

# 2018 AR1000NR



# NR1

## ARKANSAS INDIVIDUAL INCOME TAX RETURN Nonresident and Part Year Resident

CHECK BOX IF  
AMENDED RETURN

Software ID

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

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

ATTACH A COPY OF YOUR COMPLETE FEDERAL RETURN

NONRESIDENT:  (List State of residence)      PART YEAR RESIDENT:  (Dates Lived in AR)

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.  Yourself     65 or Over     65 Special     Blind     Deaf     Head of Household/Qualifying Widow(er)  
 Spouse     65 or Over     65 Special     Blind     Deaf  
(Filing Status 3 Only) (Filing Status 6 Only)

Multiply number of boxes checked ..... 7A  X \$26 = \_\_\_\_\_ 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 7C ..... 7C  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	(C) Arkansas Income Only
8. Wages, salaries, tips, etc: (Attach W-2s) .....	8			
9A. U. S. Military compensation: (Your/joint gross amt.)				
9B. U. S. Military compensation: (Spouse's gross amt.)				
10. Interest income: (If over \$1,500, attach AR4) .....	10			
11. Dividend income: (If over \$1,500, attach AR4) .....	11			
12. Alimony and separate maintenance received: .....	12			
13. Business or professional income: (Attach federal Schedule C or C-EZ) .....	13			
14. Capital gains/(losses) from stocks, bonds, etc: (See Instr. Attach Schedule D) .....	14			
15. Other gains or (losses): (Attach federal Form 4797 and/or AR4684 if applicable) ..	15			
16. Non-Qualified IRA distributions and taxable annuities: (Attach All 1099Rs) .....	16			
17A. U.S. Military pension: (Your/joint gross amount)	17A			
17B. U.S. Military pension: (Spouse's gross amount)	17B			
18A. Your/Joint Employer pension plan(s)/Qualified IRA(s): (See Instructions, Attach All 1099Rs) Gross Distribution _____ Taxable Amount _____ Less \$6,000	18A			
18B. Spouse Employer pension plan(s)/Qualified IRA(s): (Filing Status 4 only) Gross Distribution _____ Taxable Amount _____ Less \$6,000	18B			
19. Rents, royalties, partnerships, estates, trusts, etc.: (Attach federal Schedule E) .	19			
20. Farm income: (Attach federal Schedule F) .....	20			
21. Unemployment (Attach 1099-G) .....	21			
22. Other income/depreciation differences: (Attach Form AR-OI) .....	22			
23. TOTAL INCOME: (Add Lines 8 through 22) .....	23			
24. TOTAL ADJUSTMENTS: (Attach Form AR1000ADJ) .....	24			
25. ADJUSTED GROSS INCOME: (Subtract Line 24 from Line 23) .....	25			

