2017 AR1000F

ITAR171

AR1

ARKANSAS INDIVIDUAL INCOME TAX RETURN

Full Year Resident

Jan. 1 - Dec. 31, 2017 or fiscal year ending _____ , 20____ ● Dept. Use Only ● ☐ CHECK BOX IF AMENDED RETURN ● ☐ ● Software ID

USE LABEL OR PRINT OR TYPE

Primary First Name	MI	Last Name	Primary Social Security Number
●	●	●	●
Spouse First Name	**MI**	**Last Name**	**Spouse's Social Security Number**
●	●	●	●

Mailing Address *(Number and Street, P.O. Box or Rural Route)* ●

☐ Check if address is outside U.S.

Foreign Country

City	State or Province	Zip
●	●	●

FILING STATUS Check Only One

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 *(See Instructions)*
   If the qualifying person was your child, but not your dependent, enter child's name here: _____
4. ● ☐ Married Filing Separately on the Same Return
5. ● ☐ Married Filing Separately on Different Returns
   Enter spouse's name here and SSN above _____
6. ● ☐ 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. ☐ Yourself ● ☐ 65 or Over ● ☐ 65 Special ● ☐ Blind ● ☐ Deaf ☐ Head of Household/Qualifying Widow(er) *(Filing Status 3 Only)* *(Filing Status 6 Only)*

☐ Spouse ● ☐ 65 or Over ● ☐ 65 Special ● ☐ Blind ● ☐ Deaf

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 32)* 7D 00

INCOME

Attach W-2(s)/1099(s) here / Attach check on top of W-2(s)/1099(s)

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

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AR2

Primary SSN _____-____-_____

		(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	00	24		00
	25. Select tax table: *(See Instructions, Line 25)* ● ☐ **LOW INCOME** Table ☐ **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: ● ☐ **Itemized Deductions** *(See Instructions, Line 25 and attach AR3)* OR If your spouse itemizes on a separate return, check here ● ☐ ☐ **Standard Deduction** *(See Instructions, Line 25)*	25●	00	25●		00
	26. **NET TAXABLE INCOME:** *(Subtract Line 25 from Line 24)*	26●	00	26●		00
	27. **TAX:** *(Enter tax from tax table)*	27	00	27		00
	28. Combined tax: *(Add amounts from Line 27, Columns A and B)*			28		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●		00
TAX CREDITS	32. Personal Tax Credit(s): *(Enter total from Line 7D)*	32●	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●		00
	36. **NET TAX:** *(Subtract Line 35 from Line 31. If Line 35 is greater than Line 31, enter 0)*			36●		00
PAYMENTS	37. Arkansas income tax withheld: *[Attach state copies of W-2 and/or 1099R Form(s)]*	37●	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●		00
	43. AMENDED RETURNS ONLY - Previous refund: *(See instructions)*			43●		00
	44. Adjusted Total Payments: *(Subtract Line 43 from Line 42)*			44●		00
REFUND OR TAX DUE	45. **AMOUNT OF OVERPAYMENT/REFUND:** *(If Line 44 is greater than Line 36, enter difference)*			45●		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● ☺		00
	DIRECT DEPOSIT? If your deposit will be ultimately placed in a foreign account check the box. ● ☐ **Routing Number** ● ☐☐☐☐☐☐☐☐☐ **Account Number** ● ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐ ● ☐ Checking or ● ☐ Savings					
	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 ● ☐ Penalty 50B ●		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

I D

DL# / State ID _____ Your state _____ Issue Date (mm/dd/yyyy) _____ Expiration date (mm/dd/yyyy) _____

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

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 Signature	Date	Telephone	May the Arkansas Revenue Agency discuss this return with the preparer of the return? ☐ Yes ☐ No
Spouse's Signature SIGN HERE	Date	Telephone	

PAID PREPARER

Paid Preparer's Signature	ID Number/Social Security Number ●	For Department Use Only
Preparer's Name	City/State/Zip	A ● Telephone
E-mail		