## 2010 AR1000F

## **ARKANSAS INDIVIDUAL**





## **CHECK BOX IF INCOME TAX RETURN AMENDED RETURN Full Year Resident** Dept. Use Only

Jan	. 1 - Dec. 31, 2010 or fiscal year ending	:	. 20 •	•		•			
	PRIMARY NAME	MI	LAST NAME		YOUR S	OCIAL SEC	URIT	Y NUMBER	
	•	•	•		•				
, ш	000000000000000000000000000000000000000						SPOUSE'S SOCIAL SECURITY NUMBER		
LOR	SPOUSE NAME	MI		LAST NAME			. SEC	JKII I NOWEK	
USE LABEL	•	•	•		•				
A F	MAILING ADDRESS (Number and Street, P.O. Box or F	Rural Route	)		<b>A</b>			<b>A</b>	
USI	•				In In	nportant	t Vo	u MUST	
	CITY, STATE AND ZIP CODE							l(s) above	
	CITI, STATE AND ZII CODE								
_									
S XOX	1.● SINGLE (Or widowed before 2010 or	LING SEPARA	TELY ON TH	HE SA	ME RETURN				
ATJ.	2. MARRIED FILING JOINT (Even if onl	LING SEPARA	S SEPARATELY ON DIFFERENT RETURNS						
FILING STATUS Check Only One Box									
N N N	3.  Enter spouse's name here and SSN above								
F F	If the qualifying person was your child		OOW(ER) with dependent child						
5	enter child's name here:			Year spouse	died: (See Insti	uctions)			
	HAVE VALLED AN EVI	TENC	ON2		-			te extension	
	HAVE YOU FILED AN EXTENSION?   • Under this box if you have filed a state extension or an automatic federal extension								
	7A. YOURSELF ● 65 or OVER ●	] 65 SP	ECIAL ● BLIN	ID ●  DEAF	HEAD OF HOU	ISEHOLD/Q	UALIF	YING WIDOW(ER) Status 6 Only)	
	SPOUSE • 65 or OVER •	7 65 SP	ECIAL • BLIN	ID ●  DEAF	(Filling Status 5	Jilly)	(i iiiig	otatus o Omy)	
		<b>_</b> 00 0.		ш	Г	7 v 600 -		00	
	7B. Dependents (Do not list yourself or spou	se)	Multip	ly number of boxes checked	from Line 7A	X \$23 =		00	
	First Name Las	t Name	Depende	ent's Social Security Num	ber De	pendent's r	elatior	ship to you	
ITS	1								
CREDITS	2								
	3.								
PERSONAL	4								
PER	5.								
-	0.				[	X \$23 =		00	
	7C. First name of developmentally disabled indiv	idual(a):	•	ly number of dependents fro	m Line /B • [		<u> </u>	00	
	7.6. I list hame of developmentally disabled indiv	` '	,	nentally disabled individuals	from Line 7C	T x \$500 =		00	
		_ <sup>wattipi</sup>	ly number of developing	ieritally disabled individuals	iioiii Liile 70				
	7D. TOTAL PERSONAL CREDITS: (Add L	ines 7A,	7B, and 7C. Enter	total here and on Line 3	2)	7D		00	
	ROUND ALL AMO	1			Spouse's Income				
s)66						ome	_	Status 4 Only	
710	8. Wages, salaries, tips, etc: (Attach W-2s)				I	00	_	100	
of W-2(s	9A. U.S. Military compensation: (Your/joint gro		·	00 Less \$9,000	9A	100	•	00	
	9B. U.S. Military compensation: (Spouse's gro			00 Less \$9,000	9B	00		00	
90	<ul><li>10. Interest income: (If over \$1,500, attach AR</li><li>11. Dividend income: (If over \$1,500, attach A</li></ul>					00	_	00	
eck on t	12. Alimony and separate maintenance receiv				I .	00	_	00	
	13. Business or professional income: (Attach t					00	_	00	
필층	14. Capital gains/losses from stocks, bonds, e					00	_	00	
2 to to	15. Other gains or (losses): (Attach federal Fo					00	_	00	
ZÃ	16. Non-Qualified IRA distributions and taxable					00	_	00	
ere	17A.Your/Joint Employer pension plan(s)/Quali		•	, , , , , , , , , , , , , , , , , , ,					
(S)			able Amount	00 Less \$6,000	17A	00			
660	17B.Spouse's Employer pension plan(s)/Qualif	_		Only)					
(s)/1		_	able Amount	00 Less \$6,000	17B		•	00	
N-2	18. Rents, royalties, partnerships, estates, trus	sts, etc:	(Attach federal Sch	edule E)	18 🗨	00	_	00	
듄	19. Farm income: (Attach federal Schedule F)				19 👤	00	-	00	
Atte	20. Other income/depreciation differences: (List	st type a	nd amount. See In	structions)	20 •	00	_	00	
	21. TOTAL INCOME: (Add Lines 8 through	20)			21 •	00	•	00	
rage	AR1 (R 8/26/2010)								



STN				(A) Your/Joint Income		(B) Spouse's Income Status 4 Only			
ADJUSTMENTS	22.	TOTAL INCOME: (From Line 21, Columns A and B, Page AR1)	22	00		00			
.snr		TOTAL ADJUSTMENTS: (Attach Form AR1000ADJ)	_	00	•		00		
Ą	24.	ADJUSTED GROSS INCOME: (Subtract Line 23 from Line 22)	24 •	00	•		00		
COMPUTATION	25.	Select tax table: (Check the appropriate box)  • □ LOW INCOME Table □ REGULAR Tabl  If you qualify for the Low Income Tax Table, enter zero (0) on Line 25A. If the larger of your:  • □ Itemized Deductions (See Instructions, Line 25)  • □ Standard Deduction (See Instructions, Line 25)	f not, then:	00	•		00		
МР	26.	NET TAXABLE INCOME: (Subtract Line 25 from Line 24)	_	00	•		00		
S		TAX: (Enter tax from tax table)	_	00			00		
TAX		Combined tax: (Add amounts from Lines 27A and 27B)	_	2	28		00		
		Enter tax from Lump Sum Distribution Averaging Schedule: (Attach AR10					00		
	l .	IRA and qualified plan withdrawal and overpayment penalties: (Attach fee					00		
	31.	TOTAL TAX: (Add Lines 28 through 30)		3	31 <b>●</b>		00		
S		Personal Tax Credit(s): (Enter total from Line 7D, AR1)	_	00					
Į	33.	Child Care Credit: (20% of federal credit allowed; Attach federal Form 2441)	33 •	00					
CREDIT	34.	Other Credits: (Attach AR1000TC)	34 •	00					
TAX	35.	TOTAL CREDITS: (Add Lines 32 through 34)		3	35 ●		00		
_	36.	NET TAX: (Subtract Line 35 from Line 31. If Line 35 is greater than Line	e 31, enter 0)	3	86 ●		00		
OR TAX DUE PAYMENTS	38. 39. 40. 41. 42. 43. 44. 45. 46. 47. 48.	Arkansas income tax withheld: [Attach state copies of W-2 Form(s)]  Estimated tax paid or credit brought forward from 2009:	38 • 39 • 40 • 41 • 41 • 41 • 46 • 47 • 47 • 45 • 47 • 45 • 45 • 47 • 45 • 47 • 46 • 47 • 47 • 46 • 47 • 47 • 47	00 00 00	13 • 14 • 15 • 18 •		00 00 00 00		
_	50C	A.UEP: Attach Form AR2210 or AR2210A. If required, enter exception in book. Complete and attach Form AR1000V to your check or money order paya Administration" for the tax due and penalty(if any). Include your SSN on a card, see Page 17	ble in U.S. Dollars to "l the check or money or	Dept. of Finance and der. To pay by credit		ue Agency disci	00 uss this		
		FOR MAILING ADDRESSES SEE PAGE 2 OF INSTRUCTIONS	;	return with the preparer shown below?					
ш	an	<b>_EASE SIGN HERE:</b> Under penalties of perjury, I declare t d statements, and to the best of my knowledge and belief, they a an taxpayer) is based on all information of which preparer has a	are true, correct an	d this return and aco d complete. Declara	com	panying sche of preparer (	dules other		
ASE HEF	Υοι	ur Signature C	Occupation	Date	Н	ome Telephone:			
PLE		CICN LEDE!							
S	Spouse's Signature		Occupation	Date Work Telephone:		ork Telephone:			
~	Pai	d Preparer's Signature	D Number/Social Secu ▶	rity Number	A	or Department Us	se Only		
PAID PREPARER	Pre	eparer's Name (	City/State/Zip						
PR	Add	dress	Telephone Number						