

File by Mail Instructions for your 2016 Arkansas Tax Return

Important: Your taxes are not finished until all required steps are completed.



(If you prefer, you can still e-file. Go to the end of these instructions for more information.)

Sarma Kanapalle & Swathi Nistala
2020 Hinson Loop Rd, Apt. 531
Little Rock, AR 72212

Balance Due/Refund	Your Arkansas state tax return (Form AR1000F) shows you are due a refund of \$1,608.00. Your refund will be direct deposited into the following account: Account Number: 487001625706, Routing Transit Number: 082000073.												
What You Need to Mail	<p>Your tax return - The official return for mailing is included in this printout. Remember to sign and date the return.</p> <p>Staple the state copy of each of your W-2(s) and 1099-R(s) to the front of the return.</p> <p>Mail your return and attachments to: Department of Finance and Administration Arkansas State Income Tax P.O. Box 1000 Little Rock, AR 72203-1000</p> <p>Deadline: Postmarked by April 18, 2017</p> <p>Don't forget correct postage on the envelope.</p>												
What You Need to Keep	Keep these instructions and a copy of your return for your records. If you did not print one before closing TurboTax, go back to the program and select File tab, then select the Print for Your Records category.												
2016 Arkansas Tax Return Summary	<table><tr><td>Taxable Income</td><td>\$</td><td>55,489.00</td></tr><tr><td>Total Tax</td><td>\$</td><td>2,592.00</td></tr><tr><td>Total Payments/Credits</td><td>\$</td><td>4,200.00</td></tr><tr><td>Amount to be Refunded</td><td>\$</td><td>1,608.00</td></tr></table>	Taxable Income	\$	55,489.00	Total Tax	\$	2,592.00	Total Payments/Credits	\$	4,200.00	Amount to be Refunded	\$	1,608.00
Taxable Income	\$	55,489.00											
Total Tax	\$	2,592.00											
Total Payments/Credits	\$	4,200.00											
Amount to be Refunded	\$	1,608.00											
Changed Your Mind About e-filing?	You can still file electronically. Just go back to TurboTax, select the File tab, then select the E-file category. We'll walk you through the process. Once you file, we will let you know if your return is accepted (or rejected) by the state taxing agency.												

2016 AR1000F

ARKANSAS INDIVIDUAL INCOME TAX RETURN

Full Year Resident



AR1

CHECK BOX IF AMENDED RETURN

Jan. 1 - Dec. 31, 2016 or fiscal year ending _____, 20__ Dept. Use Only _____ Software ID TURBOTAX

USE LABEL OR PRINT OR TYPE	PRIMARY FIRST NAME ● SARMA	MI ●	LAST NAME ● KANAPALLE	PRIMARY SOCIAL SECURITY NUMBER ● 676-18-5134
	SPOUSE FIRST NAME ● SWATHI	MI ●	LAST NAME ● NISTALA	SPOUSE'S SOCIAL SECURITY NUMBER ● 848-62-0440
	MAILING ADDRESS (Number and Street, P.O. Box or Rural Route) ● 2020 HINSON LOOP RD, APT. 531			<input type="checkbox"/> Check here if you do NOT want a tax booklet mailed to you next year.
CITY ● LITTLE ROCK	STATE or PROVINCE ● AR	ZIP ● 72212	COUNTRY (if not U.S.)	

FILING STATUS Check Only One Box	1. <input type="checkbox"/> SINGLE (Or widowed before 2016 or divorced at end of 2016)	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
3. <input type="checkbox"/> HEAD OF HOUSEHOLD (See Instructions)	Enter spouse's name here and SSN above _____	
If the qualifying person was your child, but not your dependent, enter child's name here: _____		6. <input type="checkbox"/> QUALIFYING WIDOW(ER) with dependent child Year spouse died: (See Instructions) _____

HAVE YOU FILED AN EXTENSION? Check this box if you have filed a state extension or an automatic federal extension

7A. YOURSELF ● 65 or OVER ● 65 SPECIAL ● BLIND ● DEAF HEAD OF HOUSEHOLD/QUALIFYING WIDOW(ER)
 SPOUSE ● 65 or OVER ● 65 SPECIAL ● BLIND ● DEAF
 Multiply number of boxes checked 7A X \$26 = 52.00

PERSONAL TAX CREDITS

First Name	Last Name	Dependent's Social Security Number	Dependent's relationship to you
1.			
2.			
3.			

7B. Multiply number of dependents from above 7B X \$26 = 00

7C. First name of individual(s) with developmental disability: (See Instructions) _____
 Multiply number of individuals with developmental disabilities from 7C 7C X \$500 = 00

7D. **TOTAL PERSONAL TAX CREDITS:** (Add Lines 7A, 7B, and 7C. Enter total here and on Line 32) 7D 52.00

ROUND ALL AMOUNTS TO WHOLE DOLLARS		(A) Your/Joint Income	(B) Spouse's Income Status 4 Only
8. Wages, salaries, tips, etc. (Attach W-2s).....	8	● 77,126.00	● 00
9A. U.S. Military compensation: (Your/joint gross amount) ●	9A		
9B. U.S. Military compensation: (Spouse's gross amount) ●	9B		
10. Interest income: (If over \$1,500, attach AR4).....	10	● 00	● 00
11. Dividend income: (If over \$1,500, attach AR4).....	11	● 00	● 00
12. Alimony and separate maintenance received:.....	12	● 00	● 00
13. Business or professional income: (Attach federal Schedule C or C-EZ).....	13	● 00	● 00
14. Capital gains/(losses) from stocks, bonds, etc. (See Instr. Attach Schedule D).....	14	● 00	● 00
15. Other gains or (losses): (Attach federal Form 4797 and/or 4684 if applicable).....	15	● 00	● 00
16. Non-Qualified IRA distributions and taxable annuities: (Attach All 1099Rs).....	16	● 00	● 00
17A. Your/Joint Employer pension plan(s)/Qualified IRA(s): (See Instructions - Attach All 1099Rs) Gross Distribution ● 00 Taxable Amount ● 00 Less \$6,000	17A	● 00	
17B. Spouse's Employer pension plan(s)/Qualified IRA(s): (Filing Status 4 Only) Gross Distribution ● 00 Taxable Amount ● 00 Less \$6,000	17B		● 00
18. Rents, royalties, partnerships, estates, trusts, etc. (Attach federal Schedule E).....	18	● 00	● 00
19. Farm income: (Attach federal Schedule F).....	19	● 00	● 00
20. Other income/depreciation differences: (Attach Form AR-OI).....	20	● 00	● 00
21. TOTAL INCOME: (Add Lines 8 through 20).....	21	● 77,126.00	● 00
22. TOTAL ADJUSTMENTS: (Attach Form AR1000ADJ).....	22	● 00	● 00
23. ADJUSTED GROSS INCOME: (Subtract Line 22 from Line 21).....	23	● 77,126.00	● 00



Primary SSN 676-18-5134

		(A) Your/Joint Income	(B) Spouse's Income Status 4 Only
TAX COMPUTATION	24. ADJUSTED GROSS INCOME: (From Line 23, Columns A and B)..... 24	77,126.00	00
	25. Select tax table: (See Instructions, Line 25)		
	• <input type="checkbox"/> LOW INCOME Table <input checked="" type="checkbox"/> REGULAR Table		
	If you qualify for the Low Income Tax Table, enter zero (0) on Line 25A. If not, then:		
	Enter the larger } • <input checked="" type="checkbox"/> Itemized Deductions (See Instructions, Line 25 and attach AR3)		
	of your: OR If your spouse itemizes on a separate return, check here • <input type="checkbox"/>		
	• <input type="checkbox"/> Standard Deduction (See Instructions, Line 25)..... 25	21,637.00	00
	26. NET TAXABLE INCOME: (Subtract Line 25 from Line 24)..... 26	55,489.00	00
	27. TAX: (Enter tax from tax table)..... 27	2,592.00	00
	28. Combined tax: (Add amounts from Line 27, Columns A and B)..... 28		2,592.00
29. Enter tax from Lump Sum Distribution Averaging Schedule: (Attach AR1000TD)..... 29		00	
30. Additional tax on IRA and qualified plan withdrawal and overpayment: (Attach federal Form 5329, if required)..... 30		00	
31. TOTAL TAX: (Add Lines 28 through 30)..... 31		2,592.00	
TAX CREDITS	32. Personal Tax Credit(s): (Enter total from Line 7D)..... 32	52.00	00
	33. Child Care Credit: (20% of federal credit allowed; Attach federal Form 2441)..... 33	00	00
	34. Other Credits: (Attach AR1000TC)..... 34	00	00
	35. TOTAL CREDITS: (Add Lines 32 through 34)..... 35		52.00
	36. NET TAX: (Subtract Line 35 from Line 31. If Line 35 is greater than Line 31, enter 0)..... 36		2,540.00
PAYMENTS	37. Arkansas income tax withheld: [Attach state copies of W-2 and/or 1099R Form(s)]..... 37	4,148.00	00
	38. Estimated tax paid or credit brought forward from 2015:..... 38	00	00
	39. Payment made with extension: (See Instructions)..... 39	00	00
	40. AMENDED RETURNS ONLY - Previous payments: (See instructions)..... 40	00	00
	41. Early childhood program: Certification Number: _____		
	(20% of federal credit; Attach federal Form 2441 and Form AR1000EC)..... 41	00	00
	42. TOTAL PAYMENTS: (Add Lines 37 through 41)..... 42		4,148.00
	43. AMENDED RETURNS ONLY - Previous refund: (See instructions)..... 43		00
44. Adjusted Total Payments: (Subtract Line 43 from Line 42)..... 44		4,148.00	
REFUND OR TAX DUE	45. AMOUNT OF OVERPAYMENT/REFUND: (If Line 44 is greater than Line 36, enter difference)..... 45		1,608.00
	46. Amount to be applied to 2017 estimated tax:..... 46	00	00
	47. Amount of Check-off Contributions: (Attach Schedule AR1000-CO)..... 47	00	00
	48. AMOUNT TO BE REFUNDED TO YOU: (Subtract Lines 46 and 47 from Line 45)..... REFUND 48		1,608.00
	DIRECT DEPOSIT? If your deposit will be ultimately placed in a foreign account check the box. • <input type="checkbox"/>		
	Routing Number Account Number		
	• 0 8 2 0 0 0 0 7 3 • 4 8 7 0 0 1 6 2 5 7 0 6		
	• <input checked="" type="checkbox"/> Checking or		
	• <input type="checkbox"/> Savings		
	49. AMOUNT DUE: (If Line 44 is less than Line 36, enter difference; If over \$1,000, continue to 50A)..... TAX DUE 49		00
50A. UEP: Attach Form AR2210 or AR2210A. If required, enter exception in box 50A • <input type="checkbox"/> Penalty 50B • <input type="checkbox"/> 00		00	
50C. Add Lines 49 and 50B. Attach Form AR1000V with check or money order payable in U.S. Dollars to "Dept. of Finance and Administration". Include your SSN on payment. To pay by credit card, see instructions..... TOTAL DUE 50C		00	
51. Amount of income not subject to Arkansas tax from AR4, Part III: (Memorandum only)			

May the Arkansas Revenue Agency discuss this return with the preparer of the return?
 Yes No

FOR MAILING ADDRESSES SEE PAGE 2 OF INSTRUCTIONS

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.

PLEASE SIGN HERE	Your Signature	Date	E-mail:	Telephone: (501) 398-7885
	Spouse's Signature	Date	E-mail:	Telephone:
PAID PREPARER	Paid Preparer's Signature		ID Number/Social Security Number	For Department Use Only
	Preparer's Name: SELF - PREPARED		City/State/Zip:	A •
	E-mail:			Telephone:

**ARKANSAS INDIVIDUAL INCOME TAX
ITEMIZED DEDUCTION SCHEDULE**

Name SARMA KANAPALLE & SWATHI NISTALA	Social Security Number 676-18-5134
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MEDICAL AND DENTAL EXPENSES: [Do not include expense(s) paid by others]. (See Instructions)

1. Medical and dental expenses:.....	1	0 . 00
2. Enter amount from Form AR1000F/AR1000NR, line 24(A) and 24(B):.....	2	77,126 . 00
3A. Multiply line 2 by 10% (.10) if you and your spouse were under 65 at the end of 2016; otherwise enter 0:.....	3A	7,713 . 00
3B. Multiply line 2 by 7.5% (.075) if you or your spouse were 65 or over at the end of 2016; otherwise enter 0:....	3B	00
4. TOTAL MEDICAL EXPENSES: (Subtract lines 3A and 3B from line 1; if more than line 1, enter 0).....	4 ➤	0 . 00

TAXES: (See Instructions)

5. Real estate tax:.....	5	00
6. Personal property tax or other taxes: (List type and amount) PERSONAL PROPERTY TAX 160.	6	160 . 00
7. TOTAL TAXES: (Add lines 5 and 6).....	7 ➤	160 . 00

INTEREST EXPENSES: (See Instructions)

8. Home mortgage interest paid to financial institutions:.....	8	00
9. Home mortgage interest paid to an individual: Name: _____ Address: _____	9	00
10. Deductible points:.....	10	00
11. Investment interest: (Attach federal Form 4952).....	11	00
12. TOTAL INTEREST EXPENSE: (Add lines 8 through 11).....	12 ➤	00

CONTRIBUTIONS: (See Instructions)

13. Cash contributions:.....	13	00
14. Art and literary contributions:.....	14	00
15. Other: NON-CASH CONTRIBUTIONS 240.	15	240 . 00
16. Carryover contributions: (List type and amount) _____	16	00
17. TOTAL CONTRIBUTIONS: (Add lines 13 through 16).....	17 ➤	240 . 00

CASUALTY AND THEFT LOSSES: (See Instructions)

18. TOTAL CASUALTY AND THEFT LOSSES: (Attach federal Form 4684).....	18 ➤	0 . 00
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POST-SECONDARY EDUCATION TUITION DEDUCTION(S): (See Instructions)

19. TOTAL POST-SECONDARY EDUCATION TUITION DEDUCTION(S): [Attach AR1075(s)].....	19 ➤	00
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MISCELLANEOUS DEDUCTIONS SUBJECT TO 2% AGI LIMIT: (See Instructions)

20. Unreimbursed employee business expenses: (Attach federal Form 2106).....	20	22,780 . 00
21. Other expenses: (List type and amount) _____	21	00
22. Add the amounts on lines 20 and 21. Enter the total:.....	22	22,780 . 00
23. Enter amount from Form AR1000F/AR1000NR, line 24(A) and 24(B):.....	23	77,126 . 00
24. Multiply line 23 above by 2% (.02):.....	24	1,543 . 00
25. TOTAL MISCELLANEOUS DEDUCTIONS: (Subtract line 24 from line 22; If line 24 is more than line 22, enter 0).....	25 ➤	21,237 . 00

OTHER MISCELLANEOUS DEDUCTIONS: (See Instructions)

26. Volunteer firefighter expenses:.....	26	00
27. Other miscellaneous deductions: (List type and amount) _____	27	00
28. TOTAL MISCELLANEOUS DEDUCTIONS NOT SUBJECT TO THE 2% AGI LIMITATION: (Add lines 26 and 27).....	28 ➤	00

TOTAL ITEMIZED DEDUCTIONS:

29. Add amounts on Lines 4, 7, 12, 17, 18,19, 25, and 28 and enter the total here:.....	29 ➤	21,637 . 00
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Complete lines 30 - 34 ONLY if Filing Status 4 or 5.

	YOUR Adjusted Gross Income	SPOUSE'S Adjusted Gross Income
30. Enter adjusted gross income from Form AR1000F/AR1000NR, line 24, Columns (A) and (B) here:.....	30A	30B
31. Total Arkansas adjusted gross income: (Add columns 30A and 30B from above).....	31	31
32. Divide the amount on line 30A above by the amount on line 31. Enter the percentage here:.....	32	32
33. Multiply line 29 by the percentage on line 32. Enter here and on Form AR1000F/AR1000NR, line 25, Col. (A):..... (YOU)	33	33
34. Subtract line 33 from line 29. Enter here and on Form AR1000F/AR1000NR, line 25, Column (B). If you and your spouse are using Filing Status 5, enter on line 25, Col. (A) of your spouse's return:..... (SPOUSE)	34	34