

2018 AR1000NR



NR1

ARKANSAS INDIVIDUAL INCOME TAX RETURN Nonresident and Part Year Resident

CHECK BOX IF
AMENDED RETURN

Software ID

Jan. 1 - Dec. 31, 2018 or fiscal year ending _____, 20__

DFA WEB

USE LABEL OR PRINT OR TYPE	Primary's Legal First Name •	MI •	Last Name •	Primary's Social Security Number •
	Spouse's Legal 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 Name

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	1. <input type="checkbox"/> Single (Or widowed before 2018 or divorced at end of 2018)	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**

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 checked 7A X \$26 = 00

Dependents (Do not list yourself or spouse)

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

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 7C 7C X \$500 = 00

7D. TOTAL PERSONAL TAX CREDITS: (Add Lines 7A, 7B, and 7C. Enter total here and on Line 34) 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	•	•	•
9A. U. S. Military compensation: (Your/joint gross amt.)	•	•	•	•
9B. U. S. Military compensation: (Spouse's gross amt.)	•	•	•	•
10. Interest income: (If over \$1,500, attach AR4)	10	•	•	•
11. Dividend income: (If over \$1,500, attach AR4)	11	•	•	•
12. Alimony and separate maintenance received:	12	•	•	•
13. Business or professional income: (Attach federal Schedule C or C-EZ)	13	•	•	•
14. Capital gains/(losses) from stocks, bonds, etc: (See Instr. Attach Schedule D)	14	•	•	•
15. Other gains or (losses): (Attach federal Form 4797 and/or AR4684 if applicable) ..	15	•	•	•
16. Non-Qualified IRA distributions and taxable annuities: (Attach All 1099Rs)	16	•	•	•
17A. U.S. Military pension: (Your/joint gross amount)	•	•	•	•
17B. U.S. Military pension: (Spouse's gross amount)	•	•	•	•
18A. Your/Joint Employer pension plan(s)/Qualified IRA(s): (See Instructions, Attach All 1099Rs) Gross Distribution • Taxable Amount • Less \$6,000	•	•	•	•
18B. Spouse Employer pension plan(s)/Qualified IRA(s): (Filing Status 4 only) Gross Distribution • Taxable Amount • Less \$6,000	•	•	•	•
19. Rents, royalties, partnerships, estates, trusts, etc.: (Attach federal Schedule E) .	19	•	•	•
20. Farm income: (Attach federal Schedule F)	20	•	•	•
21. Unemployment (Attach 1099-G)	21	•	•	•
22. Other income/depreciation differences: (Attach Form AR-OI)	22	•	•	•
23. TOTAL INCOME: (Add Lines 8 through 22)	23	•	•	•
24. TOTAL ADJUSTMENTS: (Attach Form AR1000ADJ)	24	•	•	•
25. ADJUSTED GROSS INCOME: (Subtract Line 24 from Line 23)	25	•	•	•

