

2012 AR1000S

ARKANSAS INDIVIDUAL
INCOME TAX RETURN

Full Year Resident/Short Form

S1

CHECK BOX IF
AMENDED RETURN

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

Dept. Use Only

USE LABEL, PRINT OR TYPE	PRIMARY NAME		MI	LAST NAME	PRIMARY SOCIAL SECURITY NUMBER	
	SPOUSE NAME		MI	LAST NAME	SPOUSE'S SOCIAL SECURITY NUMBER	
	MAILING ADDRESS (Number and Street, P.O. Box or Rural Route)					<input type="checkbox"/> Check this box if you have filed a state extension or an automatic federal extension <input type="checkbox"/> HAVE YOU FILED AN EXTENSION?
	CITY, STATE AND ZIP CODE					
FILING STATUS Check only 1 box	1. <input type="checkbox"/> SINGLE (Or widowed before 2012 or divorced at end of 2012) 2. <input type="checkbox"/> MARRIED FILING JOINT (Even if only one had income) 3. <input type="checkbox"/> HEAD OF HOUSEHOLD (See Instructions) If the qualifying person is your child but not your dependent, enter child's name here: _____				4. <input type="checkbox"/> MARRIED FILING SEPARATELY ON THE SAME RETURN 5. IF FILING STATUS 5, USE AR1000F/AR1000NR - LONG FORM 6. <input type="checkbox"/> QUALIFYING WIDOW(ER) with dependent child Year spouse died: (See Instructions) _____	
	7A. <input type="checkbox"/> YOURSELF • <input type="checkbox"/> 65 or OVER • <input type="checkbox"/> 65 SPECIAL • <input type="checkbox"/> BLIND • <input type="checkbox"/> DEAF • <input type="checkbox"/> HEAD OF HOUSEHOLD/ QUALIFYING WIDOW(ER) <input type="checkbox"/> SPOUSE • <input type="checkbox"/> 65 or OVER • <input type="checkbox"/> 65 SPECIAL • <input type="checkbox"/> BLIND • <input type="checkbox"/> DEAF (Filing Status 3 Only) (Filing Status 6 Only)					
PERSONAL TAX CREDITS	7B. Dependents (Do not list yourself or spouse) Multiply number of boxes checked from 7A <input type="checkbox"/> X \$23 = _____ 00					
	First Name		Last Name		Dependent's Social Security Number	Dependent's relationship to you
	1.					
	2.					
INCOME	7C. TOTAL PERSONAL TAX CREDITS: (Add Lines 7A and 7B. Enter total here and on Line 16).....7C _____ 00					
	ROUND ALL AMOUNTS TO WHOLE DOLLARS (A) Your/Joint Income (B) Spouse's Income Status 4 Only					
	8. Wages, salaries, tips, etc: (Attach W-2s)..... 8 ●				8 ●	
	9. Interest income/dividend income: (If interest or dividends are over \$1,500, attach page ARS2).... 9 ●				9 ●	
DEDUCTIONS TAX COMPUTATION	10. Miscellaneous income: (List type and amount. See instructions)..... 10 ●				10 ●	
	11. TOTAL INCOME: (Add Lines 8 through 10)..... 11 ●				11 ●	
	12. Select tax table: • <input type="checkbox"/> LOW INCOME Table <input type="checkbox"/> REGULAR Table NOTE: If you qualify for the Low Income Table, enter zero (0) on Line 12 Standard Deduction: (See Instructions)..... 12 ●				12 ●	
	13. Taxable Income: (Subtract Line 12 from Line 11)..... 13 ●				13 ●	
TAX CREDITS	14. Enter tax from table:..... 14				14	
	15. TOTAL TAX: (Add Lines 14A and 14B)..... 15 ●				15 ●	
	16. Personal Tax Credits: (Enter total from Line 7C)..... 16 ●				16 ●	
	17. Child Care Credit: (20% of federal credit allowed, attach federal Form 2441)..... 17 ●				17 ●	
PAYMENTS	18. TOTAL CREDITS: (Add Lines 16 and 17)..... 18 ●				18 ●	
	19. NET TAX: (Subtract Line 18 from Line 15. If Line 18 is greater than Line 15, enter 0)..... 19 ●				19 ●	
	20. Arkansas Income Tax withheld: [Attach state copies of W-2 Form(s)]..... 20 ●				20 ●	
	21. AMENDED RETURNS ONLY - Previous payments (see instructions):..... 21 ●				21 ●	
REFUND OR TAX DUE	22. Early Childhood Program: Cert. # (Attach form. See inst.)..... 22 ●				22 ●	
	23. TOTAL PAYMENTS: (Add Lines 20 through 22)..... 23 ●				23 ●	
	24. AMENDED RETURNS ONLY - Previous refund (see instructions):..... 24 ●				24 ●	
	25. Adjusted Total Payments (Subtract Line 24 from Line 23)..... 25 ●				25 ●	
PLEASE SIGN HERE	26. AMOUNT OF OVERPAYMENT/REFUND: (If Line 25 is greater than Line 19, enter difference)..... 26 ●				26 ●	
	27. Amount of Check-off Contributions: (Attach Schedule AR1000-CO)..... 27 ●				27 ●	
	28. AMOUNT TO BE REFUNDED TO YOU: (Subtract Line 27 from Line 26)..... REFUND 28 ●				28 ●	
	29. AMOUNT DUE: (If Line 25 is less than Line 19, enter difference; If over \$1,000 see inst.)..... TAX DUE 29 ●				29 ●	
PAID PREPARER	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	Phone Number:	
	Spouse's Signature		Occupation	Date	May the Arkansas Revenue Agency discuss this return with the preparer of the return? <input type="checkbox"/> Yes <input type="checkbox"/> No	
	Paid Preparer's Signature		ID Number/Social Security Number		For Department Use Only	
Preparer's Name:		City/State/Zip:		A		
Address:		Telephone Number:		●		

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

If you owe an amount due from Line 29, ARS1, you have the option of paying by credit card.

OFFICIAL PAYMENTS CORP.



www.officialpayments.com

or call (800) 272-9829