

2023 AR1000NR



P1

ARKANSAS INDIVIDUAL INCOME TAX RETURN Nonresident and Part Year Resident

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 ● RAMA KRISHNA REDDY	MI ●	Last name ● BELLAMKONDA	Check if Deceased ● <input type="checkbox"/>	Primary's social security number ● 777-88-5249
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) ● 2604 SE PRESTWICK ST306				<input type="checkbox"/> Check if address is outside U.S.
City ● BENTONVILLE	State or province ● AR	ZIP ● 72712	Foreign country name	
Primary email		Secondary email		

ATTACH PAGE 1 AND 2 OF YOUR FEDERAL RETURN

Primary - Remote Worker <input type="checkbox"/>	Primary - Military Spouse <input type="checkbox"/>	<input type="checkbox"/> NONRESIDENT:	<input checked="" type="checkbox"/> PART YEAR RESIDENT: Dates lived in AR:
Spouse - Remote Worker <input type="checkbox"/>	Spouse - Military Spouse <input type="checkbox"/>	List state of residence: _____	From: 06/01/2023 To: 12/31/2023
<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 947256934	Your state AR	Issue date (mm/dd/yyyy) 12/22/2023	Expiration date (mm/dd/yyyy) 07/03/2025
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)

1.	2.	3.	4.	5.	6.
First name	Last name	Dependent's social security number	Dependent's relationship to you		

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 777-88-5249

		ROUND ALL AMOUNTS TO WHOLE DOLLARS		(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		● 107,109.00	●	● 24,917.00	
	9. Military pay: Primary ● [] 00 Spouse ● [] 00						
	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 ● [] 00 Spouse ● [] 00						
	18A. Primary employer pension plan(s)/qualified IRA(s): (Attach 1099Rs) Gross ● [] 00 Taxable ● [] 00 Less \$6,000	18A		●		●	
	18B. Spouse employer pension plan(s)/qualified IRA(s): (Attach 1099Rs) Gross ● [] 00 Taxable ● [] 00 Less \$6,000	18B		●	●	●	
	19. Rents, royalties, partnerships, estates, trusts, etc.: (Attach federal Sch. E)	19		● -19,070.00	●	● 0.00	
	20. Farm income: (Attach federal Sch. F)	20		●	●	●	
	21. Unemployment:	21		●	●	●	
	22. Other income/depreciation differences: (Attach Form AR-OI)	22		●	●	●	
	23. TOTAL INCOME: (Add lines 8 through 22)	23		● 88,039.00	●	● 24,917.00	
	24. TOTAL ADJUSTMENTS: (Attach Form AR1000ADJ)	24		●	●	●	
	25. ADJUSTED GROSS INCOME: (Subtract line 24 from line 23)	25		● 88,039.00	●	● 24,917.00	
	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. NET TAXABLE INCOME: (Subtract line 27 from line 25)	28		● 85,699.00	●	●
		29. TAX: (Enter tax from tax table)	29		● 3,428.00	●	●
		30. Combined tax: (Add amounts from line 29, columns A and B)	30				● 3,428.00
		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. TOTAL TAX: (Add lines 30 through 32)	33				● 3,428.00		
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. TOTAL CREDITS: (Add lines 34 through 36)	37				● 29.00	
38. NET TAX: (Subtract line 37 from line 33. If line 37 is greater than line 33, enter 0)	38				● 3,399.00		
APPORTIONMENT	38A. Enter the amount from line 25, Column C:	38A				● 24,917.00	
	38B. Enter the total amount from line 25, Columns A and B:	38B				● 88,039.00	
	38C. Divide line 38A by 38B: (See instructions)	38C			0.283022		
	38D. APPORTIONED TAX LIABILITY: (Multiply line 38 by line 38C)	38D				● 962.00	



Primary SSN 777-88-5249

Table with 3 columns: Description, Amount, and Tax/Refund. Rows include Arkansas income tax withheld, estimated tax paid, and total payments.

Table with 3 columns: Description, Amount, and Tax/Refund. Rows include amount of overpayment/refund, amount to be applied to 2024 estimated tax, and amount to be refunded to you.

Direct Deposit section with fields for routing numbers, account numbers, and deposit amounts.

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.

Signature section for Primary's signature and Spouse's signature, including date and telephone fields.

Paid Preparer section for VENKATA SAI PAVAN KUMAR DUDIPALLI, including name, address, and contact information.

PAY ONLINE and Mail Return & Payment to sections, including QR code and refund/tax due information.



ARKANSAS INDIVIDUAL INCOME TAX DECLARATION FOR ELECTRONIC FILING

Primary's Legal First Name and Middle Initial: RAMA KRISHNA REDDY, Last Name: BELLAMKONDA, Primary's Social Security Number: 777-88-5249, Spouse's Legal First Name and Middle Initial, Spouse's Social Security Number, Mailing Address: 2604 SE PRESTWICK ST306, Telephone: (816) 739-2461, City: BENTONVILLE, State or Province: AR, ZIP: 72712, 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) 88,039.00; Row 2: Net Tax (Form AR1000F or AR1000NR, Line 38) 962.00; Row 3: State Income Tax Withheld (Form AR1000F or AR1000NR, Line 39) 1,105.00; Row 4: Refund (Form AR1000F or AR1000NR, Line 47) 143.00; 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 Date Check if paid preparer Check if self-employed Your SSN or PTIN GLOBAL TAXES LLC 245 ROONEY CT E BRUNSWICK NJ 08816 88-2145487 Firm's name and address FEIN

Paid Preparer's Use Only Preparer's Signature Date Check if self-employed Preparer's SSN or PTIN VENKATA SAI PAVAN KOMAR DUDIPALLI 245 ROONEY CT E BRUNSWICK NJ 08816 88-2145487 Firm's name and address FEIN P02470833