2006 AR1000R ARKANSAS INDIVIDUAL INCOME TAX RETURN Nonresident and Part Year Resident Dept. Use Only

Jan 1 - Dec 31, 2006 of fiscal year ending
MAILING ADDRESS (Number and Steed, P.O. Box or Runal Route) SPOUSE'S SOCIAL SECURITY NUMBER • Important A COPY OF YOUR COMPLETE FEDERAL RETURN NONRESIDENT: [Data State of readence] PART YEAR RESIDENT • TATACH A COPY OF YOUR COMPLETE FEDERAL RETURN NONRESIDENT: [Data State of readence] PART YEAR RESIDENT • TATACH A COPY OF YOUR COMPLETE FEDERAL RETURN NONRESIDENT: [Data State of readence] PART YEAR RESIDENT • TATACH A COPY OF YOUR COMPLETE FEDERAL RETURN NONRESIDENT: [Data State of readence] PART YEAR RESIDENT • SINGLE (or widowed before 2006 or divorced at end of 2006) 4 MARRIED FILING SEPARATELY ON THE SAME RETURN • HEAD OF HOUSEHOLD (See Instructions) If the qualifying person was your child but not your dependent. The child's name here: • • • Check this box if you have filed an automatic Pederal Extension Prom 4886. (See Instructions) • • • Check this box if you have filed an automatic Pederal Extension Prom 4886. (See Instructions) • • • GEAR HEAD OF HOUSEHOLD (See Instructions) • • • • • Check this box if you have filed an automatic Pederal Extension Prom 4886. (See Instructions) • • • •
Important OPOSE 3 SUCIAL SECURIT FROMBER Important Section 1 Important You MUST enter your SSN(s) above Important You MUST enter your SSN(s) above Important You MUST Enter your SSN(s) above Important You MUST Enter your You MUST Important You MUST Enter your You Must Free your You Have Filed an automatic Frederal Extension Form 4868. (See Instructions) If the qualifying person was your child but not your dependent, enter childs name here: OLALIFYING WIDOW(ER) with dependent child. Year youse died. (See Instructions) If A YOURSELF I do or OVER I bo for OVER I bo for You have filed an automatic Frederal Extension Form 4868. (See Instructions) If A YOURSELF I do or OVER I bo for You have filed an automatic Frederal Extension Form 4868. (See Instructions) If B. First name(s) of dependent(s): (Do not list yourself or spouse) Multiply number of developmentality disabled individual (c): (See nst) If Wages, salaries, lips, etc:
State AND ZIP CODE You MUST Important Your SSN(3) above ATTACH A COPY OF YOUR COMPLETE FEDERAL RETURN NONRESIDENT: (Lats State of readence) PART YEAR RESIDENT: (Lats State of readence) PART YEAR RESIDENT: (Lats State of readence) PART YEAR RESIDENT: (Lats State of readence) PART YEAR RESIDENT: (Lats State of readence) PART YEAR RESIDENT: (Lats State of readence) PART YEAR RESIDENT: (Lats State of readence) PART YEAR RESIDENT: (Lats State of readence) ATTACH A COPY OF YOUR COMPLETE FEDERAL RETURN ATTACH A COPY OF YOUR COMPLETE FEDERAL RETURN Important X State of readence 1 Important X State of readence) Important X State of readence) 2 Marking Derivations) If the qualifying person was your child but not your dependent, enter child's name here: Important X State of POUSE HOLD HAVE YOU FILED A FEDERAL EXTENSIONT Check this box if you have filed an automatic Federal Extension Form 4868. (See Instructions) Multiply number of bases checked from Line 7A X State OCHALL PERSONAL CREDITS: (Add Lines 7A, 7B and 7C. Enter total here
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HAVE YOU FILED A FEDERAL EXTENSION?
TA. YOURSELF • 65 or OVER • 65 SPECIAL • BLIND • DEAF HEAD OF HOUSEHOLD/ QUALIFYING WIDOW(ER) SPOUSE • 65 or OVER • 65 SPECIAL • BLIND • DEAF Multiply number of boxes checked from Line 7A X \$22 = 000 TB. First name(s) of dependent(s): (Do not list yourself or spouse) Multiply number of boxes checked from Line 7A X \$22 = 000 TC. First name of developmentally disabled individual(s): (See Instr.) Multiply number of dependents from Line 7B X \$22 = 000 TO. TOTAL PERSONAL CREDITS: (Add Lines 7A, 7B and 7C. Enter total here and on Line 36) TD TD ROUND ALL AMOUNTS TO WHOLE DOLLARS (A) Your/Joint (B) Spouse's Income (C) Artanasa (C) Artanasa (C) Artanasa 8. Wages, salaries, tips, etc.: 8 00 00 00 00 9A. U. S. Military Officer's compensation: (Poundpint gross antt.) 00 \$5600 9B 00 00 00 10A. U. S. Military Chicer's compensation: (Poundpint gross antt.) 00 \$5600 10A 00 00 00 11. Minister's income: (If over \$1,500, attach page AR4) 11 00 \$6600 10B 00 00 00 13. Dividend income: (If over \$1,500, attach page AR4) 13 00 00 00 00 00 00 00 00
Image: Second
SPOUSE 65 or OVER 65 SPECIAL BLIND DEAF Multiply number of boxes checked from Line 7A X \$22 = OU 7B. First name(s) of dependent(s): (Do not list yourself or spouse) Multiply number of dependents from Line 7B • X \$22 = 00 7C. First name of developmentally disabled individual(s): (See Instr.) Multiply number of developmentally disabled individuals from Line 7B • X \$500 = 00 7D. TOTAL PERSONAL CREDITS: (Add Lines 7A, 7B and 7C. Enter total here and on Line 36) 7D 00 0
A 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 36)
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Individuals from Line 7C X \$500= OC 7D. TOTAL PERSONAL CREDITS: (Add Lines 7A, 7B and 7C. Enter total here and on Line 36) 7D 7D 00 ROUND ALL AMOUNTS TO WHOLE DOLLARS (A) Your/Joint Income Only (B) Spouse's Income Status 4 Only (C) Arkansas Income Only 8. Wages, salaries, tips, etc.: 8 00
7D. TOTAL PERSONAL CREDITS: (Add Lines 7A, 7B and 7C. Enter total here and on Line 36)
ROUND ALL AMOUNTS TO WHOLE DOLLARS (A) Your/Joint Income (B) Spouse's Income Status 4 Only (C) Arkansas Income Only 8. Wages, salaries, tips, etc.:
8. Wages, salaries, tips, etc.: 8. 00 00 00 9A. U. S. Military Officer's compensation: (Your/joint gross amt.) • 00 \$6,000 9A 00 00 00 9B. U. S. Military Officer's compensation: (Your/joint gross amt.) • 00 \$6,000 9A 00 00 00 9B. U. S. Military Enlisted compensation: (Your/joint gross amt.) • 00 \$6,000 9B 00 00 00 10B. U. S. Military Enlisted compensation: (Spouse's gross amt.) • 00 \$9,00010A 00 00 00 110B. U. S. Military Enlisted compensation: (Spouse's gross amt.) • 00 \$9,00010B 00 00 00 111 00 00 00 00 00 00 00 00 12. Interest income: (If over \$1,500, attach page AR4) 12 00 00 00 00 00 13. Dividend income: (If over \$1,500, attach page AR4) 13 00 00 00 00 14. Alimony and separate maintenance received: 14 00 00 00 00 00 00
9A. U. S. Military Officer's compensation: (Yourfjoint gross amt.) 00 100
9B. U. S. Military Officer's compensation: (Spouse's gross amt.) 00 00 \$\$6,000 9B 00 00 00 10A. U. S. Military Enlisted compensation: (Your/joint gross amt.) 00 \$\$9,00010A 00 00 00 00 10B. U. S. Military Enlisted compensation: (Spouse's gross amt.) 00 \$\$9,00010A 00 00 00 00 11. Minister's income: Gross \$ Less rental value \$11 00 00 00 00 00 00 12. Interest income: (If over \$1,500, attach page AR4)
10A. U. S. Military Enlisted compensation: (Your/joint gross amt.) 00
11. Minister's income: Gross \$ Less rental value \$11 00 00 00 12. Interest income: (If over \$1,500, attach page AR4)
11. Minister's income: Gross \$ Less rental value \$11 00 00 00 12. Interest income: (If over \$1,500, attach page AR4)
12. Interest income: (If over \$1,500, attach page AR4)
13. Dividend income: (If over \$1,500, attach page AR4)
15. Business or professional income: (Attach Federal Schedule C or C-EZ)
16. Capital gains/losses from stocks, bonds, etc: (See Instr. Attach Federal Schedule D)16 17. Other gains or (losses): (Attach Federal Form 4797)
17. Other gains or (losses): (Attach Federal Form 4797)
18. Non-Qualified IRA distributions and taxable annuities: 18 00 00 00 19A. Your/Joint Employer pension plan(s)/Qualified IRA(s): (See Important Line 19 Instructions) 00 00 00
19A. Your/Joint Employer pension plan(s)/Qualified IRA(s): (See Important Line 19 Instructions)
TISA. Your/Joint Employer pension plan(s)/Qualined IRA(s): (See Important Line 19 Instructions)
Gross Distribution 00 Taxable Amount 00 Less 00 00 00 00
19B. Spouse Employer pension plan(s)/Qualified IRA(s): (<i>Filing Status 4 only</i>)
Gross Distribution 00 Taxable Amount 00 \$6,00019B
20. Rents, royalties, partnerships, estates, trusts, etc.: (Attach Federal Schedule E) 20 00 00 00
² 21. Farm income: (<i>Attach Federal Schedule F</i>)
22. Other income: (List type and amount. See Instructions)
23. TOTAL INCOME: (Add Lines 8 through 22)
23. TOTAL INCOME: (Add Lines 8 through 22) 23 00 00 00 00 00 24. Border city exemption: (Attach Form AR - TX) 24 00 00 00 00 00
23. TOTAL INCOME: (Add Lines 8 through 22)

		(A) Your/Join Income				(B) Spouse's Incom Status 4 Only	e
TAX COMPUTATION	28.	ADJUSTED GROSS INCOME: (From Line 27, Columns A and B,	Page NR1) 28	00	28	etatus 4 emy	00
		Select tax table: (Check the appropriate box)					+
		LOW INCOME Table 1 REGULAR TABLE 1	able 2				
		If you qualify for the Low Income Tax Table, enter zero (0) on Line 29.					
		Enter • Itemized Deductions (See Instructions, Line 29					
		the larger OR	-,				
		of your: Standard Deduction (See Instructions, Line 2	29)29•	00	29•		00
	30.	NET TAXABLE INCOME: (Subtract Line 29 from Line 28)			30•		00
	31.	TAX: (Enter tax from tax table)		00			00
	32.	Combined tax: (Add amounts from Lines 31A and 31B)					00
	33.	Enter tax from Lump Sum Distribution Averaging Schedule: (Attach A					00
	34.	IRA and qualified plan withdrawal and overpayment penalties: (Attach					00
	35.	TOTAL TAX: (Add Lines 32 through 34)					00
	36.	Personal Tax Credit(s): (Enter total from Line 7D, page NR1)		00			
	37.	State Political Contributions Credit: (Attach AR1800 or schedule)		00			
s	38.	Other State Tax Credit: [Attach copy of other state tax return(s)]		00			
CREDITS	39.	Child Care Credit: (20% of Federal credit allowed; Attach Fed. Form 2441	or 1040A, Sch. 2)39•	00			
CRE	40.	Credit for Adoption Expenses: (Attach Form 8839)	40•	00			
TAX	41.	Phenylketonuria Disorder Credit: (See Instructions. Attach AR1113)	41•	00			
F	42.	Business and Incentive Tax Credit(s): [Attach schedule and certificate	<mark>e(s)]</mark> 42●	00			
	43.	TOTAL CREDITS: (Add Lines 36 through 42)			43•		00
	44.	NET TAX: (Subtract Line 43 from Line 35. If Line 43 is greater than			44 •		00
NO		Enter the amount from Line 27, Column C:		00			
PRORATION		Enter the total amount from Line 27, Columns A and B:		00			
ROR		Divide Line 44A by 44B: (See Instructions)					%
		APPORTIONED TAX LIABILITY: (Multiply Line 44 by Line 44C)			4D•		00
	45	Arkansas income tax withheld: [Attach State copies of W-2 Form(s)].		00			
ITS	46.	Estimated tax paid or credit brought forward from last year:		00			
PAYMENTS	47.	Payment made with extension: (See Instructions)	4/•	00			
РАУ	48.	Early childhood program: Certification Number:		00			
	10	(20% of Fed. credit; Attach Fed. Form 2441 or 1040A, Sch. 2 and Form			40.0		00
	49. 50.	TOTAL PAYMENTS: (Add Lines 45 through 48) AMOUNT OF OVERPAYMENT/REFUND: (If Line 49 is greater t					00
ш	50. 51.	Amount to be applied to 2007 estimated tax:		00	50 •		00
(DUE		Amount of Check-off Contributions: (Attach Schedule AR1000-CO)		00			
ТАХ	53.	AMOUNT TO BE REFUNDED TO YOU: (Subtract Lines 51 and			53	\odot	00
ō	55. 54.	AMOUNT DUE: (If Line 49 is less than Line 44D, enter difference; I					00
REFUND		Attach Form AR2210 and enter exception in box 55A • Penalty			54 -	0	00
REFI		Please attach your check or money order, payable to "Dept. of Finance	·	r the tax due			
-	000.	and penalty (<i>if applicable</i>). Be sure to write your Social Security Num			5C •		00
	56.	5. Amount of income not subject to Arkansas tax from AR4, Part III: (Memorandum only) May the Arkansa				Revenue 🗌 y	'es
				Agency discuss t		eturn with 💾 ,	No
		PLEASE SIGN HERE: Under penalties of perjury, I declare that I have examined this return and accompanying sche					
	and to the best of my knowledge and belief, they are true, correct and complete. Declaration of preparer (other than taxpayer) is based						
B		Il information of which preparer has any knowledge. Signature	Occupation	Data	1	ama Talanhana;	
LEASE SN HER	rour	Signature	Occupation	Date		lome Telephone:	
PLE							
s	Spor	use's Signature	Occupation	Date	V	Vork Telephone:	
PAID PREPARER	Paid Preparer's Signature ID Number/S		ID Number/Social Secu	ritv Number		or Department Use (Only
						A •	
	Prep	arer's Name	City/State/Zip			3 •	
	Address Telephone Number						
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\mathbf{X}			ncome Tax, P. O. Box 1000, L ncome Tax, P. O. Box 2144, L			•	
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						•	
		Please Note: DUE DAT	E IS APRIL 15	5, 2007			
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