## 2016 AR1000S ARKANSAS INDIVIDUAL



IN	CC	OME TAX RETURN	_		D4 II	0			RETUI	) N			ID	
Fu		Year Resident/Short F Dec. 31, 2016 or fiscal year ending	orm , 20		Dept. U	se Only	AIVIEN		REIO	714			oftware ID DFA WEB	
Z Z		MARY NAME	, 20 _   MI					<u> </u>	PRIMARY SOCIAL SECURITY NUMBER					
o <u>⊢</u>	•		•	•					•					
PRINT	SPC	DUSE NAME	MI	MI LAST NAME					SPOUSE'S SOCIAL SECURITY NUMBER					
₹ <u>,</u>	MAI	LING ADDRESS (Number and Street, P.O. Box or R	ural Route)	-		Check thi	is box if y	ou filed	a state		Check	here if y	ou do NOT want	
USE LABEL, TYP	•	V	OTATE DDOVIA	IOF		Check thi	omatic fe					ooklet m	ailed next year.	
SEL	CIT	Y	STATE or PROVIN	NCE		ZIP ●		ľ	COUNTRY (if	not U.S.	)			
	1 .	SINGLE (Or widowed before 201)	6 or divorced	at and of	2016)	 4 ● □ MARR	IED EILI	NG SE	PΔRΔTFI`	V ON	THE	SAME R	ETURN	
<u>F</u>	1. ■ SINGLE (Or widowed before 2016 or divorced at end of 2016) 4. ■ MARRIED FILING SEPARATELY													
FILING STATUS Check only 1 box	2. • MARRIED FILING JOINT (Even if only one had income)  5. IF FILING STATUS 5, USE AR1000F/A											G FURIVI		
S <sub>S</sub>	3. ● ☐ HEAD OF HOUSEHOLD (See Instructions)  If the qualifying person is your child but not your dependent,    6. ● ☐ QUALIFYING WIDOW(ER) with dependent, Year spouse died: (See Instructions)									ndent	child			
뜮		enter child's name here:					pouco u.	ou. (00		oo/				
"	7A.	YOURSELF ● 65 or OVER	65 SPEC	IAL •	BLIND	● DEAF	ПН	EAD O	F HOUSE	HOLD	/ QU	ALIFYIN	G WIDOW(ER) is 6 Only)	
Ĭ	SPOUSE • 65 or OVER • 65 SPECIAL • BLIND • DEAF (Filing Status 3 Only)									_				
PERSONAL TAX CREDITS		Dependents (Do not list yourself or s				tiply number of				X :		1-4:	00	
Ä	FII	rst Name Last Na	ime	-	Depende	ent's Social Sec	urity Nur	nber	Бер	enae	nt's re	lationsn	ip to you	
AL 1	2													
NO.	3													
ERS	7B.	Multiply number of dependents from 7	'B						<b>.</b>	X	\$26 =		00	
_	7C.	TOTAL PERSONAL TAX CREDIT	<b>ГS:</b> (Add Line	s 7A and	I 7B. Ente	r total here and	on Line	16)			7C		00	
		ROUND ALL AMOU	JNTS TO W	HOLE D	OLLARS	3		(A)	Your/Joint Income			(B) Spot	ıse's Income atus 4 Only	
ME	8.	Wages, salaries, tips, etc: (Attach W-2	s)				8●[			00	8●		00	
INCOME	9.	Interest income/dividend income: (If interest	est or dividends	are over	\$1,500, att	ach page S2)	9●			00	9●		00	
=	10.	Miscellaneous income: (List type and a	amount. See i	nstructio	ns)		10●			_	10●		00	
		TOTAL INCOME / ADJUSTED GI									11 ●		00	
IONS	12.	Select tax table: ● LOW INCOM					г	for the	Low Incon		iter zero			
NOT		Standard Deduction: (See Instructions	•							_	12●		00	
DOC.		Taxable Income: (Subtract Line 12 from									13●		00	
AX C		Enter tax from table:								00	14		00	
		<b>TOTAL TAX :</b> (Add Lines 14A and 14 Personal Tax Credits: (Enter total from								00	15 ● [		100	
CREDITS		Child Care Credit: (20% of federal credit all	,				-			00				
CRE		TOTAL CREDITS: (Add Lines 16 and					-				18.		00	
ΤΑΧ		NET TAX: (Subtract Line 18 from Lin	•									00		
•		Arkansas Income Tax withheld: [Attacl								00	_			
ç		AMENDED RETURNS ONLY - Previo								00				
EN	22.	Early Childhood Program: Cert. # (Atta	ach form. See	inst.)			22●			00				
PAYMENTS		<b>TOTAL PAYMENTS:</b> (Add Lines 20								00				
4		AMENDED RETURNS ONLY - Previous	•		,						. 24●		00	
		Adjusted Total Payments (Subtract Lin											00	
		AMOUNT OF OVERPAYMENT/RE								$\overline{}$	26●[		00	
œ		Amount of Check-off Contributions: (Ai					-			00	٦. ١		1	
REFUND OR TAX DUE	28.	AMOUNT TO BE REFUNDED TO	•			,				UND	28●	<u> </u>	00	
S.A		DIRECT DEPOSIT? If your deposit Routing Number	ccount Nur		ed in a fo	reign account ci			_					
# H	•	•	TITI				□ • [	Che	cking or •		Saving	IS		
	29.	AMOUNT DUE: (If Line 25 is less tha	an Line 19, en	ter differ	ence; If o	/er \$1,000 see i	<b>—</b> inst.)		TAX	DUE	29•	8	00	
_		Attach Form AR1000V to your check or mon	ey order payabl	le in US D	ollars to De	pt. of Finance & A	dmin. Wr	ite SSN	on payment	. For c	redit ca	ard, see ii		
Ш		.EASE SIGN HERE: Under penalties of per ge and belief, they are true, correct and cor												
ASE Figure		ur Signature		Date		E-mail:				T		phone:	<u>,</u> ge.	
A S		CICN LIE	DE			•								
S	Spo	ouse's Signature		Date		E-mail: ●				ļ		Departm	ent Use Only	
œ	Paid	d Preparer's Signature				ID Number/Soc	cial Secu	rity Nu	mber		A	ho Arker	• Povonuo	
SE E	Paid Preparer's Signature Preparer's Name: E-mail:			•				,					sas Revenue s this return	
ÆP.	Pre	parer's Name:			City/State	e/Zip:		_				ne prepar	er of the return?	
4	E-m	nail:			Telephon	e:					L	Yes	No	



Part 1	INTEREST INCOME	Part 2	DIVIDEND INCOME

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.

List below the names of the interest sources and designate ownership by writing Y (Yours), S (Spouse's) or J (Joint).

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 designate ownership by writing Y (Yours), S (Spouse's) or J (Joint).

Y S J	NAME OF PAYER	AMOUNT	YSJ	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 Div	idend 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