

2005 AR1000 ARKANSAS INDIVIDUAL INCOME TAX RETURN

Full Year Resident

Dept. Use Only

F

Jan 1 - Dec 31, 2005 or fiscal year ending _____, 20__ • • []

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		Important ▲ You MUST enter your SSN(s) above ▲

FILING STATUS Check Only One Box	1. <input type="checkbox"/> SINGLE <i>(or widowed before 2005 or divorced at end of 2005)</i> 2. <input type="checkbox"/> MARRIED FILING JOINT <i>(Even if only one had income)</i> 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: _____	4. <input type="checkbox"/> MARRIED FILING SEPARATELY ON THE SAME RETURN 5. <input type="checkbox"/> MARRIED FILING SEPARATELY ON DIFFERENT RETURNS Enter spouse's name here and SSN above _____ 6. <input type="checkbox"/> QUALIFYING WIDOW(ER) with dependent child. Year spouse died: <i>(See Instructions)</i> _____
-------------------------------------	--	---

HAVE YOU FILED A FEDERAL EXTENSION?	<input type="checkbox"/> Check this box if you have filed an automatic Federal Extension Form 4868. <i>(See Instr.)</i>
--	---

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 \$21 = _____ 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 \$21 = _____ 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. TOTAL PERSONAL CREDITS: <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/Total Income	(B) Spouse's Income Status 4 Only
8.	Wages, salaries, tips, etc.:	00	8
9A.	U. S. Military Officer's compensation: <i>(Your/joint gross amount)</i> • <input type="checkbox"/> 00 Less \$6,000	00	9A
9B.	U. S. Military Officer's compensation: <i>(Spouse's gross amount)</i> • <input type="checkbox"/> 00 Less \$6,000	00	9B
10A.	U. S. Military Enlisted compensation: <i>(Your/joint gross amount)</i> • <input type="checkbox"/> 00 Less \$9,000	00	10A
10B.	U. S. Military Enlisted compensation: <i>(Spouse's gross amount)</i> • <input type="checkbox"/> 00 Less \$9,000	00	10B
11.	Minister's income: Gross \$ _____ Less rental value \$ _____	00	11
12.	Interest income: <i>(If over \$1,500, attach page AR4)</i>	00	12
13.	Dividend income: <i>(If over \$1,500, attach page AR4)</i>	00	13
14.	Alimony and separate maintenance received:	00	14
15.	Business or professional income: <i>(Attach Federal Schedule C or C-EZ)</i>	00	15
16.	Capital gains/losses from stocks, bonds, etc.: <i>(See Instr. Attach Federal Schedule D)</i>	00	16
17.	Other gains or (losses): <i>(Attach Federal Form 4797)</i>	00	17
18.	Non-Qualified IRA distributions and taxable annuities:	00	18
19A.	Your/Joint Employer pension plan(s)/Qualified IRA(s): <i>(See Important Line 19 Instructions)</i> Gross Distribution • <input type="checkbox"/> 00 Taxable Amount • <input type="checkbox"/> 00 Less \$6,000	00	19A
19B.	Spouse's Employer pension plan(s)/Qualified IRA(s) (Filing Status 4 Only): Gross Distribution • <input type="checkbox"/> 00 Taxable Amount • <input type="checkbox"/> 00 Less \$6,000	00	19B
20.	Rents, royalties, partnerships, estates, trusts, etc.: <i>(Attach Federal Schedule E)</i>	00	20
21.	Farm income: <i>(Attach Federal Schedule F)</i>	00	21
22.	Other income: <i>(List type and amount. See Instructions)</i>	00	22
23.	TOTAL INCOME: <i>(Add Lines 8 through 22)</i>	00	23
24.	Border city exemption: <i>(Attach Form AR - TX)</i>	00	24
25.	Total Other Adjustments: <i>(Attach Form AR1000ADJ)</i>	00	25
26.	TOTAL ADJUSTMENTS: <i>(Add Lines 24 and 25)</i>	00	26
27.	ADJUSTED GROSS INCOME: <i>(Subtract Line 26 from Line 23)</i>	00	27

Attach W-2/1099 Form(s) here / Attach check on top of W-2/1099 Form(s)

TAX COMPUTATION		(A) Your/Total Income		(B) Spouse's Income Status 4 Only	
28.	ADJUSTED GROSS INCOME: (From Line 27, Columns A and B, Page AR1)	28	00	28	00
29.	Select tax table: (Check the appropriate box) <input type="checkbox"/> LOW INCOME Table 1 <input type="checkbox"/> REGULAR Table 2 If you qualify for the Low Income Tax Table, enter zero (0) on Line 29A. If not, then: Enter the larger of your: <ul style="list-style-type: none"> <input type="checkbox"/> Itemized Deductions (See Itemized Deductions Instructions, Line 28) OR <input type="checkbox"/> Standard Deduction (See Standard Deduction Instructions) 	29	00	29	00
30.	NET TAXABLE INCOME: (Subtract Line 29 from Line 28)	30	00	30	00
31.	Tax: (Enter tax from tax table)	31	00	31	00
32.	Combined tax: (Add amounts from Lines 31A and 31B)	32			00
33.	Enter tax from Lump Sum Distribution Averaging Schedule: (Attach AR1000TD)	33			00
34.	IRA and qualified plan withdrawal and overpayment penalties: (Attach Federal Form 5329, if required)	34			00
35.	TOTAL TAX: (Add Lines 32 through 34)	35			00

TAX CREDITS					
36.	Personal Tax Credit(s): (Enter total from Line 7D, page AR1)	36	00		
37.	State Political Contributions 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 or 1040A, Sch. 2)	39	00		
40.	Credit for Adoption Expenses: (Attach 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)	42	00		
43.	TOTAL CREDITS: (Add Lines 36 through 42)	43			00
44.	NET TAX: (Subtract Line 43 from Line 35. If Line 43 is greater than Line 35, enter 0)	44			00

PAYMENTS					
45.	Arkansas income tax withheld: [Attach State copies of W-2 Form(s)]	45	00		
46.	Estimated tax paid or credit brought forward from last year:	46	00		
47.	Payment made with extension: (See Instructions)	47	00		
48.	Early childhood program: Certification Number: _____ (20% of Fed. credit allowed; Attach Fed. Form 2441 or 1040A, Sch. 2 & Form AR1000EC) ...	48	00		
49.	TOTAL PAYMENTS: (Add Lines 45 through 48)	49			00

REFUND OR TAX DUE					
50.	AMOUNT OF OVERPAYMENT/REFUND: (If Line 49 is greater than Line 44, enter difference)	50			00
51.	Amount to be applied to 2006 estimated tax:	51	00		
52.	Amount of Check-off Contributions: (Attach Schedule AR1000-CO)	52	00		
53.	AMOUNT TO BE REFUNDED TO YOU: (Subtract Lines 51 and 52 from Line 50)	REFUND 53	☺		00
54.	AMOUNT DUE: (If Line 49 is less than Line 44, enter difference; If over \$1,000, See Instructions)	TAX DUE 54	☹		00
55A.	Attach Form AR2210 and enter exception in box. ... 55A <input type="checkbox"/> Penalty 55B <input type="checkbox"/> 00				
55C.	Please attach your check or money order, payable to "Dept. of Finance and Administration", for the tax due and penalty (if applicable). Be sure to write your Social Security Number on your check.	TOTAL DUE 55C			00

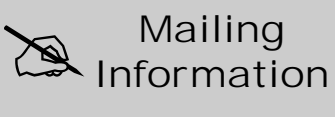
56.	Amount of income not subject to Arkansas tax from AR4, Part III: (Memorandum only)	May the Arkansas Revenue Agency discuss this return with the preparer shown below?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
-----	--	--	------------------------------	-----------------------------

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	Home Telephone:
Spouse's Signature	Occupation	Date	Work Telephone:

PAID PREPARER	Paid Preparer's Signature	ID Number/Social Security Number	For Department Use Only			
			A	B	C	D
	Preparer's Name	City/State/Zip				
	Address	Telephone Number				
			E			
			F			

Please Note: DUE DATE IS APRIL 17, 2006



Mailing Information

Mail REFUND returns to: DFA State Income Tax, P. O. Box 1000, Little Rock, AR 72203-1000.
 Mail TAX DUE returns to: DFA State Income Tax, P. O. Box 2144, Little Rock, AR 72203-2144.
 Mail NO TAX DUE returns to: DFA State Income Tax, P. O. Box 8026, Little Rock, AR 72203-8026.