

Full Year Resident

Jan. 1 - Dec. 31, 2012 or fiscal year ending _____, 20____ •

Dept. Use Only**CHECK BOX IF
AMENDED RETURN**Page AR1 (R 10/4/12)

ADJUSTMENTS		(A) Your/Joint Income	(B) Spouse's Income Status 4 Only
	22. TOTAL INCOME: (From Line 21, Columns A and B).....	22	00
	23. TOTAL ADJUSTMENTS: (Attach Form AR1000ADJ).....	23	00
	24. ADJUSTED GROSS INCOME: (Subtract Line 23 from Line 22).....	24	00
TAX COMPUTATION	25. Select tax table: (Check the appropriate box) <input type="checkbox"/> LOW INCOME Table <input type="checkbox"/> REGULAR Table If you qualify for the Low Income Tax Table, enter zero (0) on Line 25A. If not, then: Enter the larger of your: <input type="checkbox"/> Itemized Deductions (See Instructions, Line 25) OR <input type="checkbox"/> Standard Deduction (See Instructions, Line 25) 25		
	26. NET TAXABLE INCOME: (Subtract Line 25 from Line 24)	26	00
	27. TAX: (Enter tax from tax table).....	27	00
	28. Combined tax: (Add amounts from Lines 27A and 27B)	28	00
	29. Enter tax from Lump Sum Distribution Averaging Schedule: (Attach AR1000TD)	29	00
	30. IRA and qualified plan withdrawal and overpayment penalties: (Attach federal Form 5329, if required)	30	00
	31. TOTAL TAX: (Add Lines 28 through 30).....	31	00
TAX CREDITS	32. Personal Tax Credit(s): (Enter total from Line 7D)..... 32		
	33. Child Care Credit: (20% of federal credit allowed; Attach federal Form 2441)	33	00
	34. Other Credits: (Attach AR1000TC)	34	00
	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 Line 31, enter 0)	36	00
PAYMENTS	37. Arkansas income tax withheld: [Attach state copies of W-2 and/or 1099R Form(s)]..... 37		
	38. Estimated tax paid or credit brought forward from 2011:.....	38	00
	39. Payment made with extension: (See Instructions)	39	00
	40. AMENDED RETURNS ONLY - Previous payments (see instructions):	40	00
	41. Early childhood program: Certification Number: _____ (20% of federal credit; Attach federal Form 2441 and Form AR1000EC)	41	00
	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
	45. AMOUNT OF OVERPAYMENT/REFUND: (If Line 44 is greater than Line 36, enter difference).....	45	00
	46. Amount to be applied to 2013 estimated tax:	46	00
	47. Amount of Check-off Contributions: (Attach Schedule AR1000-CO).....	47	00
	48. AMOUNT TO BE REFUNDED TO YOU: (Subtract Lines 46 and 47 from Line 45).....	48	00
	49. AMOUNT DUE: (If Line 44 is less than Line 36, enter difference; If over \$1,000, See Instructions)	49	00
	50A. UEP: Attach Form AR2210 or AR2210A. If required, enter exception in box 50A <input type="checkbox"/> Penalty 50B <input type="checkbox"/>	50A	00
	50C. Add Lines 49 and 50B. Attach Form AR1000V to check or money order payable in U.S. Dollars to "Dept. of Finance and Administration". Include your SSN on payment. To pay by credit card, see instructions.....	50C	00
	51. Amount of income not subject to Arkansas tax from AR4, Part III: (Memorandum only)	May the Arkansas Revenue Agency discuss this return with the preparer shown below? <input type="checkbox"/> Yes <input type="checkbox"/> No	
FOR MAILING ADDRESSES SEE PAGE 2 OF INSTRUCTIONS			
PLEASE SIGN HERE	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
	Spouse's Signature	Occupation	Date
	Home Telephone:		Work Telephone:
PAID PREPARER	Paid Preparer's Signature Preparer's Name Address		ID Number/Social Security Number City/State/Zip Telephone Number
			For Department Use Only A •