

2015 AR1000NR



NR1

ARKANSAS INDIVIDUAL INCOME TAX RETURN

Nonresident and Part Year Resident

CHECK BOX IF AMENDED RETURN

Jan. 1 - Dec. 31, 2015 or fiscal year ending _____, 20__

Dept. Use Only

USE LABEL OR PRINT OR TYPE	PRIMARY FIRST NAME ●	MI ●	LAST NAME ●	YOUR SOCIAL SECURITY NUMBER ●
	SPOUSE FIRST NAME ●	MI ●	LAST NAME ●	SPOUSE'S SOCIAL SECURITY NUMBER ●
	MAILING ADDRESS (Number and Street, P.O. Box or Rural Route) ●			
	CITY, STATE AND ZIP CODE ●			Important: You MUST enter your SSN(s) above

ATTACH A COPY OF YOUR COMPLETE FEDERAL RETURN	NONRESIDENT: <input type="checkbox"/> (List State of residence)	PART YEAR RESIDENT: <input type="checkbox"/> (Dates Lived in AR)
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FILING STATUS Check Only One Box	1. <input type="checkbox"/> SINGLE (Or widowed before 2015 or divorced at end of 2015)	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"/> QUALIFYING WIDOW(ER) with dependent child Year spouse died: (See Instructions) _____

HAVE YOU FILED AN EXTENSION?	<input type="checkbox"/> Check this box if you have filed a state extension or an automatic federal extension
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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/QUALIFYING WIDOW(ER) <i>(Filing Status 3 Only)</i> <i>(Filing Status 6 Only)</i>	Multiply number of boxes checked7A <input type="checkbox"/> X \$26 = <input type="text"/> 00
	<input type="checkbox"/> SPOUSE ● <input type="checkbox"/> 65 or OVER ● <input type="checkbox"/> 65 SPECIAL ● <input type="checkbox"/> BLIND ● <input type="checkbox"/> DEAF	

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 above7B <input type="checkbox"/> X \$26 = <input type="text"/> 00
7C. First name of individual(s) with developmental disability: (See Instructions) _____ Multiply number of individuals with developmental disabilities from 7C7C <input type="checkbox"/> X \$500 = <input type="text"/> 00
7D. TOTAL PERSONAL TAX CREDITS: (Add Lines 7A, 7B, and 7C. Enter total here and on Line 32)7D <input type="text"/> 00

ROUND ALL AMOUNTS TO WHOLE DOLLARS		(A) Your/Joint Income	(B) Spouse's Income Status 4 Only	(C) Arkansas Income Only
8. Wages, salaries, tips, etc: (Attach W-2s).....8		<input type="text"/> 00	<input type="text"/> 00	<input type="text"/> 00
9A. U. S. Military compensation: (Your/joint gross amt.) <input type="checkbox"/> <input type="text"/> 00	9A			
9B. U. S. Military compensation: (Spouse's gross amt.) <input type="checkbox"/> <input type="text"/> 00	9B			
10. Interest income: (If over \$1,500, attach AR4).....10		<input type="text"/> 00	<input type="text"/> 00	<input type="text"/> 00
11. Dividend income: (If over \$1,500, attach AR4).....11		<input type="text"/> 00	<input type="text"/> 00	<input type="text"/> 00
12. Alimony and separate maintenance received:.....12		<input type="text"/> 00	<input type="text"/> 00	<input type="text"/> 00
13. Business or professional income: (Attach federal Schedule C or C-EZ).....13		<input type="text"/> 00	<input type="text"/> 00	<input type="text"/> 00
14. Capital gains/(losses) from stocks, bonds, etc: (See Instr. Attach Schedule D).....14		<input type="text"/> 00	<input type="text"/> 00	<input type="text"/> 00
15. Other gains or (losses): (Attach federal Form 4797 and/or 4684 if applicable).....15		<input type="text"/> 00	<input type="text"/> 00	<input type="text"/> 00
16. Non-Qualified IRA distributions and taxable annuities: (Attach All 1099Rs).....16		<input type="text"/> 00	<input type="text"/> 00	<input type="text"/> 00
17A. Your/Joint Employer pension plan(s)/Qualified IRA(s): (See Instructions, Attach All 1099Rs) Gross Distribution <input type="checkbox"/> <input type="text"/> 00 Taxable Amount <input type="checkbox"/> <input type="text"/> 00 Less \$6,000	17A	<input type="text"/> 00		<input type="text"/> 00
17B. Spouse Employer pension plan(s)/Qualified IRA(s): (Filing Status 4 only) Gross Distribution <input type="checkbox"/> <input type="text"/> 00 Taxable Amount <input type="checkbox"/> <input type="text"/> 00 Less \$6,000	17B		<input type="text"/> 00	<input type="text"/> 00
18. Rents, royalties, partnerships, estates, trusts, etc.: (Attach federal Schedule E).....18		<input type="text"/> 00	<input type="text"/> 00	<input type="text"/> 00
19. Farm income: (Attach federal Schedule F).....19		<input type="text"/> 00	<input type="text"/> 00	<input type="text"/> 00
20. Other income/depreciation differences: (Attach Form AR-OI).....20		<input type="text"/> 00	<input type="text"/> 00	<input type="text"/> 00
21. TOTAL INCOME: (Add Lines 8 through 20).....21		<input type="text"/> 00	<input type="text"/> 00	<input type="text"/> 00
22. TOTAL ADJUSTMENTS: (Attach Form AR1000ADJ).....22		<input type="text"/> 00	<input type="text"/> 00	<input type="text"/> 00
23. ADJUSTED GROSS INCOME: (Subtract Line 22 from Line 21).....23		<input type="text"/> 00	<input type="text"/> 00	<input type="text"/> 00



NR2

Primary SSN _____ - _____ - _____

		(A) Your/Joint Income		(B) Spouse's Income Status 4 Only		
TAX COMPUTATION	24. ADJUSTED GROSS INCOME: (From Line 23, Columns A and B).....24		00		00	
	25. Select tax table: (Check the appropriate box) <input type="checkbox"/> LOW INCOME Table <input type="checkbox"/> REGULAR Table If you qualify for the Low Income Tax Table, enter zero (0) on Line 25A. If not, then: Enter the larger of your: <ul style="list-style-type: none"> <input type="checkbox"/> Itemized Deductions (See Instructions, Line 25 and <i>attach AR3</i>) OR If your spouse itemizes on a separate return, check here <input type="checkbox"/> <input type="checkbox"/> Standard Deduction (See Instructions, Line 25).....25● 			25●	00	
	26. NET TAXABLE INCOME: (Subtract Line 25 from Line 24).....26●		00		26●	00
	27. TAX: (Enter tax from tax table).....27		00		27	00
	28. Combined tax: (Add amounts from Line 27, Columns A and B).....28				28	00
	29. Enter tax from Lump Sum Distribution Averaging Schedule: (<i>Attach AR1000TD</i>).....29●				29●	00
	30. Additional tax on IRA and qualified plan withdrawal and overpayment: (<i>Attach federal Form 5329, if required</i>).....30●				30●	00
	31. TOTAL TAX: (Add Lines 28 through 30).....31●				31●	00
	TAX CREDITS	32. Personal Tax Credit(s): (Enter total from Line 7D).....32●		00		
		33. Child Care Credit: (<i>20% of federal credit allowed; Attach federal Form 2441</i>).....33●		00		
		34. Other Credits: (<i>Attach AR1000TC</i>).....34●		00		
35. TOTAL CREDITS: (Add Lines 32 through 34).....35●					35●	00
36. NET TAX: (Subtract Line 35 from Line 31. If Line 35 is greater than Line 31, enter 0).....36●				36●	00	
PRORATION	36A. Enter the amount from Line 23, Column C:36A●		00			
	36B. Enter the total amount from Line 23, Columns A and B:36B●		00			
	36C. Divide Line 36A by 36B: (<i>See Instructions</i>).....36C●					
	36D. APPORTIONED TAX LIABILITY: (Multiply Line 36 by Line 36C).....36D●					00
PAYMENTS	37. Arkansas income tax withheld: [<i>Attach state copies of W-2 and/or 1099R Form(s)</i>].....37●		00			
	38. Estimated tax paid or credit brought forward from 2014:.....38●		00			
	39. Payment made with extension: (<i>See Instructions</i>).....39●		00			
	40. AMENDED RETURNS ONLY - Previous payments: (<i>See instructions</i>).....40●		00			
	41. Early childhood program: Certification Number: _____ <i>(20% of federal credit; Attach federal Form 2441 and Form AR1000EC)</i>41●		00			
	42. TOTAL PAYMENTS: (Add Lines 37 through 41).....42●				42●	00
43. AMENDED RETURNS ONLY - Previous refund: (<i>See instructions</i>).....43●				43●	00	
44. Adjusted Total Payments: (Subtract Line 43 from Line 42).....44●				44●	00	
REFUND OR TAX DUE	45. AMOUNT OF OVERPAYMENT/REFUND: (If Line 44 is greater than Line 36D, enter difference).....45●				00	
	46. Amount to be applied to 2016 estimated tax:.....46●		00			
	47. Amount of Check-off Contributions: (<i>Attach Schedule AR1000-CO</i>).....47●		00			
	48. AMOUNT TO BE REFUNDED TO YOU: (Subtract Lines 46 and 47 from Line 45)..... REFUND 48●☺					00
	DIRECT DEPOSIT? If you want your refund direct deposited you must check this box <input type="checkbox"/> and complete Form ARDD and attach it to your return. (<i>Direct deposit is not available for amended returns.</i>)					
	49. AMOUNT DUE: (If Line 44 is less than Line 36D, enter difference; If over \$1,000, continue to 50A)..... TAX DUE 49●☹					00
50A. UEP: Attach Form AR2210 or AR2210A. If required, enter exception in box 50A <input type="checkbox"/> Penalty 50B <input type="checkbox"/> 00			00			
50C. Add Lines 49 and 50B. Attach Form AR1000V with check or money order payable in U.S. Dollars to "Dept. of Finance and Administration". Include your SSN on payment. To pay by credit card, see instructions..... TOTAL DUE 50C●					00	
51. Amount of income not subject to Arkansas tax from AR4, Part III: (<i>Memorandum only</i>)						
FOR MAILING ADDRESSES SEE PAGE 2 OF INSTRUCTIONS		May the Arkansas Revenue Agency discuss this return with the preparer shown below? <input type="checkbox"/> Yes <input type="checkbox"/> No				
PLEASE SIGN HERE	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.					
	Your Signature	Occupation	Date	Telephone:		
	Spouse's Signature	Occupation	Date	Alternate Telephone:		
PAID PREPARER	Paid Preparer's Signature		ID Number/Social Security Number		For Department Use Only	
	Preparer's Name		City/State/Zip		A ●	
	Address		Telephone Number			