

# 2021 AR1000F

## ARKANSAS INDIVIDUAL INCOME TAX RETURN

### Full Year Resident



# AR1

**CHECK BOX IF AMENDED RETURN**

Software ID

Jan. 1 - Dec. 31, 2021 or fiscal year ending \_\_\_\_\_, 20\_\_

**DFA WEB**

USE LABEL OR PRINT OR TYPE	Primary's legal first name •	MI •	Last name •	Check if • <input type="checkbox"/> Deceased	Primary's social security number •
	Spouse's legal first name •	MI •	Last name •	Check if • <input type="checkbox"/> Deceased	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	

FILING STATUS Check Only One Box	1. <input type="checkbox"/> Single (Or widowed before 2021 or divorced at end of 2021)	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"/> Surviving spouse with dependent child Year spouse died: (See instructions) _____	

Check here if you 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. <input type="checkbox"/> Yourself	<input type="checkbox"/> 65 or over	<input type="checkbox"/> 65 Special	<input type="checkbox"/> Blind	<input type="checkbox"/> Deaf	<input type="checkbox"/> Head of household/surviving spouse <small>(Filing status 3 only)</small>
<input type="checkbox"/> Spouse	<input type="checkbox"/> 65 or over	<input type="checkbox"/> 65 Special	<input type="checkbox"/> Blind	<input type="checkbox"/> Deaf	<input type="checkbox"/> <small>(Filing status 6 only)</small>

Multiply number of boxes checked ..... 7A  X \$29 =  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 \$29 =  00

7C. Multiply number of qualifying individuals from **AR1000RC5** (See instructions) ..... 7C  X \$500 =  00

7D. **TOTAL PERSONAL TAX CREDITS:** (Add lines 7A, 7B, and 7C. Enter total here and on line 34) ..... 7D  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) _____

Direct deposit allowed to U.S. banks only. Check if either deposit(s) will ultimately be placed in a foreign account.

<b>Routing Number 1</b>	<b>Account Number 1</b>	<input type="checkbox"/> Checking or <input type="checkbox"/> Savings	<b>Direct deposit 1 Amt</b>
• <input style="width: 100px;" type="text"/>	• <input style="width: 100px;" type="text"/>		• <input style="width: 50px;" type="text"/> 00
<b>Routing Number 2</b>	<b>Account Number 2</b>	<input type="checkbox"/> Checking or <input type="checkbox"/> Savings	<b>Direct deposit 2 Amt</b>
• <input style="width: 100px;" type="text"/>	• <input style="width: 100px;" type="text"/>		• <input style="width: 50px;" type="text"/> 00

**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.

We will no longer automatically mail 1099-G forms. Instead, we ask that you get this information from our website ([www.atap.arkansas.gov](http://www.atap.arkansas.gov)). Check the box if you still want us to mail you a paper Form 1099-G next year.

PLEASE SIGN HERE	Primary's signature	Date	Telephone	May the Arkansas Revenue Agency discuss this return with the preparer? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Spouse's signature	Date	Telephone	

PAID PREPARER	Paid preparer's signature	PTIN/ID number •	<b>For Department Use Only</b>	
	Preparer's name	City/State/ZIP	A	•
E-mail				Telephone



Primary SSN \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

		ROUND ALL AMOUNTS TO WHOLE DOLLARS		(A) Primary/Joint Income	(B) Spouse's Income Status 4 Only	
INCOME Attach W-2(s)/1099(s) here / Attach check on top of W-2(s)/1099(s)	8. Wages, salaries, tips, etc: (Attach W-2s)	8		00	00	
	9. Military pay: Primary <input type="text" value="00"/> Spouse <input type="text" value="00"/>					
	10. Interest income: (If over \$1,500, Attach AR4)	10		00	00	
	11. Dividend income: (If over \$1,500, Attach AR4)	11		00	00	
	12. Alimony and separate maintenance received:	12		00	00	
	13. Business or professional income: (Attach federal Schedule C)	13		00	00	
	14. Capital gains/(losses) from stocks, bonds, etc: (See instructions, Attach federal Schedule D)	14		00	00	
	15. Other gains or (losses): (Attach federal Form 4797 and/or AR4684 if applicable)	15		00	00	
	16. Non-qualified IRA distributions and taxable annuities: (Attach All 1099Rs)	16		00	00	
	17. Military retirement: Primary <input type="text" value="00"/> Spouse <input type="text" value="00"/>					
	18A. Primary employer pension plan(s)/qualified IRA(s): (See instructions, Attach all 1099Rs) Gross distribution <input type="text" value="00"/> Taxable amount <input type="text" value="00"/> Less \$6,000	18A		00		
	18B. Spouse employer pension plan(s)/qualified IRA(s): (See instructions, Attach all 1099Rs) Gross distribution <input type="text" value="00"/> Taxable amount <input type="text" value="00"/> Less \$6,000	18B		00	00	
	19. Rents, royalties, partnerships, estates, trusts, etc.: (Attach federal Schedule E)	19		00	00	
	20. Farm income: (Attach federal Schedule F)	20		00	00	
	21. Unemployment: Primary/Joint <input type="text" value="00"/> Spouse <input type="text" value="00"/>	21				
	22. Other income/depreciation differences: (Attach Form AR-OI)	22		00	00	
	23. TOTAL INCOME: (Add lines 8 through 22)	23		00	00	
	24. TOTAL ADJUSTMENTS: (Attach Form AR1000ADJ)	24		00	00	
	25. ADJUSTED GROSS INCOME: (Subtract line 24 from line 23)	25		00	00	
	TAX COMPUTATION	26. Select tax table: (Select only one)	26			
		27. <input type="checkbox"/> Low income table (\$0), For low income qualifications see line 26 instructions <input type="checkbox"/> Standard deduction (\$2,200 or \$4,400 for filing status 2 only) <input type="checkbox"/> Itemized deductions (Attach AR3)	27		00	00
		28. NET TAXABLE INCOME: (Subtract line 27 from line 25)	28		00	00
		29. TAX: (Enter tax from tax table)	29		00	00
		30. Combined tax: (Add amounts from line 29, columns A and B)	30			00
		31. Enter tax from Lump Sum Distribution Averaging Schedule: (Attach AR1000TD)	31			00
32. Additional tax on IRA and qualified plan withdrawal and overpayment: (Attach federal Form 5329, if required)		32			00	
33. TOTAL TAX: (Add lines 30 through 32)		33			00	
TAX CREDITS	34. Personal tax credit(s): (Enter total from line 7D)	34		00		
	35. Child care credit: (Attach AR2441)	35		00		
	36. Other credits: (Attach AR1000TC)	36		00		
	37. TOTAL CREDITS: (Add lines 34 through 36)	37			00	
38. NET TAX: (Subtract line 37 from line 33. If line 37 is greater than line 33, enter 0)	38			00		
PAYMENTS	39. Arkansas income tax withheld: (Attach state copies of W-2 and/or 1099R, W2-G)	39		00		
	40. Estimated tax paid or credit brought forward from 2020:	40		00		
	41. Payment made with extension: (See instructions)	41		00		
	42. AMENDED RETURNS ONLY - Previous payments: (See instructions)	42		00		
	43. Early childhood program: Certification number: _____ (Attach AR1000EC and AR2441)	43		00		
	44. TOTAL PAYMENTS: (Add lines 39 through 43)	44			00	
	45. AMENDED RETURNS ONLY - Previous refund: (See instructions)	45			00	
46. Adjusted total payments: (Subtract line 45 from line 44)	46			00		
REFUND OR TAX DUE	47. AMOUNT OF OVERPAYMENT/REFUND: (If line 46 is greater than line 38, enter difference)	47			00	
	48. Amount to be applied to 2022 estimated tax:	48		00		
	49. Amount of Check-off Contributions: (Attach Schedule AR1000-CO)	49		00		
	50. AMOUNT TO BE REFUNDED TO YOU: (Subtract lines 48 and 49 from line 47) REFUND	50			00	
	51. AMOUNT DUE: (If line 46 is less than line 38, enter difference; If over \$1,000, continue to 52A) TAX DUE	51			00	
	52A. UEP: Attach Form AR2210 or AR2210A. If required, enter exception in box 52A <input type="text"/> Penalty 52B <input type="text" value="00"/>					
52C. Add lines 51 and 52B: (See instructions) TOTAL DUE	52C			00		