

IRS efile Signature Authorization

Department of the Treasury
Internal Revenue Service

- ▶ ERO must obtain and retain completed Form 8879.
- ▶ Go to www.irs.gov/Form8879 for the latest information.

Submission Identification Number (SID) ▶

Taxpayer's name SINDHUJA CHERUKU MULINTI	Social security number 826-86-1445
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 1040SS filers use line 4 only. Leave lines 1, 2, 3 and 5 blank

1 Adjusted gross income	1	102,678.
2 Total tax	2	15,579.
3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099	3	21,926.
4 Amount you want refunded to you	4	6,347.
5 Amount you owe	5	

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 acknowledgment 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	1	4	4	5
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 as my signature on the income tax return (original or amended) I am now authorizing.

ERO firm name 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.

ERO firm name 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
---	---	---	---	---	---	---	---	---	---	---

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 ▶ RAGHAVENDRA GUDI PUDI

Your first name and middle initial SINDHUJA	Last name CHERUKU MULINTI	Your social security number 826-86-1445
If joint return, spouse's first name and middle initial	Last name	Spouse's social security number 725-22-2622
Home address (number and street). If you have a P.O. box, see instructions 2901 S 26TH PL		Apt no.
City, town, or post office. If you have a foreign address, also complete spaces below ROGERS		State AR
Foreign country name		Foreign postal code
Foreign province/state/county		ZIP code 72758

Presidential Election Campaign
 Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund.
 You Spouse

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

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

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

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

Attach Sch B if required	1	Wages, salaries, tips, etc. Attach Form(s) W-2	1	113,878.
	2a	Tax-exempt interest	2a	
	3a	Qualified dividends	3a	
	4a	IRA distributions	4a	
Standard Deduction for— • 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 Standard Deduction, see instructions	5a	Pensions and annuities	5a	
	6a	Social security benefits	6a	
	7	Capital gain or (loss). Attach Schedule D if required. If not required, check here ▶ <input type="checkbox"/>	7	
	8	Other income from Schedule 1, line 10	8	-11,200.
	9	Add lines 1, 2a, 3a, 4a, 5a, 6a, 7, and 8. This is your total income ▶	9	102,678.
	10	Adjustments to income from Schedule 1, line 2b	10	
	11	Subtract line 10 from line 9. This is your adjusted gross income ▶	11	102,678.
	12a	Standard deduction or itemized deductions (from Schedule A)	12a	12,550.
	b	Charitable contributions if you take the standard deduction (see instructions)	12b	300.
	c	Add lines 12a and 12b	12c	12,850.
13	Qualified business income deduction from Form 8995 or Form 8995-A	13		
14	Add lines 12c and 13	14	12,850.	
15	Taxable income. Subtract line 14 from line 11. If zero or less, enter -0-	15	89,828.	

16	Tax (see instructions). Check if any from Form(s): 1 <input type="checkbox"/> 8814 2 <input type="checkbox"/> 4972 3 <input type="checkbox"/> _____	16	15,579.
17	Amount from Schedule 2 line 3	17	
18	Add lines 16 and 17	18	15,579.
19	Nonrefundable child tax credit or credit for other dependents from Schedule 8812	19	
20	Amount from Schedule 3 line 8	20	
21	Add lines 19 and 20	21	
22	Subtract line 21 from line 18. If zero or less, enter -0	22	15,579.
23	Other taxes, including self-employment tax, from Schedule 2 line 21	23	0.
24	Add lines 22 and 23. This is your total tax	24	15,579.
25	Federal income tax withheld from:		
a	Form(s) W-2	25a	21,926.
b	Form(s) 1099	25b	
c	Other forms (see instructions)	25c	
d	Add lines 25a through 25c	25d	21,926.
26	2021 estimated tax payments and amount applied from 2020 return	26	
27a	Earned income credit (EIC). Check here if you were born after January 1, 1993, 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"/>	27a	
b	Non-taxable combat pay election	27b	
c	Prior year (2019) earned income	27c	
28	Refundable child tax credit or additional child tax credit from Schedule 8812	28	
29	American opportunity credit from Form 8863 line 8	29	
30	Recovery rebate credit. See instructions	30	
31	Amount from Schedule 3 line 15	31	
32	Add lines 27a and 28 through 31. These are your total other payments and refundable credits	32	
33	Add lines 25d, 26, and 32. These are your total payments	33	21,926.
Refund	34 If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid	34	6,347.
	35a Amount of line 34 you want refunded to you. If Form 8888 is attached, check here <input type="checkbox"/>	35a	6,347.
Direct deposit? See instructions	b Routing number 071000013 c Type <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings		
	d Account number 626812932		
	36 Amount of line 34 you want applied to your 2022 estimated tax	36	
Amount You Owe	37 Amount you owe. Subtract line 33 from line 24. For details on how to pay, see instructions	37	
	38 Estimated tax penalty (see instructions)	38	

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, both must sign	Date	Spouse's occupation	If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst) _____

Phone no (216) 777-0551 Email address SINDHUJA.3103@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 01/29/2022	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

Additional Income and Adjustments to Income

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

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

Your social security number
826-86-1445

Part I Additional Income

1	Taxable refunds, credits, or offsets of state and local income taxes		1	
2a	Alimony received		2a	
	b Date of original divorce or separation agreement (see instructions) ▶ _____			
3	Business income or (loss). Attach Schedule C		3	
4	Other gains or (losses). Attach Form 4797		4	
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E		5	-11,200.
6	Farm income or (loss). Attach Schedule F		6	
7	Unemployment compensation.		7	
8	Other income:			
	a Net operating loss	8a ()		
	b Gambling income	8b		
	c Cancellation of debt.	8c		
	d Foreign earned income exclusion from Form 2555	8d ()		
	e Taxable Health Savings Account distribution	8e		
	f Alaska Permanent Fund dividends	8f		
	g Jury duty pay	8g		
	h Prizes and awards	8h		
	i Activity not engaged in for profit income	8i		
	j Stock options	8j		
	k Income from the rental of personal property if you engaged in the rental for profit but were not in the business of renting such property	8k		
	l Olympic and Paralympic medals and USOC prize money (see instructions)	8l		
	m Section 951(a) inclusion (see instructions)	8m		
	n Section 951A(a) inclusion (see instructions)	8n		
	o Section 461(l) excess business loss adjustment.	8o		
	p Taxable distributions from an ABLE account (see instructions)	8p		
	z Other income. List type and amount ▶ _____	8z		
9	Total other income. Add lines 8a through 8z		9	
10	Combine lines 1 through 7 and 9. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8		10	-11,200.

Part II Adjustments to Income

11	Educator expenses		11	
12	Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106		12	
13	Health savings account deduction. Attach Form 8889		13	
14	Moving expenses for members of the Armed Forces. Attach Form 3903		14	
15	Deductible part of self-employment tax. Attach Schedule SE		15	
16	Self-employed SEP, SIMPLE, and qualified plans		16	
17	Self-employed health insurance deduction		17	
18	Penalty on early withdrawal of savings		18	
19a	Alimony paid		19a	
	b Recipient's SSN ▶ _____			
	c Date of original divorce or separation agreement (see instructions) ▶ _____			
20	IRA deduction		20	
21	Student loan interest deduction		21	
22	Reserved for future use		22	
23	Archer MSA deduction		23	
24	Other adjustments			
	a Jury duty pay (see instructions)	24a		
	b Deductible expenses related to income reported on line 8k from the rental of personal property engaged in for profit	24b		
	c Nontaxable amount of the value of Olympic and Paralympic medals and USOC prize money reported on line 8	24c		
	d Reforestation amortization and expenses	24d		
	e Repayment of supplemental unemployment benefits under the Trade Act of 1974	24e		
	f Contributions to section 501(c)(18)(D) pension plans	24f		
	g Contributions by certain chaplains to section 403(b) plans	24g		
	h Attorney fees and court costs for actions involving certain unlawful discrimination claims (see instructions)	24h		
	i Attorney fees and court costs you paid in connection with an award from the IRS for information you provided that helped the IRS detect tax law violations	24i		
	j Housing deduction from Form 2555	24j		
	k Excess deductions of section 67(e) expenses from Schedule K-1 (Form 1041)	24k		
	z Other adjustments. List type and amount ▶ _____	24z		
25	Total other adjustments. Add lines 24a through 24z		25	
26	Add lines 11 through 23 and 25. These are your adjustments to income. Enter here and on Form 1040 or 1040SR, line 10, or Form 1041NR, line 10a		26	

SCHEDULE E
(Form 1041)

Supplemental Income and Loss

OMB No 1545-0074

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

2021

Department of the Treasury
Internal Revenue Service (99)

▶ Attach to Form 1041, 1041-SR, 1041-NR, or 1041.

Attachment
Sequence No. 13

▶ Go to www.irs.gov/ScheduleE for instructions and the latest information.

Name(s) shown on return

Your social security number

SINDHUJA CHERUKU MULINTI

826-86-1445

Part I Income or Loss From Rental Real Estate and Royalties Note: If you are in the business of renting personal property, use Schedule C. See instructions. If you are an individual, report farm rental income or loss from Form 4835 on page 2, line 40.

A Did you make any payments in 2021 that would require you to file Form(s) 1099? See instructions Yes No

B If "Yes," did you or will you file required Form(s) 1099? Yes No

1a	Physical address of each property (street, city, state, ZIP code)				
A	KUKATPALLY HYDERABAD TELANGANA IN 500072				
B					
C					
1b	Type of Property (from list below)	2 For each rental real estate property listed above, report the number of fair rental and personal use days. Check the QJV box only if you meet the requirements to file as a qualified joint venture. See instructions.	Fair Rental Days	Personal Use Days	QJV
A	2		365	0	<input type="checkbox"/>
B					<input type="checkbox"/>
C					<input type="checkbox"/>

Type of Property:

- 1 Single Family Residence
- 2 Multi-Family Residence
- 3 Vacation/Short-Term Rental
- 4 Commercial
- 5 Land
- 6 Royalties
- 7 Self-Rental
- 8 Other (describe)

Income:	Properties	A	B	C
3 Rents received	3	600.		
4 Royalties received	4			
Expenses				
5 Advertising	5			
6 Auto and travel (see instructions)	6			
7 Cleaning and maintenance	7	1,000.		
8 Commissions	8			
9 Insurance	9			
10 Legal and other professional fees	10			
11 Management fees	11	800.		
12 Mortgage interest paid to banks, etc. (see instructions)	12			
13 Other interest	13			
14 Repairs	14	3,000.		
15 Supplies	15	2,500.		
16 Taxes	16			
17 Utilities	17	4,500.		
18 Depreciation expense or depletion	18			
19 Other (list) ▶	19			
20 Total expenses. Add lines 5 through 19	20	11,800.		
21 Subtract line 20 from line 3 (rents) and/or 4 (royalties). If result is a (loss), see instructions to find out if you must file Form 6198	21	-11,200.		
22 Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions)	22	(11,200.)	()	()
23a Total of all amounts reported on line 3 for all rental properties	23a		600.	
b Total of all amounts reported on line 4 for all royalty properties	23b			
c Total of all amounts reported on line 12 for all properties	23c			
d Total of all amounts reported on line 18 for all properties	23d			
e Total of all amounts reported on line 20 for all properties	23e		11,800.	
24 Income. Add positive amounts shown on line 21. Do not include any losses	24			
25 Losses. Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here	25	(11,200.)		
26 Total rental real estate and royalty income or (loss). Combine lines 24 and 25. Enter the result here. If Parts II, III, IV, and line 40 on page 2 do not apply to you, also enter this amount on Schedule 1 (Form 1041), line 5. Otherwise, include this amount in the total on line 41 on page 2	26			-11,200.

For Paperwork Reduction Act Notice, see the separate instructions.

Schedule E (Form 1041) 2021

2021 AR1000F



AR1

ARKANSAS INDIVIDUAL INCOME TAX RETURN Full Year Resident

CHECK BOX IF AMENDED RETURN

Software ID

Jan. 1 - Dec. 31, 2021 or fiscal year ending _____, 20__

PROSERIES

Primary's legal first name MI Last name Check if Deceased Primary's social security number
SINDHUJA CHERUKU MULINTI 826-86-1445
Spouse's legal first name MI Last name Check if Deceased Spouse's social security number
Mailing address (number and street, P.O. box or rural route)
2901 S 26TH PL
City State or province ZIP Foreign country name
ROGERS AR 72758

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)
4. Married filing separately on the same return
5. Married filing separately on different returns Enter spouse's name here and SSN above RAGHAVENDRA GUDIPUDI
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 Spouse 65 or over 65 Special Blind Deaf Head of household/surviving spouse
Multiply number of boxes checked 7A 1 X \$29 = 29.00

Dependents (Do not list yourself or spouse)
Table with columns: First name, Last name, Dependent's social security number, Dependent's relationship to you
7B. Multiply number of DEPENDENTS from above 7B X \$29 = 00
7C. Multiply number of qualifying individuals from AR1000RC5 (See instructions) 7C X \$500 = 00
7D. TOTAL PERSONAL TAX CREDITS: (Add lines 7A, 7B, and 7C. Enter total here and on line 34) 7D 29.00

ID
DL# / State ID Your state Issue date (mm/dd/yyyy) Expiration date (mm/dd/yyyy)
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 X Checking or Savings Direct deposit 1 Amt 608.00
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 (216) 777-0551 May the Arkansas Revenue Agency discuss this return with the preparer? Yes No
Spouse's signature Date Telephone

PAID PREPARER
Paid preparer's signature SYAM PRIYA RAM SAGAR GUPTA TALLAM 01/29/2022 PTIN/ID number 301017196 For Department Use Only A
Preparer's name GLOBAL TAXES LLC City/State/ZIP CUMMING GA 30041 Telephone (678) 965-9522
E-mail SYAM@GTAXFILE.COM



Primary SSN 826-86-1445

		ROUND ALL AMOUNTS TO WHOLE DOLLARS		(A) Primary/Joint Income	(B) Spouse's Income Status 4 Only	
INCOME Attach W-2(s)/1099(s) here / Attach check on top of W-2(s)/1099(s)	8. Wages, salaries, tips, etc (Attach W-2s)	8	● 113,878.00	●	00	
	9. Military or naval pay	9	Primary ● [] 00 Spouse ● [] 00			
	10. Interest income (If over \$1,500, Attach AR4)	10	● [] 00	●	00	
	11. Dividend income (If over \$1,500, Attach AR4)	11	● [] 00	●	00	
	12. Alimony and separate maintenance received	12	● [] 00	●	00	
	13. Business or professional income (Attach federal Schedule C)	13	● [] 00	●	00	
	14. Capital gains (losses) from stocks, bonds, etc (See instructions, Attach federal Schedule D)	14	● [] 00	●	00	
	15. Other gains or (losses) (Attach federal Form 4797 and/or AR4684 if applicable)	15	● [] 00	●	00	
	16. Pension, qualified IRA distributions and taxable annuities (Attach All 1099Rs)	16	● [] 00	●	00	
	17. Military retirement	17	Primary ● [] 00 Spouse ● [] 00			
	18A. Rollover from an employer's qualified plan(s) (See instructions, Attach all 1099Rs)	18A	Gross distribution ● [] 00 Taxable amount ● [] 00 Less \$6,000	● [] 00		
	18B. Rollover from an IRA or qualified plan(s) (See instructions, Attach all 1099Rs)	18B	Gross distribution ● [] 00 Taxable amount ● [] 00 Less \$6,000	● [] 00	● [] 00	
	19. Reimbursements, allowances, partnerships, estates, trusts, etc (Attach federal Schedule E)	19	● -11,200.00	●	00	
	20. Farm income (Attach federal Schedule F)	20	● [] 00	●	00	
	21. Unemployment compensation	21	Primary/Joint ● [] 00 Spouse ● [] 00			
	22. Other income deduction differences (Attach Form AR-OI)	22	● [] 00	●	00	
	23. TOTAL INCOME: (Add lines 8 through 22)	23	● 102,678.00	●	00	
	24. TOTAL ADJUSTMENTS: (Attach Form AR1000ADJ)	24	● [] 00	●	00	
	25. ADJUSTED GROSS INCOME: (Subtract line 24 from line 23)	25	● 102,678.00	●	00	
	TAX COMPUTATION	26. Elect to take (elect only one)	26			
		27. <input type="checkbox"/> Low income tax rate (\$0), For low income qualifications see line 26 instructions				
		27. <input checked="" type="checkbox"/> Standard deduction (\$2,200 or \$4,400 for filing status 2 only)	27	● 2,200.00	●	00
		27. <input type="checkbox"/> Itemized deductions (Attach AR3)				
		28. NET TAXABLE INCOME: (Subtract line 27 from line 25)	28	● 100,478.00	●	00
		29. TAX: (Enter tax from tax table)	29	● 5,678.00		
30. Rounding tax (Add amounts from line 29, columns A and B)		30			5,678.00	
31. Enter tax from Uniform Distribution Averaging schedule (Attach AR1000TD)	31			● [] 00		
32. Additional tax on IRA and qualified plan withdrawal and overpayment (Attach federal Form 5329, if required)	32			● [] 00		
33. TOTAL TAX: (Add lines 30 through 32)	33	● 5,678.00				
TAX CREDITS	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. TOTAL CREDITS: (Add lines 34 through 36)	37	● 29.00			
38. NET TAX: (Subtract line 37 from line 33. If line 37 is greater than line 33, enter 0)	38	● 5,649.00				
PAYMENTS	39. Arkansas income tax withheld (Attach state copies of W-2 and/or 1099R, W2-G)	39	● 6,257.00			
	40. Estimated tax aid or credit brought forward from 2020	40	● [] 00			
	41. Payment made with extension (See instructions)	41	● [] 00			
	42. AMENDED RETURNS ONLY previous payments (See instructions)	42	● [] 00			
	43. Earned income credit (Attach AR1000EC and AR2441)	43	● [] 00			
	44. TOTAL PAYMENTS: (Add lines 39 through 43)	44	● 6,257.00			
45. AMENDED RETURNS ONLY previous refund (See instructions)	45	● [] 00				
46. Adjusted total payments (Subtract line 45 from line 44)	46	● 6,257.00				
REFUND OR TAX DUE	47. AMOUNT OF OVERPAYMENT/REFUND: (If line 46 is greater than line 38, enter difference)	47	● 608.00			
	48. Amount to be applied to 2022 estimated tax	48	● [] 00			
	49. Amount of net offset contributions (Attach Schedule AR1000-CO)	49	● [] 00			
	50. AMOUNT TO BE REFUNDED TO YOU: (Subtract lines 48 and 49 from line 47)	50	REFUND ● 608.00			
	51. AMOUNT DUE: (If line 46 is less than line 38, enter difference; If over \$1,000, continue to 52A)	51	TAX DUE ● [] 00			
	52A. UEP: Attach Form A 2210 or A 2210A If required, enter election in o 52A ● [] enact 52B ● [] 00					
52C. Add lines 51 and 52 (See instructions)	52C	TOTAL DUE ● [] 00				



ARKANSAS INDIVIDUAL INCOME TAX
DECLARATION FOR ELECTRONIC FILING

Primary's Legal First Name and Middle Initial ● SINDHUJA		Last Name ● CHERUKU MULINTI		Primary's Social Security Number ● 826-86-1445	
Spouse's Legal First Name and Middle Initial		Last Name		Spouse's Social Security Number ● 725-22-2622	
Mailing Address (Number and Street, P.O. Box or Rural Route) 2901 S 26TH PL				Telephone ● (216) 777-0551	
City ROGERS	State or Province AR	ZIP 72758	<input type="checkbox"/> Check if address is outside U.S. Foreign Country		

PART I - TAX RETURN INFORMATION (Whole Dollars Only)

1. Total Income (Form AR1000F or AR1000NR, Line 23)	1	102,678.	00
2. Net Tax (Form AR1000F or AR1000NR, Line 38)	2	5,649.	00
3. State Income Tax Withheld (Form AR1000F or AR1000NR, Line 39)	3	● 6,257.	00
4. Refund (Form AR1000F or AR1000NR, Line 47)	4	608.	00
5. Tax Due (Form AR1000F or AR1000NR, Line 51)	5		00

PART II - DECLARATION OF TAXPAYER

- 6a. I consent that my refund be direct deposited as designated in the electronic portion of my 2021 Arkansas income tax return. If I have filed a joint return, this is an irrevocable appointment of the other spouse as an agent to receive the refund. The refund will be direct deposited to the bank account(s) shown on page 1 of the Form AR1000F/AR1000NR.
- 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 ERO'S Signature Date 01/29/2022 Check if paid preparer Check if self-employed Your SSN or PTIN _____
Only GLOBAL TAXES LLC 2530 PEBBLE CREEK LN CUMMING GA 30041 30-1017196
Firm's name and address FEIN

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 Preparer's Signature Date 01/29/2022 Check if self-employed P02082703
Use Only SYAM PRIYA RAM SAGAR GUPTA TALLAM 2530 PEBBLE CREEK LN CUMMING GA 30041 30-1017196
Firm's name and address FEIN

SCHEDULE E
(Form 1041)

Supplemental Income and Loss

OMB No 1545-0074

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

2021

Department of the Treasury
Internal Revenue Service (99)

▶ Attach to Form 1041, 1041-SR, 1041-NR, or 1041.

Attachment
Sequence No. 13

▶ Go to www.irs.gov/ScheduleE for instructions and the latest information.

Name(s) shown on return

Your social security number

SINDHUJA CHERUKU MULINTI

826-86-1445

Part I Income or Loss From Rental Real Estate and Royalties Note: If you are in the business of renting personal property, use Schedule C. See instructions. If you are an individual, report farm rental income or loss from Form 4835 on page 2, line 40.

A Did you make any payments in 2021 that would require you to file Form(s) 1099? See instructions Yes No

B If "Yes," did you or will you file required Form(s) 1099? Yes No

1a	Physical address of each property (street, city, state, ZIP code)				
A	KUKATPALLY HYDERABAD TELANGANA IN 500072				
B					
C					
1b	Type of Property (from list below)	2 For each rental real estate property listed above, report the number of fair rental and personal use days. Check the QJV box only if you meet the requirements to file as a qualified joint venture. See instructions.	Fair Rental Days	Personal Use Days	QJV
A	2		365	0	<input type="checkbox"/>
B					<input type="checkbox"/>
C					<input type="checkbox"/>

Type of Property:

- 1 Single Family Residence
- 2 Multi-Family Residence
- 3 Vacation/Short-Term Rental
- 4 Commercial
- 5 Land
- 6 Royalties
- 7 Self-Rental
- 8 Other (describe)

Income:	Properties	A	B	C
3 Rents received	3	600.		
4 Royalties received	4			
Expenses				
5 Advertising	5			
6 Auto and travel (see instructions)	6			
7 Cleaning and maintenance	7	1,000.		
8 Commissions	8			
9 Insurance	9			
10 Legal and other professional fees	10			
11 Management fees	11	800.		
12 Mortgage interest paid to banks, etc. (see instructions)	12			
13 Other interest	13			
14 Repairs	14	3,000.		
15 Supplies	15	2,500.		
16 Taxes	16			
17 Utilities	17	4,500.		
18 Depreciation expense or depletion	18			
19 Other (list) ▶	19			
20 Total expenses. Add lines 5 through 19	20	11,800.		
21 Subtract line 20 from line 3 (rents) and/or 4 (royalties). If result is a (loss), see instructions to find out if you must file Form 6198	21	-11,200.		
22 Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions)	22	(11,200.)	()	()
23a Total of all amounts reported on line 3 for all rental properties	23a	600.		
b Total of all amounts reported on line 4 for all royalty properties	23b			
c Total of all amounts reported on line 12 for all properties	23c			
d Total of all amounts reported on line 18 for all properties	23d			
e Total of all amounts reported on line 20 for all properties	23e	11,800.		
24 Income. Add positive amounts shown on line 21. Do not include any losses	24			
25 Losses. Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here	25	(11,200.)		
26 Total rental real estate and royalty income or (loss). Combine lines 24 and 25. Enter the result here. If Parts II, III, IV, and line 40 on page 2 do not apply to you, also enter this amount on Schedule 1 (Form 1041), line 5. Otherwise, include this amount in the total on line 41 on page 2	26			-11,200.

For Paperwork Reduction Act Notice, see the separate instructions.

Schedule E (Form 1041) 2021