



ARKANSAS INDIVIDUAL INCOME TAX RETURN

Nonresident and Part Year Resident

CHECK BOX IF AMENDED RETURN

Jan. 1 - Dec. 31, 2017 or fiscal year ending _____, 20____ Dept. Use Only _____ Software ID PROSERIES

Primary First Name MI Last Name Primary Social Security Number Spouse First Name MI Last Name Spouse's Social Security Number Mailing Address City State or Province Zip Foreign Country

ATTACH A COPY OF YOUR COMPLETE FEDERAL RETURN NONRESIDENT: PART YEAR RESIDENT: (List State of residence) (Dates Lived in AR) 04/01/2017 12/31/2017

FILING STATUS Check Only One Box 1. Single (Or widowed before 2017 or divorced at end of 2017) 2. Married Filing Joint (Even if only one had income) 3. Head of Household (See Instructions) 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 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 rows for dependents 1, 2, 3.

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

Table with 4 columns: Description, (A) Primary/Joint Income, (B) Spouse's Income Status 4 Only, (C) Arkansas Income Only. Rows 8-23 including Wages, interest, dividends, and total income/adjustments.



NR2

Primary SSN 054-27-2113

		(A) Primary/Joint Income		(B) Spouse's Income Status 4 Only	
TAX COMPUTATION	24. ADJUSTED GROSS INCOME: (From Line 23, Columns A and B).....24	47,306.00	24	00	
	25. Select tax table: (Check the appropriate box) <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 } <input type="checkbox"/> Itemized Deductions (See Instructions, Line 25 and attach AR3) the larger } OR If your spouse itemizes on a separate return, check here <input type="checkbox"/> of your: } <input checked="" type="checkbox"/> Standard Deduction (See Instructions, Line 25).....25	2,200.00	25	00	
	26. NET TAXABLE INCOME: (Subtract Line 25 from Line 24).....26	45,106.00	26	00	
	27. TAX: (Enter tax from tax table).....27	1,949.00	27	00	
	28. Combined tax: (Add amounts from Line 27, Columns A and B).....28		28	1,949.00	
	29. Enter tax from Lump Sum Distribution Averaging Schedule: (Attach AR1000TD).....29		29	00	
	30. Additional tax on IRA and qualified plan withdrawal and overpayment: (Attach federal Form 5329, if required).....30		30	00	
	31. TOTAL TAX: (Add Lines 28 through 30).....31		31	1,949.00	
	TAX CREDITS				
	32. Personal Tax Credit(s): (Enter total from Line 7D).....32	26.00	32	00	
	33. Child Care Credit: (20% of federal credit allowed; Attach federal Form 2441).....33	00	33	00	
34. Other Credits: (Attach AR1000TC).....34	00	34	00		
35. TOTAL CREDITS: (Add Lines 32 through 34).....35	26.00	35	00		
36. NET TAX: (Subtract Line 35 from Line 31. If Line 35 is greater than Line 31, enter 0).....36	1,923.00	36	00		
PRORATION					
36A. Enter the amount from Line 23, Column C:36A	44,306.00	36A	00		
36B. Enter the total amount from Line 23, Columns A and B:36B	47,306.00	36B	00		
36C. Divide Line 36A by 36B: (See Instructions).....36C	0.936583	36C	00		
36D. APPORTIONED TAX LIABILITY: (Multiply Line 36 by Line 36C).....36D	1,801.00	36D	00		
PAYMENTS					
37. Arkansas income tax withheld: [Attach state copies of W-2 and/or 1099R Form(s)].....37	2,245.00	37	00		
38. Estimated tax paid or credit brought forward from 2016:.....38	00	38	00		
39. Payment made with extension: (See Instructions).....39	00	39	00		
40. AMENDED RETURNS ONLY - Previous payments: (See instructions).....40	00	40	00		
41. Early childhood program: Certification Number: _____ (20% of federal credit; Attach federal Form 2441 and Form AR1000EC).....41	00	41	00		
42. TOTAL PAYMENTS: (Add Lines 37 through 41).....42	2,245.00	42	00		
43. AMENDED RETURNS ONLY - Previous refund: (See instructions).....43	00	43	00		
44. Adjusted Total Payments: (Subtract Line 43 from Line 42).....44	2,245.00	44	00		
REFUND OR TAX DUE					
45. AMOUNT OF OVERPAYMENT/REFUND: (If Line 44 is greater than Line 36D, enter difference).....45	444.00	45	00		
46. Amount to be applied to 2018 estimated tax:.....46	00	46	00		
47. Amount of Check-off Contributions: (Attach Schedule AR1000-CO).....47	00	47	00		
48. AMOUNT TO BE REFUNDED TO YOU: (Subtract Lines 46 and 47 from Line 45).....REFUND 48 ☺	444.00	48	00		
DIRECT DEPOSIT? If your deposit will be ultimately placed in a foreign account check the box. <input type="checkbox"/>					
Routing Number Account Number					
<input checked="" type="checkbox"/> Checking or <input type="checkbox"/> Savings <input type="checkbox"/> Savings					
49. AMOUNT DUE: (If Line 44 is less than Line 36D, enter difference; If over \$1,000, continue to 50A).....TAX DUE 49 ☹	00	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	50B	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	50C	00		
ID					
DL# / State ID <u>940130276</u> Your state <u>AR</u> Issue Date (mm/dd/yyyy) <u>09/22/2017</u> Expiration Date (mm/dd/yyyy) <u>07/21/2019</u>					
DL# / State ID _____ Spouse state _____ Issue Date (mm/dd/yyyy) _____ Expiration Date (mm/dd/yyyy) _____					
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 Signature		Date	Telephone	May the Arkansas Revenue Agency discuss this return with the preparer of the return? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Spouse's Signature		Date	Telephone		
Paid Preparer's Signature		ID Number/Social Security Number		For Department Use Only	
APPANA RUPA VENKATA SATYA SAI MANI KUMAR 06/12/2018		301017196		A •	
Preparer's Name <u>GLOBAL TAXES LLC</u>		City/State/Zip		Telephone	
E-mail <u>KUMAR@GTAXFILE.COM</u>		<u>CUMMING GA 30041</u>		<u>(678)965-9729</u>	



**ARKANSAS INDIVIDUAL INCOME TAX
SCHEDULE OF ADJUSTMENTS**

Primary Name RAGHUNATH KUNCHAKURI	Primary Social Security Number 054-27-2113
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INSTRUCTIONS

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

Part Year Resident Filers - Complete columns (A) and (B), if using filing status 4 (married filing separately on the same return). All other filing statuses must complete column (A) only. Enter only the amount of adjustments attributable to Arkansas in column (C).

Full Year Nonresident Filers - Complete columns (A) and (B), if using filing status 4 (married filing separately on the same return). All other filing statuses must complete column (A) only. If an amount is entered in column (C), attach explanation.

Enter the total of each column on Line 18 of this form and on Line 22 of AR1000F or AR1000NR.

See additional instructions on the reverse side of this form.

	(A) Primary/Joint Adjustments	(B) Spouse's Adjustments Status 4 Only	(C) Arkansas Adjustments Only
1. Border city exemption: (Attach Form AR-TX).....	00	00	00
2. Tuition Savings Program: (See Instructions).....	00	00	00
3. Payments to IRA: (See Instructions).....	00	00	00
4. Payments to MSA: (See Instructions).....	00	00	00
5. Payments to HSA: (Attach federal Form 8889).....	00	00	00
6. Deduction for interest paid on student loans: (See Instructions).....	00	00	00
7. Contributions to Intergenerational Trust: (See Instructions).....	00	00	00
8. Moving expenses: (Attach federal Form 3903).....	2,000.00	00	0.00
9. Self-employed health insurance deduction: (See Instructions).....	00	00	00
10. KEOGH, Self-employed SEP and Simple Plans:.....	00	00	00
11. Forfeited interest penalty for premature withdrawal:.....	00	00	00
12. Alimony/Sep. Maint. paid to: Name: _____ SSN: _____	00	00	00
13. Support for individuals with permanent disabilities: (Attach Form AR1000DC).....	00	00	00
14. Organ Donor Deduction: (Attach Form AR1000OD).....	00	00	00
15. Military Reserve Expenses:.....	00	00	00
16. Reforestation Deduction:.....	00	00	00
17. Teachers Qualified Classroom Investment Expense: (Attach Form AR1000CE).....	00	00	00
18. TOTAL ADJUSTMENTS: (Enter here and on AR1000F/AR1000NR, Line 22).....	2,000.00	00	0.00

NOTE: Do not enter amounts from categories that are not printed on this form. See instructions for additional information.



**ARKANSAS INDIVIDUAL INCOME TAX
DECLARATION FOR ELECTRONIC FILING**

Primary First Name and Middle Initial ● RAGHUNATH		Last Name ● KUNCHAKURI		Primary Social Security Number ● 054-27-2113	
Spouse's First Name and Middle Initial		Last Name		Spouse's Social Security Number ●	
Mailing Address (Number and Street, P.O. Box or Rural Route) 1600 PHYLLIS ST, APT. 801				Telephone ●	
City BENTONVILLE	State or Province AR	ZIP 72712	<input type="checkbox"/> Check if address is outside U.S. Foreign Country		

PART I - TAX RETURN INFORMATION (Whole Dollars Only)

1. Total Income (Form AR1000F or AR1000NR, Line 21).....	1	49,306.	00
2. Net Tax (Form AR1000F or AR1000NR, Line 36).....	2	1,801.	00
3. State Income Tax Withheld (Form AR1000F or AR1000NR, Line 37).....	3	● 2,245.	00
4. Refund (Form AR1000F or AR1000NR, Line 45).....	4	444.	00
5. Tax Due (Form AR1000F or AR1000NR, Line 49).....	5		00

PART II - DECLARATION OF TAXPAYER

- 6a. I consent that my refund be direct deposited as designated in the electronic portion of my 2017 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 shown on the AR1000F/AR1000NR, line 48.
- 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 2017 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 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

_____	06/12/2018	Check if paid preparer <input type="checkbox"/>	Check if self-employed <input type="checkbox"/>	_____
ERO'S Signature	Date			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

_____	06/12/2018	Check if self-employed <input type="checkbox"/>	_____
Preparer's Signature	Date		Preparer's SSN or PTIN
APPANA RUPA VENKATA SATYA SAI MANI KUMAR 2530 PEBBLE CREEK LN CUMMING	GA 30041		P02090332
Firm's name and address			30-1017196
			FEIN

Arkansas Information Worksheet

2017

Keep for your records

Part I - Personal Information

Taxpayer:

First Name Raghunath
Middle Initial Suffix
Last Name Kunchakuri

Social Security No. . . 054-27-2113
Date of Birth 07/29/1989 (mm/dd/yyyy)
Date of Death (mm/dd/yyyy)
Occupation Administrator
E-mail address
Work Phone
Home phone

Spouse:

First Name
Middle Initial Suffix
Last Name

Social Security No. . .
Date of Birth (mm/dd/yyyy)
Date of Death (mm/dd/yyyy)
Occupation
E-mail address
Work Phone

Street Address . . . 1600 Phyllis St Apt No. . . 801
City BENTONVILLE State/Province . . AR
ZIP Code 72712 Foreign Country

Check to confirm address information is correct [X]

Part II - Main Form

- Form AR1000F: Full-Year Resident (Long Form)
Form AR1000NR: Nonresident Form
[X] Form AR1000NR: Part-year resident

QuickZoom to enter Nonresident/Part-year resident income allocations

State of residence
Dates lived in Arkansas in 2017 From 04/01/2017 To 12/31/2017
(mm/dd/yyyy) (mm/dd/yyyy)

Part III - Filing Status

- [X] 1 Single (or widowed before 2017 or divorced at end of 2017)
2 Married Filing Joint (even if only one had income)
3 Head of Household. If the qualifying person is your child but not your dependent, enter child's name here
4 Married Filing Separately on same return
5 Married Filing Separately on different return. List spouse's full name and social security number: Spouse's Name . . . Spouse's SSN . . .
6 Qualifying Widow(er) with dependent child (year spouse died . . .)

Exemptions:

Table with columns Taxpayer and Spouse, and rows for Personal, 65 or Over, 65 Special, Blind, Deaf, Head of Household or Qualifying Widow(er). Taxpayer has [X] in Personal row.

Part IV – Other Information

Dependents:

First Name	Last Name	Dependent's SSN	Relationship	Disabled	
				* * Check box if totally & permanently disabled	Select type if developmentally disabled ▼
_____	_____	_____	_____	<input type="checkbox"/>	_____
_____	_____	_____	_____	<input type="checkbox"/>	_____
_____	_____	_____	_____	<input type="checkbox"/>	_____
_____	_____	_____	_____	<input type="checkbox"/>	_____

Farmers and Fisherman:

At least two-thirds of your total gross income is from farming or fishing

State return previously filed:

Yes No

Name Change:

Check if Taxpayer changed name
 Check if Spouse changed name

Standard Deduction/Itemized Deductions:

Itemize even if itemized deductions are less than the standard deduction
 Filing status is married filing separately and spouse itemizes deductions
 Take the standard deduction even if less than itemized deductions

Authorization:

Yes No
 Can the Arkansas Revenue Agency discuss this return with the tax preparer?

Underpayment Penalty:

Do Not Calculate the Arkansas underpayment penalty statement

Nonresident Military Spouse (Filing Status 2 or 4 only):

Yes No
 The taxpayer (or spouse) is a nonresident active duty military personnel stationed in Arkansas.

QuickZoom to see if you qualify under the Military Spouses Residency Relief Act. ➔

Part V – Electronic Filing Information

New! State e-file disclosure consent

By using a computer system and software to prepare and transmit my client's return electronically, I consent to the disclosure of all information pertaining to my use of the system and software to create my client's return and to the electronic transmission of my client's tax return to the Arkansas Income Tax Section, as applicable by law.

[X] File state return electronically

Electronic PDF Attachments

PDF's that you have selected to attach to your state e-file return are listed below.

Table with 2 columns: Description, Filename

Driver's License

Taxpayer Spouse
State Issued Driver's License Arkansas
Driver's License Number 940130276
Date Driver's License Issued 09/22/2017
Date Driver's License Expires 07/21/2019

State ID

Taxpayer Spouse
Issuing State
State Identification number
State ID Issue Date
State ID Expiration Date

Date return was EFiled
Date return was accepted by the state
Enter the date Form AR1000-V was given to client
Date Form AR8453 mailed to the state (IF NEEDED)
QuickZoom to Form AR8453 Additional Information SmartWorksheet

Part VI – Direct Deposit or Electronic Funds Withdrawal Information

Yes No
[X] Do you want to elect direct deposit of state tax refund?
Do you want electronic funds withdrawal of state tax payment (EF Only)?

If you selected either of the options above, fill out the information below:

Name of Financial Institution (optional) CHASE BANK
Check the appropriate box:
Checking [X] Routing number 021202337
Savings [] Account number 631582652

Enter payment date to withdraw from the account above
State balance-due amount from this return

International ACH Transactions

Yes No
[] [X] Will the funds for this refund (or payment) go to (or come from) an account outside the U.S.?

Part VII – Paid Preparer Information

Enter the preparer's code from Preparer's Information Worksheet 1

Part VIII – Extension Status

Yes No
[] [] Has the tax return due date been extended by filing IRS Form 4868?
[] [] Has the tax return due date been extended by filing an Arkansas extension using Form AR1055?
Extended due date _____

Income Allocation Worksheet

2017

▶ Keep for your records

Name as Shown on Return
Raghunath Kunchakuri

Social Security Number
054-27-2113

Income	A Taxpayer	B Spouse	C Total	D AR Source (AR1000NR)
1 a Taxpayer wages, salaries, tips, etc.	49,306.			44,306.
b Spouse wages, salaries, tips, etc.				
Line 1 total.			49,306.	
2 a Taxpayer military compensation pay				
b Spouse military compensation pay				
Line 2 total.				
3 Interest income.				
4 Dividend income				
5 Alimony and separate maintenance received				
6 Business or professional income				
7 Capital gains and losses				
8 Other gains or (losses)				
9 Nonqualified IRA distributions and taxable annuities				
10 Employer-sponsored pension plan and qualified IRA distributions				
Taxpayer				
Spouse				
Line 10 total.				
11 Rents, royalties, partnerships, trusts, etc				
12 Farm income				
13 Fed/State depreciation adjustment for				
a Schedule C				
b Schedule E				
c Schedule F				
d K-1 Partnership				
e K-1 S Corporation				
f K-1 Estate/Trust				
g Form 4835				
h Form 2106				
i Sale of properties/assets				
Line 13 total.				
14 Other income:				
a HSA and/or MSA taxable distributions				
b Long-term care insurance contracts				
c Gambling winnings				
d Lottery/contest winnings.				
e Net operating loss				
f Foreign earned income exclusion				
g Scholarships/fellowships/grants				
h Loss on excess deferral distribution				
i Cancellation of debt				
j Jury duty pay				
k Recovery of bad debts				
l Other income not listed above				
m Rural physician incentives				
Line 14 total.				

Adjustments to Income

1	Payments to IRA				
2	Payments to MSA				
3	Payments to HSA				
4	Deduction for interest paid on student loans				
5	Contributions to Intergenerational Trust . .				
6	Moving expenses	2,000.		2,000.	0.
7	Self-employed health insurance deduction				
8	Payments to KEOGH/SEP/SIMPLE plans .				
9	Forfeited interest penalty for early withdrawal				
10	Alimony paid				
11	Support for permanently disabled individuals				
12	Organ donor deduction				
13	Tuition Savings Program				
14	Border city exemption				
15	Military Reserve Expenses				
16	Reforestation deduction				
17	Teachers Qualified Classroom Investment Expense (From AR1000CE) . .				

Part-Year Resident/Nonresident Allocation Worksheet 2017

▶ Keep for your records

Name(s) as Shown on Return <u>RAGHUNATH KUNCHAKURI</u>	Your Social Security No. <u>054-27-2113</u>
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	Federal Amount	Resident Period (part-year residents only)	Nonresident Period (nonresidents and part-year residents)	
	Column A Income from federal return	Column B Income from column A for this period	Column C Income from column A for this period	Column D Income from column C from AR sources
T - Taxpayer; S - Spouse				
7 Wages, salaries, tips, etc. T	49,306.	44,306.	5,000.	0.
S				
8 Federally taxable interest inc T				
S				
9 Dividends T				
S				
10 State/local tax refunds T				
S				
11 Alimony received T				
S				
12 Business income or loss T				
S				
13 Capital gain or loss T				
S				
14 Other gains and losses T				
S				
15 Taxable IRA distribution T				
S				
16 Taxable pension and annuities . . T				
S				
17 Rentals, royalties, p'ship, etc. . . . T				
S				
18 Farm income or loss T				
S				
19 Unemployment compensation . . T				
S				
20 a Taxable social security benefits . T				
S				
b Taxable railroad retirements . . . T				
S				
21 Other income T				
S				
22 Total income T	49,306.	44,306.	5,000.	0.
S				

		Federal Amount	Resident Period	Nonresident Period	
T - Taxpayer; S - Spouse		Column A Amount from federal return	Column B Amount from column A for this period	Column C Amount from column A for this period	Column D Amount from column C from AR sources
23	Educator expenses T				
	S				
24	Certain business expenses T				
	S				
25	Health savings account T				
	S				
26	Moving expenses T	2,000.	0.	2,000.	0.
	S				
27	Self-employment tax deduction . . T				
	S				
28	Self-employed SEP, SIMPLE . . . T				
	S				
29	Self-employed health insurance . T				
	S				
30	Early withdrawal penalty T				
	S				
31	Alimony paid T				
	S				
32	IRA deduction T				
	S				
33	Student loan interest deduction . . T				
	S				
34	Tuition and fees deduction T				
	S				
35	Domestic production activities . . T				
	S				
	Total other adjustments T				
	S				
36	Total adjustments T	2,000.	0.	2,000.	0.
	S				
37	Adjusted gross income T	47,306.	44,306.	3,000.	0.
	S				

Tax Payments Worksheet

2017

▶ Keep for your records

Name <u>Raghunath Kunchakuri</u>	Social Security Number <u>054-27-2113</u>
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Tax Payments for the Current Year

	State			
	Spouse		Taxpayer	
	Date	Payment	Date	Payment
1 First Payment				
2 Second Payment				
3 Third Payment				
4 Fourth Payment				
Additional Payments				
5 Payment				
Payment				
Payment				
Payment				
Payment				
6 Overpayment from previous year applied to current year				
7 Amount paid with current year extension				
8 Total tax payments				

Income Taxes Withheld for the Current Year

	Spouse		Taxpayer
9 State withholding on Forms W-2			2,245.
10 State withholding on Forms W-2G Less withholding from electronic games of skill			
11 State withholding on Forms 1099-R			
12 a State withholding on Forms 1099-MISC			
b State withholding on Forms 1099-G			
c State withholding on Forms 1099-K			
13 Other state tax withholding			
14 Total income tax withheld			2,245.
15 Date return will be filed and balance paid		15	

Smart Worksheets from your 2017 Arkansas Tax Return

SMART WORKSHEET FOR: Declaration for electronic filing

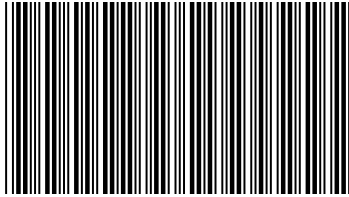
Additional Information Smart Worksheet	
A	Date this return was E-Filed ▶ _____
B	Date return was accepted by the state ▶ _____
C	Date Form AR8453 was mailed to the state (IF NEEDED) ▶ _____
D	Documents to attach to the FRONT of Form AR8453: <u>Form W-2 (Copy 2)</u> _____ _____
E	Documents to attach to the BACK of Form AR8453: _____ _____ _____ _____
F	<u>RETAIN FORM AR8453 FOR YOUR RECORDS -- DO NOT MAIL</u> _____ _____ _____ _____

SMART WORKSHEET FOR: Income Allocation Worksheet

Tuition Savings Program Smart Worksheet		
	Taxpayer	Spouse
A Enter any current year contributions to non-Arkansas Tuition Savings Program. Only enter the amounts not deducted on any other state's income tax		
B If Line A is larger than \$3,000, enter \$3,000; otherwise, enter Line A	0.	
C Enter any current year contributions rolled from a non-Arkansas Tuition Savings Program to an Arkansas Tuition Savings Program. Only enter amounts not previously deducted from AR taxable income in prior years		
D If Line C is larger than \$7,500, enter \$7,500; otherwise, enter line C	0.	
E Amount available towards current year contribution	5,000.	
F Enter any current year contributions to Arkansas Tuition Savings Program		
G Amount applied towards current year Arkansas Tuition Savings Program contributions (Smaller of Line E or Line F)	0.	
H Total deduction for Tuition Savings Program (Line B+Line D+Line G)	0.	
I Arkansas tuition contribution carryforward to next year	0.	

STATE OF NEW JERSEY INCOME TAX – RESIDENT RETURN

NJ-1040
2017
Page 1



040MP01170

For Privacy Act Notification, See Instructions
For Tax Year Jan. – Dec. 2017 or Other Tax Year
Beginning _____, 20__ Month Ending _____, 20__
On-line Federal Extension Confirmation # _____

KUNCHAKURI RAGHUNATH

1600 PHYLLIS ST APT 801

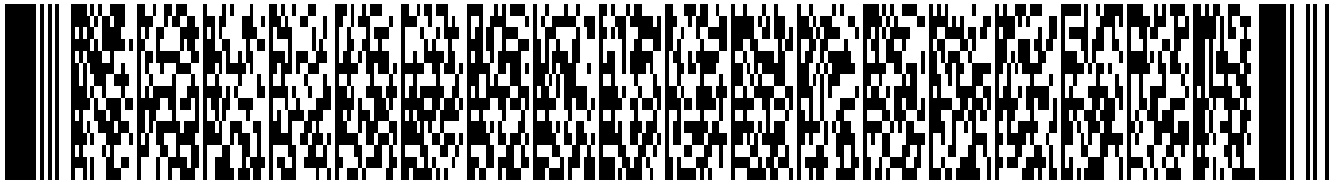
BENTONVILLE AR 72712 1014

1555

054272113

P02090332 301017196

940130276



Under the penalties of perjury, I declare that I have examined this income tax return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct and complete. If prepared by a person other than the taxpayer, this declaration is based on all information of which the preparer has any knowledge.

Pay amount on Line 56 in full. Write Social Security number(s) on check or money order and make payable to: STATE OF NEW JERSEY – TGI

Mail your return in the envelope provided and affix the appropriate mailing label.

If you have an amount due on Line 56, enclose your check and NJ-1040-V payment voucher with your return and use the label for **PO Box 111**.

If not, use the label for **PO Box 555**. You may also pay by e-check or credit card. See instruction page 11.

> _____
Your Signature Date

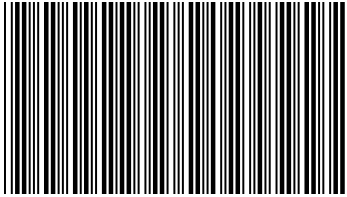
> _____
Spouse/CU Partner's Signature (If filed jointly both must sign)

Fill in if NJ-1040-O is enclosed

If enclosing copy of death certificate for deceased taxpayer, check box (See instruction page 12)

Paid Preparer's Signature Federal Identification Number
APPANA RUPA VENKATA SATYA SAI MANI K P02090332

Firm's Name Federal Employer Identification Number
GLOBAL TAXES LLC 30-1017196



KUNCHAKURI RAGHUNATH

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Residency Status IF YOU WERE A NEW JERSEY RESIDENT FOR ONLY PART OF THE TAXABLE YEAR GIVE THE PERIOD OF NEW JERSEY RESIDENCY FROM 010117 TO 033117

FILING STATUS

- 1. SINGLE
2. MARRIED/CU COUPLE FILING JOINT RETURN
3. MARRIED/CU COUPLE FILING SEPARATE RETURN
4. HEAD OF HOUSEHOLD
5. QUALIFYING WIDOW(ER)/SURVIVING CU PARTNER

X

EXEMPTIONS

- 6. REGULAR
7. AGE 65 OR OVER
8. BLIND OR DISABLED
9. NUMBER OF QUALIFIED DEPENDENT CHILDREN
10. NUMBER OF OTHER DEPENDENTS
11. DEPENDENTS ATTENDING COLLEGE
12A. TOTAL (LINE 12A - ADD LINES 6, 7, 8, AND 11)
12B. TOTAL (LINE 12B - ADD LINES 9 AND 10)
12C. VETERAN EXEMPTION

1

1

CHECKBOXES FOR EXEMPTIONS

Table with 3 columns: REGULAR, SPOUSE/CU PARTNER, DOMESTIC PARTNER, AGE 65 OR OLDER, YOURSELF, SPOUSE/CU PARTNER, BLIND OR DISABLED, YOURSELF, SPOUSE/CU PARTNER, VETERAN EXEMPTION, YOURSELF, SPOUSE/CU PARTNER

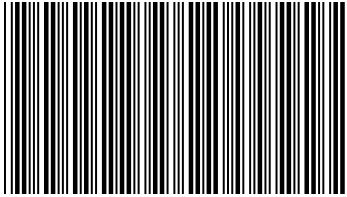
DEPENDENT'S INFORMATION FROM LINES 9 AND 10 (ATTACH RIDER IF MORE THAN FOUR)

Table with 4 columns: LAST NAME, FIRST NAME, MIDDLE INITIAL, SOCIAL SECURITY NUMBER, BIRTH YEAR, HEALTH INS IND

GUBERNATORIAL ELECTIONS FUND

DO YOU WISH TO DESIGNATE \$1 OF YOUR TAXES FOR THIS FUND? YES NO
IF JOINT RETURN. DOES YOUR SPOUSE/CU PARTNER WISH TO DESIGNATE \$1? YES NO

Main tax schedule table with 36 rows and 3 columns: Description, Line Number, Amount



040MP03170

KUNCHAKURI RAGHUNATH

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37A.	TOTAL PROPERTY TAXES PAID (SEE INSTRUCTION PAGE 30)	37A.	540 .
37B.	BLOCK, LOT, AND QUALIFIER (TO BE ENTERED ON PAGE 1)	37B.	
37C.	COUNTY/MUNICIPALITY CODE (TO BE ENTERED ON PAGE 1)	37C.	
38.	PROPERTY TAX DEDUCTION (SEE INSTRUCTION PAGE 33)	38.	.
39.	NEW JERSEY TAXABLE INCOME (SUBTRACT LINE 38 FROM LINE 36) IF ZERO OR LESS, MAKE NO ENTRY	39.	4750 .
40.	TAX (FROM TAX TABLES, PAGE 52)	40.	67 .
41.	CREDIT FOR INCOME TAXES PAID TO OTHER JURISDICTIONS	41.	.
41A.	JURISDICTION CODE (SEE INSTRUCTIONS)	41A.	
42.	BALANCE OF TAX (SUBTRACT LINE 41 FROM LINE 40)	42.	67 .
43.	SHELTERED WORKSHOP TAX CREDIT	43.	.
44.	BALANCE OF TAX AFTER CREDIT (SUBTRACT LINE 43 FROM LINE 42)	44.	67 .
45.	USE TAX DUE ON INTERNET, MAIL-ORDER, OR OTHER OUT-OF-STATE PURCHASES (SEE WKST AND INSTR. PAGE 36) IF NO USE TAX, ENTER ZERO	45.	0 .
46.	PENALTY FOR UNDERPAYMENT OF ESTIMATED TAX	46.	.
46A.	FILL IN IF FORM 2210 IS ENCLOSED	46A.	
47.	TOTAL TAX AND PENALTY (ADD LINES 44, 45, AND 46)	47.	67 .
48.	TOTAL NEW JERSEY INCOME TAX WITHHELD (ENCLOSE FORMS W-2 AND 1099)	48.	73 .
49.	PROPERTY TAX CREDIT (SEE INSTRUCTION PAGE 30)	49.	.
50.	NEW JERSEY ESTIMATED TAX PAYMENTS/CREDIT FROM 2016 TAX RETURN	50.	.
51.	NEW JERSEY EARNED INCOME TAX CREDIT (SEE INSTRUCTION PAGE 38)	51.	.
51B.	FILL IN THE BOX IF YOU HAD THE IRS FIGURE YOUR FEDERAL EARNED INCOME CREDIT	51B.	
51C.	FILL IN THE BOX IF YOU ARE A CU COUPLE CLAIMING THE NJ EARNED INCOME TAX CREDIT	51C.	
52.	EXCESS NEW JERSEY UI/SF/SWF WITHHELD (SEE INSTRUCTION PAGE 38) (ENCLOSE FORM NJ-2450)	52.	.
53.	EXCESS DISABILITY INSURANCE WITHHELD (SEE INSTRUCTION PAGE 38) (ENCLOSE FORM NJ-2450)	53.	.
54.	EXCESS NEW JERSEY FAMILY LEAVE WITHHELD (SEE INSTRUCTION PAGE 38) (ENCLOSE FORM NJ-2450)	54.	.
55.	TOTAL PAYMENTS/CREDITS (ADD LINES 48 THROUGH 54)	55.	73 .
56.	IF LINE 55 IS LESS THAN LINE 47, ENTER AMOUNT YOU OWE IF YOU OWE TAX, YOU MAY MAKE A DONATION BY ENTERING AN AMOUNT ON LINES 59, 60, 61, 62, 63, AND/OR 64 AND ADDING THIS TO YOUR PAYMENT AMOUNT	56.	.
57.	IF LINE 55 IS MORE THAN LINE 47, ENTER OVERPAYMENT DEDUCTIONS FROM OVERPAYMENT ON LINE 57 WHICH YOU ELECT TO CREDIT TO:	57.	6 .
58.	YOUR 2018 TAX	58.	.
59.	NEW JERSEY ENDANGERED WILDLIFE FUND	59.	.
60.	NEW JERSEY CHILDREN'S TRUST FUND	60.	.
61.	NEW JERSEY VIETNAM VETERANS' MEMORIAL FUND	61.	.
62.	NEW JERSEY BREAST CANCER RESEARCH FUND	62.	.
63.	U.S.S. NEW JERSEY EDUCATIONAL MUSEUM FUND	63.	.
64.	OTHER DESIGNATED CONTRIBUTION (SEE INSTRUCTION PAGE 39)	64.	.
64C.	DESIGNATION CODE	64C.	
65.	TOTAL DEDUCTIONS FROM OVERPAYMENT (ADD LINES 58 THROUGH 64)	65.	.
66.	REFUND (AMOUNT TO BE SENT TO YOU. SUBTRACT LINE 65 FROM LINE 57)	66.	6 .

DIRECT DEPOSIT INFORMATION

dd1.	REFUND CHECK BOX ('1' FOR REFUND, '4' FOR NO REFUND)	dd1.	1
dd2.	ACCOUNT TYPE ('C' FOR CHECKING, 'S' FOR SAVINGS)	dd2.	C
dd3.	FILL IN THE CHECKBOX IF REFUND IS GOING TO AN ACCOUNT OUTSIDE THE UNITED STATES	dd3.	
dd4.	ROUTING NUMBER	dd4.	021202337
dd5.	ACCOUNT NUMBER	dd5.	631582652
dnm.	DO NOT MAIL INDICATOR	dnm.	
pa.	POWER OF ATTORNEY INDICATOR	pa.	
pdr.	PRESIDENTIAL DISASTER RELIEF INDICATOR	pdr.	

New Jersey Information Worksheet

2017

► Keep for your records

Part I – Personal Information

Taxpayer:

Last Name Kunchakuri
 First Name Raghunath
 Middle Initial Suffix
 Social Security No. 054-27-2113
 Date of Birth 07/29/89
 Age as of 12/31/2017 28
 Date of Death
 Daytime Phone *
 Home Phone *

Spouse:

Last Name
 First Name
 Middle Initial Suffix
 Social Security No.
 Date of Birth
 Age as of 12/31/2017
 Date of Death
 Daytime Phone *

* Check one of these boxes to designate daytime phone number.

c/o (care of)
 Street Address 1600 Phyllis St Apt. No . 801
 City BENTONVILLE State AR ZIP Code 72712
 County/Municipality Code (residents only) 1014

- Check this box if taxpayer's name is different on last year's NJ tax return
 Check this box if taxpayer's address is different on last year's NJ tax return

Part II – Main Form

- Form NJ-1040: Resident Tax Return ►
 Form NJ-1040NR: Nonresident Tax Return ►
 Enter state of residency
 Form NJ-1040: Part-Year Resident Tax Return ►
 Enter dates of New Jersey residency. From 01/01/17 To 03/31/17
Yes No
 Did you receive any income from New Jersey sources during your period of nonresidence?
 If **Yes**, both NJ-1040 and NJ-1040NR will be prepared.
QuickZoom to Allocation Worksheet for Part-Year and Nonresidents ►

Part III – Filing Status

- Single
 Married/Civil Union Couple, filing joint return
 Married/Civil Union Partner, filing separate return
Yes No
 Did the taxpayer maintain the same residence as the spouse?
 If Yes, enter the gross income reported on spouse's/CU partner's NJ-1040, line 28
 Head of household
 Qualifying widow(er)/Surviving Civil Union Partner

Part IV – Exemptions

	You	Spouse/CU Partner	Domestic Partner
Regular	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Age 65 or over	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Blind	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Disabled	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Veteran exemption	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Number of qualifying dependent children	<u> </u>		
Number of other dependents.	<u> </u>		
Number of dependents attending colleges (must be under age 22)	<u> </u>		

Part V – Other Information

- 1 At least two-thirds of gross income is derived from farming or fishing
 - 2 You do not need forms mailed to you next year
 - 3 Presidential Disaster Relief
 - 4 Death certificate attached for deceased taxpayer
- Yes No**
- 5 a Do you wish to designate \$1 of your taxes for the Gubernatorial Elections Fund?
 - b If joint return, does your spouse wish to designate \$1?
 - 6 Is the Division of Taxation authorized to discuss this return and enclosures with the paid preparer?

Part VI – Preparer Code

1 Paid preparer code . . . 1

Part VII – Electronic Filing Information

New! State e-file disclosure consent:

By using a computer system and software to prepare and transmit my client's return electronically, I consent to the disclosure of all information pertaining to my use of the system and software to create my client's return and to the electronic transmission of my client's tax return to the State of New Jersey, Division of Revenue and Enterprise Services.

- 1 The state return will be filed electronically
- Yes No**
- 2 Will federal PIN(s) be used? (See Help)
 - 3 Date return was EFiled _____
 - 4 Date return was accepted by the state. _____
 - 5 Date Form NJ-1040-V or Form NJ-1040-NR-V was given to client . . _____

Electronic PDF Attachments

PDF's that you have selected to attach to your state e-file return are listed below.

Description	Filename

Part VIII – Direct Deposit Information or Electronic Funds Withdrawal Information

Direct Deposit:

- Yes No**
- Do you want direct deposit of state tax refund? (EF - All filers; Print filers - residents filers only)

Electronic Funds Withdrawal:

- Yes No**
- Do you want electronic funds withdrawal of state tax payment? (Electronic Filing Only)

Bank Information:

If you selected direct deposit or electronic funds withdrawal, fill out the information below:

Name of Financial Institution (optional) . . . CHASE BANK _____

Checking account

Savings account

Routing number 021202337 _____

Account number. 631582652 _____

Payment date to withdraw from the account above . . . _____

State balance-due amount from this return _____

International ACH Transactions

Yes No

Will the funds for this refund (or payment) go to (or come from) an account outside the U.S.?

_____ Bank name for International ACH Transaction

Part IX - Extension Status

Yes No

Has the tax return due date been extended for a six month extension?

Is the extension due to a natural disaster declared by the state?

Extended due date . . . _____

QuickZoom to Form NJ-630: Application for Extension of Time to File ▶ _____

QuickZoom to Form NJ-1040 ▶

QuickZoom to Form NJ-1040NR ▶

Allocation Worksheet for Part-Year and Nonresidents

2017

▶ Keep for your records

Name as Shown on Return <u>Kunchakuri, Raghunath</u>	Social Security No. <u>054-27-2113</u>
---	---

Part I - Income	Federal Income Modified	New Jersey Resident Period	New Jersey Nonresident Period	
Part-year residents: Complete column B (also complete column D if applicable). Full year nonresidents: Complete column D only.	Column A Income from all sources	Column B Income from column A for this period	Column C Income for nonresident period	Column D Income from New Jersey sources
1 Wages, salaries, tips, etc	49,306.	5,000.		
2 a Taxable interest income				
b Less penalty for early withdrawal of savings				
3 Dividend income				
4 Business income				
5 a Gain or loss from disposition of property				
b Capital gain distribution				
c Other gains or losses				
6 Gain or loss from rents, royalties, patents				
7 Net gambling winnings				
8 Pension and IRA distributions	<i>See IRA/Pension Worksheet</i>			
9 Distributive share of partnership income				
10 Net pro rata share of S corporation income				
11 Alimony and separate maintenance				
12 Other income				
Part II - Deductions (Part-year residents and nonresidents)	Column A Total Amount	Column B Resident Period	Column C Nonresident Period	
13 a Nonreimbursed medical expenses				
b Qualified medical savings account contribution				
c Self-employed health insurance deduction				
14 Alimony paid				
15 a Partner's HEZ deduction from Schedule NJK-1, Form NJ-1065				
b Shareholder's HEZ deduction from Schedule NJ-K-1, Form CBT-100S				
c HEZ deduction for sole proprietors				
15 Health Enterprise Zone deduction				

Part III - Payments and Withholdings

(Part-year residents and nonresidents)

	Column A Total Amount	Column B Resident Period	Column C Nonresident Period
16 Sheltered workshop tax credit			
17 New Jersey tax withheld	73 .	0 .	73 .
18 New Jersey estimated tax payments/overpayment credit from previous year			
19 Tax paid on your behalf by partnership(s)			
20 Excess New Jersey UI/WF/SWF withheld			
21 Excess New Jersey disability insurance withheld			
22 Excess New Jersey family leave insurance withheld			

Tax Payments Worksheet

2017

▶ Keep for your records

Name Kunchakuri, Raghunath	Social Security Number 054-27-2113
-------------------------------	---------------------------------------

Tax Payments for the Current Year

		State	
		Date	Payment
1	First Payment		
2	Second Payment		
3	Third Payment		
4	Fourth Payment		
Additional Payments			
5	Payment		
	Payment		
	Payment		
	Payment		
	Payment		
6	Overpayment from previous year applied to current year	6	
7	Amount paid with current year extension	7	
8	Total tax payments	8	

Income Taxes Withheld for the Current Year

9	State withholding on Forms W-2	9	73.
10	State withholding on Forms W-2G	10	
11	State withholding on Forms 1099-R	11	
12 a	State withholding on Forms 1099-MISC	12 a	
b	State withholding on Forms 1099-G	b	
c	State withholding on Forms 1099-K	c	
13	Other state tax withholding	13	
14	Total income tax withheld	14	73.
15	Date return will be filed and balance paid	15	04/17/2018

Smart Worksheets from your 2017 New Jersey Tax Return

SMART WORKSHEET FOR: Form NJ-1040: Income Tax Resident Return

Property Tax Information Smart Worksheet F

- 1 Did you live in more than one qualifying New Jersey residence during 2017? Yes No
- 2 Did you share ownership of a principal residence during 2017 with anyone other than your spouse? Yes No
- 3 Did a principal residence you owned during 2017 consist of multiple units? Yes No
- 4 Did anyone, other than your spouse, occupy and share rent with you for an apartment or other rental dwelling unit? Yes No
- 5 Were you both a homeowner and a tenant during 2017? Yes No

If the answer to any of the above questions is Yes, complete Schedule G-1.

QuickZoom to Schedule G-1 _____

A Total property tax paid in 2017 _____

Part-year residents: Enter the amount while a resident of New Jersey _____

B Total rent paid in 2017 _____

Part-year residents: Enter the amount while a resident of New Jersey 3,000

C If your filing status is **married filing separate return**, did you maintain the same residence as your spouse?
Answer this question on NJ Information Wks (if Yes, reduce by 50%). Yes No

D You were a New Jersey homeowner on October 1, 2017 and you are eligible and file for a 2017 Homestead Benefit Yes No