2022 AR1000NR

ARKANSAS INDIVIDUAL



P1

INCOME TAX RETURN Nonresident and Part Year Resident

CHECK BOX IF
AMENDED RETURN

						AMEND	EDK	EIUKN	Software	e ID		
n.	1 - Dec. 31, 2022 or fiscal year ending		_ , 20			•			• DFA WE	В		
٦	Primary's legal first name	MI	Last na	ame		Check i		ary's social s	ecurity number			
	•	•	•			● ☐ Decease	d					
	Spouse's legal first name MI			Last name				Spouse's social security number				
	•			Check								
	Mailing address (number and street, P.O. box or rural route)						_	heck if address	ss is outside U.S.			
	•				noon ii addies	oo io dutalue U.O.						
	City State or province			ZIP			Fore	ign country n	ame			
,	•			•								
2	Primary email				Secondary email							
KINA												
TAXPAYER INFORMATION	ATTACH PAGE 1 AND 2 OF YOU	L RETUR	NONRESIDENT: PART YEAR RESIDENT: Dates lived in AR: state of residence: From: To:									
į				List	state of res	sidence:		From:	To:			
IAA	• We will no longer automatically mail 1099-G forms. Instead, we ask that you get this information from our website (www.atap.arkansas.gov). Check the box if you still want us to mail you a paper Form 1099-G next year.											
	Check here if you want a tax booklet mailed to you next year. Check this box if you have filed a state extension or an automatic federal extension											
				Issue				Expiration da				
	DL# / State ID	Your state		(mm/d	dd/yyyy)		_	(mm/dd/yyyy))			
				Issue	date			Expiration da	te.			
	DL# / State ID	Spouse state	e				_)			
FILING STATUS	1. Single (Or widowed before 2022 or divorced at end of 2022) 2. Married filing joint (Even if only one had income) 3. Head of household (See instructions) If the qualifying person was your child, but not your dependent, enter child's name here: 4. Married filing separately on the same return 5. Married filing separately on different returns Enter spouse's name here and SSN above 6. Surviving spouse with dependent child Year spouse died: (See instructions)											
	7A. Yourself • 65 or over	• _ 6	55 Special	•	Blind	• Deaf	Не	ead of housel Filing status 3 only	hold/surviving spous () (Filing status 6 only)	е		
	Spouse • 65 or over	• 6	S5 Special	•	Blind	Deaf						
	Multiply number of boyos chooked							7A X \$29	_	٦		
	Multiply number of boxes checked							/^ X \$29	-	0		
	Dependents (Do not list yourself or spouse)											
2	First name	Last name	e l	Depend	ent's soci	al security number		Dependent's	relationship to you			
				1		,			, ,			
PERSONAL IAA CREDIIS	1.											
4	2.											
	3.											
ואטר												
	4.						-					
	5.											
	78 Multiply number of DEPENDENT	from above					7R	• X \$29	=	0		
	7B. Multiply number of DEPENDENTS from above									\Rightarrow		
	7C. Multiply number of qualifying individuals from AR1000RC5 (See instructions)								0 =	0		
	7D TOTAL DEDCOMAL TAY OPE		-	70	0							
	7D. TOTAL PERSONAL TAX CREI	ווע : (Add lin	ies /A, 7B,	and 7C. En	ter total he	ere and on line 34)			יט	(



Primary SSN ____-_--_--

Γ	ROUND ALL AMOUNTS TO WHOLE DOLLARS	(A)	Primary/Joint Income	(B) Spouse's Income Status 4 Only	T	(C) Arkansas Income Only
	8. Wages, salaries, tips, etc: (Attach W-2s)	•	00	 	0	
	9. Military pay: Primary • 00 Spouse • 00					
	10. Interest income: (If over \$1,500, attach AR4)10	•	00	• 0	0	00
	11. Dividend income: (If over \$1,500, attach AR4)11	•	00	• 0	0	00
	12. Alimony and separate maintenance received:	1	00	• 0	0	00
	13. Business or professional income: (Attach federal Sch. C)	•	00	• 0	0	00
	14. Capital gains/(losses) from stocks, bonds, etc: (Attach federal Sch. D) . 14		00	• 0	0	00
	15. Other gains or (losses): (See instructions)		00	• 0	0 •	00
	16. Non-qualified IRA distributions and taxable annuities: (Attach all 1099Rs)16	•	00	• 0	0	00
NCOME	17. Military retirement: Primary ● 00 Spouse ● 00					
Ž	18A.Primary employer pension plan(s)/qualified IRA(s):(Attach 1099Rs) Gross 18A.Primary employer pension plan(s)/qualified IRA(s):(Attach 1099Rs) 18A.Primary employer pension plan(s)/qualified IRA(s):(Attach 1099Rs)	•	00			00
	18B.Spouse employer pension plan(s)/qualified IRA(s):(Attach 1099Rs) Gross	3	00	• 0	0	00
	19. Rents, royalties, partnerships, estates, trusts, etc.: (Attach federal Sch. E) 19	•	00	• 0	0	00
	20. Farm income: (Attach federal Sch. F)	•	00	• 0	0	00
	21. Unemployment:21	•	00	• 0	0	00
	22. Other income/depreciation differences: (Attach Form AR-OI)22	•	00	• 0	0	00
	23. TOTAL INCOME: (Add lines 8 through 22) 23	•	00	• 0	0	00
	24. TOTAL ADJUSTMENTS: (Attach Form AR1000ADJ)		00	• 0	0	00
	25. ADJUSTED GROSS INCOME: (Subtract line 24 from line 23) 25	•	00	• 0	0	00
	26. Select tax table: (Select only one)					
	27. ● ☐ Low income table (\$0), See line 26 instructions					
TATION	• Itemized deductions (Attach AR3)	•	00	• 0	0	
	28. NET TAXABLE INCOME: (Subtract line 27 from line 25)28	•	00	• 0	0	
COMPL	29. TAX: (Enter tax from tax table)29		00	0	0	
TAX	30. Combined tax: (Add amounts from line 29, columns A and B)		- 1	00		
	31. Enter tax from Lump Sum Distribution Averaging Schedule: (Attach AR					
	32. Additional tax on IRA and qualified plan withdrawal and overpayment: (S		_	00		
H	33. TOTAL TAX: (Add lines 30 through 32)		- 1			
STI	35. Child care credit: (Attach AR2441)					00
CREDITS	36. Other credits: (Attach AR1000TC)			00		
TAX	37. TOTAL CREDITS: (Add lines 34 through 36)			00		
	38. NET TAX: (Subtract line 37 from line 33. If line 37 is greater than line	38	3 •	00		
4ENT	38A Enter the amount from line 25, Column C:	38	A •	00		
PPORTIONMENT	38B.Enter the total amount from line 25, Columns A and B :	38	В	00		
PPOR	38C.Divide line 38A by 38B: (See instructions)				۷-	In.
╚	38D.APPORTIONED TAX LIABILITY: (Multiply line 38 by line 38C)			38	D●	00



Primary SSN 39. Arkansas income tax withheld: (Attach copies of W-2, 1099R, W2-G,1099-PT, and/or AR-K1)39 00 00 00 43. Early childhood program: Certification number: (Attach AR1000EC and AR2441) 43 00 00 00 00 00 00 **REFUND OR TAX DUE** 00 50. AMOUNT TO BE REFUNDED TO YOU: (Subtract lines 48 and 49 from line 47)REFUND 50• © 00 00 52A. **UEP:** Attach Form AR2210 or AR2210A. If required, enter exception in box 52A Penalty 52B 00 loo Direct deposit allowed to U.S. banks only. Check if either deposit(s) will ultimately be placed in a foreign account. Checking or . Savings **Routing number 1** Account number 1 DIRECT DEPOSIT Direct deposit 1 amt. 00 Checking or • Savings **Routing number 2 Account number 2** Direct deposit 2 amt. 00 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. Date Primary's signature Telephone **May the Arkansas Revenue Division** discuss this return Spouse's signature Date Telephone with the preparer? Paid preparer's signature PTIN/ID number Yes No For Department Use Only Preparer's name Telephone Address City State ZIP E-mail **PAY ONLINE:** Refund: Tax Due/No Tax: Please visit our secure website ATAP (Arkansas Taxpayer Access Point) at www.atap.arkansas.gov. ATAP allows Arkansas State Income Tax Arkansas State Income Tax taxpayers or their representatives to log on, make payments and manage their account online. ATAP is available P.O. Box 1000 P.O. Box 2144 24 hours. Little Rock, AR 72203-1000 Little Rock, AR 72203-2144 **PAY BY MAIL: (See instructions) PAY BY CREDIT CARD: (See instructions)**