DCN - FOR ELECTRONIC FILING USE ONLY					
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AR1000DC

2005

Date

STATE OF ARKANSAS

s shown on return)				
s shown on return)	Taxpayer's Social Security Number			
Name	Disabled Individual's Social Security Number			
on of your Arkansas Individual Income Tax Return. Thise Tax Return.	Disabled Individual Deduction. This deduction is taken in the s certificate is good for one year, and must be attached to your			
e of this deduction, the taxpayer and/or individual mus	t meet the following conditions and standards:			
e disabled individual is a natural or adopted child, or a	dependent of the taxpayer.			
e taxpayer maintained, supported and cared for the tot	ally and permanently disabled individual in his/her home.			
3. Totally and permanently disabled means and includes any individual who is unable to engage in any substantial gas activity by reason of any medically determinable physical or mental impairment which can be expected to result in correct has lasted or can be expected to last for a continuous period of not less than twelve (12) months.				
A physical or mental impairment is an impairment which results in the anatomical, physiological or psychological abnormalities which are demonstrable by medically acceptable clinical or laboratory diagnostic techniques.				
e above individual has been diagnosed by a physician 4 listed above.	as totally and permanently disabled as outlined in conditions 3			
of perjury, I certify that	is a totally and			
	aust be completed in its entirety to receive the \$500 In of your Arkansas Individual Income Tax Return. This e Tax Return. This tax Return. Ta			

Taxpayer's Signature