

2017 AR1000NR



NR1

ARKANSAS INDIVIDUAL INCOME TAX RETURN

Nonresident and Part Year Resident

CHECK BOX IF AMENDED RETURN

Dept. Use Only

Software ID

Jan. 1 - Dec. 31, 2017 or fiscal year ending _____, 20____

USE LABEL OR PRINT OR TYPE	Primary First Name •	MI •	Last Name •	Primary Social Security Number •
	Spouse First Name •	MI •	Last Name •	Spouse's Social Security Number •
	Mailing Address (Number and Street, P.O. Box or Rural Route) •			<input type="checkbox"/> Check if address is outside U.S.
	City •	State or Province •	Zip •	Foreign Country

ATTACH A COPY OF YOUR COMPLETE FEDERAL RETURN **NONRESIDENT:** (List State of residence) **PART YEAR RESIDENT:** (Dates Lived in AR)

FILING STATUS Check Only One Box	1. <input type="checkbox"/> Single (Or widowed before 2017 or divorced at end of 2017)	4. <input type="checkbox"/> Married Filing Separately on the Same Return
	2. <input type="checkbox"/> Married Filing Joint (Even if only one had income)	5. <input type="checkbox"/> Married Filing Separately on Different Returns Enter spouse's name here and SSN above _____
	3. <input type="checkbox"/> Head of Household (See Instructions) If the qualifying person was your child, but not your dependent, enter child's name here: _____	6. <input type="checkbox"/> Qualifying Widow(er) with dependent child Year spouse died: (See Instructions) _____

Check here if you do NOT want a tax booklet mailed to you next year. Check this box if you have filed a state extension or an automatic federal extension

PERSONAL TAX CREDITS

7A. Yourself 65 or Over 65 Special Blind Deaf Head of Household/Qualifying Widow(er)
 Spouse 65 or Over 65 Special Blind Deaf
(Filing Status 3 Only) (Filing Status 6 Only)

Multiply number of boxes checked7A X \$26 = 00

Dependents (Do not list yourself or spouse)

1.	2.	3.
First Name	Last Name	Dependent's Social Security Number

7B. Multiply number of **DEPENDENTS** from above.....7B X \$26 = 00

7C. First name of Qualifying Individual(s) from AR1000RC5: (See Instructions) _____
Multiply number of individuals from 7C7C X \$500 = 00

7D. **TOTAL PERSONAL TAX CREDITS:** (Add Lines 7A, 7B, and 7C. Enter total here and on Line 32).....7D 00

	ROUND ALL AMOUNTS TO WHOLE DOLLARS		
	(A) Primary/Joint Income	(B) Spouse's Income Status 4 Only	(C) Arkansas Income Only
8. Wages, salaries, tips, etc: (Attach W-2s).....8	• <input type="text"/> 00	• <input type="text"/> 00	• <input type="text"/> 00
9A. U. S. Military compensation: (Your/joint gross amt.) • <input type="text"/> 00	9A		
9B. U. S. Military compensation: (Spouse's gross amt.) • <input type="text"/> 00	9B		
10. Interest income: (If over \$1,500, attach AR4).....10	• <input type="text"/> 00	• <input type="text"/> 00	• <input type="text"/> 00
11. Dividend income: (If over \$1,500, attach AR4).....11	• <input type="text"/> 00	• <input type="text"/> 00	• <input type="text"/> 00
12. Alimony and separate maintenance received:12	• <input type="text"/> 00	• <input type="text"/> 00	• <input type="text"/> 00
13. Business or professional income: (Attach federal Schedule C or C-EZ).....13	• <input type="text"/> 00	• <input type="text"/> 00	• <input type="text"/> 00
14. Capital gains/(losses) from stocks, bonds, etc: (See Instr. Attach Schedule D)14	• <input type="text"/> 00	• <input type="text"/> 00	• <input type="text"/> 00
15. Other gains or (losses): (Attach federal Form 4797 and/or 4684 if applicable).....15	• <input type="text"/> 00	• <input type="text"/> 00	• <input type="text"/> 00
16. Non-Qualified IRA distributions and taxable annuities: (Attach All 1099Rs).....16	• <input type="text"/> 00	• <input type="text"/> 00	• <input type="text"/> 00
17A. Your/Joint Employer pension plan(s)/Qualified IRA(s): (See Instructions, Attach All 1099Rs) Gross Distribution • <input type="text"/> 00 Taxable Amount • <input type="text"/> 00 Less \$6,000	17A		
17B. Spouse Employer pension plan(s)/Qualified IRA(s): (Filing Status 4 only) Gross Distribution • <input type="text"/> 00 Taxable Amount • <input type="text"/> 00 Less \$6,000	17B		
18. Rents, royalties, partnerships, estates, trusts, etc.: (Attach federal Schedule E).....18	• <input type="text"/> 00	• <input type="text"/> 00	• <input type="text"/> 00
19. Farm income: (Attach federal Schedule F).....19	• <input type="text"/> 00	• <input type="text"/> 00	• <input type="text"/> 00
20. Other income/depreciation differences: (Attach Form AR-OI).....20	• <input type="text"/> 00	• <input type="text"/> 00	• <input type="text"/> 00
21. TOTAL INCOME: (Add Lines 8 through 20)21	• <input type="text"/> 00	• <input type="text"/> 00	• <input type="text"/> 00
22. TOTAL ADJUSTMENTS: (Attach Form AR1000ADJ)22	• <input type="text"/> 00	• <input type="text"/> 00	• <input type="text"/> 00
23. ADJUSTED GROSS INCOME: (Subtract Line 22 from Line 21)23	• <input type="text"/> 00	• <input type="text"/> 00	• <input type="text"/> 00



NR2

Primary SSN _____ - _____ - _____

		(A) Primary/Joint Income	(B) Spouse's Income Status 4 Only	
TAX COMPUTATION	24. ADJUSTED GROSS INCOME: (From Line 23, Columns A and B).....24	00	00	
	25. Select tax table: (Check the appropriate box) <input type="checkbox"/> LOW INCOME Table <input type="checkbox"/> REGULAR Table If you qualify for the Low Income Tax Table, enter zero (0) on Line 25A. If not, then: Enter the larger of your: <ul style="list-style-type: none"> <input type="checkbox"/> Itemized Deductions (See Instructions, Line 25 and <i>attach AR3</i>) OR <input type="checkbox"/> Standard Deduction (See Instructions, Line 25).....25 	00	00	
	26. NET TAXABLE INCOME: (Subtract Line 25 from Line 24).....26	00	00	
	27. TAX: (Enter tax from tax table).....27	00	00	
	28. Combined tax: (Add amounts from Line 27, Columns A and B).....28		00	
	29. Enter tax from Lump Sum Distribution Averaging Schedule: (<i>Attach AR1000TD</i>).....29		00	
	30. Additional tax on IRA and qualified plan withdrawal and overpayment: (<i>Attach federal Form 5329, if required</i>).....30		00	
	31. TOTAL TAX: (Add Lines 28 through 30).....31		00	
	TAX CREDITS			
	32. Personal Tax Credit(s): (Enter total from Line 7D).....32	00		
	33. Child Care Credit: (20% of federal credit allowed; <i>Attach federal Form 2441</i>).....33	00		
34. Other Credits: (<i>Attach AR1000TC</i>).....34	00			
35. TOTAL CREDITS: (Add Lines 32 through 34).....35		00		
36. NET TAX: (Subtract Line 35 from Line 31. If Line 35 is greater than Line 31, enter 0).....36		00		
PRORATION				
36A. Enter the amount from Line 23, Column C:36A	00			
36B. Enter the total amount from Line 23, Columns A and B:36B	00			
36C. Divide Line 36A by 36B: (<i>See Instructions</i>).....36C				
36D. APPORTIONED TAX LIABILITY: (Multiply Line 36 by Line 36C).....36D		00		
PAYMENTS				
37. Arkansas income tax withheld: (<i>Attach state copies of W-2 and/or 1099R Form(s)</i>).....37	00			
38. Estimated tax paid or credit brought forward from 2016:.....38	00			
39. Payment made with extension: (<i>See Instructions</i>).....39	00			
40. AMENDED RETURNS ONLY - Previous payments: (<i>See instructions</i>).....40	00			
41. Early childhood program: Certification Number: _____ (20% of federal credit; <i>Attach federal Form 2441 and Form AR1000EC</i>).....41	00			
42. TOTAL PAYMENTS: (Add Lines 37 through 41).....42		00		
43. AMENDED RETURNS ONLY - Previous refund: (<i>See instructions</i>).....43		00		
44. Adjusted Total Payments: (Subtract Line 43 from Line 42).....44		00		
REFUND OR TAX DUE				
45. AMOUNT OF OVERPAYMENT/REFUND: (If Line 44 is greater than Line 36D, enter difference).....45		00		
46. Amount to be applied to 2018 estimated tax:.....46	00			
47. Amount of Check-off Contributions: (<i>Attach Schedule AR1000-CO</i>).....47	00			
48. AMOUNT TO BE REFUNDED TO YOU: (Subtract Lines 46 and 47 from Line 45).....REFUND 48		00		
DIRECT DEPOSIT? If your deposit will be ultimately placed in a foreign account check the box. <input type="checkbox"/>				
Routing Number		Account Number		
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
<input type="checkbox"/> Checking or <input type="checkbox"/> Savings				
49. AMOUNT DUE: (If Line 44 is less than Line 36D, enter difference; If over \$1,000, continue to 50A).....TAX DUE 49		00		
50A. UEP: Attach Form AR2210 or AR2210A. If required, enter exception in box 50A <input type="checkbox"/> Penalty 50B <input type="checkbox"/>		00		
50C. Add Lines 49 and 50B. Attach Form AR1000V with check or money order payable in U.S. Dollars to "Dept. of Finance and Administration". Include your SSN on payment. To pay by credit card, see instructions..... TOTAL DUE 50C			00	
ID				
DL# / State ID _____	Your state _____	Issue Date (mm/dd/yyyy) _____	Expiration Date (mm/dd/yyyy) _____	
DL# / State ID _____	Spouse state _____	Issue Date (mm/dd/yyyy) _____	Expiration Date (mm/dd/yyyy) _____	
FOR MAILING ADDRESSES SEE PAGE 2 OF INSTRUCTIONS				
PLEASE SIGN HERE				
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.				
Primary Signature		Date	Telephone	
Spouse's Signature		Date	Telephone	
<div style="text-align: center; font-size: 2em; color: orange; opacity: 0.5;">SIGN HERE</div>		May the Arkansas Revenue Agency discuss this return with the preparer of the return? <input type="checkbox"/> Yes <input type="checkbox"/> No		
PAID PREPARER		For Department Use Only		
Paid Preparer's Signature		ID Number/Social Security Number		
Preparer's Name		City/State/Zip		
E-mail		Telephone		