2017 AR1000NR



NR₁

ARKANSAS INDIVIDUAL INCOME TAX RETURN

CHECK BOX IF AMENDED RETURN

No	nre	esident and Part Y	ear Res	sident		Dept. Use Or	nly	AMEND	ED I	RETURN	So	ftware ID					
Jan.	1 - D	ec. 31, 2017 or fiscal year ending		, 20	_ • •	•		•			•						
USE LABEL OR PRINT OR TYPE	Prim	ary First Name	MI	Last				Prir	mary Socia l Se	ecurity Numb	er						
	•		•	•	• •												
	Spot	use First Name	М	Last	Name			Spo	Spouse's Social Security Number								
	•			•					•								
ABE																	
NE L	Maili	ng Address (Number and Street, P.O. Bo	x or Rural Route)			Check if addres	ss is outside U	.S.									
P.R.	•							For	eign Country								
	City		State or Pro	ovince		Zip			1	9,							
	•		•			•											
		011 4 00DV 05 V011D 001	.p. === ==		NONRE	SIDEN'	T: • 🗆	PAF	PART YEAR RESIDENT: ●								
A	AIIA	CH A COPY OF YOUR COM	IPLE IE FE	:DERAL F	(List State of residence) (Dates Lived in AR)												
JS Box	1.•	Single (Or widowed before 2	017 or divorc	ed at end o	f 2017)	4.●	☐ Ma	rried Fi l ing Se	parate	ely on the San	ne Return						
ATI	2.	Married Filing Joint (Even if o	only one had	income)		J 5.● ¯	╡ Ma	rried Fi l ina Se	parate	ately on Different Returns							
FILING STATUS Check Only One Box	3.●	Head of Household (See Ins.	-	,		Enter spouse's name here and SSN above											
ŠĖ	0.0	If the qualifying person was y		t not your d	ependent,	6.●	Qu	a l ifying Widow	(er) w	ith dependent	t chi l d						
FI Che		enter chi l d's name here:				Yea	ar spouse died	l: (See	e Instructions)								
• F	□ c⊦	neck here if you do NOT want a t	ax booklet m	ailed to vo	Check this box if you have filed a state extension												
` L						or an automatic federal extension											
	7A.	Yourself ● 65 or Ove	er •	65 Special	•	Blind	•	Deaf	⊢	lead of Househ (Filing Status 3 O	nold/Qualifying	Widow(er)					
	Г	Spouse • 65 or Ove	er •	65 Special	•□	Blind	• [Deaf		(r imig clatas s c	my) (r ming Glat	us o omy)					
	L Multi	bly number of boxes checked						_		7A X \$26	_						
TS		pendents <i>(Do not list your</i>							7A X \$26	-	00						
CREDITS		First Name	Last Na		ent's Soci	al Sec	urity Number		Dependent	's relationship	to vou						
χ C	1				'			,		<u> </u>	'						
. TAX	2																
NAL	2.																
PERSONAL	ა.																
PE	7B. I	7B. Multiply number of DEPENDENTS from above															
	7C. First name of Qualifying Individual(s) from AR1000RC5: (See Instructions)																
	Multiply number of individuals from 7C																
	7D.	TOTAL PERSONAL TAX CRE	DITS: (Add	Lines 7A, 7	Enter tot	al here	e and on Line 3	32)	7	'D	00						
(s		ROUND ALL	AMOUNTS	TO WHO	LE DOLLA	\RS		(A) Primary/. Incom		(B) Spouse's I Status 4		Arkansas Income Only					
(s)660	۰						0		00		00 •	00					
7	8.	Wages, salaries, tips, etc: (Attack U. S. Military compensation: (Yourfjoin				00			100		100						
W-2(s)		U. S. Military compensation: (<i>Fouryon</i>				00											
of V		Interest income: (If over \$1,500, a					1	•	00	•	00 •	00					
top	11	Dividend income: (If over \$1,500,	,					•	00	•	00 •	00					
on t	12.	Alimony and separate maintenan						•	00	•	00 •	00					
IE check	13.	Business or professional income:						•	00	•	00 •	00					
ME	14.	Capital gains/(losses) from stocks, I						•	00	•	00 •	00					
INCOME / Attach ch	15.	Other gains or (losses): (Attach for						•	00	•	00 •	00					
	16.	Non-Qualified IRA distributions a						•	00	•	00 •	00					
here	17A.	Your/Joint Employer pension plan(s	s)/Qua l ified I R/	A(s):(See Ins	structions, At	tach All 10)										
4 (s)		Gross Distribution ●	00 Taxable	Amount •		00 Les	s ₀₀ 17A	•	00		•	00					
660	17B.	Spouse Employer pension plan(s)/Qualified IF	RA(s): (Filing	Status 4 only	<u>/)</u>											
s)/1		Gross Distribution	00 Taxable			00 Les	s 17B			•	00 •	00					
W-2(s)/1099(s)	18.	Rents, royalties, partnerships, est	ates, trusts, e	tc.: (Attach	federal Sch	edule E)	18	•	00		00 •	00					
뚱	19.	Farm income: (Attach federal Sci	*					•	00	<u> </u>	00 •	00					
Atta	20.	Other income/depreciation difference			*			•	00		00 •	00					
	21.	TOTAL INCOME: (Add Lines 8						•	00		00 •	00					
		TOTAL ADJUSTMENTS: (Att						•	00		00	00					
	23.	ADJUSTED GROSS INCOM	E: (Subtract L	<u>ine 22 fron</u>	<u>ı Line 21)</u>		23	<u> •</u>	00	' ●	00	00					



NR2

Primary SSN _____-__-___-

															nary/Jo Income	int		(B) S		s Income 4 Only	е	
	24 ADJUSTED GROSS INCOME: /From Line 22 Colu							nno A ond	ns Δ and R) 24			, H				24		Otatas	4 Omy	00		
	25.	24. ADJUSTED GROSS INCOME: (From Line 23, Columns A ar								IIIIS A allu	Б)			⁺				724				
	25.	. Select tax table: (Check the appropriate box) ■ LOW INCOME Table REGULAR Table																				
z		If you a	_					_														
COMPUTATION	If you qualify for the Low Income Tax Table, enter zero (0) on Line 25A. If not, then:																					
Ę		Enter • ☐ Itemized Deductions (See Instructions, Line 25 and attach AR3) the larger OR If your spouse itemizes on a separate return, check here • ☐																				
Σ		the lar	-	OR	-								_				٥					00
8		of your:		_						ictions, Lir								25				00
TAX	26.									e 24)				_				26 €	`—			00
	27. TAX: (Enter tax from tax table)																27	_				
	28. Combined tax: (Add amounts from Line 27, Columns A and B)																	-			00	
	29.			-					_										-			00
	30. Additional tax on IRA and qualified plan withdrawal and overpayment: (Attach federal Form 5329, if required)																00					
																		_				00
TS	32. Personal Tax Credit(s): (Enter total from Line 7D)															00	4					
CREDITS																	00	4				
	34.																00	_				
TAX							_															00
	36. NET TAX: (Subtract Line 35 from Line 31. If Line 35 is greater than Line 31, enter 0)											loc		<u> </u>			00					
<u>N</u>																	00	2				
RAT										d B:												-
PRORATION				-															-			
_										by Line 36								_				00
		Arkansas income tax withheld: [Attach state copies of W-2 and/or 1099R Form(s)]37 § Section 1099R Form(s)]38 § Estimated tax paid or credit brought forward from 2016:														00	4					
																	00	4				
S	39. Payment made with extension: (See Instructions)														00	4						
E	40. AMENDED RETURNS ONLY - Previous payments: (See instruction											4	⁰ •			00	4					
PAYMENTS	41. Early childhood program: Certification Number:														00	기						
2	۱.,	(20% of federal credit; Attach federal Form 2441 and Form AR1000EC)											J				00					
	42. TOTAL PAYMENTS: (Add Lines 37 through 41)												00									
	43. AMENDED RETURNS ONLY - Previous refund: (See instructions)															00						
-										•												00
									•	4 is greate					ence).			-	<u>'</u>			00
	46. Amount to be applied to 2018 estimated tax:															00	→					
١	47. Amount of Check-off Contributions: (Attach Schedule AR1																_				100	
48. AMOUNT TO BE REFUNDED TO YOU: (Subtract Lines 46 and 47 from Line 45)REFUND 48 • ⓒ													00									
Ι¥	DIRECT DEPOSIT? If your deposit will be ultimately placed in a foreign account check the box. ●																					
8	Routing Number Account Number													Checkin	or or							
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REFUND OR TA																	\perp		•		Savings	;
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٥	DL#/	State ID _				_	Your s	tate			n/dd/yyyy Le Date)					nm/dd/y					
-	Spouse state (mm/dd/yyyy) (mm/dd/yyyy)																					
										DDRESSES												
ш	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.																					
ISE HER	Primary Signature											ephone				May the Arkansas Revenue						
PLEASE SIGN HER	CICN HEDE							<u>'</u>					Agency discuss this return with the preparer of the return?									
	Spouse's Signature							Date Tele			elepho	ephone			with '	_ `	_	_	ırn?			
	Paid Prenarer's Signature							IID VI	ımher/S	ocial C	acı ıritı	urity Number For Department Use On					No No	la c				
RER	Paid Preparer's Signature Preparer's Name							• N	aiinei/O	ty Number			Fo A	. D ера	tment	Use Onl	ıry —					
ı≣₹		ror'o No	Preparer's Name						City/Ct	tate/Zip Telephone												
20	Prepa	alei 5 iva	iiic							City/St	ate/Zip							Te	ephor	1e		