

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 FNU ILAMURUGAN MUTHUKUM		Social security number 166-43-6694
Spouse's name		Spouse's social security number

Part I Tax Return Information – Tax Year Ending December 31, 2022 (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	22,905.
2	Total tax	2	998.
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099	3	2,812.
4	Amount you want refunded to you	4	1,814.
5	Amount you owe	5	

Part II Taxpayer Declaration and Signature Authorization (Be sure you get and keep a copy of your return)

Under penalties of perjury, I declare that I have examined a copy of the income tax return (original or amended) I am now authorizing, and to the best of my knowledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I above are the amounts from the income tax return (original or amended) I am now authorizing. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send my return to the IRS and to receive from the IRS (a) an 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

3	6	6	9	4
---	---	---	---	---

 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

--	--	--	--	--

 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.

2	2	2	4	9	6	6	1	9	8	9
---	---	---	---	---	---	---	---	---	---	---

Don't enter all zeros

I certify that the above numeric entry is my PIN, which is my signature for the electronic individual income tax return (original or amended) I am now authorized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and **Pub. 1345**, Handbook for Authorized IRS e-file Providers of Individual Income Tax Returns.

ERO's signature ▶ _____ Date ▶ _____

ERO Must Retain This Form – See Instructions
Don't Submit This Form to the IRS Unless Requested To Do So

Filing Status [X] Single [] Married filing jointly [] Married filing separately (MFS) [] Head of household (HOH) [] Qualifying surviving spouse (QSS)
Check only one box. If you checked the MFS box, enter the name of your spouse. If you checked the HOH or QSS box, enter the child's name if the qualifying person is a child but not your dependent:

Form fields for personal information: Your first name and middle initial (FNU), Last name (ILAMURUGAN MUTHUKUM), Your social security number (166-43-6694), Spouse's social security number, Home address (2005 SE HILTON HEAD DR, BENTONVILLE, AR 72712), and Presidential Election Campaign options.

Digital Assets At any time during 2022, did you: (a) receive (as a reward, award, or payment for property or services); or (b) sell, exchange, gift, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? (See instructions.) [] 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, 1958 [] Are blind Spouse: [] Was born before January 2, 1958 [] Is blind

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

Main income table with rows 1a through 15. Includes sub-rows for tax-exempt interest, dividends, IRA distributions, pensions, and social security benefits. Total income is 22,905 and taxable income is 9,955.

Tax and Credits	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	998.
	17	Amount from Schedule 2, line 3	17	
	18	Add lines 16 and 17	18	998.
	19	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	998.
	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	998.

Payments	25	Federal income tax withheld from:		
	a	Form(s) W-2	25a	2,812.
	b	Form(s) 1099	25b	
	c	Other forms (see instructions)	25c	
	d	Add lines 25a through 25c	25d	2,812.
	26	2022 estimated tax payments and amount applied from 2021 return	26	
	27	Earned income credit (EIC) NO	27	
	28	Additional child tax credit from Schedule 8812	28	
	29	American opportunity credit from Form 8863, line 8	29	
	30	Reserved for future use	30	
	31	Amount from Schedule 3, line 15	31	
	32	Add lines 27, 28, 29, and 31. These are your total other payments and refundable credits	32	
	33	Add lines 25d, 26, and 32. These are your total payments	33	2,812.

Refund	34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid	34	1,814.
	35a	Amount of line 34 you want refunded to you . If Form 8888 is attached, check here <input type="checkbox"/>	35a	1,814.
	b	Routing number 082000073 c Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings		
	d	Account number 487008647774		
	36	Amount of line 34 you want applied to your 2023 estimated tax	36	

Amount You Owe	37	Subtract line 33 from line 24. This is the amount you owe . For details on how to pay, go to www.irs.gov/Payments or see instructions	37	
	38	Estimated tax penalty (see instructions)	38	

Third Party Designee Do you want to allow another person to discuss this return with the IRS? See instructions **Yes**. Complete below. **No**

Designee's name _____ Phone no. _____ Personal identification number (PIN) _____

Sign Here Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Your signature _____	Date _____	Your occupation SOFTWARE ENGINEER	If the IRS sent you an Identity Protection PIN, enter it here (see inst.) _____
Spouse's signature. If a joint return, both must sign. _____	Date _____	Spouse's occupation _____	If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.) _____
Phone no. (479) 352-9463	Email address IMK.MUTHU@GMAIL.COM		

Paid Preparer Use Only

Preparer's name SYAM PRIYA RAM SAGAR GUPTA TALLAM	Preparer's signature SYAM PRIYA RAM SAGAR GUPTA TALLAM	Date 02/23/2023	PTIN P02082703	Check if: <input type="checkbox"/> Self-employed
Firm's name GLOBAL TAXES LLC	Firm's address 245 ROONEY CT E BRUNSWICK NJ 08816		Phone no. (678) 965-9522	Firm's EIN 84-3171965

2022 AR1000F

ARKANSAS INDIVIDUAL INCOME TAX RETURN

Full Year Resident



P1

CHECK BOX IF AMENDED RETURN

Software ID

Jan. 1 - Dec. 31, 2022 or fiscal year ending _____, 20____

PROSERIES

TAXPAYER INFORMATION	Primary's legal first name • FNU		MI •	Last name • ILAMURUGAN MUTHUKUM		Check if Deceased <input type="checkbox"/>		Primary's social security number • 166-43-6694		
	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) • 2005 SE HILTON HEAD DR, APT. 25								<input type="checkbox"/> Check if address is outside U.S.	
	City • BENTONVILLE		State or province • AR		ZIP • 72712		Foreign country name			
	Primary email				Secondary email					
	<input type="checkbox"/> 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.									
	<input type="checkbox"/> Check here if you want a tax booklet mailed to you next year.					<input type="checkbox"/> Check this box if you have filed a state extension or an automatic federal extension				
	DL# / State ID 945792307		Your state AR		Issue date (mm/dd/yyyy) 10/18/2022		Expiration date (mm/dd/yyyy) 10/18/2026			
	DL# / State ID _____		Spouse state _____		Issue date (mm/dd/yyyy) _____		Expiration date (mm/dd/yyyy) _____			
	FILING STATUS	1. <input checked="" type="checkbox"/> Single (Or widowed before 2022 or divorced at end of 2022)					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) _____					
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) (Filing status 6 only)									
	<input type="checkbox"/> Spouse • <input type="checkbox"/> 65 or over • <input type="checkbox"/> 65 Special • <input type="checkbox"/> Blind • <input type="checkbox"/> Deaf									
	Multiply number of boxes checked 7A <input type="checkbox"/> X \$29 = <input type="text" value="29"/> . <input type="text" value="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.										
4.										
5.										
7B. Multiply number of DEPENDENTS from above..... 7B <input type="checkbox"/> X \$29 = <input type="text" value=""/> . <input type="text" value="00"/>										
7C. Multiply number of qualifying individuals from AR1000RC5 (See instructions) 7C <input type="checkbox"/> X \$500 = <input type="text" value=""/> . <input type="text" value="00"/>										
7D. TOTAL PERSONAL TAX CREDITS: (Add lines 7A, 7B, and 7C. Enter total here and on line 34) 7D <input type="text" value="29"/> . <input type="text" value="00"/>										



Primary SSN 166-43-6694

		ROUND ALL AMOUNTS TO WHOLE DOLLARS		(A) Primary/Joint Income	(B) Spouse's Income Status 4 Only		
INCOME	8. Wages, salaries, tips, etc: (Attach W-2s)	8	●	22,905.00	●	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 Sch. C)	13	●	00	●	00	
	14. Capital gains/(losses) from stocks, bonds, etc: (Attach federal Sch. D)	14	●	00	●	00	
	15. Other gains or (losses): (See Instructions)	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 inst., attach 1099Rs) Gross ● [] 00 Taxable ● [] 00 Less \$6,000	18A	●	00			
	18B. Spouse employer pension plan(s)/qualified IRA(s): (See inst., attach 1099Rs) Gross ● [] 00 Taxable ● [] 00 Less \$6,000	18B	●	00	●	00	
	19. Rents, royalties, partnerships, estates, trusts, etc.: (Attach federal Sch. E)	19	●	00	●	00	
	20. Farm income: (Attach federal Sch. F)	20	●	00	●	00	
	21. Unemployment:	21	●	00	●	00	
	22. Other income/depreciation differences: (Attach Form AR-OI)	22	●	00	●	00	
	23. TOTAL INCOME: (Add lines 8 through 22)	23	●	22,905.00	●	00	
	24. TOTAL ADJUSTMENTS: (Attach Form AR1000ADJ)	24	●	00	●	00	
	25. ADJUSTED GROSS INCOME: (Subtract line 24 from line 23)	25	●	22,905.00	●	00	
	TAX COMPUTATION	26. Select tax table: (Select only one)	26				
		27. ● <input type="checkbox"/> Low income table (\$0), See line 26 instructions ● <input checked="" type="checkbox"/> Standard deduction (See instructions) ● <input type="checkbox"/> Itemized deductions (Attach AR3)	27	●	2,270.00	●	00
		28. NET TAXABLE INCOME: (Subtract line 27 from line 25)	28	●	20,635.00	●	00
		29. TAX: (Enter tax from tax table)	29		438.00		00
		30. Combined tax: (Add amounts from line 29, columns A and B)	30				438.00
		31. Enter tax from Lump Sum Distribution Averaging Schedule: (Attach AR1000TD)	31	●			00
32. Additional tax on IRA and qualified plan withdrawal and overpayment: (See instructions)		32	●			00	
33. TOTAL TAX: (Add lines 30 through 32)	33	●			438.00		
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	●	210.00			
	37. TOTAL CREDITS: (Add lines 34 through 36)	37	●			239.00	
	38. NET TAX: (Subtract line 37 from line 33. If line 37 is greater than line 33, enter 0)	38	●			199.00	



Primary SSN 166-43-6694

PAYMENTS	39. Arkansas income tax withheld: (Attach copies of W-2, 1099R, W2-G,1099-PT, and/or AR-K1) 39	●	901.	00																				
	40. Estimated tax paid or credit brought forward from 2021: 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	●	901.	00																				
REFUND OR TAX DUE	45. AMENDED RETURNS ONLY - Previous refund: (See instructions) 45	●		00																				
	46. Adjusted total payments: (Subtract line 45 from line 44) 46	●	901.	00																				
	47. AMOUNT OF OVERPAYMENT/REFUND: (If line 46 is greater than line 38, enter difference) 47	●	702.	00																				
	48. Amount to be applied to 2023 estimated tax: 48	●		00																				
	49. Amount of Check-Off contributions: (Attach Form AR1000CO) 49	●		00																				
	50. AMOUNT TO BE REFUNDED TO YOU: (Subtract lines 48 and 49 from line 47) REFUND 50	●	☺	702.	00																			
DIRECT DEPOSIT	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	●			00																			
	52B. Penalty 52B	●			00																			
52C. Add lines 51 and 52B: (See instructions) TOTAL DUE 52C		●			00																			
Direct deposit allowed to U.S. banks only. Check if either deposit(s) will ultimately be placed in a foreign account. ● <input type="checkbox"/>																								
<table style="width:100%; border: none;"> <tr> <td style="width:30%;">Routing number 1</td> <td style="width:30%;">Account number 1</td> <td style="width:10%; text-align: center;">● <input checked="" type="checkbox"/> Checking or</td> <td style="width:10%; text-align: center;">● <input type="checkbox"/> Savings</td> <td style="width:10%;">Direct deposit 1 amt.</td> </tr> <tr> <td>● 0 8 2 0 0 0 0 7 3</td> <td>● 4 8 7 0 0 8 6 4 7 7 7 4</td> <td></td> <td></td> <td>● 702. 00</td> </tr> <tr> <td>Routing number 2</td> <td>Account number 2</td> <td style="text-align: center;">● <input type="checkbox"/> Checking or</td> <td style="text-align: center;">● <input type="checkbox"/> Savings</td> <td>Direct deposit 2 amt.</td> </tr> <tr> <td>●</td> <td>●</td> <td></td> <td></td> <td>● 00</td> </tr> </table>					Routing number 1	Account number 1	● <input checked="" type="checkbox"/> Checking or	● <input type="checkbox"/> Savings	Direct deposit 1 amt.	● 0 8 2 0 0 0 0 7 3	● 4 8 7 0 0 8 6 4 7 7 7 4			● 702. 00	Routing number 2	Account number 2	● <input type="checkbox"/> Checking or	● <input type="checkbox"/> Savings	Direct deposit 2 amt.	●	●			● 00
Routing number 1	Account number 1	● <input checked="" type="checkbox"/> Checking or	● <input type="checkbox"/> Savings	Direct deposit 1 amt.																				
● 0 8 2 0 0 0 0 7 3	● 4 8 7 0 0 8 6 4 7 7 7 4			● 702. 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.																								
PLEASE SIGN HERE																								
Primary's signature		Date	Telephone	May the Arkansas Revenue Division discuss this return with the preparer?																				
Spouse's signature		Date	Telephone																					
Paid preparer's signature		PTIN/ID number		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No																				
SYAM PRIYA RAM SAGAR GUPTA TALLAM		02/23/2023		For Department Use Only																				
Preparer's name		Telephone		A																				
GLOBAL TAXES LLC		(678) 965-9522		●																				
Address																								
245 ROONEY CT																								
City		State	ZIP																					
E BRUNSWICK		NJ	08816																					
E-mail																								
SYAM@GTAXFILE.COM																								
PAY ONLINE:		Refund:		Tax Due/No Tax:																				
Please visit our secure website 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. ATAP is available 24 hours.		Arkansas State Income Tax P.O. Box 1000 Little Rock, AR 72203-1000		Arkansas State Income Tax P.O. Box 2144 Little Rock, AR 72203-2144																				
PAY BY MAIL: (See instructions)		PAY BY CREDIT CARD: (See instructions)																						



**ARKANSAS INDIVIDUAL INCOME TAX
TAX CREDITS**

Primary's legal name FNU ILAMURUGAN MUTHUKUM	Primary's social security number 166-43-6694
---	---

IMPORTANT: SEE INSTRUCTIONS ON REVERSE SIDE OF THIS FORM

1. State political contribution credit: (See instructions)	1	•			00
2. Other state tax credit: [Attach copy of other state tax return(s)]	2	•			00
3. Credit for adoption expenses: (Attach federal Form 8839)	3	•			00
4. Phenylketonuria disorder credit: (See instructions. Attach AR1113)	4	•			00
5. Stillborn child tax credit "Paisley's Law": (Attach certificate of birth resulting in stillbirth)	5	•			00
6. Additional tax credit for qualified individuals: (See instructions)	6	•	60.		00
7. Inflationary relief income tax credit: (See Instructions)	7	•	150.		00

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

Primary:	8A. Code ● <input style="width: 100px; height: 20px;" type="text"/>	FEIN ● <input style="width: 100px; height: 20px;" type="text"/>	Amount ● <input style="width: 50px; height: 20px;" type="text"/>	00
	8B. Code ● <input style="width: 100px; height: 20px;" type="text"/>	FEIN ● <input style="width: 100px; height: 20px;" type="text"/>	Amount ● <input style="width: 50px; height: 20px;" type="text"/>	00
	8C. Code ● <input style="width: 100px; height: 20px;" type="text"/>	FEIN ● <input style="width: 100px; height: 20px;" type="text"/>	Amount ● <input style="width: 50px; height: 20px;" type="text"/>	00
Spouse:	8D. Code ● <input style="width: 100px; height: 20px;" type="text"/>	FEIN ● <input style="width: 100px; height: 20px;" type="text"/>	Amount ● <input style="width: 50px; height: 20px;" type="text"/>	00
	8E. Code ● <input style="width: 100px; height: 20px;" type="text"/>	FEIN ● <input style="width: 100px; height: 20px;" type="text"/>	Amount ● <input style="width: 50px; height: 20px;" type="text"/>	00
	8F. Code ● <input style="width: 100px; height: 20px;" type="text"/>	FEIN ● <input style="width: 100px; height: 20px;" type="text"/>	Amount ● <input style="width: 50px; height: 20px;" type="text"/>	00

8. Tax credit(s): (Add amounts from 8A-8F above)	8	•			00
<small>A copy of the tax credit certificate(s) or appropriate documentation of the credit(s) claimed must be attached.</small>					
9. TOTAL CREDITS: Add lines 1 through 8. Enter total on line 36, Form AR1000F/AR1000NR	9	•	210.		00



ARKANSAS INDIVIDUAL INCOME TAX DECLARATION FOR ELECTRONIC FILING

Primary's Legal First Name and Middle Initial ● FNU		Last Name ● ILAMURUGAN MUTHUKUM		Primary's Social Security Number ● 166-43-6694	
Spouse's Legal First Name and Middle Initial		Last Name		Spouse's Social Security Number ●	
Mailing Address (Number and Street, P.O. Box or Rural Route) 2005 SE HILTON HEAD DR, APT. 25				Telephone ● (479) 352-9463	
City BENTONVILLE	State or Province AR	ZIP 72712	<input type="checkbox"/> Check if address is outside U.S. Foreign Country		

PART I - TAX RETURN INFORMATION (Whole Dollars Only)

1. Total Income (Form AR1000F or AR1000NR, Line 23)	1	22,905.	00
2. Net Tax (Form AR1000F or AR1000NR, Line 38)	2	199.	00
3. State Income Tax Withheld (Form AR1000F or AR1000NR, Line 39)	3	● 901.	00
4. Refund (Form AR1000F or AR1000NR, Line 47)	4	702.	00
5. Tax Due (Form AR1000F or AR1000NR, Line 51)	5		00

PART II - DECLARATION OF TAXPAYER

- 6a. I consent that my refund be direct deposited as designated in the electronic portion of my 2022 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 2022 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

	Date		Date
Primary's Signature		Spouse's Signature	

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		Date	02/23/2023	Check if paid preparer <input type="checkbox"/>	Check if self-employed <input type="checkbox"/>	
	ERO'S Signature					Your SSN or PTIN
	GLOBAL TAXES LLC 245 ROONEY CT					88-2145487
	Firm's name and address					FEIN

Under penalties of perjury, I declare that I have examined the above taxpayer's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. This declaration is based on all information of which I have any knowledge.

Paid Preparer's Use Only		Date	02/23/2023	Check if self-employed <input type="checkbox"/>	
	Preparer's Signature				Preparer's SSN or PTIN
	SYAM PRIYA RAM SAGAR GUPTA TALLAM 245 ROONEY CT				P02082703
	Firm's name and address				84-3171965
					FEIN