

2023 AR1000F

ARKANSAS INDIVIDUAL INCOME TAX RETURN

Full Year Resident



P1

CHECK BOX IF AMENDED RETURN

Software ID

DFA WEB

Jan. 1 - Dec. 31, 2023 or fiscal year ending _____, 20____

TAXPAYER INFORMATION	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	
	Primary email				Secondary email			
	<input type="checkbox"/> We no longer automatically mail 1099-G forms. Instead, we ask that you get this information from our website (www.atap.arkansas.gov). Check the box if you still want us to mail you a paper Form 1099-G next year.							
	<input type="checkbox"/> Check here if you want a tax booklet mailed to you next year.				<input type="checkbox"/> Check this box if you have filed a state extension or an automatic federal extension			
	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) _____	
	FILING STATUS	1. <input type="checkbox"/> Single (Or widowed before 2023 or divorced at end of 2023)				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) _____				
PERSONAL TAX CREDITS	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 <input type="checkbox"/> 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.								
4.								
5.								
7B. Multiply number of DEPENDENTS from above..... 7B <input type="checkbox"/> X \$29 =							00	
7C. TOTAL PERSONAL TAX CREDITS: (Add lines 7A and 7B. Enter total here and on line 34)							00	
Individuals with Developmental Disabilities Credit (AR1000-DD - formerly AR1000RC5) now on Form AR1000TC								



Primary SSN _____ - _____ - _____

		ROUND ALL AMOUNTS TO WHOLE DOLLARS		(A) Primary/Joint Income	(B) Spouse's Income Status 4 Only	
INCOME	8. Wages, salaries, tips, etc: (Attach W-2s)	8	●	00	●	00
	9. Military pay: Primary ● [] 00 Spouse ● [] 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 Sch. C)	13	●	00	●	00
	14. Capital gains/(losses) from stocks, bonds, etc: (Attach federal Sch. D)	14	●	00	●	00
	15. Other gains or (losses): (See Instructions)	15	●	00	●	00
	16. Non-qualified IRA distributions and taxable annuities: (Attach All 1099Rs)	16	●	00	●	00
	17. Military retirement: Primary ● [] 00 Spouse ● [] 00					
	18A. Primary employer pension plan(s)/qualified IRA(s): (See inst., attach 1099Rs) Gross ● [] 00 Taxable ● [] 00 Less \$6,000	18A	●	00		
	18B. Spouse employer pension plan(s)/qualified IRA(s): (See inst., attach 1099Rs) Gross ● [] 00 Taxable ● [] 00 Less \$6,000	18B	●	00	●	00
	19. Rents, royalties, partnerships, estates, trusts, etc.: (Attach federal Sch. E)	19	●	00	●	00
	20. Farm income: (Attach federal Sch. F)	20	●	00	●	00
	21. Unemployment:	21	●	00	●	00
	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
	26. Select tax table: (Select only one)	26				
	27. ● <input type="checkbox"/> Low income table (\$0), See line 26 instructions ● <input type="checkbox"/> Standard deduction (See instructions) ● <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: (See instructions)	32			●	00	
33. TOTAL TAX: (Add lines 30 through 32)	33			●	00	
TAX CREDITS	34. Personal tax credit(s): (Enter total from line 7C)	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	

