AR1113 2004

STATE OF ARKANSAS PHENYLKETONURIA DISORDER AND OTHER METABOLIC DISORDERS CREDIT

Individual Income Tax Return

Taxpayer's Name:		Taxpayer's Social Secu	Taxpayer's Social Security Number:	
Individual's Name: Individual's Social		Individual's Social Secu	rity Number:	
children with Phenylketor expenses incurred for the unused credit amount ma	nuria (PKU), Galactosemia, Organ purchase of medically necessary y be carried forward for an addition	owed to individuals or to families with a delic Acidemias, and Disorders of Amino Acimedical foods and low protein modified foal two (2) years. This form must be complediagnosed with an allowable disorder.	id Metabolism for ood products. Any	
Enter the total cost incurred in 2004 for medically necessary foods and low protein modified food products:			00	
2. Unused credit from 2002 and 2003:			00	
3. Total credit available for 2004: (Add lines 1 and 2.)			00	
4. Maximum allowable credit:			\$2,400 00	
5. Total allowable credit: (Enter the lessor of Lines 3 or 4.)			00	
6. Enter net tax due after deducting all credits except business incentive credits and this credit:			00	
7. Credit allowed: (Enter the lessor of Lines 5 or 6 here and on Line 49, AR1000/AR1000NR.)			00	
	der penalties of perjury, I declare that on entered is true and correct.	the above individual has been diagnosed wit	h phenylketonuria	
Taxpayer	 Date	Spouse (if applicable)	Date	