

2005 AR1000S ARKANSAS INDIVIDUAL INCOME TAX RETURN

Full Year Resident/Short Form

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Jan 1 - Dec 31, 2005 or fiscal year ending _____, 20__

Dept. Use Only

USE LABEL, PRINT OR TYPE	FIRST NAME(S) AND INITIAL(S) <i>(List both spouses if applicable)</i>	LAST NAME(S) <i>(See Instructions)</i>	YOUR SOCIAL SECURITY NUMBER		
	MAILING ADDRESS <i>(Number and Street, P.O. Box or Rural Route)</i>		SPOUSE'S SOCIAL SECURITY NUMBER		
	CITY, 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 2005 or divorced at end of 2005)</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/ <input type="checkbox"/> SPOUSE • <input type="checkbox"/> 65 or OVER • <input type="checkbox"/> 65 SPECIAL • <input type="checkbox"/> BLIND • <input type="checkbox"/> DEAF Multiply number of boxes checked from Line 7A <input type="checkbox"/> X \$21 = _____ 00				
	7B. First name(s) of dependent(s): <i>(Do not list yourself or spouse)</i> _____ Multiply number of dependent(s) from Line 7B • <input type="checkbox"/> X \$21 = _____ 00				
	7C. TOTAL PERSONAL CREDITS: <i>(Add Lines 7A and 7B. Enter total here and on Line 16)</i> 7C _____ 00				
INCOME	ROUND ALL FIGURES TO WHOLE DOLLARS		(A) Your/Total Income		
	8. Wages, salaries, tips, etc.: 8		8 _____ 00		
	9. Interest income/dividend income: <i>(If interest or dividends are over \$1,500, attach page ARS2)</i> 9		9 _____ 00		
	10. Miscellaneous income: <i>(List type and amount. See Instructions)</i> 10		10 _____ 00		
	11. TOTAL INCOME: <i>(Add Lines 8 through 10)</i> 11		11 _____ 00		
DEDUCTIONS TAX COMPUTATION	12. Select Tax Table: • <input type="checkbox"/> LOW INCOME Table 1 • <input type="checkbox"/> REGULAR Table 2 Standard Deduction: <i>(See Instructions)</i> NOTE: If you qualify for the Low Income Table, enter zero (0) on Line 12. 12 • _____ 00		12 • _____ 00		
	13. Taxable Income: <i>(Subtract Line 12 from Line 11)</i> 13 • _____ 00		13 • _____ 00		
	14. Enter tax from table: 14		14 _____ 00		
	15. TOTAL TAX: <i>(Add Lines 14A and 14B)</i> 15 • _____ 00		15 • _____ 00		
TAX CREDITS	16. Personal Tax Credits: <i>(Enter total from Line 7C)</i> 16 • _____ 00		16 • _____ 00		
	17. Child Care Credit: <i>(Attach Federal schedule, 20% of Federal credit allowed.)</i> 17 • _____ 00		17 • _____ 00		
	18. TOTAL CREDITS: <i>(Add Lines 16 and 17)</i> 18 • _____ 00		18 • _____ 00		
PAYMENTS	19. NET TAX: <i>(Subtract Line 18 from Line 15. If Line 18 is greater than Line 15, enter 0)</i> 19 • _____ 00		19 • _____ 00		
	20. Arkansas Income Tax withheld: <i>(Attach State copies of W-2 Form(s))</i> 20 • _____ 00		20 • _____ 00		
	21. Early Childhood Program: Certification Number: _____ <i>(Attach Fed. Form 2441 or 1040A, Sch. 2 & Cert. Form AR1000EC, 20% of Fed. credit allowed.)</i> .. 21 • _____ 00		21 • _____ 00		
REFUND OR TAX DUE	22. TOTAL PAYMENTS: <i>(Add Lines 20 and 21)</i> 22 • _____ 00		22 • _____ 00		
	23. AMOUNT OF OVERPAYMENT/REFUND: <i>(If Line 22 is greater than Line 19, enter difference)</i> 23 • _____ 00		23 • _____ 00		
	24. Amount of Check-off Contributions: <i>(Attach Schedule AR1000-CO)</i> 24 • _____ 00		24 • _____ 00		
	25. AMOUNT TO BE REFUNDED TO YOU: <i>(Subtract Line 24 from Line 23)</i> REFUND 25 ☺ _____ 00		25 • _____ 00		
PLEASE SIGN HERE	26. Amount Due: <i>(If Line 22 is less than Line 19, enter the difference; If over \$1,000 see instructions)</i> TAX DUE 26 ☹ _____ 00		26 • _____ 00		
	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.				
PAID PREPARER	Your Signature		Occupation	Date	
	Spouse's Signature		Occupation	Date	
	Paid Preparer's Signature		ID Number/Social Security Number	May the Arkansas Revenue Agency discuss this return with the preparer of the return? <input type="checkbox"/> Yes <input type="checkbox"/> No	
	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.					

Part 1 INTEREST INCOME				Part 2 DIVIDEND INCOME			
<p>Interest on bank deposits, notes, mortgages, from individuals, corporation bonds, savings and loan deposits and credit union deposits are taxable. Interest on obligations of other states and subdivisions are fully taxable.</p> <p>List below the names of the interest source and designate the ownership by writing Y (Yours), S (Spouse's) or J (Joint).</p>				<p>Dividends and other distributions on stock are fully taxable. There is no dividend exclusion applicable to Arkansas.</p> <p>List below the names of the dividend source and designate the ownership by writing Y (Yours), S (Spouse's) or J (Joint).</p>			
Y S J	NAME OF PAYER	AMOUNT		Y S J	NAME OF PAYER	AMOUNT	
			00				00
			00				00
			00				00
			00				00
			00				00
			00				00
			00				00
			00				00
			00				00
			00				00
Total Interest Income: <i>Enter here and on Line 9.</i>			00	Total Dividend Income: <i>Enter here and on Line 9.</i>			00

CHECKLIST FOR AR1000S FILERS

This checklist is to help you make sure that your form is filled out correctly. Errors may delay your refund.

- ☐ 1. Is your name and address correct on the preprinted label? If not, did you enter the name and address for you and your spouse in the space provided?
- ☐ 2. Did you enter the Social Security Number(s) for you and your spouse in the space provided?
- ☐ 3. Did you use the correct filing status column and taxable income to find your tax in the tax table?
- ☐ 4. Did you attach your W-2 Form(s)?
- ☐ 5. Did you add and subtract correctly when figuring your refund or amount you owe?
- ☐ 6. Did you sign and date your return?
- ☐ 7. Did you keep for your records a copy of your return?

Please note the due date: APRIL 17, 2006.