

2003 AR1000 ARKANSAS INDIVIDUAL INCOME TAX RETURN

Full Year Resident

Dept. Use Only

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Jan 1 - Dec 31, 2003 or fiscal year ending _____, 20__

USE LABEL PRINT OR TYPE	FIRST NAME(S) AND INITIAL(S) (List both if applicable)	LAST NAME(S) (See Instructions)	YOUR SOCIAL SECURITY NUMBER
	PRESENT ADDRESS - NUMBER AND STREET, APARTMENT OR RURAL ROUTE		SPOUSE SOCIAL SECURITY NUMBER
	CITY, TOWN OR POST OFFICE, STATE AND ZIP CODE		HOME TELEPHONE: WORK TELEPHONE:

FILING STATUS Check Only One Box	1. <input type="checkbox"/> SINGLE (Or widowed before 2003 or divorced at end of 2003) 2. <input type="checkbox"/> MARRIED FILING JOINT (Even if only one had income) 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: _____	4. <input type="checkbox"/> MARRIED FILING SEPARATELY ON THE SAME RETURN 5. <input type="checkbox"/> MARRIED FILING SEPARATELY ON DIFFERENT RETURNS Enter spouse's name here and SSN above _____ 6. <input type="checkbox"/> QUALIFYING WIDOW(ER) with dependent child. Year spouse died:(See Instructions) _____
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HAVE YOU FILED A FEDERAL EXTENSION? Check this box if you have filed an Automatic Federal Extension Form 4868. (See Instructions)

PERSONAL CREDITS	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 QUALIFYING WIDOW(ER)		
	7B. First name(s) of dependents: (Do not list yourself or spouse)	Multiply number of boxes checked from Line 7A ... <input type="checkbox"/> X \$20 = _____ Multiply number of dependents from Line 7B <input type="checkbox"/> X \$20 = _____	00
	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
	7D. TOTAL PERSONAL CREDITS: (Add Lines 7A, 7B and 7C. Enter total here and on Line 44) 7D	00

ROUND ALL INCOME FIGURES TO WHOLE DOLLARS		(A) Your/Total Income	(B) Spouse Income Status 4 Only
8. Wages, salaries, tips, etc.:	8	00	00
9A. U. S. military compensation pay: (Your/joint gross amount)	9A	00	00
9B. U. S. military compensation pay: (Spouse gross amount)	9B	00	00
10. Minister's income: Gross \$ _____ Less rental value \$ _____	10	00	00
11. Interest income: (If over \$1,500, attach page AR4)	11	00	00
12. Dividend income: (If over \$1,500, attach page AR4)	12	00	00
13. Alimony and separate maintenance received:	13	00	00
14. Business or professional income: (Attach Federal Schedule C or C-EZ)	14	00	00
15. Capital gains/losses from stocks, bonds, etc.: (See Instr. Attach Federal Schedule D)	15	00	00
16. Other gains or (losses): (Attach Federal Form 4797)	16	00	00
17. Non-Qualified IRA distributions and taxable annuities:	17	00	00
18A. Your/Joint Employer pension plan/Qualified IRA: (See New Line 18 Instructions, Page 15) Gross Distribution • _____ Taxable Amount • _____ Less \$6,000	18A	00	00
18B. Spouse Employer pension plan/Qualified IRA (Filing Status 4 Only): Gross Distribution • _____ Taxable Amount • _____ Less \$6,000	18B	00	00
19. Rents, royalties, partnerships, estates, trusts, etc.: (Attach Federal Schedule E)	19	00	00
20. Farm Income: (Attach Federal Schedule F)	20	00	00
21. Other income: (List type and amount. See Instructions)	21	00	00
22. TOTAL INCOME: (Add Lines 8 through 21)	22	00	00
23. Payments to <input type="checkbox"/> IRA and <input type="checkbox"/> MSA: (See Instructions)	23	00	00
24. Deduction for interest paid on student loans:(See Instructions)	24	00	00
25. Contributions to Intergenerational Trust: (See Instructions)	25	00	00
26. Moving expenses: (Attach Federal Form 3903 or 3903F)	26	00	00
27. Self-employed health insurance deduction: (See Instructions)	27	00	00
28. KEOGH and Self-employed SEP and Simple Plans:	28	00	00
29. Forfeited interest penalty for premature withdrawal:	29	00	00
30. Alimony/separate maintenance paid to: Name: _____ SSN: _____	30	00	00
31. Border city exemption: (Attach Form AR - TX)	31	00	00
32. Support for permanently disabled individual: (Attach Form AR1000DC)	32	00	00
33. TOTAL ADJUSTMENTS: (Add Lines 23 through 32)	33	00	00
34. ADJUSTED GROSS INCOME: (Subtract Line 33 from Line 22)	34	00	00

		(A) Your/Total Income		(B) Spouse Income Status 4 Only	
TAX COMPUTATION	35. ADJUSTED GROSS INCOME: (From Line 34, Columns A and B, Page AR1) 35	00	35	00	00
	36. Select tax table: (Check the appropriate box) <input type="checkbox"/> LOW INCOME Table 1 <input type="checkbox"/> REGULAR Table 2 If you qualify for the Low Income Tax Table, enter zero (0) on Line 36A. If not, then: Enter the larger of your: <ul style="list-style-type: none"> <input type="checkbox"/> Itemized Deductions (See itemized deduction schedule, Line 28) OR <input type="checkbox"/> Standard Deduction (See Standard Deduction Instr., Line 36)..... 36 ● 	00	36 ●	00	00
	37. NET TAXABLE INCOME: (Subtract Line 36 from Line 35) 37 ●	00	37 ●	00	00
	38. Tax: (Enter tax from tax table) 38	00	38	00	00
	39. Combined tax: (Add amounts from Lines 38A and 38B and enter here) 39	00	39	00	00
	40. Income Tax Surcharge: (Multiply Line 39 by 3% (.03); TEXARKANA RESIDENTS MUST USE SURCHARGE SCHEDULE) . 40 ●	00	40 ●	00	00
	41. Enter tax from Lump Sum Distribution Averaging Schedule: (Attach AR1000TD) 41 ●	00	41 ●	00	00
	42. IRA and qualified plan withdrawal and overpayment penalties: (Attach Federal Form 5329, if required) 42 ●	00	42 ●	00	00
	43. TOTAL TAX: (Add Lines 39 through 42) 43 ●	00	43 ●	00	00
TAX CREDITS	44. Personal Tax credit: (Enter total from Line 7D, page AR1) 44 ●	00	44 ●	00	00
	45. State Political Contributions credit: (Attach schedule) 45 ●	00	45 ●	00	00
	46. Other State Tax credit: [Attach a copy of other state tax return(s)] 46 ●	00	46 ●	00	00
	47. Child care credit: (Attach Federal Form 2441 or 1040A, Sch. 2, 20% of Federal credit allowed) 47 ●	00	47 ●	00	00
	48. Credit for adoption expenses: (Attach Form 8839) 48 ●	00	48 ●	00	00
	49. Phenylketonuria Disorder credit: (See Instructions. Attach AR1113) 49 ●	00	49 ●	00	00
	50. Business and Incentive Tax credit: (Attach schedule and certificate) 50 ●	00	50 ●	00	00
	51. TOTAL CREDITS: (Add Lines 44 through 50) 51 ●	00	51 ●	00	00
	52. NET TAX: (Subtract Line 51 from Line 43. If Line 51 is greater than Line 43, enter 0) 52 ●	00	52 ●	00	00
PAYMENTS	53. Arkansas Income Tax withheld: (Attach State copies of W-2 Forms) 53 ●	00	53 ●	00	00
	54. Estimated tax paid or credit brought forward from last year: 54 ●	00	54 ●	00	00
	55. Payments made with extension: (See Instructions) 55 ●	00	55 ●	00	00
	56. Early childhood program: Certification Number: _____ (Attach Fed. Form 2441 or 1040A, Sch. 2 & Cert. Form AR1000EC, 20% of Fed. credit allowed) . 56 ●	00	56 ●	00	00
	57. TOTAL PAYMENTS: (Add Lines 53 through 56) 57 ●	00	57 ●	00	00
REFUND OR TAX DUE	58. AMOUNT OF OVERPAYMENT/REFUND: (If Line 57 is greater than Line 52, enter difference) 58 ●	00	58 ●	00	00
	59. Amount to be applied to 2004 estimated tax: 59 ●	00	59 ●	00	00
	60. Amount of Checkoff Contributions: (Attach Schedule AR1000-CO) 60 ●	00	60 ●	00	00
	61. AMOUNT TO BE REFUNDED TO YOU: (Subtract Lines 59 and 60 from Line 58) REFUND 61 ● ☺	00	61 ●	00	00
	62. AMOUNT DUE: (If Line 57 is less than Line 52, enter difference; If over \$1,000, See Instructions) TAX DUE 62 ● ☹	00	62 ●	00	00
	62A. Attach Form AR2210: Enter Exception in box 62A ● <input type="checkbox"/> Penalty 62B ● <input type="text" value="00"/>	00	62A ●	00	00
	62C. Please attach your check or money order, made out to "Dept. of Finance and Administration", for the tax and penalty (if applicable) due. Be sure to write your Social Security Number on your check: TOTAL DUE 62C ●	00	62C ●	00	00
	63. Source of income not subject to Arkansas tax: (Memorandum only)				
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 shown below? <input type="checkbox"/> Yes <input type="checkbox"/> No	
	Spouse's Signature	Occupation	Date		
PAID PREPARER	Paid Preparer's Signature	ID Number/Social Security Number		For Department Use Only	
	Preparer's Name	City/State/Zip		A ●	<input type="checkbox"/>
	Address	Telephone Number		B ●	<input type="checkbox"/>
				C ●	<input type="checkbox"/>
				D ●	<input type="checkbox"/>
				E ●	<input type="checkbox"/>
				F ●	<input type="checkbox"/>
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: NEW DUE DATE IS APRIL 15, 2004