

# 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

<b>USE LABEL, PRINT OR TYPE</b>	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		<b>IMPORTANT!</b> You <b>MUST</b> enter your SSN(s) above	
<b>FILING STATUS</b> Check only one box	1. <input type="checkbox"/> SINGLE <i>(Or widowed before 2004 or divorced at end of 2004)</i>		4. <input type="checkbox"/> MARRIED FILING SEPARATELY ON THE SAME RETURN	
	2. <input type="checkbox"/> MARRIED FILING JOINT <i>(Even if only one had income)</i>		5. <b>IF FILING STATUS 5, USE AR1000/AR1000NR - LONG FORM</b>	
<b>PERSONAL CREDITS</b>	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: _____		6. <input type="checkbox"/> QUALIFYING WIDOW(ER) with dependent child. Year spouse died: <i>(See Instructions)</i> _____	
	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 = _____		7C. TOTAL PERSONAL CREDITS: <i>(Add Lines 7A and 7B. Enter total here and on Line 18)</i> _____	
<b>INCOME</b>	<b>ROUND ALL INCOME FIGURES TO WHOLE DOLLARS</b>			
	8. Wages, salaries, tips, etc.: _____	8	(A) Your/Total Income	(B) Spouse Income Status 4 Only
	9. Interest income/dividend income: <i>(If either interest or dividend are over \$1,500, attach page ARS2)</i> _____	9	00	00
	10. Miscellaneous income: <i>(List type and amount. See Instructions)</i> _____	10	00	00
	11. TOTAL INCOME: <i>(Add Lines 8 through 10)</i> _____	11	00	00
<b>DEDUCTIONS TAX COMPUTATION</b>	12. Select Tax Table: <input type="checkbox"/> <b>LOW INCOME Table 1</b> <input type="checkbox"/> <b>REGULAR Table 2</b> Standard Deduction: <i>(See Instructions)</i> NOTE: <i>If you qualify for the Low Income Table, enter zero (0) on Line 12.</i> _____			
	13. Taxable Income: <i>(Subtract Line 12 from Line 11)</i> _____	13	00	00
	14. Enter tax from table: _____	14	00	00
	15. Combined tax: <i>(Add Lines 14A and 14B)</i> _____	15	00	00
	16. Income Tax Surcharge: <i>(Multiply Line 15 by .03)</i> _____	16	00	00
<b>TAX CREDITS</b>	17. TOTAL TAX: <i>(Add Lines 15 and 16)</i> _____	17	00	00
	18. Personal Tax Credits. <i>(Enter total from Line 7C)</i> _____	18	00	00
	19. Child Care Credit: <i>(Attach Federal schedule, 20% of Federal credit allowed.)</i> _____	19	00	00
<b>PAYMENTS</b>	20. TOTAL CREDITS: <i>(Add Lines 18 and 19)</i> _____	20	00	00
	21. NET TAX: <i>(Subtract Line 20 from Line 17. If Line 20 is greater than Line 17, enter 0)</i> _____	21	00	00
	22. Arkansas Income Tax withheld: <i>(Attach State copies of W-2 Form(s)).</i> _____	22	00	00
<b>REFUND OR TAX DUE</b>	23. Early Childhood Program: Certification Number: _____ <i>(Attach Fed. Form 2441 or 1040A, Sch. 2 &amp; Cert. Form AR1000EC, 20% of Fed. credit allowed.)</i> ....	23	00	00
	24. TOTAL PAYMENTS: <i>(Add Lines 22 and 23)</i> _____	24	00	00
	25. AMOUNT OF OVERPAYMENT/REFUND: <i>(If Line 24 is greater than Line 21, enter difference)</i> _____	25	00	00
	26. Amount of Check-off Contributions: <i>(Attach Schedule AR1000-CO)</i> _____	26	00	00
<b>PLEASE SIGN HERE</b>	27. AMOUNT TO BE REFUNDED TO YOU: <i>(Subtract Line 26 from Line 25)</i> _____ REFUND 27 ☺	27	00	00
	28. Amount Due: <i>(If Line 24 is less than Line 21, enter the difference; If over \$1,000 see instructions)</i> _____ TAX DUE 28 ☹	28	00	00
<b>PAID PREPARER</b>	<b>PLEASE SIGN HERE:</b> 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.			
	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
<b>FOR DEPARTMENT USE ONLY</b>	Spouse's Signature	Occupation	Date	
	Paid Preparer's Signature	ID Number/Social Security Number		
	Preparer's Name	City/State/Zip		
	Address	Telephone Number		
<b>Mailing Information</b>	Mail <b>REFUND</b> returns to:	DFA State Income Tax, P. O. Box 1000, Little Rock, AR 72203-1000.		
	Mail <b>TAX DUE</b> returns to:	DFA State Income Tax, P. O. Box 2144, Little Rock, AR 72203-2144.		
Mail <b>NO TAX DUE</b> returns to:		DFA State Income Tax, P. O. Box 8026, Little Rock, AR 72203-8026.		

<b>Part 1 INTEREST INCOME</b>			<b>Part 2 DIVIDEND INCOME</b>		
<p>Interest on bank deposits, notes, mortgages, interest 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>		
<b>Y S J</b>	<b>NAME OF PAYER</b>	<b>AMOUNT</b>	<b>Y S J</b>	<b>NAME OF PAYER</b>	<b>AMOUNT</b>
		00			00
		00			00
		00			00
		00			00
		00			00
		00			00
		00			00
		00			00
		00			00
<b>Total Interest Income:</b> <i>Enter here and on Line 9. ....</i>		00	<b>Total Dividend Income:</b> <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 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 especially 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?
- 8. Please note the due date: APRIL 15, 2005.