

CHECK BOX IF
AMENDED RETURN

Software ID
TAXACTOL

Jan. 1 - Dec. 31, 2024 or fiscal year ending _____, 20____ •

TAXPAYER INFORMATION

Primary's legal first name
•a

MI
•

Last name
•a

Check if Deceased
•

Primary's social security number
•490-54-9999

Spouse's legal first name
•

MI
•

Last name
•

Check if Deceased
•

Spouse's social security number
•

Mailing address (number and street, P.O. box or rural route)
•1 a street Apt. 1

Check if address is outside U.S.
•

City
•Cambridge

State or province
•MA

ZIP
•02138

Foreign country name

Primary email

Secondary email

Check the box if you want us to mail you a paper Form 1099-G next year.
•

Check here if you want a tax booklet mailed to you next year.
•

Check this box if you have filed a state extension or an automatic federal extension
•

DL# / State ID _____ Your state _____ Issue date (mm/dd/yyyy) _____ Expiration date (mm/dd/yyyy) _____

DL# / State ID _____ Spouse state _____ Issue date (mm/dd/yyyy) _____ Expiration date (mm/dd/yyyy) _____

FILING STATUS

1. Single (Or widowed before 2024 or divorced at end of 2024)
•X

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. Married filing separately on different returns
Enter spouse's name here and SSN above _____
•

6. Surviving spouse with dependent child
Year spouse died: (See instructions) _____
•

PERSONAL TAX CREDITS

7A. Yourself • 65 or over • 65 Special • Blind • Deaf • Head of household/surviving spouse (Filing status 3 only) (Filing status 6 only)
Spouse • 65 or over • 65 Special • Blind • Deaf

Multiply number of boxes checked 7A 1 X \$29 = 29 00

Dependents (Do not list yourself or spouse)

First name	Last name	Dependent's social security number	Dependent's relationship to you
1.			
2.			
3.			
4.			
5.			
6.			

7B. Multiply number of DEPENDENTS from above 7B 0 X \$29 = 00

7C. TOTAL PERSONAL TAX CREDITS: (Add lines 7A and 7B. Enter total here and on line 34) 7C 29 00

Individuals with Developmental Disabilities Credit (AR1000-DD - formerly AR1000RC5) now on Form AR1000TC



Primary SSN 490-54-9999

		ROUND ALL AMOUNTS TO WHOLE DOLLARS		(A) Primary/Joint Income	(B) Spouse's Income Status 4 Only
INCOME	8. Wages, salaries, tips, etc: (Attach W-2s)	8		• 93,904 00	• 00
	9. Military pay: Primary • 00 Spouse • 00				
	10. Interest income: (If over \$1,500, attach AR4)	10		• 2,514 00	• 00
	11. Dividend income: (If over \$1,500, attach AR4)	11		• 00	• 00
	12. Alimony and separate maintenance received:	12		• 00	• 00
	13. Business or professional income: (Attach federal Sch. C)	13		• 00	• 00
	14. Capital gains/(losses) from stocks, bonds, etc: (Attach federal Sch. D)	14		• 00	• 00
	15. Other gains or (losses): (See instructions)	15		• 00	• 00
	16. Non-qualified IRA distributions and taxable annuities: (Attach All 1099Rs)	16		• 00	• 00
	17. Military retirement: Primary • 00 Spouse • 00				
	18A. Primary employer pension plan(s)/qualified IRA(s): (See inst., attach 1099Rs)	18A		• 00	
	18B. Spouse employer pension plan(s)/qualified IRA(s): (See inst., attach 1099Rs)	18B		• 00	• 00
	19. Rents, royalties, partnerships, estates, trusts, etc.: (Attach federal Sch. E)	19		• 00	• 00
	20. Farm income: (Attach federal Sch. F)	20		• 00	• 00
	TAX COMPUTATION	21. Unemployment:	21		• 00
22. Other income/depreciation differences: (Attach Form AR-OI)		22		• 00	• 00
23. TOTAL INCOME: (Add lines 8 through 22)		23		• 96,418 00	• 0 00
24. TOTAL ADJUSTMENTS: (Attach Form AR1000ADJ)		24		• 0 00	• 0 00
25. ADJUSTED GROSS INCOME: (Subtract line 24 from line 23)		25		• 96,418 00	• 0 00
26. Select tax table: (Select only one)		26			
27. • <input type="checkbox"/> Low income table (\$0), See line 26 instructions • <input checked="" type="checkbox"/> Standard deduction (See instructions) • <input type="checkbox"/> Itemized deductions (Attach AR3)		27		• 2,410 00	• 0 00
28. NET TAXABLE INCOME: (Subtract line 27 from line 25)		28		• 94,008 00	• 0 00
29. TAX: (Enter tax from tax table)		29		• 3,441 00	• 0 00
30. Combined tax: (Add amounts from line 29, columns A and B)		30			• 3,441 00
TAX CREDITS	31. Enter tax from Lump Sum Distribution Averaging Schedule: (Attach AR1000TD)	31		• 00	
	32. Additional tax on IRA and qualified plan withdrawal and overpayment: (See instructions)	32		• 00	
	33. TOTAL TAX: (Add lines 30 through 32)	33		• 3,441 00	
	34. Personal tax credit(s): (Enter total from line 7C)	34		• 29 00	
	35. Child care credit: (Attach AR2441)	35		• 00	
	36. Other credits: (Attach AR1000TC)	36		• 00	
	37. TOTAL CREDITS: (Add lines 34 through 36)	37		• 29 00	
	38. NET TAX: (Subtract line 37 from line 33. If line 37 is greater than line 33, enter 0)	38		• 3,412 00	



P3

Primary SSN 490-54-9999

PAYMENTS	39. Arkansas income tax withheld: (Attach copies of W-2, 1099R, W2-G, 1099-PT, and/or AR-K1)	39	•		00
	40. Estimated tax paid or credit brought forward from 2023:	40	•		00
	41. Payment made with extension: (See instructions)	41	•		00
	42. AMENDED RETURNS ONLY - Previous payment (See instructions)	42	•		00
	43. Early childhood program: Certification number: (Attach AR1000EC and AR2441)	43	•		00
	44. TOTAL PAYMENTS: (Add lines 39 through 43)	44	•	0	00
	45. AMENDED RETURNS ONLY - Previous refund (See instructions)	45	•		00
46. Adjusted total payments: (Subtract line 45 from line 44)	46	•	0	00	
REFUND OR TAX DUE	47. AMOUNT OF OVERPAYMENT/REFUND: (If line 46 is greater than line 38, enter difference)	47	•	0	00
	48. Amount to be applied to 2025 estimated tax:	48	•		00
	49. Amount of Check-off Contributions: (Attach Form AR1000CO)	49	•		00
	50. AMOUNT TO BE REFUNDED TO YOU: (Subtract lines 48 and 49 from line 47)	50	•	0	00
	51. AMOUNT DUE: (If line 46 is less than line 38, enter difference; If over \$1,000, continue to 52A)	51	•	3,412	00
	52A. UEP: Attach Form AR2210 or AR2210A. If required, enter exception in box	52A	•		00
	52B. Penalty	52B	•		00
52C. Add lines 51 and 52B: (See instructions)	52C	•	3,412	00	
DIRECT DEPOSIT	Direct deposit allowed to U.S. banks only. Check if either deposit(s) will ultimately be placed in a foreign account. • <input type="checkbox"/>				
	Routing number 1	Account number 1	• <input type="checkbox"/> Checking or • <input type="checkbox"/> Savings	Direct deposit 1 amt.	
	• <input type="text"/>	• <input type="text"/>		•	00
	Routing number 2	Account number 2	• <input type="checkbox"/> Checking or • <input type="checkbox"/> Savings	Direct deposit 2 amt.	
• <input type="text"/>	• <input type="text"/>		•	00	
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's signature	Date	Telephone	May the Arkansas Revenue Division discuss this return with the preparer?	
PAID PREPARER	Spouse's signature	Date	Telephone	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Paid preparer's signature	PTIN/ID number		For Department Use Only	
	Preparer's name	Telephone		A	•
	Address				
	City	State	ZIP		
	E-mail				
PAY ONLINE:			Mail Return & Payment to:		
Please visit our secure website ATAP (Arkansas Taxpayer Access Point) at www.atap.arkansas.gov. ATAP allows taxpayers or their representatives to log on, make payments and manage their account online. ATAP is available 24 hours.			Refund: Arkansas State Income Tax P.O. Box 1000 Little Rock, AR 72203-1000		
			Tax Due/No Tax: Arkansas State Income Tax P.O. Box 2144 Little Rock, AR 72203-2144		