

2000 AR1000NR ARKANSAS INDIVIDUAL INCOME TAX RETURN

Nonresident and Part Year Resident

Dept. Use Only

Jan 1 - Dec 31, 2000 or fiscal year ending , 20

N

USE LABEL PRINT OR TYPE	FIRST NAME AND INITIAL (List both if applicable)	LAST NAME(S) (See Instructions)	YOUR SOCIAL SECURITY NUMBER
	PRESENT ADDRESS - NUMBER AND STREET, APARTMENT OR RURAL ROUTE		SPOUSE SOCIAL SECURITY NUMBER
	CITY, TOWN OR POST OFFICE, STATE AND ZIP CODE		HOME TELEPHONE: WORK TELEPHONE:
ATTACH A COPY OF YOUR COMPLETE FEDERAL RETURN		NONRESIDENT: (List State of residence)	PART YEAR RESIDENT: (Time of residency in AR)

FILING STATUS Check Only One Box	1. <input type="checkbox"/> SINGLE (Or widowed before 2000 or divorced at end of 2000)	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
3. <input type="checkbox"/> HEAD OF HOUSEHOLD (See Instructions)		Enter spouse's name here and SSN above: _____
If the qualifying person is your child but not your dependent, enter this child's name here: _____		6. <input type="checkbox"/> QUALIFYING WIDOW(ER) with dependent child. Year spouse died:(See Instructions) _____

HAVE YOU FILED A FEDERAL EXTENSION? Check this box if you have filed an Automatic Federal Extension Form 4868. (See Instructions)

PERSONAL 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/ <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 from Line 7A <input type="checkbox"/> X \$20 = _____ 00 Multiply number of dependents from Line 7B <input type="checkbox"/> X \$20 = _____ 00 Multiply number of developmentally disabled individuals from Line 7C <input type="checkbox"/> X \$500 = _____ 00	7D. TOTAL PERSONAL CREDITS: (Add Lines 7A, 7B and 7C. Enter total here and on Line 43) 7D _____ 00
	7B. First name(s) of dependents: (Do not list yourself or spouse)		
	7C. First name of developmentally disabled Individual(s): (See Instr.)		

ROUND ALL INCOME FIGURES TO WHOLE DOLLARS		A Your/Total Income	B Spouse Income Status 4 Only	C Arkansas Income Only
8. Wages, salaries, tips, etc.:	8	00	00	00
9A. U. S. military compensation pay: (Your/joint gross amt.)	00 Less \$6,000 9A	00		00
9B. U. S. military compensation pay: (Spouse gross amt.)	00 Less \$6,000 9B		00	00
10. Minister's income: Gross \$ _____ Less rental value \$ _____	10	00	00	00
11. Interest income: (If over \$400.00, attach page AR4)	11	00	00	00
12. Dividend income: (If over \$400.00, attach page AR4)	12	00	00	00
13. Alimony and separate maintenance received:	13	00	00	00
14. Business or professional income: (Attach Federal Schedule C or C-EZ)	14	00	00	00
15. Capital gains/losses from stocks, bonds, etc.: (See Instr. Attach Federal Schedule D)	15	00	00	00
16. Other gains or (losses): (Attach Federal Form 4797)	16	00	00	00
17. IRA distributions and fully taxable annuities:	17	00	00	00
18A. Employer pension plan/Qualified IRA: (Your/Joint gross amt.)	00 Less \$6,000 18A	00		00
18B. Employer pension plan/Qualified IRA: (Spouse gross amt.)	00 Less \$6,000 18B		00	00
DO NOT ADJUST LINES 18A AND 18B FOR COST RECOVERY (See Instructions)				
19. Rents, royalties, partnerships, estates, trusts, etc.: (Attach Federal Schedule E)	19	00	00	00
20. Farm Income: (Attach Federal Schedule F)	20	00	00	00
21. Other income: (List type and amount. See Instructions)	21	00	00	00
22. TOTAL INCOME: (Add Lines 8 through 21)	22	00	00	00
23. Payments to <input type="checkbox"/> IRA and <input type="checkbox"/> MSA: (See Instructions for limitations)	23	00	00	00
24. Deduction for interest paid on student loans: (See Instructions)	24	00	00	00
25. Contributions to Intergenerational Trust: (See Instructions)	25	00	00	00
26. Moving expenses: (Attach Federal Form 3903 or 3903F)	26	00	00	00
27. Self-employed health insurance deduction: (See Instructions for limitation)	27	00	00	00
28. KEOGH and Self-employed SEP and Simple Plans:	28	00	00	00
29. Forfeited interest penalty for premature withdrawal:	29	00	00	00
30. Alimony/separate maintenance paid to: Name: _____ SSN: _____	30	00	00	00
31. Border city exemption: (Attach Form AR - TX)	31	00	00	00
32. Support for permanently disabled child: (Attach Form AR1000DC)	32	00	00	00
33. TOTAL ADJUSTMENTS: (Add Lines 23 through 32)	33	00	00	00
34. ADJUSTED GROSS INCOME: (Subtract Line 33 from Line 22)	34	00	00	00

INCOME Attach W-2s/1099s here / Place check on W-2s/1099s

ADJUSTMENTS

TAX COMPUTATION	A YOUR INCOME		B SPOUSE INCOME STATUS 4 ONLY	
35. ADJUSTED GROSS INCOME: (From Line 34, Columns A and B, Page NR1)	35	00	35	00
36. Select tax table: (Check the appropriate box)				
<input type="checkbox"/> LOW INCOME Table 1 <input type="checkbox"/> REGULAR Table 2 If you qualify for the Low Income Tax Table, enter zero (0) on Line 36A. If not, then: Enter the larger of your: <ul style="list-style-type: none"> <input type="checkbox"/> Itemized Deductions (See itemized deduction Schedule, Line 28) OR <input type="checkbox"/> Standard Deduction (See Standard Deduction instructions, Line 36) 	36	00	36	00
37. NET TAXABLE INCOME: (Subtract Line 36 from Line 35)	37	00	37	00
38. Tax: (Enter tax from tax table)	38	00	38	00
39. Combined tax: (Add amounts from Lines 38A and 38B and enter here)	39		39	00
40. Enter tax from Lump Sum Distribution Averaging Schedule: (Attach AR1000TD)	40		40	00
41. IRA and qualified plan withdrawal and overpayment penalties: (Attach Federal Form 5329, if required)	41		41	00
42. TOTAL TAX: (Add Lines 39 through 41)	42		42	00

TAX CREDITS				
43. Personal Tax credit: (Enter total from Line 7D, page NR1)	43	00		
44. Working Taxpayer credit: (See Instructions. Attach AR1328)	44	00		
45. State Political Contributions credit: (Attach schedule)	45	00		
46. Other State Tax credit: [Attach a copy of other state tax return(s)]	46	00		
47. Child care credit: (Attach Federal Form 2441 or 1040A, Sch. 2, 20% of Federal credit allowed)	47	00		
48. Credit for adoption expenses: (Attach Federal Form 8839, 20% of Federal credit allowed)	48	00		
49. Phenylketonuria Disorder credit: (See Instructions. Attach AR1113)	49	00		
50. Business and Incentive Tax credit: (Attach schedule and certificate)	50	00		
51. TOTAL CREDITS: (Add Lines 43 through 50)	51			00
52. NET TAX: (Subtract Line 51 from Line 42. If Line 51 is greater than Line 42, enter 0)	52			00

PRORATION				
52A. Enter the amount from Line 34, column C:	52A	00		
52B. Enter the total amount from Line 34, columns A and B:	52B	00		
52C. Divide Line 52A by 52B: (See Instructions)	52C			%
52D. APPORTIONED TAX LIABILITY: (Multiply Line 52 by Line 52C)	52D			00

PAYMENTS				
53. Arkansas Income Tax withheld: (Attach State copies of W-2s)	53	00		
54. Estimated tax paid or credit brought forward from last year:	54	00		
55. Payments made with extension: (See Instructions)	55	00		
56. Early childhood program: Certification Number:	56	00		
(Attach Fed. Form 2441 or 1040A, Sch. 2 & Cert. Form AR1000EC, 20% of Fed. credit allowed)				
57. TOTAL PAYMENTS: (Add Lines 53 through 56)	57			00

REFUND OR TAX DUE				
58. AMOUNT OF OVERPAYMENT/REFUND: (If Line 57 is greater than Line 52D, enter difference)	58			00
59. Amount to be applied to 2001 estimated tax:	59	00		
60. Amount to be contributed to the AR Disaster Relief Fund:	60			00
61. Amount to be contributed to the U. S. Olympic Fund:	61			00
62. AMOUNT TO BE REFUNDED TO YOU: (Subtract Lines 59, 60 and 61 from Line 58)	62		REFUND	00
63. AMOUNT DUE: (If Line 57 is less than Line 52D, enter difference; If over \$1,000.00, See Instructions)	63		TAX DUE	00
63A. Attach Form AR2210: Exception 63A ● [] Penalty 63B ● [] 00				
63C. Please attach your check for payment in full and include your Social Security Number and the amount for tax due and/or penalty:	63C		TOTAL DUE	00

64. Source of income not subject to Arkansas tax: (Memorandum only)

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.

Your Signature	Occupation	Date	May the Arkansas Revenue Agency discuss this return with the preparer shown below? <input type="checkbox"/> Yes <input type="checkbox"/> No
Spouse's Signature	Occupation	Date	

PAID PREPARER	FOR DEPARTMENT USE ONLY	
	Paid Preparer's Signature	ID Number/Social Security Number
	Preparer's Name	City/State/Zip
	Address	Telephone Number

Mailing Information	Mail REFUND returns to:	DFA State Income Tax, P. O. Box 1000, Little Rock, AR 72203-1000
	Mail TAX DUE returns to:	DFA State Income Tax, P. O. Box 2144, Little Rock, AR 72203-2144
	Mail NO TAX DUE returns to:	DFA State Income Tax, P. O. Box 8026, Little Rock, AR 72203-8026