## 2017 AR1000S ARKANSAS INDIVIDUAL INCOME TAX RETURN



**CHECK BOX IF** 

**S1** 

Fu	ill'	Year Resident/Short For	m		De	pt. Use On	<sub>ly</sub> AME	INDE	RETURN			5	Software ID
	. 1 -	Dec. 31, 2017 or fiscal year ending	, 20 _	•	•			•				•	
Ш	Prim	ary First Name	MI ●	Last Name	Ð				Primary Social S ●	ecuri	ty Numb	er	
il OR TYPE	Spo	use First Name	MI	Last Name	Э				Spouse's Social	Secu	rity Num	ber	
LABEI IT OR '	● Mail	ing Address (Number and Street, P.O. Box or Rural Route)	•	•			☐ Check this box i	f von filo	d a atata   /	_	Chook	hove if u	ou do NOT want
SE L	_	,				L	or an automatic						nailed next year.
USE PRIN	City	State o	r Province				Zip •		Check if addr	ess is	s outside	U.S.	
40						1.			,				
FILING STATUS Check only box	1.●	Single (Or widowed before 2017 or div			)17)	4.	_	•	rately on the				
STA	2.•		d income	e)		5.	If filing status 5,					g Form	
PS S	3. ■ Head of Household (See Instructions)  If the qualifying person was your child, but not your dependent,  6. ■ Qualifying Widow(er) with dependent Year spouse died: (See Instruction												
志		enter child's name here:		' '		<u> </u>	- Todi opodo	3 aloa. (	ooo monaon	,,,,			·
S	7A.	Yourself ● 65 or Over ●	65 8	Special	•	Blir	ıd ● 🔲 De	af	Head of (Filing St	Hou	seholo 3 Only)	d/Qua <b>l</b> if	ying Widow(er)
EDIJ	Spouse								-	\$26=	(,	00	
TAX CREDITS		Dependents (Do not list yourself or spourself st Name Last Name	se)		Depe		Social Security N					lationsh	nip to you
	1.						•		·				•
PERSONAL	2.												
RSO	3 <u>.</u>	M 10 1								1 v	000		T
PE		Multiply number of <b>DEPENDENTS</b> from 7  TOTAL PERSONAL TAX CREDITS: (A									\$26 = 7C		00
	70.	ROUND ALL AMOUNTS					arnere and on Em	(A)	Primary/Joint		, O	(B) Spo	ouse's Income tatus 4 Only
ш	8.	Wages, salaries, tips, etc: (Attach W-2s)					84		Income	00	8●	( , ,	00
INCOME		Interest income/dividend income: (If interest or of								00	9•		00
Z	10.	Miscellaneous income: (List type and amoun	nt. See ii	nstruction	s)		10	•		00	10●		00
z		TOTAL INCOME / ADJUSTED GROSS									11 ●		00
S	12.	Select tax table: ● LOW INCOME Tab							e Low Income			iter zero	o (0) on Line 12
TION		Standard Deduction: (See Instructions)								-	12●		00
DUC		Taxable Income: (Subtract Line 12 from Line Enter tax from table:						┣—		00 00	13 <b>●</b> 14		00
TAX		TOTAL TAX : (Add Lines 14A and 14B)								_			00
TS		Personal Tax Credits: (Enter total from Line							•••••	00	. 100		
EDI	17.	Child Care Credit: (20% of federal credit allowed,	attach fed	deral Form	2441	)	17	•		00			
X CF	18.	TOTAL CREDITS: (Add Lines 16 and 17)									18●		00
TAX		<b>NET TAX:</b> (Subtract Line 18 from Line 15.					•			_			00
		Arkansas Income Tax withheld: [Attach state								00			
PAYMENTS		AMENDED RETURNS ONLY - Previous par Early Childhood Program: Cert. # (Attach fo								00			
YME		<b>TOTAL PAYMENTS:</b> (Add Lines 20 through								00			
PA		AMENDED RETURNS ONLY - Previous refu									.24●		00
		Adjusted Total Payments (Subtract Line 24 f		Ach federal Form  Line 18 is greated piece instruction  Cach federal Form  Line 18 is greated piece instruction  See instruction  Line 23)									00
		AMOUNT OF OVERPAYMENT/REFUN		-							26●		00
		Amount of Check-off Contributions: (Attach								00	١,		•
D OI	28.	AMOUNT TO BE REFUNDED TO YOU								ND	28●	<u> </u>	00
REFUND OR TAX DUE		DIRECT DEPOSIT? If your deposit will be Routing Number Accou		_	ed in	a foreigr	n account check th	ne box.	• 📙				
RE	•	•					op $ullet$	Ch	ecking or •		Saving	ıs	
	29.	AMOUNT DUE: (If Line 25 is less than Lin	e 19, en	ter differe	nce;	If over \$	1,000 see inst.)		TAX D	UE	29●	⊗	00
		Attach Form AR1000V to your check or money ord	er payabl	e in US Do	llars t	o Dept. of	Finance & Admin. \	Vrite SSN	N on payment. I	or c	redit c	ard, see i	
E E	PLEASE SIGN HERE: Under penalties of perjury, I declare that I have examined this return and accompanying schedules and sknowledge and belief, they are true, correct and complete. Declaration of preparer (other than taxpayer) is based on all information of w											-	-
PLEASE SIGN HERE	Primary Signature					Dat	e Te	lephone					sas Revenue
SIGN	Spc	ouse's Signature				Dat	e Te	lephone	<del>)</del>		_	•	s this return re <u>r of</u> the return?
								•				Yes	No
ER	Paid Preparer's Signature  Preparer's Name  City/Sta  E-mail					D N ●	ID Number/Social Security Number					Departn	nent Use Only
PAID PAR	Preparer's Name   City/S			Late/Zip				=	A Tele	ephone	•		
PR	E-m	nail											



## **Part I - INTEREST 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).

## **Part II - DIVIDEND INCOME**

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).

YSJ	NAME OF PAYER	AMOUNT	L S A	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