2012 AR1000F ARKANSAS INDIVIDUAL INCOME TAX RETURN

Fu	COME TAX RETURN					Dept. Use Only			K BOX IF		
	1 - Dec. 31, 2012 or fiscal year ending PRIMARY NAME	, ,	20 LAST N			•			SECURITY NUMB		
		•					•				
		MI	LAST N				_				
EL 0	SPOUSE NAME				SECURITY NUMI	DED					
LABEL (MAILING ADDRESS (Number and Street, P.O. Box or Rural Route)							CIAL	SECORITY NOM	JEK	
USE											
	CITY, STATE AND ZIP CODE								t: You MUST SSN(s) abov	/e	
So So	1.• SINGLE (Or widowed before 2012 or	divorced	at end of	2012)	4.●	RRIED FILIN	IG SEPARATELY O	N TH	HE SAME RETURI	N	
ATU	2.• MARRIED FILING JOINT (Even if only one had income) 5.• MARRIED FILING						IG SEPARATELY O	SEPARATELY ON DIFFERENT RETURNS			
G ST	3.• HEAD OF HOUSEHOLD (See Instructions)						name here and SSN	me here and SSN above			
FILING STATUS Check Only One Box	If the qualifying person was your child, but not your dependent, enter child's name here:							DOW(ER) with dependent child			
	HAVE YOU FILED AN EX	TENSI	ON?	>	Ch	eck this bo	ox if you have fil tic federal exte	led a		on	
	7A. YOURSELF • 65 or OVER •	65 SPE	ECIAL •	BLIN		AF HE	AD OF HOUSEHOI (Filing Status 3 Only)	_D/Q		W(ER)	
	SPOUSE • 65 or OVER •			BLIN			(Thing Status 3 Only)		(Timing Status & Only)		
		_		 Multipl [,]	y number of boxe	es checked fro	m 7A X \$2	23 =		00	
	7B. Dependents (Do not list yourself or spou										
DITS	First Name Las	st Name		Depende	nt's Social Sec	urity Number	r Depender	nt's r	elationship to you		
TAX CREDITS	1.										
IAX	2.										
IAL	3.						_				
PERSONAL	4.										
PE	5.										
	70. First same of individual(a) with development	al diachilit			y number of dep	endents from 7	′B ● X \$.	23 =		00	
	7C. First name of individual(s) with developmental disability: (See Instructions)							500 =		00	
	Multiply number of individuals with developmental disabilities from 70							500 -		-	
	7D. TOTAL PERSONAL TAX CREDITS:	(Add Line	s 7A, 7B,	and 7C.	Enter total here	e and on Line	ə 32)	.7D		00	
s)	ROUND ALL AMO	UNTS T	о жно		ARS		(A) Your/Joint Income		(B) Spouse's Inco Status 4 Only		
i)660	8. Wages, salaries, tips, etc: (Attach W-2s)					8	•	00		00	
(s)/1	9A. U.S. Military compensation: (Your/joint gr					Less 9A \$9,000	•	00			
W-2	9B. U.S. Military compensation: (Spouse's gr				0	0 \$9,000 9B			•	00	
p of	10. Interest income: (If over \$1,500, attach AF	R4)	·····				•	00		00	
n to	11. Dividend income: (If over \$1,500, attach A						•	00		00	
o S	12. Alimony and separate maintenance receiv						•	00		00	
che	13. Business or professional income: (Attach						•	00		00	
CON	 Capital gains/(losses) from stocks, bonds, Other gains or (losses): (Attach federal Formattion) 							00		00	
/ Att	16. Non-Qualified IRA distributions and taxabl						•	00	1	00	
aere	17A.Your/Joint Employer pension plan(s)/Qual				s - Attach All 10	099Rs)		1			
(s)			able Am			Less 00\$6,00017A	•	00			
660	17B.Spouse's Employer pension plan(s)/Qualit)nlv)						
;(s)/			able Ame			Less 00\$6,00017E	3		•	00	
-N	18. Rents, royalties, partnerships, estates, tru						•	00		00	
tach	19. Farm income: (Attach federal Schedule F)						•	00	1	00	
Ą	 Other income/depreciation differences: (L. TOTAL INCOME: (Add Lines 8 through) 						•	00		00	
		_ • /							1		

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NTS				(A) Your/Joint Income		(B) Spouse's Income Status 4 Only		
ADJUSTMENTS	22.	TOTAL INCOME: (From Line 21, Columns A and B)			0	00		
-SN	23.	TOTAL ADJUSTMENTS: (Attach Form AR1000ADJ)			0	00		
Ą	24.	ADJUSTED GROSS INCOME: (Subtract Line 23 from Line 22)		0	0	00		
	25.	Select tax table: (Check the appropriate box)	le					
		If you qualify for the Low Income Tax Table, enter zero (0) on Line 25A.	If not, then:					
COMPUTATION		Enter the larger OR						
12		of your: J Standard Deduction (See Instructions, Line 25)	25 •) (0	00		
No	26.	NET TAXABLE INCOME: (Subtract Line 25 from Line 24)		0	0	00		
TAX C	27.	TAX: (Enter tax from tax table)	27	0	0	00		
12	28.	Combined tax: (Add amounts from Lines 27A and 27B)			. 28	00		
	29.	Enter tax from Lump Sum Distribution Averaging Schedule: (Attach AR10	000TD)		. 29	00		
	30.	IRA and qualified plan withdrawal and overpayment penalties: (Attach fe	deral Form 5329, if re	equired)	. 30 🖷	00		
		TOTAL TAX: (Add Lines 28 through 30)			. 31	00		
s		Personal Tax Credit(s): (Enter total from Line 7D)			0			
CREDITS		Child Care Credit: (20% of federal credit allowed; Attach federal Form 2441)			0			
CRE	34.	Other Credits: (Attach AR1000TC)		0	0			
TAX	35.	TOTAL CREDITS: (Add Lines 32 through 34)			. 35 🛛	00		
	36.	NET TAX: (Subtract Line 35 from Line 31. If Line 35 is greater than Lin	e 31, enter 0)		. 36	00		
	37.	Arkansas income tax withheld: [Attach state copies of W-2 and/or 1099R	R Form(s)] 37 •		0			
		Estimated tax paid or credit brought forward from 2011:			00			
	39.	Payment made with extension: (See Instructions)		·	0			
NTS		AMENDED RETURNS ONLY - Previous payments (see instructions):		0	00			
PAYMENT	41.	Early childhood program: Certification Number:						
PAV		(20% of federal credit; Attach federal Form 2441 and Form AR1000EC)	41 •		0			
	42.	TOTAL PAYMENTS: (Add Lines 37 through 41)			. 42	00		
	43.	AMENDED RETURNS ONLY - Previous refund (see instructions)			. 43	00		
	44.	Adjusted Total Payments (Subtract Line 43 from Line 42)			. 44 🖷	00		
		AMOUNT OF OVERPAYMENT/REFUND: (If Line 44 is greater than			. 45 •	00		
OR TAX DUE		Amount to be applied to 2013 estimated tax:			0			
XX		Amount of Check-off Contributions: (Attach Schedule AR1000-CO)			0			
RI		AMOUNT TO BE REFUNDED TO YOU: (Subtract Lines 46 and 47 fr						
FUND 0		AMOUNT DUE: (If Line 44 is less than Line 36, enter difference; If over				00		
		.UEP: Attach Form AR2210 or AR2210A. If required, enter exception in bo			00			
	50C	Add Lines 49 and 50B. Attach Form AR1000V to check or money order						
		and Administration". Include your SSN on payment. To pay by credit car						
	51.	Amount of income not subject to Arkansas tax from AR4, Part III: (Memo FOR MAILING ADDRESSES SEE PAGE 2 OF INSTRUCTIONS		May the Arkansas Revenue Agency discuss this return with the preparer shown below?				
	DI							
	an tha	LEASE SIGN HERE: Under penalties of perjury, I declare t d statements, and to the best of my knowledge and belief, they an taxpayer) is based on all information of which preparer has a	are true. correct a	ed this return and a and complete. Decla	accon aratio	npanying schedules n of preparer (other		
EASE N HEI	Υοι	ur Signature	Occupation	Date	H	lome Telephone:		
PLE		CICN LEDEI						
	Spo	ouse's Signature	Occupation	Date	V	Vork Telephone:		
	Pai	id Preparer's Signature	D Number/Social Se	curity Number		For Department Use Only		
R	Pre	eparer's Name	City/State/Zip		/	A		
PAID PREPARER								
	Ad	dress	Telephone Number					