



Primary SSN 786-08-2980

		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	●	105,456.00	●	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	●	105,456.00	●	00	
	24. TOTAL ADJUSTMENTS: (Attach Form AR1000ADJ)	24	●	00	●	00	
	25. ADJUSTED GROSS INCOME: (Subtract line 24 from line 23)	25	●	105,456.00	●	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	●	2,340.00	●	00
		28. NET TAXABLE INCOME: (Subtract line 27 from line 25)	28	●	103,116.00	●	00
		29. TAX: (Enter tax from tax table)	29		4,690.00		00
		30. Combined tax: (Add amounts from line 29, columns A and B)	30				4,690.00
		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	●			4,690.00	
TAX CREDITS	34. Personal tax credit(s): (Enter total from line 7C)	34	●	29.00			
	35. Child care credit: (Attach AR2441)	35	●	00			
	36. Other credits: (Attach AR1000TC)	36	●	10.00			
	37. TOTAL CREDITS: (Add lines 34 through 36)	37	●			39.00	
	38. NET TAX: (Subtract line 37 from line 33. If line 37 is greater than line 33, enter 0)	38	●			4,651.00	



ARKANSAS INDIVIDUAL INCOME TAX TAX CREDITS

Primary's legal name SHREYAS SUYOG NAIK	Primary's social security number 786-08-2980
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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	•	10.	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 • 10. 00



ARKANSAS INDIVIDUAL INCOME TAX DECLARATION FOR ELECTRONIC FILING

Primary's Legal First Name and Middle Initial, Last Name, Primary's Social Security Number, Spouse's Legal First Name and Middle Initial, Last Name, Spouse's Social Security Number, Mailing Address, Telephone, City, State or Province, ZIP, 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. Rows include Total Income, Net Tax, State Income Tax Withheld, Refund, and Tax Due.

PART II - DECLARATION OF TAXPAYER

- 6a. I consent that my refund be direct deposited...
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...
6d. I authorize the State of Arkansas Income Tax Section to initiate debit entries...

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.

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.

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;

ERO'S Use Only ERO'S Signature Date, Check if paid preparer, Check if self-employed, Your SSN or PTIN, Firm's name and address, 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.

Paid Preparer's Use Only Preparer's Signature Date, Check if self-employed, Preparer's SSN or PTIN, Firm's name and address, FEIN