### STATE OF ARKANSAS

# Estimated Tax Declaration Vouchers and Instructions for Tax Year 2017

## WHO MUST FILE A DECLARATION OF ESTIMATED TAX (Voucher 1)

Every taxpayer subject to the Income Tax Act of 1987, as amended, must file with the Department of Finance and Administration a Declaration of Estimated Tax (Voucher 1) for the income year if the taxpayer can reasonably expect their estimated tax to be more than one thousand dollars (\$1,000).

**Exception:** Individuals whose income from farming for the income year can reasonably be expected to amount to at least two thirds (2/3) of the total gross income from all sources for the income year may file a declaration and pay the estimated tax on or before the fifteenth (15<sup>th</sup>) day of the second (2<sup>nd</sup>) month after the close of the income year. Instead of filing a declaration, you may file an income tax return and pay the full amount of tax on or before the fifteenth (15<sup>th</sup>) day of the third (3<sup>rd</sup>) month after the close of the income year.

### WHEN TO FILE YOUR DECLARATION OF ESTIMATED TAX (Voucher 1)

- Calendar year 2017 filers must file their Declaration of Estimated Tax on or before April 15 of the income year.
- 2. Fiscal year filers must file their Declaration of Estimated Tax on or before the fifteenth (15th) day of the fourth (4th) month of the income year with the subsequent payments being made on a quarterly installment basis.

#### **IMPORTANT NOTICE**

If the due date of a voucher falls on a Saturday, Sunday, or legal holiday, the payment will be considered timely filed if it is postmarked on the next succeeding business day.

### WHERE TO FILE YOUR DECLARATION OF ESTIMATED TAX (Voucher 1)

Mail your Declaration of Estimated Tax (Voucher 1) and subsequent payments **(with vouchers)** to the following address:

Department of Finance and Administration Income Tax Section P.O. Box 9941 Little Rock, AR 72203-9941

Make checks or money orders payable to Department of Finance and Administration. Write your Social Security Number on check or money order.

#### **UNDERESTIMATE OF TAX**

A taxpayer who makes a Declaration of Estimated Tax for the income year must estimate an amount not less than ninety percent (90%) of the amount actually due. If a taxpayer fails to make a Declaration of Estimated Tax and pay on the quarterly due date the equivalent of at least ninety percent (90%) of the amount actually due, a penalty of ten percent (10%) per annum shall be added to the amount of the underestimate. The ten percent (10%) per annum penalty will be assessed on a quarterly basis. A taxpayer who has uneven income may compute the ten percent (10%) penalty on an annualized basis. The Underestimate Penalty is computed on the lesser of the current year's tax liability or the previous year's tax liability.

### EXTENSION PAYMENT - Due April 15th, 2018

Included with Vouchers 1 through 4 is Voucher 5 for making your payment with an extension (if needed) for tax year 2017. A payment made with Voucher 5 will not be included as an estimated payment for calculating Underestimate Penalty. Voucher 5 and payment must be attached to a copy of a Federal Extension Form 4868 or Arkansas Extension Form 1055.

### HOW TO COMPLETE DECLARATION AND VOUCHERS

- Fill out the Estimated Tax Worksheet to figure your estimated tax for 2017. You must make an actual estimate of your income, deductions, and credits for 2017. Consider all available facts that will affect items during the year. It may be helpful to use last year's income and deductions as a starting point, making adjustments for 2017.
- Enter one-fourth (1/4) of Line 8 of the worksheet on "Amount of This Payment" space of voucher. Round payment to nearest whole dollar. (Example: payment of \$793.74 should be entered on voucher as \$794.00.)
- If previously requested on AR1000F/AR1000NR, the overpayment from 2016 will be credited to your estimated tax for 2017. The overpayment will be credited to the primary Social Security Number on Form AR1000F/AR1000NR.
- Attach to the voucher your check or money order payable to the Department of Finance and Administration.

Be sure to write your Social Security Number on your check or money order.

#### If further instructions are needed, you may:

- 1. Call us at (501) 682-1100, or
- Come by our office, Room 2300, Joel Y. Ledbetter Building, 7<sup>th</sup> and Wolfe, Little Rock, AR, or
- 3. Write us at P.O. Box 3628, Little Rock, AR 72203-3628.

20	17 ESTIMATED TAX V	VORKSHEET (FOR YO	OUR RECORDS ONLY)	PRIMARY	SPOUSE
1.	Enter Adjusted Gross Income e	xpected in 2017		1 10	0 00
2.			those deductions. If you do not		
			2,200 per taxpayer	2	0 00
3.					0 00
4.			schedule on following page.)		0 00
5.					00
6.	Tax Credits (See below for amo	ount of each credit.)		6	00
7.	Estimated amount of income ta	x to be withheld during 2017 from	m salaries, wages, commissions, etc.	7	00
8.	Estimated Tax (Subtract Lines 6	and 7 from Line 5)	-	8	00
	If \$1,000 or more, file the I	Declaration Voucher.			
	If less than \$1,000 no Dec	laration Voucher is required.			
	If you first become liable to Enter on voucher one	o file a declaration on April 15, 2 e-fourth (1/4) of Line 8. <i>(Make fo</i>	017: ur (4) installments.)		
		o file a declaration on June 15, 2 e-third (1/3) of Line 8. (Make thre			
		o file a declaration on Septembe e-half (1/2) of Line 8. <i>(Make two</i>			
		o file a declaration on January 1 o voucher. <i>(Line 8 must be paid i</i>			
TA	X CREDITS				
1	Cingle or Married Filing Congret	ra Farma		<b>#26</b>	
1.	0 ,			⊅∠0	
2.	Married Filing Joint Return, Hea			<b>650</b>	
2	•	• , ,	hild		
3.	·				
4. 5.		•			
pos		= : = =	, or legal holiday, the payment n is not a Saturday, Sunday, or I		timely filed if it is
	Vou must cut alor		the processing of your pa	ayment will be o	delayed. 🖞
	R1000ES		E of ARKANSAS r Individuals (Declarat	ion) 2017	,
	(R 8/26/2016)		<mark>r Individuals (Declarat</mark> <sub>endar</sub> Year 2017 or	,	.m
Soft	ware ID	Fiscal Year E		Vouche	; <sup>;</sup>
		riscai real L	(MM/DD/YYYY)	1	'
	Your Social Security Number	Spouse's Social Security (if applicable)	Number Due Date		
			04/15/2017		
	Primary Name				
	Primary Name Spouse Name		Amou	ınt	
			Amou of thi		

Include Cents (ex. 1,234,567.00)

Telephone #

### TAX RATE SCHEDULE

If your **NET TAXABLE INCOME** is less than \$4,300, your tax is nine tenths of one percent (.9%) of your net taxable income. [**Example**: If your net taxable income is \$2,750, your tax is nine tenths of one percent (.9%) of that amount (\$25).]

IF YOUR NET TAXABLE INCOME IS:	BUT NOT MORE THAN:	YOUR TAX IS:	PLUS %	OF THE EXCESS OVER:	IF YOUR NET TAXABLE INCOME IS:	BUT NOT MORE THAN:	YOUR TAX IS:	PLUS %	OF THE EXCESS OVER:
\$ 4,300.00	\$ 8,499.99	\$ 39.00	2.4	\$ 4,299.99	\$ 68,000.00	\$ 68,999.99	\$ 3,346.00	6.0	\$ 67,999.99
8,500.00	12,799.99	140.00	3.4	8,499.99	69,000.00	69,999.99	3,406.00	6.0	68,999.99
12,800.00	21,299.99	286.00	4.4	12,799.99	70,000.00	70,999.99	3,466.00	6.0	69,999.99
21,300.00	23,999.99	681.00	5.0	21,299.99	71,000.00	71,999.99	3,526.00	6.0	70,999.99
24,000.00	24,999.99	816.00	5.0	23,999.99	72,000.00	72,999.99	3,586.00	6.0	71,999.99
25,000.00	25,999.99	866.00	5.0	24,999.99	73,000.00	73,999.99	3,646.00	6.0	72,999.99
26,000.00	26,999.99	916.00	5.0	25,999.99	74,000.00	75,000.99	3,706.00	6.0	73,999.99
27,000.00	27,999.99	966.00	5.0	26,999.99	75,001.00	76,000.99	3,823.00	6.9	75,000.99
28,000.00	28,999.99	1,016.00	5.0	27,999.99	76,001.00	77,000.99	3,992.00	6.9	76,000.99
29,000.00	29,999.99	1,066.00	5.0	28,999.99	77,001.00	78,000.99	4,161.00	6.9	77,000.99
30,000.00	30,999.99	1,116.00	5.0	29,999.99	78,001.00	79,000.99	4,330.00	6.9	78,000.99
31,000.00	31,999.99	1,166.00	5.0	30,999.99	79,001.00	80,000.99	4,499.00	6.9	79,000.99
32,000.00	32,999.99	1,216.00	5.0	31,999.99	80,001.00	81,000.99	4,608.00	6.9	80,000.99
33,000.00	33,999.99	1,266.00	5.0	32,999.99	81,001.00	82,000.99	4,677.00	6.9	81,000.99
34,000.00	34,999.99	1,316.00	5.0	33,999.99	82,001.00	83,000.99	4,746.00	6.9	82,000.99
35,000.00	35,099.99	1,366.00	5.0	34,999.99	83,001.00	84,000.99	4,815.00	6.9	83,000.99
35,100.00	49,999.99	1,372.00	6.0	35,099.99	84,001.00	85,000.99	4,884.00	6.9	84,000.99
50,000.00	67,999.99	2,266.00	6.0	49,999.99	85,001.00	AND OVER	4,953.00	6.9	85,000.99

RECORD	VOUCHER	1	2	3	4	TOTAL
ESTIMATED	DATE					
TAX	AMOUNT					
PAYMENT	OVERPAYMENT					
HERE	TOTAL DUE					
HEKE	DATE PAID					

AR1000ES Tax Table (R 9/16/16)

NOTE: Please cut each voucher as straight as possible along the dotted line.

igsplay You must cut along the dotted line or the processing of your payment will be delayed. igsplay

AR1000ES (R 8/26/2016)	STATE of ARKA  Estimated Tax for		2017	
Software ID	Calendar Year 2 Fiscal Year Ending (MI	017 or M/DD/YYYY)	Voucher 2	
Your Social Security Number	Spouse's Social Security Number (if applicable)	Due Date 06/15/2017		
Primary Name  Spouse Name  Address		Amount of this Payment	\$	
Telephone #			Include Cents (ex. 1,234,567.00)	
Spouse Name Address City, State, Zip			Include Cents	

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NOTE: Please cut each voucher as straight as possible along the dotted line.

igspace You must cut along the dotted line or the processing of your payment will be delayed. igspace

AR1000ES (R 8/26/2016)	STATE of ARK Estimated Tax for		2017
Software ID	Calendar Year 2 Fiscal Year Ending (MI	017 or M/DD/YYYY)	Voucher 3
Your Social Security Number	Spouse's Social Security Number (if applicable)	Due Date <b>09/15/2017</b>	
Primary Name Spouse Name		Amount	
Address  City, State, Zip		of this \$	
Telephone #			Include Cents (ex. 1,234,567.00)

NOTE: Please cut each voucher as straight as possible along the dotted line.

igspace You must cut along the dotted line or the processing of your payment will be delayed. igspace

AR1000 (R 8/26/2016)		STATE of ARKA		luals		2017	
Software ID		Calendar Year 2017 or Fiscal Year Ending(MM/DD/YYYY)			Voucher 4		□
Your	Social Security Number	Spouse's Social Security Number (if applicable)	Due Date				
			01/1	5/2018			
Primary Name	е						
Spouse Name	9			A t			
Address				Amount of this	\$		
City, State, Zi	p			Payment		Include Cents	
Telephone #						(ex. 1,234,567.00)	

NOTE: Please cut each voucher as straight as possible along the dotted line.

igspace You must cut along the dotted line or the processing of your payment will be delayed. igspace

AR1000ES (R 8/26/2016)	STATE of AR Estimated Tax for Individuals		2017 n)
Software ID	Calendar Year Fiscal Year Ending(	- 2017 or 	<b>Voucher</b> 5
Your Social Security No	mber Spouse's Social Security Number (if applicable)	Due Date	
		04/15/2018	
Primary Name			
Spouse Name		Amount	
Address		of this \$	
City, State, Zip		Payment	Include Cents
Telephone #			(ex. 1,234,567.00)