

# 2017 AR1000F



# AR1

## ARKANSAS INDIVIDUAL INCOME TAX RETURN

### Full Year Resident

**CHECK BOX IF AMENDED RETURN**

Dept. Use Only

Software ID

Jan. 1 - Dec. 31, 2017 or fiscal year ending \_\_\_\_\_, 20\_\_\_\_ • \_\_\_\_\_ • \_\_\_\_\_

USE LABEL OR PRINT OR TYPE	Primary First Name •	MI •	Last Name •	Primary Social Security Number •
	Spouse First Name •	MI •	Last Name •	Spouse's Social Security Number •
	Mailing Address (Number and Street, P.O. Box or Rural Route) •			<input type="checkbox"/> Check if address is outside U.S.  Foreign Country
City •	State or Province •	Zip •		

FILING STATUS Check Only One	1. <input type="checkbox"/> Single (Or widowed before 2017 or divorced at end of 2017)	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) _____

Check here if you do NOT want a tax booklet mailed to you next year.

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

PERSONAL TAX CREDITS	7A. <input 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/Qualifying Widow(er) <small>(Filing Status 3 Only) (Filing Status 6 Only)</small>
	<input 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 <input type="checkbox"/> X \$26 =						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.			

7B. Multiply number of **DEPENDENTS** from above.....7B  X \$26 = 00

7C. First name of Qualifying Individual(s) from AR1000RC5: (See Instructions) \_\_\_\_\_

Multiply number of individuals from 7C ..... 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) Primary/Joint Income	(B) Spouse's Income Status 4 Only
8. Wages, salaries, tips, etc: (Attach W-2s).....	8	• 00	• 00
9A. U.S. Military compensation: (Your/joint gross amount) • 00	9A		
9B. U.S. Military compensation: (Spouse's gross amount) • 00	9B		
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 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/Spouse's Employer pension plan(s)/Qualified IRA(s): (See Instructions - Attach All 1099Rs)			
<b>Gross Distribution</b> • 00			
<b>Taxable Amount</b> • 00		• 00	
17B. Spouse's Employer pension plan(s)/Qualified IRA(s): (Filing Status 4 Only)			
<b>Gross Distribution</b> • 00			
<b>Taxable Amount</b> • 00			• 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: (Attach Form AR-OI).....	20	• 00	• 00
21. <b>TOTAL INCOME:</b> (Add Lines 8 through 20).....	21	• 00	• 00
22. <b>TOTAL ADJUSTMENTS:</b> (Attach Form AR1000ADJ).....	22	• 00	• 00
23. <b>ADJUSTED GROSS INCOME:</b> (Subtract Line 22 from Line 21).....	23	• 00	• 00



# AR2

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

		(A) Primary/Joint Income		(B) Spouse's Income Status 4 Only	
<b>TAX COMPUTATION</b>	24. <b>ADJUSTED GROSS INCOME:</b> (From Line 23, Columns A and B)..... 24	00	24	00	
	25. Select tax table: (See Instructions, Line 25) <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 and <i>attach AR3</i>)</li> <li>OR <input type="checkbox"/> <b>Standard Deduction</b> (See Instructions, Line 25)..... 25</li> </ul>	00		00	
	26. <b>NET TAXABLE INCOME:</b> (Subtract Line 25 from Line 24)..... 26	00		00	
	27. <b>TAX:</b> (Enter tax from tax table)..... 27	00		00	
	28. Combined tax: (Add amounts from Line 27, Columns A and B)..... 28			00	
	29. Enter tax from Lump Sum Distribution Averaging Schedule: ( <i>Attach AR1000TD</i> )..... 29			00	
	30. Additional tax on IRA and qualified plan withdrawal and overpayment: ( <i>Attach federal Form 5329, if required</i> )..... 30			00	
	31. <b>TOTAL TAX:</b> (Add Lines 28 through 30)..... 31			00	
	<b>TAX CREDITS</b>	32. Personal Tax Credit(s): (Enter total from Line 7D)..... 32	00		
		33. Child Care Credit: (20% of federal credit allowed; <i>Attach federal Form 2441</i> )..... 33	00		
34. Other Credits: ( <i>Attach AR1000TC</i> )..... 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		
<b>PAYMENTS</b>	37. Arkansas income tax withheld: [ <i>Attach state copies of W-2 and/or 1099R Form(s)</i> ]..... 37	00			
	38. Estimated tax paid or credit brought forward from 2016:..... 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; <i>Attach federal Form 2441 and Form AR1000EC</i> )..... 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		
<b>REFUND OR TAX DUE</b>	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 2018 estimated tax:..... 46	00			
	47. Amount of Check-off Contributions: ( <i>Attach Schedule AR1000-CO</i> )..... 47	00			
	48. <b>AMOUNT TO BE REFUNDED TO YOU:</b> (Subtract Lines 46 and 47 from Line 45)..... <b>REFUND</b> 48			00	
	<b>DIRECT DEPOSIT?</b> If your deposit will be ultimately placed in a foreign account check the box. <input type="checkbox"/>				
	<b>Routing Number</b>		<b>Account Number</b>		
	<input type="checkbox"/> Checking or <input type="checkbox"/> Savings				
	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			00	
	50A. UEP: <i>Attach Form AR2210 or AR2210A. If required, enter exception in box 50A.</i> <input type="checkbox"/> <b>Penalty 50B</b> <input type="checkbox"/>			00	
	50C. Add Lines 49 and 50B. <i>Attach Form AR1000V with 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.</i> ..... <b>TOTAL DUE 50C</b>			00	
<b>ID</b>	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) _____				
<b>FOR MAILING ADDRESSES SEE PAGE 2 OF INSTRUCTIONS</b>					
<b>PLEASE SIGN HERE</b>	<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>				
	Primary Signature	Date	Telephone	May the Arkansas Revenue Agency discuss this return with the preparer of the return? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Spouse's Signature	Date	Telephone			
<b>PAID PREPARER</b>	Paid Preparer's Signature		ID Number/Social Security Number		
	Preparer's Name		City/State/Zip		
	E-mail		Telephone		