2016 AR1000S ARKANSAS INDIVIDUAL INCOME TAX RETURN **CHECK BOX IF AMENDED RETURN** Full Year Resident/Short Form
Jan. 1 - Dec. 31, 2016 or fiscal year ending _______,

PRIMARY NAME | MI Dept. Use Only Software ID , 20 MI LAST NAME PR O F PRIMARY SOCIAL SECURITY NUMBER

A N	SPOUSE NAME			MI LAST NAME			SPOUSE'S SOCIAL SECURITY NUMBER				
7 <u>.</u>	MA	ALLING ADDRESS (Number and Street, P.O. Box or Rural Ro	oute)	1	Check this box if	you file	d a state	Check	here if you do NOT want		
Ā	CITY STATE or PROVINCE				or an automatic f	ederal e			booklet mailed next year.		
USE LABEL, TYP	STATE OF PROVINCE				COUNTRY (if not U.S.)						
	1. (SINGLE (Or widowed before 2016 or divorced at end of 2016) 4. MARRIED FILING SEPARATELY ON THE SAME RETURN									
FILING STATUS Check only 1 box	2.								R - LONG FORM		
Fac	3.		6. ■ QUALIFYING WIDOW(ER) with dependent child								
ŠŠ	J. .	If the qualifying person is your child but not your depende									
턊		enter child's name here:									
s	7A	YOURSELF • 65 or OVER • 65 SPECIAL • BLIND • DEAF HEAD OF HOUSEHOLD/ QUALIFYING WIDOW(ER) (Filing Status 3 Only) (Filing Status 6 Only)									
Ī		SPOUSE ● 65 or OVER ● 65 SPECIAL ● BLIND ● DEAF									
CRE		Dependents (Do not list yourself or spous	se)								
AL TAX CREDITS	4	irst Name Last Name		Depend	lent's Social Security Nu	mber	Depende	III S IE	elationship to you		
	1. 2										
PERSONAL	<u>د.</u> د										
ERS	7B	ZB. 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)							00			
		ROUND ALL AMOUNTS	s to w	HOLE DOLLAR	RS	(A)	Your/Joint Income		(B) Spouse's Income Status 4 Only		
¥	8.	Wages, salaries, tips, etc: (Attach W-2s)			8•		00	8●	00		
INCOME		Interest income/dividend income: (If interest or o					00	9●	00		
	10.	. Miscellaneous income: (List type and amou	nt. See ii	nstructions)	10•		00	10●	00		
	11.	TOTAL INCOME / ADJUSTED GROSS	S INCO	ME: (Add Lines 8	8 through 10) 11 ●		00	11 ●	00		
, o	12.	. Select tax table: ● LOW INCOME Tab	ole 🔲	REGULAR Table	NOTE: If you qualify	for the	Low Income Tai	ble, e	nter zero (0) on Line 12		
NO F		Standard Deduction: (See Instructions)					00	12●	00		
PM	13.	. Taxable Income: (Subtract Line 12 from Line	e 11)		13●		00	13●	00		
E S	14.	. Enter tax from table:			14		00	14	00		
¥		. TOTAL TAX: (Add Lines 14A and 14B)						. 15 ●	00		
CREDITS		. Personal Tax Credits: (Enter total from Line					00				
RED		. Child Care Credit: (20% of federal credit allowed,					00				
TAXC		. TOTAL CREDITS: (Add Lines 16 and 17)									
ř		. NET TAX: (Subtract Line 18 from Line 15.						. 19●	00		
		Arkansas Income Tax withheld: [Attach state AMENING DETINION ONLY)		· · · · ·			00				
ZL		. AMENDED RETURNS ONLY - Previous pa	-				00				
PAYMENTS		Early Childhood Program: Cert. # (Attach fo					00				
ΡĀ		. TOTAL PAYMENTS: (Add Lines 20 throu . AMENDED RETURNS ONLY - Previous ref					00	. 24•	00		
		. Adjusted Total Payments (Subtract Line 24 f	•						00		
REFUND OR TAX DUE		. AMOUNT OF OVERPAYMENT/REFUN									
		. Amount of Check-off Contributions: (Attach	•	•	·		loo		[00		
		•		•				28•	© 00		
		8. 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									
	•	' <u> </u>	Ш				conting of \bullet	•			
	29.	. AMOUNT DUE: (If Line 25 is less than Lin									
EASE	PI	Attach Form AR1000V to your check or money orc LEASE SIGN HERE: Under penalties of perjury, I									
		dge and belief, they are true, correct and complete				_		•			
	Your Signature			Date E-mail:				Telephone:			
<u> </u>	Q'n	ouse's Signature		Data				-	Parada and Handala		
<i>σ</i>				Date	E-mail: ●		ŀ		Department Use Only		
	Paid Preparer's Signature			ID Number/Social Security Number			ımber	A			
age of				le	•	-			cy discuss this return		
ZEP/	Paid Preparer's Signature Preparer's Name:			City/State/Zip:				with t	the preparer of the return?		
ā	E-n	nail:		Telepho	ne:			L	Yes No		

INTEREST INCOME Part 1 Part 2 **DIVIDEND INCOME** Interest on bank deposits, notes, mortgages from indi-Dividends and other distributions on stock are fully viduals, corporation bonds, savings and loan deposits, taxable. There is no dividend exclusion applicable to and credit union deposits are taxable. Interest on obliga-Arkansas. tions of other states and subdivisions is fully taxable. List below the names of the dividend sources and designate ownership by writing Y (Yours), S (Spouse's) or List below the names of the interest sources and designate ownership by writing Y (Yours), S (Spouse's) or J J (Joint). (Joint). Y S J Y S J NAME OF PAYER **AMOUNT** NAME OF PAYER **AMOUNT** 00 00 00 00 00 00 00 00 00 00 00 00 00 00 00 00 00 00 Total Dividend Income: Enter here and on Line 9. Total Interest Income: Enter here and on Line 9...

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



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