2009 AR1000S

ARKANSAS INDIVIDUAL INCOME TAX RETURN

Full Year Resident/Short Form

S

CLICK HERE TO CLEAR FORM

Jan. 1 - Dec. 31, 2009 or fiscal year ending _____ , 20 ___ ●

Dept. Use Only ●

USE LABEL, PRINT OR TYPE

FIRST NAME(S) AND INITIAL(S) *(List both spouses if applicable)* ●	LAST NAME(S) *(See Instructions)* ●	YOUR SOCIAL SECURITY NUMBER ●
MAILING ADDRESS *(Number and Street, P.O. Box or Rural Route)* ●		SPOUSE'S SOCIAL SECURITY NUMBER ●
CITY, STATE AND ZIP CODE ●		**IMPORTANT** ▲ Enter SSN(s) above ▲
		PHONE NUMBER:

FILING STATUS Check only one box

1. ● ☐ SINGLE *(Or widowed before 2009 or divorced at end of 2009)*
2. ● ☐ MARRIED FILING JOINT *(Even if only one had income)*
3. ● ☐ HEAD OF HOUSEHOLD *(See Instructions)*
   If the qualifying person is your child but not your dependent, enter child's name here: _____
4. ● ☐ MARRIED FILING SEPARATELY ON THE SAME RETURN
5. ***IF FILING STATUS 5, USE AR1000/AR1000NR - LONG FORM***
6. ● ☐ QUALIFYING WIDOW(ER) with dependent child
   Year spouse died: *(See Instructions)*_____

HAVE YOU FILED A FEDERAL EXTENSION? ● ☐ Check this box if you have filed an automatic Federal Extension Form 4868

PERSONAL CREDITS

7A. ☐ 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 $23= ____ 00

7B. First name(s) of dependent(s): *(Do not list yourself or spouse)*

_____ Multiply number of dependent(s) from Line 7B ● ☐ X $23= ____ 00

7C. TOTAL PERSONAL CREDITS: *(Add Lines 7A and 7B. Enter total here and on Line 16)* ..... 7C ____ 00

INCOME

ROUND ALL AMOUNTS TO WHOLE DOLLARS

		(A) Your/Joint Income			(B) Spouse's Income Status 4 Only	
8. Wages, salaries, tips, etc: (Attach W-2s)	8		00	8		00
9. Interest income/dividend income: *(If interest or dividends are over $1,500, attach page ARS2)*	9		00	9		00
10. Miscellaneous income: *(List type and amount. See instructions)*	10		00	10		00
11. **TOTAL INCOME:** *(Add Lines 8 through 10)*	11 ●		00	11 ●		00

DEDUCTIONS TAX COMPUTATION

12. Select tax table: ● ☐ **LOW INCOME** Table ☐ **REGULAR** Table

NOTE: *If you qualify for the Low Income Table, enter zero (0) on Line 12*

Standard Deduction: *(See Instructions)*	12 ●		00	12 ●		00
13. Taxable Income: *(Subtract Line 12 from Line 11)*	13 ●		00	13 ●		00
14. Enter tax from table:	14		00	14		00
15. **TOTAL TAX:** *(Add Lines 14A and 14B)*				15 ●		00

TAX CREDITS

16. Personal Tax Credits: *(Enter total from Line 7C)*	16 ●		00		
17. Child Care Credit: *(20% of federal credit allowed, attach federal Form 2441)*	17 ●		00		
18. **TOTAL CREDITS:** *(Add Lines 16 and 17)*				18 ●	00
19. **NET TAX:** *(Subtract Line 18 from Line 15. If Line 18 is greater than Line 15, enter 0)*				19 ●	00

PAYMENTS

20. Arkansas Income Tax withheld: *[Attach state copies of W-2 Form(s)]*	20 ●		00		
21. Early Childhood Program: Certification Number _____ *(20% of fed. credit allowed, attach fed. Form 2441* **and** *Cert. Form AR1000EC)*	21 ●		00		
22. **TOTAL PAYMENTS:** *(Add Lines 20 and 21)*				22 ●	00

REFUND OR TAX DUE

23. **AMOUNT OF OVERPAYMENT/REFUND:** *(If Line 22 is greater than Line 19, enter difference)*				23 ●	00
24. Amount of Check-off Contributions: *(Attach Schedule AR1000-CO)*	24 ●		00		
25. **AMOUNT TO BE REFUNDED TO YOU:** *(Subtract Line 24 from Line 23)* **REFUND**				25 ●	☺ 00
26. **AMOUNT DUE:** *(If Line 22 is less than Line 19, enter the difference; If over $1,000 see instructions)* **TAX DUE**				26 ●	☹ 00

PLEASE SIGN HERE

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.**

Your Signature	Occupation	Date	May the Arkansas Revenue Agency discuss this return with the preparer of the return?
SIGN HERE			☐ Yes ☐ 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:

For Department Use Only

A		●	
B ●			
C ●			
D ●			
E ●			
F ●			

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

Please Note: DUE DATE IS APRIL 15, 2010

2009S2

Part 1 INTEREST INCOME

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 is fully taxable.

List below the names of the interest sources and designate ownership by writing Y (Yours), S (Spouse's) or J (Joint).

Y S J	NAME OF PAYER	AMOUNT	
			00
			00
			00
			00
			00
			00
			00
			00
Total Interest Income: *Enter here and on Line 9.....*			00

Part 2 DIVIDEND INCOME

Dividends and other distributions on stock are fully taxable. There is no dividend exclusion applicable to Arkansas.

List below the names of the dividend sources and designate ownership by writing Y (Yours), S (Spouse's) or J (Joint).

CLICK HERE TO CLEAR FORM

Y S J	NAME OF PAYER	AMOUNT	
			00
			00
			00
			00
			00
			00
			00
			00
Total Dividend Income: *Enter here and on Line 9....*			00

If you owe an amount due from Line 26, ARS1, you have the option of paying by credit card.

OFFICIAL PAYMENTS CORP.

MasterCard

AMERICAN EXPRESS Cards

VISA

DISCOVER NOVUS

www.officialpayments.com
or call (800) 272-9829