

2017 AR1000F



AR1

ARKANSAS INDIVIDUAL INCOME TAX RETURN

Full Year Resident

CHECK BOX IF AMENDED RETURN

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

| | | | | |
|----------------------------|---|----------------|------------------------|--|
| USE LABEL OR PRINT OR TYPE | Primary First Name ● PRADEEP KUMAR | MI ● | Last Name ● KOVVURU | Primary Social Security Number ● 271-49-2268 |
| | Spouse First Name ● | MI ● | Last Name ● | Spouse's Social Security Number ● |
| | Mailing Address (Number and Street, P.O. Box or Rural Route) ● 2300 SE JAYEL TERRACE | | | <input type="checkbox"/> Check if address is outside U.S. Foreign Country |
| City ● BENTONVILLE | State or Province ● AR | Zip ● 72712 | | |

| | | |
|---------------------------------|---|--|
| FILING STATUS Check Only One | 1. <input checked="" type="checkbox"/> Single (Or widowed before 2017 or divorced at end of 2017) | 4. <input 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"/> Qualifying Widow(er) with dependent child Year spouse died: (See Instructions) _____ |

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

| | | | | | | |
|----------------------|--|-------------------------------------|-------------------------------------|--------------------------------|-------------------------------|--|
| PERSONAL TAX CREDITS | 7A. <input checked="" type="checkbox"/> Yourself | <input type="checkbox"/> 65 or Over | <input type="checkbox"/> 65 Special | <input type="checkbox"/> Blind | <input type="checkbox"/> Deaf | <input type="checkbox"/> Head of Household/Qualifying Widow(er) (Filing Status 3 Only) (Filing Status 6 Only) |
| | <input type="checkbox"/> Spouse | <input type="checkbox"/> 65 or Over | <input type="checkbox"/> 65 Special | <input type="checkbox"/> Blind | <input type="checkbox"/> Deaf | |

Multiply number of boxes checked 7A X \$26 =

Dependents (Do not list yourself or spouse)

| 1. | 2. | 3. |
|------------|-----------|------------------------------------|
| First Name | Last Name | Dependent's Social Security Number |
| | | |
| | | |
| | | |

7B. Multiply number of **DEPENDENTS** from above.....7B X \$26 =

7C. First name of Qualifying Individual(s) from AR1000RC5: (See Instructions) _____
Multiply number of individuals from 7C 7C X \$500 =

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

| ROUND ALL AMOUNTS TO WHOLE DOLLARS | | (A) Primary/Joint Income | (B) Spouse's Income Status 4 Only |
|--|-----|-----------------------------------|-----------------------------------|
| 8. Wages, salaries, tips, etc: (Attach W-2s)..... | 8 | ● 62,070.00 | ● |
| 9A. U.S. Military compensation: (Your/joint gross amount) ● <input type="text" value="00"/> | 9A | | |
| 9B. U.S. Military compensation: (Spouse's gross amount) ● <input type="text" value="00"/> | 9B | | |
| 10. Interest income: (If over \$1,500, attach AR4)..... | 10 | ● <input type="text" value="00"/> | ● <input type="text" value="00"/> |
| 11. Dividend income: (If over \$1,500, attach AR4)..... | 11 | ● <input type="text" value="00"/> | ● <input type="text" value="00"/> |
| 12. Alimony and separate maintenance received:..... | 12 | ● <input type="text" value="00"/> | ● <input type="text" value="00"/> |
| 13. Business or professional income: (Attach federal Schedule C or C-EZ)..... | 13 | ● <input type="text" value="00"/> | ● <input type="text" value="00"/> |
| 14. Capital gains/(losses) from stocks, bonds, etc: (See Instr. Attach Schedule D)..... | 14 | ● <input type="text" value="00"/> | ● <input type="text" value="00"/> |
| 15. Other gains or (losses): (Attach federal Form 4797 and/or 4684 if applicable)..... | 15 | ● <input type="text" value="00"/> | ● <input type="text" value="00"/> |
| 16. Non-Qualified IRA distributions and taxable annuities: (Attach All 1099Rs)..... | 16 | ● <input type="text" value="00"/> | ● <input type="text" value="00"/> |
| 17A. Your/Spouse's Employer pension plan(s)/Qualified IRA(s): (See Instructions - Attach All 1099Rs) Gross Distribution ● <input type="text" value="00"/> Taxable Amount ● <input type="text" value="00"/> Less \$6,000 | 17A | ● <input type="text" value="00"/> | |
| 17B. Spouse's Employer pension plan(s)/Qualified IRA(s): (Filing Status 4 Only) Gross Distribution ● <input type="text" value="00"/> Taxable Amount ● <input type="text" value="00"/> Less \$6,000 | 17B | | ● <input type="text" value="00"/> |
| 18. Rents, royalties, partnerships, estates, trusts, etc: (Attach federal Schedule E)..... | 18 | ● <input type="text" value="00"/> | ● <input type="text" value="00"/> |
| 19. Farm income: (Attach federal Schedule F)..... | 19 | ● <input type="text" value="00"/> | ● <input type="text" value="00"/> |
| 20. Other income/depreciation differences: (Attach Form AR-OI)..... | 20 | ● <input type="text" value="00"/> | ● <input type="text" value="00"/> |
| 21. TOTAL INCOME: (Add Lines 8 through 20)..... | 21 | ● 62,070.00 | ● <input type="text" value="00"/> |
| 22. TOTAL ADJUSTMENTS: (Attach Form AR1000ADJ)..... | 22 | ● <input type="text" value="00"/> | ● <input type="text" value="00"/> |
| 23. ADJUSTED GROSS INCOME: (Subtract Line 22 from Line 21)..... | 23 | ● 62,070.00 | ● <input type="text" value="00"/> |



AR2

Primary SSN 271-49-2268

| | | (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 | 62,070.00 | 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 of your: <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Itemized Deductions (See Instructions, Line 25 and attach AR3) OR If your spouse itemizes on a separate return, check here <input type="checkbox"/> <input type="checkbox"/> Standard Deduction (See Instructions, Line 25)..... 25 | 8,359.00 | 00 | |
| | 26. NET TAXABLE INCOME: (Subtract Line 25 from Line 24)..... 26 | 53,711.00 | 00 | |
| | 27. TAX: (Enter tax from tax table)..... 27 | 2,465.00 | 00 | |
| | 28. Combined tax: (Add amounts from Line 27, Columns A and B)..... 28 | | 2,465.00 | |
| | 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 | | 2,465.00 | |
| | TAX CREDITS | 32. Personal Tax Credit(s): (Enter total from Line 7D)..... 32 | 26.00 | |
| | | 33. Child Care Credit: (20% of federal credit allowed; Attach federal Form 2441)..... 33 | 00 | |
| | | 34. Other Credits: (Attach AR1000TC)..... 34 | 00 | |
| 35. TOTAL CREDITS: (Add Lines 32 through 34)..... 35 | | | 26.00 | |
| 36. NET TAX: (Subtract Line 35 from Line 31. If Line 35 is greater than Line 31, enter 0)..... 36 | | | 2,439.00 | |
| PAYMENTS | | 37. Arkansas income tax withheld: [Attach state copies of W-2 and/or 1099R Form(s)]..... 37 | 3,199.00 | |
| | 38. Estimated tax paid or credit brought forward from 2016:..... 38 | 00 | | |
| | 39. Payment made with extension: (See Instructions)..... 39 | 00 | | |
| | 40. AMENDED RETURNS ONLY - Previous payments: (See instructions)..... 40 | 00 | | |
| | 41. Early childhood program: Certification Number: _____ (20% of federal credit; Attach federal Form 2441 and Form AR1000EC)..... 41 | 00 | | |
| | 42. TOTAL PAYMENTS: (Add Lines 37 through 41)..... 42 | | 3,199.00 | |
| REFUND OR TAX DUE | 43. AMENDED RETURNS ONLY - Previous refund: (See instructions)..... 43 | 00 | | |
| | 44. Adjusted Total Payments: (Subtract Line 43 from Line 42)..... 44 | | 3,199.00 | |
| | 45. AMOUNT OF OVERPAYMENT/REFUND: (If Line 44 is greater than Line 36, enter difference)..... 45 | | 760.00 | |
| | 46. Amount to be applied to 2018 estimated tax:..... 46 | 00 | | |
| | 47. Amount of Check-off Contributions: (Attach Schedule AR1000-CO)..... 47 | 00 | | |
| | 48. AMOUNT TO BE REFUNDED TO YOU: (Subtract Lines 46 and 47 from Line 45)..... REFUND 48 | | 760.00 | |
| DIRECT DEPOSIT? If your deposit will be ultimately placed in a foreign account check the box. <input type="checkbox"/> Routing Number Account Number <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Checking or <input type="checkbox"/> Savings | | | | |
| PLEASE SIGN HERE | 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 | |
| ID | DL# / State ID <u>938780906</u> Your state <u>AR</u> Issue Date (mm/dd/yyyy) <u>06/13/2017</u> Expiration date (mm/dd/yyyy) <u>12/12/2018</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. | | | | |
| PAID PREPARER | Primary Signature | Date | Telephone | |
| | Spouse's Signature | Date | Telephone | |
| Paid Preparer's Signature APPANA RUPA VENKATA SATYA SAI MANI KUMAR 06/08/2018 | | ID Number/Social Security Number 301017196 | | |
| Preparer's Name GLOBAL TAXES LLC | | City/State/Zip | | |
| E-mail KUMAR@GTAXFILE.COM | | CUMMING GA 30041 | | |
| | | | For Department Use Only | |
| | | | A ● | |
| | | | Telephone (678) 965-9729 | |

**ARKANSAS INDIVIDUAL INCOME TAX
ITEMIZED DEDUCTIONS**

| | | | |
|--|--------------------|---|-----------------------|
| Primary Name PRADEEP KUMAR KOVVURU | | Primary Social Security Number 271-49-2268 | |
| 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 | 62,070. | 00 |
| 3. Multiply line 2 by 10% (.10), otherwise enter 0:..... | 3 | 6,207. | 00 |
| 4. TOTAL MEDICAL EXPENSES: (Subtract line 3 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) | 6 | 00 | |
| 7. TOTAL TAXES: (Add lines 5 and 6)..... | 7 | | 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: | 15 | 00 | |
| 16. Carryover contributions: (List type and amount) | 16 | 00 | |
| 17. TOTAL CONTRIBUTIONS: (Add lines 13 through 16) | 17 | | 00 |
| CASUALTY AND THEFT LOSSES: (See Instructions) | | | |
| 18. TOTAL CASUALTY AND THEFT LOSSES: (Attach federal Form 4684) | 18 | | 00 |
| POST-SECONDARY EDUCATION TUITION DEDUCTION(S): (See Instructions) | | | |
| 19. TOTAL POST-SECONDARY EDUCATION TUITION DEDUCTION(S): [Attach AR1075(s)] | 19 | | 00 |
| MISCELLANEOUS DEDUCTIONS SUBJECT TO 2% AGI LIMIT: (See Instructions) | | | |
| 20. Unreimbursed employee business expenses: (Attach federal Form 2106)..... | 20 | 9,600. | 00 |
| 21. Other expenses: (List type and amount) | 21 | 00 | |
| 22. Add the amounts on lines 20 and 21. Enter the total: | 22 | 9,600. | 00 |
| 23. Enter amount from Form AR1000F/AR1000NR, line 24(A) and 24(B): | 23 | 62,070. | 00 |
| 24. Multiply line 23 above by 2% (.02): | 24 | 1,241. | 00 |
| 25. TOTAL MISCELLANEOUS DEDUCTIONS: (Subtract line 24 from line 22; if line 24 is more than line 22, enter 0) | 25 | | 8,359. |
| 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 | | 8,359. |
| Complete lines 30 - 34 ONLY if Filing Status 4 or 5. | | | |
| | | PRIMARY | SPOUSE'S |
| | | Adjusted Gross Income | Adjusted Gross Income |
| 30. Enter adjusted gross income from Form AR1000F/AR1000NR, line 24, Columns (A) and (B) here:..... | 30A | 00 | 30B |
| 31. Total Arkansas adjusted gross income: (Add columns 30A and 30B from above) | 31 | | 00 |
| 32. Divide the amount on line 30A above by the amount on line 31. Enter the percentage here:..... | 32 | | % |
| 33. Multiply line 29 by the percentage on line 32. Enter here and on Form AR1000F/AR1000NR, line 25, Col. (A): (Primary) | 33 | | 00 |
| 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 | | 00 |



ARKANSAS INDIVIDUAL INCOME TAX DECLARATION FOR ELECTRONIC FILING

Primary First Name and Middle Initial: PRADEEP KUMAR; Last Name: KOVVURU; Primary Social Security Number: 271-49-2268; Spouse's First Name and Middle Initial; Last Name; Spouse's Social Security Number; Mailing Address: 2300 SE JAYEL TERRACE; Telephone; City: BENTONVILLE; State or Province: AR; ZIP: 72712; Check if address is outside U.S. Foreign Country.

Table with 5 rows and 3 columns: Line number, Description, Amount. Row 1: Total Income 62,070.00; Row 2: Net Tax 2,439.00; Row 3: State Income Tax Withheld 3,199.00; Row 4: Refund 760.00; 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 2017 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 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: Signature, Date (06/08/2018), Check if paid preparer [], Check if self-employed [], Your SSN or PTIN (30-1017196), Firm's name and address (GLOBAL TAXES LLC 2530 PEBBLE CREEK LN CUMMING GA 30041).

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 (06/08/2018), Check if self-employed [], Preparer's SSN or PTIN (P02090332), Firm's name and address (APPANA RUPA VENKATA SAI MANI KUMAR 2530 PEBBLE CREEK LN CUMMING GA 30041).

Arkansas Information Worksheet

2017

Keep for your records

Part I – Personal Information

Taxpayer:

First Name PRADEEP KUMAR
Middle Initial Suffix
Last Name KOVVURU

Social Security No. . . 271-49-2268
Date of Birth 06/20/1988 (mm/dd/yyyy)
Date of Death (mm/dd/yyyy)
Occupation SOFTWARE ENGINEER
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 . . . 2300 SE JAYEL TERRACE Apt No. . .
City BENTONVILLE State/Province . . AR
ZIP Code 72712 Foreign Country

Check to confirm address information is correct [X]

Part II – Main Form

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

QuickZoom to enter Nonresident/Part-year resident income allocations

State of residence
Dates lived in Arkansas in 2017 From (mm/dd/yyyy) To (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 2 columns: Taxpayer, Spouse and rows for Personal, 65 or Over, 65 Special, Blind, Deaf, Head of Household or Qualifying Widow(er).

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 938780906
Date Driver's License Issued 06/13/2017
Date Driver's License Expires 12/12/2018

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) BANK OF AMERICA
Check the appropriate box:
Checking [X] Routing number 081000032
Savings [] Account number 355003247531

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 PRADEEP KUMAR KOVVURU | Social Security Number 271-49-2268 |
|---|--|

| Income | A Taxpayer | B Spouse | C Total | D AR Source (AR1000NR) |
|---|----------------------|--------------------|-------------------|-------------------------------------|
| 1 a Taxpayer wages, salaries, tips, etc. | 62,070. | | | |
| b Spouse wages, salaries, tips, etc. | | | | |
| Line 1 total | | | 62,070. | |
| 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 | | | | |
| 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) . . | | | | |

Tax Payments Worksheet

2017

▶ Keep for your records

| | |
|-------------------------------|---------------------------------------|
| Name PRADEEP KUMAR KOVVURU | Social Security Number 271-49-2268 |
|-------------------------------|---------------------------------------|

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 | | | 3,199. |
| 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 | | | 3,199. |
| 15 Date return will be filed and balance paid | | 15 | |

Smart Worksheets from your 2017 Arkansas Tax Return

SMART WORKSHEET FOR: Form AR3: Itemized Deductions

| Line 18 Casualty and theft losses smart worksheet | | |
|---|--------------------------------|--------------------------------|
| A. Casualty or theft loss from each copy of Federal Form 4684 line 10 | B. Smaller of Col. A or \$100. | C. Subtract Col. B from Col. A |
| | | |
| | | |
| | | |

| | | |
|--|---|---|
| <p>1 Add the total amounts on Col. C above</p> <p>2 Add the amounts on line 4 of all Federal Forms 4684</p> <p>3 • If line 2 is more than line 1, enter the difference here. Do not complete the rest of this section. • If line 2 is less than line 1, enter -0- here and go to line 4 • If line 2 is equal to line 1, enter -0- here. Do not complete the rest of this section.</p> <p>4 If line 2 is less than line 1, enter the difference</p> <p>5 Enter 10% of your adjusted gross income from Form AR1000F/AR1000NR, line 24(A) and 24(B)</p> <p>6 Subtract line 5 from line 4. If zero or less, enter -0-. Also enter the result on line 18 below.</p> | <p>1</p> <p>2</p> <p>3</p> <p>4</p> <p>5</p> <p>6</p> | <p>_____</p> <p>_____</p> <p style="text-align: right;">0.</p> <p>_____</p> <p>_____</p> <p>_____</p> |
|--|---|---|

SMART WORKSHEET FOR: Form AR3: Itemized Deductions

| Total Itemized Deductions (Filing Status 5 only) | |
|---|--------|
| <p>If your Arkansas filing status is Married Filing Separately on Different Return (Filing Status 5) and your federal filing status is Married Filing Separately, enter spouse's total itemized deductions amount below. The total of taxpayer and spouse amounts will be used to calculate lines 33 and 34.</p> | |
| Taxpayer total itemized deductions | _____ |
| Spouse total itemized deductions | _____ |
| Taxpayer and spouse total itemized deductions | 8,359. |

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 . | _____ |