

# 2012 AR1000F

# AR1

## ARKANSAS INDIVIDUAL INCOME TAX RETURN

### Full Year Resident

**CHECK BOX IF AMENDED RETURN**

Dept. Use Only

Jan. 1 - Dec. 31, 2012 or fiscal year ending \_\_\_\_\_, 20\_\_ •

<b>USE LABEL OR PRINT OR TYPE</b>	PRIMARY NAME •	MI •	LAST NAME •	PRIMARY SOCIAL SECURITY NUMBER •
	SPOUSE NAME •	MI •	LAST NAME •	SPOUSE'S SOCIAL SECURITY NUMBER •
	MAILING ADDRESS (Number and Street, P.O. Box or Rural Route) •			<b>Important: You MUST enter your SSN(s) above</b>
	CITY, STATE AND ZIP CODE •			

<b>FILING STATUS Check Only One Box</b>	1. <input type="checkbox"/> SINGLE (Or widowed before 2012 or divorced at end of 2012)	4. <input 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 _____
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"/> QUALIFYING WIDOW(ER) with dependent child Year spouse died: (See Instructions) _____

**HAVE YOU FILED AN EXTENSION?**  **Check this box if you have filed a state extension or an automatic federal extension**

7A.  YOURSELF •  65 or OVER •  65 SPECIAL •  BLIND •  DEAF •  HEAD OF HOUSEHOLD/QUALIFYING WIDOW(ER)  
 SPOUSE •  65 or OVER •  65 SPECIAL •  BLIND •  DEAF  
 Multiply number of boxes checked from 7A.....  X \$23 =  00

7B. 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.			

Multiply number of dependents from 7B.....  X \$23 =  00

7C. First name of individual(s) with developmental disability: (See Instructions)  
 \_\_\_\_\_ Multiply number of individuals with developmental disabilities from 7C.....  X \$500 =  00

7D. **TOTAL PERSONAL TAX CREDITS:** (Add Lines 7A, 7B, and 7C. Enter total here and on Line 32).....7D  00

	ROUND ALL AMOUNTS TO WHOLE DOLLARS		(A) Your/Joint Income	(B) Spouse's Income Status 4 Only
	8. Wages, salaries, tips, etc: (Attach W-2s).....	8		00
9A. U.S. Military compensation: (Your/joint gross amount) • <input type="text"/> 00 Less \$9,000	9A		00	
9B. U.S. Military compensation: (Spouse's gross amount) • <input type="text"/> 00 Less \$9,000	9B			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 Schedule C or C-EZ).....	13		00	00
14. Capital gains/(losses) from stocks, bonds, etc: (See Instr. Attach federal Schedule D).....	14		00	00
15. Other gains or (losses): (Attach federal Form 4797 and/or 4684 if applicable).....	15		00	00
16. Non-Qualified IRA distributions and taxable annuities: (Attach All 1099Rs).....	16		00	00
17A. Your/Joint Employer pension plan(s)/Qualified IRA(s): (See Instructions - Attach All 1099Rs) Gross Distribution • <input type="text"/> 00 Taxable Amount • <input type="text"/> 00 Less \$6,000	17A		00	
17B. Spouse's Employer pension plan(s)/Qualified IRA(s): (Filing Status 4 Only) Gross Distribution • <input type="text"/> 00 Taxable Amount • <input type="text"/> 00 Less \$6,000	17B			00
18. Rents, royalties, partnerships, estates, trusts, etc: (Attach federal Schedule E).....	18		00	00
19. Farm income: (Attach federal Schedule F).....	19		00	00
20. Other income/depreciation differences: (List type and amount. See Instructions).....	20		00	00
21. <b>TOTAL INCOME:</b> (Add Lines 8 through 20).....	21		00	00

ADJUSTMENTS		(A) Your/Joint Income	(B) Spouse's Income Status 4 Only
	22. <b>TOTAL INCOME:</b> (From Line 21, Columns A and B).....	22	00
	23. <b>TOTAL ADJUSTMENTS:</b> (Attach Form AR1000ADJ).....	23 ●	00
	24. <b>ADJUSTED GROSS INCOME:</b> (Subtract Line 23 from Line 22).....	24 ●	00
TAX COMPUTATION			
	25. Select tax table: <b>(Check the appropriate box)</b> <input type="checkbox"/> <b>LOW INCOME</b> Table <input type="checkbox"/> <b>REGULAR</b> Table If you qualify for the Low Income Tax Table, enter zero (0) on Line 25A. If not, then: Enter the larger of your: <ul style="list-style-type: none"> <li><input type="checkbox"/> <b>Itemized Deductions</b> (See Instructions, Line 25)</li> <li>OR</li> <li><input type="checkbox"/> <b>Standard Deduction</b> (See Instructions, Line 25) .....</li> </ul>	25 ●	00
	26. <b>NET TAXABLE INCOME:</b> (Subtract Line 25 from Line 24) .....	26 ●	00
	27. <b>TAX:</b> (Enter tax from tax table).....	27	00
	28. Combined tax. (Add amounts from Lines 27A and 27B) .....	28	00
	29. Enter tax from Lump Sum Distribution Averaging Schedule. (Attach AR1000TD) .....	29 ●	00
	30. IRA and qualified plan withdrawal and overpayment penalties: (Attach federal Form 5329, if required) .....	30 ●	00
	31. <b>TOTAL TAX:</b> (Add Lines 28 through 30).....	31 ●	00
TAX CREDITS			
	32. Personal Tax Credit(s): (Enter total from Line 7D).....	32 ●	00
	33. Child Care Credit: (20% of federal credit allowed; Attach federal Form 2441) .....	33 ●	00
	34. Other Credits: (Attach AR1000TC) .....	34 ●	00
	35. <b>TOTAL CREDITS:</b> (Add Lines 32 through 34) .....	35 ●	00
	36. <b>NET TAX:</b> (Subtract Line 35 from Line 31. If Line 35 is greater than Line 31, enter 0) .....	36 ●	00
PAYMENTS			
	37. Arkansas income tax withheld: [Attach state copies of W-2 and/or 1099R Form(s)].....	37 ●	00
	38. Estimated tax paid or credit brought forward from 2011:.....	38 ●	00
	39. Payment made with extension: (See Instructions) .....	39 ●	00
	40. <b>AMENDED RETURNS ONLY</b> - Previous payments (see instructions): .....	40 ●	00
	41. Early childhood program: Certification Number: _____ (20% of federal credit; Attach federal Form 2441 and Form AR1000EC) .....	41 ●	00
	42. <b>TOTAL PAYMENTS:</b> (Add Lines 37 through 41).....	42 ●	00
	43. <b>AMENDED RETURNS ONLY</b> - Previous refund (see instructions).....	43 ●	00
	44. Adjusted Total Payments (Subtract Line 43 from Line 42).....	44 ●	00
REFUND OR TAX DUE			
	45. <b>AMOUNT OF OVERPAYMENT/REFUND:</b> (If Line 44 is greater than Line 36, enter difference) .....	45 ●	00
	46. Amount to be applied to 2013 estimated tax: .....	46 ●	00
	47. Amount of Check-off Contributions: (Attach Schedule AR1000-CO).....	47 ●	00
	48. <b>AMOUNT TO BE REFUNDED TO YOU:</b> (Subtract Lines 46 and 47 from Line 45) .....	48 ●	00
	49. <b>AMOUNT DUE:</b> (If Line 44 is less than Line 36, enter difference; If over \$1,000, See Instructions) .....	49 ●	00
	50A. UEP: Attach Form AR2210 or AR2210A. If required, enter exception in box 50A ● <input type="checkbox"/> Penalty 50B ● <input type="checkbox"/>	50A ●	00
	50C. Add Lines 49 and 50B. Attach Form AR1000V to check or money order payable in U.S. Dollars to "Dept. of Finance and Administration". Include your SSN on payment. To pay by credit card, see instructions.....	50C ●	00
	51. Amount of income not subject to Arkansas tax from AR4, Part III: (Memorandum only)		
FOR MAILING ADDRESSES SEE PAGE 2 OF INSTRUCTIONS		May the Arkansas Revenue Agency discuss this return with the preparer shown below? <input type="checkbox"/> Yes <input type="checkbox"/> No	
PLEASE SIGN HERE			
<b>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.</b>			
Your Signature	Occupation	Date	Home Telephone.
Spouse's Signature	Occupation	Date	Work Telephone:
PAID PREPARER		For Department Use Only	
Paid Preparer's Signature		ID Number/Social Security Number	
Preparer's Name		<input type="checkbox"/> A <input type="checkbox"/> B	
Address		City/State/Zip	
		Telephone Number	