



ARKANSAS INDIVIDUAL INCOME TAX
**CERTIFICATE FOR INDIVIDUALS WITH
 DEVELOPMENTAL DISABILITIES**

Primary's legal name	Primary's social security number
Spouse's legal name	Spouse's social security number

This certificate must be completed in its entirety to receive the \$500 credit for individuals with developmental disabilities. It must be attached to your individual income tax return the first time this credit is taken. It is good for five (5) years from the date the original tax credit is filed. At the end of five (5) years you must have a new certificate completed and attached to your individual income tax return. The credit is in addition to your regular dependent tax credit.

Must be completed by taxpayer

Developmentally disabled dependent's name	Social security number	Relationship to taxpayer
Taxpayer's signature		Date

**Must be completed by
 a licensed physician, a licensed psychologist, or a licensed psychological examiner**

Check the box for the diagnosis:

DO NOT ADD ADDITIONAL BOXES

- ☐ Cerebral Palsy
 ☐ Epilepsy
 ☐ Autism
 ☐ Down Syndrome
 ☐ Spina Bifida
☐ Intellectual Disability

1. Did the developmental disability originate before the individual attained the age of 22? ☐ Yes ☐ No
2. Will the developmental disability continue or can be expected to continue indefinitely and constitute a substantial impairment to the individual's ability to function without appropriate support services including, but not limited to, planned recreational activities, medical services such as physical therapy and speech therapy, and possibilities for sheltered employment or job training? ☐ Yes ☐ No

The above individual has been diagnosed with a developmental disability by a licensed physician, a licensed psychologist, or a licensed psychological examiner.
 I certify that the information listed above is true and correct.

Initial diagnosis date	Date of birth		
Doctor or examiner's signature		Date	
Doctor or examiner's name		Telephone number	
Street address	City	State	Zip