

# 2010 AR1000F

## ARKANSAS INDIVIDUAL INCOME TAX RETURN

Full Year Resident



# AR1

**CHECK BOX IF AMENDED RETURN**

Jan. 1 - Dec. 31, 2010 or fiscal year ending \_\_\_\_\_, 20\_\_ •

Dept. Use Only

USE LABEL OR PRINT OR TYPE	PRIMARY NAME •	MI •	LAST NAME •	YOUR SOCIAL SECURITY NUMBER •
	SPOUSE NAME •	MI •	LAST NAME •	SPOUSE'S SOCIAL SECURITY NUMBER •
MAILING ADDRESS (Number and Street, P.O. Box or Rural Route) •				<p><b>Important: You MUST enter your SSN(s) above</b></p>
CITY, STATE AND ZIP CODE •				

FILING STATUS Check Only One Box	1. <input type="checkbox"/> SINGLE (Or widowed before 2010 or divorced at end of 2010)	4. <input type="checkbox"/> MARRIED FILING SEPARATELY ON THE SAME RETURN
	2. <input type="checkbox"/> MARRIED FILING JOINT (Even if only one had income)	5. <input type="checkbox"/> MARRIED FILING SEPARATELY ON DIFFERENT RETURNS Enter spouse's name here and SSN above _____
3. <input type="checkbox"/> HEAD OF HOUSEHOLD (See Instructions) If the qualifying person was your child, but not your dependent, enter child's name here: _____	6. <input type="checkbox"/> QUALIFYING WIDOW(ER) with dependent child Year spouse died: (See Instructions) _____	

**HAVE YOU FILED AN EXTENSION?**  **Check this box if you have filed a state extension or an automatic federal extension**

7A.  YOURSELF •  65 or OVER •  65 SPECIAL •  BLIND •  DEAF  HEAD OF HOUSEHOLD/QUALIFYING WIDOW(ER)  
 SPOUSE •  65 or OVER •  65 SPECIAL •  BLIND •  DEAF  
(Filing Status 3 Only) (Filing Status 6 Only)

Multiply number of boxes checked from Line 7A....  X \$23 =  00

7B. Dependents (Do not list yourself or spouse)

First Name	Last Name	Dependent's Social Security Number	Dependent's relationship to you
1.			
2.			
3.			
4.			
5.			

Multiply number of dependents from Line 7B....  X \$23 =  00

7C. First name of developmentally disabled individual(s): (See Instr.)  
 \_\_\_\_\_ Multiply number of developmentally disabled individuals from Line 7C..  X \$500 =  00

7D. **TOTAL PERSONAL CREDITS:** (Add Lines 7A, 7B, and 7C. Enter total here and on Line 32).....7D  00

ROUND ALL AMOUNTS TO WHOLE DOLLARS		(A) Your/Joint Income	(B) Spouse's Income Status 4 Only
8. Wages, salaries, tips, etc: (Attach W-2s).....	8	• <input type="text"/> 00	• <input type="text"/> 00
9A. U.S. Military compensation: (Your/joint gross amount) • <input type="text"/> 00	Less 9A	• <input type="text"/> 00	
9B. U.S. Military compensation: (Spouse's gross amount) • <input type="text"/> 00	Less 9B		• <input type="text"/> 00
10. Interest income: (If over \$1,500, attach AR4).....	10	• <input type="text"/> 00	• <input type="text"/> 00
11. Dividend income: (If over \$1,500, attach AR4).....	11	• <input type="text"/> 00	• <input type="text"/> 00
12. Alimony and separate maintenance received:.....	12	• <input type="text"/> 00	• <input type="text"/> 00
13. Business or professional income: (Attach federal Schedule C or C-EZ).....	13	• <input type="text"/> 00	• <input type="text"/> 00
14. Capital gains/losses from stocks, bonds, etc: (See Instr. Attach federal Schedule D).....	14	• <input type="text"/> 00	• <input type="text"/> 00
15. Other gains or (losses): (Attach federal Form 4797).....	15	• <input type="text"/> 00	• <input type="text"/> 00
16. Non-Qualified IRA distributions and taxable annuities: (Attach All 1099Rs).....	16	• <input type="text"/> 00	• <input type="text"/> 00
17A. Your/Joint Employer pension plan(s)/Qualified IRA(s): (See Instructions - Attach All 1099Rs)			
<b>Gross Distribution</b> • <input type="text"/> 00	<b>Taxable Amount</b> • <input type="text"/> 00	• <input type="text"/> 00	
17B. Spouse's Employer pension plan(s)/Qualified IRA(s): (Filing Status 4 Only)			
<b>Gross Distribution</b> • <input type="text"/> 00	<b>Taxable Amount</b> • <input type="text"/> 00		• <input type="text"/> 00
18. Rents, royalties, partnerships, estates, trusts, etc: (Attach federal Schedule E).....	18	• <input type="text"/> 00	• <input type="text"/> 00
19. Farm income: (Attach federal Schedule F).....	19	• <input type="text"/> 00	• <input type="text"/> 00
20. Other income/depreciation differences: (List type and amount. See Instructions).....	20	• <input type="text"/> 00	• <input type="text"/> 00
21. <b>TOTAL INCOME:</b> (Add Lines 8 through 20).....	21	• <input type="text"/> 00	• <input type="text"/> 00

## State Income Tax Return Forms

You can prepare and efile this tax form on efile.com as part of your current Federal and/or State Tax Return on from:

**Early January until mid October**

[You can start, prepare, and efile your tax return now](#)

You will just need to answer a few tax questions and the efile.com tax preparation software will select the correct tax forms for you.



### Attention

**If you missed the mid October efile deadline for the current tax year you have the following options to prepare and file your tax return:**

**1. You can download the State Tax form here:**

<http://www.efile.com/support-state-tax-agency-list/>

**2. Work online on your tax return with an efile Tax Professional**

[Start working with a LIVE TaxPRO](#)

**3. Download Federal tax forms by tax year, complete and mail to the IRS**

[Download Federal Tax Forms](#)

### Free Tax Tools, Calculators and Educators

Head of Household Educator:

<http://www.efile.com/claim-head-of-household-single-qualifying-person-requirement-tax-tool/>

Qualifying Child Dependent Educator:

<http://www.efile.com/qualifying-child-test-qualified-dependent-tax-tool/>

Qualifying Relative Educator:

<http://www.efile.com/qualifying-relative-test-dependent-requirement-tax-tool/>

Earned Income Tax Credit Educator:

<http://www.efile.com/what-is-the-earned-income-tax-credit-eitc-eic-eligibility-schedule-calculator/>

Child Tax Credit Educator:

<http://www.efile.com/how-to-qualify-for-child-tax-credit-deduction-requirements-tool/>

**Got Tax Questions? [Contact efile.com!](#)**



		(A) Your/Joint Income		(B) Spouse's Income Status 4 Only
ADJUSTMENTS	22. <b>TOTAL INCOME:</b> (From Line 21, Columns A and B, Page AR1) ..... 22	00		00
	23. <b>TOTAL ADJUSTMENTS:</b> (Attach Form AR1000ADJ)..... 23 ●	00		00
	24. <b>ADJUSTED GROSS INCOME:</b> (Subtract Line 23 from Line 22)..... 24 ●	00		00
	25. Select tax table: <b>(Check the appropriate box)</b> <input type="checkbox"/> <b>LOW INCOME</b> Table <input type="checkbox"/> <b>REGULAR</b> Table If you qualify for the Low Income Tax Table, enter zero (0) on Line 25A. If not, then: Enter the <b>larger</b> of your: <ul style="list-style-type: none"> <li><input type="checkbox"/> <b>Itemized Deductions</b> (See Instructions, Line 25)</li> <li>OR</li> <li><input type="checkbox"/> <b>Standard Deduction</b> (See Instructions, Line 25) ..... 25 ●</li> </ul>			
TAX COMPUTATION	26. <b>NET TAXABLE INCOME:</b> (Subtract Line 25 from Line 24) ..... 26 ●	00		00
	27. <b>TAX:</b> (Enter tax from tax table)..... 27	00		00
	28. Combined tax: (Add amounts from Lines 27A and 27B) ..... 28			00
	29. Enter tax from Lump Sum Distribution Averaging Schedule: (Attach AR1000TD) ..... 29 ●			00
	30. IRA and qualified plan withdrawal and overpayment penalties: (Attach federal Form 5329, if required) ..... 30 ●			00
	31. <b>TOTAL TAX:</b> (Add Lines 28 through 30)..... 31 ●			00
	32. Personal Tax Credit(s): (Enter total from Line 7D, AR1)..... 32 ●	00		00
33. Child Care Credit: (20% of federal credit allowed; Attach federal Form 2441) ..... 33 ●	00		00	
34. Other Credits: (Attach AR1000TC) ..... 34 ●	00		00	
35. <b>TOTAL CREDITS:</b> (Add Lines 32 through 34) ..... 35 ●			00	
36. <b>NET TAX:</b> (Subtract Line 35 from Line 31. If Line 35 is greater than Line 31, enter 0) ..... 36 ●			00	
PAYMENTS	37. Arkansas income tax withheld: [Attach state copies of W-2 Form(s)] ..... 37 ●	00		00
	38. Estimated tax paid or credit brought forward from 2009:..... 38 ●	00		00
	39. Payment made with extension: (See Instructions) ..... 39 ●	00		00
	40. <b>AMENDED RETURNS ONLY</b> - Previous payments (see instructions): ..... 40 ●	00		00
	41. Early childhood program: Certification Number: _____ (20% of federal credit; Attach federal Form 2441 and Form AR1000EC) ..... 41 ●	00		00
	42. <b>TOTAL PAYMENTS:</b> (Add Lines 37 through 41)..... 42 ●			00
43. <b>AMENDED RETURNS ONLY</b> - Previous refund (see instructions)..... 43 ●			00	
44. Adjusted Total Payments (Subtract Line 43 from Line 42)..... 44 ●			00	
REFUND OR TAX DUE	45. <b>AMOUNT OF OVERPAYMENT/REFUND:</b> (If Line 44 is greater than Line 36, enter difference) ..... 45 ●			00
	46. Amount to be applied to 2011 estimated tax: ..... 46 ●	00		00
	47. Amount of Check-off Contributions: (Attach Schedule AR1000-CO)..... 47 ●	00		00
	48. <b>AMOUNT TO BE REFUNDED TO YOU:</b> (Subtract Lines 46 and 47 from Line 45) ..... <b>REFUND</b> 48 ● ☺			00
	49. <b>AMOUNT DUE:</b> (If Line 44 is less than Line 36, enter difference; If over \$1,000, See Instructions) ..... <b>TAX DUE</b> 49 ● ☹			00
50A. <b>UEP:</b> Attach Form AR2210 or AR2210A. If required, enter exception in box 50A ● <input type="checkbox"/> Penalty 50B ● <input type="checkbox"/> 00			00	
50C. Complete and attach Form AR1000V to your check or money order payable in U.S. Dollars to "Dept. of Finance and Administration" for the tax due and penalty(if any). Include your SSN on the check or money order. To pay by credit card, see Page 17..... <b>TOTAL DUE</b> 50C ●			00	
51. Amount of income not subject to Arkansas tax from AR4, Part III: (Memorandum only)		May the Arkansas Revenue Agency discuss this return with the preparer shown below? <input type="checkbox"/> Yes <input type="checkbox"/> No		
FOR MAILING ADDRESSES SEE PAGE 2 OF INSTRUCTIONS				
PLEASE SIGN HERE	<b>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.</b>			
	Your Signature	Occupation	Date	Home Telephone:
PAID PREPARER	Spouse's Signature		Occupation	Date
	Paid Preparer's Signature		ID Number/Social Security Number	<b>For Department Use Only</b>
	Preparer's Name		City/State/Zip	A    ●
Address		Telephone Number		