

IRS e-file Signature Authorization

▶ **ERO must obtain and retain completed Form 8879.**
▶ **Go to www.irs.gov/Form8879 for the latest information.**

Submission Identification Number (SID) ▶

Taxpayer's name SASIKUMAR SABAPATHY	Social security number 404-89-4686
Spouse's name KALAISELVI PERIASAMY	Spouse's social security number 940-95-2411

Part I Tax Return Information – Tax Year Ending December 31, 2023 (Enter year you are authorizing.)

Enter whole dollars only on lines 1 through 5.

Note: Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.

1 Adjusted gross income	1	61,710.
2 Total tax	2	3,643.
3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099	3	3,984.
4 Amount you want refunded to you	4	341.
5 Amount you owe	5	

Part II Taxpayer Declaration and Signature Authorization (Be sure you get and keep a copy of your return)

Under penalties of perjury, I declare that I have examined a copy of the income tax return (original or amended) I am now authorizing, and to the best of my knowledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I above are the amounts from the income tax return (original or amended) I am now authorizing. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution to debit the entry to this account. This authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate the authorization. To revoke (cancel) a payment, I must contact the U.S. Treasury Financial Agent at **1-888-353-4537**. Payment cancellation requests must be received no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I further acknowledge that the personal identification number (PIN) below is my signature for the income tax return (original or amended) I am now authorizing and, if applicable, my Electronic Funds Withdrawal Consent.

Taxpayer's PIN: check one box only

I authorize GLOBAL TAXES LLC to enter or generate my PIN

9	4	6	8	6
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 as my signature on the income tax return (original or amended) I am now authorizing.

I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box **only** if you are entering your own PIN **and** your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Your signature ▶ _____ Date ▶ _____

Spouse's PIN: check one box only

I authorize GLOBAL TAXES LLC to enter or generate my PIN

5	2	4	1	1
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 as my signature on the income tax return (original or amended) I am now authorizing.

I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box **only** if you are entering your own PIN **and** your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Spouse's signature ▶ _____ Date ▶ _____

Practitioner PIN Method Returns Only—continue below

Part III Certification and Authentication – Practitioner PIN Method Only

ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN.

2	2	2	4	9	6	0	8	2	7	1
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Don't enter all zeros

I certify that the above numeric entry is my PIN, which is my signature for the electronic individual income tax return (original or amended) I am now authorized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and **Pub. 1345**, Handbook for Authorized IRS e-file Providers of Individual Income Tax Returns.

ERO's signature ▶ _____ Date ▶ _____

ERO Must Retain This Form – See Instructions
Don't Submit This Form to the IRS Unless Requested To Do So

For the year Jan. 1–Dec. 31, 2023, or other tax year beginning , 2023, ending , 20 See separate instructions.

Your first name and middle initial SASIKUMAR Last name SABAPATHY Your social security number 404 89 4686

If joint return, spouse's first name and middle initial KALAISELVI Last name PERIASAMY Spouse's social security number 940 95 2411

Home address (number and street). If you have a P.O. box, see instructions. 2605 SE LANTEEN ST Apt. no. 101 Presidential Election Campaign

City, town, or post office. If you have a foreign address, also complete spaces below. BENTONVILLE State AR ZIP code 72712 Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund.

Foreign country name Foreign province/state/county Foreign postal code You Spouse

Filing Status Single Married filing jointly (even if only one had income) Married filing separately (MFS) Head of household (HOH) Qualifying surviving spouse (QSS)

Digital Assets At any time during 2023, did you: (a) receive (as a reward, award, or payment for property or services); or (b) sell, exchange, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? (See instructions.) Yes No

Standard Deduction Someone can claim: You as a dependent Your spouse as a dependent Spouse itemizes on a separate return or you were a dual-status alien

Age/Blindness You: Were born before January 2, 1959 Are blind Spouse: Was born before January 2, 1959 Is blind

Table with 5 columns: (1) First name, Last name, (2) Social security number, (3) Relationship to you, (4) Check the box if qualifies for (see instructions): Child tax credit, Credit for other dependents

Income section table with rows 1a through 1z and 1i, including Total amount from Form(s) W-2, Household employee wages, Tip income, etc.

Table with rows 2a through 6a, including Tax-exempt interest, Qualified dividends, IRA distributions, Pensions and annuities, Social security benefits

Table with rows 7 through 15, including Capital gain or (loss), Additional income from Schedule 1, Total income, Adjustments to income, Adjusted gross income, Standard deduction or itemized deductions, Qualified business income deduction, Taxable income

Attach Sch. B if required.

Standard Deduction for: Single or Married filing separately, \$13,850; Married filing jointly or Qualifying surviving spouse, \$27,700; Head of household, \$20,800

Tax and Credits	16	Tax (see instructions). Check if any from Form(s): 1 <input type="checkbox"/> 8814 2 <input type="checkbox"/> 4972 3 <input type="checkbox"/> _____	16	3,643.
	17	Amount from Schedule 2, line 3	17	
	18	Add lines 16 and 17	18	3,643.
	19	Child tax credit or credit for other dependents from Schedule 8812	19	
	20	Amount from Schedule 3, line 8	20	
	21	Add lines 19 and 20	21	
	22	Subtract line 21 from line 18. If zero or less, enter -0-	22	3,643.
	23	Other taxes, including self-employment tax, from Schedule 2, line 21	23	0.
	24	Add lines 22 and 23. This is your total tax	24	3,643.

Payments	25	Federal income tax withheld from:		
	a	Form(s) W-2	25a	3,984.
	b	Form(s) 1099	25b	
	c	Other forms (see instructions)	25c	
	d	Add lines 25a through 25c	25d	3,984.
	26	2023 estimated tax payments and amount applied from 2022 return	26	
	27	Earned income credit (EIC)	27	
	28	Additional child tax credit from Schedule 8812	28	
	29	American opportunity credit from Form 8863, line 8	29	
	30	Reserved for future use	30	
	31	Amount from Schedule 3, line 15	31	
	32	Add lines 27, 28, 29, and 31. These are your total other payments and refundable credits	32	
	33	Add lines 25d, 26, and 32. These are your total payments	33	3,984.

Refund	34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid	34	341.
	35a	Amount of line 34 you want refunded to you . If Form 8888 is attached, check here <input type="checkbox"/>	35a	341.
Direct deposit? See instructions.	b	Routing number 2 7 1 9 9 2 4 0 0 c Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings		
	d	Account number 1 7 0 0 0 0 2 4 3 2 2 3 0 8		
	36	Amount of line 34 you want applied to your 2024 estimated tax	36	

Amount You Owe	37	Subtract line 33 from line 24. This is the amount you owe . For details on how to pay, go to www.irs.gov/Payments or see instructions	37	
	38	Estimated tax penalty (see instructions)	38	

Third Party Designee Do you want to allow another person to discuss this return with the IRS? See instructions **Yes**. Complete below. **No**

Designee's name _____ Phone no. _____ Personal identification number (PIN) _____

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

Your signature	Date	Your occupation SOFTWARE ENGINEER	If the IRS sent you an Identity Protection PIN, enter it here (see inst.)
Spouse's signature. If a joint return, both must sign.	Date	Spouse's occupation HOME MAKER	If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.)
Phone no. (479) 579-4955	Email address SASIKUMARODC@GMAIL.COM		

Paid Preparer Use Only

Preparer's name SYAM PRIYA RAM SAGAR GUPTA	Preparer's signature SYAM PRIYA RAM SAGAR GUPTA	Date 03/29/2024	PTIN P02082703	Check if: <input type="checkbox"/> Self-employed
Firm's name GLOBAL TAXES LLC	Firm's address 245 ROONEY CT E BRUNSWICK NJ 08816			Phone no. (678) 965-9522
Firm's EIN				

Paid Preparer's Due Diligence Checklist

Earned Income Credit (EIC), American Opportunity Tax Credit (AOTC),
Child Tax Credit (CTC) (including the Additional Child Tax Credit (ACTC) and
Credit for Other Dependents (ODC)), and Head of Household (HOH) Filing Status

To be completed by preparer and filed with Form 1040, 1040-SR, 1040-NR, 1040-PR, or 1040-SS.
Go to www.irs.gov/Form8867 for instructions and the latest information.

Taxpayer name(s) shown on return SASIKUMAR SABAPATHY & KALAISELVI PERIASAMY	Taxpayer identification number 404-89-4686
Preparer's name SYAM PRIYA RAM SAGAR GUPTA	Preparer tax identification number P02082703

Part I Due Diligence Requirements

Please check the appropriate box for the credit(s) and/or HOH filing status claimed on the return and complete the related Parts I-V for the benefit(s) claimed (check all that apply). EIC CTC/ACTC/ODC AOTC HOH

	Yes	No	N/A
1 Did you complete the return based on information for the applicable tax year provided by the taxpayer or reasonably obtained by you?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
2 If credits are claimed on the return, did you complete the applicable EIC and/or CTC/ACTC/ODC worksheets found in the Form 1040, 1040-SR, 1040-NR, 1040-PR, 1040-SS, or Schedule 8812 (Form 1040) instructions, and/or the AOTC worksheet found in the Form 8863 instructions, or your own worksheet(s) that provides the same information, and all related forms and schedules for each credit claimed?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3 Did you satisfy the knowledge requirement? To meet the knowledge requirement, you must do both of the following. • Interview the taxpayer, ask questions, and contemporaneously document the taxpayer's responses to determine that the taxpayer is eligible to claim the credit(s) and/or HOH filing status. • Review information to determine that the taxpayer is eligible to claim the credit(s) and/or HOH filing status and to figure the amount(s) of any credit(s)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
4 Did any information provided by the taxpayer or a third party for use in preparing the return, or information reasonably known to you, appear to be incorrect, incomplete, or inconsistent? (If "Yes," answer questions 4a and 4b. If "No," go to question 5.)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
a Did you make reasonable inquiries to determine the correct, complete, and consistent information?	<input type="checkbox"/>	<input type="checkbox"/>	
b Did you contemporaneously document your inquiries? (Documentation should include the questions you asked, whom you asked, when you asked, the information that was provided, and the impact the information had on your preparation of the return.)	<input type="checkbox"/>	<input type="checkbox"/>	
5 Did you satisfy the record retention requirement? To meet the record retention requirement, you must keep a copy of your documentation referenced in question 4b, a copy of this Form 8867, a copy of any applicable worksheet(s), a record of how, when, and from whom the information used to prepare Form 8867 and any applicable worksheet(s) was obtained, and a copy of any document(s) provided by the taxpayer that you relied on to determine eligibility for the credit(s) and/or HOH filing status or to figure the amount(s) of the credit(s) List those documents provided by the taxpayer, if any, that you relied on: _____ _____ _____	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
6 Did you ask the taxpayer whether he/she could provide documentation to substantiate eligibility for the credit(s) and/or HOH filing status and the amount(s) of any credit(s) claimed on the return if his/her return is selected for audit?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
7 Did you ask the taxpayer if any of these credits were disallowed or reduced in a previous year? (If credits were disallowed or reduced, go to question 7a; if not, go to question 8.)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
a Did you complete the required recertification Form 8862?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8 If the taxpayer is reporting self-employment income, did you ask questions to prepare a complete and correct Schedule C (Form 1040)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Part II Due Diligence Questions for Returns Claiming EIC (If the return does not claim EIC, go to Part III.)

	Yes	No	N/A
9a Have you determined that the taxpayer is eligible to claim the EIC for the number of qualifying children claimed, or is eligible to claim the EIC without a qualifying child? (If the taxpayer is claiming the EIC and does not have a qualifying child, go to question 10.)	<input type="checkbox"/>	<input type="checkbox"/>	
b Did you ask the taxpayer if the child lived with the taxpayer for over half of the year, even if the taxpayer has supported the child the entire year?	<input type="checkbox"/>	<input type="checkbox"/>	
c Did you explain to the taxpayer the rules about claiming the EIC when a child is the qualifying child of more than one person (tiebreaker rules)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Part III Due Diligence Questions for Returns Claiming CTC/ACTC/ODC (If the return does not claim CTC, ACTC, or ODC, go to Part IV.)

	Yes	No	N/A
10 Have you determined that each qualifying person for the CTC/ACTC/ODC is the taxpayer's dependent who is a citizen, national, or resident of the United States?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
11 Did you explain to the taxpayer that he/she may not claim the CTC/ACTC if the child has not lived with the taxpayer for over half of the year, even if the taxpayer has supported the child, unless the child's custodial parent has released a claim to exemption for the child?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12 Did you explain to the taxpayer the rules about claiming the CTC/ACTC/ODC for a child of divorced or separated parents (or parents who live apart), including any requirement to attach a Form 8332 or similar statement to the return?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Part IV Due Diligence Questions for Returns Claiming AOTC (If the return does not claim AOTC, go to Part V.)

	Yes	No
13 Did the taxpayer provide substantiation for the credit, such as a Form 1098-T and/or receipts for the qualified tuition and related expenses for the claimed AOTC?	<input type="checkbox"/>	<input type="checkbox"/>

Part V Due Diligence Questions for Claiming HOH (If the return does not claim HOH filing status, go to Part VI.)

	Yes	No
14 Have you determined that the taxpayer was unmarried or considered unmarried on the last day of the tax year and provided more than half of the cost of keeping up a home for the year for a qualifying person?	<input type="checkbox"/>	<input type="checkbox"/>

Part VI Eligibility Certification

You will have complied with all due diligence requirements for claiming the applicable credit(s) and/or HOH filing status on the return of the taxpayer identified above if you:

- A. Interview the taxpayer, ask adequate questions, contemporaneously document the taxpayer's responses on the return or in your notes, review adequate information to determine if the taxpayer is eligible to claim the credit(s) and/or HOH filing status and to figure the amount(s) of the credit(s);
- B. Complete this Form 8867 truthfully and accurately and complete the actions described in this checklist for any applicable credit(s) claimed and HOH filing status, if claimed;
- C. Submit Form 8867 in the manner required; **and**
- D. Keep all five of the following records for 3 years from the latest of the dates specified in the Form 8867 instructions under *Document Retention*.
 - 1. A copy of this Form 8867.
 - 2. The applicable worksheet(s) or your own worksheet(s) for any credit(s) claimed.
 - 3. Copies of any documents provided by the taxpayer on which you relied to determine the taxpayer's eligibility for the credit(s) and/or HOH filing status and to figure the amount(s) of the credit(s).
 - 4. A record of how, when, and from whom the information used to prepare this form and the applicable worksheet(s) was obtained.
 - 5. A record of any additional information you relied upon, including questions you asked and the taxpayer's responses, to determine the taxpayer's eligibility for the credit(s) and/or HOH filing status and to figure the amount(s) of the credit(s).

If you have not complied with all due diligence requirements, you may have to pay a penalty for each failure to comply related to a claim of an applicable credit or HOH filing status (see instructions for more information).

	Yes	No
15 Do you certify that all of the answers on this Form 8867 are, to the best of your knowledge, true, correct, and complete?	<input checked="" type="checkbox"/>	<input type="checkbox"/>

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 • SASIKUMAR		MI •	Last name • SABAPATHY		<input type="checkbox"/> Deceased <input type="checkbox"/> Check if Deceased		Primary's social security number • 404-89-4686		
	Spouse's legal first name • KALAISELVI		MI •	Last name • PERIASAMY		<input type="checkbox"/> Deceased <input type="checkbox"/> Check if Deceased		Spouse's social security number • 940-95-2411		
	Mailing address (number and street, P.O. box or rural route) • 2605 SE LANTEEN ST, APT. 101							<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					
	<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 946399944		Your state AR		Issue date (mm/dd/yyyy) 06/19/2023		Expiration date (mm/dd/yyyy) 05/05/2025			
	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 = 58.00

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 = 00

7C. **TOTAL PERSONAL TAX CREDITS:** (Add lines 7A and 7B. Enter total here and on line 34) 7C 58.00

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



Primary SSN 404-89-4686

		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	●	61,710.00	●	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	●	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	●	61,710.00	●	00	
	24. TOTAL ADJUSTMENTS: (Attach Form AR1000ADJ)	24	●	00	●	00	
	25. ADJUSTED GROSS INCOME: (Subtract line 24 from line 23)	25	●	61,710.00	●	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	●	57,030.00	●	00
		29. TAX: (Enter tax from tax table)	29		2,084.00		00
		30. Combined tax: (Add amounts from line 29, columns A and B)	30				2,084.00
		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	●		●	2,084.00	
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	●			1,726.00	



Primary SSN 404-89-4686

PAYMENTS	39. Arkansas income tax withheld: (Attach copies of W-2, 1099R, W2-G, 1099-PT, and/or AR-K1) 39	●	2,487.00
	40. Estimated tax paid or credit brought forward from 2022: 40	●	00
	41. Payment made with extension: (See instructions) 41	●	00
	42. AMENDED RETURNS ONLY - Previous payments: (See instructions) 42	●	00
	43. Early childhood program: Certification number: _____ (Attach AR1000EC and AR2441) 43	●	00
	44. TOTAL PAYMENTS: (Add lines 39 through 43) 44	●	2,487.00
	45. AMENDED RETURNS ONLY - Previous refund: (See instructions) 45	●	00
46. Adjusted total payments: (Subtract line 45 from line 44) 46	●	2,487.00	

REFUND OR TAX DUE	47. AMOUNT OF OVERPAYMENT/REFUND: (If line 46 is greater than line 38, enter difference) 47	●	761.00
	48. Amount to be applied to 2024 estimated tax: 48	●	00
	49. Amount of Check-Off contributions: (Attach Form AR1000CO) 49	●	00
	50. AMOUNT TO BE REFUNDED TO YOU: (Subtract lines 48 and 49 from line 47) REFUND 50	● ☺	761.00
	51. AMOUNT DUE: (If line 46 is less than line 38, enter difference; if over \$1,000, continue to 52A) TAX DUE 51	● ☹	00
	52A. UEP: Attach Form AR2210 or AR2210A. If required, enter exception in box 52A	●	00
52B. Penalty 52B	●	00	
52C. Add lines 51 and 52B: (See instructions) TOTAL DUE 52C	●	00	

Direct deposit allowed to U.S. banks only. Check if either deposit(s) will ultimately be placed in a foreign account.

Routing number 1 **Account number 1** Checking or Savings **Direct deposit 1 amt.**

● 2 7 1 9 9 2 4 0 0 ● 1 7 0 0 0 0 2 4 3 2 2 3 0 8 ● 761.00

Routing number 2 **Account number 2** Checking or Savings **Direct deposit 2 amt.**

● ● ● 00

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

Primary's signature	Date	Telephone (479) 579-4955	May the Arkansas Revenue Division discuss this return with the preparer?
Spouse's signature	Date	Telephone	

Paid preparer's signature SYAM PRIYA RAM SAGAR GUPTA	PTIN/ID number 03/29/2024 ● P02082703	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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Preparer's name GLOBAL TAXES LLC	Telephone (678) 965-9522	For Department Use Only	
Address 245 ROONEY CT		A	●
City E BRUNSWICK	State NJ	ZIP 08816	
E-mail SYAM@GTAXFILE.COM			

<p>PAY ONLINE:</p> <p>Please visit our secure website ATAP (Arkansas Taxpayer Access Point) at www.atap.arkansas.gov. ATAP allows taxpayers or their representatives to log on, make payments and manage their account online. ATAP is available 24 hours.</p>		<p>Mail Return & Payment to:</p> <p>Refund: Arkansas State Income Tax P.O. Box 1000 Little Rock, AR 72203-1000</p> <p>Tax Due/No Tax: Arkansas State Income Tax P.O. Box 2144 Little Rock, AR 72203-2144</p>
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ARKANSAS INDIVIDUAL INCOME TAX TAX CREDITS

Primary's legal name SASIKUMAR SABAPATHY	Primary's social security number 404-89-4686
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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 DECLARATION FOR ELECTRONIC FILING

Primary's Legal First Name and Middle Initial: SASIKUMAR, Last Name: SABAPATHY, Primary's Social Security Number: 404-89-4686, Spouse's Legal First Name and Middle Initial: KALAISELVI, Last Name: PERIASAMY, Spouse's Social Security Number: 940-95-2411, Mailing Address: 2605 SE LANTEEN ST, APT. 101, Telephone: (479) 579-4955, 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, Description, Amount. Row 1: Total Income (Form AR1000F or AR1000NR, Line 23) 61,710.00; Row 2: Net Tax (Form AR1000F or AR1000NR, Line 38) 1,726.00; Row 3: State Income Tax Withheld (Form AR1000F or AR1000NR, Line 39) 2,487.00; Row 4: Refund (Form AR1000F or AR1000NR, Line 47) 761.00; 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: 03/29/2024, Date: 03/29/2024, 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 Preparer's Signature: 03/29/2024, Date: 03/29/2024, 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 FEIN