## **2016 AR1000NR**



## NR1

## **ARKANSAS INDIVIDUAL**

**INCOME TAX RETURN** 4 Voor Booldont

**CHECK BOX IF** AMENDED DETIIDN

		esident and Part 16				Dept. Use Onl	ly	Alvii		יו ע:	1			Software ID		
		ec. 31, 2016 or fiscal year ending	IMI	, 20		•			•		NAA DV	000141		DFA WEB		
	PRIMARY FIRST NAME			LAST	NAME					PRI	PRIMARY SOCIAL SECURITY NUMBER					
	•			•						•						
동립	SPOUSE FIRST NAME  MAILING ADDRESS (Number and Street, P.O. Box or F			II LAST NAME SPOUSE'S SOCIAL SECURI							ITY NUMBER					
15 A				•						•						
I AB	MAILING ADDDESS 4:									COUNTRY (if not U.S.)						
SE	MAILING ADDRESS (Number and Street, P.O. Box or Rural Route)  COUNTRY (if not U.S.)															
	CITY			E OR PROVINCE ZIP				•[	Ch	heck here if you do NOT want a ta				ant a tax		
	• •					•	booklet mailed to you next year.									
A	ATTACH A COPY OF YOUR COMPLETE FEDERAL RETURN (Lis							dence)			T YEAR es Lived	RESIDEN <sup>*</sup> I in AR)	<b>Γ</b> : <b>●</b>			
IS Box	1.•	SINGLE (Or widowed before	2016 or divo	rced at end	of 2016)	4.●	Пма	RRIED	FILING	SEP	ARATE	ELY ON T	HE SAM	IE RETURN		
FILING STATUS Check Only One Box	5 2.• MARRIED FILING JOINT (Even if only one h				´   <b> </b>					FILING SEPARATELY ON DIFFERENT RETURNS						
S SI	MARKE 1 LING SOUNT (Even in only one had income) 5.4 Linder Enter					er spouse's name here and SSN above										
S K	3.●					6. QUALIFYING WIDOW(ER) with dependent child										
프용	enter child's name here:						Year spouse died: (See Instructions)									
		AVE YOU FILED AN	EXTENS	SION?	>	• [								extension		
	or an automatic federal extension  7A. YOURSELF ● 65 or OVER ● 65 SPECIAL ● BLIND ● DEAF HEAD OF HOUSEHOLD/QUALIFYING WIDOW										IG WIDOW(ER)					
	Ī	SPOUSE • 65 or OVE		CDECIAL		ND •	J Dea	\_ \_	(Filin	g Statu	ıs 3 Only	)	(Filing Stat	us 6 Only)		
	L	_	_			_	_				-, I	1 .				
LS T		oly number of boxes checkedendents (Do not list yourself or s									. /AL_	X \$26 =		00		
CREDITS	Бор	First Name	Last Nar	ne	Depend	ent's Socia	al Seci	ıritv Nu	mber		Den	endent's r	elationsl	hip to you		
	1				2 ороло											
TAX	0															
MAL	2.															
PERSONAL	3.				l								I			
PE	7B. I	Multiply number of dependents fror	n above							7B	•	X \$26 =		00		
		First name of individual(s) with devel														
	Multiply number of individuals with developmental disabilities from 7C									7C	: • <u> </u>	X \$500 =		00		
	7D.	TOTAL PERSONAL TAX CRE	DITS: (Add I	Lines 7A, 7	B, and 7C.	Enter tota	al here	and on	Line 32	2)		7D	<u> </u>	00		
(s)		ROUND ALL	AMOUNTS	то жно	LE DOLL	ARS		(A) Y	Your/Joir Income			ouse's Inc tatus 4 Or		Arkansas Income Only		
660	8.	Wages, salaries, tips, etc: (Attach	W-2s)				8	•		00	•		00	00		
s)/1		U. S. Military compensation: (Your/join				00	9A							•		
W-2		U. S. Military compensation: (Spouse's		-		00	9B									
٥	10.	Interest income: (If over \$1,500, a	ttach AR4)				10	•		00			00 •	00		
top	11.	Dividend income: (If over \$1,500,	attach AR4).				11	•		00	-		00 •	00		
k on	12.	Alimony and separate maintenand						•		00	<u> </u>		00 •	00		
hec	13.	Business or professional income:	(Attach feder	ral Schedul	e C or C-E	Z)	13	•		00	-		00	00		
S S	14.	Capital gains/(losses) from stocks, b						•		00	_		00	00		
INC	15.	Other gains or (losses): (Attach fe				·		•		00	-		00 •	00		
le .	16.	Non-Qualified IRA distributions an		•		*		•		00	•		100	00		
he (	17A.	Your/Joint Employer pension plan(s)  Gross Distribution   ●	00 Taxable	• • •	structions, A					00				00		
s)66	17R	Spouse Employer pension plan(s)			Status 4 on	00 <b>Less</b> \$6,00	)0''A									
01/0	,, b.		00 Taxable		Ciaias 4 UIII	00 Less \$6,00	<b>5_</b> 17R				•		00	00		
-2(s)	18.	Rents, royalties, partnerships, esta			federal Sch			•		00	•		00 •	00		
<u>두</u>	19.	Farm income: (Attach federal Sch						•		00	•		00 •	00		
ttac	20.	Other income/depreciation differen						•		00	•		00 •	00		
4	21.	TOTAL INCOME: (Add Lines 8	through 20).				21	•		00			00 •	00		
		TOTAL ADJUSTMENTS: (Atta						•		00	_		00	00		
	23.	<b>ADJUSTED GROSS INCOME</b>	: (Subtract L	ine 22 from	Line 21)		23	•		00	•		00 •	00		



## **Primary SSN**

N	<b>R2</b>

			(A) Your/Joint Income				(B) Spouse's Income Status 4 Only				
	24.	ADJUSTED GROSS INCOME: (From Line 23, Columns A and B)24				00			00		
	25.	Select tax table: (Check the appropriate box)							П		
		• LOW INCOME Table REGULAR Table									
COMPUTATION		If you qualify for the Low Income Tax Table, enter zero (0) on Line 25A. If not, then:									
TAT		Enter • Itemized Deductions (See Instructions, Line 25 and attach AR3)									
MPU		the larger OR If your spouse itemizes on a separate return, check here •									
		of your: J Standard Deduction (See Instructions, Line 25)					25●		00		
TAX	26.	<b>NET TAXABLE INCOME:</b> (Subtract Line 25 from Line 24)				_	26•		00		
	27.							00			
	28. Combined tax: (Add amounts from Line 27, Columns A and B)								00		
	30.	Additional tax on IRA and qualified plan withdrawal and overpayment: (Attach federal Form 8							00		
	31.	TOTAL TAX: (Add Lines 28 through 30)							00		
s	32.	Personal Tax Credit(s): (Enter total from Line 7D)				00					
CREDITS	33.	Child Care Credit: (20% of federal credit allowed; Attach federal Form 2441)33				00					
CRE	34.	Other Credits: (Attach AR1000TC)				00					
ТАХ	35.	TOTAL CREDITS: (Add Lines 32 through 34)					.35●		00		
_	36.	NET TAX: (Subtract Line 35 from Line 31. If Line 35 is greater than Line 31, enter 0)					.36●		00		
NO		Enter the amount from <b>Line 23, Column C</b> :				00					
ΣΑΤΙ		Enter the total amount from <b>Line 23, Columns A and B</b> :				00			$\dashv$		
PRORATION		Divide Line 36A by 36B: (See Instructions)							$\perp$		
-		APPORTIONED TAX LIABILITY: (Multiply Line 36 by Line 36C)	_			3 Too			00		
	37.	Arkansas income tax withheld: [Attach state copies of W-2 and/or 1099R Form(s)]37				00					
	38.	Estimated tax paid or credit brought forward from 2015:				00					
LS I	39. 40.	AMENDED RETURNS ONLY - Previous payments: (See instructions)				00					
EN	40. 41.	Early childhood program: Certification Number:				+					
PAYMENTS	(20% of federal credit; Attach federal Form 2441 and Form AR1000EC)					00					
-	42.					.42●		00			
	43.							00			
	44.	Adjusted Total Payments: (Subtract Line 43 from Line 42)							00		
	45.	AMOUNT OF OVERPAYMENT/REFUND: (If Line 44 is greater than Line 36D, enter dif		ce)			.45●		00		
	46.	Amount to be applied to 2017 estimated tax:									
	47.	Amount of Check-off Contributions: (Attach Schedule AR1000-CO)						00			
UE	48. AMOUNT TO BE REFUNDED TO YOU: (Subtract Lines 46 and 47 from Line 45)										
		<b>DIRECT DEPOSIT?</b> If your deposit will be ultimately placed in a foreign account check the box. ■									
R T/			• Checkin	ng or							
0 0	•							Savings	·		
REFUND OR TAX D								_ • _ cavings			
R I	40	10 AND 11 11 11 11 11 11 11 11 11 11 11 11 11									
		49. <b>AMOUNT DUE:</b> (If Line 44 is less than Line 36D, enter difference; If over \$1,000, continue to 50A) <b>TAX DUE</b> 49 ● ② 00 00 00 00 00 00 00 00 00 00 00 00 0									
		50C. Add Lines 49 and 50B. Attach Form AR1000V with check or money order payable in U.S. Dollars to "Dept. of Finance									
		and Administration". Include your SSN on payment. To pay by credit card, see instructions							00		
	51. Amount of income not subject to Arkansas tax from AR4, Part III: (Memorandum only)							ne Arkansas Revenue	•		
							•	cy discuss this return ne preparer of the retu	ırn?		
		FOR MAILING ADDRESSES SEE PAGE 2 OF INSTRUCTIONS  Yes No									
EASE N HERE	PLE/	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 m									
	know	ledge and belief, they are true, correct and complete. Declaration of preparer (other than taxpayer) is bas					ich pre	eparer has any knowle			
	Your	Signature Date E-mail:					lele	ephone:			
PL	Spou				$\dashv$	Tele	Telephone:				
			·								
ÆR.	Paid I	Date  E-mail:  Preparer's Signature  ID Number/Social Secundarer's Name:  City/State/Zip:	rity Ni	ity Number			For Department Use Only				
PAID	Prepa	arer's Name: City/State/Zip:				$\dashv$	A Tele	ephone:			
PR	F-ma	il·					. 0.0				