

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

USE LABEL OR PRINT OR TYPE	Primary's legal first name • VINEETHA	MI •	Last name • YARLAGADDA	Check if Deceased <input type="checkbox"/>	Primary's social security number • 752-21-4107
	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) • 2100 BROOKEN HILL DR , APT. D1				<input type="checkbox"/> Check if address is outside U.S.
City • FORT SMITH		State or province • AR		ZIP • 72908	Foreign country name

FILING STATUS Check Only One Box	1. <input checked="" type="checkbox"/> Single (Or widowed before 2021 or divorced at end of 2021)	4. <input type="checkbox"/> Married filing separately on the same return
	2. <input type="checkbox"/> Married filing joint (Even if only one had income)	5. <input type="checkbox"/> Married filing separately on different returns Enter spouse's name here and SSN above _____
3. <input type="checkbox"/> Head of household (See instructions) If the qualifying person was your child, but not your dependent, enter child's name here: _____		6. <input type="checkbox"/> 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. <input checked="" type="checkbox"/> Yourself	<input type="checkbox"/> 65 or over	<input type="checkbox"/> 65 Special	<input type="checkbox"/> Blind	<input type="checkbox"/> Deaf	<input type="checkbox"/> Head of household/surviving spouse (Filing status 3 only)	<input type="checkbox"/> (Filing status 6 only)
	<input type="checkbox"/> Spouse	<input type="checkbox"/> 65 or over	<input type="checkbox"/> 65 Special	<input type="checkbox"/> Blind	<input type="checkbox"/> Deaf		

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

I D	DL# / State ID <u>944274826</u>	Your state <u>AR</u>	Issue date (mm/dd/yyyy) <u>08/27/2021</u>	Expiration date (mm/dd/yyyy) <u>06/20/2022</u>
	DL# / State ID _____	Spouse state _____	Issue date (mm/dd/yyyy) _____	Expiration date (mm/dd/yyyy) _____

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

Routing Number 1 • 1 2 2 1 0 1 7 0 6	Account Number 1 • 4 5 7 0 4 1 2 4 7 7 3 4	<input checked="" type="checkbox"/> Checking or <input type="checkbox"/> Savings	Direct deposit 1 Amt • 426.00
Routing Number 2 •	Account Number 2 •	<input type="checkbox"/> Checking or <input type="checkbox"/> 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 (602) 884-6296	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 03/22/2022	PTIN/ID number • 301017196	For Department Use Only	
	Preparer's name GLOBAL TAXES LLC	City/State/ZIP CUMMING GA 30041	Telephone (678) 965-9522	
E-mail SYAM@GTAXFILE.COM				



Primary SSN 752-21-4107

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)	● 49,299.00	● 00	
	9. Military pay: Primary ● 00 Spouse ● 00			
	10. Interest income: (If over \$1,500, Attach AR4)	● 00	● 00	
	11. Dividend income: (If over \$1,500, Attach AR4)	● 00	● 00	
	12. Alimony and separate maintenance received:	● 00	● 00	
	13. Business or professional income: (Attach federal Schedule C)	● 00	● 00	
	14. Capital gains/(losses) from stocks, bonds, etc: (See instructions, Attach federal Schedule D)	● 00	● 00	
	15. Other gains or (losses): (Attach federal Form 4797 and/or AR4684 if applicable)	● 00	● 00	
	16. Non-qualified IRA distributions and taxable annuities: (Attach All 1099Rs)	● 00	● 00	
	17. Military retirement: Primary ● 00 Spouse ● 00			
	18A. Primary employer pension plan(s)/qualified IRA(s): (See instructions, Attach all 1099Rs) Gross distribution ● 00 Taxable amount ● 00 Less \$6,000	● 00		
	18B. Spouse employer pension plan(s)/qualified IRA(s): (See instructions, Attach all 1099Rs) Gross distribution ● 00 Taxable amount ● 00 Less \$6,000	● 00	● 00	
	19. Rents, royalties, partnerships, estates, trusts, etc.: (Attach federal Schedule E)	● 00	● 00	
	20. Farm income: (Attach federal Schedule F)	● 00	● 00	
	21. Unemployment: Primary/Joint ● 00 Spouse ● 00			
	22. Other income/depreciation differences: (Attach Form AR-OI)	● 00	● 00	
	23. TOTAL INCOME: (Add lines 8 through 22)	● 49,299.00	● 00	
	24. TOTAL ADJUSTMENTS: (Attach Form AR1000ADJ)	● 2,500.00	● 00	
	25. ADJUSTED GROSS INCOME: (Subtract line 24 from line 23)	● 46,799.00	● 00	
	TAX COMPUTATION	26. Select tax table: (Select only one)		
		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)	● 2,200.00	● 00
		28. NET TAXABLE INCOME: (Subtract line 27 from line 25)	● 44,599.00	● 00
		29. TAX: (Enter tax from tax table)	1,831.00	00
		30. Combined tax: (Add amounts from line 29, columns A and B)		1,831.00
		31. Enter tax from Lump Sum Distribution Averaging Schedule: (Attach AR1000TD)		00
32. Additional tax on IRA and qualified plan withdrawal and overpayment: (Attach federal Form 5329, if required)			00	
33. TOTAL TAX: (Add lines 30 through 32)			● 1,831.00	
TAX CREDITS	34. Personal tax credit(s): (Enter total from line 7D)	● 29.00		
	35. Child care credit: (Attach AR2441)	● 00		
	36. Other credits: (Attach AR1000TC)	● 85.00		
	37. TOTAL CREDITS: (Add lines 34 through 36)		● 114.00	
38. NET TAX: (Subtract line 37 from line 33. If line 37 is greater than line 33, enter 0)		● 1,717.00		
PAYMENTS	39. Arkansas income tax withheld: (Attach state copies of W-2 and/or 1099R, W2-G)	● 2,143.00		
	40. Estimated tax paid or credit brought forward from 2020:	● 00		
	41. Payment made with extension: (See instructions)	● 00		
	42. AMENDED RETURNS ONLY - Previous payments: (See instructions)	● 00		
	43. Early childhood program: Certification number: _____ (Attach AR1000EC and AR2441)	● 00		
	44. TOTAL PAYMENTS: (Add lines 39 through 43)		● 2,143.00	
45. AMENDED RETURNS ONLY - Previous refund: (See instructions)		● 00		
46. Adjusted total payments: (Subtract line 45 from line 44)		● 2,143.00		
REFUND OR TAX DUE	47. AMOUNT OF OVERPAYMENT/REFUND: (If line 46 is greater than line 38, enter difference)		● 426.00	
	48. Amount to be applied to 2022 estimated tax:	● 00		
	49. Amount of Check-off Contributions: (Attach Schedule AR1000-CO)	● 00		
	50. AMOUNT TO BE REFUNDED TO YOU: (Subtract lines 48 and 49 from line 47)	REFUND	● 426.00	
	51. AMOUNT DUE: (If line 46 is less than line 38, enter difference; If over \$1,000, continue to 52A)	TAX DUE	● 00	
	52A. UEP: Attach Form AR2210 or AR2210A. If required, enter exception in box 52A ● 00 Penalty 52B ● 00			
	52C. Add lines 51 and 52B: (See instructions)	TOTAL DUE	● 00	



**ARKANSAS INDIVIDUAL INCOME TAX
SCHEDULE OF ADJUSTMENTS**

Primary's legal name VINEETHA YARLAGADDA	Primary's social security number 752-21-4107
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INSTRUCTIONS

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

Part Year Resident Filers - Complete columns **(A)** and **(B)** if using filing status 4 (married filing separately on the same return). All other filing statuses must complete column **(A)** only. **Enter only the amount of adjustments attributable to Arkansas in column (C).**

Full Year Nonresident Filers - Complete columns **(A)** and **(B)** if using filing status 4 (married filing separately on the same return). All other filing statuses must complete column **(A)** only. **If an amount is entered in column (C), attach explanation.**

Enter the total of each column on line 19 of this form **and** on line 24 of AR1000F or AR1000NR.

See additional instructions on the reverse side of this form.

	(A) Primary/Joint Adjustments	(B) Spouse's Adjustments Status 4 Only	(C) Arkansas Adjustments Only
1. Border city exemption: (Attach Form AR-TX)1	● 00	● 00	● 00
2. Tuition savings program: (See instructions)2	● 00	● 00	● 00
3. Payments to IRA: (See instructions)3	● 00	● 00	● 00
4. Payments to MSA: (See instructions)4	● 00	● 00	● 00
5. Payments to HSA: (Attach federal Form 8889)5	● 00	● 00	● 00
6. Deduction for interest paid on student loans: (See instructions)6	● 2,500.00	● 00	● 00
7. Contributions to intergenerational trust: (See instructions)7	● 00	● 00	● 00
8. Moving expenses: (Attach Form AR3903)8	● 00	● 00	● 00
9. Self-employed health insurance deduction: (See instructions)9	● 00	● 00	● 00
10. KEOGH, Self-employed SEP and Simple Plans:.....10	● 00	● 00	● 00
11. Forfeited interest penalty for premature withdrawal:.....11	● 00	● 00	● 00
12. Alimony/Sep. Maint. paid to: Name: _____ SSN: _____ 12	● 00	● 00	● 00
13. Support for individuals with permanent disabilities: (Attach Form AR1000DC)13	● 00	● 00	● 00
14. Organ donor deduction: (Attach Form AR1000OD)14	● 00	● 00	● 00
15. Military reserve expenses:.....15	● 00	● 00	● 00
16. Reforestation deduction:.....16	● 00	● 00	● 00
17. Teachers qualified classroom investment expense: (Attach Form AR1000CE)17	● 00	● 00	● 00
18. Achieving A Better Life Experience Program (ABLE contributions)18	● 00	● 00	● 00
19. TOTAL ADJUSTMENTS: (Enter here and on AR1000F/AR1000NR, line 24)19	● 2,500.00	● 00	● 00

NOTE: Do not enter amounts from categories that are not printed on this form. See instructions for additional information.



ARKANSAS INDIVIDUAL INCOME TAX TAX CREDITS

Primary's legal name: VINEETHA YARLAGADDA; Primary's social security number: 752-21-4107

IMPORTANT: SEE INSTRUCTIONS ON REVERSE SIDE OF THIS FORM

Table with 5 rows of tax credits: State political contribution credit, Other state tax credit (85.00), Credit for adoption expenses, Phenylketonuria disorder credit, Stillborn child tax credit.

If certificate is issued to an individual, leave FEIN box below blank.

Form for entering tax credit details for Primary (6A-6C) and Spouse (6D-6F), including Code, FEIN, and Amount fields.

6. Tax credit(s): (Add amounts from 6A-6F above) 6 • [] 00
7. TOTAL CREDITS: Add lines 1 through 6. Enter total on line 36, Form AR1000F/AR1000NR 7 • [85.] 00

TAX CREDIT TYPES

Code Credit Type

- 0001...Advantage Arkansas
0002...Affordable Housing
0003...AR Plus
0004...AR Plus 50% Technology-Based
0005...AR Plus 75% Technology-Based
0006...AR Plus 100% Technology-Based
0008...Capital Development Company
0009...Child Care Facility
0010...Coal Mining Producing and Extracting
0011...Delta Geotourism
0014...Equipment Donation/Sale
0015...Equity Investment Incentive
0016...Existing Workforce Training
0017...Family Savings Initiative Act
0018...Historic Rehabilitation
0019...Low Income Housing
0020...Public Roads Incentive
0021...Research Park Authority
0022...Research and Development with Universities
0023...In-House Research Income Tax Credit
0024...In-House Research by Targeted Business Income Tax Credit
0025...In-House Research Area of Strategic Value Income Tax Credit
0026...Qualified Research
0028...Tourism Development
0029...Tuition Reimbursement Program

Code Credit Type

- 0030...Targeted Business Payroll
0031...Venture Capital Investment
0034...Waste Reduction, Reuse or Recycle Equipment
0035...Water Impounded Outside Critical
0036...Water Impounded Within Critical
0037...Water Surface Outside Critical
0038...Water Surface Inside Critical
0039...Water Surface Inside Critical-Industrial or Commercial
0040...Water Land Leveling
0041...Wetland Riparian Zone Creation/Restoration
0042...Wetland Riparian Zone Conservation
0043...Central Business Improvement District Rehab and Dev
0044...Biodiesel Incentive Credit
0045...Recycle Equipment for Steel Manufacturer
0046...Recycle-Steel Manufacturer Amendment 82 Project Act 862
0047...Recycle-Expansion Project Act 1046
0048...Recycle-Steel Manufacturing Specialty Products Facility \$4M Act 1046
0049...Recycle-Steel Manufacturing Specialty Products Facility \$5M Act 1046
0050...Recycle-Steel Manufacturing Specialty Products Facility \$6.5M Act 1046
0051...Apprenticeship Program
0052...Major Historic Rehabilitation
0053...Delta Music Trail
0054...Arkansas Wood Energy Products and Forest Maintenance
0055...Railroad Modernization
0056...Motion Picture



ARKANSAS INDIVIDUAL INCOME TAX DECLARATION FOR ELECTRONIC FILING

Primary's Legal First Name and Middle Initial: VINEETHA, Last Name: YARLAGADDA, Primary's Social Security Number: 752-21-4107, Spouse's Legal First Name and Middle Initial, Spouse's Social Security Number, Mailing Address: 2100 BROOKEN HILL DR, APT. D1, Telephone: (602) 884-6296, City: FORT SMITH, State or Province: AR, ZIP: 72908, Check if address is outside U.S. Foreign Country.

Table with 5 rows and 3 columns: Line, Description, Amount. 1. Total Income (Form AR1000F or AR1000NR, Line 23) 49,299.00, 2. Net Tax (Form AR1000F or AR1000NR, Line 38) 1,717.00, 3. State Income Tax Withheld (Form AR1000F or AR1000NR, Line 39) 2,143.00, 4. Refund (Form AR1000F or AR1000NR, Line 47) 426.00, 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. 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 Only ERO'S Signature: GLOBAL TAXES LLC, Date: 03/22/2022, Check if paid preparer [], Check if self-employed [], Your SSN or PTIN: 30-1017196, Firm's name and address: 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: 03/22/2022, Check if self-employed [], Preparer's SSN or PTIN: P02082703, Firm's name and address: 2530 PEBBLE CREEK LN CUMMING GA 30041, FEIN: 30-1017196

Additional information from your 2021 Arkansas Tax Return

Form AR1000TC: Tax Credits

OtherStatesCredit

Continuation Statement

Other State	Oth. State AGI	Oth. Tax Due	Allowable Tax Crd.	Withholding Amt
AZ	3,268.	85.	85.	121.