

# IRS e-file Signature Authorization

▶ **ERO must obtain and retain completed Form 8879.**  
▶ **Go to [www.irs.gov/Form8879](http://www.irs.gov/Form8879) for the latest information.**

Submission Identification Number (SID) ▶

Taxpayer's name PHANINDER ALLADI	Social security number 344-06-6121
Spouse's name	Spouse's social security number

## Part I Tax Return Information — Tax Year Ending December 31, 2021 (Enter year you are authorizing.)

Enter whole dollars only on lines 1 through 5.

**Note:** Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.

<b>1</b> Adjusted gross income . . . . .	<b>1</b>	75,926.
<b>2</b> Total tax . . . . .	<b>2</b>	9,691.
<b>3</b> Federal income tax withheld from Form(s) W-2 and Form(s) 1099 . . . . .	<b>3</b>	9,730.
<b>4</b> Amount you want refunded to you . . . . .	<b>4</b>	39.
<b>5</b> Amount you owe . . . . .	<b>5</b>	

## Part II Taxpayer Declaration and Signature Authorization (Be sure you get and keep a copy of your return)

Under penalties of perjury, I declare that I have examined a copy of the income tax return (original or amended) I am now authorizing, and to the best of my knowledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I above are the amounts from the income tax return (original or amended) I am now authorizing. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution to debit the entry to this account. This authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate the authorization. To revoke (cancel) a payment, I must contact the U.S. Treasury Financial Agent at **1-888-353-4537**. Payment cancellation requests must be received no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I further acknowledge that the personal identification number (PIN) below is my signature for the income tax return (original or amended) I am now authorizing and, if applicable, my Electronic Funds Withdrawal Consent.

### Taxpayer's PIN: check one box only

I authorize GLOBAL TAXES LLC to enter or generate my PIN 

6	6	1	2	1
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 as my signature on the income tax return (original or amended) I am now authorizing.

Enter five digits, but don't enter all zeros

I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box **only** if you are entering your own PIN **and** your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Your signature ▶ \_\_\_\_\_ Date ▶ \_\_\_\_\_

### Spouse's PIN: check one box only

I authorize \_\_\_\_\_ to enter or generate my PIN 

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 as my signature on the income tax return (original or amended) I am now authorizing.

Enter five digits, but don't enter all zeros

I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box **only** if you are entering your own PIN **and** your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Spouse's signature ▶ \_\_\_\_\_ Date ▶ \_\_\_\_\_

### Practitioner PIN Method Returns Only—continue below

## Part III Certification and Authentication — Practitioner PIN Method Only

**ERO's EFIN/PIN.** Enter your six-digit EFIN followed by your five-digit self-selected PIN. 

5	8	7	2	7	8	6	1	9	8	9
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Don't enter all zeros

I certify that the above numeric entry is my PIN, which is my signature for the electronic individual income tax return (original or amended) I am now authorized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and **Pub. 1345**, Handbook for Authorized IRS e-file Providers of Individual Income Tax Returns.

ERO's signature ▶ \_\_\_\_\_ Date ▶ \_\_\_\_\_

**ERO Must Retain This Form — See Instructions**  
**Don't Submit This Form to the IRS Unless Requested To Do So**

**Filing Status**  Single  Married filing jointly  Married filing separately (MFS)  Head of household (HOH)  Qualifying widow(er) (QW)  
 Check only one box. If you checked the MFS box, enter the name of your spouse. If you checked the HOH or QW box, enter the child's name if the qualifying person is a child but not your dependent ▶

Your first name and middle initial PHANINDER	Last name ALLADI	Your social security number 344-06-6121	
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. 10480 MAYA LINDA RD, #319		<b>Presidential Election Campaign</b> Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund. <input type="checkbox"/> You <input type="checkbox"/> Spouse	
City, town, or post office. If you have a foreign address, also complete spaces below. SAN DIEGO	State CA		ZIP code 92126
Foreign country name	Foreign province/state/county		Foreign postal code

At any time during 2021, did you receive, sell, exchange, or otherwise dispose of any financial interest in any virtual currency?  Yes  No

**Standard Deduction** **Someone can claim:**  You as a dependent  Your spouse as a dependent  
 Spouse itemizes on a separate return or you were a dual-status alien

**Age/Blindness** **You:**  Were born before January 2, 1957  Are blind **Spouse:**  Was born before January 2, 1957  Is blind

Dependents (see instructions): If more than four dependents, see instructions and check here ▶ <input type="checkbox"/>	(1) First name	Last name	(2) Social security number	(3) Relationship to you	(4) <input checked="" type="checkbox"/> if qualifies for (see instructions): Child tax credit		Credit for other dependents
						<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>	
					<input type="checkbox"/>	<input type="checkbox"/>	
					<input type="checkbox"/>	<input type="checkbox"/>	

	<b>1</b> Wages, salaries, tips, etc. Attach Form(s) W-2 . . . . .			<b>1</b>	75,926.
Attach Sch. B if required.	<b>2a</b> Tax-exempt interest . . . . .	<b>2a</b>	<b>b</b> Taxable interest . . . . .	<b>2b</b>	
	<b>3a</b> Qualified dividends . . . . .	<b>3a</b>	<b>b</b> Ordinary dividends . . . . .	<b>3b</b>	
	<b>4a</b> IRA distributions . . . . .	<b>4a</b>	<b>b</b> Taxable amount . . . . .	<b>4b</b>	
	<b>5a</b> Pensions and annuities . . . . .	<b>5a</b>	<b>b</b> Taxable amount . . . . .	<b>5b</b>	
	<b>6a</b> Social security benefits . . . . .	<b>6a</b>	<b>b</b> Taxable amount . . . . .	<b>6b</b>	
	<b>7</b> Capital gain or (loss). Attach Schedule D if required. If not required, check here . . . . . ▶ <input type="checkbox"/>			<b>7</b>	
	<b>8</b> Other income from Schedule 1, line 10 . . . . .			<b>8</b>	0.
	<b>9</b> Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your <b>total income</b> . . . . . ▶			<b>9</b>	75,926.
	<b>10</b> Adjustments to income from Schedule 1, line 26 . . . . .			<b>10</b>	
	<b>11</b> Subtract line 10 from line 9. This is your <b>adjusted gross income</b> . . . . . ▶			<b>11</b>	75,926.
<b>Standard Deduction for—</b> • Single or Married filing separately, \$12,550 • Married filing jointly or Qualifying widow(er), \$25,100 • Head of household, \$18,800 • If you checked any box under <i>Standard Deduction</i> , see instructions.	<b>12a</b> <b>Standard deduction or itemized deductions</b> (from Schedule A) . . . . .	<b>12a</b>	12,550.		
	<b>b</b> Charitable contributions if you take the standard deduction (see instructions)	<b>12b</b>			
	<b>c</b> Add lines 12a and 12b . . . . .	<b>12c</b>		12,550.	
	<b>13</b> Qualified business income deduction from Form 8995 or Form 8995-A . . . . .			<b>13</b>	
	<b>14</b> Add lines 12c and 13 . . . . .			<b>14</b>	12,550.
	<b>15</b> <b>Taxable income.</b> Subtract line 14 from line 11. If zero or less, enter -0- . . . . .			<b>15</b>	63,376.

<b>16</b>	<b>Tax</b> (see instructions). Check if any from Form(s): 1 <input type="checkbox"/> 8814 2 <input type="checkbox"/> 4972 3 <input type="checkbox"/> _____	<b>16</b>	9,691.
<b>17</b>	Amount from Schedule 2, line 3	<b>17</b>	
<b>18</b>	Add lines 16 and 17	<b>18</b>	9,691.
<b>19</b>	Nonrefundable child tax credit or credit for other dependents from Schedule 8812	<b>19</b>	
<b>20</b>	Amount from Schedule 3, line 8	<b>20</b>	
<b>21</b>	Add lines 19 and 20	<b>21</b>	
<b>22</b>	Subtract line 21 from line 18. If zero or less, enter -0-	<b>22</b>	9,691.
<b>23</b>	Other taxes, including self-employment tax, from Schedule 2, line 21	<b>23</b>	0.
<b>24</b>	Add lines 22 and 23. This is your <b>total tax</b>	<b>24</b>	9,691.
<b>25</b>	Federal income tax withheld from:		
<b>a</b>	Form(s) W-2	<b>25a</b>	9,730.
<b>b</b>	Form(s) 1099	<b>25b</b>	
<b>c</b>	Other forms (see instructions)	<b>25c</b>	
<b>d</b>	Add lines 25a through 25c	<b>25d</b>	9,730.
<b>26</b>	2021 estimated tax payments and amount applied from 2020 return	<b>26</b>	
<b>27a</b>	Earned income credit (EIC) <span style="float:right">No</span>	<b>27a</b>	
	Check here if you were born after January 1, 1998, and before January 2, 2004, and you satisfy all the other requirements for taxpayers who are at least age 18, to claim the EIC. See instructions <input type="checkbox"/>		
<b>b</b>	Nontaxable combat pay election	<b>27b</b>	
<b>c</b>	Prior year (2019) earned income	<b>27c</b>	
<b>28</b>	Refundable child tax credit or additional child tax credit from Schedule 8812	<b>28</b>	
<b>29</b>	American opportunity credit from Form 8863, line 8	<b>29</b>	
<b>30</b>	Recovery rebate credit. See instructions	<b>30</b>	
<b>31</b>	Amount from Schedule 3, line 15	<b>31</b>	
<b>32</b>	Add lines 27a and 28 through 31. These are your <b>total other payments and refundable credits</b>	<b>32</b>	
<b>33</b>	Add lines 25d, 26, and 32. These are your <b>total payments</b>	<b>33</b>	9,730.
<b>Refund</b>	<b>34</b> If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you <b>overpaid</b>	<b>34</b>	39.
	<b>35a</b> Amount of line 34 you want <b>refunded to you</b> . If Form 8888 is attached, check here <input type="checkbox"/>	<b>35a</b>	39.
Direct deposit? See instructions.	<b>b</b> Routing number 081904808 <b>c</b> Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings		
	<b>d</b> Account number 291004058304		
	<b>36</b> Amount of line 34 you want <b>applied to your 2022 estimated tax</b>	<b>36</b>	
<b>Amount You Owe</b>	<b>37</b> <b>Amount you owe.</b> Subtract line 33 from line 24. For details on how to pay, see instructions	<b>37</b>	
	<b>38</b> Estimated tax penalty (see instructions)	<b>38</b>	

If you have a qualifying child, attach Sch. EIC.

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

Designee's name \_\_\_\_\_ Phone no. \_\_\_\_\_ Personal identification number (PIN) \_\_\_\_\_

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

Your signature	Date	Your occupation SOFTWARE ENGINEER	If the IRS sent you an Identity Protection PIN, enter it here (see inst.)
Spouse's signature. If a joint return, <b>both</b> must sign.	Date	Spouse's occupation	If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.)

Phone no. (618) 521-6383 Email address A.PHANINDER@GMAIL.COM

**Paid Preparer Use Only**

Preparer's name SYAM PRIYA RAM SAGAR GUPTA TALLAM	Preparer's signature SYAM PRIYA RAM SAGAR GUPTA TALLAM	Date 02/14/2022	PTIN P02082703	Check if: <input type="checkbox"/> Self-employed
Firm's name GLOBAL TAXES LLC	Firm's address 2530 Pebble Creek Ln Cumming GA 30041		Phone no. (678) 965-9522	Firm's EIN 30-1017196

# 2021 AR1000NR



# NR1

## ARKANSAS INDIVIDUAL INCOME TAX RETURN

### Nonresident and Part Year Resident

Jan. 1 - Dec. 31, 2021 or fiscal year ending \_\_\_\_\_, 20\_\_

### CHECK BOX IF AMENDED RETURN

Software ID

PROSERIES

USE LABEL OR PRINT OR TYPE	Primary's legal first name ● PHANINDER	MI ●	Last name ● ALLADI	Check if Deceased ● <input type="checkbox"/>	Primary's social security number ● 344-06-6121
	Spouse's legal first name ●	MI ●	Last name ●	Check if Deceased ● <input type="checkbox"/>	Spouse's social security number ●
	Mailing address (number and street, P.O. box or rural route) ● 10480 MAYA LINDA RD, #319				<input type="checkbox"/> Check if address is outside U.S.
	City ● SAN DIEGO	State or province ● CA	ZIP ● 92126	Foreign country name	

**ATTACH A COPY OF YOUR COMPLETE FEDERAL RETURN**

**NONRESIDENT:** List state of residence: \_\_\_\_\_  
 **PART YEAR RESIDENT:** Dates lived in AR: From: 01/01/2021 To: 07/01/2021

**FILING STATUS** (Check Only One Box)

1.  Single (Or widowed before 2021 or divorced at end of 2021)  
 2.  Married filing joint (even if only one had income)  
 3.  Head of household (see instructions)  
 If the qualifying person was your child, but not your dependent, enter child's name her \_\_\_\_\_  
 4.  Married filing separately on the same return  
 5.  Married filing separately on different returns  
 Enter spouse's name here and SSN above \_\_\_\_\_  
 6.  Surviving spouse with dependent child  
 Year spouse died: (see instructions) \_\_\_\_\_

Check here if you want a tax booklet mailed to you next year.  
 Check this box if you have filed a state extension or an automatic federal extension

**PERSONAL TAX CREDITS**

7A.  Yourself  65 or over  65 Special  Blind  Deaf  Head of household/surviving spouse (Filing status 3 only)  
 Spouse  65 or over  65 Special  Blind  Deaf (Filing status 6 only)

Multiply number of boxes checked ..... 7A  X \$29 =  00

**Dependents (Do not list yourself or spouse)**

First name	Last name	Dependent's social security number	Dependent's relationship to you
1.			
2.			
3.			

7B. Multiply number of **DEPENDENTS** from above..... 7B  X \$29 =   
 7C. Multiply number of qualifying individuals from **AR1000RC5** (see instructions) ..... 7C  X \$500 =   
 7D. **TOTAL PERSONAL TAX CREDITS:** (Add lines 7A, 7B, and 7C. Enter total here and on line 34)..... 7D  00

**ID**

DL# / State ID 944367696 Your state AR Issue date (mm/dd/yyyy) 08/02/2021 Expiration date (mm/dd/yyyy) 09/30/2023  
 DL# / State ID \_\_\_\_\_ Spouse state \_\_\_\_\_ Issue date (mm/dd/yyyy) \_\_\_\_\_ Expiration date (mm/dd/yyyy) \_\_\_\_\_

**DIRECT DEPOSIT**

Direct deposit allowed to U.S. banks only. Check if either deposit(s) will ultimately be placed in a foreign account.

**Routing Number 1**  **Account Number 1**  Checking or  Savings **Direct deposit 1 Amt**  
 ● 0 8 1 9 0 4 8 0 8 ● 2 9 1 0 0 4 0 5 8 3 0 4 ●  00

**Routing Number 2**  **Account Number 2**  Checking or  Savings **Direct deposit 2 Amt**  
 ●   ●   ●  00

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

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

**PLEASE SIGN HERE**

Primary's signature	Date	Telephone (618) 521-6383	May the Arkansas Revenue Agency discuss this return with the preparer? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Spouse's signature	Date	Telephone	

**PAID PREPARER**

Paid preparer's signature SYAM PRIYA RAM SAGAR GUPTA TALLAM	PTIN/ID number 02/14/2022 ● 301017196	<b>For Department Use Only</b> A ●
Preparer's name GLOBAL TAXES LLC	City/State/ZIP CUMMING GA 30041	Telephone (678) 965-9522
E-mail SYAM@GTAXFILE.COM		



Primary SSN 344-06-6121

		(A) Primary/Joint Income	(B) Spouse's Income Status 4 Only	(C) Arkansas Income Only	
<b>ROUND ALL AMOUNTS TO WHOLE DOLLARS</b>					
<b>INCOME</b> Attach W-2(s)/1099(s) here / Attach check on top of W-2(s)/1099(s)	8. Wages, salaries, tips, etc: (Attach W-2s) ..... 8	75,926.00	00	75,926.00	
	9. Military pay: Primary <input type="text" value="00"/> Spouse <input type="text" value="00"/>				
	10. Interest income: (If over \$1,500, Attach AR4) .....10	00	00	00	
	11. Dividend income: (If over \$1,500, Attach AR4) .....11	00	00	00	
	12. Alimony and separate maintenance received: .....12	00	00	00	
	13. Business or professional income: (Attach federal Schedule C) .....13	00	00	00	
	14. Capital gains/(losses) from stocks, bonds, etc: (See instr. Attach federal Schedule D) .....14	00	00	00	
	15. Other gains or (losses): (Attach federal Form 4797 and/or AR4684 if applicable) ..... 15	00	00	00	
	16. Non-qualified IRA distributions and taxable annuities: (Attach all 1099Rs) ..... 16	00	00	00	
	17. Military retirement: Primary <input type="text" value="00"/> Spouse <input type="text" value="00"/>				
	18A. Primary employer pension plan(s)/qualified IRA(s): (Attach all 1099Rs) Gross distribution <input type="text" value="00"/> Taxable amt <input type="text" value="00"/> Less \$6,000	00		00	
	18B. Spouse employer pension plan(s)/qualified IRA(s): (Attach all 1099Rs) Gross distribution <input type="text" value="00"/> Taxable amt <input type="text" value="00"/> Less \$6,000	00	00	00	
	19. Rents, royalties, partnerships, estates, trusts, etc.: (Attach federal Schedule E) ..... 19	00	00	00	
	20. Farm income: (Attach federal Schedule F) .....20	00	00	00	
	21. Unemployment: Primary/Joint <input type="text" value="00"/> Spouse <input type="text" value="00"/>				
	22. Other income/depreciation differences: (Attach Form AR-OI) .....22	00	00	00	
	23. <b>TOTAL INCOME:</b> (Add lines 8 through 22) .....23	75,926.00	00	75,926.00	
	24. <b>TOTAL ADJUSTMENTS:</b> (Attach Form AR1000ADJ) .....24	00	00	00	
	25. <b>ADJUSTED GROSS INCOME:</b> (Subtract line 24 from line 23) .....25	75,926.00	00	75,926.00	
	<b>TAX COMPUTATION</b>	26. Select tax table: (Select only one) ..... 26			
		27. <input type="checkbox"/> Low income table (\$0), For low income qualifications see line 26 instructions <input checked="" type="checkbox"/> Standard deduction (\$2,200 or \$4,400 for filing status 2 only) <input type="checkbox"/> Itemized deductions (Attach AR3) ..... 27	2,200.00	00	00
		28. <b>NET TAXABLE INCOME:</b> (Subtract line 27 from line 25) .....28	73,726.00	00	00
		29. <b>TAX:</b> (Enter tax from tax table) .....29	3,554.00	00	00
		30. Combined tax: (Add amounts from line 29, columns A and B) .....30			3,554.00
		31. Enter tax from Lump Sum Distribution Averaging Schedule: (Attach AR1000TD) .....31			00
32. Additional tax on IRA and qualified plan withdrawal and overpayment: (Attach federal Form 5329, if required) .....32				00	
33. <b>TOTAL TAX:</b> (Add lines 30 through 32) .....33				3,554.00	
<b>TAX CREDITS</b>		34. Personal tax credit(s): (Enter total from line 7D) .....34			29.00
		35. Child care credit: (Attach AR2441) .....35			00
	36. Other credits: (Attach AR1000TC) .....36			00	
	37. <b>TOTAL CREDITS:</b> (Add lines 34 through 36) .....37			29.00	
38. <b>NET TAX:</b> (Subtract line 37 from line 33. If line 37 is greater than line 33, enter 0) .....38			3,525.00		
<b>PRORATION</b>	38A. Enter the amount from line 25, Column C: .....38A			75,926.00	
	38B. Enter the total amount from line 25, Columns A and B: .....38B			75,926.00	
	38C. Divide line 38A by 38B: (See instructions) .....38C		.000000		
	38D. <b>APPORTIONED TAX LIABILITY:</b> (Multiply line 38 by line 38C) .....38D			3,525.00	
<b>PAYMENTS</b>	39. Arkansas income tax withheld: (Attach state copies of W-2 and/or 1099R, W2-G) .....39			3,575.00	
	40. Estimated tax paid or credit brought forward from 2020: .....40			00	
	41. Payment made with extension: (See instructions) .....41			00	
	42. <b>AMENDED RETURNS ONLY</b> - Previous payments: (See instructions) .....42			00	
	43. Early childhood program: Certification number: _____ (Attach AR1000EC and AR2441) .....43			00	
	44. <b>TOTAL PAYMENTS:</b> (Add lines 39 through 43) .....44			3,575.00	
	45. <b>AMENDED RETURNS ONLY</b> - Previous refund: (See instructions) .....45			00	
46. Adjusted total payments: (Subtract line 45 from line 44) .....46			3,575.00		
<b>REFUND OR TAX DUE</b>	47. <b>AMOUNT OF OVERPAYMENT/REFUND:</b> (If line 46 is greater than line 38D, enter difference) .....47			50.00	
	48. Amount to be applied to 2022 estimated tax: .....48		<input type="text" value="00"/>		
	49. Amount of Check-Off contributions: (Attach Schedule AR1000-CO) .....49		<input type="text" value="00"/>		
	50. <b>AMOUNT TO BE REFUNDED TO YOU:</b> (Subtract lines 48 and 49 from line 47) ..... REFUND 50			50.00	
	51. <b>AMOUNT DUE:</b> (If line 46 is less than line 38D, enter difference; If over \$1,000, continue to 52A) ..... TAX DUE 51			00	
	52A. <b>UEP:</b> Attach Form AR2210 or AR2210A. If required, enter exception in box 52A <input type="text"/> Penalty 52B <input type="text" value="00"/>				
52C. Add lines 51 and 52B: (See instructions) ..... <b>TOTAL DUE</b> 52C			00		



ARKANSAS INDIVIDUAL INCOME TAX DECLARATION FOR ELECTRONIC FILING

Primary's Legal First Name and Middle Initial: PHANINDER, Last Name: ALLADI, Primary's Social Security Number: 344-06-6121, Spouse's Legal First Name and Middle Initial, Spouse's Social Security Number, Mailing Address: 10480 MAYA LINDA RD, #319, Telephone: (618) 521-6383, City: SAN DIEGO, State or Province: CA, ZIP: 92126, Check if address is outside U.S. Foreign Country.

Table with 5 rows and 3 columns: Line number, Description, Amount. Row 1: Total Income (Form AR1000F or AR1000NR, Line 23) 75,926.00. Row 2: Net Tax (Form AR1000F or AR1000NR, Line 38) 3,525.00. Row 3: State Income Tax Withheld (Form AR1000F or AR1000NR, Line 39) 3,575.00. Row 4: Refund (Form AR1000F or AR1000NR, Line 47) 50.00. Row 5: Tax Due (Form AR1000F or AR1000NR, Line 51) 00.

PART II - DECLARATION OF TAXPAYER. 6a. [X] I consent that my refund be direct deposited as designated in the electronic portion of my 2021 Arkansas income tax return. 6b. [ ] I do not want direct deposit of my refund or I am not receiving a refund. 6c. [ ] I authorize the State of Arkansas Income Tax Section to initiate debit entries to my account as indicated on the Arkansas Income Tax Payment form (AR TAX PMT). 6d. [ ] I authorize the State of Arkansas Income Tax Section to initiate debit entries to my account as indicated on the Arkansas Estimated Tax Payment form (AR EST PMT) or Arkansas Extension Payment form (AR EXT PMT).

If I have filed a balance due return, I understand that if the State of Arkansas does not receive full and timely payment of my tax liability, I will remain liable for the tax liability and all applicable interest and penalties. If I have filed a joint federal and state return and my federal return is rejected, I understand my state return will be rejected also.

Under penalties of perjury, I declare that the information I have given my ERO and the amounts in Part I above agree with the amounts on the corresponding lines of the electronic portion of my 2021 Arkansas income tax return. To the best of my knowledge and belief, my return is true, correct, and complete. I consent to my ERO sending my return, this declaration, and accompanying schedules and statements to the State of Arkansas. I also consent to the State of Arkansas sending my ERO and/or transmitter an acknowledgement of receipt of transmission and an indication of whether or not my return is accepted, and if rejected, the reason(s) for the rejection. If the processing of my return or refund is delayed, I authorize the State of Arkansas to disclose to my ERO and/or transmitter the reason(s) for the delay, or when the refund was sent. In addition, by using a computer system and software to prepare and transmit my return electronically, I consent to the disclosure to the State of Arkansas of all information pertaining to my use of the system and software and to the transmission of my tax return electronically.

Sign Here. Primary's Signature, Date, Spouse's Signature, Date.

PART III - DECLARATION OF ELECTRONIC RETURN ORIGINATOR (ERO) AND PAID PREPARER

I declare that I have reviewed the above taxpayer's return and that the entries on Form AR8453 are complete and correct to the best of my knowledge. If I am only a collector, I understand that I am not responsible for reviewing the taxpayer's return; I declare that Form AR8453 accurately reflects the data on the return. I have obtained the taxpayer's signature on Form AR8453 before submitting this return to the State of Arkansas, and have provided the taxpayer with a copy of all forms and information to be filed with the State of Arkansas. If I am also the Paid Preparer, under penalties of perjury I declare that I have examined the above taxpayer's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. This declaration of Paid Preparer is based on all information of which the preparer has knowledge.

ERO'S Use Only. ERO'S Signature: GLOBAL TAXES LLC, Date: 02/14/2022, Check if paid preparer: [ ], Check if self-employed: [ ], Your SSN or PTIN: 30-1017196, Firm's name and address: GLOBAL TAXES LLC 2530 PEBBLE CREEK LN CUMMING GA 30041, FEIN: 30-1017196.

Under penalties of perjury, I declare that I have examined the above taxpayer's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. This declaration is based on all information of which I have any knowledge.

Paid Preparer's Use Only. Preparer's Signature: SYAM PRIYA RAM SAGAR GUPTA TALLAM, Date: 02/14/2022, Check if self-employed: [ ], Preparer's SSN or PTIN: P02082703, Firm's name and address: SYAM PRIYA RAM SAGAR GUPTA TALLAM 2530 PEBBLE CREEK LN CUMMING GA 30041, FEIN: 30-1017196.