Date



ARKANSAS INDIVIDUAL INCOME TAX CERTIFICATE FOR INDIVIDUALS WITH DISABILITIES

Primary's legal r	name	Primary's social security number
Spouse's legal r	name	Spouse's social security number
Name of depend	dent with disabilities (cannot be taxpayer or spouse)	SSN of dependent with disabilities
	cate must be completed in its entirety to receive the \$500 adjustment of AR1000ADJ. This certificate is good for one year, a Return.	
To take addestand	vantage of this adjustment, the taxpayer and/or individual must m s:	eet the following conditions and
1.	1. The individual with disabilities is a natural or adopted child, or a dependent of the taxpayer.	
2.	The taxpayer maintained, supported, and cared for the individual with total and permanent disabilities in the taxpayer's home.	
3.	3. An individual with total and permanent disabilities includes any person who was unable to engage in any substantial gainful activity by reason of any medically determinable physical or mental impairment which can be expected to result in death or has lasted or can be expected to last for a continuous period of not less than twelve (12) months.	
4.	4. A physical or mental impairment is an impairment which results in anatomical, physiological, or psychological abnormalities which are demonstrable by medically acceptable clinical or laboratory diagnostic techniques.	
5.	The above individual has been diagnosed by a physician as having to in conditions 3 and 4 listed above.	otal and permanent disabilities as outlined
Under pena	alties of perjury, I certify that	is an individual
	nd permanent disabilities based upon the above criteria.	

Taxpayer's signature