

# 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 SUSMITHA MORISETTI	Social security number 124-77-5615
Spouse's name KARTHIK THEERTHALA	Spouse's social security number 510-37-7196

## 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.

1 Adjusted gross income . . . . .	1	120,680.
2 Total tax . . . . .	2	11,070.
3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099 . . . . .	3	20,703.
4 Amount you want refunded to you . . . . .	4	9,633.
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 

7	5	6	1	5
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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 GLOBAL TAXES LLC to enter or generate my PIN 

7	7	1	9	6
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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 SUSMITHA Last name MORISETTI Your social security number 124 77 5615

If joint return, spouse's first name and middle initial KARTHIK Last name THEERTHALA Spouse's social security number 510 37 7196

Home address (number and street). If you have a P.O. box, see instructions. 1061 MAMMOTH ST Apt. no. Presidential Election Campaign

City, town, or post office. If you have a foreign address, also complete spaces below. BENTONVILLE AR 72713 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.

<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>	11,070.
	<b>17</b>	Amount from Schedule 2, line 3	<b>17</b>	
	<b>18</b>	Add lines 16 and 17	<b>18</b>	11,070.
	<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>	11,070.
	<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>	11,070.

<b>Payments</b>	<b>25</b>	Federal income tax withheld from:		
	<b>a</b>	Form(s) W-2	<b>25a</b>	20,703.
	<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>	20,703.
	<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>	20,703.

<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>	9,633.
	<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>	9,633.
Direct deposit? See instructions.	<b>b</b>	Routing number 071000013 <b>c</b> Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings		
	<b>d</b>	Account number 798102633		
	<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 ENGINEER	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 HOME MAKER	If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.)
Phone no. (810) 835-2053	Email address MORISETTISUSMITHA@GMAIL.COM		

**Paid Preparer Use Only**

Preparer's name SYAM PRIYA RAM SAGAR GUPTA	Preparer's signature SYAM PRIYA RAM SAGAR GUPTA	Date 03/15/2024	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				

**Health Savings Accounts (HSAs)**

Department of the Treasury  
Internal Revenue Service

Attach to Form 1040, 1040-SR, or 1040-NR.  
Go to [www.irs.gov/Form8889](http://www.irs.gov/Form8889) for instructions and the latest information.

**2023**  
Attachment  
Sequence No. **52**

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

Social security number of HSA beneficiary.  
If both spouses have HSAs, see instructions.  
124-77-5615

SUSMITHA MORISETTI

**Before you begin:** Complete Form 8853, Archer MSAs and Long-Term Care Insurance Contracts, if required.

**Part I HSA Contributions and Deduction.** See the instructions before completing this part. If you are filing jointly and both you and your spouse each have separate HSAs, complete a separate Part I for each spouse.

<b>1</b>	Check the box to indicate your coverage under a high-deductible health plan (HDHP) during 2023. See instructions . . . . .	<input type="checkbox"/> Self-only <input checked="" type="checkbox"/> Family
<b>2</b>	HSA contributions you made for 2023 (or those made on your behalf), including those made by the unextended due date of your tax return that were for 2023. <b>Do not</b> include employer contributions, contributions through a cafeteria plan, or rollovers. See instructions . . . . .	<b>2</b> 0.
<b>3</b>	If you were under age 55 at the end of 2023 and, on the first day of <b>every</b> month during 2023, you were, or were considered, an eligible individual with the <b>same</b> coverage, enter \$3,850 (\$7,750 for family coverage). <b>All others</b> , see the instructions for the amount to enter . . . . .	<b>3</b> 7,750.
<b>4</b>	Enter the amount you and your employer contributed to your Archer MSAs for 2023 from Form 8853, lines 1 and 2. If you or your spouse had family coverage under an HDHP at any time during 2023, also include any amount contributed to your spouse's Archer MSAs . . . . .	<b>4</b> 0.
<b>5</b>	Subtract line 4 from line 3. If zero or less, enter -0- . . . . .	<b>5</b> 7,750.
<b>6</b>	Enter the amount from line 5. But if you and your spouse each have separate HSAs and had family coverage under an HDHP at any time during 2023, see the instructions for the amount to enter . . . . .	<b>6</b> 7,750.
<b>7</b>	If you were age 55 or older at the end of 2023, married, and you or your spouse had family coverage under an HDHP at any time during 2023, enter your additional contribution amount. See instructions . . . . .	<b>7</b>
<b>8</b>	Add lines 6 and 7 . . . . .	<b>8</b> 7,750.
<b>9</b>	Employer contributions made to your HSAs for 2023 . . . . .	<b>9</b> 700.
<b>10</b>	Qualified HSA funding distributions . . . . .	<b>10</b>
<b>11</b>	Add lines 9 and 10 . . . . .	<b>11</b> 700.
<b>12</b>	Subtract line 11 from line 8. If zero or less, enter -0- . . . . .	<b>12</b> 7,050.
<b>13</b>	<b>HSA deduction.</b> Enter the <b>smaller</b> of line 2 or line 12 here and on Schedule 1 (Form 1040), Part II, line 13 <b>Caution:</b> If line 2 is more than line 13, you may have to pay an additional tax. See instructions.	<b>13</b> 0.

**Part II HSA Distributions.** If you are filing jointly and both you and your spouse each have separate HSAs, complete a separate Part II for each spouse.

<b>14a</b>	Total distributions you received in 2023 from all HSAs (see instructions) . . . . .	<b>14a</b>
<b>b</b>	Distributions included on line 14a that you rolled over to another HSA. Also include any excess contributions (and the earnings on those excess contributions) included on line 14a that were withdrawn by the due date of your return. See instructions . . . . .	<b>14b</b>
<b>c</b>	Subtract line 14b from line 14a . . . . .	<b>14c</b>
<b>15</b>	Qualified medical expenses paid using HSA distributions (see instructions) . . . . .	<b>15</b>
<b>16</b>	<b>Taxable HSA distributions.</b> Subtract line 15 from line 14c. If zero or less, enter -0-. Also, include this amount in the total on Schedule 1 (Form 1040), Part I, line 8f . . . . .	<b>16</b>
<b>17a</b>	If any of the distributions included on line 16 meet any of the <b>Exceptions to the Additional 20% Tax</b> (see instructions), check here . . . . . <input type="checkbox"/>	
<b>b</b>	<b>Additional 20% tax</b> (see instructions). Enter 20% (0.20) of the distributions included on line 16 that are subject to the additional 20% tax. Also, include this amount in the total on Schedule 2 (Form 1040), Part II, line 17c . . . . .	<b>17b</b>

**Part III Income and Additional Tax for Failure To Maintain HDHP Coverage.** See the instructions before completing this part. If you are filing jointly and both you and your spouse each have separate HSAs, complete a separate Part III for each spouse.

<b>18</b>	Last-month rule . . . . .	<b>18</b>
<b>19</b>	Qualified HSA funding distribution . . . . .	<b>19</b>
<b>20</b>	<b>Total income.</b> Add lines 18 and 19. Include this amount on Schedule 1 (Form 1040), Part I, line 8f . . . . .	<b>20</b>
<b>21</b>	<b>Additional tax.</b> Multiply line 20 by 10% (0.10). Include this amount in the total on Schedule 2 (Form 1040), Part II, line 17d . . . . .	<b>21</b>

# 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 ● SUSMITHA		MI ●	Last name ● MORISETTI		Check if Deceased ● <input type="checkbox"/>		Primary's social security number ● 124-77-5615		
	Spouse's legal first name ● KARTHIK		MI ●	Last name ● THEERTHALA		Check if Deceased ● <input type="checkbox"/>		Spouse's social security number ● 510-37-7196		
	Mailing address (number and street, P.O. box or rural route) ● 1061 MAMMOTH ST							<input type="checkbox"/> Check if address is outside U.S.		
	City ● BENTONVILLE		State or province ● AR		ZIP ● 72713		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 943065106		Your state AR		Issue date (mm/dd/yyyy) 01/28/2022		Expiration date (mm/dd/yyyy) 11/02/2024			
	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 type="checkbox"/> Married filing separately on the same return		
	2. <input checked="" 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) _____			

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 = 58 . 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 ●  X \$29 = 00

7C. **TOTAL PERSONAL TAX CREDITS:** (Add lines 7A and 7B. Enter total here and on line 34) ..... 7C 58 . 00

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



Primary SSN 124-77-5615

		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	●	120,680.00	●	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	●	120,680.00	●	00	
	24. TOTAL ADJUSTMENTS: (Attach Form AR1000ADJ) .....	24	●	00	●	00	
	25. ADJUSTED GROSS INCOME: (Subtract line 24 from line 23) .....	25	●	120,680.00	●	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	●	4,680.00	●	00
		28. NET TAXABLE INCOME: (Subtract line 27 from line 25) .....	28	●	116,000.00	●	00
		29. TAX: (Enter tax from tax table) .....	29		5,296.00		00
		30. Combined tax: (Add amounts from line 29, columns A and B) .....	30				5,296.00
		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	●			5,296.00	
TAX CREDITS		34. Personal tax credit(s): (Enter total from line 7C) .....	34	●	58.00		
	35. Child care credit: (Attach AR2441) .....	35	●	00			
	36. Other credits: (Attach AR1000TC) .....	36	●	300.00			
	37. TOTAL CREDITS: (Add lines 34 through 36) .....	37	●			358.00	
	38. NET TAX: (Subtract line 37 from line 33. If line 37 is greater than line 33, enter 0) .....	38	●			4,938.00	



Primary SSN 124-77-5615

PAYMENTS	39. Arkansas income tax withheld: (Attach copies of W-2, 1099R, W2-G,1099-PT, and/or AR-K1) ..... 39	● 5,443.00		
	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	● 5,443.00		
	45. <b>AMENDED RETURNS ONLY</b> - Previous refund: (See instructions) ..... 45	● 00		
46. Adjusted total payments: (Subtract line 45 from line 44) ..... 46	● 5,443.00			
REFUND OR TAX DUE	47. <b>AMOUNT OF OVERPAYMENT/REFUND:</b> (If line 46 is greater than line 38, enter difference) ..... 47	● 505.00		
	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	● ☺ 505.00		
	51. <b>AMOUNT DUE:</b> (If line 46 is less than line 38, 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 ● Penalty 52B ● 00	● 00		
52C. Add lines 51 and 52B: (See instructions) ..... <b>TOTAL DUE</b> 52C	● 00			
DIRECT DEPOSIT	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> ● 0 7 1 0 0 0 0 1 3      ● 7 9 8 1 0 2 6 3 3      ● 505.00			
<b>Routing number 2</b> <b>Account number 2</b> ● <input type="checkbox"/> Checking or ● <input type="checkbox"/> Savings <b>Direct deposit 2 amt.</b> ●      ●      ● 00				
PLEASE SIGN HERE	<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 (810) 835-2053	
Spouse's signature	Date	Telephone		
PAID PREPARER	Paid preparer's signature	PTIN/ID number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>May the Arkansas Revenue Division discuss this return with the preparer?</b>	
	SYAM PRIYA RAM SAGAR GUPTA	03/15/2024 ● P02082703		
	Preparer's name	Telephone	<b>For Department Use Only</b>	
	GLOBAL TAXES LLC	(678) 965-9522	A	●
	Address		ZIP	
245 ROONEY CT		08816		
City	State	ZIP		
E BRUNSWICK	NJ	08816		
E-mail				
<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 TAX CREDITS

Primary's legal name SUSMITHA MORISETTI	Primary's social security number 124-77-5615
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**IMPORTANT: SEE INSTRUCTIONS ON REVERSE SIDE OF THIS FORM**

1. State political contribution credit: <b>(See instructions)</b> .....	1	●		00
2. Other state tax credit: <b>[Attach copy of other state tax return(s)]</b> .....	2	●		00
3. Credit for adoption expenses: <b>(Attach federal Form 8839)</b> .....	3	●		00
4. Phenylketonuria disorder credit: <b>(See instructions. Attach AR1113)</b> .....	4	●		00
5. Stillborn child tax credit "Paisley's Law": <b>(Attach certificate of birth resulting in stillbirth)</b> .....	5	●		00
6. Additional tax credit for qualified individuals: <b>(See instructions)</b> .....	6	●		00
7. Inflationary relief income tax credit: <b>(See Instructions)</b> .....	7	●	300.	00
8. Credit for Individuals with Developmental Disabilities: <b>(Attach AR1000-DD formerly AR1000RC5)</b> .....	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.**

<b>Primary:</b>	9A. Code ●		FEIN ●		Amount ●		
	9B. Code ●		FEIN ●		Amount ●		
	9C. Code ●		FEIN ●		Amount ●		
<b>Spouse:</b>	9D. Code ●		FEIN ●		Amount ●		
	9E. Code ●		FEIN ●		Amount ●		
	9F. Code ●		FEIN ●		Amount ●		

9. Tax credit(s): <b>(Add amounts from 9A-9F above)</b> .....	9	●		00
<b>A copy of the tax credit certificate(s) or appropriate documentation of the credit(s) claimed must be attached.</b>				
<b>10. TOTAL CREDITS:</b> Add lines 1 through 9. Enter total on line 36, Form AR1000F/AR1000NR .....	10	●	300.	00





ARKANSAS INDIVIDUAL INCOME TAX DECLARATION FOR ELECTRONIC FILING

Primary's Legal First Name and Middle Initial: SUSMITHA, Last Name: MORISETTI, Primary's Social Security Number: 124-77-5615, Spouse's Legal First Name and Middle Initial: KARTHIK, Last Name: THEERTHALA, Spouse's Social Security Number: 510-37-7196, Mailing Address: 1061 MAMMOTH ST, Telephone: (810) 835-2053, City: BENTONVILLE, State or Province: AR, ZIP: 72713, Check if address is outside U.S. Foreign Country: [ ]

PART I - TAX RETURN INFORMATION (Whole Dollars Only)

Table with 5 rows: 1. Total Income (Form AR1000F or AR1000NR, Line 23) 120,680.00; 2. Net Tax (Form AR1000F or AR1000NR, Line 38) 4,938.00; 3. State Income Tax Withheld (Form AR1000F or AR1000NR, Line 39) 5,443.00; 4. Refund (Form AR1000F or AR1000NR, Line 47) 505.00; 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: 03/15/2024, Check if paid preparer [ ], Check if self-employed [ ], Your SSN or PTIN: 84-3171965, Firm's name and address: GLOBAL TAXES LLC 245 ROONEY CT E BRUNSWICK NJ 08816 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: 03/15/2024, Check if self-employed [ ], Preparer's SSN or PTIN: P02082703, Firm's name and address: SYAM PRIYA RAM SAGAR GUPTA 245 ROONEY CT E BRUNSWICK NJ 08816 FEIN