions)					00
PA	Y ON	JLINE: Please visit our secure site ATAP (Arkansas Taxpayer Access Point) at www.atap.arkansas.gov. A	AIAP	allows taxpayers o	or th	neir representatives	to
		log on, make payments and manage their account online. ATAP is available 24 hours.  PAY BY CREDIT CARD: (See instructions)	// A II ·	(See instructions	. \		





### ARKANSAS INDIVIDUAL INCOME TAX CAPITAL GAINS

Primary's legal name	Primary's social security number
MAHESH PAKIRU & SNEHA KATHI	004-73-5265

In Arkansas, only 50% of the net capital gain is taxed. 100% of the short term capital gain is taxed.

Per Act 1488 of 2013, the amount of net capital gain in excess of ten million dollars (\$10,000,000) from a gain realized on or after January 1, 2014, is exempt from state tax.

Complete the AR1000D if you have a CAPITAL GAIN OR LOSS reported on federal Schedule D, or if Schedule D is not required, a gain reported on federal Form 1040, line 7. The amount of capital loss that can be deducted after offsetting capital gains is limited to \$3,000 (\$1,500 per taxpayer for filing status 4 or 5). See instructions for line 14, Form AR1000F/AR1000NR.

Adjust your gains and losses for depreciation differences, if any, in the federal and Arkansas amounts using lines 2, 5 and 10. \*

Note. Arkansas did not adopt the federal "bonus depreciation" provision from previous years. Therefore, there may be a difference in federal and Arkansas amounts of depreciation allowed.

Full Year Resident Filers - Complete columns (A) and (B) only.

Nonresident or Part Year Resident Filers - Complete columns (A), (B), and (C).

		Federal Schedule D			(A) Primary		(B) Spouse		(C) Arkansas Only
1.	Enter federal long-term capital gain or loss reported on line 15, federal Schedule D or Form 1040, line 71	484.	00		484.	00	00	0	00
2.	Enter adjustment, if any, for depreciation differe state amounts		2			00	00	0	00
3.	Arkansas long-term capital gain or loss. Add (or line 2			•	484.	00	00	0	• 00
4.	Enter federal net short-term capital loss, <b>if any</b> , reported on line 7, federal Schedule D4	(	00			00	00	0	00
5.	Enter adjustment, <b>if any</b> , for depreciation differe state amounts		5			00	00	0	00
6.	Arkansas net short-term capital loss. Add (or su line 5		6	•		00	00	0	• 00
7a.	Arkansas net capital gain or loss. (If gain, subtiloss, add lines 6 and 3.)	ract line 6 from 3. If	7а	•	484.	00	00	0	• 00
7b.	If the amount on line 7a is over \$10,000,000, on If less than \$10,000,000, enter the total amount.	ly enter \$10,000,000.			484.	00	0(	0	00
8.	Arkansas taxable amount. If a gain multiply line 50 percent (.50), otherwise enter loss		8		242.	00	00	0	00
9.	Enter federal short-term capital gain, <b>if any</b> , reported on line 7, federal Schedule D9	4,074.	00		4,074.	00	0(	0	00
10.	Enter adjustment, <b>if any</b> , for depreciation differe state amounts	nces in federal and				00	0(	0	00
11.	Arkansas short-term capital gain. Add (or subtraline 10	act) line 9 and	.11	•	4,074.	00	00	0	• 00
12.	Total taxable Arkansas capital gain or loss. Add I (Loss limited to \$3,000, for filing status \$1,500 per taxpayer if filing status 4 or Filing status 1,2,3,5 and 6: Add line 12, column on AR1000F/AR1000NR, line 14.  Filing status 4:  Enter line 12, column A on AR1000F/AR1000NI Enter line 12, column B on AR1000F/AR1000NI	s 1, 2, 3, and 6, r 5.) Enter here. ns A and B and enter R, line 14, column A.			4,316.	00	0.00	0	000



2020

## ARKANSAS INDIVIDUAL INCOME TAX INTEREST AND DIVIDENDS

Primary's legal name	Primary's social security number
MAHESH PAKIRU & SNEHA KATHI	004-73-5265

**Full Year Resident Filers** - Complete columns **(A) and (B)** if using filing status 4 (married filing separately on the same return). All other filing statuses must complete column **(A) only**.

**Nonresident or Part Year Resident Filers** - Complete columns **(A)**, **(B)**, **and (C)** if using filing status 4 (married filing separately on the same return). All other filing statuses must complete columns **(A)** and **(C) only**.

#### **Part I - TAXABLE INTEREST**

Interest on bank deposits, notes, mortgages from individuals, corporation bonds, savings and loan deposits, and credit union deposits are taxable. Interest on obligations of other states and subdivisions are fully taxable.

arii deposite are taxasie. Interest en estigatione er ether eta		s.c. s.s.r., tartable.	
NAME OF PAYER	(A) Primary/Joint	(B) Spouse (If Filing Status 4)	(C) Arkansas Only
	00	00	00
	00	00	00
	00	00	00
	00	00	00
	00	00	00
	00	00	00
	00	00	00
	00	00	00
	00	00	00
	00	00	00
Add the amounts listed and enter the total here and on line 10, Form AR1000F/AR1000NR.	00	00	00

#### **Part II - TAXABLE DIVIDENDS**

Dividends and other distributions on stock are fully taxable. There is no dividend exclusion applicable to Arkansas.

NAME OF PAYER	(A) Primary/Joint	:	(B) Spouse (If Filing Status 4)	(C) Arkansas Only
MERRILL	54.	00	00	00
		00	00	00
		00	00	00
		00	00	00
		00	00	00
		00	00	00
		00	00	00
		00	00	00
		00	00	00
		00	00	00
Add the amounts listed and enter the total here and on line 11, Form AR1000F/AR1000NR.	54.	00	00	00

#### Part III - INCOME NOT SUBJECT TO ARKANSAS TAX (See Instructions on pages 9 & 10)

Social security		00	00
Railroad retirement benefits		00	00
Ministers housing allowance		00	00
TOTAL AR MUNI DIV AND NONTAX DIST	15.	00	00
TOTAL INCOME NOT SUBJECT TO ARKANS	 00		



## ARKANSAS INDIVIDUAL INCOME TAX DECLARATION FOR ELECTRONIC FILING

Primary's Legal First Name and Middle Initial		Last Na	Last Name		Primary's Social Security Number						
● MAHESH		• PAK	• PAKIRU		004-73-5265						
Spouse's Legal First Name and Middle Initial		Last Na	Last Name		Spouse's Social Security Number						
SNEHA			KATHI			● 978-90-1549					
Mailing Address	(Number and Street, P.O. Box	c or Rural Route)			Tel	ephone					
	502 SW DEERFIELD BLVD, APT. 1				(972)834-7132						
City		State or Province		ZIP	☐ Check if ac Foreign Coun	ck if address is outside U.S.					
BENTONVIL		AR	> I>	72713	- Oroigii oodii	,					
PART I - TA	X RETURN INFORM	MATION (Whole Dollars O	niy)				ı				
1. Total Inc				109,107.	00						
2. Net Tax (Form AR1000F or AR1000NR, Line 38)						2	6,034.	00			
3. State Income Tax Withheld (Form AR1000F or AR1000NR, Line 39)						3 •	5,563.	00			
4. Refund (Form AR1000F or AR1000NR, Line 47)						4		00			
5. Tax Due							471.	00			
5. Tax Due (Form AR1000F or AR1000NR, Line 51)											
6b. X I do 6c. I a for la la for la	o not want direct depose the State of Arlem (AR TAX PMT).  uthorize the State of Arlem (AR TAX PMT).  uthorize the State of Argument form (AR EST Planalance due return, I unty and all applicable into the rejected also.  of perjury, I declare that tronic portion of my 202 (ERO sending my return, ading my ERO and/or trather eason(s) for the reject the reason(s) for the reject the reason(s) for the research (and the reason(s) for the reject the research that the reject the reject that the rej	Arkansas Income Tax Section PMT) or Arkansas Extension anderstand that if the State of the terest and penalties. If I have give 20 Arkansas income tax reto, this declaration, and accompansmitter an acknowledgen ejection. If the processing of delay, or when the refund we disclosure to the State of Arkansas income tax.	receiving to initiate ion to initiate Payment Arkansas ve filed a j turn. To the mpanying ment of receivers f my return vas sent. Ir	a refund. de debit entries to my account as	nt as indicated by payment of a my federal ve agree with elief, my retraction of with the system and state system and state of A my federal control of the system and state of A my federal control of the system and state of A my federal control of the system and state of A my federal control of the system and state of A my federal control of the system and state of A my federal control of the system and state of	of my tax lial I return is re the amour urn is true, or rkansas. I a hether or no of Arkansas software to p	Arkansas Estimate bility, I will remain ejected, I understants on the correspondenced, and compalso consent to the of my return is access to disclose to my prepare and transi	n liable and my onding blete. I e State epted, y ERO mit my			
Sign											
Here Pr	imary's Signature	Date	е	Spouse's Signatu	ıre		Date				
PART III - D	ECLARATION OF E	ELECTRONIC RETURN	ORIGIN	ATOR (ERO) AND PAID P	REPARER						
am only a colle the return. I hav with a copy of a examined the a	ctor, I understand that I re obtained the taxpaye Il forms and informatior bove taxpayer's return	I am not responsible for rever's signature on Form AR84 in to be filed with the State or and accompanying schedu	riewing the 153 before of Arkansa ules and s	ies on Form AR8453 are complete taxpayer's return; I declare the submitting this return to the State I am also the Paid Prepare statements, and to the best of reaching of the state of the preparer has known of which the preparer has known of the state.	at Form AR8 ate of Arkans r, under pen ny knowledo	3453 accura sas, and hav alties of perj	ately reflects the day we provided the tax jury I declare that	ata on xpayer I have			
ERO'S —		09/21	1/2021	Check Check if paid if self-	٦						
Use EF	RO'S Signature	Date		preparer employed		Your SSI	N or PTIN				
	OBAL TAXES LLC	C 2530 PEBBLE CR	EEK LI	N CUMMING GA 30	0041	30-101	7196				
Fir	m's name and address	3				FEII	N				
				yer's return and accompanying				est of			
my knowleage	and belief, they are true			ation is based on all information Check		-	iowieuge.				
Paid $09/21/2021$ is a paid P02						2082703					
Preparer's	Preparer's Signature			employed		rer's SSN or					
Use Only	SYAM PRIYA RAM SAGAR GUPTA '		CREEK	LN CUMMING GA	30041	30- FF	-1017196				
	corresponde and and	1533					IIV				