

2018 AR1000F

ARKANSAS INDIVIDUAL INCOME TAX RETURN

Full Year Resident

Jan. 1 - Dec. 31, 2018 or fiscal year ending _____, 20__



AR1

CHECK BOX IF AMENDED RETURN

Software ID

USE LABEL OR PRINT OR TYPE	Primary's Legal First Name ●	MI ●	Last Name ●	Primary's Social Security Number ●
	Spouse's Legal First Name ●	MI ●	Last Name ●	Spouse's Social Security Number ●
Mailing Address (Number and Street, P.O. Box or Rural Route) ●				<input type="checkbox"/> Check if address is outside U.S.
City ●	State or Province ●		Zip ●	Foreign Country Name

FILING STATUS Check Only One	1. <input type="checkbox"/> Single (Or widowed before 2018 or divorced at end of 2018)	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

7A. <input 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) <small>(Filing Status 3 Only) (Filing Status 6 Only)</small>
<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 <input type="checkbox"/> X \$26 = <input type="text"/> 00

Dependents (Do not list yourself or spouse)

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 Qualifying Individual(s) from AR1000RC5: (See Instructions) _____
Multiply number of individuals from 7C7C X \$500 = 00

7D. TOTAL PERSONAL TAX CREDITS: (Add Lines 7A, 7B, and 7C. Enter total here and on Line 34).....7D 00

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	<input type="text"/> 00	<input type="text"/> 00
9A. U.S. Military compensation: (Your/joint gross amount)	9A	<input type="text"/> 00	
9B. U.S. Military compensation: (Spouse's gross amount)	9B	<input type="text"/> 00	
10. Interest income: (If over \$1,500, attach AR4).....	10	<input type="text"/> 00	<input type="text"/> 00
11. Dividend income: (If over \$1,500, attach AR4).....	11	<input type="text"/> 00	<input type="text"/> 00
12. Alimony and separate maintenance received:.....	12	<input type="text"/> 00	<input type="text"/> 00
13. Business or professional income: (Attach federal Schedule C or C-EZ).....	13	<input type="text"/> 00	<input type="text"/> 00
14. Capital gains/(losses) from stocks, bonds, etc: (See Instr. Attach Schedule D)	14	<input type="text"/> 00	<input type="text"/> 00
15. Other gains or (losses): (Attach federal Form 4797 and/or AR4684 if applicable)	15	<input type="text"/> 00	<input type="text"/> 00
16. Non-Qualified IRA distributions and taxable annuities: (Attach All 1099Rs)	16	<input type="text"/> 00	<input type="text"/> 00
17A.U.S. Military pension: (Your/joint gross amount)	17A	<input type="text"/> 00	
17B.U.S. Military pension: (Spouse's gross amount)	17B	<input type="text"/> 00	
18A.Your/Joint Employer pension plan(s)/Qualified IRA(s): (See Instructions - Attach All 1099Rs)			
Gross Distribution <input type="text"/> 00 Taxable Amount <input type="text"/> 00	18A	<input type="text"/> 00	
18B.Spouse's Employer pension plan(s)/Qualified IRA(s): (Filing Status 4 Only)			
Gross Distribution <input type="text"/> 00 Taxable Amount <input type="text"/> 00	18B	<input type="text"/> 00	<input type="text"/> 00
19. Rents, royalties, partnerships, estates, trusts, etc: (Attach federal Schedule E)	19	<input type="text"/> 00	<input type="text"/> 00
20. Farm income: (Attach federal Schedule F)	20	<input type="text"/> 00	<input type="text"/> 00
21. Unemployment (Attach 1099-G)	21	<input type="text"/> 00	<input type="text"/> 00
22. Other income/depreciation differences: (Attach Form AR-01)	22	<input type="text"/> 00	<input type="text"/> 00
23. TOTAL INCOME: (Add Lines 8 through 22).....	23	<input type="text"/> 00	<input type="text"/> 00
24. TOTAL ADJUSTMENTS: (Attach Form AR1000ADJ).....	24	<input type="text"/> 00	<input type="text"/> 00
25. ADJUSTED GROSS INCOME: (Subtract Line 24 from Line 23).....	25	<input type="text"/> 00	<input type="text"/> 00



Primary SSN _____-____-_____

		(A) Primary/Joint Income		(B) Spouse's Income Status 4 Only		
TAX COMPUTATION	26. ADJUSTED GROSS INCOME: (From Line 25, Columns A and B) 26		00	26	00	
	27. Select tax table: (See Instructions, Line 27)	<input type="checkbox"/> LOW INCOME Table <input 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"> <input type="checkbox"/> Itemized Deductions (See Instructions, Line 27 and attach AR3) OR <input type="checkbox"/> If your spouse itemizes on a separate return, check here <input type="checkbox"/> Standard Deduction (See Instructions, Line 27)..... 27 				
	28. NET TAXABLE INCOME: (Subtract Line 27 from Line 26) 28		00	28	00	
	29. TAX: (Enter tax from tax table)..... 29		00	29	00	
	30. Combined tax: (Add amounts from Line 29, Columns A and B) 30				00	
	31. Enter tax from Lump Sum Distribution Averaging Schedule: (Attach AR1000TD)..... 31				00	
	32. Additional tax on IRA and qualified plan withdrawal and overpayment: (Attach federal Form 5329, if required)..... 32				00	
	33. TOTAL TAX: (Add Lines 30 through 32)..... 33				00	
	TAX CREDITS	34. Personal Tax Credit(s): (Enter total from Line 7D) 34		00		
		35. Child Care Credit: (20% of federal credit allowed; Attach federal Form 2441) 35		00		
36. Other Credits: (Attach AR1000TC) 36			00			
37. TOTAL CREDITS: (Add Lines 34 through 36) 37					00	
PAYMENTS	38. NET TAX: (Subtract Line 37 from Line 33. If Line 37 is greater than Line 33, enter 0) 38				00	
	39. Arkansas income tax withheld: (Attach state copies of W-2 and/or 1099R, 1099-G) ... 39		00			
	40. Estimated tax paid or credit brought forward from 2017:..... 40		00			
	41. Payment made with extension: (See Instructions)..... 41		00			
	42. AMENDED RETURNS ONLY - Previous payments: (See instructions) 42		00			
	43. Early childhood program: Certification Number: _____ (20% of federal credit; Attach federal Form 2441 and Form AR1000EC) 43		00			
	44. TOTAL PAYMENTS: (Add Lines 39 through 43)..... 44				00	
REFUND OR TAX DUE	45. AMENDED RETURNS ONLY - Previous refund: (See instructions)..... 45				00	
	46. Adjusted Total Payments: (Subtract Line 45 from Line 44)..... 46				00	
	47. AMOUNT OF OVERPAYMENT/REFUND: (If Line 46 is greater than Line 38, enter difference) 47				00	
	48. Amount to be applied to 2019 estimated tax: 48		00			
	49. Amount of Check-off Contributions: (Attach Schedule AR1000-CO) 49		00			
	50. AMOUNT TO BE REFUNDED TO YOU: (Subtract Lines 48 and 49 from Line 47).....REFUND 50				00	
DIRECT DEPOSIT? If your deposit will be ultimately placed in a foreign account check the box. <input type="checkbox"/> Routing Number: <input style="width: 150px; height: 20px;" type="text"/> Account Number: <input style="width: 250px; height: 20px;" type="text"/> <input type="checkbox"/> Checking or <input type="checkbox"/> Savings						
I D	51. AMOUNT DUE: (If Line 46 is less than Line 38, enter difference; If over \$1,000, continue to 52A)... TAX DUE 51				00	
	52A. UEP: Attach Form AR2210 or AR2210A. If required, enter exception in box 52A <input type="checkbox"/> Penalty 52B <input type="checkbox"/> 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 TOTAL DUE 52C				00	
FOR MAILING ADDRESSES SEE PAGE 2 OF INSTRUCTIONS						
PLEASE SIGN HERE	PLEASE SIGN HERE: Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.					
	Primary's Signature	Date	Telephone	May the Arkansas Revenue Agency discuss this return with the preparer of the return? <input type="checkbox"/> Yes <input type="checkbox"/> No		
PAID PREPARER	Spouse's Signature	Date	Telephone			
	Paid Preparer's Signature	ID Number/Social Security Number		For Department Use Only		
	Preparer's Name	City/State/Zip		A		
	E-mail			Telephone		