

2017 AR1000S
ARKANSAS INDIVIDUAL
INCOME TAX RETURN
Full Year Resident/Short Form



S1

CHECK BOX IF
AMENDED RETURN

Dept. Use Only

Software ID

Jan. 1 - Dec. 31, 2017 or fiscal year ending _____, 20____

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 this box if you filed a state or an automatic federal extension	☐ Check here if you do NOT want a tax booklet mailed next year.													
FILING STATUS Check only box	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. If filing status 5, use AR1000F/AR1000NR-Long Form 6. ☐ Qualifying Widow(er) with dependent child Year spouse died: (See Instructions) _____														
	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 7B. Dependents (Do not list yourself or spouse) Multiply number of boxes checked from 7A ☐ X \$26= _____ 00 First Name Last Name Dependent's Social Security Number Dependent's relationship to you 1. _____ 2. _____ 3. _____ 7B. Multiply number of DEPENDENTS from 7B ☐ X \$26 = _____ 00 7C. TOTAL PERSONAL TAX CREDITS: (Add Lines 7A and 7B. Enter total here and on Line 16) 7C _____ 00																	
PERSONAL TAX CREDITS	ROUND ALL AMOUNTS TO WHOLE DOLLARS																	
	<table border="1"><thead><tr><th></th><th>(A) Primary/Joint Income</th><th>(B) Spouse's Income Status 4 Only</th></tr></thead><tbody><tr><td>8. Wages, salaries, tips, etc: (Attach W-2s)..... 8●</td><td>00</td><td>00</td></tr><tr><td>9. Interest income/dividend income: (If interest or dividends are over \$1,500, attach page S2)..... 9●</td><td>00</td><td>00</td></tr><tr><td>10. Miscellaneous income: (List type and amount. See instructions)..... 10●</td><td>00</td><td>00</td></tr><tr><td>11. TOTAL INCOME / ADJUSTED GROSS INCOME: (Add Lines 8 through 10)..... 11●</td><td>00</td><td>00</td></tr></tbody></table>					(A) Primary/Joint Income	(B) Spouse's Income Status 4 Only	8. Wages, salaries, tips, etc: (Attach W-2s)..... 8●	00	00	9. Interest income/dividend income: (If interest or dividends are over \$1,500, attach page S2)..... 9●	00	00	10. Miscellaneous income: (List type and amount. See instructions)..... 10●	00	00	11. TOTAL INCOME / ADJUSTED GROSS INCOME: (Add Lines 8 through 10)..... 11●	00
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DEDUCTIONS TAX COMPUTATION	12. Select tax table: ☐ LOW INCOME Table ☐ REGULAR Table NOTE: If you qualify for the Low Income Table, enter zero (0) on Line 12 Standard Deduction: (See Instructions)..... 12● 00 12● 00																	
	13. Taxable Income: (Subtract Line 12 from Line 11)..... 13● 00 13● 00 14. Enter tax from table:..... 14● 00 14● 00 15. TOTAL TAX: (Add Lines 14A and 14B)..... 15● 00																	
TAX CREDITS	16. Personal Tax Credits: (Enter total from Line 7C)..... 16● 00																	
	17. Child Care Credit: (20% of federal credit allowed, attach federal Form 2441)..... 17● 00 18. TOTAL CREDITS: (Add Lines 16 and 17)..... 18● 00 19. NET TAX: (Subtract Line 18 from Line 15. If Line 18 is greater than Line 15, enter 0)..... 19● 00																	
PAYMENTS	20. Arkansas Income Tax withheld: [Attach state copies of W-2 Form(s)]..... 20● 00																	
	21. AMENDED RETURNS ONLY - Previous payments: (See instructions)..... 21● 00 22. Early Childhood Program: Cert. # (Attach form. See inst.) 22● 00 23. TOTAL PAYMENTS: (Add Lines 20 through 22)..... 23● 00 24. AMENDED RETURNS ONLY - Previous refund: (See instructions)..... 24● 00 25. Adjusted Total Payments (Subtract Line 24 from Line 23)..... 25● 00																	
REFUND OR TAX DUE	26. AMOUNT OF OVERPAYMENT/REFUND: (If Line 25 is greater than Line 19, enter difference)..... 26● 00																	
	27. Amount of Check-off Contributions: (Attach Schedule AR1000-CO)..... 27● 00 28. AMOUNT TO BE REFUNDED TO YOU: (Subtract Line 27 from Line 26)..... REFUND 28● ☺ 00 DIRECT DEPOSIT? If your deposit will be ultimately placed in a foreign account check the box. ☐ Routing Number Account Number ☐ Checking or ☐ Savings 29. AMOUNT DUE: (If Line 25 is less than Line 19, enter difference; If over \$1,000 see inst.)..... TAX DUE 29● ☹ 00 Attach Form AR1000V to your check or money order payable in US Dollars to Dept. of Finance & Admin. Write SSN on payment. For credit card, see 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? Spouse's Signature Date Telephone ☐ Yes ☐ No																	
PAID PREPARER	Paid Preparer's Signature ID Number/Social Security Number For Department Use Only																	
	Preparer's Name City/State/Zip Telephone																	



Part I - INTEREST INCOME				Part II - DIVIDEND INCOME			
Interest on bank deposits, notes, mortgages from individuals, corporation bonds, savings and loan deposits, and credit union deposits are taxable. Interest on obligations of other states and subdivisions is fully taxable. List below the names of the interest sources and designate ownership by writing Y (Yours), S (Spouse's) or J (Joint).				Dividends and other distributions on stock are fully taxable. There is no dividend exclusion applicable to Arkansas. List below the names of the dividend sources and designate ownership by writing Y (Yours), S (Spouse's) or J (Joint).			
Y S J	NAME OF PAYER	AMOUNT		Y S J	NAME OF PAYER	AMOUNT	
			00				00
			00				00
			00				00
			00				00
			00				00
			00				00
			00				00
			00				00
			00				00
Total Interest Income: Enter here and on Line 9.....			00	Total Dividend Income: Enter here and on Line 9....			00

If you owe an amount due from Line 29, AR1000S, you have the option of paying by credit card.

OFFICIAL PAYMENTS CORP

MasterCard

AMERICAN EXPRESS

Cards

VISA

DISCOVER

NOVUS

www.officialpayments.com
or call (800) 272-9829