2011 AR1000NR

NR1

ARKANSAS INDIVIDUAL INCOME TAX RETURN

		CHECK BOX IF
ident	Pont Use Only	AMENDED RETURN

No	nre	esident and Part Year I	Resid	lent	D	ept. Use Only	AMENDE	D RETURN				
Jan.		ec. 31, 2011 or fiscal year ending		, 20 •	•	•	•					
	PRIM	ARY NAME	MI	LAST NAME			YOUR SOCIAL S	SECURITY NUMBER				
	•		•	•			•					
~뽀	SBOI	JSE NAME	MI	LAST NAME			SPOUSE'S SOC	IAL SECURITY NUMB	RFR			
125	•	JSE NAME	•	• NAIVIE			•	WE GEOOKITT TOME				
E LABEL INT OR T	Ľ											
I NE	MAIL	ING ADDRESS (Number and Street, P.O. Box or	Rural Route	e)			A					
USI	•						Importa	nt: You MUST				
	CITY	STATE AND ZIP CODE					enter you	ır SSN(s) abov	е			
	•											
	TTA	CH A COPY OF YOUR COMPLET	E EEDE	DAL DETUDN	NONRESIDENT		PART YEAR RESID	ENT:				
			E FEDE	RAL KETOKN	(List State of residence) (Dates Lived in AR)							
FILING STATUS Check Only One Box	1.●	SINGLE (Or widowed before 2011 or	r divorce	d at end of 2011)	4.● MA	RRIED FILING	SEPARATELY OF	N THE SAME RETURN	N			
PAT	2.•	MARRIED FILING JOINT (Even if or	nly one h	ad income)	5.● MA	RRIED FILING	SEPARATELY OF	PARATELY ON DIFFERENT RETURNS				
One S	3.●	HEAD OF HOUSEHOLD (See Instru	ctions)		Ent	er spouse's na	ame here and SSN	above				
K		If the qualifying person was your chil	d but not	your dependent,			DOW(ER) with dep					
L S		enter child's name here:					: (See Instructions)					
		AVE YOU FILED AN EXT	ENSI	ON?			if you have file c federal exten	d a state extension	on			
	7а.Г	YOURSELF ● 65 or OVER ●	765 00	PECIAL • BLIN				QUALIFYING WIDOW	(ED)			
	′ A.L		_			(Filin	ng Status 3 Only)	(Filing Status 6 Only)				
	L	SPOUSE • 65 or OVER •	65 SP	PECIAL • BLIN	D • L DEA	NF			$\overline{}$			
				Multiply r	number of boxes	checked from Lin	ne 7A X \$23	=	00			
	7B. I	Dependents (Do not list yourself or spou First Name Last	ise) st Name	I parasas			Danamatana					
L		First Name Las	St Ivallie	Depende	nt's Social Seci	arity Number	Dependent	's relationship to you				
CREDITS	1.											
S	2.											
ANO	3.											
PERSONAL	4.											
=	5.											
				Multipl	y number of depe	ndents from Line	e 7B ● X \$23	=	00			
	7C.	First name of individual(s) with developmer					. 🗀		Ħ			
	l—		Multiply nu	imber of individuals with	n developmental d	isabilities from Lir	ne 7C X \$50	0 =	00			
	 7D.	TOTAL PERSONAL CREDITS: (Add	Lines 7	A. 7B. and 7C. Ente	r total here and	otal here and on Line 32)7D						
		·				(A) Your/Joi			00			
(s)6		ROUND ALL AMOU	NTS TO	WHOLE DOLLA	RS	Income	e Status 4	Only Income Or	-i			
/109	8.	Wages, salaries, tips, etc: (Attach W-2s).	<u></u>			•	00 •	00	00			
2(s)		U. S. Military compensation: (Your/joint gross	′ ⊢	C	00 Less 9A	•	00	loo!	00			
\$		U. S. Military compensation: (Spouse's gross			50 Less 9B \$9,000		00 •	00 •	00			
0		Interest income: (If over \$1,500, attach A			10	•	00	00 •	00			
i to		Dividend income: (If over \$1,500, attach Alicenses and account of the second of the se				•	00 •	00 •	00			
3 3		Alimony and separate maintenance recei Business or professional income: (Attach				•	00 •	00 •	00			
왕		Capital gains/losses from stocks, bonds, etc.				•	00	00	00			
100 a		Other gains or (losses): (Attach federal F			*	•	00 •	00 •	00			
A A		Non-Qualified IRA distributions and taxab				•	00 •	00 •	00			
ere		Your/Joint Employer pension plan(s)/Qualific							\top			
(s)			xable Am		00 Less 17A	•	00	•	00			
660	17B.	Spouse Employer pension plan(s)/Qualifi		s): (Filing Status 4 only,)							
s)/1			xable Am		00 Less 17B		•	00 •	00			
W-2(Rents, royalties, partnerships, estates, tru		(Attach federal Sche	dule E) 18		00 •	00	00			
당		Farm income: (Attach federal Schedule F				•	00 •	00 •	00			
Atta		Other income/depreciation differences: (I			,	•	00 •	00 •	00			
Page	21.	TOTAL INCOME: (Add Lines 8 through	n 20)		21	•	00 •	00 •	00			



£				(A) Y	our/Joint	(B) Spouse	e's Incoi			nsas e Only
ADJUSTIMENTS	22.	TOTAL INCOME: (From Line 21, Columns A through C)	22		100	+		00		00
UST	23.	TOTAL ADJUSTMENTS: (Attach Form AR1000ADJ)		•		0		00		00
₽ P	24.	ADJUSTED GROSS INCOME: (Subtract Line 23 from Line 22)				0		00		00
	25.	Select tax table: (Check the appropriate box) • LOW IN		_		LAR Table		-		
	20.	If you qualify for the Low Income Tax Table, enter zero (0) on Line 25A.		J.10		EAR TOOLS				
		Enter • Itemized Deductions (See Instructions, Line 25)	ii not, thom.							
COMPUTATION		the larger OR				our/Joint Income			ouse's In Status 4 (
₹		of your: Standard Deduction (See Instructions, Line 25))	25	L	0	25			00
₽	26.	NET TAXABLE INCOME: (Subtract Line 25 from Line 24) Columns.				0	⊣ ' ⊦			00
S S	27.	TAX: (Enter tax from tax table)				0	⊣ ` ⊦			00
Ι¥	28.	Combined tax: (Add amounts from Lines 27A and 27B)					_ +			00
-	29.	Enter tax from Lump Sum Distribution Averaging Schedule: (Attach AR1					-			00
	30.	IRA and qualified plan withdrawal and overpayment penalties: (Attach fe					-			00
	31.	TOTAL TAX: (Add Lines 28 through 30)					-			00
"	32.	Personal Tax Credit(s): (Enter total from Line 7D)				0	_			
CREDITS	33.	Child Care Credit: (20% of federal credit allowed; Attach federal Form 2441)				0	0			
Ä	34.	Other Credits: (Attach AR1000TC)				0	0			
TAX	35.	TOTAL CREDITS: (Add Lines 32 through 34)					_ 35●[00
}	36.	NET TAX: (Subtract Line 35 from Line 31. If Line 35 is greater than Lin								00
z	36A.	Enter the amount from Line 24, Column C:		36A		0	0			
Ĭ	36B.	Enter the total amount from Line 24, Columns A and B:		36B		0	0			
PRORATION	36C.	Divide Line 36A by 36B: (See Instructions)					36C●			
4		APPORTIONED TAX LIABILITY: (Multiply Line 36 by Line 36C)					.36D●			00
	37.	Arkansas income tax withheld: [Attach state copies of W-2 Form(s)]				0	0			
	38.	Estimated tax paid or credit brought forward from 2010:				0	0			
	39.	Payment made with extension: (See Instructions)				0	-			
Ľ	40.	AMENDED RETURNS ONLY - Previous payments (see instructions):		40		0	0			
PAYMENTS	41.	Early childhood program: Certification Number:				0	0			
PA		(20% of federal credit; Attach federal Form 2441 and Form AR1000EC)					」 ,			
	l	TOTAL PAYMENTS: (Add Lines 37 through 41)								00
	43.	AMENDED RETURNS ONLY - Previous refund (see instructions):								00
		Adjusted Total Payments (Subtract Line 43 from Line 42)					_			00
ш	45. 46.	AMOUNT OF OVERPAYMENT/REFUND: (If Line 44 is greater that Amount to be applied to 2012 estimated tax:								
DOE	ı	Amount of Check-off Contributions: (Attach Schedule AR1000-CO)			1	0	_			
TAX	l							<u></u>		loo
REFUND OR	48. 49.	AMOUNT TO BE REFUNDED TO YOU: (Subtract Lines 46 and 47 AMOUNT DUE: (If Line 44 is less than Line 36D, enter difference; If of		,						00
N N	ı	UEP: Attach Form AR2210 or AR2210A. If required, enter exception in b		_		IAA DU	Tool	<u> </u>		
ËF	ı	Add Lines 49 and 50B. Attach Form AR1000V to check or money order		_		nt of Financ	,			$\overline{}$
"	000.	and Administration". Include your SSN on payment. To pay by credit ca					- 1			00
	51.	Amount of income not subject to Arkansas tax from AR4, Part III:	-,			e Arkansas		ιο Δαο	nev disc	
	"	Tanount of moonio hot dasjoot to funding tax nomitation.		urn with the						
		FOR MAILING ADDRESSES SEE PAGE 2 OF INSTRUCTIONS				☐ Ye	es [No		
	PLI	EASE SIGN HERE: Under penalties of perjury, I declare the	hat I have	examin	ed this re	turn and a	ccom	panyir	ng sche	dules
ш	and	statements, and to the best of my knowledge and belief, they a n taxpayer) is based on all information of which preparer has a	are true, co	orrect a	nd compl	ete. Decla	ration	of pre	eparer (other
SE			Occupation	uge.	Date		Тн	nme Te	lephone	<u> </u>
SEA	Tour		occupation		Date		'"	JIIIC IC	лорионо	•
<u>s</u>	Spor	ise's Signature C	Occupation		Date		- l w	ork Tel	ephone	
	·		•							
ER	Paid	, ,	D Number/S	ocial Se	curity Num	ber	Fo	or Depa	rtment U	se Only
							А		•	
PAID PREPARER	Prep	arer's Name	City/State/Zip)						
PR	Addr	ess T	elephone N	umber						
			•							