## 2017 AR1000F



## AR1

## **ARKANSAS INDIVIDUAL INCOME TAX RETURN**

**CHECK BOX IF** AMENDED RETURN

Jan.											
	1. 1 - Dec. 31, 2017 or fiscal year ending	That	, 20 <u> </u>	•		•	0 :10	•			
	Primary First Name	MI	Last Name			Primar	y Social Secu	rity Number			
	•	•		•							
움린	Spouse First Name	MI	Last Name			Spouse	Spouse's Social Security Number				
ե		• Last Name				•	•				
LABI											
USE PRIN		ral Route)				☐ Che	☐ Check if address is outside U.S.				
□≡	•					<sub>_</sub> .					
	City Chata as Desirition				Foreign Country						
	City State or Province			Zip ●							
	•  •										
40.0	1 Single (Or widowed before 2017 or diversed at and of 2017)				4. ● Married Filing Separately on the Same Return						
FILING STATUS Check Only One	1.● Single (Or widowed before 2017 or divorced at end of 2017)				ď						
STA	2.● Married Filing Joint <i>(Even if only on</i>	Married Filing S									
8 NG	3.● Head of Household (See Instructions)  If the qualifying person was your child, but not your dependent, 6.●				Enter spouse's name here and SSN above						
먊	enter child's name here:	If the qualifying person was your child, but not your dependent,					dependent chi	ld			
	criter office of fidelic field.	enter child's name here:				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	Chasial A	T Dlind	<b>♣</b> □ Doof		d of Househo <b>l</b> d	/Ouglifying \//	dow(or)		
	7A. Yourself • 65 or Over	• <u> </u>	Special •	Blind	• Deaf	LJ Head	ng Status 3 Only)	(Filing Status 6	Only)		
	Spouse ● 65 or Over	● 65	Special ●	Blind	● Deaf						
	Multiply number of boxes checked					7A	X \$26 =		oc		
ITS	Dependents (Do not list yourself	or spous									
CREDITS	First Name	₋ast Name	Deper	dent's Socia	ent's Social Security Number Dependent's relationship to you						
	1.										
Ĭ.	2.										
NAI	3										
0											
RS	7B Multiply number of <b>DEPENDENTS</b> fro	m above				7R ●	X \$26 =		loc		
PERSONAL TAX	7B. Multiply number of <b>DEPENDENTS</b> fro	m above				7B ●	X \$26 =		00		
PERS	7B. Multiply number of <b>DEPENDENTS</b> fro 7C. First name of Qualifying Individual(s) from					7B •	X \$26 =		00		
PERS		า <i>AR1000R</i> เ	C5: (See Instruction	ns)			_ 				
PERS	7C. First name of Qualifying Individual(s) from Multiply number of individuals from 7C	n <i>AR1000R</i>	C5: (See Instructio	ns)		7C •	X \$500 =		00		
PERS	7C. First name of Qualifying Individual(s) from	n <i>AR1000R</i>	C5: (See Instructio	ns)		7C ● e 32)	X \$500 =	(7) Samuel	00		
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AR2

Primary SSN \_\_\_\_\_-\_\_\_

						(A) Primai	ry/Joint ome		(B) Spouse's Income Status 4 Only
	24.	ADJUSTED GROSS INCOME: (From Line 23, Columns	A and B	)	24			24	00
	25.	Select tax table: (See Instructions, Line 25)							
		• LOW INCOME Table	GULAR	Tab <b>l</b> e					
ON		If you qualify for the Low Income Tax Table, enter zero (0) o							
TAT		Enter • Itemized Deductions (See Instruct							
IPU.		the <b>larger</b> OR If your spouse itemizes on a separate							
COMPUTATION		of your:						25●	
TAX		<b>NET TAXABLE INCOME:</b> (Subtract Line 25 from Line 24)						26●	
-		TAX: (Enter tax from tax table)					•	27	00
	28. Combined tax: (Add amounts from Line 27, Columns A and B)								00
	29. Enter tax from Lump Sum Distribution Averaging Schedule: (Attach AR1000TD)								<u> </u>
	30. Additional tax on IRA and qualified plan withdrawal and overpayment: (Attach federal Form 5329, if required)								
		<b>TOTAL TAX:</b> (Add Lines 28 through 30)					00	31 <b>●</b>	100
TS							00		
CREDITS	33. Child Care Credit: (20% of federal credit allowed; Attach federal Form 2441)					00	Į.		
×		TOTAL CREDITS: (Add Lines 32 through 34)						J	loo
TAX		NET TAX: (Subtract Line 35 from Line 31. If Line 35 is gre							
		Arkansas income tax withheld: [Attach state copies of W-2 a					00		100
		Estimated tax paid or credit brought forward from 2016:					00	1	
		Payment made with extension: (See Instructions)					00		
LS		AMENDED RETURNS ONLY - Previous payments: (See in.					00		
EN.		- 1 170 1 O ee e N 1		,					
PAYMENTS		(20% of federal credit; Attach federal Form 2441 and Form AR	1000EC)		41•		00		
-	42. TOTAL PAYMENTS: (Add Lines 37 through 41)					42●	00		
	43. AMENDED RETURNS ONLY - Previous refund: (See instructions)							h	
	44. Adjusted Total Payments: (Subtract Line 43 from Line 42)								
		AMOUNT OF OVERPAYMENT/REFUND: (If Line 44 is							
							00	]	l d
							00		
	48.	48. AMOUNT TO BE REFUNDED TO YOU: (Subtract Lines 46 and 47 from Line 45)REFUND 48 ©							
DO		DIRECT DEPOSIT? If your deposit will be ultimately placed in a foreign account check the box. ●							
TAX		Routing Number Account				_			_ • Checking or
ND OR TAX DUE	•		$\top$				$\Box$		1 H
			$\perp$				$\perp \perp \perp$		Savings
REFI									_
		49. AMOUNT DUE: (If Line 44 is less than Line 36, enter difference; If over \$1,000, continue to 50A)							
		JEP: 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							
$\vdash$			laa -	- Data			Eveni	date	
	DL#	/ State ID Your state		e Date /dd/yyyy)			Expiration ( (mm/dd/yy)		
I D	DI W / Ox / J ID				Expiration (				
	Spouse state (mm/dd/yyyy) (mm/dd/yyyy)  FOR MAILING ADDRESSES SEE PAGE 2 OF INSTRUCTIONS								
	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								
E E	knov	vledge and belief, they are true, correct and complete. Declaration o		(other than t	axpayer) is base	ed on all infor		ch pre	eparer has any knowledge.
EAS	Prin	nary Signature		Date	lele	phone			the Arkansas Revenue cy discuss this return
PLEASE SIGN HERE	Spo	use's Signature		Date	Tele	phone		_	he preparer of the return?
	_			lib v	(0	te . N		L	Yes No
'ER	Paid	Preparer's Signature		ID Number/Social Security Number			er		r Department Use Only
PAIL	Paid Preparer's Signature Preparer's Name City/S							A Tel	● ephone
	E-m								