

# IRS e-file Signature Authorization

▶ **ERO must obtain and retain completed Form 8879.**  
▶ **Go to [www.irs.gov/Form8879](http://www.irs.gov/Form8879) for the latest information.**

Submission Identification Number (SID) ▶

Taxpayer's name <b>NAGA VENKATA SAI VIN VINNAKOTA</b>	Social security number <b>894-04-9359</b>
Spouse's name	Spouse's social security number

## Part I Tax Return Information – Tax Year Ending December 31, 2023 (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.

<b>1</b> Adjusted gross income . . . . .	<b>1</b>	99,180.
<b>2</b> Total tax . . . . .	<b>2</b>	14,079.
<b>3</b> Federal income tax withheld from Form(s) W-2 and Form(s) 1099 . . . . .	<b>3</b>	16,888.
<b>4</b> Amount you want refunded to you . . . . .	<b>4</b>	2,809.
<b>5</b> Amount you owe . . . . .	<b>5</b>	

## 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 

4	9	3	5	9
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 as my signature on the income tax return (original or amended) I am now authorizing.
- 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.
- 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	0	8	2	7	1
---	---	---	---	---	---	---	---	---	---	---

  
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**

For the year Jan. 1–Dec. 31, 2023, or other tax year beginning , 2023, ending , 20 See separate instructions.

Your first name and middle initial NAGA VENKATA SAI VIN Last name VINNAKOTA Your social security number 894 04 9359

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. Apt. no. 7777 ADELAIDE ST 3078 Presidential Election Campaign

City, town, or post office. If you have a foreign address, also complete spaces below. State TX ZIP code 75034 Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund.

Foreign country name Foreign province/state/county Foreign postal code You Spouse

Filing Status Single Married filing jointly (even if only one had income) Married filing separately (MFS) Head of household (HOH) Qualifying surviving spouse (QSS)

Digital Assets At any time during 2023, did you: (a) receive (as a reward, award, or payment for property or services); or (b) sell, exchange, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? (See instructions.) Yes 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, 1959 Are blind Spouse: Was born before January 2, 1959 Is blind

Table with 5 columns: (1) First name, Last name, (2) Social security number, (3) Relationship to you, (4) Check the box if qualifies for (see instructions): Child tax credit, Credit for other dependents

Income table with columns 1a-1z and 1a-1z. Rows include Total amount from Form(s) W-2, Household employee wages, Tip income, Medicaid waiver payments, Taxable dependent care benefits, Employer-provided adoption benefits, Wages from Form 8919, Other earned income, Nontaxable combat pay election, Add lines 1a through 1h.

Table with columns 2a-2b, 3a-3b, 4a-4b, 5a-5b, 6a-6b. Rows include Tax-exempt interest, Qualified dividends, IRA distributions, Pensions and annuities, Social security benefits, Taxable interest, Ordinary dividends, Taxable amount.

Table with columns 7-15. Rows include Capital gain or (loss), Additional income from Schedule 1, Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income, Adjustments to income from Schedule 1, Subtract line 10 from line 9. This is your adjusted gross income, Standard deduction or itemized deductions (from Schedule A), Qualified business income deduction from Form 8995 or Form 8995-A, Add lines 12 and 13, Subtract line 14 from line 11. If zero or less, enter -0-. This is your taxable income.

Attach Sch. B if required.

Standard Deduction for: Single or Married filing separately, \$13,850; Married filing jointly or Qualifying surviving spouse, \$27,700; Head of household, \$20,800; If you checked any box under Standard Deduction, see instructions.

<b>Tax and Credits</b>	<b>16</b>	<b>Tax</b> (see instructions). Check if any from Form(s): 1 <input type="checkbox"/> 8814 2 <input type="checkbox"/> 4972 3 <input type="checkbox"/> _____	<b>16</b>	14,079.
	<b>17</b>	Amount from Schedule 2, line 3	<b>17</b>	
	<b>18</b>	Add lines 16 and 17	<b>18</b>	14,079.
	<b>19</b>	Child tax credit or credit for other dependents from Schedule 8812	<b>19</b>	
	<b>20</b>	Amount from Schedule 3, line 8	<b>20</b>	
	<b>21</b>	Add lines 19 and 20	<b>21</b>	
	<b>22</b>	Subtract line 21 from line 18. If zero or less, enter -0-	<b>22</b>	14,079.
	<b>23</b>	Other taxes, including self-employment tax, from Schedule 2, line 21	<b>23</b>	0.
	<b>24</b>	Add lines 22 and 23. This is your <b>total tax</b>	<b>24</b>	14,079.

<b>Payments</b>	<b>25</b>	Federal income tax withheld from:		
	<b>a</b>	Form(s) W-2	<b>25a</b>	16,888.
	<b>b</b>	Form(s) 1099	<b>25b</b>	
	<b>c</b>	Other forms (see instructions)	<b>25c</b>	
	<b>d</b>	Add lines 25a through 25c	<b>25d</b>	16,888.
	<b>26</b>	2023 estimated tax payments and amount applied from 2022 return	<b>26</b>	
	<b>27</b>	Earned income credit (EIC) <input type="checkbox"/> NO	<b>27</b>	
	<b>28</b>	Additional child tax credit from Schedule 8812	<b>28</b>	
	<b>29</b>	American opportunity credit from Form 8863, line 8	<b>29</b>	
	<b>30</b>	Reserved for future use	<b>30</b>	
	<b>31</b>	Amount from Schedule 3, line 15	<b>31</b>	
	<b>32</b>	Add lines 27, 28, 29, and 31. These are your <b>total other payments and refundable credits</b>	<b>32</b>	
	<b>33</b>	Add lines 25d, 26, and 32. These are your <b>total payments</b>	<b>33</b>	16,888.

<b>Refund</b>	<b>34</b>	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you <b>overpaid</b>	<b>34</b>	2,809.
	<b>35a</b>	Amount of line 34 you want <b>refunded to you</b> . If Form 8888 is attached, check here <input type="checkbox"/>	<b>35a</b>	2,809.
Direct deposit? See instructions.	<b>b</b>	Routing number 072000326 <b>c</b> Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings		
	<b>d</b>	Account number 876365300		
	<b>36</b>	Amount of line 34 you want <b>applied to your 2024 estimated tax</b>	<b>36</b>	

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

**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 DEVELOPER	If the IRS sent you an Identity Protection PIN, enter it here (see inst.)
Spouse's signature. If a joint return, <b>both</b> must sign.	Date	Spouse's occupation	If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.)
Phone no. (248) 982-0463	Email address SAIVINEETHA09@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 02/09/2024	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

**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](http://www.irs.gov/Form1040) for instructions and the latest information.

OMB No. 1545-0074

**2023**

Attachment  
Sequence No. **01**

Name(s) shown on Form 1040, 1040-SR, or 1040-NR  
NAGA VENKATA SAI VIN VINNAKOTA

Your social security number  
894-04-9359

**Part I Additional Income**

<b>1</b>	Taxable refunds, credits, or offsets of state and local income taxes . . . . .		<b>1</b>	
<b>2a</b>	Alimony received . . . . .		<b>2a</b>	
<b>b</b>	Date of original divorce or separation agreement (see instructions): _____			
<b>3</b>	Business income or (loss). Attach Schedule C . . . . .		<b>3</b>	
<b>4</b>	Other gains or (losses). Attach Form 4797 . . . . .		<b>4</b>	
<b>5</b>	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E . . . . .		<b>5</b>	-12,938.
<b>6</b>	Farm income or (loss). Attach Schedule F . . . . .		<b>6</b>	
<b>7</b>	Unemployment compensation . . . . .		<b>7</b>	
<b>8</b>	Other income:			
<b>a</b>	Net operating loss . . . . .	<b>8a</b> ( )		
<b>b</b>	Gambling . . . . .	<b>8b</b>		
<b>c</b>	Cancellation of debt . . . . .	<b>8c</b>		
<b>d</b>	Foreign earned income exclusion from Form 2555 . . . . .	<b>8d</b> ( )		
<b>e</b>	Income from Form 8853 . . . . .	<b>8e</b>		
<b>f</b>	Income from Form 8889 . . . . .	<b>8f</b>		
<b>g</b>	Alaska Permanent Fund dividends . . . . .	<b>8g</b>		
<b>h</b>	Jury duty pay . . . . .	<b>8h</b>		
<b>i</b>	Prizes and awards . . . . .	<b>8i</b>		
<b>j</b>	Activity not engaged in for profit income . . . . .	<b>8j</b>		
<b>k</b>	Stock options . . . . .	<b>8k</b>		
<b>l</b>	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 . . . . .	<b>8l</b>		
<b>m</b>	Olympic and Paralympic medals and USOC prize money (see instructions) . . . . .	<b>8m</b>		
<b>n</b>	Section 951(a) inclusion (see instructions) . . . . .	<b>8n</b>		
<b>o</b>	Section 951A(a) inclusion (see instructions) . . . . .	<b>8o</b>		
<b>p</b>	Section 461(l) excess business loss adjustment . . . . .	<b>8p</b>		
<b>q</b>	Taxable distributions from an ABL account (see instructions) . . . . .	<b>8q</b>		
<b>r</b>	Scholarship and fellowship grants not reported on Form W-2 . . . . .	<b>8r</b>		
<b>s</b>	Nontaxable amount of Medicaid waiver payments included on Form 1040, line 1a or 1d . . . . .	<b>8s</b> ( )		
<b>t</b>	Pension or annuity from a nonqualified deferred compensation plan or a nongovernmental section 457 plan . . . . .	<b>8t</b>		
<b>u</b>	Wages earned while incarcerated . . . . .	<b>8u</b>		
<b>z</b>	Other income. List type and amount: _____	<b>8z</b>		
<b>9</b>	Total other income. Add lines 8a through 8z . . . . .		<b>9</b>	
<b>10</b>	Combine lines 1 through 7 and 9. This is your <b>additional income</b> . Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8 . . . . .		<b>10</b>	-12,938.

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

Schedule 1 (Form 1040) 2023

**Part II Adjustments to Income**

<b>11</b>	Educator expenses . . . . .		<b>11</b>	
<b>12</b>	Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 . . . . .		<b>12</b>	
<b>13</b>	Health savings account deduction. Attach Form 8889 . . . . .		<b>13</b>	
<b>14</b>	Moving expenses for members of the Armed Forces. Attach Form 3903 . . . . .		<b>14</b>	
<b>15</b>	Deductible part of self-employment tax. Attach Schedule SE . . . . .		<b>15</b>	
<b>16</b>	Self-employed SEP, SIMPLE, and qualified plans . . . . .		<b>16</b>	
<b>17</b>	Self-employed health insurance deduction . . . . .		<b>17</b>	
<b>18</b>	Penalty on early withdrawal of savings . . . . .		<b>18</b>	
<b>19a</b>	Alimony paid . . . . .		<b>19a</b>	
<b>b</b>	Recipient's SSN . . . . .			
<b>c</b>	Date of original divorce or separation agreement (see instructions): _____			
<b>20</b>	IRA deduction . . . . .		<b>20</b>	
<b>21</b>	Student loan interest deduction . . . . .		<b>21</b>	
<b>22</b>	Reserved for future use . . . . .		<b>22</b>	
<b>23</b>	Archer MSA deduction . . . . .		<b>23</b>	
<b>24</b>	Other adjustments:			
<b>a</b>	Jury duty pay (see instructions) . . . . .	<b>24a</b>		
<b>b</b>	Deductible expenses related to income reported on line 8l from the rental of personal property engaged in for profit . . . . .	<b>24b</b>		
<b>c</b>	Nontaxable amount of the value of Olympic and Paralympic medals and USOC prize money reported on line 8m . . . . .	<b>24c</b>		
<b>d</b>	Reforestation amortization and expenses . . . . .	<b>24d</b>		
<b>e</b>	Repayment of supplemental unemployment benefits under the Trade Act of 1974 . . . . .	<b>24e</b>		
<b>f</b>	Contributions to section 501(c)(18)(D) pension plans . . . . .	<b>24f</b>		
<b>g</b>	Contributions by certain chaplains to section 403(b) plans . . . . .	<b>24g</b>		
<b>h</b>	Attorney fees and court costs for actions involving certain unlawful discrimination claims (see instructions) . . . . .	<b>24h</b>		
<b>i</b>	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 . . . . .	<b>24i</b>		
<b>j</b>	Housing deduction from Form 2555 . . . . .	<b>24j</b>		
<b>k</b>	Excess deductions of section 67(e) expenses from Schedule K-1 (Form 1041) . . . . .	<b>24k</b>		
<b>z</b>	Other adjustments. List type and amount: _____	<b>24z</b>		
<b>25</b>	Total other adjustments. Add lines 24a through 24z . . . . .		<b>25</b>	
<b>26</b>	Add lines 11 through 23 and 25. These are your <b>adjustments to income</b> . Enter here and on Form 1040, 1040-SR, or 1040-NR, line 10 . . . . .		<b>26</b>	

**SCHEDULE E  
(Form 1040)**

**Supplemental Income and Loss**

OMB No. 1545-0074

(From rental real estate, royalties, partnerships, S corporations, estates, trusts, REMICs, etc.)

**2023**  
Attachment  
Sequence No. **13**

Department of the Treasury  
Internal Revenue Service

Attach to Form 1040, 1040-SR, 1040-NR, or 1041.

Go to [www.irs.gov/ScheduleE](http://www.irs.gov/ScheduleE) for instructions and the latest information.

Name(s) shown on return

NAGA VENKATA SAI VIN VINNAKOTA

Your social security number

894-04-9359

**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 2023 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** PRASADAMPADU VIJAYAWADA ANDHRA PRADESH IN 521108

**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	B	C	
<b>A</b> 3		365		0	<input type="checkbox"/>
<b>B</b>					<input type="checkbox"/>
<b>C</b>					<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
<b>3</b> Rents received . . . . .	<b>3</b> 652.		
<b>4</b> Royalties received . . . . .	<b>4</b>		
<b>Expenses:</b>			
<b>5</b> Advertising . . . . .	<b>5</b>		
<b>6</b> Auto and travel (see instructions) . . . . .	<b>6</b>		
<b>7</b> Cleaning and maintenance . . . . .	<b>7</b> 1,582.		
<b>8</b> Commissions . . . . .	<b>8</b>		
<b>9</b> Insurance . . . . .	<b>9</b>		
<b>10</b> Legal and other professional fees . . . . .	<b>10</b>		
<b>11</b> Management fees . . . . .	<b>11</b> 2,985.		
<b>12</b> Mortgage interest paid to banks, etc. (see instructions)	<b>12</b>		
<b>13</b> Other interest . . . . .	<b>13</b>		
<b>14</b> Repairs . . . . .	<b>14</b> 3,838.		
<b>15</b> Supplies . . . . .	<b>15</b> 2,592.		
<b>16</b> Taxes . . . . .	<b>16</b>		
<b>17</b> Utilities . . . . .	<b>17</b> 2,593.		
<b>18</b> Depreciation expense or depletion . . . . .	<b>18</b>		
<b>19</b> Other (list) _____	<b>19</b>		
<b>20</b> Total expenses. Add lines 5 through 19 . . . . .	<b>20</b> 13,590.		
<b>21</b> 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 <b>Form 6198</b> . . . . .	<b>21</b> -12,938.		
<b>22</b> Deductible rental real estate loss after limitation, if any, on <b>Form 8582</b> (see instructions) . . . . .	<b>22</b> ( 12,938. )		
<b>23a</b> Total of all amounts reported on line 3 for all rental properties . . . . .	<b>23a</b> 652.		
<b>b</b> Total of all amounts reported on line 4 for all royalty properties . . . . .	<b>23b</b>		
<b>c</b> Total of all amounts reported on line 12 for all properties . . . . .	<b>23c</b>		
<b>d</b> Total of all amounts reported on line 18 for all properties . . . . .	<b>23d</b>		
<b>e</b> Total of all amounts reported on line 20 for all properties . . . . .	<b>23e</b> 13,590.		
<b>24</b> <b>Income.</b> Add positive amounts shown on line 21. <b>Do not</b> include any losses . . . . .	<b>24</b>		
<b>25</b> <b>Losses.</b> Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here	<b>25</b> ( 12,938. )		
<b>26</b> <b>Total rental real estate and royalty income or (loss).</b> Combine lines 24 and 25. Enter the result here. If Parts II, III, and 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 .	<b>26</b> -12,938.		

For Paperwork Reduction Act Notice, see the separate instructions.

NPA

-12,938.

Schedule E (Form 1040) 2023

# 2023 AR1000NR

## ARKANSAS INDIVIDUAL INCOME TAX RETURN

### Nonresident and Part Year Resident



# P1

### CHECK BOX IF AMENDED RETURN

Software ID

Jan. 1 - Dec. 31, 2023 or fiscal year ending \_\_\_\_\_, 20\_\_\_\_

PROSERIES

TAXPAYER INFORMATION

Primary's legal first name • NAGA VENKATA SAI VIN	MI •	Last name • VINNAKOTA	Check if Deceased <input type="checkbox"/>	Primary's social security number • 894-04-9359
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) • 7777 ADELAIDE ST, APT. 3078				<input type="checkbox"/> Check if address is outside U.S.
City • FRISCO	State or province • TX	ZIP • 75034	Foreign country name	
Primary email		Secondary email		

#### ATTACH PAGE 1 AND 2 OF YOUR FEDERAL RETURN

Primary - Remote Worker <input type="checkbox"/>	Primary - Military Spouse <input type="checkbox"/>	<input checked="" type="checkbox"/> <b>NONRESIDENT:</b>	<input type="checkbox"/> <b>PART YEAR RESIDENT: Dates lived in AR:</b>
Spouse - Remote Worker <input type="checkbox"/>	Spouse - Military Spouse <input type="checkbox"/>	List state of residence: <u>TEXAS</u>	From: _____ To: _____
<input type="checkbox"/> We no longer automatically mail 1099-G forms. Instead, we ask that you get this information from our website ( <a href="http://www.atap.arkansas.gov">www.atap.arkansas.gov</a> ). 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 <u>942058913</u>	Your state <u>AR</u>	Issue date (mm/dd/yyyy) <u>07/02/2021</u>	Expiration date (mm/dd/yyyy) <u>09/30/2024</u>
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 2023 or divorced at end of 2023)	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.  Yourself    •  65 or over    •  65 Special    •  Blind    •  Deaf     Head of household/surviving spouse (Filing status 3 only) (Filing status 6 only)

Spouse    •  65 or over    •  65 Special    •  Blind    •  Deaf

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.			
4.			
5.			
6.			

7B. Multiply number of **DEPENDENTS** from above.....7B  X \$29 = 00

7C. **TOTAL PERSONAL TAX CREDITS:** (Add lines 7A and 7B. Enter total here and on line 34) .....7C 29.00

**Individuals with Developmental Disabilities Credit (AR1000-DD - formerly AR1000RC5) now on Form AR1000TC**



Primary SSN 894-04-9359

		<b>ROUND ALL AMOUNTS TO WHOLE DOLLARS</b>		(A) Primary/Joint Income	(B) Spouse's Income Status 4 Only	(C) Arkansas Income Only	
INCOME	8. Wages, salaries, tips, etc: (Attach W-2s) .....	8		● 112,118.00	●	● 33,854.00	
	9. Military pay: Primary <input type="checkbox"/> Spouse <input type="checkbox"/>						
	10. Interest income: (If over \$1,500, attach AR4) .....	10		●	●	●	
	11. Dividend income: (If over \$1,500, attach AR4) .....	11		●	●	●	
	12. Alimony and separate maintenance received: .....	12		●	●	●	
	13. Business or professional income: (Attach federal Sch. C) .....	13		●	●	●	
	14. Capital gains/(losses) from stocks, bonds, etc: (Attach federal Sch. D) ..	14		●	●	●	
	15. Other gains or (losses): (See instructions) .....	15		●	●	●	
	16. Non-qualified IRA distributions and taxable annuities: (Attach all 1099Rs) ...	16		●	●	●	
	17. Military retirement: Primary <input type="checkbox"/> Spouse <input type="checkbox"/>						
	18A. Primary employer pension plan(s)/qualified IRA(s): (Attach 1099Rs) Gross <input type="checkbox"/> Taxable <input type="checkbox"/> Less \$6,000	18A		●	●	●	
	18B. Spouse employer pension plan(s)/qualified IRA(s): (Attach 1099Rs) Gross <input type="checkbox"/> Taxable <input type="checkbox"/> Less \$6,000	18B		●	●	●	
	19. Rents, royalties, partnerships, estates, trusts, etc.: (Attach federal Sch. E) .....	19		● -12,938.00	●	● 0.00	
	20. Farm income: (Attach federal Sch. F) .....	20		●	●	●	
	21. Unemployment: .....	21		●	●	●	
	22. Other income/depreciation differences: (Attach Form AR-OI) .....	22		●	●	●	
	23. <b>TOTAL INCOME:</b> (Add lines 8 through 22) .....	23		● 99,180.00	●	● 33,854.00	
	24. <b>TOTAL ADJUSTMENTS:</b> (Attach Form AR1000ADJ) .....	24		●	●	●	
	25. <b>ADJUSTED GROSS INCOME:</b> (Subtract line 24 from line 23) .....	25		● 99,180.00	●	● 33,854.00	
	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	●	●
		28. <b>NET TAXABLE INCOME:</b> (Subtract line 27 from line 25) .....	28		● 96,840.00	●	●
		29. <b>TAX:</b> (Enter tax from tax table) .....	29		● 4,398.00	●	●
		30. Combined tax: (Add amounts from line 29, columns A and B) .....	30				● 4,398.00
		31. Enter tax from Lump Sum Distribution Averaging Schedule: (Attach AR1000TD) .....	31				●
32. Additional tax on IRA and qualified plan withdrawal and overpayment: (See Instructions) .....		32				●	
33. <b>TOTAL TAX:</b> (Add lines 30 through 32) .....	33				● 4,398.00		
TAX CREDITS	34. Personal tax credit(s): (Enter total from line 7C) .....	34				● 29.00	
	35. Child care credit: (Attach AR2441) .....	35				●	
	36. Other credits: (Attach AR1000TC) .....	36				●	
	37. <b>TOTAL CREDITS:</b> (Add lines 34 through 36) .....	37				● 29.00	
38. <b>NET TAX:</b> (Subtract line 37 from line 33. If line 37 is greater than line 33, enter 0) .....	38				● 4,369.00		
APPORTIONMENT	38A. Enter the amount from line 25, Column C: .....	38A				● 33,854.00	
	38B. Enter the total amount from line 25, Columns A and B: .....	38B				● 99,180.00	
	38C. Divide line 38A by 38B: (See instructions) .....	38C			0.341339		
	38D. <b>APPORTIONED TAX LIABILITY:</b> (Multiply line 38 by line 38C) .....	38D				● 1,491.00	





Primary SSN 894-04-9359

<b>PAYMENTS</b>	39. Arkansas income tax withheld: (Attach copies of W-2, 1099R, W2-G,1099-PT, and/or AR-K1) ..... 39	1,564.00	
	40. Estimated tax paid or credit brought forward from 2022: ..... 40	00	
	41. Payment made with extension: (See instructions) ..... 41	00	
	42. <b>AMENDED RETURNS ONLY</b> - Previous payments: (See instructions) ..... 42	00	
	43. Early childhood program: Certification number: _____ (Attach AR1000EC and AR2441) ..... 43	00	
	44. <b>TOTAL PAYMENTS:</b> (Add lines 39 through 43) ..... 44	1,564.00	
	45. <b>AMENDED RETURNS ONLY</b> - Previous refund: (See instructions) ..... 45	00	
46. Adjusted total payments: (Subtract line 45 from line 44) ..... 46	1,564.00		
<b>REFUND OR TAX DUE</b>	47. <b>AMOUNT OF OVERPAYMENT/REFUND:</b> (If line 46 is greater than line 38D, enter difference) ..... 47	73.00	
	48. Amount to be applied to 2024 estimated tax: ..... 48	00	
	49. Amount of Check-Off contributions: (Attach Form AR1000CO) ..... 49	00	
	50. <b>AMOUNT TO BE REFUNDED TO YOU:</b> (Subtract lines 48 and 49 from line 47) ..... <b>REFUND</b> 50	73.00	
	51. <b>AMOUNT DUE:</b> (If line 46 is less than line 38D, enter difference; if over \$1,000, continue to 52A) ..... <b>TAX DUE</b> 51	00	
	52A. <b>UEP:</b> 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) ..... <b>TOTAL DUE</b> 52C	00		
<b>DIRECT DEPOSIT</b>	Direct deposit allowed to U.S. banks only. Check if either deposit(s) will ultimately be placed in a foreign account. <input type="checkbox"/>		
	<b>Routing number 1</b> <b>Account number 1</b> <input checked="" type="checkbox"/> Checking or <input type="checkbox"/> Savings <b>Direct deposit 1 amt.</b> <input type="checkbox"/> 0 7 2 0 0 0 3 2 6 <input type="checkbox"/> 8 7 6 3 6 5 3 0 0 <input type="checkbox"/> 73.00		
<b>PLEASE SIGN HERE</b>	<b>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.</b>		
	Primary's signature _____ Date _____ Telephone (248) 982-0463 Spouse's signature _____ Date _____ Telephone _____	<b>May the Arkansas Revenue Division discuss this return with the preparer?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<b>PAID PREPARER</b>	Paid preparer's signature _____ PTIN/ID number _____ SYAM PRIYA RAM SAGAR GUPTA TALLAM 02/09/2024 843171965		
	Preparer's name GLOBAL TAXES LLC Telephone (678) 965-9522		
	Address 245 ROONEY CT		
	City E BRUNSWICK State NJ ZIP 08816	<b>For Department Use Only</b> A      .	
	E-mail SYAM@GTAXFILE.COM		
<b>PAY ONLINE:</b> 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.		<b>Mail Return &amp; Payment to:</b> <b>Refund:</b> Arkansas State Income Tax P.O. Box 1000 Little Rock, AR 72203-1000 <b>Tax Due/No Tax:</b> Arkansas State Income Tax P.O. Box 2144 Little Rock, AR 72203-2144	



ARKANSAS INDIVIDUAL INCOME TAX DECLARATION FOR ELECTRONIC FILING

Primary's Legal First Name and Middle Initial: NAGA VENKATA SAI VIN; Last Name: VINNAKOTA; Primary's Social Security Number: 894-04-9359; Spouse's Legal First Name and Middle Initial: ; Last Name: ; Spouse's Social Security Number: ; Mailing Address: 7777 ADELAIDE ST, APT. 3078; Telephone: (248) 982-0463; City: FRISCO; State or Province: TX; ZIP: 75034; Check if address is outside U.S. Foreign Country: [ ]

PART I - TAX RETURN INFORMATION (Whole Dollars Only)

Table with 3 columns: Line number, Description, Amount. Line 1: Total Income (Form AR1000F or AR1000NR, Line 23) 99,180.00; Line 2: Net Tax (Form AR1000F or AR1000NR, Line 38) 00; Line 3: State Income Tax Withheld (Form AR1000F or AR1000NR, Line 39) 00; Line 4: Refund (Form AR1000F or AR1000NR, Line 47) 73.00; Line 5: Tax Due (Form AR1000F or AR1000NR, Line 51) 00

PART II - DECLARATION OF TAXPAYER

- 6a. [X] I consent that my refund be direct deposited as designated in the electronic portion of my 2023 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 P3 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 2023 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 Date: 02/09/2024 Check if paid preparer [ ] Check if self-employed [ ] Your SSN or PTIN: P02082703 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 Preparer's Signature Date: 02/09/2024 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