

**ARKANSAS INDIVIDUAL INCOME TAX
ITEMIZED DEDUCTION SCHEDULE**

Name	Social Security Number
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MEDICAL AND DENTAL EXPENSES: [Do not include expense(s) paid by others]. (See Instructions)

1. Medical and dental expenses:.....	1	<input type="text"/>	<input type="text" value="00"/>
2. Enter amount from Form AR1000F/AR1000NR, line 24(A) and 24(B):	2	<input type="text"/>	<input type="text" value="00"/>
3A. Multiply line 2 by 10% (.10) if you and your spouse were under 65 at the end of 2016; otherwise enter 0:.....	3A	<input type="text"/>	<input type="text" value="00"/>
3B. Multiply line 2 by 7.5% (.075) if you or your spouse were 65 or over at the end of 2016; otherwise enter 0:....	3B	<input type="text"/>	<input type="text" value="00"/>
4. TOTAL MEDICAL EXPENSES: (Subtract lines 3A and 3B from line 1; if more than line 1, enter 0).....	4	<input type="text"/>	<input type="text" value="00"/>

TAXES: (See Instructions)

5. Real estate tax:	5	<input type="text"/>	<input type="text" value="00"/>
6. Personal property tax or other taxes: (List type and amount)	6	<input type="text"/>	<input type="text" value="00"/>
7. TOTAL TAXES: (Add lines 5 and 6).....	7	<input type="text"/>	<input type="text" value="00"/>

INTEREST EXPENSES: (See Instructions)

8. Home mortgage interest paid to financial institutions:.....	8	<input type="text"/>	<input type="text" value="00"/>
9. Home mortgage interest paid to an individual: Name: _____ Address: _____	9	<input type="text"/>	<input type="text" value="00"/>
10. Deductible points:.....	10	<input type="text"/>	<input type="text" value="00"/>
11. Investment interest: (Attach federal Form 4952)	11	<input type="text"/>	<input type="text" value="00"/>
12. TOTAL INTEREST EXPENSE: (Add lines 8 through 11)	12	<input type="text"/>	<input type="text" value="00"/>

CONTRIBUTIONS: (See Instructions)

13. Cash contributions:.....	13	<input type="text"/>	<input type="text" value="00"/>
14. Art and literary contributions:.....	14	<input type="text"/>	<input type="text" value="00"/>
15. Other:	15	<input type="text"/>	<input type="text" value="00"/>
16. Carryover contributions: (List type and amount)	16	<input type="text"/>	<input type="text" value="00"/>
17. TOTAL CONTRIBUTIONS: (Add lines 13 through 16)	17	<input type="text"/>	<input type="text" value="00"/>

CASUALTY AND THEFT LOSSES: (See Instructions)

18. TOTAL CASUALTY AND THEFT LOSSES: (Attach federal Form 4684)	18	<input type="text"/>	<input type="text" value="00"/>
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POST-SECONDARY EDUCATION TUITION DEDUCTION(S): (See Instructions)

19. TOTAL POST-SECONDARY EDUCATION TUITION DEDUCTION(S): [Attach AR1075(s)]	19	<input type="text"/>	<input type="text" value="00"/>
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MISCELLANEOUS DEDUCTIONS SUBJECT TO 2% AGI LIMIT: (See Instructions)

20. Unreimbursed employee business expenses: (Attach federal Form 2106).....	20	<input type="text"/>	<input type="text" value="00"/>
21. Other expenses: (List type and amount)	21	<input type="text"/>	<input type="text" value="00"/>
22. Add the amounts on lines 20 and 21. Enter the total:	22	<input type="text"/>	<input type="text" value="00"/>
23. Enter amount from Form AR1000F/AR1000NR, line 24(A) and 24(B):	23	<input type="text"/>	<input type="text" value="00"/>
24. Multiply line 23 above by 2% (.02):	24	<input type="text"/>	<input type="text" value="00"/>
25. TOTAL MISCELLANEOUS DEDUCTIONS: (Subtract line 24 from line 22; if line 24 is more than line 22, enter 0)	25	<input type="text"/>	<input type="text" value="00"/>

OTHER MISCELLANEOUS DEDUCTIONS: (See Instructions)

26. Volunteer firefighter expenses:.....	26	<input type="text"/>	<input type="text" value="00"/>
27. Other miscellaneous deductions: (List type and amount)	27	<input type="text"/>	<input type="text" value="00"/>
28. TOTAL MISCELLANEOUS DEDUCTIONS NOT SUBJECT TO THE 2% AGI LIMITATION: (Add lines 26 and 27)	28	<input type="text"/>	<input type="text" value="00"/>

TOTAL ITEMIZED DEDUCTIONS:

29. Add amounts on Lines 4, 7, 12, 17, 18, 19, 25, and 28 and enter the total here:.....	29	<input type="text"/>	<input type="text" value="00"/>
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Complete lines 30 - 34 ONLY if Filing Status 4 or 5.

	YOUR		SPOUSE'S	
	Adjusted Gross Income		Adjusted Gross Income	
30. Enter adjusted gross income from Form AR1000F/AR1000NR, line 24, Columns (A) and (B) here:.....	30A	<input type="text"/>	30B	<input type="text"/>
31. Total Arkansas adjusted gross income: (Add columns 30A and 30B from above)	31	<input type="text"/>	31	<input type="text"/>
32. Divide the amount on line 30A above by the amount on line 31. Enter the percentage here:.....	32	<input type="text"/>	32	<input type="text"/>
33. Multiply line 29 by the percentage on line 32. Enter here and on Form AR1000F/AR1000NR, line 25, Col. (A):.....	(YOU) 33	<input type="text"/>	33	<input type="text"/>
34. Subtract line 33 from line 29. Enter here and on Form AR1000F/AR1000NR, line 25, Column (B). If you and your spouse are using Filing Status 5, enter on line 25, Col. (A) of your spouse's return:.....	(SPOUSE) 34	<input type="text"/>	34	<input type="text"/>