

2004 AR1000S ARKANSAS INDIVIDUAL INCOME TAX RETURN

Full Year Resident/Short Form

S

Jan 1 - Dec 31, 2004 or fiscal year ending _____, 20__

Dept. Use Only

USE LABEL, PRINT OR TYPE	FIRST NAME(S) AND INITIAL(S) <i>(List both if applicable)</i>	LAST NAME(S) <i>(See Instructions)</i>	YOUR SOCIAL SECURITY NUMBER	
	PRESENT ADDRESS - NUMBER AND STREET, APARTMENT OR RURAL ROUTE		SPOUSE'S SOCIAL SECURITY NUMBER	
	CITY, TOWN OR POST OFFICE, STATE AND ZIP CODE		IMPORTANT! You MUST enter your SSN(s) above HOME TELEPHONE: WORK TELEPHONE:	
FILING STATUS Check only one box	1. <input type="checkbox"/> SINGLE <i>(Or widowed before 2004 or divorced at end of 2004)</i> 2. <input type="checkbox"/> MARRIED FILING JOINT <i>(Even if only one had income)</i> 3. <input type="checkbox"/> HEAD OF HOUSEHOLD <i>(See Instructions)</i> If the qualifying person is your child but not your dependent, enter child's name here: _____		4. <input type="checkbox"/> MARRIED FILING SEPARATELY ON THE SAME RETURN 5. IF FILING STATUS 5, USE AR1000/AR1000NR - LONG FORM 6. <input type="checkbox"/> QUALIFYING WIDOW(ER) with dependent child. Year spouse died: <i>(See Instructions)</i> _____	
			HAVE YOU FILED A FEDERAL EXTENSION? IF SO, CHECK THE APPROPRIATE BOX <input type="checkbox"/> Check this box if you have filed an automatic Federal Extension Form 4868	
PERSONAL CREDITS	7A. <input type="checkbox"/> YOURSELF • <input type="checkbox"/> 65 or OVER • <input type="checkbox"/> 65 SPECIAL • <input type="checkbox"/> BLIND • <input type="checkbox"/> DEAF <input type="checkbox"/> HEAD OF HOUSEHOLD/QUALIFYING WIDOW(ER)			
	7B. First name(s) of dependents: <i>(Do not list yourself or spouse)</i> Multiply number of boxes checked from Line 7A <input type="checkbox"/> X \$20 = _____ 00			
	7C. TOTAL PERSONAL CREDITS: <i>(Add Lines 7A and 7B. Enter total here and on Line 18)</i> 7C		00	
INCOME	ROUND ALL INCOME FIGURES TO WHOLE DOLLARS		(A) Your/Total Income	(B) Spouse Income Status 4 Only
	8. Wages, salaries, tips, etc.:	8	00	8 00
	9. Interest income/dividend income: <i>(If either interest or dividend are over \$1,500, attach page ARS2)</i>	9	00	9 00
	10. Miscellaneous income: <i>(List type and amount. See Instructions)</i>	10	00	10 00
	11. TOTAL INCOME: <i>(Add Lines 8 through 10)</i>	11	00	11 00
DEDUCTIONS TAX COMPUTATION	12. Select Tax Table: <input checked="" type="checkbox"/> LOW INCOME Table 1 <input type="checkbox"/> REGULAR Table 2 Standard Deduction: <i>(See Instructions)</i> NOTE: <i>If you qualify for the Low Income Table, enter zero (0) on Line 12.</i> 12		00	12 00
	13. Taxable Income: <i>(Subtract Line 12 from Line 11)</i>		00	13 00
	14. Enter tax from table:		00	14 00
	15. Combined tax: <i>(Add Lines 14A and 14B)</i>		00	15 00
	16. Income Tax Surcharge: <i>(Multiply Line 15 by .03)</i>		00	16 00
17. TOTAL TAX: <i>(Add Lines 15 and 16)</i>		00	17 00	
TAX CREDITS	18. Personal Tax Credits. <i>(Enter total from Line 7C)</i>		00	18 00
	19. Child Care Credit: <i>(Attach Federal schedule, 20% of Federal credit allowed.)</i>		00	19 00
	20. TOTAL CREDITS: <i>(Add Lines 18 and 19)</i>		00	20 00
21. NET TAX: <i>(Subtract Line 20 from Line 17. If Line 20 is greater than Line 17, enter 0)</i>		00	21 00	
PAYMENTS	22. Arkansas Income Tax withheld: <i>(Attach State copies of W-2 Form(s))</i>		00	22 00
	23. Early Childhood Program: Certification Number: _____ <i>(Attach Fed. Form 2441 or 1040A, Sch. 2 & Cert. Form AR1000EC, 20% of Fed. credit allowed.)</i>		00	23 00
	24. TOTAL PAYMENTS: <i>(Add Lines 22 and 23)</i>		00	24 00
REFUND OR TAX DUE	25. AMOUNT OF OVERPAYMENT/REFUND: <i>(If Line 24 is greater than Line 21, enter difference)</i>		00	25 00
	26. Amount of Check-off Contributions: <i>(Attach Schedule AR1000-CO)</i>		00	26 00
	27. AMOUNT TO BE REFUNDED TO YOU: <i>(Subtract Line 26 from Line 25)</i>		00	REFUND 27 ☺ 00
	28. Amount Due: <i>(If Line 24 is less than Line 21, enter the difference; If over \$1,000 see instructions)</i>		00	TAX DUE 28 ☹ 00
PLEASE SIGN HERE	Your Signature _____ Occupation _____ Date _____		May the Arkansas Revenue Agency discuss this return with the preparer of the return? <input type="checkbox"/> Yes <input type="checkbox"/> No	
	Spouse's Signature _____ Occupation _____ Date _____			
PAID PREPARER	Paid Preparer's Signature _____		ID Number/Social Security Number _____	
	Preparer's Name _____		City/State/Zip _____	
	Address _____		Telephone Number _____	
Mailing Information Mail REFUND returns to: DFA State Income Tax, P. O. Box 1000, Little Rock, AR 72203-1000. Mail TAX DUE returns to: DFA State Income Tax, P. O. Box 2144, Little Rock, AR 72203-2144. Mail NO TAX DUE returns to: DFA State Income Tax, P. O. Box 8026, Little Rock, AR 72203-8026.				