



ARKANSAS INDIVIDUAL INCOME TAX CERTIFICATE FOR INDIVIDUALS WITH DEVELOPMENTAL DISABILITIES

rimary's legal name		Primary's social security number		
Spouse's legal name	5	Spouse's social security number		
This certificate must be completed in its entirety to must be attached to your individual income tax resort the dependent. The credit is in addition to you only reduces your tax liability by 500 dollars.	turn the first time this credit is tak	en. This certification is	good for the life	
Must be	completed by taxpaye	r		
Developmentally disabled dependent's name	Social security number	Relationship to tax	крауег	
By signing below I certify that the dependent listed is not	eligible to be claimed by another taxpay	er.		
Taxpayer's signature			Date	
DO NOT ADD ADDITIONAL BOXES Autism Cerebral Palsy Down S	syndrome Epilepsy Int	ellectual Disability	Spina Bifida	
Did the above condition originate prior to age of 22?		Yes	No	
 Will the developmental disability continue or can be expe a substantial impairment to the individual's ability to func- including, but not limited to, planned recreational activitie therapy and speech therapy, and possibilities for sheltered 	ion without appropriate support services s, medical services such as physical		☐ No	
The above individual has been diagnosed with a developmental of certify that the information listed above is true and correct. P			chological examiner.	
Initial diagnosis date Date of birth				
Doctor or examiner's signature			Date	
Doctor or examin	er's name	Tele	ephone number	
Street address	City	State	Zip	