

00			4
----	--	--	---

AR1000DC

STATE OF ARKANSAS Disabled Individual Certificate

INDIVIDUAL INCOME TAX RETURN

Taxpayer's Name (as shown on return)	Taxpayer's Social Security Number
Disabled Individual's Name	Disabled Individual's Social Security Number

This certificate must be completed in its entirety to receive the \$500 Disabled Individual Deduction. This deduction is taken in the adjustment section of your Arkansas Individual Income Tax Return. This certificate is good for one year, and must be attached to your Individual Income Tax Return.

To take advantage of this deduction, the taxpayer and/or individual must meet the following conditions and standards:

1. The disabled individual is a natural or adopted child, or a dependent of the taxpayer.
2. The taxpayer maintained, supported and cared for the totally and permanently disabled individual in his/her home.
3. Totally and permanently disabled means and includes any individual who is unable to engage in any substantial gainful activity by reason of any medically determinable physical or mental impairment which can be expected to result in death or has lasted or can be expected to last for a continuous period of not less than twelve (12) months.
4. A physical or mental impairment is an impairment which results in the anatomical, physiological or psychological abnormalities which are demonstrable by medically acceptable clinical or laboratory diagnostic techniques.
5. The above individual has been diagnosed by a physician as totally and permanently disabled as outlined in conditions 3 and 4 listed above.

Under penalties of perjury, I certify that _____ is a totally and permanently disabled individual based upon the above criteria.

Taxpayer's Signature

Date