2017 AR1000S ARKANSAS INDIVIDUAL INCOME TAX RETURN



CHECK BOX IF

S1

Fu	ill'	Year Resident/Short For	m		De	pt. Use On	_{ly} AME	INDE	RETURN			5	Software ID	_
	. 1 -	Dec. 31, 2017 or fiscal year ending	, 20 _	•	•			•				•		
Ш	Prim	ary First Name	MI ●	Last Name	e				Primary Social S ●	ecuri	ty Numb	er		
il OR TYPE	Spo	use First Name	MI	Last Name	9				Spouse's Social	Secu	rity Num	ber		
LABEI IT OR '	● Mail	ing Address (Number and Street, P.O. Box or Rural Route)	•	•			☐ Check this box i	f von filo	d a atata /	_	Chook	hove if s	ou do NOT want	_
SE L	_	,				L	or an automatic						nailed next year.	
USE PRIN	City	State o	r Province				Zip •		Check if addr	ess is	outside	U.S.		
40						1,			,					_
FILING STATUS Check only box	1.●	Single (Or widowed before 2017 or div)17)	4.		•	rately on the					
STA	2.•		d income	e)		5.	If filing status 5,					g ⊢orm		
ING eck	3.●	Head of Household (See Instructions) If the qualifying person was your child,	but not v	vour depe	nder	ıt.	1 1 ' '	•	r) with depen See <i>Instructio</i>					
댪		enter child's name here:		' '				3 aloa. (,,,,				
S	7A.	Yourself ● 65 or Over ●	65 8	Special	•	Blir	nd ● 🔲 Dea	af	Head of (Filing St	Hou	seholo 3 Only)	d/Qua l if	ying Widow(er)	
EDIJ	70	Spouse • 65 or Over	_	Special	•	Blir			_	-	\$26=	(,		
TAX CREDITS		Dependents (Do not list yourself or spourself st Name Last Name	se)		Depe		number of boxes Social Security N					lationsh	nip to you	00 00 00 00 00 00 00 00 00
	1.						•		·					_
PERSONAL	2.													_
RSO	3 <u>.</u>	M 10 1								1 v	***			_
PE		Multiply number of DEPENDENTS from 7 TOTAL PERSONAL TAX CREDITS: (A									\$26 = 7C			
	70.	ROUND ALL AMOUNTS					arnere and on Em	(A)	Primary/Joint		, O	(B) ^{Spo}	ouse's Income tatus 4 Only	<u>'</u>
Е	8.	Wages, salaries, tips, etc: (Attach W-2s)					8.		Income	00	8●	· / ·		_)
INCOME		Interest income/dividend income: (If interest or of								00	9•			
Z	10.	Miscellaneous income: (List type and amoun	nt. See ii	nstruction	s)		10	•		00	10●		00)
		TOTAL INCOME / ADJUSTED GROSS									11 ●			
SI NOIL	12.	Select tax table: ● LOW INCOME Tab							e Low Income			iter zero	o (0) on Line 12	<u>:</u>
TION		Standard Deduction: (See Instructions)								-	12●		00	000000000000000000000000000000000000000
DUC		Taxable Income: (Subtract Line 12 from Line Enter tax from table:						┣—		00 00	13 ●		00	-
TAX		TOTAL TAX: (Add Lines 14A and 14B)								_			00	-
TS		Personal Tax Credits: (Enter total from Line							•••••	00	. 100			-
EDI	17.	Child Care Credit: (20% of federal credit allowed,	attach fed	deral Form	2441)	17	•		00				
X CF	18.	TOTAL CREDITS: (Add Lines 16 and 17)									18●		00)
TAX		NET TAX: (Subtract Line 18 from Line 15.					· · · · · · · · · · · · · · · · · · ·			_	.19●		00)
		Arkansas Income Tax withheld: [Attach state								00				
PAYMENTS		AMENDED RETURNS ONLY - Previous par Early Childhood Program: Cert. # (Attach fo								00				
YME		TOTAL PAYMENTS: (Add Lines 20 through								00				
PA		AMENDED RETURNS ONLY - Previous refu									24●		00)
		Adjusted Total Payments (Subtract Line 24 f											00)
		AMOUNT OF OVERPAYMENT/REFUN		-							26●		00)
		Amount of Check-off Contributions: (Attach								00	١,			_
D OI	28.	AMOUNT TO BE REFUNDED TO YOU								ND	28●	<u> </u>	00)
REFUND OR TAX DUE		DIRECT DEPOSIT? If your deposit will be Routing Number Accou	oe ultima ı nt Nun	_	ed in	a foreigr	n account check th	ne box.	• 📙					
	•	• •					op $ullet$	Cho	ecking or •		Saving	ıs		
	29.	AMOUNT DUE: (If Line 25 is less than Lin	e 19, en	ter differe	nce;	If over \$	31,000 see inst.)		TAX D	UE	29●	⊗	00)
		Attach Form AR1000V to your check or money ord	er payabl	e in US Do	llars t	o Dept. o	f Finance & Admin. V	Vrite SSN	N on payment. I	or c	redit ca	ard, see		_
E E	PLEASE SIGN HERE: Under penalties of perjury, I declare that I have examined this return knowledge and belief, they are true, correct and complete. Declaration of preparer other than taxed											-	-	
PLEASE SIGN HERE	Prir	mary Signature				Dat	te Te	lephone					sas Revenue	•
SIGN	Spc	ouse's Signature				Dat	te Te	lephone)		-	•	s this return rer of the return?	
								•				Yes	No	_
ER	Paid Preparer's Signature Preparer's Name City/Sta E-mail					1 DI	ID Number/Social Security Number					Departn	nent Use Only	
PAID PAR	Prep	parer's Name			City/S	State/Zip	1			-	A Tele	ephone	•	?
PRE	E-m	nail									1010			_



Part I - INTEREST INCOME

Interest on bank deposits, notes, mortgages from individuals, corporation bonds, savings and loan deposits, and credit union deposits are taxable. Interest on obligations of other states and subdivisions is fully taxable.

List below the names of the interest sources and designate ownership by writing Y (Yours), S (Spouse's) or J (Joint).

Part II - DIVIDEND INCOME

Dividends and other distributions on stock are fully taxable. There is no dividend exclusion applicable to Arkansas.

List below the names of the dividend sources and designate ownership by writing Y (Yours), S (Spouse's) or J (Joint).

YSJ	NAME OF PAYER	AMOUNT	Y S J	NAME OF PAYER	AMOUNT	
		00			00	
		00			00	
		00			00	
		00			00	
		00			00	
		00			00	
		00			00	
·		00			00	
Total In	terest Income: Enter here and on Line 9	00	Total Div	idend Income: Enter here and on Line 9	00	

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



www.officialpayments.com or call (800) 272-9829