

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 MAHESH PAKIRU | Social security number 004-73-5265 |
| Spouse's name SNEHA KATHI | Spouse's social security number 147-73-2688 |

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 | 132,166. |
| 2 Total tax | 2 | 13,007. |
| 3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099 | 3 | 23,617. |
| 4 Amount you want refunded to you | 4 | 10,610. |
| 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

| | | | | |
|---|---|---|---|---|
| 3 | 5 | 2 | 6 | 5 |
|---|---|---|---|---|

 as my signature on the income tax return (original or amended) I am now authorizing.
ERO firm name
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

| | | | | |
|---|---|---|---|---|
| 3 | 2 | 6 | 8 | 8 |
|---|---|---|---|---|

 as my signature on the income tax return (original or amended) I am now authorizing.
ERO firm name
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 |
|---|---|---|---|---|---|---|---|---|---|---|

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 MAHESH Last name PAKIRU Your social security number 004 73 5265

If joint return, spouse's first name and middle initial SNEHA Last name KATHI Spouse's social security number 147 73 2688

Home address (number and street). If you have a P.O. box, see instructions. 790 DIXON ST Apt. no. Presidential Election Campaign

City, town, or post office. If you have a foreign address, also complete spaces below. CENTERTON State AR ZIP code 72719 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 table with columns 1a-1z and 1a-1z. 1a Total amount from Form(s) W-2, box 1 (see instructions) 1a 143,422. 1b Household employee wages not reported on Form(s) W-2 1b 1c Tip income not reported on line 1a (see instructions) 1c 1d Medicaid waiver payments not reported on Form(s) W-2 (see instructions) 1d 1e Taxable dependent care benefits from Form 2441, line 26 1e 1f Employer-provided adoption benefits from Form 8839, line 29 1f 1g Wages from Form 8919, line 6 1g 1h Other earned income (see instructions) 1h 0. 1i Nontaxable combat pay election (see instructions) 1i 1z Add lines 1a through 1h 1z 143,422.

Table with columns 2a-2b, 3a-3b, 4a-4b, 5a-5b, 6a-6b. 2a Tax-exempt interest 2a 2b Taxable interest 2b 332. 3a Qualified dividends 3a 250. 3b Ordinary dividends 3b 250. 4a IRA distributions 4a 4b Taxable amount 4b 5a Pensions and annuities 5a 5b Taxable amount 5b 6a Social security benefits 6a 6b Taxable amount 6b

Table with columns 7-15. 7 Capital gain or (loss). Attach Schedule D if required. If not required, check here 7 8 Additional income from Schedule 1, line 10 8 -11,838. 9 Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income 9 132,166. 10 Adjustments to income from Schedule 1, line 26 10 11 Subtract line 10 from line 9. This is your adjusted gross income 11 132,166. 12 Standard deduction or itemized deductions (from Schedule A) 12 27,700. 13 Qualified business income deduction from Form 8995 or Form 8995-A 13 14 Add lines 12 and 13 14 27,700. 15 Subtract line 14 from line 11. If zero or less, enter -0-. This is your taxable income 15 104,466.

| | | | | |
|------------------------|-----------|--|-----------|---------|
| 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 | 13,581. |
| | 17 | Amount from Schedule 2, line 3 | 17 | |
| | 18 | Add lines 16 and 17 | 18 | 13,581. |
| | 19 | Child tax credit or credit for other dependents from Schedule 8812 | 19 | |
| | 20 | Amount from Schedule 3, line 8 | 20 | 574. |
| | 21 | Add lines 19 and 20 | 21 | 574. |
| | 22 | Subtract line 21 from line 18. If zero or less, enter -0- | 22 | 13,007. |
| | 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 | 13,007. |

| | | | | |
|-----------------|-----------|---|------------|---------|
| Payments | 25 | Federal income tax withheld from: | | |
| | a | Form(s) W-2 | 25a | 23,611. |
| | b | Form(s) 1099 | 25b | 6. |
| | c | Other forms (see instructions) | 25c | |
| | d | Add lines 25a through 25c | 25d | 23,617. |
| | 26 | 2023 estimated tax payments and amount applied from 2022 return | 26 | |
| | 27 | Earned income credit (EIC) NO | 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 | 23,617. |

| | | | | |
|--------------------------------------|------------|---|------------|---------|
| Refund | 34 | If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid | 34 | 10,610. |
| | 35a | Amount of line 34 you want refunded to you . If Form 8888 is attached, check here <input type="checkbox"/> | 35a | 10,610. |
| Direct deposit? See instructions. | b | Routing number 1 1 1 9 0 0 6 5 9 c Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings | | |
| | d | Account number 1 9 0 7 9 0 8 8 1 6 | | |
| | 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 STUDENT | If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.) |
| Phone no. (972) 834-7132 | Email address MAHESH.PAKIRU@GMAIL.COM | | |

Paid Preparer Use Only

| | | | | |
|--|---|--------------------|--------------------------|---|
| Preparer's name SYAM PRIYA RAM SAGAR GUPTA TALLAM | Preparer's signature SYAM PRIYA RAM SAGAR GUPTA TALLAM | Date 02/14/2024 | 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 84-3171965 |

**SCHEDULE 1
(Form 1040)**

Department of the Treasury
Internal Revenue Service

Additional Income and Adjustments to Income

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. **01**

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

MAHESH PAKIRU & SNEHA KATHI

Your social security number

004-73-5265

Part I Additional Income

| | | | | |
|-----------|---|---------------|-----------|----------|
| 1 | Taxable refunds, credits, or offsets of state and local income taxes | | 1 | |
| 2a | Alimony received | | 2a | |
| b | Date of original divorce or separation agreement (see instructions): _____ | | | |
| 3 | Business income or (loss). Attach Schedule C | | 3 | |
| 4 | Other gains or (losses). Attach Form 4797 | | 4 | |
| 5 | Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E | | 5 | -11,838. |
| 6 | Farm income or (loss). Attach Schedule F | | 6 | |
| 7 | Unemployment compensation | | 7 | |
| 8 | Other income: | | | |
| a | Net operating loss | 8a () | | |
| b | Gambling | 8b | | |
| c | Cancellation of debt | 8c | | |
| d | Foreign earned income exclusion from Form 2555 | 8d () | | |
| e | Income from Form 8853 | 8e | | |
| f | Income from Form 8889 | 8f | | |
| g | Alaska Permanent Fund dividends | 8g | | |
| h | Jury duty pay | 8h | | |
| i | Prizes and awards | 8i | | |
| j | Activity not engaged in for profit income | 8j | | |
| k | Stock options | 8k | | |
| l | Income from the rental of personal property if you engaged in the rental for profit but were not in the business of renting such property | 8l | | |
| m | Olympic and Paralympic medals and USOC prize money (see instructions) | 8m | | |
| n | Section 951(a) inclusion (see instructions) | 8n | | |
| o | Section 951A(a) inclusion (see instructions) | 8o | | |
| p | Section 461(l) excess business loss adjustment | 8p | | |
| q | Taxable distributions from an ABL account (see instructions) | 8q | | |
| r | Scholarship and fellowship grants not reported on Form W-2 | 8r | 0. | |
| s | Nontaxable amount of Medicaid waiver payments included on Form 1040, line 1a or 1d | 8s () | | |
| t | Pension or annuity from a nonqualified deferred compensation plan or a nongovernmental section 457 plan | 8t | | |
| u | Wages earned while incarcerated | 8u | | |
| z | Other income. List type and amount: _____ | 8z | | |
| 9 | Total other income. Add lines 8a through 8z | | 9 | 0. |
| 10 | Combine lines 1 through 7 and 9. This is your additional income . Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8 | | 10 | -11,838. |

For Paperwork Reduction Act Notice, see your tax return instructions.

Schedule 1 (Form 1040) 2023

Part II Adjustments to Income

| | | | | |
|------------|--|------------|------------|--|
| 11 | Educator expenses | | 11 | |
| 12 | Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 | | 12 | |
| 13 | Health savings account deduction. Attach Form 8889 | | 13 | |
| 14 | Moving expenses for members of the Armed Forces. Attach Form 3903 | | 14 | |
| 15 | Deductible part of self-employment tax. Attach Schedule SE | | 15 | |
| 16 | Self-employed SEP, SIMPLE, and qualified plans | | 16 | |
| 17 | Self-employed health insurance deduction | | 17 | |
| 18 | Penalty on early withdrawal of savings | | 18 | |
| 19a | Alimony paid | | 19a | |
| b | Recipient's SSN | | | |
| c | Date of original divorce or separation agreement (see instructions): _____ | | | |
| 20 | IRA deduction | | 20 | |
| 21 | Student loan interest deduction | | 21 | |
| 22 | Reserved for future use | | 22 | |
| 23 | Archer MSA deduction | | 23 | |
| 24 | Other adjustments: | | | |
| a | Jury duty pay (see instructions) | 24a | | |
| b | Deductible expenses related to income reported on line 8l from the rental of personal property engaged in for profit | 24b | | |
| c | Nontaxable amount of the value of Olympic and Paralympic medals and USOC prize money reported on line 8m | 24c | | |
| d | Reforestation amortization and expenses | 24d | | |
| e | Repayment of supplemental unemployment benefits under the Trade Act of 1974 | 24e | | |
| f | Contributions to section 501(c)(18)(D) pension plans | 24f | | |
| g | Contributions by certain chaplains to section 403(b) plans | 24g | | |
| h | Attorney fees and court costs for actions involving certain unlawful discrimination claims (see instructions) | 24h | | |
| i | Attorney fees and court costs you paid in connection with an award from the IRS for information you provided that helped the IRS detect tax law violations | 24i | | |
| j | Housing deduction from Form 2555 | 24j | | |
| k | Excess deductions of section 67(e) expenses from Schedule K-1 (Form 1041) | 24k | | |
| z | Other adjustments. List type and amount: _____ | 24z | | |
| 25 | Total other adjustments. Add lines 24a through 24z | | 25 | |
| 26 | Add lines 11 through 23 and 25. These are your adjustments to income . Enter here and on Form 1040, 1040-SR, or 1040-NR, line 10 | | 26 | |

**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
MAHESH PAKIRU & SNEHA KATHI

Your social security number
004-73-5265

Part I Nonrefundable Credits

| | | | |
|-----------|---|-----------|------|
| 1 | Foreign tax credit. Attach Form 1116 if required | 1 | |
| 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 | 574. |
| 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 | 574. |

(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 E
(Form 1040)**

Department of the Treasury
Internal Revenue Service

Supplemental Income and Loss

(From rental real estate, royalties, partnerships, S corporations, estates, trusts, REMICs, etc.)

Attach to Form 1040, 1040-SR, 1040-NR, or 1041.

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

OMB No. 1545-0074

2023

Attachment
Sequence No. **13**

Name(s) shown on return

MAHESH PAKIRU & SNEHA KATHI

Your social security number

004-73-5265

Part I Income or Loss From Rental Real Estate and Royalties

Note: If you are in the business of renting personal property, use **Schedule C**. See instructions. If you are an individual, report farm rental income or loss from **Form 4835** on page 2, line 40.

- A** Did you make any payments in 2023 that would require you to file Form(s) 1099? See instructions Yes No
B If "Yes," did you or will you file required Form(s) 1099? Yes No

1a Physical address of each property (street, city, state, ZIP code)

A MARAM'S GARLAPATI HOMES BONGLUR VILLAGE TELANGANA IN 501510

B
C

| 1b Type of Property (from list below) | 2 For each rental real estate property listed above, report the number of fair rental and personal use days. Check the QJV box only if you meet the requirements to file as a qualified joint venture. See instructions. | Fair Rental Days | | Personal Use Days | QJV |
|---------------------------------------|--|------------------|---|-------------------|--------------------------|
| | | A | B | C | |
| A 3 | | 365 | | 0 | <input type="checkbox"/> |
| B | | | | | <input type="checkbox"/> |
| C | | | | | <input type="checkbox"/> |

Type of Property:

- 1 Single Family Residence 3 Vacation/Short-Term Rental 5 Land 7 Self-Rental
 2 Multi-Family Residence 4 Commercial 6 Royalties 8 Other (describe) _____

| Income: | Properties: | | |
|---|-----------------------|---|---|
| | A | B | C |
| 3 Rents received | 3 600. | | |
| 4 Royalties received | 4 | | |
| Expenses: | | | |
| 5 Advertising | 5 | | |
| 6 Auto and travel (see instructions) | 6 | | |
| 7 Cleaning and maintenance | 7 1,420. | | |
| 8 Commissions | 8 | | |
| 9 Insurance | 9 | | |
| 10 Legal and other professional fees | 10 | | |
| 11 Management fees | 11 845. | | |
| 12 Mortgage interest paid to banks, etc. (see instructions) | 12 | | |
| 13 Other interest | 13 | | |
| 14 Repairs | 14 1,645. | | |
| 15 Supplies | 15 1,980. | | |
| 16 Taxes | 16 | | |
| 17 Utilities | 17 2,350. | | |
| 18 Depreciation expense or depletion | 18 4,198. | | |
| 19 Other (list) _____ | 19 | | |
| 20 Total expenses. Add lines 5 through 19 | 20 12,438. | | |
| 21 Subtract line 20 from line 3 (rents) and/or 4 (royalties). If result is a (loss), see instructions to find out if you must file Form 6198 | 21 -11,838. | | |
| 22 Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions) | 22 (11,838.) | | |
| 23a Total of all amounts reported on line 3 for all rental properties | 23a 600. | | |
| b Total of all amounts reported on line 4 for all royalty properties | 23b | | |
| c Total of all amounts reported on line 12 for all properties | 23c | | |
| d Total of all amounts reported on line 18 for all properties | 23d 4,198. | | |
| e Total of all amounts reported on line 20 for all properties | 23e 12,438. | | |
| 24 Income. Add positive amounts shown on line 21. Do not include any losses | 24 | | |
| 25 Losses. Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here | 25 (11,838.) | | |
| 26 Total rental real estate and royalty income or (loss). Combine lines 24 and 25. Enter the result here. If Parts II, III, and IV, and line 40 on page 2 do not apply to you, also enter this amount on Schedule 1 (Form 1040), line 5. Otherwise, include this amount in the total on line 41 on page 2 | 26 -11,838. | | |

For Paperwork Reduction Act Notice, see the separate instructions.

NPA

-11,838.

Schedule E (Form 1040) 2023

Education Credits
(American Opportunity and Lifetime Learning Credits)

Department of the Treasury
Internal Revenue Service

Attach to Form 1040 or 1040-SR.
Go to www.irs.gov/Form8863 for instructions and the latest information.

Name(s) shown on return

MAHESH PAKIRU & SNEHA KATHI

Your social security number

004 | 73 | 5265



Complete a separate Part III on page 2 for each student for whom you're claiming either credit before you complete Parts I and II.

Part I Refundable American Opportunity Credit

| | | | |
|----------|---|----------|--|
| 1 | After completing Part III for each student, enter the total of all amounts from all Parts III, line 30 . . . | 1 | |
| 2 | Enter: \$180,000 if married filing jointly; \$90,000 if single, head of household, or qualifying surviving spouse | 2 | |
| 3 | Enter the amount from Form 1040 or 1040-SR, line 11. But if you're filing Form 2555 or 4563, or you're excluding income from Puerto Rico, see Pub. 970 for the amount to enter instead | 3 | |
| 4 | Subtract line 3 from line 2. If zero or less, stop ; you can't take any education credit | 4 | |
| 5 | Enter: \$20,000 if married filing jointly; \$10,000 if single, head of household, or qualifying surviving spouse | 5 | |
| 6 | If line 4 is: • Equal to or more than line 5, enter 1.000 on line 6 • Less than line 5, divide line 4 by line 5. Enter the result as a decimal (rounded to at least three places) | 6 | |
| 7 | Multiply line 1 by line 6. Caution: If you were under age 24 at the end of the year and meet the conditions described in the instructions, you can't take the refundable American opportunity credit; skip line 8, enter the amount from line 7 on line 9, and check this box <input type="checkbox"/> | 7 | |
| 8 | Refundable American opportunity credit. Multiply line 7 by 40% (0.40). Enter the amount here and on Form 1040 or 1040-SR, line 29. Then go to line 9 below. | 8 | |

Part II Nonrefundable Education Credits

| | | | |
|-----------|---|-----------|----------|
| 9 | Subtract line 8 from line 7. Enter here and on line 2 of the Credit Limit Worksheet (see instructions) | 9 | |
| 10 | After completing Part III for each student, enter the total of all amounts from all Parts III, line 31. If zero, skip lines 11 through 17, enter -0- on line 18, and go to line 19 | 10 | 2,869. |
| 11 | Enter the smaller of line 10 or \$10,000 | 11 | 2,869. |
| 12 | Multiply line 11 by 20% (0.20) | 12 | 574. |
| 13 | Enter: \$180,000 if married filing jointly; \$90,000 if single, head of household, or qualifying surviving spouse | 13 | 180,000. |
| 14 | Enter the amount from Form 1040 or 1040-SR, line 11. But if you're filing Form 2555 or 4563, or you're excluding income from Puerto Rico, see Pub. 970 for the amount to enter instead | 14 | 132,166. |
| 15 | Subtract line 14 from line 13. If zero or less, skip lines 16 and 17, enter -0- on line 18, and go to line 19 | 15 | 47,834. |
| 16 | Enter: \$20,000 if married filing jointly; \$10,000 if single, head of household, or qualifying surviving spouse | 16 | 20,000. |
| 17 | If line 15 is: • Equal to or more than line 16, enter 1.000 on line 17 and go to line 18 • Less than line 16, divide line 15 by line 16. Enter the result as a decimal (rounded to at least three places) | 17 | 1.000 |
| 18 | Multiply line 12 by line 17. Enter here and on line 1 of the Credit Limit Worksheet (see instructions) | 18 | 574. |
| 19 | Nonrefundable education credits. Enter the amount from line 7 of the Credit Limit Worksheet (see instructions) here and on Schedule 3 (Form 1040), line 3 | 19 | 574. |

| | |
|--|--|
| Name(s) shown on return MAHESH PAKIRU & SNEHA KATHI | Your social security number 004 73 5265 |
|--|--|



Complete Part III for each student for whom you're claiming either the American opportunity credit or lifetime learning credit. Use additional copies of page 2 as needed for each student.

Part III Student and Educational Institution Information. See instructions.

| | |
|--|---|
| 20 Student name (as shown on page 1 of your tax return) SNEHA KATHI | 21 Student social security number (as shown on page 1 of your tax return) 147-73-2688 |
|--|---|

| | |
|--|---|
| 22 Educational institution information (see instructions) | |
| a. Name of first educational institution University of Arkansas (1) Address. Number and street (or P.O. box). City, town or post office, state, and ZIP code. If a foreign address, see instructions. 214 Arkansas Union FAYETTEVILLE AR 727011201 (2) Did the student receive Form 1098-T from this institution for 2023? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (3) Did the student receive Form 1098-T from this institution for 2022 with box 7 checked? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (4) Enter the institution's employer identification number (EIN) if you're claiming the American opportunity credit or if you checked "Yes" in (2) or (3). You can get the EIN from Form 1098-T or from the institution. 71-6003252 | b. Name of second educational institution (if any) (1) Address. Number and street (or P.O. box). City, town or post office, state, and ZIP code. If a foreign address, see instructions. (2) Did the student receive Form 1098-T from this institution for 2023? <input type="checkbox"/> Yes <input type="checkbox"/> No (3) Did the student receive Form 1098-T from this institution for 2022 with box 7 checked? <input type="checkbox"/> Yes <input type="checkbox"/> No (4) Enter the institution's employer identification number (EIN) if you're claiming the American opportunity credit or if you checked "Yes" in (2) or (3). You can get the EIN from Form 1098-T or from the institution. |

23 Has the American opportunity credit been claimed for this student for any 4 prior tax years? Yes — **Stop!** Go to line 31 for this student. No — Go to line 24.

24 Was the student enrolled at least half-time for at least one academic period that began or is treated as having begun in 2023 at an eligible educational institution in a program leading towards a postsecondary degree, certificate, or other recognized postsecondary educational credential? See instructions. Yes — Go to line 25. No — **Stop!** Go to line 31 for this student.

25 Did the student complete the first 4 years of postsecondary education before 2023? See instructions. Yes — **Stop!** Go to line 31 for this student. No — Go to line 26.

26 Was the student convicted, before the end of 2023, of a felony for possession or distribution of a controlled substance? Yes — **Stop!** Go to line 31 for this student. No — Complete lines 27 through 30 for this student.



You can't take the American opportunity credit and the lifetime learning credit for the same student in the same year. If you complete lines 27 through 30 for this student, don't complete line 31.

American Opportunity Credit

| | |
|--|-----------|
| 27 Adjusted qualified education expenses (see instructions). Don't enter more than \$4,000 | 27 |
| 28 Subtract \$2,000 from line 27. If zero or less, enter -0- | 28 |
| 29 Multiply line 28 by 25% (0.25) | 29 |
| 30 If line 28 is zero, enter the amount from line 27. Otherwise, add \$2,000 to the amount on line 29 and enter the result. Skip line 31. Include the total of all amounts from all Parts III, line 30, on Part I, line 1 | 30 |

Lifetime Learning Credit

| | | |
|---|-----------|--------|
| 31 Adjusted qualified education expenses (see instructions). Include the total of all amounts from all Parts III, line 31, on Part II, line 10 | 31 | 2,869. |
|---|-----------|--------|

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
 MAHESH PAKIRU

Social security number of HSA beneficiary.
 If both spouses have HSAs, see instructions.
 004-73-5265

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 | 3,850. |
| 10 | Qualified HSA funding distributions | 10 | |
| 11 | Add lines 9 and 10 | 11 | 3,850. |
| 12 | Subtract line 11 from line 8. If zero or less, enter -0- | 12 | 3,900. |
| 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 | |

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 ● MAHESH | | MI ● | Last name ● PAKIRU | | Check if Deceased ● <input type="checkbox"/> | | Primary's social security number ● 004-73-5265 | | |
| | Spouse's legal first name ● SNEHA | | MI ● | Last name ● KATHI | | Check if Deceased ● <input type="checkbox"/> | | Spouse's social security number ● 147-73-2688 | | |
| | Mailing address (number and street, P.O. box or rural route) ● 790 DIXON ST | | | | | | | <input type="checkbox"/> Check if address is outside U.S. | | |
| | City ● CENTERTON | | State or province ● AR | | ZIP ● 72719 | | 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 940987797 | | Your state AR | | Issue date (mm/dd/yyyy) 09/30/2019 | | Expiration date (mm/dd/yyyy) 09/30/2027 | | | |
| | DL# / State ID _____ | | Spouse state _____ | | Issue date (mm/dd/yyyy) _____ | | Expiration date (mm/dd/yyyy) _____ | | | |

| | | | | |
|---|--|---|--|--|
| FILING STATUS | 1. <input type="checkbox"/> Single (Or widowed before 2023 or divorced at end of 2023) | | 4. <input checked="" type="checkbox"/> Married filing separately on the same return | |
| | 2. <input 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 = .

Dependents (Do not list yourself or spouse)

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

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

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

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



Primary SSN 004-73-5265

| | | 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 | | ● 142,498.00 | ● 924.00 | |
| | 9. Military pay: Primary ● [] 00 Spouse ● [] 00 | | | | | |
| | 10. Interest income: (If over \$1,500, attach AR4) | 10 | | ● 332.00 | ● [] 00 | |
| | 11. Dividend income: (If over \$1,500, attach AR4) | 11 | | ● 250.00 | ● [] 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) | 18A | | ● [] 00 | | |
| | Gross ● [] 00 Taxable ● [] 00 Less \$6,000 | | | | | |
| | 18B. Spouse employer pension plan(s)/qualified IRA(s): (See inst., attach 1099Rs) | 18B | | ● [] 00 | ● [] 00 | |
| | Gross ● [] 00 Taxable ● [] 00 Less \$6,000 | | | | | |
| | 19. Rents, royalties, partnerships, estates, trusts, etc.: (Attach federal Sch. E) | 19 | | ● -11,838.00 | ● [] 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 | | ● 0.00 | ● [] 00 | |
| | 23. TOTAL INCOME: (Add lines 8 through 22) | 23 | | ● 131,242.00 | ● 924.00 | |
| | 24. TOTAL ADJUSTMENTS: (Attach Form AR1000ADJ) | 24 | | ● [] 00 | ● [] 00 | |
| | 25. ADJUSTED GROSS INCOME: (Subtract line 24 from line 23) | 25 | | ● 131,242.00 | ● 924.00 | |
| | TAX COMPUTATION | 26. Select tax table: (Select only one) | 26 | | | |
| | | 27. ● <input type="checkbox"/> Low income table (\$0), See line 26 instructions | | | | |
| | | ● <input type="checkbox"/> Standard deduction (See instructions) | | | | |
| | | ● <input checked="" type="checkbox"/> Itemized deductions (Attach AR3) | 27 | | ● 15,956.00 | ● 161.00 |
| 28. NET TAXABLE INCOME: (Subtract line 27 from line 25) | | 28 | | ● 115,286.00 | ● 763.00 | |
| 29. TAX: (Enter tax from tax table) | | 29 | | ● 5,262.00 | ● 0.00 | |
| 30. Combined tax: (Add amounts from line 29, columns A and B) | | 30 | | | ● 5,262.00 | |
| 31. Enter tax from Lump Sum Distribution Averaging Schedule: (Attach AR1000TD) | | 31 | | | ● [] 00 | |
| TAX CREDITS | 32. Additional tax on IRA and qualified plan withdrawal and overpayment: (See instructions) | 32 | | | ● [] 00 | |
| | 33. TOTAL TAX: (Add lines 30 through 32) | 33 | | | ● 5,262.00 | |
| | 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 | | ● 210.00 | | | |
| 37. TOTAL CREDITS: (Add lines 34 through 36) | 37 | | | ● 268.00 | | |
| 38. NET TAX: (Subtract line 37 from line 33. If line 37 is greater than line 33, enter 0) | 38 | | | ● 4,994.00 | | |



Primary SSN 004-73-5265

| | | | |
|--|--|--------------------------------|-----------------------------|
| PAYMENTS | 39. Arkansas income tax withheld: (Attach copies of W-2, 1099R, W2-G,1099-PT, and/or AR-K1) 39 | ● 6,578.00 | |
| | 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 | ● 6,578.00 | |
| | 45. AMENDED RETURNS ONLY - Previous refund: (See instructions) 45 | ● 00 | |
| 46. Adjusted total payments: (Subtract line 45 from line 44) 46 | ● 6,578.00 | | |
| REFUND OR TAX DUE | 47. AMOUNT OF OVERPAYMENT/REFUND: (If line 46 is greater than line 38, enter difference) 47 | ● 1,584.00 | |
| | 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 | ● ☺ 1,584.00 | |
| | 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 | ● 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 Account number 1 ● <input checked="" type="checkbox"/> Checking or ● <input type="checkbox"/> Savings Direct deposit 1 amt. ● 1 1 1 9 0 0 6 5 9 ● 1 9 0 7 9 0 8 8 1 6 ● 1,584.00 | | |
| Routing number 2 Account number 2 ● <input type="checkbox"/> Checking or ● <input type="checkbox"/> Savings Direct deposit 2 amt. ● ● ● 00 | | | |
| PLEASE SIGN HERE | 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 (972) 834-7132 |
| Spouse's signature | Date | Telephone | |
| PAID PREPARER | Paid preparer's signature | | PTIN/ID number |
| | SYAM PRIYA RAM SAGAR GUPTA TALLAM | | 02/14/2024 ● 843171965 |
| | Preparer's name | | Telephone |
| | GLOBAL TAXES LLC | | (678) 965-9522 |
| | Address | | City State ZIP |
| 245 ROONEY CT | | E BRUNSWICK NJ 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 MAHESH PAKIRU | Primary's social security number 004-73-5265 |
|--|--|

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 | • | 60. | 00 |
| 7. Inflationary relief income tax credit: (See Instructions) | 7 | • | 150. | 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 | • | 210. | 00 |



**ARKANSAS INDIVIDUAL INCOME TAX
ITEMIZED DEDUCTIONS**

| | | | |
|--|-----|--|---|
| Primary's legal name MAHESH PAKIRU & SNEHA KATHI | | Primary's social security number 004-73-5265 | |
| MEDICAL AND DENTAL EXPENSES: [Do not include expense(s) paid by others]. (See instructions) | | | |
| 1. Medical and dental expenses:..... | 1 | <input type="text" value="0.00"/> | |
| 2. Enter amount from Form AR1000F/AR1000NR, line 25A and 25B: | 2 | <input type="text" value="132,166.00"/> | |
| 3. Multiply line 2 by 10% (.10), otherwise enter 0:..... | 3 | <input type="text" value="13,217.00"/> | |
| 4. TOTAL MEDICAL EXPENSES: (Subtract line 3 from line 1; if more than line 1, enter 0)..... | 4 | | <input type="text" value="0.00"/> |
| TAXES: (See instructions) | | | |
| 5. Real estate tax: | 5 | <input type="text" value="694.00"/> | |
| 6. Personal property tax or other taxes: (List type and amount) | 6 | <input type="text" value="00"/> | |
| 7. TOTAL TAXES: (Add lines 5 and 6)..... | 7 | | <input type="text" value="694.00"/> |
| INTEREST EXPENSES: (See instructions) | | | |
| 8. Home mortgage interest paid to financial institutions:..... | 8 | <input type="text" value="15,423.00"/> | |
| 9. Home mortgage interest paid to an individual: Name: _____ Address: _____ | 9 | <input type="text" value="00"/> | |
| 10. Deductible points:..... | 10 | <input type="text" value="00"/> | |
| 11. Investment interest: (Attach federal Form 4952)..... | 11 | <input type="text" value="00"/> | |
| 12. TOTAL INTEREST EXPENSE: (Add lines 8 through 11) | 12 | | <input type="text" value="15,423.00"/> |
| CONTRIBUTIONS: (See instructions) | | | |
| 13. Cash contributions:..... | 13 | <input type="text" value="00"/> | |
| 14. Art and literary contributions:..... | 14 | <input type="text" value="00"/> | |
| 15. Other: | 15 | <input type="text" value="00"/> | |
| 16. Carryover contributions: (List type and amount) | 16 | <input type="text" value="00"/> | |
| 17. TOTAL CONTRIBUTIONS: (Add lines 13 through 16) | 17 | | <input type="text" value="00"/> |
| CASUALTY AND THEFT LOSSES: (See instructions) | | | |
| 18. TOTAL CASUALTY AND THEFT LOSSES: (Attach Form AR4684) | 18 | | <input type="text" value="00"/> |
| POST-SECONDARY EDUCATION TUITION DEDUCTION(S): (See instructions) | | | |
| 19. TOTAL POST-SECONDARY EDUCATION TUITION DEDUCTION(S): [Attach AR1075(s)] | 19 | | <input type="text" value="00"/> |
| MISCELLANEOUS DEDUCTIONS SUBJECT TO 2% AGI LIMIT: (See instructions) | | | |
| 20. Unreimbursed employee business expenses: (Attach Form AR2106) | 20 | <input type="text" value="00"/> | |
| 21. Other expenses: (List type and amount) | 21 | <input type="text" value="00"/> | |
| 22. Add the amounts on lines 20 and 21. Enter the total: | 22 | <input type="text" value="00"/> | |
| 23. Enter amount from Form AR1000F/AR1000NR, line 25A and 25B: | 23 | <input type="text" value="00"/> | |
| 24. Multiply line 23 above by 2% (.02):..... | 24 | <input type="text" value="00"/> | |
| 25. TOTAL MISCELLANEOUS DEDUCTIONS: (Subtract line 24 from line 22; if line 24 is more than line 22, enter 0). | 25 | | <input type="text" value="00"/> |
| OTHER MISCELLANEOUS DEDUCTIONS: (See instructions) | | | |
| 26. Volunteer firefighter expenses: | 26 | <input type="text" value="00"/> | |
| 27. Gambling Losses: | 27 | <input type="text" value="00"/> | |
| 28. Other miscellaneous deductions: (List type and amount) | 28 | <input type="text" value="00"/> | |
| 29. TOTAL MISCELLANEOUS DEDUCTIONS NOT SUBJECT TO THE 2% AGI LIMITATION: (Add lines 26 through 28) . | 29 | | <input type="text" value="00"/> |
| TOTAL ITEMIZED DEDUCTIONS: | | | |
| 30. Add amounts on lines 4, 7, 12, 17, 18,19, 25, and 29 and enter the total here:..... | 30 | | <input type="text" value="16,117.00"/> |
| Complete lines 31 - 35 ONLY if Filing Status 4 or 5. | | | |
| | | PRIMARY | SPOUSE'S |
| | | Adjusted Gross Income | Adjusted Gross Income |
| 31. Enter adjusted gross income from Form AR1000F/AR1000NR, line 25A and 25B:..... | 31A | <input type="text" value="131,242.00"/> | 31B <input type="text" value="924.00"/> |
| 32. Total Arkansas adjusted gross income: (Add columns 31A and 31B from above) | 32 | | <input type="text" value="132,166.00"/> |
| 33. Divide the amount on line 31A above by the amount on line 32. Enter the percentage here:..... | 33 | | <input type="text" value="99.00"/> |
| 34. Multiply line 30 by the percentage on line 33. Enter here and on Form AR1000F/AR1000NR, line 27, col. (A):.... (Primary) | 34 | | <input type="text" value="15,956.00"/> |
| 35. Subtract line 34 from line 30. Enter here and on Form AR1000F/AR1000NR, line 27, column (B). If you and your spouse are using Filing Status 5, enter on line 27, col. (A) of your spouse's return:..... (Spouse) | 35 | | <input type="text" value="161.00"/> |



ARKANSAS INDIVIDUAL INCOME TAX DECLARATION FOR ELECTRONIC FILING

Primary's Legal First Name and Middle Initial MAHESH, Last Name PAKIRU, Primary's Social Security Number 004-73-5265, Spouse's Legal First Name and Middle Initial SNEHA, Last Name KATHI, Spouse's Social Security Number 147-73-2688, Mailing Address 790 DIXON ST, Telephone (972) 834-7132, City CENTERTON, State or Province AR, ZIP 72719, Check if address is outside U.S. Foreign Country

PART I - TAX RETURN INFORMATION (Whole Dollars Only)

Table with 5 rows: 1. Total Income (Form AR1000F or AR1000NR, Line 23) 132,166.00; 2. Net Tax (Form AR1000F or AR1000NR, Line 38) 4,994.00; 3. State Income Tax Withheld (Form AR1000F or AR1000NR, Line 39) 6,578.00; 4. Refund (Form AR1000F or AR1000NR, Line 47) 1,584.00; 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 02/14/2024 Date 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 02/14/2024 Date Check if self-employed [] Preparer's SSN or PTIN P02082703 Firm's name and address SYAM PRIYA RAM SAGAR GUPTA TALLAM 245 ROONEY CT E BRUNSWICK NJ 08816 84-3171965 FEIN