AR1000DC 2016

ARKANSAS INDIVIDUAL INCOME TAX CERTIFICATE FOR INDIVIDUALS WITH DISABILITIES

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Taxpayer's Name		Taxpayer's Social Security Number
Spouse's Name		Spouse's Social Security Number
Name of Individual with Disabilities (cannot be taxpayer or spouse)		SSN of Individual with Disabilities
\$500 on Income Tax		year, and must be attached to your Individual
standard	vantage of this adjustment, the taxpayer and/or individual rr	nust meet the following conditions and
1.	. The individual with disabilities is a natural or adopted child, or a dependent of the taxpayer.	
2.	The taxpayer maintained, supported, and cared for the individual with total and permanent disabilities in the taxpayer's home.	
3.	An individual with total and permanent disabilities includes any person who was unable to engage in any substantial gainful activity by reason of any medically determinable physical or mental impairment which can be expected to result in death or has lasted or can be expected to last for a continuous period of not less than twelve (12) months.	
4.	A physical or mental impairment is an impairment which results in anatomical, physiological, or psychological abnormalities which are demonstrable by medically acceptable clinical or laboratory diagnostic techniques.	
5.	The above individual has been diagnosed by a physician as having total and permanent disabilities as outlined in conditions 3 and 4 listed above.	
·	alties of perjury, I certify that and permanent disabilities based upon the above criteria.	is an individual

Taxpayer's Signature

Date