

# 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<br>• BHARATH KUMAR REDDY  |  | MI<br>•                   | Last name<br>• BHUMIREDDYGARI  |                                    | <input type="checkbox"/> Deceased<br><small>Check if</small>  |  | Primary's social security number<br>• 022-77-4887         |                                    |                                    |
|   | Spouse's legal first name<br>•   |  | MI<br>•                   | Last name<br>•   |                                    | <input type="checkbox"/> Deceased<br><small>Check if</small>  |  | Spouse's social security number<br>• 812-99-5367          |                                    |                                    |
|   | Mailing address (number and street, P.O. box or rural route)<br>• 2815 HAYSTACK LN   |  |                           |  |                                    |   |  | <input type="checkbox"/> Check if address is outside U.S. |                                    |                                    |
|   | City<br>• ROUND ROCK   |  | State or province<br>• TX |  | ZIP<br>• 78665                     |   | 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 _____   |  | Your state _____          |  | Issue date (mm/dd/yyyy) _____      |   | Expiration date (mm/dd/yyyy) _____     |   |                                    |                                    |
|   | 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 type="checkbox"/> Married filing joint (Even if only one had income)  |  |  |                           | 5. <input checked="" type="checkbox"/> Married filing separately on different returns<br>Enter spouse's name here and SSN above <u>RENUKA MUNAGALA</u> |                                    |   |  |   |                                    |                                    |
| 3. <input type="checkbox"/> Head of household (See instructions)<br>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<br>Year spouse died: (See instructions) _____  |                                    |   |  |   |                                    |                                    |
| PERSONAL TAX CREDITS  | 7A. <input checked="" type="checkbox"/> Yourself    • <input type="checkbox"/> 65 or over    • <input type="checkbox"/> 65 Special    • <input type="checkbox"/> Blind    • <input type="checkbox"/> Deaf    • <input type="checkbox"/> Head of household/surviving spouse (Filing status 3 only) (Filing status 6 only) |  |                           |  |                                    |   |  |   |                                    |                                    |
|   | <input type="checkbox"/> Spouse    • <input type="checkbox"/> 65 or over    • <input type="checkbox"/> 65 Special    • <input type="checkbox"/> Blind    • <input type="checkbox"/> Deaf   |  |                           |  |                                    |   |  |   |                                    |                                    |
|   | Multiply number of boxes checked .....   |  |                           |  |                                    |   |  | 7A <input type="text" value="1"/> X \$29 =                |                                    | <input type="text" value="29.00"/> |
|   | <b>Dependents (Do not list yourself or spouse)</b>   |  |                           |  |                                    |   |  |   |                                    |                                    |
|   | First name   |  | Last name                 |  | Dependent's social security number |   |  | Dependent's relationship to you                           |                                    |                                    |
| 1.  |  |  |                           |  |                                    |   |  |   |                                    |                                    |
| 2.  |  |  |                           |  |                                    |   |  |   |                                    |                                    |
| 3.  |  |  |                           |  |                                    |   |  |   |                                    |                                    |
| 4.  |  |  |                           |  |                                    |   |  |   |                                    |                                    |
| 5.  |  |  |                           |  |                                    |   |  |   |                                    |                                    |
| 7B. Multiply number of <b>DEPENDENTS</b> from above .....   |  |  |                           |  |                                    |   | 7B • <input type="checkbox"/> X \$29 = |   | <input type="text" value="00"/>    |                                    |
| 7C. <b>TOTAL PERSONAL TAX CREDITS:</b> (Add lines 7A and 7B. Enter total here and on line 34) .....   |  |  |                           |  |                                    |   | 7C                                     |   | <input type="text" value="29.00"/> |                                    |
| <b>Individuals with Developmental Disabilities Credit (AR1000-DD - formerly AR1000RC5) now on Form AR1000TC</b>   |  |  |                           |  |                                    |   |  |   |                                    |                                    |



Primary SSN 022-77-4887

|   |  | 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   | ●  | 136,376.00               | ●                                 | 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)                     | 18A   | ●  | 00                       |                                   |          |    |
|   | <b>Gross</b> ● [ ] 00 <b>Taxable</b> ● [ ] 00 <b>Less \$6,000</b>                                      |   |    |                          |                                   |          |    |
|   | 18B. Spouse employer pension plan(s)/qualified IRA(s): (See inst., attach 1099Rs)                      | 18B   | ●  | 00                       | ●                                 | 00       |    |
|   | <b>Gross</b> ● [ ] 00 <b>Taxable</b> ● [ ] 00 <b>Less \$6,000</b>                                      |   |    |                          |                                   |          |    |
|   | 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. <b>TOTAL INCOME:</b> (Add lines 8 through 22) .....  | 23  | ●  | 136,376.00               | ●                                 | 00       |    |
|   | 24. <b>TOTAL ADJUSTMENTS:</b> (Attach Form AR1000ADJ) .....  | 24  | ●  | 00                       | ●                                 | 00       |    |
|   | 25. <b>ADJUSTED GROSS INCOME:</b> (Subtract line 24 from line 23) .....                                | 25  | ●  | 136,376.00               | ●                                 | 00       |    |
|   | TAX COMPUTATION  | 26. Select tax table: (Select only one)   | 26 |                          |                                   |          |    |
|   |  | 27. ● <input type="checkbox"/> Low income table (\$0), See line 26 instructions |    |                          |                                   |          |    |
|   |  | ● <input type="checkbox"/> Standard deduction (See instructions)                |    |                          |                                   |          |    |
|   |  | ● <input checked="" type="checkbox"/> Itemized deductions (Attach AR3)          | 27 | ●                        | 18,206.00                         | ●        | 00 |
| 28. <b>NET TAXABLE INCOME:</b> (Subtract line 27 from line 25) .....                              |  | 28  | ●  | 118,170.00               | ●                                 | 00       |    |
| 29. <b>TAX:</b> (Enter tax from tax table) .....  |  | 29  |    | 5,398.00                 |                                   | 00       |    |
| 30. Combined tax: (Add amounts from line 29, columns A and B) .....                               |  | 30  |    |                          |                                   | 5,398.00 |    |
| 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. <b>TOTAL TAX:</b> (Add lines 30 through 32) .....   |  | 33  | ●  |                          | ●                                 | 5,398.00 |    |
| TAX CREDITS   | 34. Personal tax credit(s): (Enter total from line 7C) .....   | 34  | ●  | 29.00                    |                                   |          |    |
|   | 35. Child care credit: (Attach AR2441) .....   | 35  | ●  | 00                       |                                   |          |    |
|   | 36. Other credits: (Attach AR1000TC) .....   | 36  | ●  | 00                       |                                   |          |    |
|   | 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  | ●  |                          | ●                                 | 5,369.00 |    |



Primary SSN 022-77-4887

|   |  |       |       |     |
|---|--|-------|-------|-----|
| PAYMENTS  | 39. Arkansas income tax withheld: (Attach copies of W-2, 1099R, W2-G,1099-PT, and/or AR-K1) ..... 39 | ●     | 6,110 | .00 |
|   | 40. Estimated tax paid or credit brought forward from 2022: ..... 40                                 | ●     |       | 00  |
|   | 41. Payment made with extension: (See instructions) ..... 41   | ●     |       | 00  |
|   | 42. AMENDED RETURNS ONLY - Previous payments: (See instructions) ..... 42                            | ●     |       | 00  |
|   | 43. Early childhood program: Certification number: _____<br>(Attach AR1000EC and AR2441) ..... 43    | ●     |       | 00  |
|   | 44. TOTAL PAYMENTS: (Add lines 39 through 43) ..... 44   | ●     | 6,110 | .00 |
|   | 45. AMENDED RETURNS ONLY - Previous refund: (See instructions) ..... 45                              | ●     |       | 00  |
| 46. Adjusted total payments: (Subtract line 45 from line 44) ..... 46 | ●  | 6,110 | .00   |     |

|   |  |   |     |     |
|---|--|---|-----|-----|
| REFUND OR TAX DUE   | 47. AMOUNT OF OVERPAYMENT/REFUND: (If line 46 is greater than line 38, enter difference) ..... 47                      | ● | 741 | .00 |
|   | 48. Amount to be applied to 2024 estimated tax: ..... 48   | ● |     | 00  |
|   | 49. Amount of Check-Off contributions: (Attach Form AR1000CO) ..... 49   | ● |     | 00  |
|   | 50. AMOUNT TO BE REFUNDED TO YOU: (Subtract lines 48 and 49 from line 47) ..... REFUND 50                              | ● | 741 | .00 |
|   | 51. AMOUNT DUE: (If line 46 is less than line 38, enter difference; if over \$1,000, continue to 52A) ..... TAX DUE 51 | ● |     | 00  |
|   | 52A. UEP: Attach Form AR2210 or AR2210A. If required, enter exception in box 52A                                       | ● |     | 00  |
| 52B. Penalty 52B  | ●  |   | 00  |     |
| 52C. Add lines 51 and 52B: (See instructions) ..... TOTAL DUE 52C | ●  |   | 00  |     |

|                |   |  |   |  |
|----------------|---|--|---|--|
| DIRECT DEPOSIT | 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><br><input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 1 <input type="checkbox"/> 0 <input type="checkbox"/> 3 <input type="checkbox"/> 7 <input type="checkbox"/> 1 <input type="checkbox"/> 6   | <b>Account number 1</b><br><input checked="" type="checkbox"/> Checking or <input type="checkbox"/> Savings<br><input type="checkbox"/> 1 <input type="checkbox"/> 3 <input type="checkbox"/> 9 <input type="checkbox"/> 1 <input type="checkbox"/> 0 <input type="checkbox"/> 0 <input type="checkbox"/> 6 <input type="checkbox"/> 9 <input type="checkbox"/> 0 <input type="checkbox"/> 0 <input type="checkbox"/> 2 <input type="checkbox"/> 9   | <b>Direct deposit 1 amt.</b><br><input type="checkbox"/> 741 <input type="checkbox"/> .00 |  |
|                | <b>Routing number 2</b><br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | <b>Account number 2</b><br><input type="checkbox"/> Checking or <input type="checkbox"/> Savings<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | <b>Direct deposit 2 amt.</b><br><input type="checkbox"/> <input type="checkbox"/> .00     |  |
|                |   |  |   |  |

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

|                  |                     |      |                             |  |
|------------------|---------------------|------|-----------------------------|--|
| PLEASE SIGN HERE | Primary's signature | Date | Telephone<br>(309) 307-2059 | <b>May the Arkansas Revenue Division discuss this return with the preparer?</b><br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
|                  | Spouse's signature  | Date | Telephone                   |  |

|               |                                   |                        |   |     |
|---------------|-----------------------------------|------------------------|---|-----|
| PAID PREPARER | Paid preparer's signature         | PTIN/ID number         | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br><b>For Department Use Only</b> |     |
|               | SYAM PRIYA RAM SAGAR GUPTA TALLAM | 03/01/2024 ● 843171965 |   |     |
|               | Preparer's name                   | Telephone              | A   | ●   |
|               | GLOBAL TAXES LLC                  | (678) 965-9522         |   |     |
|               | Address                           | City                   | State   | ZIP |
| 245 ROONEY CT | E BRUNSWICK                       | NJ                     | 08816   |     |
| E-mail        | SYAM@GTAXFILE.COM                 |                        |   |     |

|  |  |  |
|--|--|--|
| <b>PAY ONLINE:</b><br>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><br><b>Refund:</b><br>Arkansas State Income Tax<br>P.O. Box 1000<br>Little Rock, AR 72203-1000<br><b>Tax Due/No Tax:</b><br>Arkansas State Income Tax<br>P.O. Box 2144<br>Little Rock, AR 72203-2144 |
|--|--|--|



**ARKANSAS INDIVIDUAL INCOME TAX  
ITEMIZED DEDUCTIONS**

|  |     |   |                       |            |
|--|-----|---|-----------------------|------------|
| Primary's legal name<br>BHARATH KUMAR REDDY BHUMIREDDYGARI   |     | Primary's social security number<br>022-77-4887 |                       |            |
| <b>MEDICAL AND DENTAL EXPENSES: [Do not include expense(s) paid by others]. (See instructions)</b>   |     |   |                       |            |
| 1. Medical and dental expenses:.....   | 1   | 0.00  |                       |            |
| 2. Enter amount from Form AR1000F/AR1000NR, line 25A and 25B:.....   | 2   | 136,376.00                                      |                       |            |
| 3. Multiply line 2 by 10% (.10), otherwise enter 0:.....   | 3   | 13,638.00                                       |                       |            |
| 4. TOTAL MEDICAL EXPENSES: (Subtract line 3 from line 1; if more than line 1, enter 0).....  | 4   |   | 0.00                  |            |
| <b>TAXES: (See instructions)</b>   |     |   |                       |            |
| 5. Real estate tax:.....   | 5   | 7,446.00  |                       |            |
| 6. Personal property tax or other taxes: (List type and amount).....   | 6   |   | 00                    |            |
| 7. TOTAL TAXES: (Add lines 5 and 6).....   | 7   |   | 7,446.00              |            |
| <b>INTEREST EXPENSES: (See instructions)</b>   |     |   |                       |            |
| 8. Home mortgage interest paid to financial institutions:.....   | 8   | 10,760.00                                       |                       |            |
| 9. Home mortgage interest paid to an individual: Name: _____<br>Address: _____   | 9   |   | 00                    |            |
| 10. Deductible points:.....  | 10  |   | 00                    |            |
| 11. Investment interest: (Attach federal Form 4952).....   | 11  |   | 00                    |            |
| 12. TOTAL INTEREST EXPENSE: (Add lines 8 through 11).....  | 12  |   | 10,760.00             |            |
| <b>CONTRIBUTIONS: (See instructions)</b>   |     |   |                       |            |
| 13. Cash contributions:.....   | 13  |   | 00                    |            |
| 14. Art and literary contributions:.....   | 14  |   | 00                    |            |
| 15. Other:.....  | 15  |   | 00                    |            |
| 16. Carryover contributions: (List type and amount).....   | 16  |   | 00                    |            |
| 17. TOTAL CONTRIBUTIONS: (Add lines 13 through 16).....  | 17  |   | 00                    |            |
| <b>CASUALTY AND THEFT LOSSES: (See instructions)</b>   |     |   |                       |            |
| 18. TOTAL CASUALTY AND THEFT LOSSES: (Attach Form AR4684).....   | 18  |   | 00                    |            |
| <b>POST-SECONDARY EDUCATION TUITION DEDUCTION(S): (See instructions)</b>   |     |   |                       |            |
| 19. TOTAL POST-SECONDARY EDUCATION TUITION DEDUCTION(S): [Attach AR1075(s)].....   | 19  |   | 00                    |            |
| <b>MISCELLANEOUS DEDUCTIONS SUBJECT TO 2% AGI LIMIT: (See instructions)</b>  |     |   |                       |            |
| 20. Unreimbursed employee business expenses: (Attach Form AR2106).....   | 20  |   | 00                    |            |
| 21. Other expenses: (List type and amount).....  | 21  |   | 00                    |            |
| 22. Add the amounts on lines 20 and 21. Enter the total:.....  | 22  |   | 00                    |            |
| 23. Enter amount from Form AR1000F/AR1000NR, line 25A and 25B:.....  | 23  |   | 00                    |            |
| 24. Multiply line 23 above by 2% (.02):.....   | 24  |   | 00                    |            |
| 25. TOTAL MISCELLANEOUS DEDUCTIONS: (Subtract line 24 from line 22; if line 24 is more than line 22, enter 0).....   | 25  |   | 00                    |            |
| <b>OTHER MISCELLANEOUS DEDUCTIONS: (See instructions)</b>  |     |   |                       |            |
| 26. Volunteer firefighter expenses:.....   | 26  |   | 00                    |            |
| 27. Gambling Losses:.....  | 27  |   | 00                    |            |
| 28. Other miscellaneous deductions: (List type and amount).....  | 28  |   | 00                    |            |
| 29. TOTAL MISCELLANEOUS DEDUCTIONS NOT SUBJECT TO THE 2% AGI LIMITATION: (Add lines 26 through 28).....  | 29  |   | 00                    |            |
| <b>TOTAL ITEMIZED DEDUCTIONS:</b>  |     |   |                       |            |
| 30. Add amounts on lines 4, 7, 12, 17, 18, 19, 25, and 29 and enter the total here:.....   | 30  |   | 18,206.00             |            |
| <b>Complete lines 31 - 35 ONLY if Filing Status 4 or 5.</b>  |     |   |                       |            |
|  |     | <b>PRIMARY</b>                                  | <b>SPOUSE'S</b>       |            |
|  |     | Adjusted Gross Income                           | Adjusted Gross Income |            |
| 31. Enter adjusted gross income from Form AR1000F/AR1000NR, line 25A and 25B:.....   | 31A | 136,376.00                                      | 31B                   | 0.00       |
| 32. Total Arkansas adjusted gross income: (Add columns 31A and 31B from above).....  | 32  |   |                       | 136,376.00 |
| 33. Divide the amount on line 31A above by the amount on line 32. Enter the percentage here:.....  | 33  |   |                       | 100%       |
| 34. Multiply line 30 by the percentage on line 33. Enter here and on Form AR1000F/AR1000NR, line 27, col. (A):..... (Primary)  | 34  |   |                       | 18,206.00  |
| 35. Subtract line 34 from line 30. Enter here and on Form AR1000F/AR1000NR, line 27, column (B). If you and your spouse are using Filing Status 5, enter on line 27, col. (A) of your spouse's return:..... (Spouse) | 35  |   |                       | 0.00       |



ARKANSAS INDIVIDUAL INCOME TAX DECLARATION FOR ELECTRONIC FILING

Primary's Legal First Name and Middle Initial: BHARATH KUMAR REDDY, Last Name: BHUMIREDDYGARI, Primary's Social Security Number: 022-77-4887, Spouse's Legal First Name and Middle Initial, Spouse's Social Security Number: 812-99-5367, Mailing Address: 2815 HAYSTACK LN, Telephone: (309) 307-2059, City: ROUND ROCK, State or Province: TX, ZIP: 78665, Check if address is outside U.S. Foreign Country.

Table with 5 rows and 3 columns: Line number, Description, Amount. Row 1: Total Income (Form AR1000F or AR1000NR, Line 23) 136,376.00; Row 2: Net Tax (Form AR1000F or AR1000NR, Line 38) 5,369.00; Row 3: State Income Tax Withheld (Form AR1000F or AR1000NR, Line 39) 6,110.00; Row 4: Refund (Form AR1000F or AR1000NR, Line 47) 741.00; Row 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: GLOBAL TAXES LLC, Date: 03/01/2024, Check if paid-preparer: [ ], Check if self-employed: [ ], Your SSN or PTIN: 84-3171965, Firm's name and address: 245 ROONEY CT, E BRUNSWICK NJ 08816, FEIN: 02082703

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: SYAM PRIYA RAM SAGAR GUPTA TALLAM, Date: 03/01/2024, Check if self-employed: [ ], Preparer's SSN or PTIN: 84-3171965, Firm's name and address: 245 ROONEY CT, E BRUNSWICK NJ 08816, FEIN: 02082703