2023 AR1000NR ARKANSAS INDIVIDUAL



P1

INCOME TAX RETURN Nonresident and Part Year Resident

CHECK BOX IF AMENDED RETURN

						AMENDE	ED KETUKN	Software ID						
an.	1 - Dec. 31, 2023 or fiscal year ending		_ , 20	•		•		• DFA WEB						
	Primary's legal first name	MI	Last nar	ne		01 7 7	Primary's social sec	urity number						
	•	•			Check if ■ Deceased	•								
	Spouse's legal first name	use's legal first name MI Last name					Spouse's social seci	urity number						
	•	• •			Check if Deceased									
	Mailing address (number and street, P.O. box or rural route)					_ Deceased		a cutaida II C						
	•	,				Check if address is	outside U.S.							
	City State or province				ZIP		Foreign country nam	ie						
	• State of province													
N	Primary email		Second	dary email										
AŢ	i minary omaii					Secondary email								
		477401	DAGE 4											
TAXPAYER INFORMATION		ATTACH PAGE 1 AND 2 OF YOUR FEDERAL RETURN												
Œ	Primary - Remote Worker Prin	mary - Military S	Spouse	• •□	NONRES	SIDENT:	PART YEAR RESII	DENT: Dates lived in AR:						
(PA)	Spouse - Remote Worker ☐ ● Spouse	ouse - Military S	Spouse 🗌	• List	state of re	esidence:	From:	To:						
3	─ We no longer automatical	Ilv mail 1099	-G forms	Instead	l we a	sk that you get th	is information fro	m our website						
	● ☐ We 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	•		you have filed a s	tate extension						
	─ next year.					or an automatic t	ederal extension							
				Issue			Expiration date							
	DL# / State ID	Your state		(mm/d	ld/yyyy) _		(mm/dd/yyyy) _							
				Issue			Expiration date							
	DL# / State ID	Spouse state		(mm/d	ld/yyyy) _		(mm/dd/yyyy) _							
	1 Cingle (Outsidenced before 200	00 di d			1 4 4 6	Married filing cond	arataly on the same re	4.150						
FILING STATUS	1.● Single (Or widowed before 202	23 or divorced at	end of 2023	4.● Married filing separately on the same return										
STA	2.● Married filing joint (Even if on	ne)	5.• Married filing separately on different returns											
S	3.● Head of household (See instr		Enter spouse's name here and SSN above											
=	If the qualifying person was y	ot your dep	6.● Surviving spouse with dependent child											
	enter child's name here:	(See instructions)												
	7A. Yourself • 65 or ove	ar •□6	5 Special		Blind	Deaf	Head of household	d/surviving spouse						
				"			(Filing status 3 only)	d/surviving spouse (Filing status 6 only)						
	Spouse • 65 or ove	er • <u> </u>	5 Special	•	Blind	● Deaf								
	Multiply number of boxes checked						7A X \$29 =							
	multiply number of boxes checked							00						
	Dependents (Do not list yourself or spouse)													
60	First name	Last name	<u> </u>	Depende	ent's soc	ial security number	Dependent's re	lationship to you						
CREDITS				<u>'</u>		,	· ·	. ,						
SRE	1.													
ÄX	2.													
AL 1	3.													
PERSONAL TAX	<u>. </u>		+											
ERS	4.													
-	5.													
	6.		<u> </u>											
	U.													
	7B. Multiply number of DEPENDEN1	S from above					7B • X \$29 =	00						
	. S. Maidply Hallibor of DEPERDER	. 110111 above					Α Δ29 -							
	7C. TOTAL PERSONAL TAX CRE	EDITS: (Add lin	es 7A and 7E	B. Enter to	tal here	and on line 34)	7C	00						
	Individuals with Developn	nental Disabi	ilities Cre	Individuals with Developmental Disabilities Credit (AR1000-DD - formerly AR1000RC5) now on Form AR1000										



Primary SSN ____-__-

Pri	mary SSN				_		
	ROUND ALL AMOUNTS TO WHOLE DOLLARS	(A) Primary/Joint Income		(B) Spouse's Income Status 4 Only		(C) Arkansas Income Only	
	8. Wages, salaries, tips, etc: (Attach W-2s)	•	00	• 00	0	•	00
	9. Military pay: Primary ● 00 Spouse ● 00						
	10. Interest income: (If over \$1,500, attach AR4)10	•	00	• 00	0	•	00
	11. Dividend income: (If over \$1,500, attach AR4)11	•	00	• 00	0	•	00
	12. Alimony and separate maintenance received:	•	00	• 00	0	•	00
	13. Business or professional income: (Attach federal Sch. C)	•	00	• 00	0	•	00
	14. Capital gains/(losses) from stocks, bonds, etc: (Attach federal Sch. D)14	•	00	• 00	0	•	00
	15. Other gains or (losses): (See instructions)	•	00	• 00	0	•	00
l	16. Non-qualified IRA distributions and taxable annuities: (Attach all 1099Rs)16	•	00	• 00	0	•	00
NCOME	17. Military retirement: Primary ● 00 Spouse ● 00						
Ž	18A.Primary employer pension plan(s)/qualified IRA(s):(Attach 1099Rs)						
	Gross ● 00 Taxable ● 00 Less 18A		00		+	•	00
	18B.Spouse employer pension plan(s)/qualified IRA(s):(Attach 1099Rs) Gross Taxable Taxable		00	. 00	0		00
	Gross o 00 Taxable o 00 Less \$6,000 19. Rents, royalties, partnerships, estates, trusts, etc.: (Attach federal Sch. E) 19		00		0		00
	20. Farm income: (Attach federal Sch. F)20		00		0		00
	21. Unemployment:		00		0		00
	22. Other income/depreciation differences: (Attach Form AR-OI)		00		0		00
	23. TOTAL INCOME: (Add lines 8 through 22)		00		ŏ		00
	24. TOTAL ADJUSTMENTS: (Attach Form AR1000ADJ)		00		0		00
	25. ADJUSTED GROSS INCOME: (Subtract line 24 from line 23) 25		00		ŏ		00
	·		00		1		00
	26. Select tax table: (Select only one) 27. ● ☐ Low income table (\$0), See line 26 instructions				1		
Z	 Standard deduction (See instructions) Itemized deductions (Attach AR3) 		00	• 00	ار		
UTATION	28. NET TAXABLE INCOME: (Subtract line 27 from line 25) 28		00		┨		
СОМР	29. TAX: (Enter tax from tax table)		00		٦		
AX C	30. Combined tax: (Add amounts from line 29, columns A and B)		1		00		
۲	31. Enter tax from Lump Sum Distribution Averaging Schedule: (Attach AR		г	•	00		
	32. Additional tax on IRA and qualified plan withdrawal and overpayment: (Se	- 1		00			
	33. TOTAL TAX: (Add lines 30 through 32)	Т	•	00			
TS	34. Personal tax credit(s): (Enter total from line 7C)		- 1	•	00		
TAX CREDITS	35. Child care credit: (Attach AR2441) 36. Other credits: (Attach AR1000TC)		- 1	•	00		
	37. TOTAL CREDITS: (Add lines 34 through 36)		г	•	00		
	38. NET TAX: (Subtract line 37 from line 33. If line 37 is greater than line 3		г	•	00		
ENT	38A Enter the amount from line 25, Column C:	38	A	•	00		
APPORTIONMENT	38B.Enter the total amount from line 25, Columns A and B :				В	•	00
PPOR	38C.Divide line 38A by 38B: (See instructions)				٦,		
	38D.APPORTIONED TAX LIABILITY: (Multiply line 38 by line 38C)			38	Ч	•	00

Little Rock, AR 72203-1000 Little Rock, AR 72203-2144



Pri	ma	ary SSN											
	39.	39. Arkansas income tax withheld: (Attach copies of W-2, 1099R, W2-G,1099-PT, and/or AR-K1)									39 • 00		
	40.	10. Estimated tax paid or credit brought forward from 2022:									40	•	00
	41.	Payment made with extension: (See instructions)									41	•	00
STN	42.	2. AMENDED RETURNS ONLY - Previous payments: (See instructions)									42	•	00
PAYMENTS	43.	43. Early childhood program: Certification number: (Attach AR1000EC and AR2441)									40		00
"	1	4. TOTAL PAYMENTS: (Add lines 39 through 43)											00
		5. AMENDED RETURNS ONLY - Previous refund: (See instructions)											00
													00
H		6. Adjusted total payments: (Subtract line 45 from line 44)											00
	l	7. AMOUNT OF OVERPAYMENT/REFUND: (If line 46 is greater than line 38D, enter difference)											100
C DUE	l	. Amount of Check-Off contributions: (Attach Form AR10						=		00	1		
OR TAX	l									1	l	<u> </u>	00
		50. AMOUNT TO BE REFUNDED TO YOU: (Subtract lines 48 and 49 from line 47)											00
REFUND	l	A. UEP: Attach Form AR2210 or AR2210A. If required, enter exc					_			- DOL	00		
	l	, ,	•				_	•		DUF			00
-													
	Dir	ect deposit allowed to U.S. banks only. Check if either deposit((S) WI	ill ultin	_ `	-	_	_ `		nt. •			
DSIT	Routing number 1							D	Direct deposit 1 amt.				
DEP	ullet	<u> </u>	\perp		丄		Ш				•		00
DIRECT DEPOSIT	Routing number 2 Account number 2 • Checking or • Savings Direct deposit 2												
		Routing number 2 Account number	T						T T	\Box		irect depo	osit 2 amt.
L			<u> </u>		<u> </u>	1411		<u> </u>		<u></u>	<u> </u>		1
	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												
ASE HERE		ormation of which preparer has any knowledge. imary's signature		Date			Telephone				May the Arkansas		
PLE		SIGN HERE					T				Revenue Division discuss this return		
	Spouse's signature Date Telephone							with the preparer?					
	Pa	Paid preparer's signature PTIN/ID number							Yes No				
			T ==1	Telephone					_	For D	epartment	Use Only	
		Preparer's name			Тегерпопе						Α		•
ARER	Ad	ddress								-			
PAID PREPARER	Cit	ity State ZIP											
	E-r	E-mail											
DA	Y 0'	NLINE:						84-	II Def			ant tax	
Ple	ase v	se visit our secure website ATAP (Arkansas Taxpayer Access Point) at Refund: Refund:									ix:		
		p.arkansas.gov. ATAP allows taxpayers or their representatives to nake payments and manage their account online. ATAP is available	爲	ŽO.			Arkansas P.O. Box		Income	Tax Ar	kansa		ncome Tax
24	hours	3.	шX	0. n					72202 4			0X Z 144	2202 2444