## 2016 AR1000F

## **ARKANSAS INDIVIDUAL**

## AR1

## **CHECK BOX IF INCOME TAX RETURN** AMENDED RETURN

	III Year Kesident		20	D.	ept. Use Onl	у	ا ـ			Softv	vare ID	
Jan.	. 1 - Dec. 31, 2016 or fiscal year ending PRIMARY FIRST NAME	Тмі	, 20 <u> </u>	NAME			•	TDDIMADV	SOCIALS	ECUDITY N	IIMRED	
LABEL OR IT OR TYPE	PRIMARY FIRST NAME	IVII	LAST NAME					PRIMARY SOCIAL SECURITY NUMBER				
			•									
	SPOUSE FIRST NAME MI LAST NAME							SPOUSE'	S SOCIAL	SECURITY I	NUMBER	
	•  •  •							•				
₹	MAILING ADDRESS (Number and Street, P.O. Box or Rural Route)							Cha	ok boro if	vou de NOT	wort	
USE I	• The state of the							Check here if you do NOT want a tax booklet mailed to you next year.				
	CITY STATE or PROVINCE					ZIP			COUNTRY (if not U.S.)			
	STATE OF PROVINCE				COUNTRY (IT not U.S.)							
						1						
Sox	1.• SINGLE (Or widowed before 2016 or divorced at end of 2016)				4. ● MARRIED FILING SEPARATELY ON THE SAME RETURN							
ATO Sne	2.• MARRIED FILING JOINT (Even if only one had income)				5. MARRIED FILING SEPARATELY ON DIFFERENT RETURNS							
FILING STATUS Check Only One Box	BEAD OF HOUSELIOLD (See Instructions)				Enter spouse's name here and SSN above							
ŠĢ	3.• HEAD OF HOUSEHOLD (See Instructions)  Enter spouse's						use s na	lame here and SSN above				
틸	If the qualifying person was your child, but not your dependent,				6. ■ QUALIFYING WIDOW(ER) with dependent child Year spouse died: (See Instructions)							
_	enter child's name here:							•				
	HAVE YOU FILED AN I	EXTENS	ION?	>	·□			t if you hav c federal o		state exte	ension	
						-	_					
	7A. YOURSELF ● 65 or OVER	● 65 SI	PECIAL	●∐ BLIN	D • _	DEAF		D OF HOUS! iling Status 3 On	EHOLD/QU <i>ly)</i>	IALIFYING W (Filing Status 6	IDOW(ER) <sup>Only)</sup>	
	SPOUSE • 65 or OVER	● 65 SI	PECIAL	● BLIN	D ● [	DEAF						
	Multiply number of boxes checked	<u> </u>		<b>—</b>		<b>-</b> 		7A	X \$26 =		00	
TS	Dependents (Do not list yourself or spot								<b>.</b>			
PERSONAL TAX CREDITS	First Name Last Name Depend				nt's Socia	al Security N	lumber	Dependent's relationship to you				
×	1.											
¥	2.											
ANC	3.											
RSC	7B. Multiply number of dependents from a	bove						7В •	X \$26 =		00	
8									J .			
	7C. First name of individual(s) with develope								- 1			
	Multiply number of individuals with developmental disabilities from 7C							7C •	X \$500 =		00	
	7D. TOTAL PERSONAL TAX CREDIT	ΓS: (Add Lin	nes 7A, 7L	3, and 7C.	Enter tota	l here and o	on Line 3	32)	7D		00	
								(A) Your		(B) Spouse		
	ROUND ALL AMOUNTS TO WHOLE DOLLARS						-	Incor		Status 4 Only		
s)66		8. Wages, salaries, tips, etc: (Attach W-2s)						•	00	•	00	
10	9A. U.S. Military compensation: (Your/join	_		•		00	9A					
-2(s	9B. U.S. Military compensation: (Spouse's	_	,	•		00	9B		00	•	00	
<u> </u>	<ul><li>10. Interest income: (If over \$1,500, attac</li><li>11. Dividend income: (If over \$1,500, attac</li></ul>							•	00		00	
to p	12. Alimony and separate maintenance re							•	00		00	
e u	13. Business or professional income: (Att							•	00		00	
eck	14. Capital gains/(losses) from stocks, bo							•	00	•	00	
a Se Se	15. Other gains or (losses): (Attach federa							•	00	•	00	
NCO ttac	16. Non-Qualified IRA distributions and ta	xable annui	ties: <i>(Atta</i>	ch All 1099	Rs)		16	•	00	•	00	
- \( \)	17A.Your/Joint Employer pension plan(s)/0	Qualified IRA	۸(s): <i>(See</i>	Instruc <u>tion</u>	s - Attach	All 1099Rs	)					
her	Gross Distribution ●	00 <b>Ta</b>	xable Aı	nount 🗨		00 <b>\$6</b> ,	ss 00017A	•	00			
(s)6	17B.Spouse's Employer pension plan(s)/C				nly)							
109	Gross Distribution •			nount <u>●</u>			ss 00017B		loo	•	00	
. W-2(s)/	18. Rents, royalties, partnerships, estates							•	00		00	
	19. Farm income: (Attach federal Schedu	*						<u>-</u>	00		00	
tac	20. Other income/depreciation differences			*			Г		00		00	
Ą	21. TOTAL INCOME: (Add Lines 8 thro							•	00		00	
	22. IUIAL ADJUSTMENTS: (Attach						22	<u>-                                      </u>	00		00	



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

							(A)	Your/Joint Income		(B) Spouse's Income Status 4 Only	
	24.	ADJUSTED GROSS INCOME: (From Line 23, Co	lumns	A and B	)	24		IIICOIIIC	00		00
		Select tax table: (See Instructions, Line 25)							$\Box$		
		• LOW INCOME Table	REC	ULAR	Table						
NO		If you qualify for the Low Income Tax Table, enter zero	o (0) o	n Line 25	A. If not, t	hen:					
TAT		Enter • Itemized Deductions (See In									
IPU.		the larger OR If your spouse itemizes on a se									
TAX COMPUTATION		of your:							00	•	00
IAX	26. NET TAXABLE INCOME: (Subtract Line 25 from Line 24)					<b>`</b> ——		00	•—	00	
-	27. TAX: (Enter tax from tax table)										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)								00		
	31. <b>TOTAL TAX:</b> (Add Lines 28 through 30)								00		
_	32. Personal Tax Credit(s): (Enter total from Line 7D)					_		00	01 9	1	
CREDITS		Child Care Credit: (20% of federal credit allowed; Attach							00		
REC		Other Credits: (Attach AR1000TC)					-		00		
TAX C	35.	TOTAL CREDITS: (Add Lines 32 through 34)								35 ●	00
F	36. <b>NET TAX:</b> (Subtract Line 35 from Line 31. If Line 35 is greater than Line 31, enter 0)							;	36 •	00	
	37.	Arkansas income tax withheld: [Attach state copies of	f W-2 a	nd/or 10	99R Form(	′s)] 37 <b>•</b>	<u> </u>		00		•
	38.	Estimated tax paid or credit brought forward from 201s	5:			38 •	·		00		
	39.	Payment made with extension: (See Instructions)				39 •	·		00		
NTS		AMENDED RETURNS ONLY - Previous payments: (S	See ins	structions	;)	40 •	<b>`</b> ——		00		
PAYMENTS	41.	Early childhood program: Certification Number:				<del></del>					
PA		(20% of federal credit; Attach federal Form 2441 and For	m AR1	1000EC)		41 •	<u> </u>		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		
		AMOUNT OF OVERPAYMENT/REFUND: (If Line		-						<b>45</b> ●	00
	46. Amount to be applied to 2017 estimated tax:				46 •	<b>`</b>		00			
	47. Amount of Check-off Contributions: (Attach Schedule AR1000-CO)									40.0	00
필									100		
X	DIRECT DEPOSIT? If your deposit will be ultimately placed in a foreign account check the box. ●										
OR TAX DUE	Routing Number Account Number									Checking or	
O QN	•									•	Savings
REFUN									-		<b>_</b>
R	49. <b>AMOUNT DUE:</b> (If Line 44 is less than Line 36, enter difference; If over \$1,000, continue to 50A) <b>TAX DUE</b> 49 ● ③										
		.UEP: Attach Form AR2210 or AR2210A. If required, er				_			_	00	Į.
1 1		•						•	inance	·	
50C.Add Lines 49 and 50B. Attach Form AR1000V with check or money order payable in U.S. D and Administration". Include your SSN on payment. To pay by credit card, see instructions											00
51. Amount of income not subject to Arkansas tax from AR4, Part III: (Memorandum only)									<u> </u>		
, , , , , , , , , , , , , , , , , , , ,											
								г		_	
								May the Arkar Agency discu	nsas Revenue ss this return		
										are <u>r of</u> the return?	
FOR MAILING ADDRESSES SEE PAGE 2 OF INSTRUCTIONS								Yes	No		
		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 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.									
SE	_	wiedge and belief, they are true, correct and complete. Declars	Date	preparer	E-mail		ed on a	II information	of whice	Telephone	
SEA		CICN LIEDE			● E-mail.						···
Sign	Spo	Spouse's Signature Date			E-mail:					Telephone	):
~	Spouse's Signature  Paid Preparer's Signature  Preparer's Name:  E-mail:  Date				ID Number/Social Security Number				$\dashv$	For Denart	ment Use Only
KER	. uiu	and i repaired 3 digitature					y 14			A A	• Only
PAI	Preparer's Name: City/State/Zip:				te/Zip:				7	Telephone	l .
#	E-mail:										