

# 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<br>• VIMALKUMAR  | MI<br>•                   | Last name<br>• KALIDAS         | Check if Deceased<br><input type="checkbox"/> | Primary's social security number<br>• 386-45-5117         |
| Spouse's legal first name<br>• ANUGRAHA   | MI<br>•                   | Last name<br>• SANKARAN JANAKI | Check if Deceased<br><input type="checkbox"/> | Spouse's social security number<br>• 815-62-3546          |
| Mailing address (number and street, P.O. box or rural route)<br>• 420 W CADBURY DR, APT. J108 |                           |                                |   | <input type="checkbox"/> Check if address is outside U.S. |
| City<br>• SOUTH JORDAN  | State or province<br>• UT | ZIP<br>• 84095                 | Foreign country name                          |   |
| Primary email   |                           | Seco                           |   |   |

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

Primary - Remote Worker  • Primary - Military Spouse  •  **NONRESIDENT:** •  **PART YEAR RESIDENT:** Dates lived in AR: \_\_\_\_\_

Spouse - Remote Worker  • Spouse - Military Spouse  • List state of residence: UTAH From: \_\_\_\_\_ To: \_\_\_\_\_

We no longer automatically mail 1099-G forms. Instead, we ask that you get this information from our website ([www.atap.arkansas.gov](http://www.atap.arkansas.gov)). Check the box if you still want us to mail you a paper Form 1099-G next year.

Check here if you want a tax booklet mailed to you next year.  Check this box if you have filed a state extension or an automatic federal extension

DL# / State ID 935773941 Your state AR Issue date (mm/dd/yyyy) 02/25/2022 Expiration date (mm/dd/yyyy) 01/30/2025

DL# / State ID \_\_\_\_\_ Spouse state \_\_\_\_\_ Issue date (mm/dd/yyyy) \_\_\_\_\_ Expiration date (mm/dd/yyyy) \_\_\_\_\_

FILING STATUS

1.  Single (Or widowed before 2023 or divorced at end of 2023)

2.  Married filing joint (Even if only one had income)

3.  Head of household (See instructions)  
If the qualifying person was your child, but not your dependent enter child's name here: \_\_\_\_\_

4.  Married filing separately on the same return

5.  Married filing separately on different returns  
Enter spouse's name here and SSN above \_\_\_\_\_

6.  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 =

### Dependents (Do not list yourself or spouse)

| First name | Last name  | Dependent's social security number | Dependent's relationship to you |
|------------|------------|------------------------------------|---------------------------------|
| 1. VIKRAM  | VIMALKUMAR | 181-17-7552                        | SON                             |
| 2.         |            |                                    |                                 |
| 3.         |            |                                    |                                 |
| 4.         |            |                                    |                                 |
| 5.         |            |                                    |                                 |
| 6.         |            |                                    |                                 |

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

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

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



Primary SSN 386-45-5117

|  |   | (A) Primary/Joint Income  | (B) Spouse's Income Status 4 Only     | (C) Arkansas Income Only |          |
|--|---|---|---------------------------------------|--------------------------|----------|
| <b>ROUND ALL AMOUNTS TO WHOLE DOLLARS</b>  |   |   |                                       |                          |          |
| INCOME   | 8. Wages, salaries, tips, etc: (Attach W-2s) .....  | ● 134,223.  | ● 48,679.                             | ● 2,685.                 |          |
|  | 9. Military pay: Primary <input type="checkbox"/> Spouse <input type="checkbox"/>   |   |                                       |                          |          |
|  | 10. Interest income: (If over \$1,500, attach AR4) .....  | ●   | ●                                     | ●                        |          |
|  | 11. Dividend income: (If over \$1,500, attach AR4) .....  | ●   | ●                                     | ●                        |          |
|  | 12. Alimony and separate maintenance received: .....  | ●   | ●                                     | ●                        |          |
|  | 13. Business or professional income: (Attach federal Sch. C) .....  | ●   | ●                                     | ●                        |          |
|  | 14. Capital gains/(losses) from stocks, bonds, etc: (Attach federal Sch. D) ..  | ●   | ●                                     | ●                        |          |
|  | 15. Other gains or (losses): (See instructions) .....   | ●   | ●                                     | ●                        |          |
|  | 16. Non-qualified IRA distributions and taxable annuities: (Attach all 1099Rs) ...  | ● 38,630.   | ●                                     | ● 0.                     |          |
|  | 17. Military retirement Primary <input type="checkbox"/> Spouse <input type="checkbox"/>  |   |                                       |                          |          |
|  | 18A. Primary employer pension plan(s)/qualified IRA(s): (Attach 1099Rs)<br>Gross <input type="checkbox"/> Taxable <input type="checkbox"/> Less \$6,000 | ●   | ●                                     | ●                        |          |
|  | 18B. Spouse employer pension plan(s)/qualified IRA(s): (Attach 1099Rs)<br>Gross <input type="checkbox"/> Taxable <input type="checkbox"/> Less \$6,000  | ●   | ●                                     | ●                        |          |
|  | 19. Rents, royalties, partnerships, estates, trusts, etc.: (Attach federal Sch. E) .....  | ● 0.  | ●                                     | ● 0.                     |          |
|  | 20. Farm income: (Attach federal Sch. F) .....  | ●   | ●                                     | ●                        |          |
|  | 21. Unemployment: .....   | ●   | ●                                     | ●                        |          |
|  | 22. Other income/depreciation differences: (Attach Form AR-OI) .....  | ●   | ●                                     | ●                        |          |
|  | 23. <b>TOTAL INCOME:</b> (Add lines 8 through 22) .....   | ● 172,853.  | ● 48,679.                             | ● 2,685.                 |          |
|  | 24. <b>TOTAL ADJUSTMENTS:</b> (Attach Form AR1000ADJ) .....   | ●   | ●                                     | ●                        |          |
|  | 25. <b>ADJUSTED GROSS INCOME:</b> (Subtract line 24 from line 23) .....   | ● 172,853.  | ● 48,679.                             | ● 2,685.                 |          |
|  | TAX COMPUTATION   | 26. Select tax table: (Select only one)   |                                       |                          |          |
|  |   | 27. <input type="checkbox"/> Low income table (\$0), See line 26 instructions<br><input checked="" type="checkbox"/> Standard deduction (See instructions)<br><input type="checkbox"/> Itemized deductions (Attach AR3) | ● 2,340.                              | ● 2,340.                 |          |
|  |   | 28. <b>NET TAXABLE INCOME:</b> (Subtract line 27 from line 25) .....  | ● 170,513.                            | ● 46,339.                |          |
|  |   | 29. <b>TAX:</b> (Enter tax from tax table) .....  | ● 7,858.                              | ● 1,581.                 |          |
|  |   | 30. Combined tax: (Add amounts from line 29, columns A and B) .....   |                                       |                          | ● 9,439. |
|  |   | 31. Enter tax from Lump Sum Distribution Averaging Schedule: (Attach AR1000TD) .....  |                                       |                          | ●        |
| 32. Additional tax on IRA and qualified plan withdrawal and overpayment: (See Instructions) .....      |   |   |                                       | ●                        |          |
| 33. <b>TOTAL TAX:</b> (Add lines 30 through 32) .....  |   |   | ● 9,439.                              |                          |          |
| TAX CREDITS  | 34. Personal tax credit(s): (Enter total from line 7C) .....  |   |                                       | ● 87.                    |          |
|  | 35. Child care credit: (Attach AR2441) .....  |   |                                       | ● 120.                   |          |
|  | 36. Other credits: (Attach AR1000TC) .....  |   |                                       | ●                        |          |
|  | 37. <b>TOTAL CREDITS:</b> (Add lines 34 through 36) .....   |   |                                       | ● 207.                   |          |
| 38. <b>NET TAX:</b> (Subtract line 37 from line 33. If line 37 is greater than line 33, enter 0) ..... |   |   | ● 9,232.                              |                          |          |
| APPORTIONMENT  | 38A. Enter the amount from line 25, Column C: .....   |   |                                       | ● 2,685.                 |          |
|  | 38B. Enter the total amount from line 25, Columns A and B: .....  |   |                                       | ● 221,532.               |          |
|  | 38C. Divide line 38A by 38B: (See instructions) .....   | 38C   | <input type="text" value="0.012120"/> |                          |          |
|  | 38D. <b>APPORTIONED TAX LIABILITY:</b> (Multiply line 38 by line 38C) .....   | 38D   |                                       | ● 112.                   |          |





**ARKANSAS INDIVIDUAL INCOME TAX  
CHILD AND DEPENDENT CARE EXPENSES**

|                      |                                  |
|----------------------|----------------------------------|
| Primary's legal name | Primary's social security number |
|----------------------|----------------------------------|

You cannot claim a credit for child and dependent care expenses if you're filing status 5 (married filing separately on different returns) unless you meet the requirements listed in the instructions under "Married Filing Separately on Different Returns." If you meet these requirements, check this box.

**Part I** **Persons or Organizations Who Provided the Care – You must complete this part.**  
(If you have more than two care providers, see the instructions.)

| 1 | (a) Care provider's name | (b) Address<br>(number, street, apt. no., city, state, and ZIP code) | (c) Identifying number<br>(SSN or EIN) | (d) Amount paid<br>(see instructions) |
|---|--------------------------|--|--|---------------------------------------|
|   | Discovery Center         | 12166 S Redwood Rd<br>Riverton UT 84065                              | 88-2905212                             | 5,030.                                |
|   |                          |  |  |                                       |

|  |     |   |                                     |
|--|-----|---|-------------------------------------|
| Did you receive dependent care benefits? | No  | → | Complete only Part II below.        |
|  | Yes | → | Complete Part III on the back next. |

**Part II** **Credit for Child and Dependent Care Expenses**

**2** Information about your **qualifying person(s)**. If you have more than two qualifying persons, see the instructions.

| (a) Qualifying legal name | (b) Qualifying person's social security number | (c) Qualified expenses you incurred and paid in 2023 for the person listed in column (a) |
|---------------------------|--|--|
| First                     | Last   |  |
| VIKRAM                    | VIMALKUMAR                                     | 181-17-7552<br>5,030.  |
|                           |  |  |

|   |                      |                          |  |             |                     |                          |              |                   |     |                 |                 |     |                 |                 |     |                 |                 |     |                 |                 |     |                 |                 |     |                 |                 |     |                 |                   |     |  |  |
|---|----------------------|--------------------------|--|-------------|---------------------|--------------------------|--------------|-------------------|-----|-----------------|-----------------|-----|-----------------|-----------------|-----|-----------------|-----------------|-----|-----------------|-----------------|-----|-----------------|-----------------|-----|-----------------|-----------------|-----|-----------------|-------------------|-----|--|--|
| <b>3</b> Add the amounts in column (c) of line 2. <b>Do not</b> enter more than \$3,000 for one qualifying person or \$6,000 for two or more persons. If you completed Part III, enter the amount from line 30 . . . . .  | <b>3</b>             | 3,000.                   |  |             |                     |                          |              |                   |     |                 |                 |     |                 |                 |     |                 |                 |     |                 |                 |     |                 |                 |     |                 |                 |     |                 |                   |     |  |  |
| <b>4</b> Enter your <b>earned income</b> . See instructions . . . . .   | <b>4</b>             | 134,223.                 |  |             |                     |                          |              |                   |     |                 |                 |     |                 |                 |     |                 |                 |     |                 |                 |     |                 |                 |     |                 |                 |     |                 |                   |     |  |  |
| <b>5</b> If married filing status 2 or 4, enter your spouse's earned income ( if you or your spouse was a student or was disabled, see the instructions); <b>all others</b> , enter the amount from line 4 . . . . .  | <b>5</b>             | 48,679.                  |  |             |                     |                          |              |                   |     |                 |                 |     |                 |                 |     |                 |                 |     |                 |                 |     |                 |                 |     |                 |                 |     |                 |                   |     |  |  |
| <b>6</b> Enter the <b>smallest</b> of line 3, 4, or 5 . . . . .   | <b>6</b>             | 3,000.                   |  |             |                     |                          |              |                   |     |                 |                 |     |                 |                 |     |                 |                 |     |                 |                 |     |                 |                 |     |                 |                 |     |                 |                   |     |  |  |
| <b>7</b> Enter the amount from Form 1040, 1040-SR, or 1040-NR, line 11 . . . . .  | <b>7</b>             | 221,532.                 |  |             |                     |                          |              |                   |     |                 |                 |     |                 |                 |     |                 |                 |     |                 |                 |     |                 |                 |     |                 |                 |     |                 |                   |     |  |  |
| <b>8</b> Enter on line 8 the decimal amount shown below that applies to the amount on line 7.   | <b>8</b>             | <b>X.</b> .20            |  |             |                     |                          |              |                   |     |                 |                 |     |                 |                 |     |                 |                 |     |                 |                 |     |                 |                 |     |                 |                 |     |                 |                   |     |  |  |
| <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%;"><b>If line 7 is:</b></td> <td style="width:33%;"><b>If line 7 is:</b></td> <td style="width:34%;"></td> </tr> <tr> <td style="text-align: center;"><b>Over</b></td> <td style="text-align: center;"><b>But not over</b></td> <td style="text-align: center;"><b>Decimal amount is</b></td> </tr> <tr> <td style="text-align: center;">\$0 – 15,000</td> <td style="text-align: center;">\$29,000 – 31,000</td> <td style="text-align: center;">.27</td> </tr> <tr> <td style="text-align: center;">15,000 – 17,000</td> <td style="text-align: center;">31,000 – 33,000</td> <td style="text-align: center;">.26</td> </tr> <tr> <td style="text-align: center;">17,000 – 19,000</td> <td style="text-align: center;">33,000 – 35,000</td> <td style="text-align: center;">.25</td> </tr> <tr> <td style="text-align: center;">19,000 – 21,000</td> <td style="text-align: center;">35,000 – 37,000</td> <td style="text-align: center;">.24</td> </tr> <tr> <td style="text-align: center;">21,000 – 23,000</td> <td style="text-align: center;">37,000 – 39,000</td> <td style="text-align: center;">.23</td> </tr> <tr> <td style="text-align: center;">23,000 – 25,000</td> <td style="text-align: center;">39,000 – 41,000</td> <td style="text-align: center;">.22</td> </tr> <tr> <td style="text-align: center;">25,000 – 27,000</td> <td style="text-align: center;">41,000 – 43,000</td> <td style="text-align: center;">.21</td> </tr> <tr> <td style="text-align: center;">27,000 – 29,000</td> <td style="text-align: center;">43,000 – No limit</td> <td style="text-align: center;">.20</td> </tr> </table> | <b>If line 7 is:</b> | <b>If line 7 is:</b>     |  | <b>Over</b> | <b>But not over</b> | <b>Decimal amount is</b> | \$0 – 15,000 | \$29,000 – 31,000 | .27 | 15,000 – 17,000 | 31,000 – 33,000 | .26 | 17,000 – 19,000 | 33,000 – 35,000 | .25 | 19,000 – 21,000 | 35,000 – 37,000 | .24 | 21,000 – 23,000 | 37,000 – 39,000 | .23 | 23,000 – 25,000 | 39,000 – 41,000 | .22 | 25,000 – 27,000 | 41,000 – 43,000 | .21 | 27,000 – 29,000 | 43,000 – No limit | .20 |  |  |
| <b>If line 7 is:</b>  | <b>If line 7 is:</b> |                          |  |             |                     |                          |              |                   |     |                 |                 |     |                 |                 |     |                 |                 |     |                 |                 |     |                 |                 |     |                 |                 |     |                 |                   |     |  |  |
| <b>Over</b>   | <b>But not over</b>  | <b>Decimal amount is</b> |  |             |                     |                          |              |                   |     |                 |                 |     |                 |                 |     |                 |                 |     |                 |                 |     |                 |                 |     |                 |                 |     |                 |                   |     |  |  |
| \$0 – 15,000  | \$29,000 – 31,000    | .27                      |  |             |                     |                          |              |                   |     |                 |                 |     |                 |                 |     |                 |                 |     |                 |                 |     |                 |                 |     |                 |                 |     |                 |                   |     |  |  |
| 15,000 – 17,000   | 31,000 – 33,000      | .26                      |  |             |                     |                          |              |                   |     |                 |                 |     |                 |                 |     |                 |                 |     |                 |                 |     |                 |                 |     |                 |                 |     |                 |                   |     |  |  |
| 17,000 – 19,000   | 33,000 – 35,000      | .25                      |  |             |                     |                          |              |                   |     |                 |                 |     |                 |                 |     |                 |                 |     |                 |                 |     |                 |                 |     |                 |                 |     |                 |                   |     |  |  |
| 19,000 – 21,000   | 35,000 – 37,000      | .24                      |  |             |                     |                          |              |                   |     |                 |                 |     |                 |                 |     |                 |                 |     |                 |                 |     |                 |                 |     |                 |                 |     |                 |                   |     |  |  |
| 21,000 – 23,000   | 37,000 – 39,000      | .23                      |  |             |                     |                          |              |                   |     |                 |                 |     |                 |                 |     |                 |                 |     |                 |                 |     |                 |                 |     |                 |                 |     |                 |                   |     |  |  |
| 23,000 – 25,000   | 39,000 – 41,000      | .22                      |  |             |                     |                          |              |                   |     |                 |                 |     |                 |                 |     |                 |                 |     |                 |                 |     |                 |                 |     |                 |                 |     |                 |                   |     |  |  |
| 25,000 – 27,000   | 41,000 – 43,000      | .21                      |  |             |                     |                          |              |                   |     |                 |                 |     |                 |                 |     |                 |                 |     |                 |                 |     |                 |                 |     |                 |                 |     |                 |                   |     |  |  |
| 27,000 – 29,000   | 43,000 – No limit    | .20                      |  |             |                     |                          |              |                   |     |                 |                 |     |                 |                 |     |                 |                 |     |                 |                 |     |                 |                 |     |                 |                 |     |                 |                   |     |  |  |
| <b>9</b> Multiply line 6 by the decimal amount on line 8 . . . . .  | <b>9</b>             | 600.                     |  |             |                     |                          |              |                   |     |                 |                 |     |                 |                 |     |                 |                 |     |                 |                 |     |                 |                 |     |                 |                 |     |                 |                   |     |  |  |
| <b>10</b> Multiply line 9 by .20. Enter this amount on line 35 and/or line 43 of AR1000F/AR1000NR . . . . .   | <b>10</b>            | 120.                     |  |             |                     |                          |              |                   |     |                 |                 |     |                 |                 |     |                 |                 |     |                 |                 |     |                 |                 |     |                 |                 |     |                 |                   |     |  |  |



| Part III Dependent Care Benefits |   |    |     |
|----------------------------------|---|----|-----|
| 11                               | Enter the total amount of <b>dependent care benefits</b> you received in 2023. Amounts you received as an employee should be shown in box 10 of your Form(s) W-2. <b>Do not</b> include amounts reported as wages in box 1 of Form(s) W-2. If you were self-employed or a partner, include amounts you received under a dependent care assistance program from your sole proprietorship or partnership. | 11 |     |
| 12                               | Enter the amount, if any, you carried over from 2022 and used in 2023 during the grace period. See instructions . . . . .   | 12 |     |
| 13                               | Enter the amount, if any, you forfeited or carried forward to 2024. See instructions . . . . .  | 13 | ( ) |
| 14                               | Combine lines 11 through 13. See instructions . . . . .   | 14 |     |
| 15                               | Enter the total amount of <b>qualified expenses</b> incurred in 2023 for the care of the <b>qualifying person(s)</b> . . . . .  | 15 |     |
| 16                               | Enter the <b>smaller</b> of line 14 or 15 . . . . .   | 16 |     |
| 17                               | Enter your <b>earned income</b> . See instructions . . . . .  | 17 |     |
| 18                               | Enter the amount shown below that applies to you. <ul style="list-style-type: none"> <li>• If married filing status 2 or 4, enter your spouse's earned income (if you or your spouse was a student or was disabled, see the instructions for line 5).</li> <li>• If married filing status 5, see instructions.</li> <li>• All others, enter the amount from line 17.</li> </ul>                         | 18 |     |
| 19                               | Enter the <b>smallest</b> of line 16, 17, or 18 . . . . .   | 19 |     |
| 20                               | Enter \$5,000 (\$2,500 if married filing status 5 and you were required to enter your spouse's earned income on line 18) . . . . .  | 20 |     |
| 21                               | Is any amount on line 11 from your sole proprietorship or partnership?<br><input type="checkbox"/> <b>No.</b> Enter -0-<br><input type="checkbox"/> <b>Yes.</b> Enter the amount here. . . . .  | 21 |     |
| 22                               | Subtract line 21 from line 14 . . . . .   | 22 |     |
| 23                               | <b>Deductible benefits.</b> Enter the <b>smallest</b> of line 19, 20, or 21. Also, include this amount on the appropriate line(s) of your return. See instructions . . . . .  | 23 |     |
| 24                               | <b>Excluded benefits.</b> If you checked "No" on line 21, enter the smaller of line 19 or 20. Otherwise, subtract line 23 from the smaller of line 19 or line 20. If zero or less, enter -0- . . . . .  | 24 |     |
| 25                               | <b>Taxable benefits.</b> Subtract line 24 from line 22. If zero or less, enter -0-. If more than zero, see instructions . . . . .   | 25 |     |

To claim the child and dependent care credit, complete lines 26 through 30 below.

|    |  |    |  |
|----|--|----|--|
| 26 | Enter \$3,000 (\$6,000 if two or more qualifying persons) . . . . .  | 26 |  |
| 27 | Add lines 23 and 24 . . . . .  | 27 |  |
| 28 | Subtract line 27 from line 26. If zero or less, <b>stop</b> . You can not take the credit. <b>Exception.</b> If you paid 2022 expenses in 2023 . . . . .                                   | 28 |  |
| 29 | Complete line 2 on the front of this form. <b>Do not</b> include in column (c) any benefits shown on line 27 above. Then, add the amounts in column (c) and enter the total here . . . . . | 29 |  |
| 30 | Enter the <b>smaller</b> of line 28 or 29. Also, enter this amount on line 3 on the front of this form and complete lines 4 through 10 . . . . .   | 30 |  |



ARKANSAS INDIVIDUAL INCOME TAX DECLARATION FOR ELECTRONIC FILING

Primary's Legal First Name and Middle Initial: VIMALKUMAR, Last Name: KALIDAS, Primary's Social Security Number: 386-45-5117, Spouse's Legal First Name and Middle Initial: ANUGRAHA, Last Name: SANKARAN JANAKI, Spouse's Social Security Number: 815-62-3546, Mailing Address: 420 W CADBURY DR, APT. J108, Telephone: (501) 837-2056, City: SOUTH JORDAN, State or Province: UT, ZIP: 84095, 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) 221,532.00; 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) 00; Line 5: Tax Due (Form AR1000F or AR1000NR, Line 51) 36.00

PART II - DECLARATION OF TAXPAYER

- 6a. [ ] 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. [X] 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: Signature: 04/04/2024, Date: 04/04/2024, 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: Signature: 04/04/2024, Date: 04/04/2024, 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 84-3171965 FEIN

# Individual Income Tax Return Coupon

## Use of Payment Coupon

If you have a tax due balance on your Utah individual income tax return and you have previously filed your return (either electronically or by paper) without a payment, include the payment coupon below with your check or money order to insure proper credit to your account. Do not mail another copy of your income tax return with this payment. Sending a duplicate of your return may delay posting of the payment.

If you are sending a payment with your paper Utah individual income tax return, include the payment coupon below with your check or money order, to insure proper credit to your account.

*Do not use this return payment coupon to prepay future individual income taxes. Use form TC-546.*

## Electronic Payment

You may pay your tax online at [tap.utah.gov](http://tap.utah.gov).

## How to Prepare the Payment

Make your check or money order payable to the Utah State Tax Commission. Do not send cash. The Tax Commission does not assume liability for loss of cash placed in the mail.

Print your name and address, daytime telephone number and the year the payment is for on your check or money order.

## Sending Payment Coupon

If sending this payment coupon separate from your individual income tax return, do **NOT** mail another copy of your return with this payment.

Complete and detach the payment coupon below.

Do not attach (staple, paper clip, etc.) the check or money order to the payment coupon.

Send the payment coupon and payment to:

Utah State Tax Commission  
210 N 1950 W  
Salt Lake City, UT 84134-0266

**SEPARATE AND RETURN ONLY THE BOTTOM COUPON WITH PAYMENT. KEEP TOP PORTION FOR YOUR RECORDS.**

## Individual Income Tax Return Payment Coupon

Mail to: Utah State Tax Commission, 210 N 1950 W, SLC UT 84134-0266

INTUIT **TC-547**  
Rev. 12/11

|                                |
|--------------------------------|
| Tax year ending<br><b>2023</b> |
|--------------------------------|

|               |
|---------------|
| USTC Use Only |
|---------------|

|   |                                  |
|---|----------------------------------|
| Primary taxpayer name<br>VIMALKUMAR KALIDAS | Social Security no.<br>386455117 |
|---|----------------------------------|

|   |                                  |
|---|----------------------------------|
| Secondary taxpayer name<br>ANUGRAHA SANKARAN JANAKI | Social Security no.<br>815623546 |
|---|----------------------------------|

|                                       |             |                   |
|---------------------------------------|-------------|-------------------|
| Address<br>420 W CADBURY DR, APT J108 |             |                   |
| City<br>SOUTH JORDAN                  | State<br>UT | ZIP code<br>84095 |

|                                |                   |
|--------------------------------|-------------------|
| <b>Payment amount enclosed</b> | <b>\$ 1758 00</b> |
|--------------------------------|-------------------|

1  
1  
0  
0  
4

40301

1555

Utah State Tax Commission  
**Utah Individual Income Tax Return**  
 All state income tax dollars support education,  
 children and individuals with disabilities.

**2023  
TC-40**

INTUIT

• Amended Return - enter code: (see instructions)

Full-yr Resident?

|                                      |                            |                               |     |
|--------------------------------------|----------------------------|-------------------------------|-----|
| Your Social Security No.             | Your first name            | Your last name                | Y/N |
| 386455117                            | VIMALKUMAR                 | KALIDAS                       | Y   |
| Spouse's Soc. Sec. No.               | Spouse's first name        | Spouse's last name            |     |
| 815623546                            | ANUGRAHA                   | SANKARAN JANAKI               | Y   |
|                                      | Address                    | Telephone number              |     |
| If deceased, complete page 3, Part 1 | 420 W CADBURY DR, APT J108 | 501-837-2056                  |     |
|                                      | City State ZIP+4           | Foreign country (if not U.S.) |     |
|                                      | SOUTH JORDAN UT 84095      |                               |     |

|  |  |   |   |   |   |   |   |   |
|--|--|---|---|---|---|---|---|---|
| <b>1 Filing Status - enter code</b><br>1 = Single<br>• 2 = Married filing jointly<br>3 = Married filing separately<br>4 = Head of household<br>5 = Qualifying surviving spouse<br><small>If using code 2 or 3, enter spouse's name and SSN above</small> | <b>• 2 Qualifying Dependents</b><br>a 1 Dependents age 16 and under<br>b Other dependents<br>c Dependents born in 2023<br>d 1 Total (add lines a, b and c)<br><b>See instructions.</b> | <b>3 Election Campaign Fund</b><br>Does not increase your tax or reduce your refund.<br>Enter the code for the party of your choice. <table border="0" style="margin-left: 20px;"> <tr> <td>•</td> <td>•</td> <td>•</td> </tr> <tr> <td>•</td> <td>•</td> <td>•</td> </tr> </table> See instructions for code letters or go to <a href="http://incometax.utah.gov/elect">incometax.utah.gov/elect</a> .<br>If no contribution, enter <b>N</b> . | • | • | • | • | • | • |
| •  | •  | •   |   |   |   |   |   |   |
| •  | •  | •   |   |   |   |   |   |   |

|  |      |        |
|--|------|--------|
| 4 Federal adjusted gross income from federal return  | • 4  | 221532 |
| 5 Additions to income from TC-40A, Part 1 (attach TC-40A, page 1)  | • 5  |        |
| 6 Total income - add line 4 and line 5   | 6    | 221532 |
| 7 State tax refund included on federal form <b>1040, Schedule 1, line 1</b> (if any)   | • 7  | 0      |
| 8 Subtractions from income from TC-40A, Part 2 (attach TC-40A, page 1)   | • 8  |        |
| 9 <b>Utah taxable income/loss</b> - subtract the sum of lines 7 and 8 from line 6  | • 9  | 221532 |
| 10 <b>Utah tax</b> - multiply line 9 by 4.65% (.0465) (not less than zero)   | • 10 | 10301  |
| 11 Utah personal exemption (multiply line 2d by \$1,941)   | • 11 | 1941   |
| 12 Federal standard or itemized deductions   | • 12 | 27700  |
| 13 Add line 11 and line 12   | 13   | 29641  |
| 14 State income tax included in federal itemized deductions  | • 14 |        |
| 15 Subtract line 14 from line 13   | 15   | 29641  |
| 16 Initial credit before phase-out - multiply line 15 by 6% (.06)  | • 16 | 1778   |
| 17 Enter: <b>\$16,742</b> (single or married filing separately); <b>\$25,114</b> (head of household); or <b>\$33,484</b> (married filing jointly or qualifying surviving spouse) | • 17 | 33484  |
| 18 Income subject to phase-out - subtract line 17 from line 9 (not less than zero)   | 18   | 188048 |
| 19 Phase-out amount - multiply line 18 by 1.3% (.013)  | • 19 | 2445   |
| 20 Taxpayer tax credit - subtract line 19 from line 16 (not less than zero)  | • 20 | 0      |
| 21 If you are a qualified exempt taxpayer, enter "X" (complete worksheet in instr.)  | • 21 |        |
| 22 <b>Utah income tax</b> - subtract line 20 from line 10 (not less than zero)   | • 22 | 10301  |

**Electronic filing  
is quick, easy and  
free, and will  
speed up your refund.**

**To learn more,  
go to  
[tap.utah.gov](http://tap.utah.gov)**



**Utah Individual Income Tax Return (continued)**

INTUIT

**TC-40  
2023**

Pg. 2

**40302** SSN 386455117 Last name KALIDAS

|    |   |                  |         |         |
|----|---|------------------|---------|---------|
| 23 | Enter tax from TC-40, page 1, line 22   | 23               | 10301   |         |
| 24 | Apportionable nonrefundable credits from TC-40A, Part 3 (attach TC-40A, page 1)   | • 24             |         |         |
| 25 | Full-year resident, subtract line 24 from line 23 (not less than zero)<br>Non or Part-year resident, complete and enter the UTAH TAX from TC-40B, line 41                         | • 25             | 10301   |         |
| 26 | Nonapportionable nonrefundable credits from TC-40A, Part 4 (attach TC-40A, page 1)  | • 26             | 112     |         |
| 27 | Subtract line 26 from line 25 (not less than zero)  | 27               | 10189   |         |
| 28 | Voluntary contributions from TC-40, page 3, Part 4 (attach TC-40, page 3)   | • 28             |         |         |
| 29 | AMENDED RETURN ONLY - previous refund   | • 29             |         |         |
| 30 | Recapture of low-income housing credit  | • 30             |         |         |
| 31 | Utah use tax  | • 31             |         |         |
| 32 | <b>Total tax, use tax and additions to tax</b> (add lines 27 through 31)  | 32               | 10189   |         |
| 33 | Total withholding - If you have mineral production withholding or pass-through entity withholding, complete page 3, Part 5. If not, enter on line 33 the total of TC-40W, Part 1. | • 33             | 8431    |         |
| 34 | Credit for Utah income taxes prepaid from TC-546 and 2022 refund applied to 2023  | • 34             |         |         |
| 35 | AMENDED RETURN ONLY - previous payments   | • 35             |         |         |
| 36 | Nonapportionable refundable credits from TC-40A, Part 5 (attach TC-40A, page 2)   | • 36             |         |         |
| 37 | Apportionable refundable credits from TC-40A, Part 6, line c (attach TC-40A, page 2)  | • 37             |         |         |
| 38 | Total withholding and refundable credits - add lines 33 through 37  | 38               | 8431    |         |
| 39 | <b>TAX DUE</b> - subtract line 38 from line 32 (not less than zero)   | • 39             | 1758    |         |
| 40 | Penalty and interest (see instructions)   | 40               |         |         |
| 41 | <b>TOTAL DUE - PAY THIS AMOUNT</b> - add line 39 and line 40  | • 41             | 1758    |         |
| 42 | <b>REFUND</b> - subtract line 32 from line 38 (not less than zero)  | • 42             |         |         |
| 43 | Voluntary subtractions from refund (not greater than line 42)<br>Enter the total from page 3, Part 6  | • 43             |         |         |
| 44 | <b>REMAINING REFUND DIRECT DEPOSIT</b> - your account information (see instructions for foreign accounts)   | checking         | savings | foreign |
|    | • Routing number  | • Account number | Type: • | •       |

Under penalties of perjury, I declare to the best of my knowledge and belief, this return and accompanying schedules are true, correct and complete.

SIGN Your signature \_\_\_\_\_ Date \_\_\_\_\_ Spouse's signature (if filing jointly) \_\_\_\_\_ Date \_\_\_\_\_  
HERE

|                         |   |   |   |
|-------------------------|---|---|---|
| Third Party Designee    | Name of designee (if any) you authorize to discuss this return  | Designee's telephone number                                   | Designee PIN  |
| Paid Preparer's Section | Preparer's signature<br>SYAM PRIYA RAM SAGAR G<br>Firm's name and address<br>GLOBAL TAXES LLC<br>245 ROONEY CT<br>E BRUNSWICK | Date<br>04/04/24<br>Preparer's telephone number<br>6789659522 | Preparer's PTIN<br>P02082703<br>Preparer's EIN<br>843171965 |
|                         |   | NJ 08816  |   |

Attach page 3 if you: are filing for a deceased taxpayer, are filing a fiscal year return, filed IRS form 8886, are making contributions, want to deposit into a my529 account, want to apply all/part of your refund to next year's taxes, have mineral production or pass-through entity withholding, or no longer qualify for a homeowner's exemption.



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| Part 5 - Nonapportionable Refundable Credits (enter the code and amount of each credit)                              | Code | Amount |
|--|------|--------|
| See instructions or <a href="http://incometax.utah.gov">incometax.utah.gov</a> for codes.                            | •    |        |
|  | •    |        |
|  | •    |        |
|  | •    |        |
|  | •    |        |
| <b>Total nonapportionable refundable credits</b> (add all Part 5 credits and enter total here and on TC-40, line 36) |      |        |

---

| Part 6 - Apportionable Refundable Credits (enter the code and amount of each credit)  | Code | Amount |
|---|------|--------|
| See instructions or <a href="http://incometax.utah.gov">incometax.utah.gov</a> for codes.   | •    |        |
|   | •    |        |
|   | •    |        |
|   | •    |        |
| a. Total apportionable refundable credits (add all Part 6 credits and enter total here)   | a.   |        |
| b. If you are a nonresident or a part-year resident, enter the apportionment fraction from TC-40B, line 39:<br>If you are a full-year Utah resident, enter "1". | b.   |        |
| c. <b>Apportioned refundable credits</b> (multiply line a by line b and enter the total here)<br>Enter this amount on TC-40, line 37.                           | c.   |        |

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**Submit page ONLY if data entered.**  
**Attach completed schedule to your Utah Income Tax Return.**

**Credit for Income Tax Paid to Another State**

INTUIT

**TC-40S  
2023**

40308 SSN 386-45-5117

Last name KALIDAS

**NOTE: Part-year residents rarely qualify for this credit. Nonresidents do not qualify for this credit. See instructions.****FIRST STATE**

|   |  |   |        |          |
|---|--|---|--------|----------|
| 1 | Enter federal adjusted gross income taxed by both Utah and state of: AR  | 1 | 2685   |          |
| 2 | Federal adjusted gross income from TC-40, line 4 (see instructions)  | 2 | 221532 |          |
| 3 | Divide line 1 by line 2; round to 4 decimal places. Do not enter a number greater than 1.0000.   |   |        | 3 0.0121 |
| 4 | Utah income tax from TC-40, line 22. Part-year residents, see instructions.  | 4 | 10301  |          |
| 5 | Credit limitation - multiply line 4 by decimal on line 3   | 5 | 125    |          |
| 6 | Actual income tax paid to state shown on line 1<br>Part-year residents must prorate tax paid to other state. Credit only applies to the portion of actual taxes paid to the other state on income shown on line 1. | 6 | 112    |          |
| 7 | Credit for tax paid another state - lesser of line 5 or line 6   |   |        | 7 112    |

**SECOND STATE**

|   |  |   |  |   |
|---|--|---|--|---|
| 1 | Enter federal adjusted gross income taxed by both Utah and state of:   | 1 |  |   |
| 2 | Federal adjusted gross income from TC-40, line 4 (see instructions)  | 2 |  |   |
| 3 | Divide line 1 by line 2; round to 4 decimal places. Do not enter a number greater than 1.0000.   |   |  | 3 |
| 4 | Utah income tax from TC-40, line 22. Part-year residents, see instructions.  | 4 |  |   |
| 5 | Credit limitation - multiply line 4 by decimal on line 3   | 5 |  |   |
| 6 | Actual income tax paid to state shown on line 1<br>Part-year residents must prorate tax paid to other state. Credit only applies to the portion of actual taxes paid to the other state on income shown on line 1. | 6 |  |   |
| 7 | Credit for tax paid another state - lesser of line 5 or line 6   |   |  | 7 |

**THIRD STATE**

|   |  |   |  |   |
|---|--|---|--|---|
| 1 | Enter federal adjusted gross income taxed by both Utah and state of:   | 1 |  |   |
| 2 | Federal adjusted gross income from TC-40, line 4 (see instructions)  | 2 |  |   |
| 3 | Divide line 1 by line 2; round to 4 decimal places. Do not enter a number greater than 1.0000.   |   |  | 3 |
| 4 | Utah income tax from TC-40, line 22. Part-year residents, see instructions.  | 4 |  |   |
| 5 | Credit limitation - multiply line 4 by decimal on line 3   | 5 |  |   |
| 6 | Actual income tax paid to state shown on line 1<br>Part-year residents must prorate tax paid to other state. Credit only applies to the portion of actual taxes paid to the other state on income shown on line 1. | 6 |  |   |
| 7 | Credit for tax paid another state - lesser of line 5 or line 6   |   |  | 7 |

REV 11/30/23 PRO

**Use additional forms TC-40S if claiming credits for more than three states.  
Enter the total of all amounts shown on line 7 above on TC-40A, Part 4, using code 17.  
Submit page ONLY if data entered.  
Attach completed schedule to your Utah Income Tax Return.**

**Part 1 - Utah Withholding Tax Schedule**

40309 SSN 386-45-5117

Last name KALIDAS

INTUIT

**TC-40W  
2023**

Pg. 1

| Line Explanations  | IMPORTANT   |
|--|---|
| 1 Employer/payer ID number from W-2 box "b" or 1099<br>2 Utah withholding ID number from W-2 box "15" or 1099<br><b>(14 characters, ending in WTH, no hyphens)</b><br>3 Employer/payer name and address from W-2 box "c" or 1099<br>4 Enter "X" if reporting Utah withholding from form 1099<br>5 Employee's Social Security number from W-2 box "a" or 1099<br>6 Utah wages or income from W-2 box "16" or 1099<br>7 Utah withholding tax from W-2 box "17" or 1099 | <p><b>Do not send your W-2s or 1099s with your return.</b> Instead enter W-2 or 1099 information below, but <b>only</b> if there is Utah withholding on the form.</p> <p>Use additional forms TC-40W if you have more than four W-2s and/or 1099s with Utah withholding tax.</p> <p>Enter mineral production withholding from TC-675R in Part 2 of TC-40W; enter pass-through entity withholding in Part 3 of TC-40W.</p> |
| <p><b>First W-2 or 1099</b></p> 1 870528557<br><br>2 11936903004WTH (14 characters, no hyphens)<br><br>3 INCONTACT INC<br>221 RIVER ST 10TH FL<br><br>HOBOKEN NJ07030<br><br>4<br><br>5 386455117<br><br>6 43197<br><br>7 2009   | <p><b>Second W-2 or 1099</b></p> 1 731465867<br><br>2 12497586003WTH (14 characters, no hyphens)<br><br>3 PROTECH SOLUTIONS, INC.<br>303 W CAPITOL AVE<br><br>LITTLE ROCK AR72201<br><br>4<br><br>5 815623546<br><br>6 45993<br><br>7 2061  |
| <p><b>Third W-2 or 1099</b></p> 1 870528557<br><br>2 11936903004WTH (14 characters, no hyphens)<br><br>3 INCONTACT INC<br>75 W TWN RIDGE PKY TWR 1<br><br>SANDY UT84070<br><br>4<br><br>5 386455117<br><br>6 91026<br><br>7 4361   | <p><b>Fourth W-2 or 1099</b></p> 1<br><br>2 (14 characters, no hyphens)<br><br>3<br><br>4<br><br>5<br><br>6<br><br>7  |

**Total Utah withholding tax from all lines 7:**

8431

If you have nothing to enter on TC-40W, page 2, enter this total on TC-40, page 2, line 33.

If you have entries on TC-40W, page 2, enter this total on TC-40, page 3, Part 5, line 1.

**Submit page ONLY if data entered.**

**Attach completed schedule to your Utah Income Tax Return.**

**Do not attach W-2s or 1099s to your Utah return.**