

2015 AR1000S

ARKANSAS INDIVIDUAL INCOME TAX RETURN

Full Year Resident/Short Form

Jan. 1 - Dec. 31, 2015 or fiscal year ending _____, 20__



S1

**CHECK BOX IF
AMENDED RETURN**

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
	CITY, STATE AND ZIP CODE						
FILING STATUS Check only 1 box	1. <input type="checkbox"/> SINGLE (Or widowed before 2015 or divorced at end of 2015) 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) _____	
PERSONAL TAX CREDITS	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) (Filing Status 3 Only) (Filing Status 6 Only) <input type="checkbox"/> SPOUSE <input type="checkbox"/> 65 or OVER <input type="checkbox"/> 65 SPECIAL <input type="checkbox"/> BLIND <input type="checkbox"/> DEAF						
	7B. Dependents (Do not list yourself or spouse) Multiply number of boxes checked from 7A <input type="checkbox"/> X \$26 = _____ 00						
	First Name		Last Name		Dependent's Social Security Number		Dependent's relationship to you
	1.						
	2.						
INCOME	7B. Multiply number of dependents from 7B. _____ <input type="checkbox"/> X \$26 = _____ 00 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
DEDUCTIONS TAX COMPUTATION	8. Wages, salaries, tips, etc: (Attach W-2s) _____ 8 ●				8 ●		00
	9. Interest income/dividend income: (If interest or dividends are over \$1,500, attach page S2) _____ 9 ●				9 ●		00
	10. Miscellaneous income: (List type and amount. See instructions) _____ 10 ●				10 ●		00
	11. TOTAL INCOME: (Add Lines 8 through 10) _____ 11 ●				11 ●		00
	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				12 ●		00
TAX CREDITS	13. Taxable Income: (Subtract Line 12 from Line 11) _____ 13 ●				13 ●		00
	14. Enter tax from table: _____ 14				14		00
	15. TOTAL TAX: (Add Lines 14A and 14B) _____ 15 ●				15 ●		00
	16. Personal Tax Credits: (Enter total from Line 7C) _____ 16 ●				16 ●		00
	17. Child Care Credit: (20% of federal credit allowed, attach federal Form 2441) _____ 17 ●				17 ●		00
PAYMENTS	18. TOTAL CREDITS: (Add Lines 16 and 17) _____ 18 ●				18 ●		00
	19. NET TAX: (Subtract Line 18 from Line 15. If Line 18 is greater than Line 15, enter 0) _____ 19 ●				19 ●		00
	20. Arkansas Income Tax withheld: [Attach state copies of W-2 Form(s)] _____ 20 ●				20 ●		00
	21. AMENDED RETURNS ONLY - Previous payments: (See instructions) _____ 21 ●				21 ●		00
	22. Early Childhood Program: Cert. # (Attach form. See inst.) _____ 22 ●				22 ●		00
REFUND OR TAX DUE	23. TOTAL PAYMENTS: (Add Lines 20 through 22) _____ 23 ●				23 ●		00
	24. AMENDED RETURNS ONLY - Previous refund: (See instructions) _____ 24 ●				24 ●		00
	25. Adjusted Total Payments (Subtract Line 24 from Line 23) _____ 25 ●				25 ●		00
	26. AMOUNT OF OVERPAYMENT/REFUND: (If Line 25 is greater than Line 19, enter difference) _____ 26 ●				26 ●		00
	27. Amount of Check-off Contributions: (Attach Schedule AR1000-CO) _____ 27 ●				27 ●		00
PLEASE SIGN HERE	28. AMOUNT TO BE REFUNDED TO YOU: (Subtract Line 27 from Line 26) _____ REFUND 28 ●				28 ●		00
	DIRECT DEPOSIT? If you want your refund direct deposited you must check this box <input type="checkbox"/> and complete Form ARDD and attach it to your return. (Direct deposit is not available for amended returns.)						
	29. AMOUNT DUE: (If Line 25 is less than Line 19, enter difference; If over \$1,000 see inst.) _____ TAX DUE 29 ●				29 ●		00
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				
PAID PREPARER	Preparer's Name:		City/State/Zip:		For Department Use Only		
	Address:		Telephone Number:		A <input type="checkbox"/>		



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
Total Interest 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.

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