2013 AR1000S ARKANSAS INDIVIDUAL INCOME TAX RETURN

S1
CHECK BOX IF
AMENDED RETURN

Fu	full Year Resident/Short Form								Dept. Use Only		AMEND <u>ED R</u> ETURN		
Jan	. 1 -	Dec. 31, 2013 or fiscal year ending	_ , 20 _	•					•			•	
E	PRI	IMARY NAME MI LAST NAME							PRIMARY SOC	AL SI	ECURIT	Y NUMBER	
PRINT	F MI LAST NAME												
7, E	•	0		SPOUSE'S SO	CIAL S	SECURIT	TY NUMBER						
USE LABEL, OR TYP	MAILING ADDRESS (Number and Street, P.O. Box or Rural Route)												
0	City, State and zip code												
ns	•	CTITY, STATE AND ZIP CODE Check this box if you have filed a state extension or an automatic federal extension											
<u>ა</u> გ	1.	SINGLE (Or widowed before 2013 or div	orced a	at end o	f 2013)	4. ● MARR	IED FILII	NG SE	PARATELY	ON	THE S	SAME RETU	JRN
탏	2	2. • MARRIED FILING JOINT (Even if only one had income) 5. IF FILING STATUS 5, USE AR1000F/AR1000NR - LONG FORM											
											O7 ()		
S S	3. €	HEAD OF HOUSEHOLD (See Instruction If the qualifying person is your child but n		r depen	dent.						nuent	Crilia	
If the qualifying person is your child but not your dependent, enter child's name here:													
	7A.	. YOURSELF ● 65 or OVER ● 65	SPEC	IAL •	BLIND	● DEAF	Пн	EAD O	F HOUSEH	OLE)/ QUA	LIFYING W	/IDOW(ER)
ည		7A. YOURSELF ● 65 or OVER ● 65 SPECIAL ● BLIND ● DEAF HEAD OF HOUSEHOLD/ QUALIFYING WIDOW(ER) (Filing Status 3 Only) (Filing Status 6 Only) SPOUSE ● 65 or OVER ● 65 SPECIAL ● BLIND ● DEAF											
CREDITS	 7B.	Dependents (Do not list yourself or spouse)		,,, <u>, , , , , , , , , , , , , , , , , </u>		Itiply number of	boxes ch	necked	from 7A	\mathbb{T}_{X}	\$26=		00
		irst Name Last Name			Depender	nt's Social Sec	urity Nur	mber	Dependent	's re	lation	ship to you	ı .
TAX	1.												
	2.												
SON	3.												
PERSONAL	H	Multiple growth and fide and doubt from 7D								٦ ٧	\$26 =		
"		 Multiply number of dependents from 7B TOTAL PERSONAL TAX CREDITS: (Ac 								_	· ·		00
	-	ROUND ALL AMOUNTS					OH LINE		Your/Joint		, 0	(B) Spouse's	Income
۱	_					_	ا . ا	(~)	Income	Inn	l 1	(B) Status	4 Oy
INCOME	8.									00	1 1		00
N S		Interest income/dividend income: (If interest or div Miscellaneous income: (List type and amount								00	1 · · · F		00
		TOTAL INCOME: (Add Lines 8 through 10)					г			00	1		00
z		Select tax table: • LOW INCOME Table						for the	I ow Income			ter zero (0)	1
NS Y		Standard Deduction: (See Instructions)								00	1 г	(0)	00
ĮŽĘ	l 13.	Taxable Income: (Subtract Line 12 from Line								00	13		00
COL		Enter tax from table:								00	14		00
-₹	15.	TOTAL TAX: (Add Lines 14A and 14B)									. 15 ●		00
TS	16.	Personal Tax Credits: (Enter total from Line 7	C)				16●			00			
ED	17.	Child Care Credit: (20% of federal credit allowed, a	tach fe	deral Fo	m 2441)		17●			00			
 	18. TOTAL CREDITS: (Add Lines 16 and 17)										. 18●		00
TAX	_	NET TAX: (Subtract Line 18 from Line 15. I)				. 19 ●		00
		. Arkansas Income Tax withheld: [Attach state					20•			00			
Z I		. AMENDED RETURNS ONLY - Previous payr					-			00			
PAYMENTS		22. Early Childhood Program: Cert. # (Attach form. See inst.)								00			
₽¥	23. TOTAL PAYMENTS: (Add Lines 20 through 22)									00	امروا		Inc
		Adjusted Total Payments (Subtract Line 24 fro	•								. 24		00
	-	AMOUNT OF OVERPAYMENT/REFUND									$\overline{}$		00
		Amount of Check-off Contributions: (Attach So								00			100
REFUND OR TAX DUE		AMOUNT TO BE REFUNDED TO YOU:					_		DEEL		۰ .		00
	20.	DIRECT DEPOSIT? If you want your refu								ND	200		100
ZEF TA		complete Form A							available fo	r am	ended	I returns)	
	29.	AMOUNT DUE: (If Line 25 is less than Line			-								00
		Attach Form AR1000V to your check or money order										ard, see inst.	100
ш		EASE SIGN HERE: Under penalties of perjury, I de ge and belief, they are true, correct and complete.											
ERE ERE		ur Signature			(50	Occupation	,		ate			e Number:	,
A S											.,	•	_
_ 22	Sp	ouse's Signature				Occupation			ate			ne Arkansas f by discuss this	
~	Pai	d Preparer's Signature				ID Number/Soc	cial Secu	ıritv Nıı	mber		. ~	e prepare <u>r of</u>	
RE L	Ĺ	d Preparer's Signature parer's Name:				•						Yes	No
PA	Pre	parer's Name:			City/State	e/Zip:					For	Department	Use Only
1 4		dress:			ITolophon	e Number					I A	1	•

Part 1 **INTEREST INCOME** Part 2 **DIVIDEND INCOME** Interest on bank deposits, notes, mortgages from indi-Dividends and other distributions on stock are fully viduals, corporation bonds, savings and loan deposits, taxable. There is no dividend exclusion applicable to and credit union deposits are taxable. Interest on obliga-Arkansas. tions of other states and subdivisions is fully taxable. List below the names of the dividend sources and designate ownership by writing Y (Yours), S (Spouse's) or List below the names of the interest sources and designate ownership by writing Y (Yours), S (Spouse's) or J J (Joint). (Joint). Y S J Y S J NAME OF PAYER **AMOUNT** NAME OF PAYER **AMOUNT** 00 00 00 00 00 00 00 00 00 00 00 00 00 00 00 00 00 Total Dividend Income: Enter here and on Line 9. 00 Total Interest Income: Enter here and on Line 9...

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