ARKANSAS INDIVIDUAL INCOME TAX ITEMIZED DEDUCTION SCHEDULE

Name	Social Security Number		
MEDICAL AND DENTAL EXPENSES: [Do not include expense(s) paid by others]. (See Instru	uctions)		
Medical and dental expenses:		00	
2. Enter amount from Form AR1000F/AR1000NR, line 24(A) and 24(B):2	00		
3A. Multiply line 2 by 10% (.10) if you and your spouse were under 65 at the end of 2014; otherwise enter 0	3A	00	
3B. Multiply line 2 by 7.5% (.075) if you or your spouse were 65 or over at the end of 2014; otherwise enter		00	
4. TOTAL MEDICAL EXPENSES: (Subtract lines 3A and 3B from line 1; if more than line 1, en			00
TAXES: (See Instructions)	10, 0,		
5. Real estate tax:	5	00	
Record collaboration (List type and amount)		00	
7. TOTAL TAXES: (Add lines 5 and 6)			00
INTEREST EXPENSES: (See Instructions)			00
Nome mortgage interest paid to financial institutions:	٥	00	
Home mortgage interest paid to an individual: Name:			
Address:		00	
10. Deductible points:			
11. Investment interest: (Attach federal Form 4952)			Inc
12. TOTAL INTEREST EXPENSE: (Add lines 8 through 11)		12 >	00
CONTRIBUTIONS: (See Instructions)	1		
13. Cash contributions:			
14. Art and literary contributions:	14	00	
15. Other:		00	
16. Carryover contributions: (List type and amount)	16	00	
17. TOTAL CONTRIBUTIONS: (Add lines 13 through 16)		17 >	00
CASUALTY AND THEFT LOSSES: (See Instructions)			
18. TOTAL CASUALTY AND THEFT LOSSES: (Attach federal Form 4684)		18 >	00
POST-SECONDARY EDUCATION TUITION DEDUCTION(S): (See Instructions)			
19. TOTAL POST-SECONDARY EDUCATION TUITION DEDUCTION(S): [Attach AR1075(s)]		19 >	00
MISCELLANEOUS DEDUCTIONS SUBJECT TO 2% AGI LIMIT: (See Instructions)			
20. Unreimbursed employee business expenses: (Attach federal Form 2106)	20		
21. Other expenses: (List type and amount)	21	00	
22. Add the amounts on lines 20 and 21. Enter the total:	22	00	
23. Enter amount from Form AR1000F/AR1000NR, line 24(A) and 24(B): 23	00		
24. Multiply line 23 above by 2% (.02):	24	00	
25. TOTAL MISCELLANEOUS DEDUCTIONS: (Subtract line 24 from line 22; If line 24 is more the	an line 2	2, enter 0) 25 >	00
OTHER MISCELLANEOUS DEDUCTIONS: (See Instructions)			•
26. Volunteer firefighter expenses:	26	00	
27. Other miscellaneous deductions: (List type and amount)	27	00	
28. TOTAL MISCELLANEOUS DEDUCTIONS NOT SUBJECT TO THE 2% AGI LIMITATION: (A	Add lines	s 26 and 27) 28 ➤	00
TOTAL ITEMIZED DEDUCTIONS:			
29. Add amounts on Lines 4, 7, 12, 17, 18,19, 25, and 28 and enter the total here:		29 >	00
Complete lines 30 - 34 ONLY if Filing Status 4 or 5.		YOUR	SPOUSE'S
·		usted Gross Income	Adjusted Gross Income
30. Enter adjusted gross income from Form AR1000F/AR1000NR, line 24, Columns (A) and (B) here:	30A	00 _{30B}	00
31. Total Arkansas adjusted gross income: (Add columns 30A and 30B from above)		31	00
32. Divide the amount on line 30A above by the amount on line 31. Enter the percentage here:		32	%
33. Multiply line 29 by the percentage on line 32. Enter here and on Form AR1000F/AR1000NR, line 25, Col. (A): (YOU) 33			
34. Subtract line 33 from line 29. Enter here and on Form AR1000F/AR1000NR, line 25, Column (B). If you and			
your spouse are using Filing Status 5, enter on line 25, Col. (A) of your spouse's return:	<u></u>	(SPOUSE) 34	00