2013 AR1000S ARKANSAS INDIVIDUAL INCOME TAX RETURN Full Year Resident/Short Form

CHECK BOX IF Dept. Use Only AMENDED RETURN

Jan	. 1 -	Dec. 31, 2013 or fiscal year ending	, 20	•					•			•	
Ļ	PRIMARY NAME		MI LAST NAME				PRIMARY SOC	IAL SI	ECURIT	Y NUMBER			
PRINT	SPOUSE NAME MI LAST NAME							- •					
Υ. Έ.	: ●							SPOUSE'S SOCIAL SECURITY NUMBER					
ABE	MAILING ADDRESS (Number and Street, P.O. Box or Rural Route)												
USE LABEL, OR TVP	CITY, STATE AND ZIP CODE Check this b										ou have filed a		
D P C	2. ● ☐ MARRIED FILING JOINT (Even if only one had income) 5. IF FILING STATUS 5, USE AR1000F/AR1000NR - LONG FORM												
STA				ncome,				- C					URM
FILING STATUS Check only 1 box	3. • HEAD OF HOUSEHOLD (See Instructions)												
	If the qualifying person is your child but not your dependent, enter child's name here: Year spouse died: (See Instructions)												
Ē	7A. YOURSELF • 65 or OVER • 65 SPECIAL • BLIND • DEAF HEAD OF HOUSEHOLD/ QUALIFYING WIDOW(ER) (Filing Status 3 Only) (Filing Status 3 Only)												
2	SPOUSE ● 65 or OVER ● 65 SPECIAL ● BLIND ● DEAF)nly) ` ´
CREDITS	7B.	Dependents (Do not list yourself or spouse		" •L		Itiply number of b	oxes cho	ecked	from 7A	٦x	\$26=		00
		rst Name Last Name	-7			t's Social Secu				's re	latior	າship to yoເ	
TAX	1.												
	2.												
SONAL	3.												
PER		Multiply number of dependents from 7B						I	•	٦x	\$26 =		00
-		• TOTAL PERSONAL TAX CREDITS: (A											00
									Your/Joint Income			(B) Spouse's Status 4	
ш		Wages, salaries, tips, etc: (Attach W-2s)						()	Income	00	8•	<-> Status 4	4 Only 00
INCOME		Interest income/dividend income: (If interest or d								00	-		00
INC		Miscellaneous income: (List type and amount									10•		00
		TOTAL INCOME: (Add Lines 8 through 10			1 A A A A A A A A A A A A A A A A A A A						11 •		00
NO		Select tax table: • LOW INCOME Tabl						or the	Low Incom			nter zero (0)	
ONS		Standard Deduction: (See Instructions)				-	· · · -				12•		00
MPU	13.	Taxable Income: (Subtract Line 12 from Line								00	13•		00
DEDUCT X COMPL	14.	Enter tax from table:					14			00	14		00
TA	15.	TOTAL TAX: (Add Lines 14A and 14B)									15•		00
ITS		Personal Tax Credits: (Enter total from Line 2								00			
CREDI		Child Care Credit: (20% of federal credit allowed, a								00	.		
U X	18.	TOTAL CREDITS: (Add Lines 16 and 17).									18•		00
μ		NET TAX: (Subtract Line 18 from Line 15.		-							.19•		00
		Arkansas Income Tax withheld: [Attach state								00			
LTS		AMENDED RETURNS ONLY - Previous pay								00			
PAYMEN'		Early Childhood Program: Cert. # (Attach for								00			
PAV		TOTAL PAYMENTS: (Add Lines 20 throug	,							00	24		00
	24. AMENDED RETURNS ONLY - Previous refund: (See instructions) 25. Adjusted Total Payments (Subtract Line 24 from Line 23)												00
		AMOUNT OF OVERPAYMENT/REFUN											00
		Amount of Check-off Contributions: (Attach S			-					00			
ЦЩ		AMOUNT TO BE REFUNDED TO YOU			1				REFU		28		00
REFUND OR TAX DUE		DIRECT DEPOSIT? If you want your refu											
REF		complete Form							available fo	r am	endeo	d returns.)	
	29.	AMOUNT DUE: (If Line 25 is less than Line				•	•					,	00
		Attach Form AR1000V to your check or money orde	er payable i	in US D	ollars to De	pt. of Finance & Ac	lmin. Writ	e SSN	on payment.	For c	redit c	ard, see inst.	
щ		EASE SIGN HERE: Under penalties of perjury, I c ge and belief, they are true, correct and complete.											
ASE	Your Signature Occupation Date									Phone Number: May the Arkansas Revenue			
PLE													
_ ⊽		buse's Signature	L			Occupation		ľ	Date		-	cy discuss this	
~	Paid Preparer's Signature ID Number/Social Security Number Preparer's Name: City/State/Zip:						Imber		•	he preparer of	f the return?		
ARE		-				•	-					Yes	No
REPA	Pre	parer s Name:			City/State							r Department	1
ā	Adc	Iress:			Telephon	e Number:					A		•

Part	t 1 INTEREST INC	OME	Part	2 DIVIDEND INC	OME				
viduals and cr tions c	st on bank deposits, notes, mortgages s, corporation bonds, savings and loa edit union deposits are taxable. Interes of other states and subdivisions is fully elow the names of the interest sources ownership by writing Y (Yours), S (Spo	n deposits, t on obliga- taxable. and desig-	Dividends and other distributions on stock are fully taxable. There is no dividend exclusion applicable to Arkansas. List below the names of the dividend sources and des- ignate ownership by writing Y (Yours), S (Spouse's) or J (Joint).						
ΥSJ	NAME OF PAYER	AMOUNT	ΥSJ	NAME OF PAYER	AMOUNT				
		00			00				
		00			00				
		00			00				
		00			00				
		00			00				
		00			00				
		00			00				
		00			00				
Total In	terest Income: Enter here and on Line 9	00	Total Dividend Income: Enter here and on Line 9 00						

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