Paying online is convenient, secure, and helps make sure we get your payments on time. Please visit our secure site 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.

Additional ATAP features are:

- Make name and address changes
- View account letters
- Available 24 hours

(R 9/2/2022)

NOTE: Please cut each voucher as straight as possible along the dotted line.

	R1000ES R 8/28/2023) E:	STATE of ARKA stimated Tax for Individ		on)	2024 REV 12/11/23 PRO
Softw	PROSERIES	Calendar Year 20. Fiscal Year Ending(MM	24 or /DD/YYYY)		Voucher 1
	Your Social Security Number	Spouse's Social Security Number (if applicable)	Due Date		Mail To:
	035-02-1972	984-90-6267	04/15/2024		nt of Finance and Administration Income Tax Section
	Primary Name SHASHIDHAR REDD	Y SUNKIREDDY		Little	P.O. Box 9941 Rock, AR 72203-9941
	Spouse Name ANUJA REDDY	KAKI			,
	Address 6101 NW SILAS S	Г	Amount of this	\$	505
	City, State, Zip BENTONVILLE, AR	72713	Paymen	t L	686.
	Telephone # (814)812-6353				Include Cents (ex. 1,234,567.00)

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Additional ATAP features are:

- Make name and address changes
- View account letters
- Available 24 hours

(R 9/2/2022)

NOTE: Please cut each voucher as straight as possible along the dotted line.

	R1000ES	STATE of ARKA Estimated Tax for		2024 REV 12/11/23		
Software	PROSERIES	Calendar Year 20: Fiscal Year Ending (MM.	24 or /DD/YYYY)		Voucher 2	
	Your Social Security Number	Spouse's Social Security Number (if applicable)	Due Date		Mail To:	
	035-02-1972	984-90-6267	06/15/2024		nt of Finance and Administration	
	Primary Name SHASHIDHAR RED	DY SUNKIREDDY		P.O. Box 9941 Little Rock, AR 72203-9941		
	Spouse Name ANUJA REDDY	KAKI			·	
Address 6101 NW SILAS ST		ST	Amount of this	\$	686.	
	City, State, Zip $\begin{tabular}{ll} BENTONVILLE \end{tabular}$ , $\begin{tabular}{ll} A \end{tabular}$	R 72713	Payment			
	Telephone # (814)812-635	3			Include Cents (ex. 1,234,567.00)	

Paying online is convenient, secure, and helps make sure we get your payments on time. Please visit our secure site 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.

Additional ATAP features are:

- Make name and address changes
- View account letters
- Available 24 hours

(R 9/2/2022)

NOTE: Please cut each voucher as straight as possible along the dotted line.

	R1000ES (R 8/28/2023)	STATE of ARKA Estimated Tax for	2024 REV 12/11/23 PRO			
Softv	PROSERIES	Calendar Year 2 Fiscal Year Ending (MN	024 or //DD/YYYY)		Voucher 3	
	Your Social Security Number	Spouse's Social Security Number (if applicable)	Due Date		Mail To:	
	035-02-1972	984-90-6267	09/15/2024	Department of Finance and Administrat Income Tax Section P.O. Box 9941 Little Rock, AR 72203-9941		
	Primary Name SHASHIDHAR REDDY	SUNKIREDDY				
	Spouse Name ANUJA REDDY	KAKI				
	Address 6101 NW SILAS ST	•	Amount of this	\$	606	
	City, State, Zip BENTONVILLE, AR	72713	Payment		686.	
	Telephone # (814)812-6353				(ex. 1,234,567.00)	

Paying online is convenient, secure, and helps make sure we get your payments on time. Please visit our secure site 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.

Additional ATAP features are:

- Make name and address changes
- View account letters
- Available 24 hours

(R 9/2/2022)

NOTE: Please cut each voucher as straight as possible along the dotted line.

	R1000E (R 8/28/2023)	ES	STATE of ARKANSAS  Estimated Tax for Individuals			2024 REV 12/11/23 PRO		
Softv	vare ID PR	OSERIES	Calendar Year 2 Fiscal Year Ending(N	2024 or IM/DD/YYYY)			Voucher 4	
	Your S	ocial Security Number	Spouse's Social Security Number (if applicable)	Due Date			Mail To:	
	035-02-1972  Primary Name SHASHIDHAR REDDY		984-90-6267 <b>01/15/20</b> SUNKIREDDY		25	Depar	tment of Finance and Income Tax Se	
						P.O. Box 9941 Little Rock, AR 72203-9941		
	Spouse Name	ANUJA REDDY	KAKI					
	Address 6101 NW SILAS ST				Amount of this	\$		
	City, State, Zip	BENTONVILLE, AR	72713		Payment			686.
	Telephone #	(814)812-6353					Include Cents (ex. 1,234,567.0	

# STATE OF ARKANSAS INDIVIDUAL INCOME TAX PAYMENT VOUCHER INSTRUCTIONS

All tax return payments should be mailed on or before the due date of the tax return.

### **Pay Online**

Paying online is convenient, secure, and helps make sure we get your payments on time. 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.

#### Additional ATAP features include:

- Make name and address changes
- View account letters
- Check refund status
- Accessible 24 hours

#### E-Filed Returns

If mailing a payment for a tax return that has been electronically filed, complete the voucher (AR1000V) below. Mail the AR1000V and a check or money order to the address listed below. If this payment is for an amended return, mark "YES" on the voucher in the appropriate space.

Arkansas State Income Tax P.O. Box 8149 Little Rock, AR 72203-8149

### **Paper Returns**

If mailing a paper tax return with a payment, complete the voucher (AR1000V) below. Mail the AR1000V, a check or money order and your tax return (Form AR1000F or AR1000NR) to the address listed below. If this payment is for an amended return, mark "YES" on the voucher in the appropriate space.

Arkansas State Income Tax P.O. Box 2144 Little Rock, AR 72203-2144

**Note:** Make your check or money order payable in U.S. Dollars to the Department of Finance and Administration. Be sure to include your Social Security Number and/or account number on your check or money order.

**AR1000V** INDIVIDUAL INCOME TAX RETURN PAYMENT VOUCHER

(R 7/21/2022)

 $\psi$  You must cut along the dotted line or the processing of your payment may be delayed.  $\psi$ 

REV	12/	11/	23	PR	0

(R 8/22/2018)  Software ID PROSERIES	Spouse's Social Security		
Primary Social Security Number	Number	Fiscal Year End	Tax Year
035-02-1972	984-90-6267		2023
		Due Date	Amount Paid
Name SHASHIDHAR REDD	SUNKIREDDY	04/15/2024	2,906.
Name Shashidhak Kedd	SUNKIKEDDI		Include Cents (ex. 1,234,567.89)
Address 6101 NW SILAS S	ST	Is Payment for an A	Amended Return?
City, State, Zip BENTONVILLE	., AR 72713	Yes	No
Telephone # (814)812-6			

### 2023 AR1000F



## **P1**

ARKANSAS INDIVIDUAL INCOME TAX RETURN Full Year Resident

### CHECK BOX IF

				AMEND	ED KETUKN	Software ID
Jan.	. 1 - Dec. 31, 2023 or fiscal year ending		, 20 •	•		• PROSERIES
	Primary's legal first name	MI	Last name	01 1:	Primary's social sec	urity number
	•SHASHIDHAR REDDY	•	• SUNKIREDD	Y • ☐ Decease		2
	Spouse's legal first name	MI	Last name	0, 1,	Spouse's social sec	urity number
	•ANUJA REDDY	•	• KAKI	Check i ● ☐ Decease		7
	Mailing address (number and street, P.O. bo	x or rural route)	•		☐ Check if address is	s outside U.S.
	•6101 NW SILAS ST					
N N	City	State or provin	ice	ZIP	Foreign country nam	ne
IAT	• BENTONVILLE	• AR		• 72713		
NFORM	Primary email			Secondary email		
TAXPAYER INFORMATION	●					
-	Check here if you want a next year.	tax booklet r	nailed to you		f you have filed a s federal extension	state extension
	DL# / State ID 940744364	Your state	AR Issue (mm/c	date dd/yyyy)12/08/2020	Expiration date (mm/dd/yyyy) _	09/19/2027
	DL# / State ID	Spouse state	Issue (mm/c	date dd/yyyy)	Expiration date (mm/dd/yyyy) _	
TUS	1.● Single (Or widowed before 202				arately on the same re	
ST/	2.• X Married filing joint (Even if onl	y one had incom	e)		arately on different ret ame here and SSN ab	
FILING STATUS	3.● ☐ Head of household (See instruction of the qualifying person was yenter child's name here: ☐	our child, but no	ot your dependent,	6.● Surviving spouse	with dependent child	
	7A. X Yourself • 65 or ove X Spouse • 65 or ove		5 Special • Special	Blind • Deaf Blind • Deaf	Head of househol (Filing status 3 only)	d/surviving spouse (Filing status 6 only)
	Multiply number of boxes checked				7A 2 X \$29 =	58.00
	Dependents (Do not list yourse					38. 00
DITS	First name	Last name	Depende	ent's social security number	Dependent's re	elationship to you
RED	1					
TAX CRE	1.					
AL T	2.					
NOS	3.					
PERSONAL	4.					
	5.					
	7B. Multiply number of <b>DEPENDENT</b>	<b>'S</b> from above	<u> </u>		7B ● X \$29 =	00
	7C. TOTAL PERSONAL TAX CRE	Add line) : כווע	es /A and 7B. Enter to	otal nere and on line 34)	/C	58.00
	Individuals with Developm	nental Disabi	lities Credit (AR1	000-DD - formerly AR10	00RC5) now on Fo	rm AR1000TC



### **Primary SSN** <u>035-02-1972</u>

		ROUND ALL AMOUNTS TO WHOLE DOLLARS	(A	A) Primary/Joint Income		(B) Spouse's Incom Status 4 Only	е
	8.	Wages, salaries, tips, etc: (Attach W-2s)8	•	83,340.	00	•	00
	9.	Military pay: Primary   O  Spouse   O  O  O  O  O  O  O  O  O  O  O  O  O					
	10.	Interest income: (If over \$1,500, attach AR4)	•		00	•	00
	11.	Dividend income: (If over \$1,500, attach AR4)	•		00	•	00
	12.	Alimony and separate maintenance received:	•		00	•	00
	13.	Business or professional income: (Attach federal Sch. C)	•		00	•	00
	14.	Capital gains/(losses) from stocks, bonds, etc: (Attach federal Sch. D)	•		00	•	00
	15.	Other gains or (losses): (See Instructions)	•		00	•	00
_	16.	Non-qualified IRA distributions and taxable annuities: (Attach All 1099Rs)16	•		00	•	00
NCOME	17.	Military retirement: <b>Primary</b> ● 00 <b>Spouse</b> ● 00					
=	184	Primary employer pension plan(s)/qualified IRA(s): (See inst., attach 1099Rs)			00		
	100	Gross   6,000   6,000			00		П
	100	Grace 10 1001 Taxable 10 1001	3		00	•	00
	19.	Rents, royalties, partnerships, estates, trusts, etc.: (Attach federal Sch. E)19	•	0.	00	•	00
	20.	Farm income: (Attach federal Sch. F)	•		00	•	00
	21.	Unemployment:21	•		00	•	00
	22.	Other income/depreciation differences: (Attach Form AR-OI)	•		00	•	00
	23.	TOTAL INCOME: (Add lines 8 through 22)	•	83,340.	00	•	00
	24.	TOTAL ADJUSTMENTS: (Attach Form AR1000ADJ)24	•		00	•	00
	25.	ADJUSTED GROSS INCOME: (Subtract line 24 from line 23)	•	83,340.	00	•	00
		Select tax table: (Select only one)		·			
	27.	<ul> <li>Low income table (\$0), See line 26 instructions</li> <li>Standard deduction (See instructions)</li> </ul>					
Z		• Itemized deductions (Attach AR3) 27	•	4,680.	00	•	00
PUTATION	28.	NET TAXABLE INCOME: (Subtract line 27 from line 25)	•	78,660.	00	•	00
MPU	29.	TAX: (Enter tax from tax table)		3,099.	00		00
тах сом	30.	Combined tax: (Add amounts from line 29, columns A and B)			30	3,099	. 00
	31.	Enter tax from Lump Sum Distribution Averaging Schedule: (Attach AR1000TD)			31	•	00
	32.	Additional tax on IRA and qualified plan withdrawal and overpayment: (See instructions	)		32	•	00
	33.	TOTAL TAX: (Add lines 30 through 32)			33	• 3,099	. 00
	34.	Personal tax credit(s): (Enter total from line 7C)	•	58.	00		
CREDITS	35.	Child care credit: (Attach AR2441)	•		00		
K CRE	36.	Other credits: (Attach AR1000TC)	•	300.	00		
TAX	37.	TOTAL CREDITS: (Add lines 34 through 36)			37	• 358.	. 00
	38.	NET TAX: (Subtract line 37 from line 33. If line 37 is greater than line 33, enter 0)			38	• 2,741	00

REV 12/11/23 PRO



**Primary SSN** 035-02-1972

	mary 331 033-02-1972		
	39. Arkansas income tax withheld: (Attach copies of W-2, 1099R, W2-G,1099-PT, and/or AR-K1)	39 • 0	00
	40. Estimated tax paid or credit brought forward from 2022:	40 • 0	00
	41. Payment made with extension: (See instructions)	41 • 0	00
NTS	42. AMENDED RETURNS ONLY - Previous payments: (See instructions)	42 •	00
PAYMENTS	43. Early childhood program: Certification number:(Attach AR1000EC and AR2441)	43	00
	44. TOTAL PAYMENTS: (Add lines 39 through 43)	44	00
	45. AMENDED RETURNS ONLY - Previous refund: (See instructions)	45	00
	46. Adjusted total payments: (Subtract line 45 from line 44)	46 •	00
	47. AMOUNT OF OVERPAYMENT/REFUND: (If line 46 is greater than line 38, enter difference)	47 • 0	00
DUE	48. Amount to be applied to 2024 estimated tax:	]	
TAX DI	49. Amount of Check-Off contributions: (Attach Form AR1000CO)	]	
O.R.	50. AMOUNT TO BE REFUNDED TO YOU: (Subtract lines 48 and 49 from line 47)REFUND	50 ● ☺	00
REFUND	51. AMOUNT DUE: (If line 46 is less than line 38, enter difference; If over \$1,000, continue to 52A)TAX DUE	51 <b>●</b>	0
R	52A. <b>UEP:</b> Attach Form AR2210 or AR2210A. If required, enter exception in box 52A ● Penalty 52B ● 16	5.00	
	52C. Add lines 51 and 52B: (See instructions)	52C • 2,906.C	0
	Direct deposit allowed to U.S. banks only. Check if either deposit(s) will ultimately be placed in a foreign account.		_
L	Routing number 1	Direct deposit 4 ami	
POSI	Routing number 1 Account number 1 5 5 5 5	Direct deposit 1 amt	0
DIRECT DEPOSIT		- 0	_
DIRE	Routing number 2 Account number 2 • Checking or • Savings	Direct deposit 2 am	t.
		• 0	0
	PLEASE SIGN HERE: Under penalties of perjury, I declare that I have examined this return and accompanying sc		•
ш	and to the best of my knowledge and belief, they are true, correct and complete. Declaration of preparer (other than information of which preparer has any knowledge.	taxpayer) is based on a	II
EASE N HEF	Primary's signature Date Telephone	May the Arkansas Revenue Division	
SiG	Spouse's signature         Date         Telephone	discuss this return with the preparer?	
	Paid preparer's signature  SYAM PRIYA RAM SAGAR GUPTA TALLAM 02/15/2024 843171965	Yes X No	
	Preparer's name Telephone	For Department Use Only	
#	GLOBAL TAXES LLC (678)965-9522	Α	_
PAID	Address 245 ROONEY CT		
PR	City State ZIP		_
	E BRUNSWICK NJ 08816		_
	E-mail SYAM@GTAXFILE.COM		
PA	Y ONLINE: Mail Return & P	Payment to:	
Ple	The state of the s	ax Due/No Tax:	

P.O. Box 1000

AR1000F Page 3 (R 7/5/2023)

24 hours.

log on, make payments and manage their account online. ATAP is available

P.O. Box 2144

Little Rock, AR 72203-1000 Little Rock, AR 72203-2144

### 2023





# ARKANSAS INDIVIDUAL INCOME TAX TAX CREDITS

Primary's logal name   Primary's logal name   Primary's logal ascurity number   035-02-1972					IAA	CKEDIIS				
MPORTANT: SEE INSTRUCTIONS ON REVERSE SIDE OF THIS FORM  1. State political contribution credit: (See instructions)	Primary's legal	l name					Primary's social s	ecurity number		
1. State political contribution credit: (See instructions)	SHASHIDE	IAR 1	REDDY	SUNKIREDDY	ζ		035-02-19	972		
1. State political contribution credit: (See instructions)										
2. Other state tax credit: [Attach copy of other state tax return(s)] 2 •  3. Credit for adoption expenses: (Attach federal Form 8839) 3 •  4. Phenylketonuria disorder credit: (See Instructions. Attach AR1113) 4 •  5. Stillborn child tax credit "Paisley's Law": (Attach certificate of birth resulting in stillbirth) 5 •  6. Additional tax credit for qualified individuals: (See Instructions) 6 •  7. Inflationary relief income tax credit: (See Instructions) 7 • 300 .  8. Credit for Individuals with Developmental Disabilities: (Attach AR1000-DD formerly AR1000RC5) 8 •  Individual's Name on Form AR1000-DD on Form AR1000-DD on Form AR1000-DD on Form AR1000-DD  8A.								. [		
3. Credit for adoption expenses: (Attach federal Form 8839)	1. State	politica	al contrib	ution credit: <b>(See ir</b>	nstructions)			1		00
4. Phenylketonuria disorder credit: (See instructions. Attach AR1113)	2. Other	state t	ax credit	: [Attach copy of	other state ta	x return(s)]		2 •		00
5. Stillborn child tax credit "Paisley's Law": (Attach certificate of birth resulting in stillbirth)	<ol><li>Credit</li></ol>	for ad	option ex	xpenses: (Attach f	ederal Form 8	839)		3 •		00
6. Additional tax credit for qualified individuals: (See instructions)	4. Pheny	/lketon	uria diso	rder credit: (See in	structions. At	tach AR1113)		4 •		00
7. Inflationary relief income tax credit: (See Instructions)	5. Stillbo	rn chil	d tax cre	dit "Paisley's Law":	(Attach certif	icate of birth resu	ulting in stillbirth)	5 •		00
8. Credit for Individuals with Developmental Disabilities: (Attach AR1000-DD formerly AR1000RC5) 8   Individual's Name on Form AR1000-DD Social Security Number	6. Addition	onal ta	x credit f	or qualified individu	als: <b>(See instr</b>	uctions)		6 •		00
Individual's Name	7. Inflatio	onary r	elief inco	ome tax credit: <b>(See</b>	Instructions)			7 •	30	0.00
Spouse:   9D.   Code   FEIN   Amount   000	8. Credit	for Indiv	/iduals wit	th Developmental Disa	abilities: (Attach	AR1000-DD former	ly AR1000RC5)	8 •		00
Spouse:   9D.   Code   FEIN   Amount   000										
8B.										
8C.		8A.	•				•			
8D.		8B.	•				•			
8E.		8C.	•				•			
Spouse:   9D.   Code   FEIN   Amount   O0   O0		8D.	•				•			
Spouse: 9D. Code   FEIN   Amount   Mount   M		8E.	•				•			
Primary:         9A. Code         FEIN         Amount         00           9B. Code         FEIN         Amount         00           9C. Code         FEIN         Amount         00           Spouse:         9D. Code         FEIN         Amount         00           9E. Code         FEIN         Amount         00           9F. Code         FEIN         Amount         00		8F.	•				•			
Primary:         9A. Code         FEIN         Amount         00           9B. Code         FEIN         Amount         00           9C. Code         FEIN         Amount         00           Spouse:         9D. Code         FEIN         Amount         00           9E. Code         FEIN         Amount         00           9F. Code         FEIN         Amount         00										
9B. Code	If certifica	te is	issued	to an individua	al, leave FEI	N box below bl	ank.			
9B. Code	Duimonum	0.4	0.1	<u> </u>					$\overline{}$	
9C. Code • FEIN • Amount • 00  Spouse: 9D. Code • FEIN • Amount • 00  9E. Code • FEIN • Amount • 00  9F. Code • FEIN • Amount • 00  9 FEIN • Amount • 00  9 FEIN • Amount • 00	Primary:				╡	•	<del></del>	•	00	
Spouse:         9D. Code         FEIN         ■         Amount         ●         00           9E. Code         ●         FEIN         ●         Amount         ●         00           9F. Code         ●         FEIN         ●         Amount         ●         00           9. Tax credit(s): (Add amounts from 9A-9F above)         9         ●		9B.	Code	•	FEIN	•	Amount	•	00	
9E. Code         FEIN         Amount         00           9F. Code         FEIN         Amount         00		9C.	Code	•	FEIN	•	Amount	•	00	
9E. Code         FEIN         Amount         00           9F. Code         FEIN         Amount         00					$\neg$					
9F. Code ● FEIN ● Amount ● 00  9. Tax credit(s): (Add amounts from 9A-9F above)	Spouse:	9D.	Code	•	FEIN	•	Amount	•	00	
9. Tax credit(s): (Add amounts from 9A-9F above)		9E.	Code	•	FEIN	•	Amount	•	00	
		9F.	Code	•	FEIN	•	Amount	•	00	
								г		
										00
				iii cei iiiicale(s) of a	PPIOPIIALE GOCU	mentation of the Cr	ourijaj cialilieŭ must b	e attaciieu.		
10. TOTAL CREDITS: Add lines 1 through 9. Enter total on line 36, Form AR1000F/AR1000NR10 •				. Enter total on lin	ie 36, Form AF	R1000F/AR1000NR	ł	10 •	30	0.00





# ARKANSAS INDIVIDUAL INCOME TAX PENALTY FOR UNDERPAYMENT OF ESTIMATED TAX

Primary's legal name	Primary's social security number
S SUNKIREDDY & A KAKI	035-02-1972

#### **PART I - EXCEPTION**

If you qualify for an **exception 1 through 5** (see list on back of this form) from the Underestimate Penalty, enter the exception on the line to the right and on Form AR1000F/AR1000NR, box 52A or AR1002F/AR1002NR, box 36A\_\_\_\_\_\_

If you qualify for an exception, stop here. Do not complete Part III or Part III. Attach this form to Form AR1000F/AR1000NR. (To claim exception 6, do not complete Form AR2210. For exception 6, use Form AR2210A only.)

If you do not qualify for an exception, complete Part II below.

#### **PART II - REQUIRED ANNUAL PAYMENT**

2023 net tax: (line 38, Form AR1000F or line 38D, AR1000NR or line 24B, AR1002F or line 24F, AR1002NR)	2,741.
Enter 90% <b>(.90)</b> of the amount shown on line 1:	2,467.
2023 Arkansas income tax withheld: (line 39, AR1000F/AR1000NR or line 25, AR1002F/AR1002NR)	
Subtract line 3 from line 1: (If the result is \$1,000 or less, stop here. Do not complete this schedule.) 4	2,741.
2022 net tax: (line 38, AR1000F or line 38D, AR1000NR or line 24B, AR1002F or line 24F, AR1002NR) 5	5,128.
Required annual payment. Enter the smaller of line 2 or line 5:	2,467.
	2023 Arkansas income tax withheld: (line 39, AR1000F/AR1000NR or line 25, AR1002F/AR1002NR)

If you do not qualify for an exception (Part I) and line 6 is more than line 3, complete Part III below.

PA	RT III - COMPUTING THE PENALTY		PAYMENT DUE DATES			
			A 4-15-2023	B 6-15-2023	C 9-15-2023	D 1-15-2024
7.	Required installments. Enter 1/4 (.25) of line 6, AR2210 in each column:	7	616.	617.	617.	617.
8.	<b>Estimated tax paid and tax withheld</b> . For column A <b>only</b> , enter the amount from line 8 on line 12. If line 8 is equal to or greater than line 7 for all payment periods, stop here. You do not owe the penalty. Complete lines 9 through 15 of each column before going to the next column:	8				
9.	Enter amount, if any, from line 15 of previous column:	9				
10.	Add lines 8 and 9:	10				
11.	Add amounts on lines 13 and 14 of previous column:	11		616.	1,233.	1,850.
12.	Subtract line 11 from line 10. If zero or less, enter 0. For column A only, enter the amount from line 8:	12		0.	0.	0.
13.	If the amount on line 12 is zero, subtract line 10 from line 11.  Otherwise, enter zero:	13		616.	1,233.	
14.	<b>Underpayment.</b> If line 7 is equal to or greater than line 12, subtract line 12 from line 7. Then go to line 9 of the next column. Otherwise, go to line 15:	14	616.	617.	617.	617.
15.	Overpayment. If line 12 is more than line 7, subtract line 7 from line 12, then go to line 9 of the next column:	15				
16.	Number of days <b>from</b> the payment due date shown at top of column <b>to</b> the date the amount on line 14 was paid, or 4-15-2023, whichever is earlier:	16				
17.	Underpayment Number of from line 14 X days from line 16 X .10	17				
18.	<b>PENALTY.</b> Add all the amounts on line 17 in all columns.  Enter the total here and on Form AR1000F/AR1000NR, line 52B or Form AR1000P/AR1000NR, line 52B or Form AR1000P/AR1000NR, line 52B or Form AR1000NR, line 52B or Form AR100NR, line 52B or Form AR1000NR, line 52B or Form AR1000NR, li	)E/A D		STMT		165.

S SUNKIREDDY & A KAKI 035-02-1972

### **Additional Information From 2023 Arkansas Tax Return**

### Form AR2210: Penalty for Underpayment of Estimated Tax **Underpayment Statement**

**Explanation Statement** 

Line 18											
Event	Date	Amount Due	Amount Paid	Running Balance	Percent	# of Days	Penalty				
Amount Due	04/15/23	616.		616.	10.00	61	10.29				
Amount Due	06/15/23	617.		1,233.	10.00	92	31.08				
Amount Due	09/15/23	617.		1,850.	10.00	122	61.84				
Amount Due	01/15/24	617.		2,467.	10.00	91	61.51				
Date Filed	04/15/24			2,467.	10.00						
,	Total	164 72									