



ARKANSAS INDIVIDUAL INCOME TAX AMENDED RETURN FULL YEAR RESIDENT

FOR OFFICE USE ONLY	File Date ●	Amount Paid ●	Your Social Security Number ●			
First Name(s) and Initial(s) (List both if applicable) ●		Last Name ●				
Present Address (Number and Street, Apartment Number or Rural Route) ●		Spouse's Social Security Number ●				
City, State, and Zip Code ●		Preparer's Identification Number ●				
Telephone Numbers Home: _____ Work: _____						
<p>CHECK ONLY ONE BOX:</p> <div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> <p>1. <input type="checkbox"/> SINGLE (Or widowed/divorced at end of tax year being amended)</p> <p>2. <input type="checkbox"/> MARRIED FILING JOINT (Even if only one had income)</p> <p>3. <input type="checkbox"/> HEAD OF HOUSEHOLD (See Instructions) If the qualifying person is your child but not your dependent, enter this child's name here: _____</p> </div> <div style="width: 48%;"> <p>4. <input type="checkbox"/> MARRIED FILING SEPARATELY ON THE SAME RETURN</p> <p>5. <input type="checkbox"/> MARRIED FILING SEPARATELY ON DIFFERENT RETURNS Enter spouse's name here and SSN above _____</p> <p>6. <input type="checkbox"/> QUALIFYING WIDOW(ER) with dependent child. Year spouse died: (See Instructions) _____</p> </div> </div>						
<p>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 <input type="checkbox"/> QUALIFYING WIDOW(ER)</p>						
<p>7B. First name(s) of dependents: (Do not list yourself or spouse) _____ Multiply number of boxes checked from Line 7A <input type="checkbox"/> X \$__ = _____ 00</p> <p>_____ Multiply number of dependents from Line 7B <input type="checkbox"/> X \$__ = _____ 00</p>						
<p>7C. First name of developmentally disabled individual(s): (See Instr.) _____ Multiply number of developmentally disabled _____ Individuals from Line 7C <input type="checkbox"/> X \$500 = _____ 00</p>						
<p>7D. TOTAL PERSONAL CREDITS: (Add Lines 7A, 7B and 7C. Enter total here and on Line 18) 7D _____ 00</p>						
INCOME	PART 1: ORIGINAL		PART 2: AMENDED			
	A. Your/Joint Income	B. Spouse's Income	A. Your/Joint Income	B. Spouse's Income		
	8. Total Income: 8	00	00	8	00	00
	9. Adjustments to Income: 9	00	00	9	00	00
	10. Adjusted Gross Income: 10	00	00	10	00	00
11. Itemized/Standard Deductions: 11	00	00	11	00	00	
12. Net Taxable Income: 12	00	00	12	00	00	
TAX COMPUTATION						
13. Select tax table: (Enter tax from applicable tax table) 13						
<input type="checkbox"/> LOW INCOME <input type="checkbox"/> REGULAR						
14. Combined Tax: (Enter total from Lines 13A and 13B) 14						
15. Enter tax from ten (10) year averaging schedule: (Attach AR1000TD) 15						
16. IRA and qualified plan withdrawal and overpayment penalties: (Attach federal Form 5329 if required) 16						
17. Total Tax: (Add Lines 14 through 16. Enter here) 17						
TAX CREDITS						
18. Personal Tax Credit(s): (Enter total from Line 7D) 18						
19. State Political Contributions Credit: (Attach AR1800) 19						
20. Other State Tax Credit(s): [Attach copy of other State return(s)] 20						
21. Child Care Credit(s): (20% of federal credit allowed, Attach federal Form 2441) 21						
22. Credit for Adoption Expenses: (Attach federal Form 8839) 22						
23. Phenylketonuria Disorder Credit: (Attach AR1113) 23						
24. Business and Incentive Tax Credits: [Attach Schedule and Certificate(s)] 24						
25. TOTAL CREDITS: (Add Lines 18 through 24) 25						
26. NET TAX: (Subtract Line 25 from Line 17. Enter here) 26						



27. NET TAX: (From Line 26)..... 27 00

PAYMENTS

28. Arkansas Income Tax withheld:.....	28	00
29. Estimated tax paid or credit brought forward from preceding tax year:	29	00
30. Early childhood program: Certification No. : (20% of federal credit allowed; Attach federal Form 2441 and Certification Form AR1000EC)	30	00
31. Amount Paid with Return:	31	00
32. Amount Paid after Return was filed:	32	00
33. TOTAL PAID: (Add Lines 28 through 32. Enter here)	33	00
34. Enter prior Overpayment/Refund/Estimate carried forward:	34	00
35. TOTAL PAYMENTS: (Subtract Line 34 from Line 33. Enter here)	35	00

REFUND OR TAX DUE

36. AMOUNT TO BE REFUNDED TO YOU: (If Line 35 is greater than Line 27, enter the difference here)	REFUND 36	☺	00
37. AMOUNT DUE: (If Line 27 is greater than Line 35, enter the difference here)	TAX DUE 37	☹	00

Complete and attach Form AR1000V to your check or money order payable in U.S. Dollars to "Dept. of Finance and Administration" for the tax due. Include your SSN on the check or money order. To pay by credit card, see Instructions.

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
Spouse's Signature	Occupation	Date
Paid Preparer's Signature	ID Number/SSN	Date
Firm Name (Or yours, if self employed)	Telephone	May the Arkansas Revenue Agency discuss this return with the preparer shown to the left? <input type="checkbox"/> Yes <input type="checkbox"/> No
Address	City, State, Zip	Mail to: Amended Tax Group P. O. Box 3628 Little Rock, AR 72203

EXPLANATION OF CHANGES TO INCOME, DEDUCTIONS, AND CREDITS (REQUIRED): Attach supporting forms and schedules for items changed and give explanations for each change. **If you do not attach the required information, processing of your Form AR1000A may be delayed.** Include your name and Social Security Number on any attachments.

Has your tax return been adjusted by the IRS? If yes, attach notices. Yes No