



2400411515



Georgia Form **500** (Rev. 08/30/23)

Individual Income Tax Return

Georgia Department of Revenue

2023 (Approved software version)

Page **1**

Fiscal Year
Beginning

STATE GA
ISSUED

Fiscal Year
Ending

YOUR DRIVER'S
LICENSE/STATE ID

071630668

YOUR FIRST NAME

1. RAVI

MI

YOUR SOCIAL SECURITY NUMBER

828-82-8414

LAST NAME (For Name Change See IT-511 Tax Booklet)

CHELLAMUTHU

SUFFIX

SPOUSE'S FIRST NAME

KEERTHANA

MI

SPOUSE'S SOCIAL SECURITY NUMBER

693-69-5640

LAST NAME

DHANDAPANI

SUFFIX

DEPARTMENT USE ONLY

ADDRESS (NUMBER AND STREET or P.O. BOX) (Use 2nd address line for Apt, Suite or Building Number)

CHECK IF ADDRESS HAS CHANGED

2. 928 ESTUARY TRAIL

CITY (Please insert a space if the city has multiple names)

3. ALPHARETTA

STATE

GA

ZIP CODE

30005

(COUNTRY IF FOREIGN)

4. Enter your Residency Status with the appropriate number 4. 3

Residency Status

1. FULL-YEAR RESIDENT 2. PART-YEAR RESIDENT

TO

3. NONRESIDENT

Omit Lines 9 thru 14 and use Form 500 Schedule 3 if you are a part-year or nonresident filer.

5. Enter Filing Status with appropriate letter (See IT-511 Tax Booklet)..... 5. B

Filing Status

A. Single B. Married filing joint C. Married filing separate (Spouse's social security number must be entered above) D. Head of Household or Qualifying Surviving Spouse

6. Number of exemptions (Check appropriate box(es) and enter total in 6c.) 6a. Yourself X 6b. Spouse X 6c. 2

7a. Number of Qualified Dependents* 1 7b. Number of Unborn Dependents 7c. Total Number of Dependents 1

*Enter details on Line 7d., and DO NOT include yourself, spouse and/or your unborn dependents. See IT-511 Tax Booklet.

All Pages (1-5) are required for processing

REV 01/29/24 PRO



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YOUR SOCIAL SECURITY NUMBER
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7d. Qualified Dependents. (If you have more than 4 dependents, attach a list of additional dependents).

First Name, MI. ASHVIKA	Last Name RAVI
Social Security Number 140-87-7111	Relationship to You DAUGHTER

First Name, MI.	Last Name
Social Security Number	Relationship to You

First Name, MI.	Last Name
Social Security Number	Relationship to You

First Name, MI.	Last Name
Social Security Number	Relationship to You

INCOME COMPUTATIONS

If amount on line 8, 9, 10, 13 or 15 is negative, use the minus sign (-). Example -3456.

- 8. Federal adjusted gross income (From Federal Form 1040)..... 8. 311249
 (Do not use **FEDERAL TAXABLE INCOME**) If the amount on Line 8 is \$40,000 or more, or your gross income is less than your W-2s you must include a copy of your Federal Form 1040 Pages 1, 2, and Schedule 1.
- 9. Adjustments from Form 500 Schedule 1 (See IT-511 Tax Booklet) 9.
- 10. Georgia adjusted gross income (Net total of Line 8 and Line 9)..... 10.
- 11. Standard Deduction (Do not use FEDERAL STANDARD DEDUCTION)..... 11a.
 (See IT-511 Tax Booklet)
 - b. Self: 65 or over? Blind? Total x 1,300=..... 11b.
 - Spouse: 65 or over? Blind?
 - c. Total Standard Deduction (Line 11a + Line 11b)..... 11c.
 Use EITHER Line 11c OR Line 12c (Do not write on both lines)
- 12. Total Itemized Deductions used in computing Federal Taxable Income. If you use itemized deductions, **you must include Federal Schedule A.**
 - a. Federal Itemized Deductions (Schedule A- Form 1040)..... 12a.
 - b. Less adjustments: (See IT-511 Tax Booklet) 12b.
 - c. Georgia Total Itemized Deductions..... 12c.
- 13. Subtract either Line 11c or Line 12c from Line 10; enter balance..... 13.



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YOUR SOCIAL SECURITY NUMBER
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14a. Enter the number from Line 6c. Multiply by \$2,700 for filing status A or D or multiply by \$3,700 for filing status B or C	14a.		
14b. Enter the number from Line 7c. Multiply by \$3,000.....	14b.		
14c. Add Lines 14a. and 14b. Enter total	14c.		
15a. Income before GA NOL (Line 13 less Line 14c or Schedule 3, Line 14).....	15a.	190179	
15b. Georgia NOL utilized (Cannot exceed Line 15a or the amount after applying the 80% limitation, see IT-511 Tax Booklet for more information)....	15b.		
15c. Georgia Taxable Income (Line 15a less Line 15b).....	15c.	190179	
16. Tax (Use Tax Rate Schedule in the IT-511 Tax Booklet)	16.	10700	
17. Low Income Credit	17a.	17b.	17c.
18. Other State(s) Tax Credit (Include a copy of the other state(s) return)	18.		
19. Credits used from IND-CR Summary Worksheet	19.		
20. Total Credits Used from Schedule 2 Georgia Tax Credits (must be filed electronically)	20.		
21. Total Credits Used (sum of Lines 17-20) cannot exceed Line 16	21.		0
22. Balance (Line 16 less Line 21) if zero or less than zero	22.		10700

INCOME STATEMENT DETAILS Only enter income on which Georgia tax was withheld. Enter income from W-2s, 1099s, and G2-As on Line 4 GA Wages/Income. For other income statements complete Line 4 using the income reported from **Form G2-RP Line 12 or 13; Form G2-LP Line 11**, or for **Form G2-FL enter zero**.

(INCOME STATEMENT A)				(INCOME STATEMENT B)				(INCOME STATEMENT C)			
1. WITHHOLDING TYPE:				1. WITHHOLDING TYPE:				1. WITHHOLDING TYPE:			
<input checked="" type="checkbox"/> W-2	G2-A	G2-LP		<input checked="" type="checkbox"/> W-2	G2-A	G2-LP		<input type="checkbox"/> W-2	G2-A	G2-LP	
1099	G2-FL	G2-RP		1099	G2-FL	G2-RP		1099	G2-FL	G2-RP	
2. EMPLOYER/PAYER FEDERAL ID NUMBER (FEIN) <input checked="" type="checkbox"/> SSN				2. EMPLOYER/PAYER FEDERAL ID NUMBER (FEIN) <input checked="" type="checkbox"/> SSN				2. EMPLOYER/PAYER FEDERAL ID NUMBER (FEIN) <input type="checkbox"/> SSN			
133591013				540856778							
3. EMPLOYER/PAYER STATE WITHHOLDING ID				3. EMPLOYER/PAYER STATE WITHHOLDING ID				3. EMPLOYER/PAYER STATE WITHHOLDING ID			
2217004NX				3082599YK							
4. GA WAGES / INCOME				4. GA WAGES / INCOME				4. GA WAGES / INCOME			
117632				83816							
5. GA TAX WITHHELD				5. GA TAX WITHHELD				5. GA TAX WITHHELD			
6299				4411							

PLEASE COMPLETE INCOME STATEMENT DETAILS ON PAGE 4.
All Pages (1-5) are required for processing



YOUR SOCIAL SECURITY NUMBER
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Page 4

(INCOME STATEMENT D)

1. **WITHHOLDING TYPE:**
 W-2 G2-A G2-LP
 1099 G2-FL G2-RP
2. **EMPLOYER/PAYER FEDERAL**
 ID NUMBER (FEIN) SSN
3. **EMPLOYER/PAYER STATE WITHHOLDING ID**
4. **GA WAGES / INCOME**
5. **GA TAX WITHHELD**

(INCOME STATEMENT E)

1. **WITHHOLDING TYPE:**
 W-2 G2-A G2-LP
 1099 G2-FL G2-RP
2. **EMPLOYER/PAYER FEDERAL**
 ID NUMBER (FEIN) SSN
3. **EMPLOYER/PAYER STATE WITHHOLDING ID**
4. **GA WAGES / INCOME**
5. **GA TAX WITHHELD**

(INCOME STATEMENT F)

1. **WITHHOLDING TYPE:**
 W-2 G2-A G2-LP
 1099 G2-FL G2-RP
2. **EMPLOYER/PAYER FEDERAL**
 ID NUMBER (FEIN) SSN
3. **EMPLOYER/PAYER STATE WITHHOLDING ID**
4. **GA WAGES / INCOME**
5. **GA TAX WITHHELD**

23. Georgia Income Tax Withheld on Wages and 1099s	23.	10710
<small>(Enter Tax Withheld Only and include W-2s and/or 1099s)</small>		
24. Other Georgia Income Tax Withheld	24.	
<small>(Must include G2-A, G2-FL, G2-LP and/or G2-RP)</small>		
25. Estimated Tax paid for 2023 and Form IT-560	25.	
26. Schedule 2B Refundable Tax Credits	26.	
<small>(Cannot be claimed unless filed electronically)</small>		
27. Total prepayment credits (Add Lines 23, 24, 25 and 26)	27.	10710
28. If Line 22 exceeds Line 27, subtract Line 27 from Line 22 and enter balance due	28.	
29. If Line 27 exceeds Line 22, subtract Line 22 from Line 27 and enter overpayment	29.	10
30. Amount to be credited to 2024 ESTIMATED TAX	30.	0
31. Georgia Wildlife Conservation Fund (No gift of less than \$1.00)	31.	
32. Georgia Fund for Children and Elderly (No gift of less than \$1.00)	32.	
33. Georgia Cancer Research Fund (No gift of less than \$1.00)	33.	
34. Georgia Land Conservation Program (No gift of less than \$1.00)	34.	
35. Georgia National Guard Foundation (No gift of less than \$1.00)	35.	
36. Dog & Cat Sterilization Fund (No gift of less than \$1.00)	36.	
37. Saving the Cure Fund (No gift of less than \$1.00)	37.	
38. Realizing Educational Achievement Can Happen (REACH) Program	38.	
<small>(No gift of less than \$1.00)</small>		



2400411555

YOUR SOCIAL SECURITY NUMBER
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- 39. Public Safety Memorial Grant (No gift of less than \$1.00)..... 39.
- 40. Disabled Veterans' Scholarship Fund (No gift of less than \$1.00)..... 40.
- 41. Form 500 UET (Estimated tax penalty) 500 UET exception attached..... 41.
- 42. Penalty: Late Payment and/or Late Filing..... 42.
- 43. Interest 43.
- 44. (If you owe) Add Lines 28, 31 through 43 44.
**MAKE CHECK PAYABLE TO GEORGIA DEPARTMENT OF REVENUE,
Mail To: GEORGIA DEPARTMENT OF REVENUE PROCESSING CENTER,
PO BOX 740399 ATLANTA, GA 30374-0399**

45. (If you are due a refund) Subtract the sum of Lines 30 thru 43 from Line 29
THIS IS YOUR REFUND..... 45. 10
**Refund Due Mail To: GEORGIA DEPARTMENT OF REVENUE PROCESSING CENTER,
PO BOX 740380 ATLANTA, GA 30374-0380**

If you do not enter Direct Deposit information or if you are a first time filer you will be issued a paper check.

45a. Direct Deposit (U.S. Accounts Only) Type: Checking Savings

Routing Number 082000073 Account Number 487004096264

Mail pages 1-5 and any applicable schedules, forms, documentation. DO NOT staple pages.

I/We declare under the penalties of perjury that I/we have examined this return (including accompanying schedules and statements) and to the best of my/our knowledge and belief, it is true, correct, and complete. If prepared by a person other than the taxpayer(s), this declaration is based on all information of which the preparer has knowledge.

Taxpayer's Signature (Check box if deceased)

Spouse's Signature (Check box if deceased)

Taxpayer's Date of Death

Spouse's Date of Death

Taxpayer's Signature Date

Taxpayer's Phone Number
501-413-6617

Spouse's Signature Date

By providing my e-mail address I am authorizing the Georgia Department of Revenue to electronically notify me at the below e-mail address regarding any updates to my account(s).

Taxpayer's E-mail Address

I authorize DOR to discuss this return with the named preparer.

SYAM PRIYA RAM SAGAR GUPTA TALLAM

Preparer's Phone Number
678-965-9522

Signature of Preparer
Name of Preparer Other Than Taxpayer
SYAM PRIYA RAM SAGAR GUPT

Preparer's FEIN
84-3171965

Preparer's Firm Name
GLOBAL TAXES LLC

Preparer's SSN/PTIN/SIDN
P02082703



2407411515

YOUR SOCIAL SECURITY NUMBER

828-82-8414

DO NOT USE LINES 9 THRU 14 OF PAGES 2 AND 3 FORM 500 or 500X

SCHEDULE 3 COMPUTATION OF GEORGIA TAXABLE INCOME FOR ONLY PART-YEAR RESIDENTS AND NONRESIDENTS.

Column A must equal Column B plus Column C.

See IT-511 Tax Booklet for other state(s) tax credits.

FEDERAL INCOME AFTER GEORGIA ADJUSTMENT (COLUMN A)	INCOME NOT TAXABLE TO GEORGIA (COLUMN B)	GEORGIA INCOME (COLUMN C)
1. WAGES, SALARIES, TIPS, etc 311182	1. WAGES, SALARIES, TIPS, etc 109734	1. WAGES, SALARIES, TIPS, etc 201448
2. INTEREST AND DIVIDENDS	2. INTEREST AND DIVIDENDS	2. INTEREST AND DIVIDENDS
3. BUSINESS INCOME OR (LOSS) 61	3. BUSINESS INCOME OR (LOSS) 0	3. BUSINESS INCOME OR (LOSS) 61
4. OTHER INCOME OR (LOSS) 6	4. OTHER INCOME OR (LOSS) 6	4. OTHER INCOME OR (LOSS) 0
5. TOTAL INCOME: TOTAL LINES 1 THRU 4 311249	5. TOTAL INCOME: TOTAL LINES 1 THRU 4 109740	5. TOTAL INCOME: TOTAL LINES 1 THRU 4 201509
6. TOTAL ADJUSTMENTS FROM FORM 1040	6. TOTAL ADJUSTMENTS FROM FORM 1040	6. TOTAL ADJUSTMENTS FROM FORM 1040
7. TOTAL ADJUSTMENTS FROM FORM 500, SCHEDULE 1	7. TOTAL ADJUSTMENTS FROM FORM 500, SCHEDULE 1	7. TOTAL ADJUSTMENTS FROM FORM 500, SCHEDULE 1
8. ADJUSTED GROSS INCOME: LINE 5 PLUS OR MINUS LINES 6 AND 7 311249	8. ADJUSTED GROSS INCOME: LINE 5 PLUS OR MINUS LINES 6 AND 7 109740	8. ADJUSTED GROSS INCOME: LINE 5 PLUS OR MINUS LINES 6 AND 7 201509
9. RATIO: Divide Line 8, Column C by Line 8, Column A enter percentage or check the box for Time Ratio. (% cannot be negative and cannot exceed 100%)	9. 64.74 %	
10a. Itemized or Standard Deduction <input checked="" type="checkbox"/> or Georgia Itemized (See IT-511 Tax Booklet)	10a. 7100	
10b. Additional Standard Deduction Self: 65 or over? Blind? Spouse: 65 or over? Blind? Total X 1,300=	10b.	
11. Personal Exemptions from Form 500 or Form 500X (See IT-511 Tax Booklet)		
11a. Enter the number on Line 6c from Form 500 or Form 500X <u>2</u> multiply by \$2,700 for filing status A or D or multiply by \$3,700 for filing status B or C.....	11a. 7400	
11b. Enter the number on Line 7c from Form 500 or Form 500X <u>1</u> multiply by \$3,000 ..	11b. 3000	
12. Total Deductions and Exemptions: Add Lines 10a, 10b, 11a, and 11b	12. 17500	
13. *Multiply Line 12 by Ratio on Line 9 and enter result.....	13. 11330	
14. Income before GA NOL: Subtract Line 13 from Line 8, Column C Enter here and on Line 15a, Page 3 of Form 500 or Form 500X.....	14. 190179	

2023 AR1000F

ARKANSAS INDIVIDUAL INCOME TAX RETURN

Full Year Resident



P1

CHECK BOX IF AMENDED RETURN

Software ID

PROSERIES

Jan. 1 - Dec. 31, 2023 or fiscal year ending _____, 20____

TAXPAYER INFORMATION	Primary's legal first name ● RAVI		MI ●	Last name ● CHELLAMUTHU		Check if Deceased ● <input type="checkbox"/>		Primary's social security number ● 828-82-8414		
	Spouse's legal first name ● KEERTHANA		MI ●	Last name ● DHANDAPANI		Check if Deceased ● <input type="checkbox"/>		Spouse's social security number ● 693-69-5640		
	Mailing address (number and street, P.O. box or rural route) ● 928 ESTUARY TRAIL							<input type="checkbox"/> Check if address is outside U.S.		
	City ● ALPHARETTA		State or province ● GA		ZIP ● 30005		Foreign country name			
	Primary email				Secondary email					
	● <input type="checkbox"/> We 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 071630668		Your state GA		Issue date (mm/dd/yyyy) 01/04/2024		Expiration date (mm/dd/yyyy) 11/25/2026			
	DL# / State ID _____		Spouse state _____		Issue date (mm/dd/yyyy) _____		Expiration date (mm/dd/yyyy) _____			
	FILING STATUS	1. ● <input type="checkbox"/> Single (Or widowed before 2023 or divorced at end of 2023)					4. ● <input checked="" 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 checked="" 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 = 58.00									
	Dependents (Do not list yourself or spouse)									
	First name		Last name		Dependent's social security number			Dependent's relationship to you		
1.ASHVIKA RAVI				140-87-7111			DAUGHTER			
2.										
3.										
4.										
5.										
7B. Multiply number of DEPENDENTS from above 7B ● <input type="checkbox"/> X \$29 = 29.00										
7C. TOTAL PERSONAL TAX CREDITS: (Add lines 7A and 7B. Enter total here and on line 34) 7C 87.00										
Individuals with Developmental Disabilities Credit (AR1000-DD - formerly AR1000RC5) now on Form AR1000TC										



Primary SSN 828-82-8414

		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	●	80,710.00	● 230,472.00	
	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	● 61.00	
	14. Capital gains/(losses) from stocks, bonds, etc: (Attach federal Sch. D)	14	●	37.00	● 0.00	
	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	●	-61.00	● 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	●	80,686.00	● 230,533.00	
	24. TOTAL ADJUSTMENTS: (Attach Form AR1000ADJ)	24	●	00	● 00	
	25. ADJUSTED GROSS INCOME: (Subtract line 24 from line 23)	25	●	80,686.00	● 230,533.00	
	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	●	2,340.00	● 2,340.00
		28. NET TAXABLE INCOME: (Subtract line 27 from line 25)	28	●	78,346.00	● 228,193.00
		29. TAX: (Enter tax from tax table)	29		3,085.00	10,569.00
		30. Combined tax: (Add amounts from line 29, columns A and B)	30			13,654.00
		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			13,654.00		
TAX CREDITS	34. Personal tax credit(s): (Enter total from line 7C)	34	●	87.00		
	35. Child care credit: (Attach AR2441)	35	●	00		
	36. Other credits: (Attach AR1000TC)	36	●	8,621.00		
	37. TOTAL CREDITS: (Add lines 34 through 36)	37			8,708.00	
38. NET TAX: (Subtract line 37 from line 33. If line 37 is greater than line 33, enter 0)	38			4,946.00		



ARKANSAS INDIVIDUAL INCOME TAX TAX CREDITS

Primary's legal name RAVI CHELLAMUTHU	Primary's social security number 828-82-8414
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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)] <i>See OtherStatesCredit</i>	2 •	8,471.	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 •		00
7. Inflationary relief income tax credit: (See Instructions)	7 •	150.	00
8. Credit for Individuals with Developmental Disabilities: (Attach AR1000-DD formerly AR1000RC5)	8 •		00

	Individual's Name on Form AR1000-DD	Social Security Number on Form AR1000-DD
8A. •		
8B. •		
8C. •		
8D. •		
8E. •		
8F. •		

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

Primary:	9A. Code •	FEIN •	Amount •	00
	9B. Code •	FEIN •	Amount •	00
	9C. Code •	FEIN •	Amount •	00
Spouse:	9D. Code •	FEIN •	Amount •	00
	9E. Code •	FEIN •	Amount •	00
	9F. Code •	FEIN •	Amount •	00

9. Tax credit(s): (Add amounts from 9A-9F above)	9 •		00
A copy of the tax credit certificate(s) or appropriate documentation of the credit(s) claimed must be attached.			
10. TOTAL CREDITS: Add lines 1 through 9. Enter total on line 36, Form AR1000F/AR1000NR	10 •	8,621.	00



**ARKANSAS INDIVIDUAL INCOME TAX
CAPITAL GAINS**

Primary's legal name R CHELLAMUTHU & K DHANDAPANI	Primary's social security number 828-82-8414
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In Arkansas, only 50% of the net capital gain is taxed. 100% of the short term capital gain is taxed.

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

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

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

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

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

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

	Federal Schedule D	(A) Primary	(B) Spouse	(C) Arkansas Only
1. Enter federal long-term capital gain or loss reported on line 15, federal Schedule D or Form 1040, line 7.....1	60 . 00	60 . 00	00	00
2. Enter adjustment, if any , for depreciation differences in federal and state amounts.....2		00	00	00
3. Arkansas long-term capital gain or loss. Add (or subtract) line 1 and line 2.....3		60 . 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 differences in federal and state amounts.....5		00	00	00
6. Arkansas net short-term capital loss. Add (or subtract) line 4 and line 5.....6		00	00	00
7a. Arkansas net capital gain or loss. (If gain, subtract line 6 from 3. If loss, add lines 6 and 3.)7a		60 . 00	00	00
7b. If the amount on line 7a is over \$10,000,000, only enter \$10,000,000. If less than \$10,000,000, enter the total amount.....7b		60 . 00	00	00
8. Arkansas taxable amount. If a gain multiply line 7b by 50 percent (.50), otherwise enter loss.....8		30 . 00	00	00
9. Enter federal short-term capital gain, if any , reported on line 7, federal Schedule D.....9	7 . 00	7 . 00	00	00
10. Enter adjustment, if any , for depreciation differences in federal and state amounts.....10		00	00	00
11. Arkansas short-term capital gain. Add (or subtract) line 9 and line 10.....11		7 . 00	00	00
12. Total taxable Arkansas capital gain or loss. Add lines 8 and 11. (Loss limited to \$3,000, for filing status 1, 2, 3, and 6, \$1,500 per taxpayer if filing status 4 or 5.) Enter here. Filing status 1,2,3,5 and 6: Add line 12, columns A and B and enter on AR1000F/AR1000NR, line 14. Filing status 4: Enter line 12, column A on AR1000F/AR1000NR, line 14, column A. Enter line 12, column B on AR1000F/AR1000NR, line 14, column B.		37 . 00	0 . 00	00



ARKANSAS INDIVIDUAL INCOME TAX DECLARATION FOR ELECTRONIC FILING

Primary's Legal First Name and Middle Initial: RAVI, Last Name: CHELLAMUTHU, Primary's Social Security Number: 828-82-8414, Spouse's Legal First Name and Middle Initial: KEERTHANA, Last Name: DHANDAPANI, Spouse's Social Security Number: 693-69-5640, Mailing Address: 928 ESTUARY TRAIL, Telephone: (501) 413-6617, City: ALPHARETTA, State or Province: GA, ZIP: 30005

PART I - TAX RETURN INFORMATION (Whole Dollars Only)

Table with 5 rows: 1. Total Income (311,219.00), 2. Net Tax (4,946.00), 3. State Income Tax Withheld (4,224.00), 4. Refund (00), 5. Tax Due (722.00)

PART II - DECLARATION OF TAXPAYER

- 6a. I consent that my refund be direct deposited...
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...
6d. I authorize the State of Arkansas Income Tax Section to initiate debit entries...

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.

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 2023 Arkansas income tax return.

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.

ERO'S Use Only: Signature, Date (03/08/2024), Check if paid preparer, Check if self-employed, Your SSN or PTIN, Firm's name and address (GLOBAL TAXES LLC 245 ROONEY CT E BRUNSWICK NJ 08816 84-3171965 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: Signature, Date (03/08/2024), Check if self-employed, Preparer's SSN or PTIN (P02082703), Firm's name and address (SYAM PRIYA RAM SAGAR GUPTA TALLAM 245 ROONEY CT E BRUNSWICK NJ 08816 84-3171965 FEIN)

Additional Information From 2023 Arkansas Tax Return

Form AR1000TC: Tax Credits

OtherStatesCredit

Continuation Statement

Other State	Oth. State AGI	Oth. Tax Due	Allowable Tax Crd.	Withholding Amt
GA	190,179.	10,700.	8,471.	10,710.