

2023 AR1000F
ARKANSAS INDIVIDUAL
INCOME TAX RETURN
Full Year Resident



P1

CHECK BOX IF
AMENDED RETURN

Software ID

Jan. 1 - Dec. 31, 2023 or fiscal year ending _____, 20 ____ •

• TAXACTOL

TAXPAYER INFORMATION	Primary's legal first name • chcr	MI •	Last name • C	Check if Deceased <input type="checkbox"/>	Primary's social security number • 490-54-9999
	Spouse's legal first name • S	MI •	Last name • S	Check if Deceased <input type="checkbox"/>	Spouse's social security number • 490-54-6666
	Mailing address (number and street, P.O. box or rural route) •				<input type="checkbox"/> Check if address is outside U.S.
	City •	State or province •	ZIP •	Foreign country name	
	Primary email		Secondary email		
	<input type="checkbox"/> We no longer automatically mail 1099-G forms. Instead, we ask that you get this information from our website (www.atap.arkansas.gov). Check the box if you still want us to mail you a paper Form 1099-G next year.				
	<input type="checkbox"/> Check here if you want a tax booklet mailed to you next year.		<input type="checkbox"/> 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. <input type="checkbox"/> Single (Or widowed before 2023 or divorced at end of 2023)		4. <input checked="" type="checkbox"/> Married filing separately on the same return	
2. <input type="checkbox"/> Married filing joint (Even if only one had income)		5. <input type="checkbox"/> Married filing separately on different returns Enter spouse's name here and SSN above _____			
PERSONAL TAX CREDITS	3. <input type="checkbox"/> Head of household (See instructions) If the qualifying person was your child, but not your dependent, enter child's name here: _____		6. <input type="checkbox"/> Surviving spouse with dependent child Year spouse died: (See instructions) _____		
	7A. <input checked="" type="checkbox"/> Yourself • <input type="checkbox"/> 65 or over • <input type="checkbox"/> 65 Special • <input type="checkbox"/> Blind • <input type="checkbox"/> Deaf <input type="checkbox"/> Head of household/surviving spouse (Filing status 3 only) (Filing status 6 only)				
	<input checked="" type="checkbox"/> Spouse • <input type="checkbox"/> 65 or over • <input type="checkbox"/> 65 Special • <input type="checkbox"/> Blind • <input type="checkbox"/> Deaf				
	Multiply number of boxes checked 7A 2 X \$29 = 58 00				
	Dependents (Do not list yourself or spouse)				
	First name	Last name	Dependent's social security number	Dependent's relationship to you	
	1. a a		490-54-8888	Son	
	2.				
	3.				
	4.				
5.					
7B. Multiply number of DEPENDENTS from above 7B • 1 X \$29 = 29 00					
7C. TOTAL PERSONAL TAX CREDITS: (Add lines 7A and 7B. Enter total here and on line 34) 7C 87 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		• 20,000 00	• 10,000 00
	9. Military pay: Primary • 00 Spouse • 00				
	10. Interest income: (If over \$1,500, Attach AR4)	10		• 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	
	Gross • 00 Taxable • 00 Less \$6,000				
	18B. Spouse employer pension plan(s)/qualified IRA(s): (See inst., attach 1099Rs)	18B		• 00	• 00
	Gross • 00 Taxable • 00 Less \$6,000				
	19. Rents, royalties, partnerships, estates, trusts, etc.: (Attach federal Sch. E)	19		• 00	• 00
20. Farm income: (Attach federal Sch. F)	20		• 00	• 00	
21. Unemployment:	21		• 00	• 00	
22. Other income/depreciation differences: (Attach Form AR-OI)	22		• 00	• 00	
23. TOTAL INCOME: (Add lines 8 through 22)	23		• 20,000 00	• 10,000 00	
24. TOTAL ADJUSTMENTS: (Attach Form AR1000ADJ)	24		• 0 00	• 0 00	
25. ADJUSTED GROSS INCOME: (Subtract line 24 from line 23)	25		• 20,000 00	• 10,000 00	
TAX COMPUTATION	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		• 2,340 00	• 2,340 00
	28. NET TAXABLE INCOME: (Subtract line 27 from line 25)	28		• 17,660 00	• 7,660 00
	29. TAX: (Enter tax from tax table)	29		328 00	47 00
	30. Combined tax: (Add amounts from line 29, columns A and B)	30			375 00
	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		•	• 375 00	
TAX CREDITS	34. Personal tax credit(s): (Enter total from line 7C)	34		• 87 00	
	35. Child care credit: (Attach AR2441)	35		• 108 00	
	36. Other credits: (Attach AR1000TC)	36		• 420 00	
	37. TOTAL CREDITS: (Add lines 34 through 36)	37		•	• 615 00
38. NET TAX: (Subtract line 37 from line 33. If line 37 is greater than line 33, enter 0)	38		•	• 0 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 2022:	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 2024 estimated tax:	48	•		00
	49.	Amount of Check-off Contributions: (Attach Schedule AR1000CO)	49	•		00
	50.	AMOUNT TO BE REFUNDED TO YOU: (Subtract lines 48 and 49 from line 47)	REFUND 50	•	☺	0 00
	51.	AMOUNT DUE: (If line 46 is less than line 38, enter difference; If over \$1,000, continue to 52A)	TAX DUE 51	•	☹	0 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)	TOTAL DUE 52C	•	0	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"/>			• <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"/>			• <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? <input type="checkbox"/> Yes <input type="checkbox"/> No
Spouse's signature		Date	Telephone			
PAID PREPARER	Paid preparer's signature		PTIN/ID number		• <input type="checkbox"/>	
	Preparer's name		Telephone		For Department Use Only	
					A <input type="text"/> •	
	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			