AR3

2015

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ARKANSAS INDIVIDUAL INCOME TAX

ITEMIZED DEDUCTION SCHEDULE

Name	Social Security Number

MEDICAL AND DENTAL EXPENSES: *[Do not include expense(s) paid by others]. (See Instructions)*

1.	Medical and dental expenses:	1	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 2015; 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 2015; otherwise enter 0:	3B	00	
4.	TOTAL MEDICAL EXPENSES: *(Subtract lines 3A and 3B from line 1; if more than line 1, enter 0)*	**4 ➤**		00

TAXES: *(See Instructions)*

5.	Real estate tax:	5	00	
6.	Personal property tax or other taxes: *(List type and amount)* _____	6	00	
7.	TOTAL TAXES: *(Add lines 5 and 6)*	**7 ➤**		00

INTEREST EXPENSES: *(See Instructions)*

8.	Home mortgage interest paid to financial institutions:	8	00	
9.	Home mortgage interest paid to an individual: Name: _____ Address: _____	9	00	
10.	Deductible points:	10	00	
11.	Investment interest: *(Attach federal Form 4952)*	11	00	
12.	TOTAL INTEREST EXPENSE: *(Add lines 8 through 11)*	**12 ➤**		00

CONTRIBUTIONS: *(See Instructions)*

13.	Cash contributions:	13	00	
14.	Art and literary contributions:	14	00	
15.	Other:	15	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	00	
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 than line 22, 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: *(Add lines 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 Adjusted Gross Income		SPOUSE'S 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			00
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: **(SPOUSE)**	34			00

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