STATE OF ARKANSAS INDIVIDUAL INCOME TAX PAYMENT VOUCHER INSTRUCTIONS

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

Pay Online

Paying online is convenient, secure, and helps make sure we get your payments on time. Please visit our secure website, ATAP (Arkansas Taxpayer Access Point), at www.atap.arkansas.gov. ATAP allows taxpayers or their representatives to log on, make payments, and manage their account online.

Additional ATAP features include:

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

E-Filed Returns

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

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

Paper Returns

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

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

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

(R 7/21/2022

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

REV	03/05/24	PRO

oftware ID PROSERIES rimary Social Security Number	Spouse's Social Security Number	Fiscal Year End	Tax Year
27-63-6243			2023
		Due Date	Amount Paid
Name PUSHKAR	BOOSA	04/15/2024	23
Name FOSIIICAIC	DOODA		Include Cents (ex. 1,234,567.89)
Address 1012 SW ANCHOR V	WAY	Is Payment for an A	Amended Return?
City, State, Zip BENTONVILLE ,	, AR 72712	Yes	Nο

2023 AR1000NR ARKANSAS INDIVIDUAL



P1

INCOME TAX RETURN Nonresident and Part Year Resident

CHECK BOX IF AMENDED RETURN

				AMEND	ED RETURN	Software ID								
lan.	1 - Dec. 31, 2023 or fiscal year ending		, 20 •	•		• PROSERIES								
	Primary's legal first name	MI	Last name	Check if	Primary's social secu	•								
	• PUSHKAR	•	• BOOSA	Deceased										
	Spouse's legal first name	MI	Last name	Check if	Spouse's social secu	rity number								
	•	•	•	• Deceased										
	Mailing address (number and street, P.O. bo	ox or rural route)	•		☐ Check if address is	outside U.S								
	• 1012 SW ANCHOR WAY					outoido o.o.								
	City	State or provin	ce	ZIP	Foreign country name	:								
	• BENTONVILLE	• _{AR}		• 72712										
<u>N</u>	Primary email			Secondary email										
MAT														
TAXPAYER INFORMATION		ATTACH	PAGE 1 AND 2 C	 2 OF YOUR FEDERAL RETURN										
N.	Primary - Remote Worker Prim	mary - Military S	pouse •	NONRESIDENT:	X PART YEAR RESID	ENT: Dates lived in AR:								
PAYE	Spouse - Remote Worker Spo	ouse - Military S	pouse • List	state of residence:	From: 10/01/202	3_ _{To:} _12/31/2023								
TAX		ll., mail 4000												
	• We no longer automatical (www.atap.arkansas.gov													
		•				-								
	• Check here if you want a next year.	tax booklet i	nailed to you		[:] you have filed a st federal extension	ate extension								
	next year.			or all automatic	euerai extension									
	DL# / State ID 46664259	Your state	TX Issue (mm/	date 06/28/2023 dd/yyyy)	Expiration date (mm/dd/yyyy) —	06/14/2024								
	DL# / State ID	Spouse state		date date	Expiration date (mm/dd/yyyy)									
				Τ —										
SN.	1.● X Single (Or widowed before 202	arately on the same return												
FILING STATUS	2.● Married filing joint (Even if onl	arately on different returns												
S S	3.● Head of household (See instru	ame here and SSN abo	/e											
1	If the qualifying person was y	with dependent child												
	enter child's name here:			Year spouse died: (See instructions)										
	7A. X Yourself • 65 or ove	r • 65	Special •	Blind • Deaf	Head of household	survivina spouse								
			· <u>-</u>		Head of household (Filing status 3 only)	(Filing status 6 only)								
	Spouse • 65 or ove	er • 65	Special •	Blind • Deaf										
	Multiply number of boxes checked				7A 1 X \$29 =	29.00								
						100								
	Dependents (Do not list yourse	elf or spouse)												
LS	First name	Last name	Depend	lent's social security number	Dependent's rela	ationship to you								
EDI	1.													
CR														
¥	2.													
NAL	3.													
PERSONAL TAX CREDITS	4.													
8	5.													
	6.													
	7B. Multiply number of DEPENDENT	'S from above			7B • X \$29 =	00								
	•													
	7C. TOTAL PERSONAL TAX CRE				L	29.00								
	Individuals with Developm	nental Disabi	lities Credit (AR	1000-DD - formerly AR10	00RC5) now on For	m AR1000TC								



Primary SSN <u>127-63-6243</u>

Pri	mary SSN <u>127-63-6243</u>	_			I				
	ROUND ALL AMOUNTS TO WHOLE DOLLARS	_(*) Primary/Joint Income		(B) Spouse's Incor Status 4 Only		(C)	Arkansas Income Only	<u>, </u>
	8. Wages, salaries, tips, etc: (Attach W-2s)	•	50,402.	00	•	00	•	2,352.	00
	9. Military pay: Primary ● 00 Spouse ● 00								
	10. Interest income: (If over \$1,500, attach AR4)10	•		00	•	00	•		00
	11. Dividend income: (If over \$1,500, attach AR4)11	•		00	•	00	•		00
	12. Alimony and separate maintenance received:	•		00	•	00	•		00
	13. Business or professional income: (Attach federal Sch. C)	•		00	•	00	•		00
	14. Capital gains/(losses) from stocks, bonds, etc: (Attach federal Sch. D)14	•		00	•	00	•		00
	15. Other gains or (losses): (See instructions)	•		00	•	00	•		00
ш	16. Non-qualified IRA distributions and taxable annuities: (Attach all 1099Rs)16	•		00	•	00	•		00
NCOME	17. Military retirement: Primary ● 00 Spouse ● 00								
2	18A.Primary employer pension plan(s)/qualified IRA(s):(Attach 1099Rs)								
	Gross ● 00 Taxable ● 00 Less \$6,000	┡		00			•		00
	18B.Spouse employer pension plan(s)/qualified IRA(s):(Attach 1099Rs) Gross O□ Taxable □□ □□ Less 18B	•		00	•	00	•		00
	19. Rents, royalties, partnerships, estates, trusts, etc.: (Attach federal Sch. E) 19		0.	00	•	00	•	0.	00
	20. Farm income: (Attach federal Sch. F)20	1		00	•	00	•		00
	21. Unemployment:21	1		00	•	00	•		00
	22. Other income/depreciation differences: (Attach Form AR-OI)22	1		00	•	00	•		00
	23. TOTAL INCOME: (Add lines 8 through 22)	1	50,402.	00	•	00	•	2,352.	00
	24. TOTAL ADJUSTMENTS: (Attach Form AR1000ADJ)	1		00	•	00	•		00
	25. ADJUSTED GROSS INCOME: (Subtract line 24 from line 23) 25	1	50,402.	00	•	00	•	2,352.	00
	26. Select tax table: (Select only one) 26								Ė
	27. ● Low income table (\$0), See line 26 instructions								
NO	 ■ Standard deduction (See instructions) ■ Itemized deductions (Attach AR3) 	•	2,340.	00	•	00			
UTATION	28. NET TAXABLE INCOME: (Subtract line 27 from line 25)28	\vdash	48,062.			00			
СОМР	29. TAX: (Enter tax from tax table)		1,661.			00			
rax c	30. Combined tax: (Add amounts from line 29, columns A and B)					30		1,661.	00
	31. Enter tax from Lump Sum Distribution Averaging Schedule: (Attach AR								00
	32. Additional tax on IRA and qualified plan withdrawal and overpayment: (Se		,					1,661.	00
	33. TOTAL TAX: (Add lines 30 through 32)							29.	+
STIC	35. Child care credit: (Attach AR2441)							<u> </u>	00
CREDITS	36. Other credits: (Attach AR1000TC)						l		00
TAX	37. TOTAL CREDITS: (Add lines 34 through 36)							29.	00
lacksquare	38. NET TAX: (Subtract line 37 from line 33. If line 37 is greater than line 3	33, €	enter 0)			38	•	1,632.	00
MENT	38AEnter the amount from line 25, Column C :							2,352.	1
APPORTIONMENT	38B.Enter the total amount from line 25, Columns A and B :					38B	•	50,402.	00
APPO	38C.Divide line 38A by 38B: (See instructions)					380	•	76.	00



Primary SSN <u>127-63-6243</u>

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	39	. Ar	kans	sas	inco	me	tax v	withh	eld:	(At	tac	h co	pje	s o	f W-	2, 1	0991	R, V	V2-C	3,10	99-I	PT,	and/	or A	NR-M	(1) .			39	•		53.	00	
	40	. Es	tima	ated	tax	paic	d or (credi	t bro	ugh	nt fo	rwa	ard fi	rom	202	22:													40	•			00	
	41	. Pa	yme	ent i	mad	e wi	th ex	xtens	ion:	(Se	e i	nstr	ructi	ions	s)														41	•			00	
NTS	42	. Al	MEI	NDE	ĒD I	RET	UR	NS (ONL	. Y -	Pre	evio	us p	ayr	nent	ts: (\$	See	inst	truc	tion	s) .								42	•			00	
PAYMENTS	43	3. Early childhood program: Certification number: (Attach AR1000EC and AR2441)															43	•			00													
	44	. T(ЭТА	L F	PAY	MEI	NTS	: (A	dd li	nes	s 39	thr	oug	jh 4	3)														44	•		53.	00	
	45	. A l	MEI	NDE	ĒD I	RET	UR	NS (ONL	. Y -	. Pre	evio	us r	efui	nd: (See	ins	truc	tio	ns) .									45	•			00	
	1																			-												53.	00	
		46. Adjusted total payments: (Subtract line 45 from line 44)																l .			00													
ш	1							to 20																_				00						
X DUE	1																							=				00	İ					
OR TAX	1	49. Amount of Check-Off contributions: (Attach Form AR1000CO)													JND	50 •	©			00														
REFUND	1																											DUE		_		23.	00	
REF	1							210 or												_									0	_				
	520). A	dd li	nes	51 :	and	52B	: (Se	e ins	stru	ıcti	ons	s)												T (ОТА	LC	UE	52C	•		23	00	
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PLEASE IGN HER																							(94	10)	304	-67	82		Re	venu	ie Div	retur	1	
S	Spouse's signature Date Telephone																parer																	
	Pa	id p	repa	rer's	s sig	natu	ire											P	TIN	/ID n	umb	 ber						\dashv		Yes	X	No		
		SYAM PRIYA RAM SAGAR GUPTA 04/04/2024 • 843171965													_	For D	epart	ment	Jse On	ly														
	Pre	Preparer's name GLOBAL TAXES LLC Telephone											Α	Ī		•																		
RER	Ac	(678)965-9522 Address																																
PAID PREPARER		245 ROONEY CT																																
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AR1000NR, Page 3 (R 7/5/2023)

24 hours.

P.O. Box 2144

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

P.O. Box 1000



ARKANSAS INDIVIDUAL INCOME TAX DECLARATION FOR ELECTRONIC FILING

Primary's	s Legal F	First Name and Middle	Initial	Last	Name		Primary's Social Security Number										
• PUSI	HKAR			● B	OOSA			●127-63-6243									
Spouse's	Legal F	irst Name and Middle	Initial	Last	Name			Spouse's Social Security Number									
								•									
Mailing A	ddress (Number and Street, P.O. Box	or Rural Route)					Telepho									
1012	SW A	NCHOR WAY						940	0)304-6782								
City			State or Province		ZIP				is outside U.S.								
	DNVILI		AR		72712	2	Foreign (Country									
PART	' I - TA)	RETURN INFORM	MATION (Whole Dol	llars Only)													
1. T	otal Inco	me (Form AR1000F o	or AR1000NR, Line	23)				1	50,402.	. 00							
2. N	let Tax (I	Form AR1000F or AR	1000NR, Line 38)					2	76.	. 00							
3. S	State Inco	ome Tax Withheld (For	m AR1000F or AR1	000NR, Line	e 39)			3	53.	. 00							
		orm AR1000F or AR1							1	00							
		Form AR1000F or AR								00							
		CLARATION OF TA							23.	1 00							
6d. [If I have for the ta state returned for the tare state for the ta	I aur form I au Payı I aux liability urn will be electro my EF sas senciected, the ansmitte ectronical	thorize the State of A ment form (AR EST PN alance due return, I und and all applicable into the rejected also. of perjury, I declare that conic portion of my 202 RO sending my return, ling my ERO and/or trainer reason(s) for the reject the reason(s) for the contract of the reason(s) for the residence of	rkansas Income Tax S rkansas Income Tax MT) or Arkansas Extenderstand that if the Serest and penalties. It the information I have a Arkansas income to this declaration, and ansmitter an acknowlection. If the process delay, or when the reflisclosure to the States.	section to inition to ension Paymotate of Arkar If I have filed to ensure the given my Estax return. The accompanyial edgement of sing of my refund was sen	initiate debit en initiate debit ent form (Al assa does not a joint federal ent form the best of the best of the general entry or refurence.	tries to my account a tentries to my acco R EXT PMT). of receive full and timeral and state return a amounts in Part I ab f my knowledge and is and statements to ansmission and an indis delayed, I author, by using a compute	nely payme and my fectors ove agree belief, my the State indication of prize the S	ent of my deral retu- e with the y return is of Arkans of wheth- state of A and softw	Arkansas Income Tax Pon the Arkansas Estimal tax liability, I will remained in the corresponding of the corresponding of the correct, and compass. I also consent to the er or not my return is accordance to prepare and transported in the correct of the correct o	in liable and my conding plete. I se State cepted, my ERO smit my							
Sign	0.011 01 11	ny tax rotain diddicine	y.														
Here	Drin	nary's Signature		Date		Spouse's Signa	nturo		Date								
		ECLARATION OF E	I ECTRONIC DET		INATOR (<u> </u>		ED.	Date								
I declare am only the retur with a co	e that I ha a collect n. I have opy of all ed the ab	ave reviewed the abov tor, I understand that I obtained the taxpayer forms and information	re taxpayer's return a am not responsible f r's signature on Form n to be filed with the S and accompanying s	ind that the e for reviewing AR8453 bef State of Arkar schedules ar	entries on Fo the taxpaye fore submitti nsas. If I am nd statemen	rm AR8453 are comer's return; I declare ong this return to the Salso the Paid Preparts, and to the best of the preparer has kr	plete and that Form State of Ark rer, under f my know	correct to AR8453 kansas, a penalties /ledge ar	o the best of my knowled accurately reflects the d and have provided the ta s of perjury I declare tha and belief, they are true, d	data on axpayer It I have							
ERO'S	s —		0	4/04/202		if self-	\Box $-$										
Use	ER	O'S Signature		Date	prepai	er employed	_	Yo	our SSN or PTIN								
Only		<u>OBAL TAXES LLC</u>		CT	E BR	JNSWICK NJ 0	8816	84-	3171965								
		n's name and address							FEIN								
		of perjury, I declare that nd belief, they are true	e, correct, and comple		claration is b Check	ased on all informati	on of whic		_	est of							
Prepa	arer's	Preparer's Signature		Date	if self- emplo				SSN or PTIN								
Use C		SYAM PRIYA RAM SAGAR G	SUPTA 245 ROONE	Y CT		BRUNSWICK NJ			84-3171965								
	-	Firm's name and addr	ress						FEIN	-							