File by Mail Instructions for your 2021 Federal Tax Return

Important: Your taxes are not finished until all required steps are completed.

(If you prefer, you can still e-file. Go to the end of these instructions for more information.)

Renuka Aramani

1401 NE John Deshields Blvd, Apt. A360

Bentonville, AR 72712-5181

| | -, | |
|--|---|------------|
| Balance Due/ Refund | Your federal tax return (Form 1040) shows you are due a reful \$4,232.00. Your refund will be direct deposited into the follocount: Account Number: 487008303762, Routing Transit Number 082000073. | llowing |
| What You Need to Mail | Your tax return - The official return for mailing is included this printout. Remember to sign and date the return. Attach the first copy or Copy B of Form(s) W-2 to the front | |
| | Form 1040. | |
| | Mail your return and attachments to: Department of the Treasury Internal Revenue Service Kansas City, MO 64999-0002 | |
| | Deadline: Postmarked by Monday, April 18, 2022 | |
| | beautifie: rosemarked by Monady, April 10, 2022 | |
| | Note: Your state return may be due on a different date. Pleater review your state filing instructions. | ase |
| | Don't forget correct postage on the envelope. | |
| What You Need to Keep | Keep these instructions and a copy of your return for your You can download or print a copy of your return by logging if TurboTax account. | |
| 2021 | Adjusted Gross Income \$ 23,822.00 | |
| Federal | Taxable Income \$ 11,272.00 | |
| Tax | Total Tax \$ 1,106.00 | |
| Return | Total Payments/Credits \$ 5,338.00 | |
| Summary | Amount to be Refunded \$ 4,232.00 Effective Tax Rate 4.64% | |
| Changed Your Mind About e-filing? | You can still file electronically. Just go back to TurboTax, the File tab, then select the E-file category. We'll walk you through the process. Once you file, we will let you know if return is accepted (or rejected) by the Internal Revenue Ser | ou your |
| | | |

turbotax.



Hi Renuka,

We just want to thank you for using TurboTax this year! It's our goal to make your taxes easy and accurate, year after year.

With TurboTax Premier:

Your Head Start On Next Year:

When you come back next year, taxes will be so easy! All your information will be saved and ready to transfer in to your new return. We'll ask you questions about what changed since we last talked, and we'll be ready to get you the credits and deductions you deserve, no matter what life throws at you.

Here's the final wrap up for your 2021 taxes: Your federal refund is: \$ 4,232.00

Your Guarantee of Accuracy:

Breathe easy. The calculations on your return are backed with our 100% Accuracy Guarantee.

- We double checked your return for errors along the way.
- We helped with step-by-step guidance to get your answers on the right IRS forms.
- If you sold investments, our Cost Basis Lookup calculated cost basis for those sales.
- We helped you out with extra guidance for rental property income, expenses, and refinancing.
- We made sure you didn't miss a deduction even if something in your life changed, like a new job, new house or more kids!

Also included:

- We provide the Audit Support Center free of charge, in the unlikely event you get audited.

Many happy returns from TurboTax.

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

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

| Filing Status | S 🗌 S | Single Married filing jointly | ≺ Marri | ed filing separately (| MFS) | Head o | of hous | ehold (HOH) | Qual | lifying wic | low(er) (QW) |
|--------------------------------|----------|---|-----------------|-------------------------------|---|----------------|-----------------------------|-------------------|----------------|---------------|------------------------------|
| Check only one box. | | ou checked the MFS box, enter the roon is a child but not your dependen | | | | | or QV | box, enter th | e child's | name if the | ne qualifying |
| | | | | | | | Your social security number | | | | |
| Renuka | | | Arar | mani | | | | | 129- | 65-426 | 3 |
| If joint return, s | pouse's | s first name and middle initial | Last na | ime | | | | | Spouse' | s social se | curity number |
| | | | | | | | | | 999- | 99-999 | 9 |
| Home address | (numbe | er and street). If you have a P.O. box, see | instructi | ons. | | | | Apt. no. | Preside | ntial Electi | on Campaigr |
| 1401 NE | Joh | n Deshields Blvd | | | | | | A360 | | nere if you | , , |
| City, town, or p | ost offi | ce. If you have a foreign address, also co | omplete s | spaces below. | Sta | te | ZIP | code | | | ntly, want \$3 Checking a |
| Bentonv | ille | | | | AI | ? | 72 | 7125181 | _ | ow will not | • |
| Foreign country | / name | | | Foreign province/state | coun [°] | ty | Fore | eign postal code | your tax | or refund | . Spouse |
| At any time du | ring 20 | 021, did you receive, sell, exchange | , or othe | erwise dispose of an | y fina | ancial interes | t in an | y virtual curre | ncy? | Yes | ⊠ No |
| Standard Deduction | _ | neone can claim: You as a de Spouse itemizes on a separate retu | | • | | | : | | | | |
| Age/Blindness | You: | : Were born before January 2, 1 | 957 [| Are blind Sp | ouse | : Was b | orn be | fore January 2 | 2, 1957 | ☐ Is b | lind |
| Dependents | s (see | instructions): | | (2) Social securit | y | (3) Relations | ship | (4) ✓ if q | ualifies for | r (see instru | uctions): |
| If more | | irst name Last name | | number | to you | | | Child tax cr | redit | Credit for of | ther dependents |
| than four | | | | | | | | | | | |
| dependents, see instruction | | | | | | | | | | | |
| and check | | | | | | | | | | | |
| here ▶ 🗌 | | | | | | | | | | | |
| | _1_ | Wages, salaries, tips, etc. Attach | Form(s) | W-2 | | | | | . 1 | | 23,822. |
| Attach | 2a | Tax-exempt interest | 2a | | b T | axable intere | st | | . 2b | | |
| Sch. B if required. | 3a | Qualified dividends | 3a | | b Ordinary dividendsb Taxable amount . | | | | . 3b | | |
| | 4a | IRA distributions | 4a | | | | | t | | | |
| | 5a | Pensions and annuities | 5a | | b T | axable amou | nt . | | . 5b | | |
| Standard | 6a | Social security benefits | 6a | | b T | axable amou | nt . | | . 6b | | |
| Deduction for— | 7 | Capital gain or (loss). Attach Sche | dule D i | f required. If not req | uired | , check here | | ▶ [| _ _ 7 _ | | |
| Single or Married filing | 8 | Other income from Schedule 1, lir | ne 10 | | | | | | . 8 | | |
| separately, \$12,550 | 9 | Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, | and 8. | This is your total inc | ome | | | | ▶ 9 | | 23,822. |
| Married filing | 10 | Adjustments to income from Sche | dule 1, | line 26 | | | | | . 10 | | |
| jointly or Qualifying | 11_ | Subtract line 10 from line 9. This is | s your a | djusted gross inco | me | | | | ▶ 11 | | 23,822. |
| widow(er), \$25,100 | 12a | Standard deduction or itemized | deduct | ions (from Schedule | A) | 1 | 2a | 12,550 | 0. | | |
| Head of | b | Charitable contributions if you take | the sta | ndard deduction (see | instr | ructions) 1 | 2b | | | | |
| household, \$18,800 | С | Add lines 12a and 12b | | | | | | | . 120 | > | 12,550. |
| If you checked | 13 | Qualified business income deduct | ion fron | n Form 8995 or Form | า 899 | 5-A | | | . 13 | | |
| any box under Standard | 14 | Add lines 12c and 13 | | | | | | | . 14 | | 12,550. |
| Deduction, see instructions. | 15 | Taxable income. Subtract line 14 | from lir | ne 11. If zero or less, | ente | er -0 | | | . 15 | | 11,272. |

| Form 1040 (2021 | 1) | | | | | | | | Page | 2 |
|--------------------------------------|---------------------------------|--|-----------------------|-------------------|-------------------|--------------|--------------|----------|---|--------|
| | 16 | Tax (see instructions). Check | if any from Form | (s): 1 881 | 4 2 🗌 4972 | 3 🗌 | | 16 | 1,154. | |
| | 17 | Amount from Schedule 2, lin | e3 | | | | | 17 | | _ |
| | 18 | Add lines 16 and 17 | | | | | | 18 | 1,154. | _ |
| | 19 | Nonrefundable child tax cred | dit or credit for o | ther depender | nts from Schedule | 8812 | | 19 | | |
| | 20 | Amount from Schedule 3, lin | e8 | | | | | 20 | 48. | |
| | 21 | Add lines 19 and 20 | | | | | | 21 | 48. | |
| | 22 | Subtract line 21 from line 18 | . If zero or less, e | enter -0 | | | | 22 | 1,106 | |
| | 23 | Other taxes, including self-en | mployment tax, | from Schedule | e 2, line 21 | | | 23 | 0 . | |
| | 24 | Add lines 22 and 23. This is | your total tax | | | | . ▶ | 24 | 1,106 | |
| | 25 | Federal income tax withheld | from: | | | | | | | |
| | а | Form(s) W-2 | | | | 25a 3 | 3,938. | | | |
| | b | Form(s) 1099 | | | | 25b | | | | |
| | С | Other forms (see instructions | s) | | | 25c | | | | |
| | d | Add lines 25a through 25c | | | | | | 25d | 3,938. | |
| If you have a | 26 | 2021 estimated tax payment | 26 | | _ | | | | | |
| qualifying child, | 27a | Earned income credit (EIC) | | | | 27a | | | | _ |
| attach Sch. EIC. | | Check here if you were b | orn after Janua | ary 1, 1998, | and before | | | | | |
| | | January 2, 2004, and you taxpayers who are at least a | | | | | | | | |
| | b | Nontaxable combat pay elec | tion | . 27b | | | | | | |
| | С | Prior year (2019) earned inco | ome | . 27c | | | | | | |
| | 28 | Refundable child tax credit or | | | | | | | | |
| | 29 | American opportunity credit | | | | | | | | |
| | 30 | Recovery rebate credit. See instructions | | | | | | | | |
| | 31 | Amount from Schedule 3, line 15 | | | | | | | | |
| | 32 | Add lines 27a and 28 throug | | • | | | | 32 | 1,400. | _ |
| | 33 | Add lines 25d, 26, and 32. T | | | | | . ▶ | 33 | 5,338. | |
| Refund | 34 | If line 33 is more than line 24 | | | | • | · <u>·</u> | 34 | 4,232. | _ |
| | 35a | Amount of line 34 you want i | | | | | ▶ □ | 35a | 4,232 | |
| Direct deposit? See instructions. | ►b | Routing number 0 8 2 | | | ,. <u> </u> | Checking | Savings | | | |
| oee mandenons. | ►d | Account number 4 8 7 | | | | | | | | |
| | 36 | Amount of line 34 you want a | | | | 36 | | | | _ |
| Amount | 37 | Amount you owe. Subtract | | | | 1 1 | . ▶ | 37 | | _ |
| You Owe | 38 | Estimated tax penalty (see in | | | | 38 | | | | |
| Third Party Designee | | you want to allow another structions | • | | rn with the IRS? | Yes. Co | omplete b | | ⋈ No | |
| | | signee's | | Phone | | Pers | onal identif | ication | | \neg |
| <u> </u> | | me ► | 1 l | no. ► | | | ber (PIN) | | A - f l | |
| Sign | | der penalties of perjury, I declare the ief, they are true, correct, and com- | | | | | | | | |
| Here | | ur signature | | Date | Your occupation | | | | nt you an Identity | |
| | ۱ | ar eignature | | Julio | Tour occupation | | I | | N, enter it here | |
| Joint return? | | | | | Application | n Develope | er (see | inst.) 🕨 | | |
| See instructions. Keep a copy for | Spo | ouse's signature. If a joint return, b | ooth must sign. | Date | Spouse's occupati | on | | | nt your spouse an ection PIN, enter it he | aro. |
| your records. | , | | | | | | I | inst.) ▶ | ection Pila, enter it he | e T |
| | ———— | one no. (479)407-991 | <u> </u> | Email address | | | , | , . | | _ |
| | | eparer's name | Preparer's signati | | | Date | PTIN | | Check if: | — |
| Paid | | | - j | | | | | | Self-employed | |
| Preparer | | Colf Dea | narod | | | | Dhon | 10 no | | — |
| | Firm's name ► Self-Prepared Pho | | | | | | | | | |
| Use Only | | m's address ► | epareu | | | | | s EIN ▶ | • | — |

SCHEDULE 3 (Form 1040)

Additional Credits and Payments

OMB No. 1545-0074

2021

Attachment
Sequence No. 03

Department of the Treasury Internal Revenue Service

Renuka Aramani

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

► Attach to Form 1040, 1040-SR, or 1040-NR.
 Go to www.irs.gov/Form1040 for instructions and the latest information.

Sequence No. 03

Your social security number
129-65-4263

| Par | t I Nonrefundable Credits | | | | | |
|-----|--|----------|-------|--------|---|-----|
| 1 | Foreign tax credit. Attach Form 1116 if required | | | | 1 | |
| 2 | Credit for child and dependent care expenses from Form 2441 Form 2441 | | | Attach | 2 | |
| 3 | Education credits from Form 8863, line 19 | | | | 3 | |
| 4 | Retirement savings contributions credit. Attach Form 8880 | | | | 4 | 48. |
| 5 | Residential energy credits. Attach Form 5695 | | | | 5 | |
| 6 | Other nonrefundable credits: | | | | | |
| а | General business credit. Attach Form 3800 | 6a | | | | |
| b | Credit for prior year minimum tax. Attach Form 8801 | 6b | | | | |
| С | Adoption credit. Attach Form 8839 | 6с | | | | |
| d | Credit for the elderly or disabled. Attach Schedule R | 6d | | | | |
| е | Alternative motor vehicle credit. Attach Form 8910 | 6e | | | | |
| f | Qualified plug-in motor vehicle credit. Attach Form 8936 | 6f | | | | |
| g | Mortgage interest credit. Attach Form 8396 | 6g | | | | |
| h | District of Columbia first-time homebuyer credit. Attach Form 8859 | 6h | | | | |
| i | Qualified electric vehicle credit. Attach Form 8834 | 6i | | | | |
| j | Alternative fuel vehicle refueling property credit. Attach Form 8911 | 6j | | | | |
| k | Credit to holders of tax credit bonds. Attach Form 8912 | 6k | | | | |
| 1 | Amount on Form 8978, line 14. See instructions | 61 | | | | |
| Z | Other nonrefundable credits. List type and amount ▶ | 6z | | | | |
| 7 | Total other nonrefundable credits. Add lines 6a through 6z | | | | 7 | |
| 8 | Add lines 1 through 5 and 7. Enter here and on Form 1040, 1040-line 20 | -SR, | or 10 | 40-NR, | 8 | 48. |

(continued on page 2)

Schedule 3 (Form 1040) 2021 Page **2**

| Par | Other Payments and Refundable Credits | | | |
|-----|--|-----|----|--|
| 9 | Net premium tax credit. Attach Form 8962 | | 9 | |
| 10 | Amount paid with request for extension to file (see instructions) . | | 10 | |
| 11 | Excess social security and tier 1 RRTA tax withheld | | 11 | |
| 12 | Credit for federal tax on fuels. Attach Form 4136 | | 12 | |
| 13 | Other payments or refundable credits: | | | |
| а | Form 2439 | 13a | | |
| b | Qualified sick and family leave credits from Schedule(s) H and Form(s) 7202 for leave taken before April 1, 2021 | 13b | | |
| С | Health coverage tax credit from Form 8885 | 13c | | |
| d | | 13d | | |
| е | Reserved for future use | 13e | | |
| f | Deferred amount of net 965 tax liability (see instructions) | 13f | | |
| g | Credit for child and dependent care expenses from Form 2441, line 10. Attach Form 2441 | 13g | | |
| h | Qualified sick and family leave credits from Schedule(s) H and Form(s) 7202 for leave taken after March 31, 2021 | 13h | | |
| Z | - 1 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - | 13z | | |
| 14 | Total other payments or refundable credits. Add lines 13a through | 13z | 14 | |
| 15 | Add lines 9 through 12 and 14. Enter here and on Form 1040, 1040 line 31 | | 15 | |

BAA

Credit for Qualified Retirement Savings Contributions

Department of the Treasury Internal Revenue Service

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

► Go to www.irs.gov/Form8880 for the latest information.

OMB No. 1545-0074 Attachment Sequence No. 54

(b) Your spouse

Name(s) shown on return Renuka Aramani Your social security number 129-65-4263

(a) You



You cannot take this credit if either of the following applies.

- The amount on Form 1040, 1040-SR, or 1040-NR, line 11, is more than \$33,000 (\$49,500 if head of household; \$66,000 if married filing jointly).
- The person(s) who made the qualified contribution or elective deferral (a) was born after January 1, 2004; (b) is claimed as a dependent on someone else's 2021 tax return; or (c) was a student (see instructions).

| | | | | | | | (a) 1 C | u | (b) I our spouse |
|----------|----------------------|----------------------|---------------------------|---|--------------------------|---------------|---------------|------------------|------------------|
| 1 | | | - | LE account contributions . | • | 1 | | | |
| 2 | • | • | | mployer plan, volunta | | | | | |
| 2 | | | | for 2021 (see instruct | | | | 400 | |
| • | | . , . , | | • | 10113) | 3 | | 482. | |
| 3 | | | | | | 3 | | 482. | |
| 4 | | | | before the due date | , | | | | |
| | | | | ns). If married filing jo ructions for an except | | | | | |
| _ | • | | | · | | 5 | | 400 | |
| 5 | | | · | | | 6 | | 482. | |
| 6 | | | | 00 | | $\overline{}$ | | 482. 7 | 400 |
| 7 | | | | take this credit | 1 | 1 | | | 482. |
| 8 9 | | | |)40-NR, line 11* | 8 | | 23,822. | _ | |
| 9 | Enter the appi | icable decimal | amount from the tabl | e below. | | | | | |
| | If line | 8 is- | | And your filing status | io | | | | |
| | II lille | 015— | | | | | | | |
| | Over- | But not | Married filing jointly | Head of household | Single, Marr separate | | ng | | |
| | Over | over— | Enter or | | Qualifying w | , | er) | | |
| | | ¢10.750 | 0.5 | 0.5 | 0.5 | | | | |
| | | \$19,750 | 0.5 | 0.5 | 0.3 | | | | |
| | \$19,750 | \$21,500 | 0.5 | 0.5 | 0.2 | | | | 0 1 |
| | \$21,500 | \$29,625 | 0.5 | 0.5 | 0.1 | | | 9 | x 0 .1 |
| | \$29,625 | \$32,250 | | 0.2 0.1 | 0.1 | | | | |
| | \$32,250 | \$33,000 | 0.5 0.5 | 0.1 | 0.1 | | | | |
| | \$33,000 | \$39,500 | 0.5 | 0.1 | 0.0 | | | | |
| | \$39,500 \$43,000 | \$43,000 \$49,500 | 0.2 | 0.1 | 0.0 | | | | |
| | | \$49,500 | 0.1 | 0.1 | 0.0 | | | | |
| | \$49,500 | \$66,000 | 0.1 | 0.0 | | | | | |
| | \$66,000 | | | | 0.0 | 1 | | | |
| 10 | Multiply light 7 | | | you can't take this cre | | | | 10 | 40 |
| 10 | Multiply line 7 | • | | from the Credit Limit) | | hair- | tructions | 10 | 48. |
| 11 12 | | | | from the Credit Limit \understand utions. Enter the sma | | | | 11 | 1,154. |
| 12 | | | <u> </u> | | | | | 12 | 48. |
| | and on coned | a.c o (i oiiii io | 10), 1110 | | | | | 12 | 48. |

^{*} See Pub. 590-A for the amount to enter if you claim any exclusion or deduction for foreign earned income, foreign housing, or income from Puerto Rico or for bona fide residents of American Samoa.

File by Mail Instructions for your 2021 Arkansas Tax Return Important: Your taxes are not finished until all required steps are completed.

(If you prefer, you can still e-file. Go to the end of these instructions for more information.)

Renuka Aramani

1401 NE John Deshields Blvd, Apt. A360

Bentonville, AR 72712-5181

| Balance Due/ Refund | Your Arkansas state tax return (Form AR1000F) shows you are due a refund of \$493.00. Your refund will be direct deposited into the following account: Account Number: 487008303762, Routing Transit Number: 082000073. |
|--|---|
| What You Need to Mail | Your tax return - The official return for mailing is included in this printout. Remember to sign and date the return. Staple the state copy of each of your W-2(s) and 1099-R(s) to the front of the return. Mail your return and attachments to: Department of Finance and Administration Arkansas State Income Tax P.O. Box 1000 Little Rock, AR 72203-1000 Deadline: Postmarked by April 18, 2022 Don't forget correct postage on the envelope. |
| What You Need to Keep | Keep these instructions and a copy of your return for your records. You can download or print a copy of your return by logging into your TurboTax account. |
| 2021 Arkansas Tax Return Summary | Taxable Income |
| Changed Your Mind About e-filing? | You can still file electronically. Just go back to TurboTax, select the File tab, then select the E-file category. We'll walk you through the process. Once you file, we will let you know if your return is accepted (or rejected) by the state taxing agency. |

turbotax.

2021 AR1000F



AR1

ARKANSAS INDIVIDUAL INCOME TAX RETURN Full Year Resident

CHECK BOX IF
AMENDED RETURN

| | ii reai kesideiit | | | | | | | | | - | | _ | | Software | שו |
|--|--|-----------------|-------------|----------------|---------------------------|---------|-----------|------------|-----------------|--------------|------------------------|---------|----------------------|-----------------------------|----------|
| Jan. | 1 - Dec. 31, 2021 or fiscal year ending _ | | , 20 | | | | | | • | | | | • T | URBOTAX | |
| | Primary's legal first name | MI | Last na | ıme | | | | Che | ck if P | rimar | y's socia | al secu | ırity nuı | mber | |
| l | • RENUKA | • | • ARA | MANI | | | • 🗆 | | | 129 | 9-65- | 4263 | | | |
| APE YPE | Spouse's legal first name | MI | Last na | ıme | | | | Cho | ck if S | pous | e's socia | al secu | rity nui | mber | |
| USE LABEL (| • | • | • | | | | • 🗆 | | | 999 | 9-99- | 9999 | | | |
| | Mailing address (number and street, P.O. box | or rural route) | | | | | | | | 1 Che | ck if add | ress is | outside | U.S. | |
| 몽 | •1401 NE JOHN DESHIELDS | | T. A36 | 50 | | | | | - | | | | | | |
| ⊃≖ | City | State or provin | | | ZIP | | | | — _F | oreig | n countr | y nam | Э | | |
| 1 | • BENTONVILLE | • AR | | | • 72 | 7125 | 5181 | | | | | | | | |
| l š | | | | | ١ . | | | | | | | | | | |
| FILING STATUS Check Only One Box | 1.• Single (Or widowed before 2021 | or divorced at | end of 202 | 1) | 4.● | = | | _ | | - | n the sa | | | | |
| Ĭξό | 2.● Married filing joint (Even if only | one had incom | e) | | 5.● | | | | | | n differe | | | יישוחת בעדוו וו | 113 TV3 |
| 일등 | 3.● Head of household (See instruction | ctions) | | | Ι. | — Er | nter sp | ouse' | s name | here | and SS | N abo | ve _{20KE21} | IA NAIKA KEEMYA | NAIKA |
| I≦ğ | If the qualifying person was yo | | | | 6.● | | | | | | endent | | | | |
| <u>" </u> | enter child's name here: | | | | | | | | | | truction | | | | |
| • [| X Check here if you want a tax bookle | t mailed to you | u next yea | ar. | | | | | | | | | tate e | xtension | |
| \vdash | | | | | | or a | n auto | oma | ic fed | | exten | | | | |
| 1 | 7A. X Yourself • 65 or over | ● 65 | Special | • | Blind | • | De | eaf | | Head | d of hou | seholo | l/surviv | ing spouse tatus 6 only) | |
| 1 | Spouse • 65 or over | 65 | Special | | Blind | • | De | af | | (| ng otatao o | J | (i iiiig 5 | tutus o omy, | |
| 1 | L | | • | • | | | | | | | <u> </u> | | | | \top |
| ITS | Multiply number of boxes checked | | | | | | | | | / A | 1 X S | 529 = | | 29 | . 00 |
| CREDITS | Dependents (Do not list yourself | | | Danand | *' | .:-!: | | | | |) d | | latiana | latina da suass | |
| ν | First name | Last name | | Depende | ent's soc | ciai se | curity n | umb | er | | epende | ents re | elations | hip to you | |
| TAX | 1. | | | | | | | | | | | | | | |
| | 2. | | | | | | | | | | | | | | |
| SO | 2 | | | | | | | | | | | | | | |
| PERSONAL | 5. | | | | | | | | | 70 - | | | | | |
| Ι- | 7B. Multiply number of DEPENDENTS | | | | | | | | | | = | 329 = | | | 00 |
| 1 | 7C. Multiply number of qualifying individu | uals from AR10 | 00RC5 (S | ee instructi | ons) | | | | | 7C • | x s | 5500 = | | | 00 |
| 1 | 7D. TOTAL PERSONAL TAX CREE | ITS: (Add line | s 7A. 7B. a | and 7C. Ent | er total | here ar | nd on lii | ne 34 | l | | | 7D | | 29 | . 00 |
| \vdash | | | | | | | | | | | | | | | |
| 1 | DL# / State ID | Your state | | Issue (mm/c | date d/yyyy) _ | | | | | | Expiratior (mm/dd/y | | | | |
| □ | | | | | | | | | | | | | | | |
| | DL# / State ID | Spouse state | | Issue (mm/c | date ld/yyyy) _ | | | | | | Expiratior (mm/dd/y | | | | |
| \perp | | | | (| | | | | | | (, | ,,,, _ | | | |
| 1 | Direct deposit allowed to U.S. banks of | nly. Check if e | ither dep | osit(s) will | ultimate | ely be | placed | in a | foreign | acco | unt. ● | | | | |
| 1 | | | · | ` , | | _ | | _ | _ | | • | | | | |
| ISI | Routing Number 1 | Acco | unt Num | nber 1 | • X | Check | king or | • _ | Sav | ngs | | | Direct | deposit 1 | Amt |
| DIRECT DEPOS | • 0 8 2 0 0 0 0 7 | 3 • 4 8 | 7 0 | 0 8 | 3 0 | 3 7 | 7 6 | 2 | | | | ا | | 493 | T_{00} |
| <u> </u> | | 3 | / / 0 | 0 0 | 3 0 | 3 / | / 0 | ۷ | | | | ا ل | | 493 | . 00 |
|) E | | | | | . — | Chool | dog or | | \neg | inaa | | | | | |
| = | Routing Number 2 | Acco | unt Nun | nber 2 | <u>•</u> | Check | king or | <u>• L</u> | Sav | ings | | | Direct | deposit 2 | Amt |
| 1 | • | • | | $ \cdot $ | | | | | | 1 | | | | | 00 |
| \vdash | | | | | | | | Ш | ļ_ | <u> </u> | | | | | |
| | PLEASE SIGN HERE: Under penalties of knowledge and belief, they are true, correct | | | | | | | | | | | | | | |
| | l <u>—</u> | | | | • | | , | | | | | | | is any known | cuge. |
| PLEASE SIGN HERE | (www.atap.arkansas.gov). Ch | | | | | | | | | | | | | | |
| N A A | Primary's signature | | | | ate | | | ephoi | | | | May | the Ark | ansas Reve | nue |
| Sign | CICNIL | | | | | | (| 479 |)407 | -99 | 10 | Age | - | cuss this ret | urn |
| | Spouse's signature | | | | ate | | Tele | ephoi | ne | | | ▎┌ | _ | e preparer? | |
| | <u> </u> | | | | | | | | | | | | Yes | X No | |
| <u>~</u> | Paid preparer's signature | | | | PTIN/I |) numl | ber | | | | | | Depart | ment Use O | nly |
| I G | SELF-PREPARED | | | 10:5-701 | /7/5 | | | | | | | A | | • | |
| PAID PREPARER | Preparer's name | | | City/State | #ZIP | | | | | | | Telep | none | | |
| # | F-mail | | | | | | | | | | | | | | |
| 1 | E-mail | | | | | | | | | | | l | | | |



Primary SSN ___129-65-4263

| | | DOUBLE ALL AMOUNTS TO WHOLE DOLLARS | (A) | Primary/Joint | | (B) Spouse's Income |
|-------------|------|--|---------------|---------------|----|---------------------|
| | | ROUND ALL AMOUNTS TO WHOLE DOLLARS | <u> </u> | Income | - | Status 4 Only |
| (s) | | Wages, salaries, tips, etc: (Attach W-2s) | • | 23,822. | 00 | • 00 |
| 1099(| 9. | Military pay: Primary Spouse 00 Spouse 00 00 | | T. | | 100 |
| (§) | | Interest income: (If over \$1,500, Attach AR4) | • | | 00 | • 00 |
| W-2 | 11. | Dividend income: (If over \$1,500, Attach AR4) | • | | 00 | • 00 |
| ٥ | 12. | Alimony and separate maintenance received: | • | (| 00 | • 00 |
| o d | 13. | Business or professional income: (Attach federal Schedule C) | • | (| 00 | • 00 |
| on | 14. | Capital gains/(losses) from stocks, bonds, etc: (See instructions, Attach federal Schedule D)14 | • | (| 00 | • 00 |
| 성 | 15. | Other gains or (losses): (Attach federal Form 4797 and/or AR4684 if applicable) | • | (| 00 | • 00 |
| 받 | 16. | Non-qualified IRA distributions and taxable annuities: (Attach All 1099Rs) | • | (| 00 | • 00 |
| ach ach | 17. | Military retirement: Primary ● 00 Spouse ● 00 | | | | |
| A#E | 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 | • | (| 00 | |
| he | 18B. | Spouse employer pension plan(s)/qualified IRA(s): (See instructions, Attach all 1099Rs) | _ | | 00 | l - |
| (s)6 | | Gross distribution 00 Taxable amount 00 Less \$6,000 | • | | 00 | |
| 109 | | Rents, royalties, partnerships, estates, trusts, etc.: (Attach federal Schedule E) | • | | 00 | |
| (S) | 20. | Farm income: (Attach federal Schedule F) | • | | 00 | • 00 |
| % | | Unemployment: Primary/Joint 00 Spouse 00 21 | | | | |
| 망 | | Other income/depreciation differences: (Attach Form AR-OI) | • | | 00 | |
| Atta | 23. | TOTAL INCOME: (Add lines 8 through 22) | • | 23,822. | 00 | |
| | 24. | TOTAL ADJUSTMENTS: (Attach Form AR1000ADJ) | • | (| 00 | • 00 |
| | 25. | ADJUSTED GROSS INCOME: (Subtract line 24 from line 23) | • | 23,822. | 00 | • 00 |
| | 26. | Select tax table: (Select only one) 26 | | | | _ |
| | 27. | ● Low income table (\$0), For low income qualifications see line 26 instructions | | | | |
| Ιz | | ● Standard deduction (\$2,200 or \$4,400 for filing status 2 only) | | | | |
| ΙĔ | | • X Itemized deductions (Attach AR3) | • | 0.0 | 00 | • 00 |
| 5 | 28. | NET TAXABLE INCOME: (Subtract line 27 from line 25) | • | 23,822. | 00 | • 00 |
| COMPUTATION | | TAX: (Enter tax from tax table) | | 753. (| 00 | 00 |
| | | Combined tax: (Add amounts from line 29, columns A and B) | | 30 | 0 | 753.00 |
| TAX | | Enter tax from Lump Sum Distribution Averaging Schedule: (Attach AR1000TD) | | | | • 00 |
| | | Additional tax on IRA and qualified plan withdrawal and overpayment: (Attach federal Form 5329, if required) | | | | • 00 |
| | | TOTAL TAX: (Add lines 30 through 32) | | | | • 753. 00 |
| \vdash | | Personal tax credit(s): (Enter total from line 7D) | $\overline{}$ | 29.0 | | 7 3 3 1 00 |
| ΙS | | | | | 00 | |
| REDIT | | Child care credit: (Attach AR2441) | | | 00 | |
| CR | | Other credits: (Attach AR1000TC) | | | _ | - 00 00 |
| TAX | | TOTAL CREDITS: (Add lines 34 through 36) | | | | • 29. 00 |
| \vdash | _ | NET TAX: (Subtract line 37 from line 33. If line 37 is greater than line 33, enter 0) | $\overline{}$ | | - | • 724. 00 |
| | 39. | Arkansas income tax withheld: (Attach state copies of W-2 and/or 1099R, W2-G) | • | 1,217. | - | |
| | 40. | Estimated tax paid or credit brought forward from 2020: | • | | 00 | |
| S | 41. | Payment made with extension: (See instructions) | • | | 00 | |
| PAYMENTS | | AMENDED RETURNS ONLY - Previous payments: (See instructions) | • | (| 00 | |
| Į ₹ | 43. | Early childhood program: Certification number: | _ | | 00 | |
| Ρğ | ١ | (Attach AR1000EC and AR2441) | • | | 00 | 1 217 00 |
| | | TOTAL PAYMENTS: (Add lines 39 through 43) | | | | • 1,217.00 |
| | | AMENDED RETURNS ONLY - Previous refund: (See instructions) | | | | • 00 |
| \vdash | | Adjusted total payments: (Subtract line 45 from line 44) | | | | • 1,217.00 |
| DUE | | AMOUNT OF OVERPAYMENT/REFUND: (If line 46 is greater than line 38, enter difference) | | | | • 493. 00 |
| ۱ã | 48. | Amount to be applied to 2022 estimated tax:48 | • | 0 | _ | |
| TAX | | Amount of Check-off Contributions: (Attach Schedule AR1000-CO) | | | 0 | |
| OR O | | AMOUNT TO BE REFUNDED TO YOU: (Subtract lines 48 and 49 from line 47) | | | | |
| Ν | | AMOUNT DUE: (If line 46 is less than line 38, enter difference; If over \$1,000, continue to 52A) | | | 1● | ③ 00 |
| REFUND | | UEP: Attach Form AR2210 or AR2210A. If required, enter exception in box 52A ● Penalty 52B □ | | 00 | | |
| Ľ | 52C | Add lines 51 and 52B: (See instructions) | 7 | OTAL DUE 52 | 2C | • 00 |





ARKANSAS INDIVIDUAL INCOME TAX ITEMIZED DEDUCTIONS

| Primary's legal name | Primary's social securi | ty number |
|--|--------------------------|--------------------|
| RENUKA ARAMANI | 129-65-4263 | |
| MEDICAL AND DENTAL EXPENSES: [Do not include expense(s) paid by others]. (See in | nstructions) | |
| Medical and dental expenses: | | . 00 |
| 2. Enter amount from Form AR1000F/AR1000NR, line 25A and 25B:2 23,822. | | |
| 3. Multiply line 2 by 10% (.10), otherwise enter 0: | 3 2,382 | . 00 |
| 4. TOTAL MEDICAL EXPENSES: (Subtract line 3 from line 1; if more than line 1, enter 0) |) | 4➤ 0.00 |
| TAXES: (See instructions) | | |
| 5. Real estate tax: | | 00 |
| Personal property tax or other taxes: (List type and amount) | | 00 |
| 7. TOTAL TAXES: (Add lines 5 and 6) | | 7 ≻ 00 |
| INTEREST EXPENSES: (See instructions) | | |
| Home mortgage interest paid to financial institutions: | | 00 |
| Home mortgage interest paid to an individual: Name: | | |
| Address: | | 00 |
| 10. Deductible points: | | 00 |
| 11. Investment interest: (Attach federal Form 4952) | | 00 |
| 12. TOTAL INTEREST EXPENSE: (Add lines 8 through 11) | | . 12 ➤ 00 |
| CONTRIBUTIONS: (See instructions) | 40 | 00 |
| 13. Cash contributions: | | 00 |
| 14. Art and literary contributions: | | 00 |
| 15. Other: | | 00 |
| 16. Carryover contributions: (List type and amount) | | |
| 17. TOTAL CONTRIBUTIONS: (Add lines 13 through 16) | | . 17 ➤ 00 |
| CASUALTY AND THEFT LOSSES: (See instructions) 18. TOTAL CASUALTY AND THEFT LOSSES: (Attach Form AR4684) | | 18 > 00 |
| POST-SECONDARY EDUCATION TUITION DEDUCTION(S): (See instructions) | | |
| 19. TOTAL POST-SECONDARY EDUCATION TUITION DEDUCTION(S): [Attach AR1075(s)] | | .19 > 00 |
| MISCELLANEOUS DEDUCTIONS SUBJECT TO 2% AGI LIMIT: (See instructions) | | |
| 20. Unreimbursed employee business expenses: (Attach Form AR2106) | 20 | 00 |
| 21. Other expenses: (List type and amount) | | 00 |
| 22. Add the amounts on lines 20 and 21. Enter the total: | | 00 |
| 23. Enter amount from Form AR1000F/AR1000NR, line 25A and 25B: 23 | 00 | |
| 24. Multiply line 23 above by 2% (.02) : | 24 | 00 |
| 25. TOTAL MISCELLANEOUS DEDUCTIONS: (Subtract line 24 from line 22; If line 24 is more | | . 25 > 00 |
| OTHER MISCELLANEOUS DEDUCTIONS: (See instructions) | | |
| 26. Volunteer firefighter expenses: | 26 | 00 |
| 27. Gambling Losses: | 27 | 00 |
| 28. Other miscellaneous deductions: (List type and amount) | 28 | 00 |
| 29. TOTAL MISCELLANEOUS DEDUCTIONS NOT SUBJECT TO THE 2% AGI LIMITATION: (A | Add lines 26 through 28) | . 29 ➤ 00 |
| TOTAL ITEMIZED DEDUCTIONS: | | |
| 30. Add amounts on lines 4, 7, 12, 17, 18,19, 25, and 29 and enter the total here: | | 30 ≻ 0. 00 |
| | | |
| Complete lines 31 - 35 ONLY if Filing Status 4 or 5. | PRIMARY | SPOUSE'S |
| 04 F-t | Adjusted Gross Incom | |
| 31. Enter adjusted gross income from Form AR1000F/AR1000NR, line 25, columns (A) and (B) here: | | |
| 32. Total Arkansas adjusted gross income: (Add columns 31A and 31B from above) | | |
| 33. Divide the amount on line 31A above by the amount on line 32. Enter the percentage here: | | - 0 |
| 34. Multiply line 30 by the percentage on line 33. Enter here and on Form AR1000F/AR1000NR, I | | ry) 34 [|
| 35. Subtract line 34 from line 30. Enter here and on Form AR1000F/AR1000NR, line 27, column | n (b). It you and | |
| your spouse are using Filing Status 5, enter on line 27, col. (A) of your spouse's return: | | se) 35 0.00 |