2018 AR1000NR ARKANSAS INDIVIDUAL



NR1

IN	INCOME TAX RETURN							CHECK BOX IF								
No	onr	esident and Part Ye	ear Res	siden ¹	t			AMEN	DED F	RETU	JRN	_	Software) ID		
Jan	. 1 - C	ec. 31, 2018 or fiscal year ending _.		, 20	•				•]		•	DFA W	EB		
	Primary's Legal First Name M				Last Name				Primary's Social Security Number							
~ 4									•							
EL OR	Spo	Spouse's Legal First Name MI Last Name					Spouse's Social Security Number									
USE LABEL	Mailing Address (Number and Street, P.O. Box or Rural Route)					Check if address is outside U.S.										
USE	•															
	City State or Province				Zip				eign C	ountry Nam	ne					
							NONRESIDENT:			PART YEAR RESIDENT:						
4	ATTACH A COPY OF YOUR COMPLETE FEDERAL RETURN						(List State of residence) (Dates Lived in AR)]			
s e	1.• Single (Or widowed before 2018 or divorced at end of 2018)					4.● Married Filing Separately on the Same Return										
FILING STATUS Check Only One	2.• Married Filing Joint (Even if only one had income)						5.• Married Filing Separately on Different Returns									
S S	3.● Head of Household (See Instructions)						Enter spouse's name here and SSN above									
E		If the qualifying person was your child, but not your dependent, enter child's name here:					6.• 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.					Chock this hav if you have filed a state extension								1		
						[●] └	or ar	automati								
	7A.	Yourself • 65 or Over	r •	65 Speci	al •	Blind	۰L	Deaf	ЦН	ead of (Filing S	Household/ tatus 3 Only)	Quali (Filin	fying Widow(g Status 6 Only)	(er)		
	[Spouse • 65 or Over	r •	65 Speci	al •	Blind	•[Deaf								
TS		ply number of boxes checked								.7A	X \$26 =			00		
CREDITS	Dependents (Do not list yourself or spouse)											1 - 4'				
TAX CI		First Name Last Name Depender					i Sec			Бер	endentsre	allor	nship to you			
L T	1.															
PERSONAL	2.															
PERS	7B. Multiply number of DEPENDENTS from above									•	X \$26 =			00		
-	7C. First name of Qualifying Individual(s) from AR1000RC5: (See Instruction										J			+		
		Multiply number of individuals from	7C						70	;•[X \$500 =			00		
	7D.	TOTAL PERSONAL TAX CREE	DITS: (Add	Lines 7A	, 7B, and 7C.	Enter to	tal h	1		1				00		
		ROUND ALL AMOU		NHOLE	DOLLARS			(A) Primar Inc	ry/Joint ome		ouse's Inco Status 4 Onl		(C) Arkans Income C			
	8.	Wages, salaries, tips, etc: (Attach					8	•	00	•		00 •		00		
(s)660	9A.	U. S. Military compensation: (Your/join				00	9A									
		U. S. Military compensation: (Spouse				00	9B	_				00 -				
W-2(s)/	10.	Interest income: (If over \$1,500, a Dividend income: (If over \$1,500,						•	00			00		00		
5	12	Alimony and separate maintenance						•	00			00		00		
n top	13	Business or professional income:						•	00			00		00		
ck on	14.	Capital gains/(losses) from stocks, b	onds, etc: (S	ee Instr. A	Attach Schedu	le D)	14	•	00	•		00		00		
/E	15.	Other gains or (losses): (Attach fe						•	00			00 •		00		
INCOME Attach check	16.	Non-Qualified IRA distributions an			Attach All 109			•	00	•		00 •		00		
-		U.S. Military pension: (Your/joint g				00	17A									
here	17B. U.S. Military pension: (Spouse's gross amount) 00 17B 18A. Your/Joint Employer pension plan(s)/Qualified IRA(s):(See Instructions, Attach All 1099Rs)								- T			+		T		
(s)6		Gross Distribution	00 Taxable			00 Less	18A		00					00		
109	18B	Spouse Employer pension plan(s)	/Qualified IF	RA(s): (Fili	ng Status 4 or	\$0,00 nly)	•									
W-2(s)/1099(s)		Gross Distribution	00 Taxable	Amount	•	00 Less \$6,00	o ^{18E}			•		00 •		00		
N C	19.	Rents, royalties, partnerships, esta		-		nedule E)	.19	•	00	<u> </u>		00 •		00		
Attach	20.	Farm income: (Attach federal Sc						•	00			00		00		
		Unemployment (Attach 1099-G).						•	00	<u> </u>		00		00		
	22. 23.	Other income/depreciation differen TOTAL INCOME: (Add Lines 8							00			00		00		
-	24.	TOTAL ADJUSTMENTS: (Atta	-					•	00			00		00		
	25.	ADJUSTED GROSS INCOME						•	00			00		00		

Page NR1 (R 8/16/2018)



NR2

Pri	mar	ry SSN								
			(A) Primary/Joint		(B) Spouse's I					
				26	Status 4	000				
	26. 27.	ADJUSTED GROSS INCOME: (From Line 25, Columns A and B)		26						
	21.	Select tax table: (Check the appropriate box)								
z		If you qualify for the Low Income Tax Table, enter zero (0) on Line 27A. If not, then:								
COMPUTATION		Enter • Itemized Deductions (See Instructions, Line 27 and attach AR3								
15		the larger OR If your spouse itemizes on a separate return, check here	"							
OM		of your: Standard Deduction (See Instructions, Line 27)	7 • 00	27•		00				
Ň	28.	NET TAXABLE INCOME: (Subtract Line 27 from Line 26)		28•		00				
TAX		TAX: (Enter tax from tax table)		29		00				
	30.	Combined tax: (Add amounts from Line 29, Columns A and B)				00				
	31.				00					
	32. Additional tax on IRA and qualified plan withdrawal and overpayment: (Attach federal Form 5329, if required)									
	33. TOTAL TAX: (Add Lines 30 through 32)									
s	34.									
CREDITS	35.	Child Care Credit: (20% of federal credit allowed; Attach federal Form 2441)	5 • 00)						
CRE	36.	Other Credits: (Attach AR1000TC)	6 ● 00)						
TAX	37.	TOTAL CREDITS: (Add Lines 34 through 36)		37•		00				
Ľ	38.	NET TAX: (Subtract Line 37 from Line 33. If Line 37 is greater than Line 33, enter				00				
ZO		. Enter the amount from Line 25, Column C:								
PRORATION		. Enter the total amount from Line 25, Columns A and B								
Ro		. Divide Line 38A by 38B: (See Instructions)								
L ^a	1	APPORTIONED TAX LIABILITY: (Multiply Line 38 by Line 38C)				00				
	39.	Arkansas income tax withheld: (Attach state copies of W-2 and/or 1099R, 1099-G)39								
	40.	Estimated tax paid or credit brought forward from 2017:40								
S	41.									
EN	42. 43.			-						
PAYMENTS	43.	(20% of federal credit; Attach federal Form 2441 and Form AR1000EC)43	00	"						
6	11	TOTAL PAYMENTS: (Add Lines 39 through 43)				00				
		AMENDED RETURNS ONLY - Previous refund: (See instructions)				00				
		Adjusted Total Payments: (Subtract Line 45 from Line 44)				00				
	47.					00				
	48.	48. Amount to be applied to 2019 estimated tax:								
		Amount of Check-off Contributions: (Attach Schedule AR1000-CO)		1						
H	50.	AMOUNT TO BE REFUNDED TO YOU: (Subtract Lines 48 and 49 from Line 47).		50	0	00				
				1						
RTA		DIRECT DEPOSIT? If your deposit will be ultimately placed in a foreign account check								
Ō		Routing Number Account Number			_ ● [_] Cr	necking or				
N.	•				• Sa	vings				
REI	DIRECT DEPOSIT? If your deposit will be ultimately placed in a foreign account check the box. Routing Number Account Number									
	51.	AMOUNT DUE: (If Line 46 is less than Line 38D, enter difference; If over \$1,000, cor			6	00				
		. UEP: Attach Form AR2210 or AR2210A. If required, enter exception in box 52A Pen		00						
	52C.	Add Lines 51 and 52B. Attach Form AR1000V with check or money order payable in U.S.	•							
		and Administration". Include your SSN on payment. To pay by credit card, see instructio Issue Date	ns IOIAL DUE Expiration			00				
	DL# /	State ID Your state (mm/dd/yyyy)	(mm/dd/y	ууу) 🗕						
2	DL# / State ID Spouse state Issue Date Expiration Date									
		FOR MAILING ADDRESSES SEE PAGE 2 OF INSTRUC								
ш	I'm aver	ASE SIGN HERE: Under penalties of perjury, I declare that I have examined this return and acco ledge and belief, they are true, correct and complete. Declaration of preparer (other than taxpayer) is b								
VSE HER	Prim		ephone		lay the Arkansas Revenue					
PLEASE SIGN HERE				Age	ency discuss th	is return				
	Spou	use's Signature Date Tele Preparer's Signature ID Number/Social Se arer's Name City/State/Zip	ephone	with th	he preparer of t					
	Paid	Preparer's Signature ID Number/Social Se	ecurity Number		Yes					
				A		•				
PAL	Prepa	arer's Name City/State/Zip		Telep	hone	-				
L R	E-ma	vil								