

2018 AR1000F



AR1

ARKANSAS INDIVIDUAL INCOME TAX RETURN Full Year Resident

CHECK BOX IF AMENDED RETURN

Software ID

Jan. 1 - Dec. 31, 2018 or fiscal year ending \_\_\_\_\_, 20\_\_

PROSERIES

Primary's Legal First Name: TRILOK GANGANATH, Last Name: BAKULAPALLI, Social Security Number: 154-65-7816. Spouse's Legal First Name, Last Name, Social Security Number. Mailing Address: 3001 SW TROON LN, APT. 26, BENTONVILLE, AR 72713.

FILING STATUS: 1. Single (checked), 2. Married Filing Joint, 3. Head of Household, 4. Married Filing Separately on the Same Return, 5. Married Filing Separately on Different Returns, 6. Qualifying Widow(er) with dependent child.

Check here if you do NOT want a tax booklet mailed to you next year. Check this box if you have filed a state extension or an automatic federal extension.

7A. Yourself (checked), Spouse, 65 or Over, 65 Special, Blind, Deaf, Head of Household/Qualifying Widow(er). Multiply number of boxes checked: 7A 1 x \$26 = 26.00

Table with 4 columns: First Name, Last Name, Dependent's Social Security Number, Dependent's relationship to you. Includes header 'Dependents (Do not list yourself or spouse)'.

7B. Multiply number of DEPENDENTS from above: 7B 0 x \$26 = 00. 7C. First name of Qualifying Individual(s) from AR1000RC5: 7C 0 x \$500 = 00. 7D. TOTAL PERSONAL TAX CREDITS: 26.00

Table with 3 columns: Description, (A) Primary/Joint Income, (B) Spouse's Income Status 4 Only. Rows include: 8. Wages, salaries, tips, etc. (35,252.00); 9A. U.S. Military compensation; 10. Interest income; 11. Dividend income; 12. Alimony and separate maintenance received; 13. Business or professional income; 14. Capital gains/(losses); 15. Other gains or (losses); 16. Non-Qualified IRA distributions; 17A. U.S. Military pension; 17B. U.S. Military pension; 18A. Your/Joint Employer pension plan(s)/Qualified IRA(s); 18B. Spouse's Employer pension plan(s)/Qualified IRA(s); 19. Rents, royalties, partnerships, estates, trusts, etc.; 20. Farm income; 21. Unemployment; 22. Other income/depreciation differences; 23. TOTAL INCOME (35,252.00); 24. TOTAL ADJUSTMENTS; 25. ADJUSTED GROSS INCOME (35,252.00).



Primary SSN 154-65-7816

TAX COMPUTATION			(A) Primary/Joint Income			(B) Spouse's Income Status 4 Only																				
	Line	Description		Line	Description																					
26	ADJUSTED GROSS INCOME: (From Line 25, Columns A and B)	26	35,252.00	26		00																				
27	Select tax table: (See Instructions, Line 27)																									
	<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 27A. If not, then: Enter the larger of your: <ul style="list-style-type: none"> <li><input type="checkbox"/> Itemized Deductions (See Instructions, Line 27 and attach AR3)</li> <li>OR <input type="checkbox"/> If your spouse itemizes on a separate return, check here</li> <li><input checked="" type="checkbox"/> Standard Deduction (See Instructions, Line 27)</li> </ul>																									
27	NET TAXABLE INCOME: (Subtract Line 27 from Line 26)	28	2,200.00	27		00																				
28	TAX: (Enter tax from tax table)	29	33,052.00	28		00																				
29	Combined tax: (Add amounts from Line 29, Columns A and B)	30	1,247.00	29		00																				
30	Enter tax from Lump Sum Distribution Averaging Schedule: (Attach AR1000TD)	31		30	1,247.00	00																				
31	Additional tax on IRA and qualified plan withdrawal and overpayment: (Attach federal Form 5329, if required)	32		31		00																				
32	TOTAL TAX: (Add Lines 30 through 32)	33	1,247.00	32		00																				
33	Personal Tax Credit(s): (Enter total from Line 7D)	34	26.00	33		00																				
34	Child Care Credit: (20% of federal credit allowed; Attach federal Form 2441)	35	00	34		00																				
35	Other Credits: (Attach AR1000TC)	36	00	35		00																				
36	TOTAL CREDITS: (Add Lines 34 through 36)	37	26.00	36		00																				
37	NET TAX: (Subtract Line 37 from Line 33. If Line 37 is greater than Line 33, enter 0)	38	1,221.00	37		00																				
38	Arkansas income tax withheld: (Attach state copies of W-2 and/or 1099R, 1099-G)	39	1,815.00	38		00																				
39	Estimated tax paid or credit brought forward from 2017:	40	00	39		00																				
40	Payment made with extension: (See Instructions)	41	00	40		00																				
41	AMENDED RETURNS ONLY - Previous payments: (See instructions)	42	00	41		00																				
42	Early childhood program: Certification Number: _____	43	00	42		00																				
43	(20% of federal credit; Attach federal Form 2441 and Form AR1000EC)			43		00																				
44	TOTAL PAYMENTS: (Add Lines 39 through 43)	44	1,815.00	44		00																				
45	AMENDED RETURNS ONLY - Previous refund: (See instructions)	45	00	45		00																				
46	Adjusted Total Payments: (Subtract Line 45 from Line 44)	46	1,815.00	46		00																				
47	AMOUNT OF OVERPAYMENT/REFUND: (If Line 46 is greater than Line 38, enter difference)	47	594.00	47		00																				
48	Amount to be applied to 2019 estimated tax:	48	00	48		00																				
49	Amount of Check-off Contributions: (Attach Schedule AR1000-CO)	49	00	49		00																				
50	AMOUNT TO BE REFUNDED TO YOU: (Subtract Lines 48 and 49 from Line 47)	50	594.00	50		00																				
	DIRECT DEPOSIT? If your deposit will be ultimately placed in a foreign account check the box. <input type="checkbox"/>																									
	Routing Number: <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>3</td><td>2</td><td>2</td><td>2</td><td>7</td><td>1</td><td>6</td><td>2</td><td>7</td></tr></table>	3	2	2	2	7	1	6	2	7																
3	2	2	2	7	1	6	2	7																		
	Account Number: <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>7</td><td>8</td><td>7</td><td>5</td><td>2</td><td>7</td><td>2</td><td>6</td><td>1</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>	7	8	7	5	2	7	2	6	1																
7	8	7	5	2	7	2	6	1																		
	<input checked="" type="checkbox"/> Checking or <input type="checkbox"/> Savings																									
51	AMOUNT DUE: (If Line 46 is less than Line 38, enter difference; If over \$1,000, continue to 52A)... TAX DUE	51	00	51		00																				
52A	UEP: Attach Form AR2210 or AR2210A. If required, enter exception in box 52A	52A	00	52A		00																				
52B	Penalty 52B	52B	00	52B		00																				
52C	Add Lines 51 and 52B. 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	52C	00	52C		00																				
TOTAL DUE 52C																										
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.																										
Primary's Signature		Date	Telephone	May the Arkansas Revenue Agency discuss this return with the preparer of the return?																						
Spouse's Signature		Date	Telephone	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No																						
Paid Preparer's Signature		ID Number/Social Security Number		For Department Use Only																						
Preparer's Name GLOBAL TAXES LLC		P02090332		A ●																						
E-mail		CUMMING GA 30041		Telephone																						



ARKANSAS INDIVIDUAL INCOME TAX DECLARATION FOR ELECTRONIC FILING

Primary's Legal First Name and Middle Initial: TRILOK GANGANATH; Last Name: BAKULAPALLI; Primary's Social Security Number: 154-65-7816; Spouse's Legal First Name and Middle Initial: ; Last Name: ; Spouse's Social Security Number: ; Mailing Address: 3001 SW TROON LN, APT. 26; Telephone: (323) 718-1104; City: BENTONVILLE; State or Province: AR; ZIP: 72713; Check if address is outside U.S. Foreign Country: [ ]

Table with 5 rows and 3 columns: Line, Description, Amount. Row 1: Total Income, 35,252.00; Row 2: Net Tax, 1,221.00; Row 3: State Income Tax Withheld, 1,815.00; Row 4: Refund, 594.00; Row 5: Tax Due, 00.

PART II - DECLARATION OF TAXPAYER

6a. [X] I consent that my refund be direct deposited as designated in the electronic portion of my 2018 Arkansas income tax return. 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 2018 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: Signature, Date, Check if paid preparer [ ], Check if self-employed [ ], P02090332, Your SSN or PTIN, GLOBAL TAXES LLC 2530 PEBBLE CREEK LN CUMMING GA 30041 30-1017196, Firm's name and address, FEIN

Under penalties of perjury, I declare that I have examined the above taxpayer's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. This declaration is based on all information of which I have any knowledge.

Paid Preparer's Use Only: Signature, Date, Check if self-employed [ ], P02090332, Preparer's SSN or PTIN, APPANA RUPA VENKATA SAI MANIKUMAR 2530 PEBBLE CREEK LN CUMMING GA 30041, Firm's name and address, FEIN