

2019 AR1000F

ARKANSAS INDIVIDUAL INCOME TAX RETURN Full Year Resident



AR1

CHECK BOX IF AMENDED RETURN

Software ID

Jan. 1 - Dec. 31, 2019 or fiscal year ending _____, 20__ •

| | | | | |
|-----------------------------------|---|------------------------|----------------|---|
| USE LABEL OR PRINT OR TYPE | Primary's legal first name • | MI • | Last name • | Primary's social security number • |
| | Spouse's legal 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. |
| | City • | State or province • | ZIP • | Foreign country name |

| | | |
|--|---|--|
| FILING STATUS Check Only One Box | 1. <input type="checkbox"/> Single (Or widowed before 2019 or divorced at end of 2019) | 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 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 = <input type="text"/> 00 | | | | | | | | | | | | | | | |
| | Dependents (Do not list yourself or spouse) | | | | | | | | | | | | | | | |
| | <table border="1"> <thead> <tr> <th>First name</th> <th>Last name</th> <th>Dependent's social security number</th> <th>Dependent's relationship to you</th> </tr> </thead> <tbody> <tr><td>1.</td><td></td><td></td><td></td></tr> <tr><td>2.</td><td></td><td></td><td></td></tr> <tr><td>3.</td><td></td><td></td><td></td></tr> </tbody> </table> | First name | Last name | Dependent's social security number | Dependent's relationship to you | 1. | | | | 2. | | | | 3. | | |
| 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 <input type="checkbox"/> X \$26 = <input type="text"/> 00 | | | | | | | | | | | | | | | | |
| 7C. Multiply number of qualifying individuals from AR1000RC5 (See instructions) 7C <input type="checkbox"/> X \$500 = <input type="text"/> 00 | | | | | | | | | | | | | | | | |
| 7D. TOTAL PERSONAL TAX CREDITS: (Add lines 7A, 7B, and 7C. Enter total here and on line 34) 7D <input type="checkbox"/> 00 | | | | | | | | | | | | | | | | |

| | |
|-----------|--|
| ID | 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) _____ |

| | |
|-----------------------|---|
| 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 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
| | Account Number 1 <input type="checkbox"/> Checking or <input type="checkbox"/> Savings |
| | Direct deposit 1 Amt <input type="text"/> 00 |
| | Routing Number 2 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
| | Account Number 2 <input type="checkbox"/> Checking or <input type="checkbox"/> Savings |
| | Direct deposit 2 Amt <input type="text"/> 00 |

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.

Next year (January 2021) we will 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.

| | | | | |
|-------------------------|---|------|-----------|--|
| PLEASE SIGN HERE | Primary's signature SIGN HERE | Date | Telephone | May the Arkansas Revenue Agency discuss this return with the preparer? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | Spouse's signature SIGN HERE | Date | Telephone | |

| | | | | |
|----------------------|---------------------------|---------------------|--------------------------------|---|
| PAID PREPARER | Paid preparer's signature | PTIN/ID number • | For Department Use Only | |
| | Preparer's name | City/State/ZIP | A | • |
| | E-mail | | Telephone | |

| | | | |
|----------------|--|------------------------|--|
| 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 |
|----------------|--|------------------------|--|



Primary SSN

| | | ROUND ALL AMOUNTS TO WHOLE DOLLARS | | (A) Primary/Joint Income | (B) Spouse's Income Status 4 Only | |
|--|---|---|---------|--------------------------|-----------------------------------|----|
| INCOME Attach W-2(s)/1099(s) here / Attach check on top of W-2(s)/1099(s) | 8. Wages, salaries, tips, etc: (Attach W-2s) | 8 | | 00 | 00 | |
| | 9. Military pay: Primary <input type="text" value="00"/> Spouse <input type="text" value="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) | 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 AR4684 if applicable) | 15 | | 00 | 00 | |
| | 16. Non-qualified IRA distributions and taxable annuities: (Attach All 1099Rs) | 16 | | 00 | 00 | |
| | 17. Military retirement: Primary <input type="text" value="00"/> Spouse <input type="text" value="00"/> | | | | | |
| | 18A. Primary employer pension plan(s)/qualified IRA(s): (See instructions, attach all 1099Rs) Gross distribution <input type="text" value="00"/> Taxable amount <input type="text" value="00"/> Less \$6,000 | 18A | | 00 | | |
| | 18B. Spouse employer pension plan(s)/qualified IRA(s): (See instructions, attach all 1099Rs) Gross distribution <input type="text" value="00"/> Taxable amount <input type="text" value="00"/> Less \$6,000 | 18B | | 00 | 00 | |
| | 19. Rents, royalties, partnerships, estates, trusts, etc.: (Attach federal Schedule E) | 19 | | 00 | 00 | |
| | 20. Farm income: (Attach federal Schedule F) | 20 | | 00 | 00 | |
| | 21. Unemployment (Attach 1099-G) | 21 | | 00 | 00 | |
| | 22. Other income/depreciation differences: (Attach Form AR-OI) | 22 | | 00 | 00 | |
| | 23. TOTAL INCOME: (Add lines 8 through 22) | 23 | | 00 | 00 | |
| | 24. TOTAL ADJUSTMENTS: (Attach Form AR1000ADJ) | 24 | | 00 | 00 | |
| | 25. ADJUSTED GROSS INCOME: (Subtract line 24 from line 23) | 25 | | 00 | 00 | |
| | TAX COMPUTATION | 26. Select tax table: (Select only one) | 26 | | | |
| | | 27. <input type="checkbox"/> Low income table (\$0), For low income qualifications see line 26 instructions <input type="checkbox"/> Standard deduction (\$2,200 or \$4,400 for filing status 2 only) <input type="checkbox"/> Itemized deductions (AR3) Spouse itemized on separate return, Check here. <input type="checkbox"/> | 27 | | 00 | 00 |
| | | 28. NET TAXABLE INCOME: (Subtract line 27 from line 25) | 28 | | 00 | 00 |
| | | 29. TAX: (Enter tax from tax table) | 29 | | 00 | 00 |
| | | 30. Combined tax: (Add amounts from line 29, columns A and B) | 30 | | | 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: (Attach federal Form 5329, if required) | | 32 | | | 00 | |
| 33. TOTAL TAX: (Add lines 30 through 32) | | 33 | | | 00 | |
| TAX CREDITS | 34. Personal tax credit(s): (Enter total from line 7D) | 34 | | 00 | | |
| | 35. Child care credit: (20% of federal credit allowed; attach federal Form 2441) | 35 | | 00 | | |
| | 36. Other credits: (Attach AR1000TC) | 36 | | 00 | | |
| | 37. TOTAL CREDITS: (Add lines 34 through 36) | 37 | | | 00 | |
| 38. NET TAX: (Subtract line 37 from line 33. If line 37 is greater than line 33, enter 0) | 38 | | | 00 | | |
| PAYMENTS | 39. Arkansas income tax withheld: (Attach state copies of W-2 and/or 1099R, 1099-G) | 39 | | 00 | | |
| | 40. Estimated tax paid or credit brought forward from 2018: | 40 | | 00 | | |
| | 41. Payment made with extension: (See instructions) | 41 | | 00 | | |
| | 42. AMENDED RETURNS ONLY - Previous payments: (See instructions) | 42 | | 00 | | |
| | 43. Early childhood program: Certification number: _____ (20% of federal credit; attach federal Form 2441 and Form AR1000EC) | 43 | | 00 | | |
| | 44. TOTAL PAYMENTS: (Add lines 39 through 43) | 44 | | | 00 | |
| | 45. AMENDED RETURNS ONLY - Previous refund: (See instructions) | 45 | | | 00 | |
| 46. Adjusted total payments: (Subtract line 45 from line 44) | 46 | | | 00 | | |
| REFUND OR TAX DUE | 47. AMOUNT OF OVERPAYMENT/REFUND: (If line 46 is greater than line 38, enter difference) | 47 | | | 00 | |
| | 48. Amount to be applied to 2020 estimated tax: | 48 | | 00 | | |
| | 49. Amount of Check-off Contributions: (Attach Schedule AR1000-CO) | 49 | | 00 | | |
| | 50. AMOUNT TO BE REFUNDED TO YOU: (Subtract lines 48 and 49 from line 47) | 50 | REFUND | | 00 | |
| | 51. AMOUNT DUE: (If line 46 is less than line 38, enter difference; If over \$1,000, continue to 52A) | 51 | TAX DUE | | 00 | |
| | 52A. UEP: Attach Form AR2210 or AR2210A. If required, enter exception in box 52A <input type="text" value="00"/> Penalty 52B <input type="text" value="00"/> | | | | | |
| 52C. Add lines 51 and 52B: (See instructions) | 52C | TOTAL DUE | | 00 | | |

PAY ONLINE: Please visit our secure site 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.

PAY BY CREDIT CARD: (See instructions)

PAY BY MAIL: (See instructions)