

2021 AR1000F

ARKANSAS INDIVIDUAL INCOME TAX RETURN

Full Year Resident



AR1

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 ● NIHARIKA	MI ● S	Last name ● KHAMKAR	Check if Deceased <input type="checkbox"/>	Primary's social security number ● 102-87-9635
	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) ● 914 S BILTMORE DRIVE, APT. 207				<input type="checkbox"/> Check if address is outside U.S.
City ● FAYETTEVILLE		State or province ● AR		ZIP ● 72701	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"/> Spouse	<input type="checkbox"/> 65 or over	<input type="checkbox"/> 65 Special	<input type="checkbox"/> Blind	<input type="checkbox"/> Deaf	(Filing status 6 only)

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			<input type="checkbox"/> X \$29 = 00
7C. Multiply number of qualifying individuals from AR1000RC5 (See instructions).....7C			<input type="checkbox"/> 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 allowed to U.S. banks only. Check if either deposit(s) will ultimately be placed in a foreign account.

Routing Number 1 ● 1 1 1 9 0 0 6 5 9	Account Number 1 ● 7 9 8 3 9 7 0 0 1 8	<input checked="" type="checkbox"/> Checking or <input type="checkbox"/> Savings	Direct deposit 1 Amt ● 743.00
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 (469) 473-1311	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 05/20/2022	PTIN/ID number ● 301017196	For Department Use Only	
	Preparer's name GLOBAL TAXES LLC	City/State/ZIP CUMMING GA 30041	A	●
	E-mail SYAM@GTAXFILE.COM	Telephone (678) 965-9522		



Primary SSN 102-87-9635

		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		● 52,579.00	● 00	
	9. Military pay: 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		● -3,000.00	● 00	
	15. Other gains or (losses): (Attach federal Form 4797 and/or AR4684 if applicable)	15		● 00	● 00	
	16. Non-qualified IRA distributions and taxable annuities: (Attach All 1099Rs)	16		● 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	18A		● 00		
	18B. Spouse employer pension plan(s)/qualified IRA(s): (See instructions, Attach all 1099Rs) Gross distribution ● [] 00 Taxable amount ● [] 00 Less \$6,000	18B		● 00	● 00	
	19. Rents, royalties, partnerships, estates, trusts, etc.: (Attach federal Schedule E)	19		● -5,000.00	● 00	
	20. Farm income: (Attach federal Schedule F)	20		● 00	● 00	
	21. Unemployment: Primary/Joint ● [] 00 Spouse ● [] 00	21				
	22. Other income/depreciation differences: (Attach Form AR-OI)	22		● 00	● 00	
	23. TOTAL INCOME: (Add lines 8 through 22)	23		● 44,579.00	● 00	
	24. TOTAL ADJUSTMENTS: (Attach Form AR1000ADJ)	24		● 00	● 00	
	25. ADJUSTED GROSS INCOME: (Subtract line 24 from line 23)	25		● 44,579.00	● 00	
	TAX COMPUTATION	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
		28. NET TAXABLE INCOME: (Subtract line 27 from line 25)	28		● 42,379.00	● 00
		29. TAX: (Enter tax from tax table)	29		● 1,701.00	● 00
		30. Combined tax: (Add amounts from line 29, columns A and B)	30			● 1,701.00
		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. TOTAL TAX: (Add lines 30 through 32)		33			● 1,701.00	
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			● 1,672.00		
PAYMENTS	39. Arkansas income tax withheld: (Attach state copies of W-2 and/or 1099R, W-2-G)	39		● 2,415.00		
	40. Estimated tax paid 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. Early childhood program: Certification number: _____ (Attach AR1000EC and AR2441)	43		● 00		
	44. TOTAL PAYMENTS: (Add lines 39 through 43)	44			● 2,415.00	
45. AMENDED RETURNS ONLY - Previous refund: (See instructions)	45			● 00		
46. Adjusted total payments: (Subtract line 45 from line 44)	46			● 2,415.00		
REFUND OR TAX DUE	47. AMOUNT OF OVERPAYMENT/REFUND: (If line 46 is greater than line 38, enter difference)	47			● 743.00	
	48. Amount to be applied to 2022 estimated tax:	48		● 00		
	49. Amount of Check-off Contributions: (Attach Schedule AR1000-CO)	49		● 00		
	50. AMOUNT TO BE REFUNDED TO YOU: (Subtract lines 48 and 49 from line 47)	REFUND 50			☺ 743.00	
	51. AMOUNT DUE: (If line 46 is less than line 38, enter difference; If over \$1,000, continue to 52A)	TAX DUE 51			☹ 00	
	52A. UEP: Attach Form AR2210 or AR2210A. If required, enter exception in box 52A ● [] Penalty 52B ● [] 00					
	52C. Add lines 51 and 52B: (See instructions)	TOTAL DUE 52C			● 00	



**ARKANSAS INDIVIDUAL INCOME TAX
CAPITAL GAINS**

Primary's legal name NIHARIKA S KHAMKAR	Primary's social security number 102-87-9635
--	---

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

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

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

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

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

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

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

	Federal Schedule D	(A) Primary	(B) Spouse	(C) Arkansas Only
1. Enter federal long-term capital gain or loss reported on line 15, federal Schedule D or Form 1040, line 7.....1	00	00	00	00
2. Enter adjustment, if any , for depreciation differences in federal and state amounts.....2		00	00	00
3. Arkansas long-term capital gain or loss. Add (or subtract) line 1 and line 2.....3		00	00	00
4. Enter federal net short-term capital loss, if any , reported on line 7, federal Schedule D4	-6,667.00	-6,667.00	00	00
5. Enter adjustment, if any , for depreciation differences in federal and state amounts.....5		00	00	00
6. Arkansas net short-term capital loss. Add (or subtract) line 4 and line 5.....6		-6,667.00	00	00
7a. Arkansas net capital gain or loss. (If gain, subtract line 6 from 3. If loss, add lines 6 and 3.)7a		-6,667.00	00	00
7b. If the amount on line 7a is over \$10,000,000, only enter \$10,000,000. If less than \$10,000,000, enter the total amount.....7b		-6,667.00	00	00
8. Arkansas taxable amount. If a gain multiply line 7b by 50 percent (.50), otherwise enter loss.....8		-6,667.00	00	00
9. Enter federal short-term capital gain, if any , reported on line 7, federal Schedule D.....9	00	00	00	00
10. Enter adjustment, if any , for depreciation differences in federal and state amounts.....10		00	00	00
11. Arkansas short-term capital gain. Add (or subtract) line 9 and line 10.....11		00	00	00
12. Total taxable Arkansas capital gain or loss. Add lines 8 and 11. (Loss limited to \$3,000, for filing status 1, 2, 3, and 6, \$1,500 per taxpayer if filing status 4 or 5.) Enter here. Filing status 1,2,3,5 and 6: Add line 12, columns A and B and enter on AR1000F/AR1000NR, line 14. Filing status 4: Enter line 12, column A on AR1000F/AR1000NR, line 14, column A. Enter line 12, column B on AR1000F/AR1000NR, line 14, column B.		-3,000.00	00	00



ARKANSAS INDIVIDUAL INCOME TAX DECLARATION FOR ELECTRONIC FILING

Primary's Legal First Name and Middle Initial: NIHARIKA S; Last Name: KHAMKAR; Primary's Social Security Number: 102-87-9635; Spouse's Legal First Name and Middle Initial: ; Last Name: ; Spouse's Social Security Number: ; Mailing Address: 914 S BILTMORE DRIVE, APT. 207; Telephone: (469) 473-1311; City: FAYETTEVILLE; State or Province: AR; ZIP: 72701; 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) 44,579.00; 2. Net Tax (Form AR1000F or AR1000NR, Line 38) 1,672.00; 3. State Income Tax Withheld (Form AR1000F or AR1000NR, Line 39) 2,415.00; 4. Refund (Form AR1000F or AR1000NR, Line 47) 743.00; 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 2530 PEBBLE CREEK LN CUMMING GA 30041; Date: 05/20/2022; 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 2530 PEBBLE CREEK LN CUMMING GA 30041; Date: 05/20/2022; 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