

Name	Social Security Number
------	------------------------

MEDICAL AND DENTAL EXPENSES: [Do not include expense(s) paid by others]. (See Instructions)

1. Medical and dental expenses:	1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2. Enter amount from AR1000/AR1000NR, Line 35A and 35B	2	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
3. Multiply Line 2 by 7.5% (.075)	3	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
4. TOTAL MEDICAL EXPENSE: (Subtract Line 3 from Line 1; If Line 3 is more than Line 1, enter -0-)	4				

TAXES: (See Instructions)

5. Real estate tax:	5	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
6. Personal property tax or other taxes (Attach List):	6	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
7. TOTAL TAXES: (Add Lines 5 and 6)	7				

INTEREST EXPENSE: (See Instructions)

8. Home mortgage interest paid to financial institutions:	8	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
9. Home mortgage interest paid to an individual: Name: _____ Address: _____	9	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
10. Deductible points:	10	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
11. Investment interest: (Attach Federal Form 4952)	11	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
12. TOTAL INTEREST EXPENSE: (Add Lines 8 through 11)	12				

CONTRIBUTIONS: (See Instructions)

13. Cash contributions:	13	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
14. Art and literary contributions: (See Instructions)	14	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
15. Check-off contributions: (See Instructions)	15	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
16. Other:	16	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
17. Carryover contributions from prior years:	17	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
18. TOTAL CONTRIBUTIONS: (Add Lines 13 through 17)	18				

CASUALTY AND THEFT LOSSES: (See Instructions)

19. TOTAL CASUALTY AND THEFT LOSSES: (Attach Federal Form 4684)	19				
---	----	--	--	--	--

POST-SECONDARY EDUCATION TUITION DEDUCTION: (See Instructions)

20. TOTAL POST-SECONDARY EDUCATION TUITION DEDUCTION: (Attach AR1075(s))	20				
--	----	--	--	--	--

MISCELLANEOUS DEDUCTIONS SUBJECT TO 2% AGI LIMIT: (See Instructions)

21. Unreimbursed employment business expenses: (Attach Federal Form 2106)	21	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
22. Other Expenses: (List type and amount)	22	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
23. Add the amounts on Lines 21 and 22. Enter the total.	23	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
24. Enter the amount from AR1000/AR1000NR, Line 35A and 35B.	24	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
25. Multiply Line 24 above by 2% (.02)	25	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
26. TOTAL MISCELLANEOUS DEDUCTIONS: (Subtract Line 25 from Line 23; If Line 25 is more than Line 23, enter -0-)	26				

OTHER MISCELLANEOUS DEDUCTIONS: (See Instructions)

27. TOTAL MISCELLANEOUS DEDUCTIONS NOT SUBJECT TO THE 2% AGI LIMITATION. (Attach list)	27				
--	----	--	--	--	--

TOTAL ITEMIZED DEDUCTIONS:

28. If the amount on AR1000/AR1000NR, Line 35A and 35B is \$142,700 or less (\$71,350 if married filing separately on separate returns), add Lines 4, 7, 12, 18, 19, 20, 26 and 27. Enter the total here. If the amount on AR1000/AR1000NR, Line 35A and 35B is over \$142,700 (\$71,350 if married filing separately on separate returns), see worksheet in the instructions to calculate the allowable amount to enter. Enter allowable amount here. IF YOU CHECKED FILING STATUS 1, 2, 3 OR 6, enter the allowable amount here and on AR1000/AR1000NR, Line 36A	28				
--	----	--	--	--	--

Note: Complete lines 29 through 33 ONLY if you and your spouse are using Filing Status 4 or 5.

		YOUR Adjusted Gross Income Line 35, Column A		SPOUSE'S Adjusted Gross Income Line 35, Column B
29. Enter the adjusted gross income from AR1000/AR1000NR Line 35, Columns A and B here.	29A	<input type="text"/>	<input type="text"/>	29B <input type="text"/>
30. Total Arkansas adjusted gross income, add columns 29A and 29B from above and enter here.	30			<input type="text"/>
31. Divide the amount on Line 29A by the amount on Line 30. Enter the percentage here.	31			<input type="text"/>
32. Multiply Line 28 by the percentage on Line 31. Enter here and on AR1000/AR1000NR, Line 36, Col. A	(YOU) 32			<input type="text"/>
33. Subtract Line 32 from Line 28. Enter here and on AR1000/AR1000NR, Line 36, Col. B. If you and your spouse are using Filing status 5, enter this amount on Line 36, Col. A of your spouse's return.	(SPOUSE) 33			<input type="text"/>