

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 VIKRAM SHETTY	Social security number 836-05-3123
Spouse's name JAYALAXMI SHETTY	Spouse's social security number 979-94-0917

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	116,009.
2 Total tax	2	7,734.
3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099	3	8,585.
4 Amount you want refunded to you	4	851.
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

5	3	1	2	3
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 as my signature on the income tax return (original or amended) I am now authorizing.

Enter five digits, but don't enter all zeros

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

4	0	9	1	7
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 as my signature on the income tax return (original or amended) I am now authorizing.

Enter five digits, but don't enter all zeros

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 VIKRAM Last name SHETTY Your social security number 836 05 3123

If joint return, spouse's first name and middle initial JAYALAXMI Last name SHETTY Spouse's social security number 979 94 0917

Home address (number and street). If you have a P.O. box, see instructions. 201 SE RANGER BLVD Apt. no. 104 Presidential Election Campaign

City, town, or post office. If you have a foreign address, also complete spaces below. BENTONVILLE State AR ZIP code 72712

Foreign country name Foreign province/state/country Foreign postal code Foreign postal code

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)?

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 6 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. Row 1: ADHVIK, SHETTY, 831-03-6108, Son, [X], []

Income section table with columns 1a-1z and 1a-1z. Row 1a: Total amount from Form(s) W-2, box 1 (see instructions) 111,863. Row 1z: Add lines 1a through 1h 111,863.

Table with columns 2a-2b, 3a-3b, 4a-4b, 5a-5b, 6a-6b. Row 2a: Tax-exempt interest 2a 285. Row 3a: Qualified dividends 3a 285. Row 4a: IRA distributions 4a. Row 5a: Pensions and annuities 5a. Row 6a: Social security benefits 6a.

Table with columns 7-15. Row 7: Capital gain or (loss). Attach Schedule D if required. If not required, check here 7 3,374. Row 9: Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income 9 116,009. Row 11: Subtract line 10 from line 9. This is your adjusted gross income 11 116,009. Row 12: Standard deduction or itemized deductions (from Schedule A) 12 27,700. Row 15: Subtract line 14 from line 11. If zero or less, enter -0-. This is your taxable income 15 88,283.

Tax and Credits table with rows 16-24. Includes Tax (9,745), Amount from Schedule 2, Child tax credit (2,000), and total tax (7,734).

Payments table with rows 25-33. Includes Federal income tax withheld (8,510), 2023 estimated tax payments, and total payments (8,585).

Refund table with rows 34-36. Includes refund amount (851) and amount applied to 2024 estimated tax.

Amount You Owe table with rows 37-38. Includes amount you owe and estimated tax penalty.

Third Party Designee section with checkboxes for Yes/No and fields for name, phone, and PIN.

Sign Here section with signature lines for taxpayer and spouse, including occupation and PIN fields.

Paid Preparer Use Only section with fields for preparer name, signature, date, PTIN, firm name, address, and EIN.

**SCHEDULE 3
(Form 1040)**

Department of the Treasury
Internal Revenue Service

Additional Credits and Payments

Attach to Form 1040, 1040-SR, or 1040-NR.
Go to www.irs.gov/Form1040 for instructions and the latest information.

OMB No. 1545-0074

2023

Attachment
Sequence No. **03**

Name(s) shown on Form 1040, 1040-SR, or 1040-NR
VIKRAM & JAYALAXMI SHETTY

Your social security number
836-05-3123

Part I Nonrefundable Credits

1	Foreign tax credit. Attach Form 1116 if required	1	11.
2	Credit for child and dependent care expenses from Form 2441, line 11. Attach Form 2441	2	
3	Education credits from Form 8863, line 19	3	
4	Retirement savings contributions credit. Attach Form 8880	4	
5a	Residential clean energy credit from Form 5695, line 15	5a	
b	Energy efficient home improvement credit from Form 5695, line 32	5b	
6	Other nonrefundable credits:		
a	General business credit. Attach Form 3800	6a	
b	Credit for prior year minimum tax. Attach Form 8801	6b	
c	Adoption credit. Attach Form 8839	6c	
d	Credit for the elderly or disabled. Attach Schedule R	6d	
e	Reserved for future use	6e	
f	Clean vehicle credit. Attach Form 8936	6f	
g	Mortgage interest credit. Attach Form 8396	6g	
h	District of Columbia first-time homebuyer credit. Attach Form 8859	6h	
i	Qualified electric vehicle credit. Attach Form 8834	6i	
j	Alternative fuel vehicle refueling property credit. Attach Form 8911	6j	
k	Credit to holders of tax credit bonds. Attach Form 8912	6k	
l	Amount on Form 8978, line 14. See instructions	6l	
m	Credit for previously owned clean vehicles. Attach Form 8936	6m	
z	Other nonrefundable credits. List type and amount: _____	6z	
7	Total other nonrefundable credits. Add lines 6a through 6z	7	
8	Add lines 1 through 4, 5a, 5b, and 7. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 20	8	11.

(continued on page 2)

Part II Other Payments and Refundable Credits

9	Net premium tax credit. Attach Form 8962		9	
10	Amount paid with request for extension to file (see instructions)		10	
11	Excess social security and tier 1 RRTA tax withheld		11	
12	Credit for federal tax on fuels. Attach Form 4136		12	
13	Other payments or refundable credits:			
a	Form 2439	13a		
b	Credit for repayment of amounts included in income from earlier years	13b		
c	Elective payment election amount from Form 3800, Part III, line 6, column (i)	13c		
d	Deferred amount of net 965 tax liability (see instructions)	13d		
z	Other payments or refundable credits. List type and amount:	13z		
14	Total other payments or refundable credits. Add lines 13a through 13z		14	
15	Add lines 9 through 12 and 14. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 31		15	

**SCHEDULE D
(Form 1040)**

Capital Gains and Losses

OMB No. 1545-0074

2023

Department of the Treasury
Internal Revenue Service

Attach to Form 1040, 1040-SR, or 1040-NR.
Use Form 8949 to list your transactions for lines 1b, 2, 3, 8b, 9, and 10.
Go to www.irs.gov/ScheduleD for instructions and the latest information.

Attachment
Sequence No. **12**

Name(s) shown on return: **VIKRAM & JAYALAXMI SHETTY** Your social security number: **836-05-3123**

Did you dispose of any investment(s) in a qualified opportunity fund during the tax year? Yes No
If "Yes," attach Form 8949 and see its instructions for additional requirements for reporting your gain or loss.

Part I Short-Term Capital Gains and Losses—Generally Assets Held One Year or Less (see instructions)

See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part I, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
1a Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b .				
1b Totals for all transactions reported on Form(s) 8949 with Box A checked	7,087.	6,815.	0.	272.
2 Totals for all transactions reported on Form(s) 8949 with Box B checked				
3 Totals for all transactions reported on Form(s) 8949 with Box C checked				
4 Short-term gain from Form 6252 and short-term gain or (loss) from Forms 4684, 6781, and 8824 . .				4
5 Net short-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1				5
6 Short-term capital loss carryover. Enter the amount, if any, from line 8 of your Capital Loss Carryover Worksheet in the instructions				6 ()
7 Net short-term capital gain or (loss) . Combine lines 1a through 6 in column (h). If you have any long-term capital gains or losses, go to Part II below. Otherwise, go to Part III on the back				7 272.

Part II Long-Term Capital Gains and Losses—Generally Assets Held More Than One Year (see instructions)

See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part II, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
8a Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b .				
8b Totals for all transactions reported on Form(s) 8949 with Box D checked	17,746.	14,644.		3,102.
9 Totals for all transactions reported on Form(s) 8949 with Box E checked				
10 Totals for all transactions reported on Form(s) 8949 with Box F checked				
11 Gain from Form 4797, Part I; long-term gain from Forms 2439 and 6252; and long-term gain or (loss) from Forms 4684, 6781, and 8824				11
12 Net long-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1				12
13 Capital gain distributions. See the instructions				13
14 Long-term capital loss carryover. Enter the amount, if any, from line 13 of your Capital Loss Carryover Worksheet in the instructions				14 ()
15 Net long-term capital gain or (loss) . Combine lines 8a through 14 in column (h). Then, go to Part III on the back				15 3,102.

Part III Summary

<p>16 Combine lines 7 and 15 and enter the result</p> <ul style="list-style-type: none"> • If line 16 is a gain, enter the amount from line 16 on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 17 below. • If line 16 is a loss, skip lines 17 through 20 below. Then, go to line 21. Also be sure to complete line 22. • If line 16 is zero, skip lines 17 through 21 below and enter -0- on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 22. 	16	3,374.
<p>17 Are lines 15 and 16 both gains?</p> <p><input checked="" type="checkbox"/> Yes. Go to line 18.</p> <p><input type="checkbox"/> No. Skip lines 18 through 21, and go to line 22.</p>		
<p>18 If you are required to complete the 28% Rate Gain Worksheet (see instructions), enter the amount, if any, from line 7 of that worksheet</p>	18	
<p>19 If you are required to complete the Unrecaptured Section 1250 Gain Worksheet (see instructions), enter the amount, if any, from line 18 of that worksheet</p>	19	
<p>20 Are lines 18 and 19 both zero or blank and you are not filing Form 4952?</p> <p><input checked="" type="checkbox"/> Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 16. Don't complete lines 21 and 22 below.</p> <p><input type="checkbox"/> No. Complete the Schedule D Tax Worksheet in the instructions. Don't complete lines 21 and 22 below.</p>		
<p>21 If line 16 is a loss, enter here and on Form 1040, 1040-SR, or 1040-NR, line 7, the smaller of:</p> <ul style="list-style-type: none"> • The loss on line 16; or • (\$3,000), or if married filing separately, (\$1,500) } <p>Note: When figuring which amount is smaller, treat both amounts as positive numbers.</p>	21 ()	
<p>22 Do you have qualified dividends on Form 1040, 1040-SR, or 1040-NR, line 3a?</p> <p><input type="checkbox"/> Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 16.</p> <p><input type="checkbox"/> No. Complete the rest of Form 1040, 1040-SR, or 1040-NR.</p>		

**SCHEDULE 8812
(Form 1040)**

**Credits for Qualifying Children
and Other Dependents**

OMB No. 1545-0074

2023

Department of the Treasury
Internal Revenue Service

Attach to Form 1040, 1040-SR, or 1040-NR.
Go to www.irs.gov/Schedule8812 for instructions and the latest information.

Attachment
Sequence No. **47**

Name(s) shown on return

Your social security number

VIKRAM & JAYALAXMI SHETTY

836-05-3123

Part I Child Tax Credit and Credit for Other Dependents			
1	Enter the amount from line 11 of your Form 1040, 1040-SR, or 1040-NR	1	116,009.
2a	Enter income from Puerto Rico that you excluded	2a	
b	Enter the amounts from lines 45 and 50 of your Form 2555	2b	0.
c	Enter the amount from line 15 of your Form 4563	2c	
d	Add lines 2a through 2c	2d	0.
3	Add lines 1 and 2d	3	116,009.
4	Number of qualifying children under age 17 with the required social security number	4	1
5	Multiply line 4 by \$2,000	5	2,000.
6	Number of other dependents, including any qualifying children who are not under age 17 or who do not have the required social security number	6	0
Caution: Do not include yourself, your spouse, or anyone who is not a U.S. citizen, U.S. national, or U.S. resident alien. Also, do not include anyone you included on line 4.			
7	Multiply line 6 by \$500	7	
8	Add lines 5 and 7	8	2,000.
9	Enter the amount shown below for your filing status. • Married filing jointly—\$400,000 } • All other filing statuses—\$200,000 }	9	400,000.
10	Subtract line 9 from line 3. • If zero or less, enter -0-. • If more than zero and not a multiple of \$1,000, enter the next multiple of \$1,000. For example, if the result is \$425, enter \$1,000; if the result is \$1,025, enter \$2,000, etc. }	10	0.
11	Multiply line 10 by 5% (0.05)	11	0.
12	Is the amount on line 8 more than the amount on line 11? <input type="checkbox"/> No. STOP. You cannot take the child tax credit, credit for other dependents, or additional child tax credit. Skip Parts II-A and II-B. Enter -0- on lines 14 and 27. <input checked="" type="checkbox"/> Yes. Subtract line 11 from line 8. Enter the result.	12	2,000.
13	Enter the amount from Credit Limit Worksheet A	13	9,734.
14	Enter the smaller of line 12 or line 13. This is your child tax credit and credit for other dependents	14	2,000.

Enter this amount on Form 1040, 1040-SR, or 1040-NR, line 19.

If the amount on line 12 is more than the amount on line 14, you may be able to take the **additional child tax credit** on Form 1040, 1040-SR, or 1040-NR, line 28. Complete your Form 1040, 1040-SR, or 1040-NR through line 27 (also complete Schedule 3, line 11) before completing Part II-A.

Part II-A Additional Child Tax Credit for All Filers

Caution: If you file Form 2555, you cannot claim the additional child tax credit.

15	Check this box if you do not want to claim the additional child tax credit. Skip Parts II-A and II-B. Enter -0- on line 27 <input type="checkbox"/>		
16a	Subtract line 14 from line 12. If zero, stop here ; you cannot take the additional child tax credit. Skip Parts II-A and II-B. Enter -0- on line 27	16a	0.
b	Number of qualifying children under 17 with the required social security number: _____ x \$1,600. Enter the result. If zero, stop here ; you cannot claim the additional child tax credit. Skip Parts II-A and II-B. Enter -0- on line 27	16b	
	TIP: The number of children you use for this line is the same as the number of children you used for line 4.		
17	Enter the smaller of line 16a or line 16b	17	
18a	Earned income (see instructions)	18a	
b	Nontaxable combat pay (see instructions)	18b	
19	Is the amount on line 18a more than \$2,500? <input type="checkbox"/> No. Leave line 19 blank and enter -0- on line 20. <input type="checkbox"/> Yes. Subtract \$2,500 from the amount on line 18a. Enter the result	19	
20	Multiply the amount on line 19 by 15% (0.15) and enter the result Next. On line 16b, is the amount \$4,800 or more? <input type="checkbox"/> No. If you are a bona fide resident of Puerto Rico, go to line 21. Otherwise, skip Part II-B and enter the smaller of line 17 or line 20 on line 27. <input type="checkbox"/> Yes. If line 20 is equal to or more than line 17, skip Part II-B and enter the amount from line 17 on line 27. Otherwise, go to line 21.	20	

Part II-B Certain Filers Who Have Three or More Qualifying Children and Bona Fide Residents of Puerto Rico

21	Withheld social security, Medicare, and Additional Medicare taxes from Form(s) W-2, boxes 4 and 6. If married filing jointly, include your spouse's amounts with yours. If your employer withheld or you paid Additional Medicare Tax or tier 1 RRTA taxes, or if you are a bona fide resident of Puerto Rico, see instructions.		
22	Enter the total of the amounts from Schedule 1 (Form 1040), line 15; Schedule 2 (Form 1040), line 5; Schedule 2 (Form 1040), line 6; and Schedule 2 (Form 1040), line 13	22	
23	Add lines 21 and 22	23	
24	1040 and 1040-SR filers: Enter the total of the amounts from Form 1040 or 1040-SR, line 27, and Schedule 3 (Form 1040), line 11. } 1040-NR filers: Enter the amount from Schedule 3 (Form 1040), line 11. }	24	
25	Subtract line 24 from line 23. If zero or less, enter -0-	25	
26	Enter the larger of line 20 or line 25 Next, enter the smaller of line 17 or line 26 on line 27.	26	

Part II-C Additional Child Tax Credit

27	This is your additional child tax credit. Enter this amount on Form 1040, 1040-SR, or 1040-NR, line 28		
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Health Savings Accounts (HSAs)

Attach to Form 1040, 1040-SR, or 1040-NR.
 Go to www.irs.gov/Form8889 for instructions and the latest information.

Name(s) shown on Form 1040, 1040-SR, or 1040-NR
 VIKRAM SHETTY

Social security number of HSA beneficiary.
 If both spouses have HSAs, see instructions.
 836-05-3123

Before you begin: Complete Form 8853, Archer MSAs and Long-Term Care Insurance Contracts, if required.

Part I HSA Contributions and Deduction. See the instructions before completing this part. If you are filing jointly and both you and your spouse each have separate HSAs, complete a separate Part I for each spouse.

1	Check the box to indicate your coverage under a high-deductible health plan (HDHP) during 2023. See instructions	<input type="checkbox"/> Self-only <input checked="" type="checkbox"/> Family
2	HSA contributions you made for 2023 (or those made on your behalf), including those made by the unextended due date of your tax return that were for 2023. Do not include employer contributions, contributions through a cafeteria plan, or rollovers. See instructions	2 0.
3	If you were under age 55 at the end of 2023 and, on the first day of every month during 2023, you were, or were considered, an eligible individual with the same coverage, enter \$3,850 (\$7,750 for family coverage). All others , see the instructions for the amount to enter	3 7,750.
4	Enter the amount you and your employer contributed to your Archer MSAs for 2023 from Form 8853, lines 1 and 2. If you or your spouse had family coverage under an HDHP at any time during 2023, also include any amount contributed to your spouse's Archer MSAs	4 0.
5	Subtract line 4 from line 3. If zero or less, enter -0-	5 7,750.
6	Enter the amount from line 5. But if you and your spouse each have separate HSAs and had family coverage under an HDHP at any time during 2023, see the instructions for the amount to enter	6 7,750.
7	If you were age 55 or older at the end of 2023, married, and you or your spouse had family coverage under an HDHP at any time during 2023, enter your additional contribution amount. See instructions	7
8	Add lines 6 and 7	8 7,750.
9	Employer contributions made to your HSAs for 2023	9 4,620.
10	Qualified HSA funding distributions	10
11	Add lines 9 and 10	11 4,620.
12	Subtract line 11 from line 8. If zero or less, enter -0-	12 3,130.
13	HSA deduction. Enter the smaller of line 2 or line 12 here and on Schedule 1 (Form 1040), Part II, line 13 Caution: If line 2 is more than line 13, you may have to pay an additional tax. See instructions.	13 0.

Part II HSA Distributions. If you are filing jointly and both you and your spouse each have separate HSAs, complete a separate Part II for each spouse.

14a	Total distributions you received in 2023 from all HSAs (see instructions)	14a
b	Distributions included on line 14a that you rolled over to another HSA. Also include any excess contributions (and the earnings on those excess contributions) included on line 14a that were withdrawn by the due date of your return. See instructions	14b
c	Subtract line 14b from line 14a	14c
15	Qualified medical expenses paid using HSA distributions (see instructions)	15
16	Taxable HSA distributions. Subtract line 15 from line 14c. If zero or less, enter -0-. Also, include this amount in the total on Schedule 1 (Form 1040), Part I, line 8f	16
17a	If any of the distributions included on line 16 meet any of the Exceptions to the Additional 20% Tax (see instructions), check here <input type="checkbox"/>	
b	Additional 20% tax (see instructions). Enter 20% (0.20) of the distributions included on line 16 that are subject to the additional 20% tax. Also, include this amount in the total on Schedule 2 (Form 1040), Part II, line 17c	17b

Part III Income and Additional Tax for Failure To Maintain HDHP Coverage. See the instructions before completing this part. If you are filing jointly and both you and your spouse each have separate HSAs, complete a separate Part III for each spouse.

18	Last-month rule	18
19	Qualified HSA funding distribution	19
20	Total income. Add lines 18 and 19. Include this amount on Schedule 1 (Form 1040), Part I, line 8f	20
21	Additional tax. Multiply line 20 by 10% (0.10). Include this amount in the total on Schedule 2 (Form 1040), Part II, line 17d	21

Qualified Business Income Deduction Simplified Computation

Department of the Treasury
Internal Revenue Service

Attach to your tax return.

Attachment
Sequence No. **55**

Go to www.irs.gov/Form8995 for instructions and the latest information.

Name(s) shown on return VIKRAM & JAYALAXMI SHETTY	Your taxpayer identification number 836-05-3123
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Note. You can claim the qualified business income deduction **only** if you have qualified business income from a qualified trade or business, real estate investment trust dividends, publicly traded partnership income, or a domestic production activities deduction passed through from an agricultural or horticultural cooperative. See instructions.
Use this form if your taxable income, before your qualified business income deduction, is at or below \$182,100 (\$364,200 if married filing jointly), and you aren't a patron of an agricultural or horticultural cooperative.

1	(a) Trade, business, or aggregation name	(b) Taxpayer identification number	(c) Qualified business income or (loss)
i			
ii			
iii			
iv			
v			
2	Total qualified business income or (loss). Combine lines 1i through 1v, column (c)	2	
3	Qualified business net (loss) carryforward from the prior year	3 ()	
4	Total qualified business income. Combine lines 2 and 3. If zero or less, enter -0-	4	
5	Qualified business income component. Multiply line 4 by 20% (0.20)		5
6	Qualified REIT dividends and publicly traded partnership (PTP) income or (loss) (see instructions)	6 129.	
7	Qualified REIT dividends and qualified PTP (loss) carryforward from the prior year	7 ()	
8	Total qualified REIT dividends and PTP income. Combine lines 6 and 7. If zero or less, enter -0-	8 129.	
9	REIT and PTP component. Multiply line 8 by 20% (0.20)		9 26.
10	Qualified business income deduction before the income limitation. Add lines 5 and 9		10 26.
11	Taxable income before qualified business income deduction (see instructions)	11 88,309.	
12	Enter your net capital gain, if any, increased by any qualified dividends (see instructions)	12 3,387.	
13	Subtract line 12 from line 11. If zero or less, enter -0-	13 84,922.	
14	Income limitation. Multiply line 13 by 20% (0.20)		14 16,984.
15	Qualified business income deduction. Enter the smaller of line 10 or line 14. Also enter this amount on the applicable line of your return (see instructions)		15 26.
16	Total qualified business (loss) carryforward. Combine lines 2 and 3. If greater than zero, enter -0-		16 (0.)
17	Total qualified REIT dividends and PTP (loss) carryforward. Combine lines 6 and 7. If greater than zero, enter -0-		17 (0.)

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 VIKRAM & JAYALAXMI SHETTY	Taxpayer identification number 836-05-3123
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. <ul style="list-style-type: none"> • 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 • VIKRAM		MI •	Last name • SHETTY		Check if Deceased • <input type="checkbox"/>		Primary's social security number • 836-05-3123		
	Spouse's legal first name • JAYALAXMI		MI •	Last name • SHETTY		Check if Deceased • <input type="checkbox"/>		Spouse's social security number • 979-94-0917		
	Mailing address (number and street, P.O. box or rural route) • 201 SE RANGER BLVD, APT. 104							<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 <u>942193586</u>		Your state <u>AR</u>		Issue date (mm/dd/yyyy) <u>08/02/2021</u>		Expiration date (mm/dd/yyyy) <u>06/17/2024</u>			
	DL# / State ID <u>944690268</u>		Spouse state <u>AR</u>		Issue date (mm/dd/yyyy) <u>07/27/2022</u>		Expiration date (mm/dd/yyyy) <u>06/17/2024</u>			
	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) _____					
PERSONAL TAX CREDITS	7A. <input checked="" type="checkbox"/> Yourself • <input type="checkbox"/> 65 or over • <input type="checkbox"/> 65 Special • <input type="checkbox"/> Blind • <input type="checkbox"/> Deaf <input type="checkbox"/> Head of household/surviving spouse (Filing status 3 only) (Filing status 6 only)									
	<input checked="" type="checkbox"/> Spouse • <input type="checkbox"/> 65 or over • <input type="checkbox"/> 65 Special • <input type="checkbox"/> Blind • <input type="checkbox"/> Deaf									
	Multiply number of boxes checked 7A <input type="checkbox"/> 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. ADHVIK SHETTY				831-03-6108		SON				
2.										
3.										
4.										
5.										
7B. Multiply number of DEPENDENTS from above 7B • <input type="checkbox"/> X \$29 = 29.00										
7C. TOTAL PERSONAL TAX CREDITS: (Add lines 7A and 7B. Enter total here and on line 34) 7C 87.00										
Individuals with Developmental Disabilities Credit (AR1000-DD - formerly AR1000RC5) now on Form AR1000TC										



Primary SSN 836-05-3123

		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	●	111,863.00	●	00	
	9. Military pay: Primary ● [] 00 Spouse ● [] 00						
	10. Interest income: (If over \$1,500, attach AR4)	10	●	315.00	●	00	
	11. Dividend income: (If over \$1,500, attach AR4)	11	●	457.00	●	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	●	1,823.00	●	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	●	114,458.00	●	00	
	24. TOTAL ADJUSTMENTS: (Attach Form AR1000ADJ)	24	●	00	●	00	
	25. ADJUSTED GROSS INCOME: (Subtract line 24 from line 23)	25	●	114,458.00	●	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	●	109,778.00	●	00
		29. TAX: (Enter tax from tax table)	29		5,004.00		00
		30. Combined tax: (Add amounts from line 29, columns A and B)	30				5,004.00
		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	●			5,004.00		
TAX CREDITS	34. Personal tax credit(s): (Enter total from line 7C)	34	●	87.00			
	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	●			387.00	
	38. NET TAX: (Subtract line 37 from line 33. If line 37 is greater than line 33, enter 0)	38	●			4,617.00	



Primary SSN 836-05-3123

PAYMENTS	39. Arkansas income tax withheld: (Attach copies of W-2, 1099R, W2-G,1099-PT, and/or AR-K1) 39	●	4,976.	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	●	4,976.	00																											
	45. AMENDED RETURNS ONLY - Previous refund: (See instructions) 45	●		00																											
	46. Adjusted total payments: (Subtract line 45 from line 44) 46	●	4,976.	00																											
REFUND OR TAX DUE	47. AMOUNT OF OVERPAYMENT/REFUND: (If line 46 is greater than line 38, enter difference) 47	●	359.	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	●	☺	359.	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	●		Penalty 52B	●		00																								
52C. Add lines 51 and 52B: (See instructions) TOTAL DUE 52C	●			00																											
DIRECT DEPOSIT	Direct deposit allowed to U.S. banks only. Check if either deposit(s) will ultimately be placed in a foreign account. ● <input type="checkbox"/>																														
	Routing number 1 <table style="border-collapse: collapse; margin-left: 20px;"> <tr> <td style="border: 1px solid black; width: 20px; text-align: center;">0</td> <td style="border: 1px solid black; width: 20px; text-align: center;">8</td> <td style="border: 1px solid black; width: 20px; text-align: center;">2</td> <td style="border: 1px solid black; width: 20px; text-align: center;">0</td> <td style="border: 1px solid black; width: 20px; text-align: center;">0</td> <td style="border: 1px solid black; width: 20px; text-align: center;">0</td> <td style="border: 1px solid black; width: 20px; text-align: center;">7</td> <td style="border: 1px solid black; width: 20px; text-align: center;">3</td> </tr> </table>	0	8	2	0	0	0	7	3	Account number 1 <table style="border-collapse: collapse; margin-left: 20px;"> <tr> <td style="border: 1px solid black; width: 20px; text-align: center;">4</td> <td style="border: 1px solid black; width: 20px; text-align: center;">8</td> <td style="border: 1px solid black; width: 20px; text-align: center;">7</td> <td style="border: 1px solid black; width: 20px; text-align: center;">0</td> <td style="border: 1px solid black; width: 20px; text-align: center;">0</td> <td style="border: 1px solid black; width: 20px; text-align: center;">4</td> <td style="border: 1px solid black; width: 20px; text-align: center;">6</td> <td style="border: 1px solid black; width: 20px; text-align: center;">4</td> <td style="border: 1px solid black; width: 20px; text-align: center;">1</td> <td style="border: 1px solid black; width: 20px; text-align: center;">2</td> <td style="border: 1px solid black; width: 20px; text-align: center;">0</td> <td style="border: 1px solid black; width: 20px; text-align: center;">8</td> <td style="border: 1px solid black; width: 20px; text-align: center;"></td> <td style="border: 1px solid black; width: 20px; text-align: center;"></td> <td style="border: 1px solid black; width: 20px; text-align: center;"></td> </tr> </table>	4	8	7	0	0	4	6	4	1	2	0	8				<input checked="" type="checkbox"/> Checking or ● <input type="checkbox"/> Savings	Direct deposit 1 amt. <table style="border-collapse: collapse; margin-left: 20px;"> <tr> <td style="border: 1px solid black; width: 50px;"></td> <td style="border: 1px solid black; width: 50px; text-align: right;">359.</td> <td style="border: 1px solid black; width: 50px;"></td> <td style="border: 1px solid black; width: 50px; text-align: right;">00</td> </tr> </table>		359.		00
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			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 Spouse's signature		Date Date	Telephone Telephone	May the Arkansas Revenue Division discuss this return with the preparer? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No																											
Paid preparer's signature SYAM PRIYA RAM SAGAR GUPTA		PTIN/ID number 04/09/2024 ● 843171965	For Department Use Only A ●																												
Preparer's name GLOBAL TAXES LLC		Telephone (678) 965-9522																													
Address 245 ROONEY CT																															
City E BRUNSWICK	State NJ	ZIP 08816																													
E-mail SYAM@GTAXFILE.COM																															
PAY ONLINE: 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.			Mail Return & Payment to: Refund: Arkansas State Income Tax P.O. Box 1000 Little Rock, AR 72203-1000 Tax Due/No Tax: Arkansas State Income Tax P.O. Box 2144 Little Rock, AR 72203-2144																												



ARKANSAS INDIVIDUAL INCOME TAX TAX CREDITS

Primary's legal name VIKRAM SHETTY	Primary's social security number 836-05-3123
---------------------------------------	---

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)**

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



**ARKANSAS INDIVIDUAL INCOME TAX
CAPITAL GAINS**

Primary's legal name VIKRAM & JAYALAXMI SHETTY	Primary's social security number 836-05-3123
---	---

In Arkansas, only 50% of the net capital gain is taxed. 100% of the short term capital gain is taxed.

Per Act 1488 of 2013, the amount of net capital gain in excess of ten million dollars (\$10,000,000) from a gain realized on or after January 1, 2014, is exempt from state tax.

Complete the AR1000D if you have a CAPITAL GAIN OR LOSS reported on federal Schedule D, or if Schedule D is not required, a gain reported on federal Form 1040, line 7. The amount of capital loss that can be deducted after offsetting capital gains is limited to \$3,000 (\$1,500 per taxpayer for filing status 4 or 5). See instructions for line 14, Form AR1000F/AR1000NR.

Adjust your gains and losses for depreciation differences, **if any**, in the federal and Arkansas amounts using lines 2, 5 and 10. *

Note: Arkansas did not adopt the federal "bonus depreciation" provision from previous years. Therefore, there may be a difference in federal and Arkansas amounts of depreciation allowed.

Full Year Resident Filers - Complete columns (A) and (B) only.

Nonresident or Part Year Resident Filers - Complete columns (A), (B), and (C).

	Federal Schedule D		(A) Primary		(B) Spouse		(C) Arkansas Only	
1. Enter federal long-term capital gain or loss reported on line 15, federal Schedule D or Form 1040, line 7.....1	3,102.00		3,102.00		00		00	
2. Enter adjustment, if any , for depreciation differences in federal and state amounts.....2			00		00		00	
3. Arkansas long-term capital gain or loss. Add (or subtract) line 1 and line 2.....3		●	3,102.00	●	00	●	00	
4. Enter federal net short-term capital loss, if any , reported on line 7, federal Schedule D4	00		00		00		00	
5. Enter adjustment, if any , for depreciation differences in federal and state amounts.....5			00		00		00	
6. Arkansas net short-term capital loss. Add (or subtract) line 4 and line 5.....6		●	00	●	00	●	00	
7a. Arkansas net capital gain or loss. (If gain, subtract line 6 from 3. If loss, add lines 6 and 3.).....7a		●	3,102.00	●	00	●	00	
7b. If the amount on line 7a is over \$10,000,000, only enter \$10,000,000. If less than \$10,000,000, enter the total amount.....7b			3,102.00		00		00	
8. Arkansas taxable amount. If a gain multiply line 7b by 50 percent (.50), otherwise enter loss.....8			1,551.00		00		00	
9. Enter federal short-term capital gain, if any , reported on line 7, federal Schedule D.....9	272.00		272.00		00		00	
10. Enter adjustment, if any , for depreciation differences in federal and state amounts.....10			00		00		00	
11. Arkansas short-term capital gain. Add (or subtract) line 9 and line 10.....11		●	272.00	●	00	●	00	
12. Total taxable Arkansas capital gain or loss. Add lines 8 and 11. (Loss limited to \$3,000, for filing status 1, 2, 3, and 6, \$1,500 per taxpayer if filing status 4 or 5.) Enter here. Filing status 1,2,3,5 and 6: Add line 12, columns A and B and enter on AR1000F/AR1000NR, line 14. Filing status 4: Enter line 12, column A on AR1000F/AR1000NR, line 14, column A. Enter line 12, column B on AR1000F/AR1000NR, line 14, column B.			1,823.00		0.00		00	



ARKANSAS INDIVIDUAL INCOME TAX INTEREST AND DIVIDENDS

Table with 2 columns: Primary's legal name (VIKRAM & JAYALAXMI SHETTY) and Primary's social security number (836-05-3123)

Full Year Resident Filers - Complete columns (A) and (B) if using filing status 4 (married filing separately on the same return). All other filing statuses must complete column (A) only.

Nonresident or Part Year Resident Filers - Complete columns (A), (B), and (C) if using filing status 4 (married filing separately on the same return). All other filing statuses must complete columns (A) and (C) only.

Part I - TAXABLE INTEREST

Interest on bank deposits, notes, mortgages from individuals, corporation bonds, savings and loan deposits, and credit union deposits are taxable. Interest on obligations of other states and subdivisions are fully taxable.

Table for Part I - Taxable Interest with columns: NAME OF PAYER, (A) Primary/Joint, (B) Spouse (If Filing Status 4), and (C) Arkansas Only. Includes rows for Goldman Sachs Bank USA and Fidelity Brokerage Services LLC, and a total row.

Part II - TAXABLE DIVIDENDS

Dividends and other distributions on stock are fully taxable. There is no dividend exclusion applicable to Arkansas.

Table for Part II - Taxable Dividends with columns: NAME OF PAYER, (A) Primary/Joint, (B) Spouse (If Filing Status 4), and (C) Arkansas Only. Includes rows for Robinhood Securities LLC and Fidelity Brokerage Services LLC, and a total row.

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Part III - INCOME NOT SUBJECT TO ARKANSAS TAX (See Instructions on pages 9 & 10)

Table for Part III - Income Not Subject to Arkansas Tax with columns: Description, Amount, and Total. Includes rows for Social security, Railroad retirement benefits, Ministers housing allowance, Other, and a total row.



ARKANSAS INDIVIDUAL INCOME TAX DECLARATION FOR ELECTRONIC FILING

Primary's Legal First Name and Middle Initial: VIKRAM, Last Name: SHETTY, Primary's Social Security Number: 836-05-3123, Spouse's Legal First Name and Middle Initial: JAYALAXMI, Last Name: SHETTY, Spouse's Social Security Number: 979-94-0917, Mailing Address: 201 SE RANGER BLVD, APT. 104, Telephone: (479) 925-6353, City: BENTONVILLE, State or Province: AR, ZIP: 72712, Check if address is outside U.S. Foreign Country.

PART I - TAX RETURN INFORMATION (Whole Dollars Only)

Table with 3 columns: Line number, Description, and Amount. Line 1: Total Income (Form AR1000F or AR1000NR, Line 23) 114,458.00; Line 2: Net Tax (Form AR1000F or AR1000NR, Line 38) 4,617.00; Line 3: State Income Tax Withheld (Form AR1000F or AR1000NR, Line 39) 4,976.00; Line 4: Refund (Form AR1000F or AR1000NR, Line 47) 359.00; Line 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 Date: 04/09/2024, Check if paid preparer [], Check if self-employed [], Your SSN or PTIN: E BRUNSWICK NJ 08816 84-3171965, Firm's name and address: GLOBAL TAXES LLC 245 ROONEY CT, FEIN: 84-3171965

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 Date: 04/09/2024, Check if self-employed [], Preparer's SSN or PTIN: P02082703, Firm's name and address: SYAM PRIYA RAM SAGAR GUPTA 245 ROONEY CT, FEIN: 84-3171965