STATE OF ARKANSAS INDIVIDUAL INCOME TAX PAYMENT VOUCHER INSTRUCTIONS

All tax return payments should be mailed on or before the due date of the tax return.

Pay Online

Paying online is convenient, secure, and helps make sure we get your payments on time. Please visit our secure site ATAP (Arkansas Taxpayer Access Point) at www.atap.arkansas.gov. ATAP allows taxpayers or their representatives to log on, make payments and manage their account online.

Additional ATAP features are:

- Make name and address changes
- View account letters
- Check refund status
- ATAP is available 24 hours.

E-Filed Returns

If mailing a payment for a tax return that has been electronically filed, complete the voucher (AR1000V) below. Mail the AR1000V and a check or money order to the address listed below. If this payment is for an amended return, mark "YES" on the voucher in the appropriate space.

Arkansas State Income Tax P.O. Box 8149 Little Rock, AR 72203-8149

Paper Returns

If mailing a paper tax return with a payment, complete the voucher (AR1000V) below. Mail the AR1000V, a check or money order and your tax return (Form AR1000F or AR1000NR) to the address listed below. If this payment is for an amended return, mark "YES" on the voucher in the appropriate space.

Arkansas State Income Tax P.O. Box 2144 Little Rock, AR 72203-2144

Note: Make your check or money order payable in U.S. Dollars to the Department of Finance and Administration. Be sure to include your Social Security Number and/or account number on your check or money order.

(R 8/16/2018

 ψ You must cut along the dotted line or the processing of your payment will be delayed. ψ

REV	03/01/22	PRO

Primary Social Security Number	Spouse's Social Security Number	Fiscal Year End	Tax Year
310-49-5715	684-75-6336		2021
		Due Date	Amount Paid
Name VARUN	GURUVARAM	04/18/2022	199 Include Cents (ex. 1,234,567.89)
Address 5500 STATE HIGH	HWAY 121,#1134	Is Payment for an A	Amended Return'
City, State, Zip LEWISVILLE,	TX 75056	Yes	No

2021 AR1000F



ARKANSAS INDIVIDUAL

	JOINE TAX RETURN								JK E						
	II Year Resident						AIVI	EINL	ED	KEI 7	UKI	1	Sc	oftwar	re ID
Jan.	1 - Dec. 31, 2021 or fiscal year ending		_ , 20	<u>. • </u>				•	<u> </u>					OSERI	ES
	Primary's legal first name	MI	Last na				_	Check	11	-			rity num	ber	
γШ	• VARUN	UVARAM	1		● 🔲 D	eceas			49-5						
L OR IYPE	Spouse's legal first name	MI	Last na	me				Check	II .				rity numl	ber	
LABEL IT OR TN	•	•	•				● 🔲 D	eceas	ed •	684-	75-6	<u> 5336</u>			
	Mailing address (number and street, P.O. box or re									Check	if addı	ess is	outside L	I.S.	
USE PRIN	• 5500 STATE HIGHWAY 121,#3								⅃ ₋						
	,	te or provi	nce		ZIP				Fo	reign o	country	/ name	Э		
_	• LEWISVILLE • 1	TX			• 7!	5056									
Box	1.● Single (Or widowed before 2021 or	divorced a	t end of 202	1)	4.●	Mar Mar	ried fili	ng se	parate	ly on t	he sar	ne ret	urn		
7AT (2.● Married filing joint (Even if only one		5.●	X Mar	ried fili	na se	parate	lv on d	differe	nt retu	rns				
3 ST VIN	3.● Head of household (See instruction		,		"								veVEENA	CHID	URALA
ĔX	If the qualifying person was your o		not vour dei	pendent	6.	☐ Sur	viving s	spous	e with	deper	ndent d	child			
FILING STATUS Check Only One Box	enter child's name here:				"		r spous								
• [Check here if you want a tax booklet m	ailed to w	ou next ve	ar		Chec	k this	box	if you	ı hav	e file	d a sí	tate ex	tensio	n
<u> </u>	check here if you want a tax bookiet in			ai .		or an	autor	natio	fede	ral e	xtens	sion			
	7A. X Yourself • 65 or over	• 6	5 Special	•	Blind	• [Dea	f	l D	Head o	of hous	sehold	/survivin (Filing state	g spou	se
	Spouse • 65 or over	• 6	55 Special	•	Blind	• [7 Dea	f		(9		,	(i iiiig stat	as o omy,	
	Multiply number of boxes checked			''		٠ ـ	_			7 A T	x	<u></u> [
STIC	Dependents (Do not list yourself or									/ A L	X \$	29 =		2	29.00
PERSONAL TAX CREDITS	· · · · · · · · · · · · · · · · · · ·	Last name		Denend	ent's sc	cial secu	ırity nı ı	mher	Т	De	nende	nt's re	lationshi	n to vo	
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1/	1.								+						
NA	2.								\perp						
RSC	3.														
PE	7B. Multiply number of DEPENDENTS from above							71	в ∙Г	¬ x \$	29 =			00	
	7C. Multiply number of qualifying individuals from AR1000RC5 (See instructions)								<u> </u>	\dashv	500 =			00	
	7C. Multiply Humber of qualifying individuals	IIOIII AIX I	0001103 (3	ee msuuci	10115)				/ \	o • L	^ ^ ♥	300 -			
_	7D. TOTAL PERSONAL TAX CREDIT:	S: (Add li n	nes 7A, 7B, a	and 7C. En	ter total	here and	on line	34)				7D		2	29.00
	20110056	our state	TX	Issue		00/	22/20	221		Ex	piration	date	08/2	7/201	24
۵	DL# / State ID 39119956	(mm/	dd/yyyy)	09/.	22/20	J Z I	_	(m	m/dd/yy	уу) —	00/2	7 / 202			
=		Issue	date					Ex	piration	date					
	DL# / State ID Spouse state (mm/dd/yyyy)						_	(m	m/dd/yy	yy) <u> </u>					
	Direct deposit allowed to U.C. books only	Ole e ele if	- 141 1	!4/ - \ !!!							-4 a [\neg			
	Direct deposit allowed to U.S. banks only.	Cneck IT	eitner depo	osit(s) Will	uitimai	ely be pi	aced II	1 а то	reign a	accoul	nt. •				
Ė	Routing Number 1	Acc	ount Num	her 1	•	Checkir	ng or		Savin	ıgs			Direct de	onocit	1 Amt
POS			T T				Ť	ᅮ	' 	Ť		1 r	Direct di	sposit	
30.	•	•										」 ●[00
DIRECT DEPOSIT					_	1		_							
DIR	Routing Number 2	Acc	ount Num	nber 2	•	Checkir	ng or	•	Savin	igs		ľ	Direct d	eposit	2 Amt
	•] [00
												<u> </u>			100
	PLEASE SIGN HERE: Under penalties of per														
	knowledge and belief, they are true, correct and				•									any kno	wieage.
SE ERE	ullet We will no longer automatically mail 1099-G forms. Instead, we ask that you get this inform (www.atap.arkansas.gov). Check the box if you still want us to mail you a paper Form 109							099-G	next	year.		5110			
PLEASE SIGN HERE	Primary's signature				Date		Telep	hone				May the Arkansas Revenue			venue
SIG									703-	9220	0	_	ncy discu		
	Spouse's signature	I	Date		Telep	hone]	_	with the p				
					I==::::								Yes	X N	
įΥ	Paid preparer's signature		00/00:	0000		D numbe							Departm	$\overline{}$	Only
ARE	SYAM PRIYA RAM SAGAR GUPTA	TALLAM	03/30/	2022 City/Stat		01719	ь					A	hono	•	
PAID PREPARER	Preparer's name GLOBAL TAXES LL	iC		City/Stat	C/LIP							Telepl	IOHE		
۵	E-mail SYAM@GTAXFILE.C	!OM		CUMMING GA 30041						(678)965-9522					2
		1													



Primary SSN __310-49-5715

	Ша	ROUND ALL AMOUNTS TO WHOLE DOLLARS	(A) Primary/Joint		(B)	Spouse's Income
			<u>_</u>	125,625.	Ιοο	┢	Status 4 Only
(s)/1099(s)	8.	Wages, salaries, tips, etc: (Attach W-2s)	•	125,025.	100		100
109		Military pay: Primary ● 00 Spouse ● 00			00		00
2(s)/		Interest income: (If over \$1,500, Attach AR4)	•	51.	+	+ -	
W-2		Dividend income: (If over \$1,500, Attach AR4)	•	51.	00	Ť	00
of		Alimony and separate maintenance received:	•		00	1	00
top		Business or professional income: (Attach federal Schedule C)	•	2 455	00	Ť	00
on	14.	Capital gains/(losses) from stocks, bonds, etc: (See instructions, Attach federal Schedule D)14	•	3,457.	00	1	00
eck		Other gains or (losses): (Attach federal Form 4797 and/or AR4684 if applicable)	•		00	l -	00
INCOME Attach che	16.	Non-qualified IRA distributions and taxable annuities: (Attach All 1099Rs)	•		00	•	00
tact	17.	Military retirement: Primary ● 00 Spouse ● 00			_		
\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	18A	. Primary employer pension plan(s)/qualified IRA(s): (See instructions, Attach all 1099Rs)	١.				
ere ere		Gross distribution 00 Taxable amount 00 Less \$6,000 18A	\ •		00		
ر ج	18B	Spouse employer pension plan(s)/qualified IRA(s): (See instructions, Attach all 1099Rs) Gross distribution Taxable amount Total T			00		00
(s)/1099(s)	10	Gross distribution 00 Taxable amount 00 \$\frac{185}{6,000}\$ 185 Rents, royalties, partnerships, estates, trusts, etc.: (Attach federal Schedule E)			00	_	00
10/					00	_	00
2(s)					100		100
≥ ا		Unemployment: Primary/Joint 00 Spouse 000 21			00	T_	00
tack		Other income/depreciation differences: (Attach Form AR-OI)		129,133.	00	_	00
¥		TOTAL INCOME: (Add lines 8 through 22)	<u> </u>	129,133.	00	_	
		TOTAL ADJUSTMENTS: (Attach Form AR1000ADJ)	•	100 122	-	Ť	00
		ADJUSTED GROSS INCOME: (Subtract line 24 from line 23)	•	129,133.	00	•	00
		Select tax table: (Select only one)			_		
	27.	• Low income table (\$0), For low income qualifications see line 26 instructions					
Z O		Standard deduction (\$2,200 or \$4,400 for filing status 2 only)		0 000	١		
Ι×		• Itemized deductions (Attach AR3)	•	2,200.	_	_	00
COMPUTATION		NET TAXABLE INCOME: (Subtract line 27 from line 25)	•	126,933.	_	_	00
ο	29.	TAX: (Enter tax from tax table)		7,239.	00	_	00
	30.	Combined tax: (Add amounts from line 29, columns A and B)			30		7,239.00
TAX	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	
1	33.	TOTAL TAX: (Add lines 30 through 32)			33	•	7,239.00
(n	34.	Personal tax credit(s): (Enter total from line 7D)	•	29.	00		
I 🖺	35.	Child care credit: (Attach AR2441)			00	1	
CREDIT		Other credits: (Attach AR1000TC)	•		00	1	
AX O		TOTAL CREDITS: (Add lines 34 through 36)	_		37	•	29.00
←		NET TAX: (Subtract line 37 from line 33. If line 37 is greater than line 33, enter 0)			38	•	7,210.00
\vdash	39.	Arkansas income tax withheld: (Attach state copies of W-2 and/or 1099R, W2-G)	$\overline{}$	7,011.	_		.,====
1		Estimated tax paid or credit brought forward from 2020:		7,011.	00	1	
1	40.	•			00	-	
27	41.	Payment made with extension: (See instructions)			00	-	
PAYMENTS		AMENDED RETURNS ONLY - Previous payments: (See instructions)	-		00	┨	
}	43.	Early childhood program: Certification number:			00		
1 2	44	TOTAL PAYMENTS: (Add lines 39 through 43)	ت			•	7,011.00
		AMENDED RETURNS ONLY - Previous refund: (See instructions)				•	00
	46.	Adjusted total payments: (Subtract line 45 from line 44)				•	7,011.00
\vdash						-	7,011.00
DUE		AMOUNT OF OVERPAYMENT/REFUND: (If line 46 is greater than line 38, enter difference)	$\overline{}$	I	$\overline{}$	•	100
TAX		Amount to be applied to 2022 estimated tax:	$\overline{}$		00		
		Amount of Check-off Contributions: (Attach Schedule AR1000-CO)		555			Laa
O OR		AMOUNT TO BE REFUNDED TO YOU: (Subtract lines 48 and 49 from line 47)					100
REFUND		AMOUNT DUE: (If line 46 is less than line 38, enter difference; If over \$1,000, continue to 52A)			_	(Ö)	199. 00
ZEF		. UEP: Attach Form AR2210 or AR2210A. If required, enter exception in box 52A Penalty 52B		100	_	_	100 100
تــا	52C	.Add lines 51 and 52B: (See instructions)		TOTAL DUE	52C		199. 00



ARKANSAS INDIVIDUAL INCOME TAX CAPITAL GAINS

Primary's legal name	Primary's social security number
VARUN GURUVARAM	310-49-5715

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	١		(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 71		00			00		00		00
2.	Enter adjustment, if any , for depreciation differe state amounts		2			00		00		00
3.	Arkansas long-term capital gain or loss. Add (or line 2			•		00	•	00	•	00
4.	Enter federal net short-term capital loss, if any , reported on line 7, federal Schedule D4		00			00		00		00
5.	Enter adjustment, if any , for depreciation differe state amounts		5			00		00		00
6.	Arkansas net short-term capital loss. Add (or sul line 5		6	•		00	•	00	•	00
7a.	Arkansas net capital gain or loss. (If gain, subtiloss, add lines 6 and 3.)	ract line 6 from 3. I	f .7a	•		00	•	00	•	00
7b.	If the amount on line 7a is over \$10,000,000, onl If less than \$10,000,000, enter the total amount.					00		00		00
8.	Arkansas taxable amount. If a gain multiply line 50 percent (.50), otherwise enter loss		8			00		00		00
9.	Enter federal short-term capital gain, if any , reported on line 7, federal Schedule D9	3,457.	00		3,457.	00		00		00
10.	Enter adjustment, if any , for depreciation differe state amounts	nces in federal and				00		00		00
11.	Arkansas short-term capital gain. Add (or subtra		11	•	3,457.	00	•	00	•	00
12.	Total taxable Arkansas capital gain or loss. Add I (Loss limited to \$3,000, for filing status \$1,500 per taxpayer if filing status 4 or Filing status 1,2,3,5 and 6: Add line 12, column on AR1000F/AR1000NR, line 14. Filing status 4: Enter line 12, column A on AR1000F/AR1000NF Enter line 12, column B on AR1000F/AR1000NF	s 1, 2, 3, and 6, r 5.) Enter here. ns A and B and enter R, line 14, column A.			3,457.	00		00		00



2021

ARKANSAS INDIVIDUAL INCOME TAX DECLARATION FOR ELECTRONIC FILING

Primary's Legal First Name and Middle Initial			me	Prima	Primary's Social Security Number						
• VARUN			UVARAM	• 310-49-5715							
Spouse's Legal First Name and Middle Initial			me	Spous	Spouse's Social Security Number						
						4-75-6336	5				
Mailing Add	dress (Number and Street, P.O. Box or Rural Route)				Telep						
	TATE HIGHWAY 121,#1134					40)703-92	220				
City	State or Province		ZIP		eck if addre n Country	ss is outside U.S.					
LEWISV			75056	l oleig	ii Couriny						
	- TAX RETURN INFORMATION (Whole Dollars Or										
	al Income (Form AR1000F or AR1000NR, Line 23)						29,133.	00			
2. Net	t Tax (Form AR1000F or AR1000NR, Line 38)					2	7,210.	00			
3. Sta	ate Income Tax Withheld (Form AR1000F or AR1000NR	R, Line 39	9)			3 •	7,011.	00			
4. Ref	fund (Form AR1000F or AR1000NR, Line 47)					4		00			
	Due (Form AR1000F or AR1000NR, Line 51)					5	199.	00			
	I - DECLARATION OF TAXPAYER						<u> </u>				
for the tax state return Under penalines of the consent to of Arkansa and if reject and/or tran return elect	I do not want direct deposit of my refund or I am not reform (AR TAX PMT). I authorize the State of Arkansas Income Tax Section form (AR TAX PMT). I authorize the State of Arkansas Income Tax Section Payment form (AR EST PMT) or Arkansas Extension ed a balance due return, I understand that if the State of liability and all applicable interest and penalties. If I haven will be rejected also. alties of perjury, I declare that the information I have given electronic portion of my 2021 Arkansas income tax return ERO sending my return, this declaration, and accompassed according to the rejection. If the processing of ismitter the reason(s) for the delay, or when the refund was corrected, the reason(s) to the disclosure to the State of Archansas Income Tax Section 1.	to initiate on to initi Payment Arkansas e filed a j n my ERC urn. To the panying eent of rec my return as sent. Ir	ate debit entries to my acc ate debit entries to my form (AR EXT PMT). Is does not receive full a coint federal and state re to and the amounts in Pa are best of my knowledg schedules and stateme ceipt of transmission and or refund is delayed, I an addition, by using a co	y account as indication and timely payed at I above agree and belief, rents to the Stated an indication authorize the mputer system	ment of rederal ree with the return e of Arkan of whet State of and sof	on the Arkans ny tax liability, turn is rejected ne amounts on is true, correct nsas. I also co her or not my r Arkansas to di tware to prepar	I will remain the corresponds, and component to the electric is accessions to me and trans	n liable and my onding olete. I e State cepted, y ERO smit my			
Sign	on of my tax return electronically.										
Here	Primon/a Signatura		C=====!=	Cianatura		Г-	ato.				
	Primary's Signature Date II - DECLARATION OF ELECTRONIC RETURN (· · · · · · · · · · · · · · · · · · ·	Signature	DED	Da	ite				
I declare the am only a the return. with a copy examined	hat I have reviewed the above taxpayer's return and that collector, I understand that I am not responsible for revie. I have obtained the taxpayer's signature on Form AR845 y of all forms and information to be filed with the State of the above taxpayer's return and accompanying schedulete. This declaration of Paid Preparer is based on all inf	the entri ewing the 53 before Arkansa les and s	es on Form AR8453 are a taxpayer's return; I de submitting this return to s. If I am also the Paid F tatements, and to the b	e complete and clare that For the State of A Preparer, under the state of the state	d correct m AR845 Arkansas er penalti owledge a	3 accurately re , and have proves os of perjury I c	eflects the d vided the tax declare that	data on xpayer : I have			
ERO'S	03/30,		if paid if self			Your SSN or P	TINI				
Use	ERO'S Signature Date		preparer emplo	•							
Only	GLOBAL TAXES LLC 2530 PEBBLE CRE	EEK LN	CUMMING G	<u>A 30041</u>	3 ()-1017196		—			
	Firm's name and address nalties of perjury, I declare that I have examined the abovedge and belief, they are true, correct, and complete. The							est of			
Paid	03/30/	2022	Check	ρn	20827	0.3					
Prepar	rer's Preparer's Signature Date		if self- employed			s SSN or PTIN	1				
Use Or		REEK		GA 300	•	30-1017					
	Firm's name and address					FEIN					