

IRS e-file Signature Authorization

▶ 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 NARESH K JANNAYIKODE	Social security number 889-50-9976
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.

1 Adjusted gross income	1	102,250.
2 Total tax	2	15,483.
3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099	3	15,111.
4 Amount you want refunded to you	4	
5 Amount you owe	5	372.

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

0	9	9	7	6
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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

IF you live in . . .	THEN use this address to send in your payment . . .
Alabama, Florida, Georgia, Louisiana, Mississippi, North Carolina, South Carolina, Tennessee, Texas	Internal Revenue Service P.O. Box 1214 Charlotte, NC 28201-1214
Arkansas, Connecticut, Delaware, District of Columbia, Illinois, Indiana, Iowa, Kentucky, Maine, Maryland, Massachusetts, Minnesota, Missouri, New Hampshire, New Jersey, New York, Oklahoma, Rhode Island, Vermont, Virginia, West Virginia, Wisconsin	Internal Revenue Service P.O. Box 931000 Louisville, KY 40293-1000
Alaska, Arizona, California, Colorado, Hawaii, Idaho, Kansas, Michigan, Montana, Nebraska, Nevada, New Mexico, North Dakota, Ohio, Oregon, Pennsylvania, South Dakota, Utah, Washington, Wyoming	Internal Revenue Service P.O. Box 802501 Cincinnati, OH 45280-2501
A foreign country, American Samoa, or Puerto Rico (or are excluding income under Internal Revenue Code 933), or use an APO or FPO address, or file Form 2555 or 4563, or are a dual-status alien or nonpermanent resident of Guam or the U.S. Virgin Islands	Internal Revenue Service P.O. Box 1303 Charlotte, NC 28201-1303

MAIL FORM 1040-V TO THE INTERNAL REVENUE SERVICE CENTER AT THE ADDRESS LISTED BELOW.

▼ Detach Here and Mail With Your Payment and Return ▼

Department of the Treasury
Internal Revenue Service (99)

2021

Form 1040-V Payment Voucher

- ▶ Use this voucher when making a payment with Form 1040.
- ▶ Do not staple this voucher or your payment to Form 1040.
- ▶ Make your check or money order payable to the 'United States Treasury.'
- ▶ Write your social security number (SSN) on your check or money order.

Enter the amount of your payment ▶	372.
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REV 03/12/22 PRO 1555

NARESH K JANNAYIKODE
1839 N MERION WAY 102
FAYETTEVILLE AR 72704

INTERNAL REVENUE SERVICE
P.O. BOX 931000
LOUISVILLE, KY 40293-1000

Filing Status [X] 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: NARESH K
Last name: JANNAYIKODE
Your social security number: 889-50-9976
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. 1839 N MERION WAY
Apt. no. 102
City, town, or post office. If you have a foreign address, also complete spaces below. FAYETTEVILLE
State AR
ZIP code 72704
Foreign country name:
Foreign province/state/county:
Foreign postal code:
Presidential Election Campaign: [] You [] Spouse

At any time during 2021, did you receive, sell, exchange, or otherwise dispose of any financial interest in any virtual currency? [] Yes [X] 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

Table with 5 columns: (1) First name, Last name, (2) Social security number, (3) Relationship to you, (4) if qualifies for (Child tax credit, Credit for other dependents). Includes dependents section with checkboxes.

Main tax calculation table with 15 rows. Includes sections for Attach Sch. B if required, Standard Deduction for (with bullet points for filing status), and final taxable income calculation. Total taxable income: 89,400.

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	15,483.																				
17	Amount from Schedule 2, line 3	17																					
18	Add lines 16 and 17	18	15,483.																				
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	15,483.																				
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	15,483.																				
25	Federal income tax withheld from:																						
a	Form(s) W-2	25a	15,111.																				
b	Form(s) 1099	25b																					
c	Other forms (see instructions)	25c																					
d	Add lines 25a through 25c	25d	15,111.																				
26	2021 estimated tax payments and amount applied from 2020 return	26																					
27a	Earned income credit (EIC) No 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"/>	27a																					
b	Nontaxable 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	15,111.																				
Refund	34 If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid	34																					
35a	Amount of line 34 you want refunded to you . If Form 8888 is attached, check here <input type="checkbox"/>	35a																					
b	Routing number <table border="1"><tr><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td></tr></table> c Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings	X	X	X	X	X	X	X	X	X	X												
X	X	X	X	X	X	X	X	X	X														
d	Account number <table border="1"><tr><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td></tr></table>	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X		
X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X				
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	372.																				
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	If the IRS sent you an Identity Protection PIN, enter it here (see inst.)
		DATA MODELER	<input type="text"/>
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.)
			<input type="text"/>

Phone no. (848) 248-9891 Email address JNK.NARESHKUMAR@GMAIL.COM

Paid Preparer Use Only

Preparer's name	Preparer's signature	Date	PTIN	Check if: <input type="checkbox"/> Self-employed
SYAM PRIYA RAM SAGAR GUPTA TALLAM	SYAM PRIYA RAM SAGAR GUPTA TALLAM	03/24/2022	P02082703	
Firm's name	Firm's address		Phone no.	Firm's EIN
GLOBAL TAXES LLC	2530 Pebble Creek Ln Cumming GA 30041		(678) 965-9522	30-1017196

**SCHEDULE 1
(Form 1040)**

Department of the Treasury
Internal Revenue Service

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.**

OMB No. 1545-0074

2021
Attachment
Sequence No. **01**

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

Your social security number
889-50-9976

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	-9,500.
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	-9,500.

For Paperwork Reduction Act Notice, see your tax return instructions.

Schedule 1 (Form 1040) 2021

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 8l	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 1040-SR, line 10, or Form 1040-NR, line 10a		26	

**SCHEDULE E
(Form 1040)**

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 1040, 1040-SR, 1040-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

NARESH K JANNAYIKODE

889-50-9976

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	MOULALI HYDERABAD TELANGANA IN 50040				
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	3		A 365	0	<input type="checkbox"/>
B			B		<input type="checkbox"/>
C			C		<input type="checkbox"/>

Type of Property:

- 1 Single Family Residence 3 Vacation/Short-Term Rental 5 Land 7 Self-Rental
- 2 Multi-Family Residence 4 Commercial 6 Royalties 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		800.		
8	Commissions.	8				
9	Insurance	9				
10	Legal and other professional fees	10				
11	Management fees	11		1,500.		
12	Mortgage interest paid to banks, etc. (see instructions)	12				
13	Other interest.	13				
14	Repairs.	14		2,300.		
15	Supplies	15		2,600.		
16	Taxes	16				
17	Utilities.	17		2,900.		
18	Depreciation expense or depletion	18				
19	Other (list) ▶	19				
20	Total expenses. Add lines 5 through 19	20		10,100.		
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		-9,500.		
22	Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions)	22	(9,500.)	()
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		10,100.		
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	(9,500.)		
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 1040), line 5. Otherwise, include this amount in the total on line 41 on page 2	26		-9,500.		

For Paperwork Reduction Act Notice, see the separate instructions.

Schedule E (Form 1040) 2021

Passive Activity Loss Limitations

Department of the Treasury
Internal Revenue Service (99)

▶ See separate instructions.
▶ Attach to Form 1040, 1040-SR, or 1041.
▶ Go to www.irs.gov/Form8582 for instructions and the latest information.

Name(s) shown on return

NARESH K JANNAYIKODE

Identifying number

889-50-9976

Part I 2021 Passive Activity Loss

Caution: Complete Parts IV and V before completing Part I.

Rental Real Estate Activities With Active Participation (For the definition of active participation, see **Special Allowance for Rental Real Estate Activities** in the instructions.)

1a Activities with net income (enter the amount from Part IV, column (a))	1a	0 .		
b Activities with net loss (enter the amount from Part IV, column (b))	1b	(9,500 .)		
c Prior years' unallowed losses (enter the amount from Part IV, column (c))	1c	()		
d Combine lines 1a, 1b, and 1c	1d			-9,500 .

All Other Passive Activities

2a Activities with net income (enter the amount from Part V, column (a))	2a			
b Activities with net loss (enter the amount from Part V, column (b))	2b	()		
c Prior years' unallowed losses (enter the amount from Part V, column (c))	2c	()		
d Combine lines 2a, 2b, and 2c	2d			

3 Combine lines 1d and 2d. If this line is zero or more, stop here and include this form with your return; all losses are allowed, including any prior year unallowed losses entered on line 1c or 2c. Report the losses on the forms and schedules normally used	3			-9,500 .
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If line 3 is a loss and: • Line 1d is a loss, go to Part II.
• Line 2d is a loss (and line 1d is zero or more), skip Part II and go to line 10.

Caution: If your filing status is married filing separately and you lived with your spouse at any time during the year, **do not** complete Part II. Instead, go to line 10.

Part II Special Allowance for Rental Real Estate Activities With Active Participation

Note: Enter all numbers in Part II as positive amounts. See instructions for an example.

4 Enter the smaller of the loss on line 1d or the loss on line 3	4	9,500 .		
5 Enter \$150,000. If married filing separately, see instructions	5	150,000 .		
6 Enter modified adjusted gross income, but not less than zero. See instructions Note: If line 6 is greater than or equal to line 5, skip lines 7 and 8 and enter -0- on line 9. Otherwise, go to line 7.	6	111,750 .		
7 Subtract line 6 from line 5	7	38,250 .		
8 Multiply line 7 by 50% (0.50). Do not enter more than \$25,000. If married filing separately, see instructions	8			19,125 .
9 Enter the smaller of line 4 or line 8	9			9,500 .

Part III Total Losses Allowed

10 Add the income, if any, on lines 1a and 2a and enter the total	10	0 .		
11 Total losses allowed from all passive activities for 2021. Add lines 9 and 10. See instructions to find out how to report the losses on your tax return	11			9,500 .

Part IV Complete This Part Before Part I, Lines 1a, 1b, and 1c. See instructions.

Name of activity	Current year		Prior years	Overall gain or loss	
	(a) Net income (line 1a)	(b) Net loss (line 1b)	(c) Unallowed loss (line 1c)	(d) Gain	(e) Loss
MOULALI	0 .	9,500 .			9,500 .
Total. Enter on Part I, lines 1a, 1b, and 1c ▶	0 .	9,500 .			

Part V Complete This Part Before Part I, Lines 2a, 2b, and 2c. See instructions.

Name of activity	Current year		Prior years	Overall gain or loss	
	(a) Net income (line 2a)	(b) Net loss (line 2b)	(c) Unallowed loss (line 2c)	(d) Gain	(e) Loss
Total. Enter on Part I, lines 2a, 2b, and 2c ▶					

Part VI Use This Part if an Amount Is Shown on Part II, Line 9. See instructions.

Name of activity	Form or schedule and line number to be reported on (see instructions)	(a) Loss	(b) Ratio	(c) Special allowance	(d) Subtract column (c) from column (a).
MOULALI	E Ln 22	9,500.	1.00000000	9,500.	0.
Total ▶		9,500.	1.00	9,500.	0.

Part VII Allocation of Unallowed Losses. See instructions.

Name of activity	Form or schedule and line number to be reported on (see instructions)	(a) Loss	(b) Ratio	(c) Unallowed loss
Total ▶			1.00	

Part VIII Allowed Losses. See instructions.

Name of activity	Form or schedule and line number to be reported on (see instructions)	(a) Loss	(b) Unallowed loss	(c) Allowed loss
Total ▶				

Nebraska Individual Income Tax Payment Voucher

PLEASE PRINT OR TYPE	Your First Name and Initial NARESH K		Last Name JANNAYIKODE		Please Do Not Write In This Space		
	If a Joint Return, Spouse's First Name and Initial		Last Name				
	Current Mailing Address (Number and Street or PO Box) 1839 N MERION WAY, Apt. 102						
	City FAYETTEVILLE		State AR	Zip Code 72704	Your Social Security Number 8 8 9 5 0 9 9 7 6		
Daytime Phone Number (848) 248-9891		Amount Remitted 111. 00		Spouse's Social Security Number			

Use our safe and secure Nebraska e-pay system to make and manage your Nebraska income tax payments. Please visit revenue.nebraska.gov for additional information about e-pay.

If full payment is not made on or before April 15, 2022, the tax due is subject to penalty and interest.

Do not mail this voucher if you are paying electronically. If paying by check or money order, mail this voucher and payment to:
Nebraska Department of Revenue, PO Box 98903, Lincoln, NE 68509-8903.
revenue.nebraska.gov, 800-742-7474 (NE and IA), 402-471-5729

8-549-2021

Nebraska Individual Income Tax Return
for the taxable year January 1, 2021 through December 31, 2021 or other taxable year:
, 2021 through ,

Please Type or Print

Your First Name and Initial NARESH K	Last Name JANNAYIKODE	Please Do Not Write In This Space
If a Joint Return, Spouse's First Name and Initial	Last Name	
Current Mailing Address (Number and Street or PO Box) 1839 N MERION WAY, Apt. 102		
City FAYETTEVILLE	State AR	Zip Code 72704
Your Social Security Number 8 8 9 5 0 9 9 7 6	Spouse's Social Security Number	High School District Code

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

(1) Farmer/Rancher (2) Active Military (1) Deceased Taxpayer(s)
(first name & date of death): _____

1 Federal Filing Status:

- (1) Single (3) Married, filing separately—Spouse's SSN: _____ (4) Head of Household
(2) Married, filing jointly and Full Name _____ (5) Widow(er) with dependent children

- 2a** Check if YOU were: (1) 65 or older (2) Blind **2b** Check here if someone (such as your parent) can claim you or
SPOUSE was: (3) 65 or older (4) Blind your spouse as a dependent: (1) You (2) Spouse

3 Type of Return:

- (1) Resident (2) Partial-year resident from _____, 2021 to _____, 2021 (attach Schedule III)
(3) Nonresident (attach Schedule III)

4 Nebraska personal exemptions. (Enter 1 in each line of 4a or 4b that applies):

- a Yourself.** If someone can claim you as a dependent, leave blank. **4 a** 1
b Spouse. Married filing jointly returns, if someone can claim your spouse as a dependent leave blank. **4 b** _____

c

Dependents, if more than three, see instructions First Name	Last Name	Dependent's Social Security Number

Total number of dependents listed **4 c** _____

Total Nebraska personal exemptions – add lines 4a, 4b, and 4c **4** 1

5 Federal adjusted gross income (AGI) (line 11, Federal Form 1040 or 1040-SR) Do not leave blank	5	102,250.	00
6 Nebraska standard deduction (if you checked any boxes on line 2a or 2b above, see instructions; otherwise, enter \$7,100 if single; \$14,200 if married, filing jointly or qualified widow[er]; \$7,100 if married, filing separately; or \$10,450 if head of household)	6	7,100.	00
7 Total itemized deductions (line 17, Federal Schedule A – see instructions)	7	00	
8 State and local income taxes (line 5a, Schedule A, Federal Form 1040 or 1040-SR)	8	0.	00
9 Nebraska itemized deductions (line 7 minus line 8)	9	0.	00
10 Nebraska standard deduction or the Nebraska itemized deductions, whichever is greater (the larger of line 6 or line 9)	10	7,100.	00
11 Nebraska income before adjustments (line 5 minus line 10)	11	95,150.	00
12 Adjustments increasing federal AGI (line 9, from attached Nebraska Schedule I)	12	00	
13 Adjustments decreasing federal AGI (line 31, from attached Nebraska Schedule I)	13	00	
14 Nebraska Taxable Income (enter line 11 plus line 12 minus line 13). If less than -0-, enter -0-. Residents complete lines 15 and 16. Partial-year residents and nonresidents complete Nebr. Sch. III before continuing	14	95,150.	00
15 Nebraska income tax (Partial-year residents and nonresidents enter the result from line 9, Nebraska Schedule III. Paper filers may use the Nebraska Tax Table. All others must use Tax Calculation Schedule.)	15	1,344.	00
16 Nebraska other tax calculation: a Federal Tax on Lump-Sum Distributions (Federal Form 4972) 16 a \$ _____ b Federal tax on early distributions (lesser of Federal Form 5329 or line 8, Sch. 2, Federal Form 1040 or 1040-SR) 16 b \$ _____ c Total (add lines 16a and 16b) 16 c \$ _____ Residents multiply line 16c by 29.6% (x .296) and enter the result on line 16. Partial-year residents and nonresidents enter the result from line 10, Nebraska Schedule III	16	00	
17 Total Nebraska tax before Nebraska personal exemption credit (add lines 15 and 16). Do not pay the amount on this line. Pay the amount from line 43.	17	1,344.	00

18	Nebr. personal exemption credit for residents only (\$142 times the number on line 4)	18	0.	00
19	Credit for tax paid to another state, line 6, Nebraska Schedule II (attach Nebraska Schedule II and a copy of the other state's return)	19		00
20	Credit for the elderly or disabled (attach copy of Federal Schedule R)	20	0.	00
21	Community Development Assistance Act credit (attach Form CDN)	21		00
22	Form 3800N nonrefundable credit (attach Form 3800N)	22		00
23	Nebraska child/dependent care nonrefundable credit, only if line 5 is more than \$29,000 (attach a copy of Federal Form 2441 and see instructions)	23		00
24	Credit for financial institution tax (attach Form NFC)	24		00
25	Employer's credit for expenses incurred for TANF (ADC) recipients (see instr.)	25		00
26	School Readiness Tax Credit for providers (see instructions)	26		00
27	Designated extremely blighted area tax credit (attach Form 1040N-EB)	27		00
28	Total nonrefundable credits (add lines 18 through 27)	28	0.	00
29	Nebraska tax after nonrefundable credits. Subtract line 28 from line 17 (if line 28 is more than line 17, enter -0-). If the result is greater than your federal tax liability, see page 9 in the instructions. If entering federal tax, check box <input type="checkbox"/> and attach a copy of the federal return	29	1,344.	00
30	Total Nebraska income tax withheld (attach 2021 Forms, see instructions) a W-2 \$ 1,233. b K-1N \$ _____ c W-2G, 1099-R, 1099-MISC, 1099-NEC or others \$ 0.	30	1,233.	00
31	2021 estimated income tax payments (include any 2020 overpayment credited to 2021 and any payments submitted with an extension request)	31		00
32	Form 3800N refundable credit (attach Form 3800N)	32		00
33	Nebraska child/dependent care refundable credit, if line 5 is \$29,000 or less (attach a copy of Form 2441N)	33		00
34	Beginning Farmer credit from Form 1099 BFC (NDA NextGen)	34		00
35	Nebraska earned income credit. Enter number of qualifying children 97 <input type="checkbox"/> Federal credit 98 \$ _____ .00 x .10 (10%) (attach pages 1-2 of federal return)	35		00
36	Nebraska Property Tax Incentive Act Credit (attach Form PTC)	36		00
37	Credit for qualified Volunteer Emergency Responders (see instructions)	37		00
38	School Readiness Tax Credit for qualified staff members (see instructions)	38		00
39	Total refundable credits (add lines 30 through 38)	39	1,233.	00
40	Penalty for underpayment of estimated tax (see instructions). If you calculated a Form 2210N penalty of -0- or greater, or used the annualized income method, attach Form 2210N, and check this box 96 <input type="checkbox"/>	40		00
41	Total tax and penalty. Add lines 29 and 40	41	1,344.	00
42	Use tax due on taxable purchases where applicable sales tax was not collected. (see instructions) Enter purchases subject to state tax 91 \$ _____ State tax 92 \$ _____ (purchases x 5.5%); Enter purchases subject to local tax 93 \$ _____ Local tax 94 \$ _____ (purchases x local rate of _____ %) 95 Local code _____ (see local rate schedule); Add state and local taxes and enter on line 42. If no use tax is due, enter -0- on line 42.	42	0.	00
43	Total amount due. If line 39 is less than total of lines 41 and 42, subtract line 39 from the total of lines 41 and 42. Pay this amount in full. For electronic or credit card payment, check here <input type="checkbox"/> and see instructions	43	111.	00
44	Overpayment. If line 39 is more than total of lines 41 and 42, subtract total of lines 41 and 42 from line 39	44		00
45	Amount of line 44 you want applied to your 2022 estimated tax	45		00
46	Wildlife Conservation Fund donation of \$1 or more	46		00
47	Amount of line 44 you want refunded to you (line 44 minus lines 45 and 46) Your refund will generally be issued by July 15, if your paper return is filed by April 15 (see instructions)	47	0.	00

48a Routing Number 48b Type of Account 1 = Checking 2 = Savings

48c Account Number

48d Check this box if this refund will go to a bank account outside the United States.



Under penalties of perjury, I declare that, as taxpayer or preparer, I have examined this return and to the best of my knowledge and belief, it is true, correct, and complete.

sign here Your Signature _____ Date 848 248-9891

Keep a copy of this return for your records. Spouse's Signature (if filing jointly, both must sign) _____ Daytime Phone _____

paid preparer's use only SYAM PRIYA RAM SAGAR GUPTA TALLAM 03/24/2022 P02082703

Preparer's Signature _____ Date _____ Preparer's PTIN _____

GLOBAL TAXES LLC 2530 Pebble Creek Ln Cumming GA 30041 30-1017196 678 965-9522

Print Firm's Name (or yours if self-employed), Address and Zip Code EIN CG REV 02/05/22 PRO Daytime Phone

JNK.NARESHKUMAR@GMAIL.COM

Email Address _____

Mail returns requesting a refund to: Nebraska Department of Revenue, PO Box 98912, Lincoln, NE 68509-8912.
Mail returns not requesting a refund to: Nebraska Department of Revenue, PO Box 98934, Lincoln, NE 68509-8934.

Name on Form 1040N

NARESH K JANNAYIKODE

Social Security Number

8 8 9 5 0 9 9 7 6

**Nebraska Schedule I —
Nebraska Adjustments to Income for Nebraska Residents, Partial-Year Residents, and Nonresidents**
• Attach additional pages if necessary.

Part A—Adjustments Increasing Federal AGI

1 Interest income from all state and local obligations exempt from federal tax a List type: _____ b Amount: \$ _____ Total interest income exempt from federal tax. Enter total of lines 1b	1	00
2 Exempt interest income from Nebraska obligations a List type: _____ b Amount: \$ _____ Total exempt interest income from Nebraska obligations. Enter total of lines 2b	2	00
3 Total taxable interest income. Enter the result of line 1 minus line 2	3	00
4 Financial Institution Tax Credit claimed. Enter amount from line 24, Form 1040N	4	00
5 Nebraska College Savings Program recapture (see instructions).....	5	00
6 Nebraska Enable plan recapture	6	00
7 Federal net operating loss deduction	7	00
8 S corporation or LLC Non-Nebraska loss.....	8	00
9 Total adjustments increasing federal AGI (total lines 3 through 8). Enter here and on line 12, Form 1040N	9	00

Part B—Adjustments Decreasing Federal AGI

10 State income tax refund deduction. Enter line 1, Schedule 1, Federal Form 1040 or 1040-SR	10	00
11 U.S. government obligations exempt for state purposes (list below or attach schedule) a List type: _____ b Amount: \$ _____ Total U.S. government obligations exempt for state purposes. Enter total of lines 11b.....	11	00
12 List fund name, total dividend, and percent of regulated investment company dividends from a U.S. obligation: _____ b Total dividend: \$ _____ x c _____ % = d \$ _____ Total regulated investment company dividends. Enter total of lines 12d	12	00
13 Total U.S. government obligations. Enter total of lines 11 and 12.....	13	00
14 Benefits paid by the Railroad Retirement Board (RRB) included in the federal AGI. Must attach pages 1 and 2 of your federal income tax return and all Forms 1099 and W-2 from the RRB. a List type: _____ b Amount: \$ _____ Total benefits paid by the RRB included in federal AGI. Enter total of lines 14b.....	14	00
15 Special capital gains/extraordinary dividend deduction [attach Form 4797N; a copy of Federal Schedule D; and Form 8949 (or Federal Schedule B when claiming extraordinary dividend deduction)] (see instructions)...	15	00
16 Nebraska College Savings Program contribution (see instructions)	16	00
17 Employer contribution to the Nebraska Educational Savings Plan (see instructions).....	17	00
18 Nebraska Enable plan contributions. List the account number and annual contribution amount for each account you contributed to during this tax year (list below or attach schedule) a Account Number: _____ b Amount: \$ _____ Total Nebraska Enable plan contributions	18	00
19 S corporation and LLC Non-Nebraska income (attach Nebraska Schedules K-1N, see instructions)	19	00
20 Nonresident military servicemember active duty pay (attach active duty Form W-2, identifying the income as attributable to another state, see instructions).....	20	00
21 Income earned by a Native American Indian in Indian country	21	00
22 Claim of right repayment	22	00
23 Nebraska NOL carryforward (attach a copy of the Nebraska NOL Worksheet for each loss year claimed on this line).....	23	00
24 Nebraska agricultural revenue bond interest.....	24	00
25 Interest from federally taxable Nebraska Investment Finance Association (NIFA) bonds.....	25	00
26 Interest from federally taxable Build America Bonds issued by Nebraska governmental units.....	26	00
27 Social Security included in Federal AGI (see instructions) Must attach pages 1 and 2 of your federal income tax return	27	00
28 Military retirement. Form 1040N-MIL must be on file with DOR (see instructions).....	28	00
29 Dividends received or deemed to be received from corporations not subject to the IRC	29	00
30 Segal AmeriCorps Education Award (attach Form 1099-MISC, see instructions)	30	00
31 Total adjustments decreasing federal AGI (total lines 10 and 13 through 30). Enter here and on line 13, Form 1040N.....	31	00

Nebraska Schedule II — Credit for Tax Paid to Another State

Name on Form 1040N

NARESH K JANNAYIKODE

Social Security Number

8 8 9 5 0 9 9 7 6

Nebraska Schedule II —

Credit for Tax Paid to Another State for FULL-YEAR RESIDENTS ONLY

- Complete a separate Schedule II for each state.
- A complete copy of the return filed with another state must be attached. If the entire return is not attached, credit for tax paid to another state will not be allowed. Name of state:

1 Total Nebraska tax (line 17, Form 1040N)	1		00
2 Adjusted gross income derived from another state (do not enter amount of taxable income from the other state – use Conversion Chart on the DOR's website)	2		00
3 Ratio Line 2 _____ (Form 1040N, Line 5 + Line 12 – Line 13) = <input type="text"/> + <input type="text"/> – <input type="text"/> = <input type="text"/>	3	<input type="text"/>	<input type="text"/>
4 Calculated tax credit. Line 1 multiplied by line 3 ratio	4		00
5 Tax due and paid to another state (do not enter amount withheld for the other state – use Conversion Chart on the DOR's website)	5		00
6 Allowable tax credit (line 1, 4, or 5, whichever is least). Enter amount here and on line 19, Form 1040N.....	6		00

Name on Form 1040N

NARESH K JANNAYIKODE

Social Security Number

8 8 9 5 0 9 9 7 6

Nebraska Schedule III —

Computation of Nebraska Tax for PARTIAL-YEAR RESIDENTS AND NONRESIDENTS ONLY

- You must complete lines 1 through 14, Form 1040N. If you have state, local, or federal bond interest or other adjustments, complete Parts A and B of Nebraska Schedule I. Use Schedule III to calculate your Nebraska tax liability.
- You do not have to provide a copy of other state returns when filing Schedule III.

<p>1 Income derived from Nebraska sources. Include income from wages, interest, dividends, business, farming, Nebraska unemployment payments, severance payments connected to Nebraska employment, partnerships, S corporations, limited liability companies, estates and trusts, gain or loss, rents, royalties, and financial institution tax credit amount. If there is no Nebraska income or loss, enter -0-.</p> <p>a List type: <u>Wages</u> b Amount: \$ <u>25,250.</u> List type: <u>Rents and royalties</u> Amount: <u>0.</u> Total income derived from Nebraska sources. Enter total of lines 1b.....</p>		1	25,250.	00
<p>2 Adjustments as applied to Nebraska income, if any (see instructions)</p> <p>a List type: _____ b Amount: \$ _____ List type: _____ Amount: _____ Total adjustment as applied to Nebraska income. Enter total of lines 2b.....</p>		2		00
<p>3 Nebraska adjusted gross income (line 1 minus line 2).....</p>		3	25,250.	00
<p>4 Ratio — Nebraska's share of the total income (calculate to six decimal places, and round to five):.....</p> <p>Line 3 <u>25,250.</u> = <u>25,250.</u> (Form 1040N, Line 5 + Line 12 – Line 13) = <u>102,250.</u> + _____ – _____ = <u>102,250.</u></p>		4	0	2 4 6 9 4
<p>5 Nebraska Taxable Income (line 14, Form 1040N)</p>		5	95,150.	00
<p>6 Nebraska tax calculation (see instructions)</p> <p>a Tax on Nebraska Taxable Income from line 5..... 6 a \$ <u>5,584.</u> b Partial-year residents, enter Nebraska nonrefundable credit for the elderly or disabled... 6 b \$ _____ c Partial-year residents, enter Nebraska child/dependent care nonrefundable credit..... 6 c \$ _____ d Subtotal credits (add lines 6b and 6c)..... 6 d \$ _____ Line 6a minus line 6d.....</p>		6	5,584.	00
<p>7 Multiply Nebraska personal exemption credit of \$142 by the number of Nebraska personal exemptions on line 4, Form 1040N.....</p>		7	142.	00
<p>8 Tax after Nebraska personal exemption credit (line 6 minus line 7). If less than \$0, enter -0- here, and if you have any other tax due, apply any unused Nebraska personal exemption credit against that tax on line 10e ...</p>		8	5,442.	00
<p>9 Nebraska income tax. Multiply line 8 by the ratio you computed on line 4. Enter result here and on line 15, Form 1040N.....</p>		9	1,344.	00
<p>10 Nebraska other tax calculation:</p> <p>a Federal Tax on Lump Sum Distributions (Form 4972)..... 10 a \$ _____ b Federal tax on early distributions (lesser of Form 5329 or line 8, Schedule 2, Federal Form 1040 or 1040-SR)..... 10 b \$ _____ c Subtotal (add lines 10a and 10b)..... 10 c \$ _____ d Tax calculation. Multiply line 10c by 29.6% (x .296)..... 10 d \$ _____ e Enter any unused Nebraska personal exemption credit from the calculation on line 8 10 e \$ _____ f Subtract line 10e from line 10d..... 10 f \$ _____ Multiply line 10f by line 4 ratio. Enter result here and on line 16, Form 1040N.....</p>		10		00
<p>11 Earned income credit (Partial-Year Residents Only)</p> <p>a Number of qualifying children. Enter here and on line 35, box 97, Form 1040N..... 11 a _____ b Enter federal earned income credit from federal tax return here and on line 35, box 98, Form 1040N..... 11 b \$ _____ Multiply line 11b amount by 10% (x .10). Enter the result here (see instructions).....</p>		11		00
<p>12 Nebraska earned income credit. Multiply line 11 by the ratio you computed on line 4 (Must attach a copy of federal tax return pages 1 and 2 to your return). Enter result here and on line 35, Form 1040N.....</p>		12		00

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 • NARESH	MI • K	Last name • JANNAYIKODE	Check if Deceased <input type="checkbox"/>	Primary's social security number • 889-50-9976
	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) • 1839 N MERION WAY, APT. 102				<input type="checkbox"/> Check if address is outside U.S.
	City • FAYETTEVILLE	State or province • AR	ZIP • 72704	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 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>943729161</u>	Your state <u>AR</u>	Issue date (mm/dd/yyyy) <u>05/05/2021</u>	Expiration date (mm/dd/yyyy) <u>09/30/2023</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	Account Number 1	<input type="checkbox"/> Checking or <input type="checkbox"/> Savings	Direct deposit 1 Amt
<input type="text"/>	<input type="text"/>		00
Routing Number 2	Account Number 2	<input type="checkbox"/> Checking or <input type="checkbox"/> Savings	Direct deposit 2 Amt
<input type="text"/>	<input type="text"/>		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 (848) 248-9891	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 03/24/2022	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 889-50-9976

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)	111,750.00	00	
	9. Military pay: Primary <input type="checkbox"/> 00 Spouse <input type="checkbox"/> 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 <input type="checkbox"/> 00 Spouse <input type="checkbox"/> 00			
	18A. Primary employer pension plan(s)/qualified IRA(s): (See instructions, Attach all 1099Rs) Gross distribution <input type="checkbox"/> 00 Taxable amount <input type="checkbox"/> 00 Less \$6,000	00		
	18B. Spouse employer pension plan(s)/qualified IRA(s): (See instructions, Attach all 1099Rs) Gross distribution <input type="checkbox"/> 00 Taxable amount <input type="checkbox"/> 00 Less \$6,000	00	00	
	19. Rents, royalties, partnerships, estates, trusts, etc.: (Attach federal Schedule E)	-9,500.00	00	
	20. Farm income: (Attach federal Schedule F)	00	00	
	21. Unemployment: Primary/Joint <input type="checkbox"/> 00 Spouse <input type="checkbox"/> 00			
	22. Other income/depreciation differences: (Attach Form AR-OI)	00	00	
	23. TOTAL INCOME: (Add lines 8 through 22)	102,250.00	00	
	24. TOTAL ADJUSTMENTS: (Attach Form AR1000ADJ)	00	00	
	25. ADJUSTED GROSS INCOME: (Subtract line 24 from line 23)	102,250.00	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)	100,050.00	00
		29. TAX: (Enter tax from tax table)	5,653.00	00
		30. Combined tax: (Add amounts from line 29, columns A and B)		5,653.00
		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)			5,653.00	
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)	1,328.00		
	37. TOTAL CREDITS: (Add lines 34 through 36)		1,357.00	
38. NET TAX: (Subtract line 37 from line 33. If line 37 is greater than line 33, enter 0)		4,296.00		
PAYMENTS	39. Arkansas income tax withheld: (Attach state copies of W-2 and/or 1099R, W-2-G)	4,262.00		
	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)		4,262.00	
45. AMENDED RETURNS ONLY - Previous refund: (See instructions)		00		
46. Adjusted total payments: (Subtract line 45 from line 44)		4,262.00		
REFUND OR TAX DUE	47. AMOUNT OF OVERPAYMENT/REFUND: (If line 46 is greater than line 38, enter difference)		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	00	
	51. AMOUNT DUE: (If line 46 is less than line 38, enter difference; If over \$1,000, continue to 52A)	TAX DUE	34.00	
	52A. UEP: Attach Form AR2210 or AR2210A. If required, enter exception in box 52A <input type="checkbox"/> Penalty 52B <input type="checkbox"/> 00			
52C. Add lines 51 and 52B: (See instructions)	TOTAL DUE	34.00		



ARKANSAS INDIVIDUAL INCOME TAX TAX CREDITS

Primary's legal name: NARESH K JANNAYIKODE; Primary's social security number: 889-50-9976

IMPORTANT: SEE INSTRUCTIONS ON REVERSE SIDE OF THIS FORM

Table with 5 rows of tax credits: State political contribution credit, Other state tax credit (1,328.00), 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 columns.

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 • 1,328.00

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: NARESH K; Last Name: JANNAYIKODE; Primary's Social Security Number: 889-50-9976; Spouse's Legal First Name and Middle Initial: ; Last Name: ; Spouse's Social Security Number: ; Mailing Address: 1839 N MERION WAY, APT. 102; Telephone: (848) 248-9891; City: FAYETTEVILLE; State or Province: AR; ZIP: 72704; Check if address is outside U.S. Foreign Country: []

Table with 5 rows and 3 columns: Line, Description, Amount. Row 1: Total Income (Form AR1000F or AR1000NR, Line 23) 102,250.00; Row 2: Net Tax (Form AR1000F or AR1000NR, Line 38) 4,296.00; Row 3: State Income Tax Withheld (Form AR1000F or AR1000NR, Line 39) 4,262.00; Row 4: Refund (Form AR1000F or AR1000NR, Line 47) 00; Row 5: Tax Due (Form AR1000F or AR1000NR, Line 51) 34.00

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. [X] 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: 03/24/2022; 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: 03/24/2022; 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

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
NE	23,496.	1,344.	1,328.	1,233.