

Pay Online

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.

↓ You must cut along the dotted line or the processing of your payment will be delayed. ↓

AR1000ES
(R 8/28/2023)

STATE of ARKANSAS
Estimated Tax for Individuals

2024

REV 12/11/23 PRO

Software ID

Calendar Year 2024 or
Fiscal Year Ending _____
(MM/DD/YYYY)

Voucher
4

Your Social Security Number

Spouse's Social Security Number
(if applicable)

Due Date

Mail To:
Department of Finance and Administration
Income Tax Section
P.O. Box 9941
Little Rock, AR 72203-9941

Primary Name

Spouse Name

Address

City, State, Zip

Telephone #

Amount
of this
Payment \$

Include Cents
(ex. 1,234,567.00)

IITSSN0003502197212312024ESTPYM000000000000000000000000

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.

(R 7/21/2022)

↓ **You must cut along the dotted line or the processing of your payment may be delayed.** ↓

REV 12/11/23 PRO

AR1000V INDIVIDUAL INCOME TAX RETURN PAYMENT VOUCHER

(R 8/22/2018)

Software ID PROSERIES	Spouse's Social Security Number	Fiscal Year End	Tax Year
Primary Social Security Number	Number		
035-02-1972	984-90-6267		2023
Name SHASHIDHAR REDD SUNKIREDDY		Due Date	Amount Paid
Address 6101 NW SILAS ST		04/15/2024	2,906.
City, State, Zip BENTONVILLE, AR 72713		Is Payment for an Amended Return?	
Telephone # (814) 812-6353		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

Include Cents
(ex. 1,234,567.89)

IITSSN0003502197212312023RTNPYM000000000000000000000000

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 • SHASHIDHAR REDDY		MI •	Last name • SUNKIREDDY		Check if Deceased <input type="checkbox"/>	Primary's social security number • 035-02-1972		
	Spouse's legal first name • ANUJA REDDY		MI •	Last name • KAKI		Check if Deceased <input type="checkbox"/>	Spouse's social security number • 984-90-6267		
	Mailing address (number and street, P.O. box or rural route) • 6101 NW SILAS ST						<input type="checkbox"/> Check if address is outside U.S.		
	City • BENTONVILLE		State or province • AR		ZIP • 72713		Foreign country name		
	Primary email				Secondary email				
	<input type="checkbox"/> We no longer automatically mail 1099-G forms. Instead, we ask that you get this information from our website (www.atap.arkansas.gov). Check the box if you still want us to mail you a paper Form 1099-G next year.								
	<input type="checkbox"/> Check here if you want a tax booklet mailed to you next year.				<input type="checkbox"/> Check this box if you have filed a state extension or an automatic federal extension				
	DL# / State ID 940744364		Your state AR		Issue date (mm/dd/yyyy) 12/08/2020		Expiration date (mm/dd/yyyy) 09/19/2027		
	DL# / State ID _____		Spouse state _____		Issue date (mm/dd/yyyy) _____		Expiration date (mm/dd/yyyy) _____		

FILING STATUS	1. <input type="checkbox"/> Single (Or widowed before 2023 or divorced at end of 2023)		4. <input type="checkbox"/> Married filing separately on the same return	
	2. <input checked="" type="checkbox"/> Married filing joint (Even if only one had income)		5. <input type="checkbox"/> Married filing separately on different returns Enter spouse's name here and SSN above _____	
3. <input type="checkbox"/> Head of household (See instructions) If the qualifying person was your child, but not your dependent, enter child's name here: _____		6. <input type="checkbox"/> Surviving spouse with dependent child Year spouse died: (See instructions) _____		

7A. Yourself • 65 or over • 65 Special • Blind • Deaf Head of household/surviving spouse (Filing status 3 only) (Filing status 6 only)

Spouse • 65 or over • 65 Special • Blind • Deaf

Multiply number of boxes checked 7A X \$29 = .00

Dependents (Do not list yourself or spouse)

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

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

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

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



Primary SSN 035-02-1972

		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	●	83,340.00	●	00	
	9. Military pay: Primary ● [] 00 Spouse ● [] 00						
	10. Interest income: (If over \$1,500, attach AR4)	10	●	00	●	00	
	11. Dividend income: (If over \$1,500, attach AR4)	11	●	00	●	00	
	12. Alimony and separate maintenance received:	12	●	00	●	00	
	13. Business or professional income: (Attach federal Sch. C)	13	●	00	●	00	
	14. Capital gains/(losses) from stocks, bonds, etc: (Attach federal Sch. D)	14	●	00	●	00	
	15. Other gains or (losses): (See Instructions)	15	●	00	●	00	
	16. Non-qualified IRA distributions and taxable annuities: (Attach All 1099Rs)	16	●	00	●	00	
	17. Military retirement: Primary ● [] 00 Spouse ● [] 00						
	18A. Primary employer pension plan(s)/qualified IRA(s): (See inst., attach 1099Rs) Gross ● [] 00 Taxable ● [] 00 Less \$6,000	18A	●	00			
	18B. Spouse employer pension plan(s)/qualified IRA(s): (See inst., attach 1099Rs) Gross ● [] 00 Taxable ● [] 00 Less \$6,000	18B	●	00	●	00	
	19. Rents, royalties, partnerships, estates, trusts, etc.: (Attach federal Sch. E)	19	●	0.00	●	00	
	20. Farm income: (Attach federal Sch. F)	20	●	00	●	00	
	21. Unemployment:	21	●	00	●	00	
	22. Other income/depreciation differences: (Attach Form AR-OI)	22	●	00	●	00	
	23. TOTAL INCOME: (Add lines 8 through 22)	23	●	83,340.00	●	00	
	24. TOTAL ADJUSTMENTS: (Attach Form AR1000ADJ)	24	●	00	●	00	
	25. ADJUSTED GROSS INCOME: (Subtract line 24 from line 23)	25	●	83,340.00	●	00	
	TAX COMPUTATION	26. Select tax table: (Select only one)	26				
		27. ● <input type="checkbox"/> Low income table (\$0), See line 26 instructions ● <input checked="" type="checkbox"/> Standard deduction (See instructions) ● <input type="checkbox"/> Itemized deductions (Attach AR3)	27	●	4,680.00	●	00
		28. NET TAXABLE INCOME: (Subtract line 27 from line 25)	28	●	78,660.00	●	00
		29. TAX: (Enter tax from tax table)	29		3,099.00		00
		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	
TAX CREDITS		34. Personal tax credit(s): (Enter total from line 7C)	34	●	58.00		
	35. Child care credit: (Attach AR2441)	35	●	00			
	36. Other credits: (Attach AR1000TC)	36	●	300.00			
	37. TOTAL CREDITS: (Add lines 34 through 36)	37	●			358.00	
	38. NET TAX: (Subtract line 37 from line 33. If line 37 is greater than line 33, enter 0)	38	●		●	2,741.00	



ARKANSAS INDIVIDUAL INCOME TAX TAX CREDITS

Primary's legal name SHASHIDHAR REDDY SUNKIREDDY	Primary's social security number 035-02-1972
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IMPORTANT: SEE INSTRUCTIONS ON REVERSE SIDE OF THIS FORM

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

	Individual's Name on Form AR1000-DD	Social Security Number on Form AR1000-DD
8A.	•	•
8B.	•	•
8C.	•	•
8D.	•	•
8E.	•	•
8F.	•	•

If certificate is issued to an individual, leave FEIN box below blank.

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

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



**ARKANSAS INDIVIDUAL INCOME TAX
PENALTY FOR UNDERPAYMENT
OF ESTIMATED TAX**

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

1. 2023 net tax: (line 38, Form AR1000F or line 38D, AR1000NR or line 24B, AR1002F or line 24F, AR1002NR)	1	2,741.
2. Enter 90% (.90) of the amount shown on line 1:	2	2,467.
3. 2023 Arkansas income tax withheld: (line 39, AR1000F/AR1000NR or line 25, AR1002F/AR1002NR)	3	
4. Subtract line 3 from line 1: (If the result is \$1,000 or less, stop here. Do not complete this schedule.)	4	2,741.
5. 2022 net tax: (line 38, AR1000F or line 38D, AR1000NR or line 24B, AR1002F or line 24F, AR1002NR)	5	5,128.
6. Required annual payment. Enter the smaller of line 2 or line 5:	6	2,467.

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

PART 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:	616.	617.	617.	617.
8. Estimated tax paid and tax withheld. For column A only , 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:				
9. Enter amount, if any, from line 15 of previous column:				
10. Add lines 8 and 9:				
11. Add amounts on lines 13 and 14 of previous column:		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:		0.	0.	0.
13. If the amount on line 12 is zero, subtract line 10 from line 11. Otherwise, enter zero:		616.	1,233.	
14. Underpayment. 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:	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:				
16. Number of days from the payment due date shown at top of column to the date the amount on line 14 was paid, or 4-15-2023, whichever is earlier:				
17. Underpayment Number of from line 14 X <u>days from line 16</u> X .10				
				365

18. PENALTY. Add all the amounts on line 17 in all columns. Enter the total here and on Form AR1000F/AR1000NR, line 52B or Form AR1002F/AR1002NR, line 36B:	SEE STMT	165.
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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