

# 2009 AR1000

## ARKANSAS INDIVIDUAL INCOME TAX RETURN

### Full Year Resident

# F

Jan. 1 - Dec. 31, 2009 or fiscal year ending \_\_\_\_\_, 20\_\_

Dept. Use Only

USE LABEL OR PRINT OR TYPE	FIRST NAME(S) AND INITIAL(S) <i>(List for both spouses if applicable)</i>	LAST NAME(S) <i>(See Instructions)</i>	YOUR SOCIAL SECURITY NUMBER
	MAILING ADDRESS <i>(Number and Street, P.O. Box or Rural Route)</i>		SPOUSE'S SOCIAL SECURITY NUMBER
	CITY, STATE AND ZIP CODE		<b>Important</b> ▲ <b>You MUST enter your SSN(s) above</b> ▲

FILING STATUS Check Only One Box	1. <input type="checkbox"/> SINGLE <i>(Or widowed before 2009 or divorced at end of 2009)</i>	4. <input type="checkbox"/> MARRIED FILING SEPARATELY ON THE SAME RETURN
	2. <input type="checkbox"/> MARRIED FILING JOINT <i>(Even if only one had income)</i>	5. <input type="checkbox"/> MARRIED FILING SEPARATELY ON DIFFERENT RETURNS
	3. <input type="checkbox"/> HEAD OF HOUSEHOLD <i>(See Instructions)</i> 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: <i>(See Instructions)</i> _____

**HAVE YOU FILED A FEDERAL EXTENSION?** ▶  **Check this box if you have filed an automatic federal extension Form 4868. (See Instructions)**

PERSONAL 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) <input type="checkbox"/> SPOUSE • <input type="checkbox"/> 65 or OVER • <input type="checkbox"/> 65 SPECIAL • <input type="checkbox"/> BLIND • <input type="checkbox"/> DEAF	Multiply number of boxes checked from Line 7A..... <input type="checkbox"/> X \$23 =	00
	7B. First name(s) of dependent(s): <i>(Do not list yourself or spouse)</i> _____	Multiply number of dependents from Line 7B..... <input type="checkbox"/> X \$23 =	00
	7C. First name of developmentally disabled individual(s): <i>(See Instr.)</i> _____	Multiply number of developmentally disabled individuals from Line 7C..... <input type="checkbox"/> X \$500 =	00
	7D. <b>TOTAL PERSONAL CREDITS:</b> <i>(Add Lines 7A, 7B, and 7C. Enter total here and on Line 36)</i> ..... 7D		00

ROUND ALL AMOUNTS TO WHOLE DOLLARS		(A) Your/Joint Income	(B) Spouse's Income Status 4 Only
8. Wages, salaries, tips, etc: <i>(Attach W-2s)</i> .....	8	00	00
9A. U.S. Military compensation: <i>(Your/joint gross amount)</i> .....	9A	00	00
9B. U.S. Military compensation: <i>(Spouse's gross amount)</i> .....	9B	00	00
10. Minister's income: Gross \$..... Less rental value \$.....	10	00	00
11. Interest income: <i>(If over \$1,500, attach AR4)</i> .....	11	00	00
12. Dividend income: <i>(If over \$1,500, attach AR4)</i> .....	12	00	00
13. Alimony and separate maintenance received:.....	13	00	00
14. Business or professional income: <i>(Attach federal Schedule C or C-EZ)</i> .....	14	00	00
15. Capital gains/losses from stocks, bonds, etc: <i>(See Instr. Attach federal Schedule D)</i> .....	15	00	00
16. Other gains or (losses): <i>(Attach federal Form 4797)</i> .....	16	00	00
17. Non-Qualified IRA distributions and taxable annuities: <i>(Attach 1099Rs)</i> .....	17	00	00
18A. Your/Joint Employer pension plan(s)/Qualified IRA(s): <i>(See Instructions - Attach 1099Rs)</i> <b>Gross Distribution</b> ..... <b>Taxable Amount</b> .....	18A	00	00
18B. Spouse's Employer pension plan(s)/Qualified IRA(s): <i>(Filing Status 4 Only)</i> <b>Gross Distribution</b> ..... <b>Taxable Amount</b> .....	18B	00	00
19. Rents, royalties, partnerships, estates, trusts, etc: <i>(Attach federal Schedule E)</i> .....	19	00	00
20. Farm income: <i>(Attach federal Schedule F)</i> .....	20	00	00
21. Other income/depreciation differences: <i>(List type and amount. See Instructions)</i> .....	21	00	00
22. <b>TOTAL INCOME:</b> <i>(Add Lines 8 through 21)</i> .....	22	00	00
23. Border city exemption: <i>(Attach Form AR-TX)</i> .....	23	00	00
24. Arkansas Tax Deferred Tuition Savings Program: <i>(See Instructions)</i> .....	24	00	00
25. Total Other Adjustments: <i>(Attach Form AR1000ADJ)</i> .....	25	00	00
26. <b>TOTAL ADJUSTMENTS:</b> <i>(Add Lines 23, 24, and 25)</i> .....	26	00	00
27. <b>ADJUSTED GROSS INCOME:</b> <i>(Subtract Line 26 from Line 22)</i> .....	27	00	00

		(A) Your/Joint Income	(B) Spouse's Income Status 4 Only		
<b>TAX COMPUTATION</b>	28. <b>ADJUSTED GROSS INCOME:</b> (From Line 27, Columns A and B, Page AR1)..... 28	00	00		
	29. Select tax table: <b>(Check the appropriate box)</b>				
	• <input type="checkbox"/> <b>LOW INCOME</b> Table <input type="checkbox"/> <b>REGULAR</b> Table				
	If you qualify for the Low Income Tax Table, enter zero (0) on Line 29A. If not, then:				
	Enter the larger } • <input type="checkbox"/> <b>Itemized Deductions</b> (See Instructions, Line 29)				
	of your:            } OR				
	<input type="checkbox"/> <b>Standard Deduction</b> (See Instructions, Line 29) .....	00	00		
	30. <b>NET TAXABLE INCOME:</b> (Subtract Line 29 from Line 28) .....	00	00		
	31. <b>TAX:</b> (Enter tax from tax table)..... 31	00	00		
	32. Combined tax: (Add amounts from Lines 31A and 31B) .....		00		
33. Enter tax from Lump Sum Distribution Averaging Schedule: (Attach AR1000TD) .....		00			
34. IRA and qualified plan withdrawal and overpayment penalties: (Attach federal Form 5329, if required) .....		00			
35. <b>TOTAL TAX:</b> (Add Lines 32 through 34)..... 35		00			
<b>TAX CREDITS</b>	36. Personal Tax Credit(s): (Enter total from Line 7D, page AR1)..... 36	00			
	37. State Political Contribution Credit: (Attach AR1800 or schedule)..... 37	00			
	38. Other State Tax Credit: [Attach copy of other state tax return(s)]..... 38	00			
	39. Child Care Credit: (20% of federal credit allowed; Attach federal Form 2441) .....	00			
	40. Credit for Adoption Expenses: (Attach federal Form 8839)..... 40	00			
	41. Phenylketonuria Disorder Credit: (See Instructions. Attach AR1113)..... 41	00			
	42. Business and Incentive Tax Credit(s): [Attach schedule and certificate(s)]..... 42	00			
	43. <b>TOTAL CREDITS:</b> (Add Lines 36 through 42)..... 43		00		
44. <b>NET TAX:</b> (Subtract Line 43 from Line 35. If Line 43 is greater than Line 35, enter 0) .....		00			
<b>PAYMENTS</b>	45. Arkansas income tax withheld: [Attach state copies of W-2 Form(s)]..... 45	00			
	46. Estimated tax paid or credit brought forward from 2008:..... 46	00			
	47. Payment made with extension: (See Instructions)..... 47	00			
	48. Early childhood program: Certification Number: _____ (20% of federal credit; Attach federal Form 2441 and Form AR1000EC) .....	00			
	49. <b>TOTAL PAYMENTS:</b> (Add Lines 45 through 48)..... 49		00		
<b>REFUND OR TAX DUE</b>	50. <b>AMOUNT OF OVERPAYMENT/REFUND:</b> (If Line 49 is greater than Line 44, enter difference)..... 50		00		
	51. Amount to be applied to 2010 estimated tax:..... 51	00			
	52. Amount of Check-off Contributions: (Attach Schedule AR1000-CO)..... 52	00			
	53. <b>AMOUNT TO BE REFUNDED TO YOU:</b> (Subtract Lines 51 and 52 from Line 50)..... <b>REFUND</b> 53		00		
	54. <b>AMOUNT DUE:</b> (If Line 49 is less than Line 44, enter difference; If over \$1,000, See Instructions)..... <b>TAX DUE</b> 54		00		
	55A. Attach Form AR2210 or AR2210A. If required, enter exception in box 55A • <input type="checkbox"/> Penalty 55B • _____ 00		00		
55C. Attach your check or money order payable in U.S. Dollars to "Dept. of Finance and Administration" for the tax due and penalty (if any). Include your SSN on your check. To pay by credit card, see Page 17 .....		00			
56. Amount of income not subject to Arkansas tax from AR4, Part III: (Memorandum only)			May the Arkansas Revenue Agency discuss this return with the preparer shown below? <input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>PLEASE SIGN HERE</b>	<b>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.</b>				
	Your Signature		Occupation	Date	Home Telephone:
	Spouse's Signature		Occupation	Date	Work Telephone:
	<b>PAID PREPARER</b>	Paid Preparer's Signature		ID Number/Social Security Number	
		Preparer's Name		City/State/Zip	
		Address		Telephone Number	
					<b>For Department Use Only</b>
					A •
					B •
				C •	
				D •	
				E •	
				F •	
<b>Please Note: DUE DATE IS APRIL 15, 2010</b>					