Int 1 - Dec 31, 2004 or fised 1yzer androg       20       •         FIRST NAME(S) (Jack both # applicable)       LAST NAME(S) (Jack both # applicable)       •         FIRST NAME(S) (Jack both # applicable)       •       •         PRESENT ADDRESS - NUMBER AND STREET, APARTMENT OR RURAL ROUTE       •       SPOUSE SOCIAL SECURITY NUMBER         •       Important (S) (Jack both # applicable)       •       •         •       Important (S) (Jack both # applicable)       •       •         •       Important (S) (Jack both # applicable)       •       •         •       Important (S) (Jack both # applicable)       •       •       •         •       Important (S) (Jack both # applicable)       •       •       •       •       •         •       Important (S) (Jack both # applicable)       • <th>2</th> <th>0</th> <th>04 AR1000 ARKANSAS INDI Full Year Res</th> <th></th> <th>Dept. Use O</th> <th></th> <th></th> <th></th> <th></th> <th>F</th>	2	0	04 AR1000 ARKANSAS INDI Full Year Res		Dept. Use O					F
PRESENT ADDRESS - NUMBER AND STREET. APARTMENT OR RURAL ROUTE   PRESENT ADDRESS - NUMBER AND STREET. APARTMENT OR RURAL ROUTE   SOULS SOCIAL SECURITY NUMBER   •    •    •    •    •    •    •    •    •    •    •    •    •    •    •    •    • <td< th=""><th>Jan</th><th></th><th></th><th></th><th>•</th><th>(ationa)</th><th></th><th></th><th></th><th></th></td<>	Jan				•	(ationa)				
Nome         Participation         Present ADDRESS - NUMBER AND STREET. APARTMENT OR RURAL ROUTE         SPOUSE SOCIAL SECURITY NUMBER           •         <		FIRST NAME(S) AND INITIAL(S) (List both if applicable)				YOUR SOCIAL SECURITY NUMBER				
IMPORTANT A memory our Service of a mode of 2004   2. • MARRIED FLING JOINT (Even if any one had income) 4. • MARRIED FLING SEPARATELY ON THE SAME RETURNS   3. • HEAD OF HOUSEHOLD (See instructions) 5. • MARRIED FLING SEPARATELY ON DIFFERENT RETURNS   1. • Your Stell & A FEDERAL EXTENSION? • • Deck this box (f you have an extension)   MARE YOU FLED A FEDERAL EXTENSION? • Deck this box (f you have an extension)   74. • YOURSELF • 0 50 or OVER • 0 50 SPECIAL • 0 BLIND • 0 DEAF • OLVALIFYING WIDOW(ER) with dependent child.   77. • Frist name of developmentally disabled individual(s): (See instructions) • Matery our associated from Line 78	Ä	•		•			•			
IMPORTANT A memory our SSN(a) above     SSN(a) Additional and the service of		PRESENT ADDRESS - NUMBER AND STREET, APARTMENT OR RURAL ROUTE					SPOUSE SOCIA	L SE	ECURITY NUN	<b>/</b> BER
Important A memory our SSN(s) above     SSN(s) above     SSN(s) Additional and the service of the service	LA CR									
Important A memory our SSN(s) above     SSN(s) above     SSN(s) Additional and the service of the service	USE	-	· · · · · · · · · · · · · · · · · · ·							
Image: Single (0r widowed before 2004 or divorced at end of 2004)       Image: Single (0r widowed before 2004 or divorced at end of 2004)         Image: Single (0r widowed before 2004 or divorced at end of 2004)       Image: Single (0r widowed before 2004 or divorced at end of 2004)         Image: Single (0r widowed before 2004 or divorced at end of 2004)       Image: Single (0r widowed before 2004 or divorced at end of 2004)         Image: Single (0r widowed before 2004 or divorced at end of 2004)       Image: Single (0r widowed before 2004 or divorced at end of 2004)         Image: Single (0r widowed before 2004 or divorced at end of 2004)       Image: Single (0r widowed before 2004 or divorced term (0r wid	ā	CITY	, TOWN OR POST OFFICE, STATE AND ZIP CODE							
1.0       SINGLE (Or widowed before 2004 or divorced at end of 2004)         2.0       MARRIED FILING JOINT (Even if only one had income)         3.0       HEAD OF HOUSEHOLD (See instructions)         If the qualifying parson is your child but not your dependent, enter this child's name here:       S.0         If the qualifying parson is your child but not your dependent, enter this child's name here:       S.0         If the qualifying parson is your child but not your dependent, enter this child's name here:       S.0         If the qualifying parson is your child but not your dependent, enter this child's name here:       S.0         If the qualifying parson is your child but not your dependent.       S.0         If the qualifying parson is your child but not your dependent.       S.0         If the qualifying parson is your child but not your dependent.       S.0         If the qualifying parson is your child but not your dependent.       S.0         If the qualifying parson is your child but not your dependent.       S.0         If the qualifying parson is your child but not your dependent.       S.0         If the qualifying parson is your child but not your dependent.       S.0         If the qualifying parson is your child but not your dependent.       S.0         If the qualifying parson is your child but not your dependent.       S.0         If the qualifying parson is your child but not your dependent.       S.0		•					IMPORTA			· · · · · · · · · · · · · · · · · · ·
2.2 <ul> <li>MARRIED FILING JOINT (Even if only one had income)</li> <li>3.0</li> <li>HEAD OF HOUSEHOLD (See Instructions)</li> <li>If the qualifying person is your child but not your dependent, enter this child's name here:</li> <li></li></ul>	د	1. ●	SINGLE (Or widowed before 2004 or divorced at end c	of 2004)	4. ● □	MARRIED FIL	ING SEPARATELY ON	THE	. ,	
The field is class that is held.         The spoce discipled is abloration of the spoce discipled is abloration of the spoce discipled is abloration.         NAVE YOU FILED A FEDERAL EXTENSION?         Check this box if you have if ifed an automatic         A	rus re Boj									
The first name field in structure field an automatic structure field and automatic structure structure structure structure structure	sta niy or	3.								
The first name field in structure field an automatic structure field and automatic structure structure structure structure structure	ilLING	J. •		-1t						
TA       YOURSELF       6 50 OVER       6 50 SPECIAL          BLIND          DEAF	с <sup>њ</sup>									
Brouse		HAV	E YOU FILED A FEDERAL EXTENSION?    Check this Federal E	s box if you ha xtension Form	ve filed an aut 4868. <i>(See In</i>	omatic str.)	Check this box if you hav extension to file, Federal	e an Forn	approved ad n 2688. (See In	lditional 1str.)
T8. First name(s) of dependents: (Do not list yourself or spouse)       Mutigity number of baces checked them time 74	s	7A.	YOURSELF • 65 or OVER • 65 SPECIAL							
T2. First name(s) of dependents: (Do not list yourself or spoces)       Multiply number of baces checked them. Une 7A	REDIT		SPOUSE • 65 or OVER • 65 SPECIAL				JALIFTING WIDOW(ER	.)		
TD. TOTAL PERSONAL CREDITS: (Add Lines 7A, 7B and 7C. Enter total here and on Line 44)         TD           ROUND ALL INCOME FIGURES TO WHOLE DOLLARS         (A) YourTotal Income         (B) Spouse Incom           Nages, salaries, tips, etc.:         8         000         8           Wages, salaries, tips, etc.:         8         000         8           M. U. S. military compensation pay: (Yourjoint gross amount)         000         Less \$6,000         96           9B. U. S. military compensation pay: (Source gross amount)         000         Less \$6,000         96           11         Interest income: (If over \$1,500, attach page AR4)         11         001         11           12. Dividend income: (If over \$1,500, attach page AR4)         12         001         13         13           13. Alimony and separate maintenance received:         13         001         15         •           14. Dustiness or professional income: (Attach Federal Schedule C or C-EZ)         14         001         14           15. Capital gains/losses from stocks, bonds, etc.: (See Instructions, Page 15)         00         16         •           17. Non-Qualified IRA distributions and taxable annuities:         17         00         17         •           18. Spouse Employer pension plan/Qualified IRA: (See Instructions)         20         00         20 </td <td></td> <td>7B.</td> <td>First name(s) of dependents: (Do not list yourself or spouse)</td> <td>Multip</td> <td>ly number of b</td> <td>oxes checked f</td> <td></td> <td></td> <td></td> <td>00</td>		7B.	First name(s) of dependents: (Do not list yourself or spouse)	Multip	ly number of b	oxes checked f				00
TD. TOTAL PERSONAL CREDITS: (Add Lines 7A, 7B and 7C. Enter total here and on Line 44)         TD           ROUND ALL INCOME FIGURES TO WHOLE DOLLARS         (A) YourTotal Income         YourTotal Status 4 Ong           Nages, salaries, tips, etc.         8         00         8           M. U. S. military compensation pay: (Yourfoint gross amount)         00         Less \$6,000         96           10. Minister's income: Gross S         Less rental value \$         10         000         10           11. Interest income: (If over \$1,500, attach page AR4)         12         000         12         001         13           12. Dividend income: (If over \$1,500, attach page AR4)         12         001         13         14         14         14         14         14         15         10         16         17         16         16         16         16         16         16         16         16         16         16         16         16         16         16         16         16         16	RSON	7C.	First name of developmentally disabled individual(s): (See In:	str.) Multip	ly number of de	evelopmentally	disabled			
ROUND ALL INCOME FIGURES TO WHOLE DOLLARS         Income         Status 4 Only           8         Wages, salaries, tips, etc.:         8         00         8           94. U.S. miltary compensation pay: ( <i>Nourifoint gross amount</i> )         00         Less \$6,000         98           9B. U.S. miltary compensation pay: ( <i>Spouse gross amount</i> )         00         Less \$6,000         98           10. Minister's income: ( <i>Hover \$1,500, attach page AR4</i> )         10         00         10           11. Interest income: ( <i>Hover \$1,500, attach page AR4</i> )         12         00         12           13. Alimony and separate maintenance received:         13         00         13           16. Other gains or professional income: ( <i>Attach Federal Schedule C or C-EZ</i> )         14         00         14           15. Capital gains/losses from stocks, bonds, etc: ( <i>See Instr. Attach Federal Schedule D</i> )         16         00         16           16. Other gains or (losses): ( <i>Attach Federal Form 4797</i> )         16         00         16         00         16           17. Non-Qualified IRA distributions and taxable annuities:         17         00         17         00         17           18. A 'guit/Aduint Employer pension plan/Qualified IRA (Filing Status 4 Only):         00         \$6,050         18A         00         16 <td< td=""><td>PE</td><td>7D.</td><td>TOTAL PERSONAL CREDITS: (Add Lines 7A, 7B and 7C. E</td><td>indivio Enter total here</td><td>duals from Line</td><td><b>7C</b> 44)</td><td>● ∐ X \$!</td><td>500= 7D</td><td>:</td><td>00</td></td<>	PE	7D.	TOTAL PERSONAL CREDITS: (Add Lines 7A, 7B and 7C. E	indivio Enter total here	duals from Line	<b>7C</b> 44)	● ∐ X \$!	500= 7D	:	00
8.       Wages, salaries, tips, etc.:       8       00       8         9.       U. S. military compensation pay: (Your/joint gross amount)       00       Less 56.000       98       98         9.       U. S. military compensation pay: (Spouse gross amount)       00       Less 56.000       98       98         10.       Minister's income: (If over \$1,500, attach page AR4)       11       00       11       11       00       12         11.       Interest income: (If over \$1,500, attach page AR4)       12       10       12       10       12         12.       Dividend income: (Attach Federal Schedule C or C-EZ)       14       00       14         13.       Its. Capital gains/losses from stocks, bonds, etc.: (See Instr. Attach Federal Schedule D)       15       00       16         14.       Business or professional income: (Attach Federal Schedule C or C-EZ)       14       00       14         15.       Capital gains/losses from stocks, bonds, etc.: (See Instructions, Page 15)       00       16       00       16         17.       Nor./Juified IRA (Filing Status 4 Only):       Gross Distribution •       00       Taxable Amount •       00       \$6,000       18         18.       Spouse Employer pension plan/Qualified IRA (Filing Status 4 Only):       16       166				IAPS			• •	Γ		Income
Mon         U.S. military compensation pay: (Yourjoint gross amount)         00         Less \$6,000         9A         00         9B           B. U.S. military compensation pay: (Spouse gross amount)         00         Less \$6,000         9B         9B         9B           10. Minister's income: (If over \$1,500, attach page AR4)         11         00         12         00         12           11. Interest income: (If over \$1,500, attach page AR4)         12         00         12         13         00         14           12. Dividend income: (If over \$1,500, attach page AR4)         12         00         14         15         14         Business or professional income: (Attach Federal Schedule C or C-EZ)         14         14         00         14           13. Other gains or (Losses): (Attach Federal Schedule C or C-EZ)         14         16         16         17           16. Other gains or (Losses): (Attach Federal Schedule C or C-EZ)         14         00         16         16           17. Non-Qualified IRA distributions and taxable annuities:         17         17         17         17           18. YourJoint Employer pension plan/Qualified IRA (Filing Status 4 Only):         17         00         18         18           19. Rents, royalies, partnerships, estates, trusts, etc: (Attach Federal Schedule E)         19	(s)	8.						8	otatus	00
9B. U. S. military compensation pay: (Spouse gross amount)       00       Less rental value \$10       00       10         10. Minister's income: (Gross \$Less rental value \$10       00       10       11         11. Interest income: (If over \$1,500, attach page AR4)       11       00       12         12. Dividend income: (If over \$1,500, attach page AR4)       12       00       12         13. Alimony and separate maintenance received:       13       00       13         14. Business or professional income: (Attach Federal Schedule C or C-EZ)       14       000       14         15. Capital gains/losses from stocks, bonds, etc: (See Instr. Attach Federal Schedule D)       15       00       15         16. Other gains or (losses): (Attach Federal Form 4797)       16       000       16         17. Non-Qualified IRA (reling Status 4 Only):       Gross Distribution ●       00       Taxable Amount ●       000       \$6,000       18A         18. Spouse Employer pension plan/Qualified IRA (Fling Status 4 Only):       Gross Distribution ●       00       Taxable Amount ●       00       \$6,000       18B       00         19. Rents, royalties, partnerships, estates, trusts, etc: (Attach Federal Schedule E)       19       00       19       00       19         20. Farm Income: (Attach Federal Schedule F)       20	orn						00			
11.       Interest income: (If over \$1,500, attach page AR4)       11       00       11         12.       Dividend income: (If over \$1,500, attach page AR4)       12       00       12         13.       Alimony and separate maintenance received:       13       00       13         14.       Business or professional income: (Attach Federal Schedule C or C-EZ)       14       00       14         15.       Capital gains/losses from stocks, bonds, etc.: (See Instr. Attach Federal Schedule D)       15       •       00       15         16.       Other gains or (losses): (Attach Federal Form 4797)       16       00       16       •       01       17         17.       Non-Qualified IRA distributions and taxable annuities:       17       00       17       •       00       17         18.       Your/Joint Employer pension plan/Qualified IRA (Filing Status 4 Only):       Gross Distribution •       00       16       18         19.       Rents, royatties, patnerships, estates, trusts, etc.: (Attach Federal Schedule E)       19       00       19       18         20.       Farm Income: (Litst type and amount. See Instructions)       21       00       22       02       22       02       22       02       23       00       24       00       24	1 66				00 Le	ess \$6,000	•	9B		0
12. Dividend income: (If over \$1,500, attach page AR4)       12       00       12         13. Alimony and separate maintenance received:       13       00       13         14. Business or professional income: (Attach Federal Schedule C or C-EZ)       14       00       14         15. Capital gains/losses from stocks, bonds, etc.: (See Instr. Attach Federal Schedule D)       15       00       16         16. Other gains or (losses): (Attach Federal Form 4797)       16       00       16       17         17. Non-Qualified IRA distributions and taxable annuities:       17       00       17         18. Spouse Employer pension plan/Qualified IRA: (See Important Line 18 Instructions, Page 15)       00       18         19. Rents, royalties, partnerships, estates, trusts, etc.: (Attach Federal Schedule E)       19       00       19         20. Farm Income: (Attach Federal Schedule F)       20       00       20       21         21. Other income: (List type and amount. See Instructions)       21       00       22       00       22         23. Payments to []       IRA and []       MSA: (See Instructions)       23       00       23         24. Deduction for interest paid on student loans:(See Instructions)       24       00       24       00       24         25. Contributions to Intergenerational Trust: (See I	-2/10	10.	Minister's income: Gross \$ Less	s rental value	\$	10	00	10		0
13. Alimony and separate maintenance received:       13       13       14         14. Business or professional income: (Attach Federal Schedule C or C-EZ)       14       00       14         15. Capital gains/losses from stocks, bonds, etc.: (See Instr. Attach Federal Schedule D)       15       00       16         16. Other gains or (losses): (Attach Federal Form 4797)       16       00       16         17. Non-Qualified IRA distributions and taxable annuities:       17       00       17         18. Your/Joint Employer pension plan/Qualified IRA: (See Important Line 18 Instructions, Page 15)       01       18         19. Rents, royallies, partnerships, estates, trusts, etc.: (Attach Federal Schedule E)       19       00       18         19. Rents, royallies, partnerships, estates, trusts, etc.: (Attach Federal Schedule E)       19       00       20         20. Farm Income: (Attach Federal Schedule F)       20       00       20       21         21. Other income: (List type and amount. See Instructions)       23       00       23         23. Payments to I IRA and MSA: (See Instructions)       25       00       25       00       25         23. Noing expenses: (Attach Federal Form 3903)       26       00       26       27       28       00       28       28       24       29       29	n W							4 ***		0
14. Business or professional income: (Attach Federal Schedule C or C-EZ)       14       00       14         15. Capital gains/losses from stocks, bonds, etc.: (See Instr. Attach Federal Schedule D)       15       00       16         16. Other gains or (losses): (Attach Federal Form 4797)       16       00       16         17. Non-Qualified IRA distributions and taxable annuities:       17       00       17         18. Your/Joint Employer pension plan/Qualified IRA: (See Important Line 18 Instructions, Page 15)       00       188         9. Rents, royalties, partnerships, estates, trusts, etc:: (Attach Federal Schedule E)       19       00       19         20. Farm Income: (List type and amount. See Instructions)       21       00       22       00       22         21. Other income: (List type and amount. See Instructions)       23       00       23       24       00       24       00       24       00       24       00       24       00       24       00       25       00       22       0       22       0       22       0       22       0       22       0       22       0       22       0       22       0       22       0       22       0       22       0       22       0       22       0       22       0	ck o							- '2		0
15. Capital gains/losses from stocks, bonds, etc.: (See Instr. Attach Federal Schedule D)       15       00       15         16. Other gains or (losses): (Attach Federal Form 4797)       16       00       16         17. Non-Qualified IRA distributions and taxable annuities:       17       00       17         18. Your/Joint Employer pension plar/Qualified IRA: (See Important Line 18 Instructions, Page 15)       0       16         18. Spouse Employer pension plar/Qualified IRA (Filing Status 4 Only):       00       Taxable Amount •       00       \$6,000       18A         19. Rents, royalties, partnerships, estates, trusts, etc.: (Attach Federal Schedule E)       19       00       19         20. Farm Income: (List type and amount. See Instructions)       21       00       21         21. Other income: (List type and amount. See Instructions)       23       00       23         24. Deduction for interest paid on student loans: (See Instructions)       23       00       24         25. Contributions to Intergenerational Trust: (See Instructions)       26       00       26         27. Self-employed health insurance deduction: (See Instructions)       27       00       27         28. KEOGH and Self-employed SEP and Simple Plans:       28       00       28         29. Forfeited interest penality for premature withdrawal:       29       00 <td>che</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>- ' '</td> <td></td> <td>0</td>	che							- ' '		0
16. Other gains or (losses): (Attach Federal Form 4797)       16       00       16         17. Non-Qualified IRA distributions and taxable annuities:       17       00       17         18A. Your/Joint Employer pension plan/Qualified IRA: (See Important Line 18 Instructions. Pege 15).       00       17         18B. Spouse Employer pension plan/Qualified IRA (Filing Status 4 Only):       00       188       00         18B. Spouse Employer pension plan/Qualified IRA (Filing Status 4 Only):       00       188       188         19. Rents, royatiles, partnerships, estates, trusts, etc.: (Attach Federal Schedule E).       19       00       19         20. Farm Income: (Attach Federal Schedule F)       20       00       21       00       21         21. Other income: (List type and amount. See Instructions)       21       00       21       22       00       22         23. Payments to       IRA and       MSA: (See Instructions)       23       00       23       24       00       24       25       26       00       26       27       26       00       26       27       28       28       00       28       28       29       29       29       29       29       27       28       28       28       27       28       28       28 <t< td=""><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td>0</td></t<>										0
17. Non-Qualified IRA distributions and taxable annulties:       17       00       17         18A. Your/Joint Employer pension plan/Qualified IRA: (See Important Line 18 Instructions, Page 15)       00       17         18B. Spouse Employer pension plan/Qualified IRA (Filing Status 4 Only):       00       188       00         19. Rents, royatiles, partnerships, estates, trusts, etc:: (Attach Federal Schedule E).       19       00       19         20. Farm Income: (Attach Federal Schedule F)       20       00       21         21. Other income: (List type and amount. See Instructions)       21       00       22         23. Payments to IRA and MSA: (See Instructions)       23       00       23         24. Deduction for interest paid on student loans: (See Instructions)       24       00       26         25. Contributions to Intergenerational Trust. (See Instructions)       27       00       27         26. Moving expenses: (Attach Federal Form 3903)       26       00       26         27. Self-employed health insurance deductori. (See Instructions)       27       00       27         28. KCOGH and Self-employed SEP and Simple Plans:       30       00       30         30. Alimony/separate maintenance paid to: Name:       SSN:       30       30       31         31. Border city exemption: (Attach Form AR - TX)	5 C									0
The second secon	Z S							• • •		0
Gross Distribution         00         Taxable Amount         00         Less \$6,000         18A         00           18B. Spouse Employer pension plan/Qualified IRA (Filing Status 4 Only): Gross Distribution         00         Taxable Amount         00         Less \$6,000         18B         18B           19. Rents, royalties, partnerships, estates, trusts, etc.: (Attach Federal Schedule E).         19         00         19         00         20           20. Farm Income: (List type and amount. See Instructions)         21         00         21         00         21           21. Other income: (List type and amount. See Instructions)         23         00         23         02	s) h						00	17		0
18B. Spouse Employer pension plan/Qualified IRA (Filing Status 4 Only):       18B.       18B.         19. Rents, royalties, partnerships, estates, trusts, etc.: (Attach Federal Schedule E)	rm(	18A.								
19. Rents, royalties, partnerships, estates, trusts, etc.: (Attach Federal Schedule E)       19       00       19         20. Farm Income: (Attach Federal Schedule F)       20       00       20         21. Other income: (List type and amount. See Instructions)       21       00       21         22. TOTAL INCOME: (Add Lines 8 through 21)       22       00       22         23. Payments to       IRA and       MSA: (See Instructions)       23       00       23         24. Deduction for interest paid on student loans:(See Instructions)       24       00       24       00       24         25. Contributions to Intergenerational Trust: (See Instructions)       26       00       26       00       26         27. Self-employed health insurance deduction: (See Instructions)       27       00       27       00       27         28. KEOGH and Self-employed SEP and Simple Plans:       28       00       28       00       29         30. Alimony/separate maintenance paid to: Name:       SSN:       30       00       30         31. Border city exemption: (Attach Form AR - TX)       31       00       31       00       32         33. TOTAL ADJUSTMENTS: (Add Lines 23 through 32)       33       00       33       00       33       00 <td>9 Fc</td> <td>400</td> <td></td> <td>· · · · · ·</td> <td>100</td> <td>\$6,000 18A</td> <td></td> <td></td> <td></td> <td></td>	9 Fc	400		· · · · · ·	100	\$6,000 18A				
19. Rents, royalties, partnerships, estates, trusts, etc.: (Attach Federal Schedule E)       19       00       19         20. Farm Income: (Attach Federal Schedule F)       20       00       20         21. Other income: (List type and amount. See Instructions)       21       00       21         22. TOTAL INCOME: (Add Lines 8 through 21)       22       00       22         23. Payments to       IRA and       MSA: (See Instructions)       23       00       23         24. Deduction for interest paid on student loans:(See Instructions)       24       00       24       00       24         25. Contributions to Intergenerational Trust: (See Instructions)       26       00       26       00       26         27. Self-employed health insurance deduction: (See Instructions)       27       00       27       00       27         28. KEOGH and Self-employed SEP and Simple Plans:       28       00       28       00       29         30. Alimony/separate maintenance paid to: Name:       SSN:       30       00       30         31. Border city exemption: (Attach Form AR - TX)       31       00       31       00       32         33. TOTAL ADJUSTMENTS: (Add Lines 23 through 32)       33       00       33       00       33       00 <td>109</td> <td>IOD.</td> <td></td> <td></td> <td>00</td> <td>Less 10D</td> <td></td> <td>105</td> <td></td> <td>0</td>	109	IOD.			00	Less 10D		105		0
20. Farm Income: (Attach Federal Schedule F)       20       00       20         21. Other income: (List type and amount. See Instructions)       21       00       21         22. TOTAL INCOME: (Add Lines 8 through 21)       22       00       22         23. Payments to IRA and MSA: (See Instructions)       23       23       23         24. Deduction for interest paid on student loans:(See Instructions)       24       00       24         25. Contributions to Intergenerational Trust: (See Instructions)       25       00       25         26. Moving expenses: (Attach Federal Form 3903)       26       00       26         27. Self-employed health insurance deduction: (See Instructions)       27       00       27         28. KEOGH and Self-employed SEP and Simple Plans:       28       00       28         29. Forfeited interest penalty for premature withdrawal:       29       00       29         30. Alimony/separate maintenance paid to: Name:       SSN:       30       30       31         31. Border city exemption: (Attach Form AR - TX)       31       00       32       33       00       33         33. TOTAL ADJUSTMENTS: (Add Lines 23 through 32)       33       00       33       00       33	W-2	10								0
21. Other income: (List type and amount. See Instructions)       21       00       21         22. TOTAL INCOME: (Add Lines 8 through 21)       22       00       22         23. Payments to       IRA and       MSA: (See Instructions)       23       00       23         24. Deduction for interest paid on student loans:(See Instructions)       24       00       24         25. Contributions to Intergenerational Trust: (See Instructions)       26       00       26         27. Self-employed health insurance deduction: (See Instructions)       27       00       27         28. KEOGH and Self-employed SEP and Simple Plans:       28       00       28         29. Forfeited interest penalty for premature withdrawal:       29       00       29         30. Alimony/separate maintenance paid to: Name:       SSN:       30       30       31         31. Border city exemption: (Attach Form AR - TX)       31       00       31       31         32. Support for permanently disabled individual: (Attach Form AR1000DC)       32       00       32         33. TOTAL ADJUSTMENTS: (Add Lines 23 through 32)       33       00       33       00	sch									0
22. TOTAL INCOME: (Add Lines 8 through 21)       22       00       22       00       22         23. Payments to       IRA and       MSA: (See Instructions)       23       00       23         24. Deduction for interest paid on student loans:(See Instructions)       24       00       24         25. Contributions to Intergenerational Trust: (See Instructions)       25       00       25         26. Moving expenses: (Attach Federal Form 3903)       26       00       26         27. Self-employed health insurance deduction: (See Instructions)       27       00       27         28. KEOGH and Self-employed SEP and Simple Plans:       28       00       28         29. Forfeited interest penalty for premature withdrawal:       29       00       29         30. Alimony/separate maintenance paid to: Name:       SSN:       30       00       31         31. Border city exemption: (Attach Form AR - TX)       31       00       31       00       32         33. TOTAL ADJUSTMENTS: (Add Lines 23 through 32)       33       00       33       00       33	Att₅									0
23. Payments to         IRA and         MSA: (See Instructions)         23         00         23           24. Deduction for interest paid on student loans:(See Instructions)         24         00         24           25. Contributions to Intergenerational Trust: (See Instructions)         25         00         25           26. Moving expenses: (Attach Federal Form 3903)         26         00         26           27. Self-employed health insurance deduction: (See Instructions)         27         00         27           28. KEOGH and Self-employed SEP and Simple Plans:         28         00         28           29. Forfeited interest penalty for premature withdrawal:         29         00         29           30. Alimony/separate maintenance paid to: Name:         SSN:         30         30           31. Border city exemption: (Attach Form AR - TX)         31         00         31           32. Support for permanently disabled individual: (Attach Form AR1000DC)         32         00         32           33. TOTAL ADJUSTMENTS: (Add Lines 23 through 32)         33         00         33         00										0
24. Deduction for interest paid on student loans: (See Instructions)       24       00       24         25. Contributions to Intergenerational Trust: (See Instructions)       25       00       25         26. Moving expenses: (Attach Federal Form 3903)       26       00       26         27. Self-employed health insurance deduction: (See Instructions)       27       00       27         28. KEOGH and Self-employed SEP and Simple Plans:       28       00       28         29. Forfeited interest penalty for premature withdrawal:       29       00       29         30. Alimony/separate maintenance paid to: Name:       SSN:       30       30         31. Border city exemption: (Attach Form AR - TX)       31       •       •       •         32. Support for permanently disabled individual: (Attach Form AR1000DC)       32       00       32         33. TOTAL ADJUSTMENTS: (Add Lines 23 through 32)       33       00       33       •										0
25. Contributions to Intergenerational Trust: (See Instructions)       25       00       25         26. Moving expenses: (Attach Federal Form 3903)       26       00       26         27. Self-employed health insurance deduction: (See Instructions)       27       00       27         28. KEOGH and Self-employed SEP and Simple Plans:       28       00       28         29. Forfeited interest penalty for premature withdrawal:       29       00       29         30. Alimony/separate maintenance paid to: Name:       SSN:       30       30         31. Border city exemption: (Attach Form AR - TX)       31       00       31         32. Support for permanently disabled individual: (Attach Form AR1000DC)       32       00       32         33. TOTAL ADJUSTMENTS: (Add Lines 23 through 32)       33       00       33										0
26. Moving expenses: (Attach Federal Form 3903)       26       00       26         27. Self-employed health insurance deduction: (See Instructions)       27       00       27         28. KEOGH and Self-employed SEP and Simple Plans:       28       00       28         29. Forfeited interest penalty for premature withdrawal:       29       00       29         30. Alimony/separate maintenance paid to: Name:       SSN:       30       00       30         31. Border city exemption: (Attach Form AR - TX)       31       00       31       •         32. Support for permanently disabled individual: (Attach Form AR1000DC)       32       00       32         33. TOTAL ADJUSTMENTS: (Add Lines 23 through 32)       33       00       33       •	ADJUSTMENTS									0
27. Self-employed health insurance deduction: (See Instructions)       27       00       27         28. KEOGH and Self-employed SEP and Simple Plans:       28       00       28         29. Forfeited interest penalty for premature withdrawal:       29       00       29         30. Alimony/separate maintenance paid to: Name:       SSN:       30       00       30         31. Border city exemption: (Attach Form AR - TX)       31       00       31       •         32. Support for permanently disabled individual: (Attach Form AR1000DC)       32       00       32         33. TOTAL ADJUSTMENTS: (Add Lines 23 through 32)       33       000       33										0
31. Border city exemption: (Attach Form AR - TX)       31       00       31         32. Support for permanently disabled individual: (Attach Form AR1000DC)       32       32         33. TOTAL ADJUSTMENTS: (Add Lines 23 through 32)       33       00       33										0
31. Border city exemption: (Attach Form AR - TX)       31       00       31         32. Support for permanently disabled individual: (Attach Form AR1000DC)       32       32         33. TOTAL ADJUSTMENTS: (Add Lines 23 through 32)       33       00       33										0
31. Border city exemption: (Attach Form AR - TX)       31       00       31         32. Support for permanently disabled individual: (Attach Form AR1000DC)       32       32         33. TOTAL ADJUSTMENTS: (Add Lines 23 through 32)       33       00       33										0
31. Border city exemption: (Attach Form AR - TX)       31       00       31         32. Support for permanently disabled individual: (Attach Form AR1000DC)       32       32         33. TOTAL ADJUSTMENTS: (Add Lines 23 through 32)       33       00       33										0
32. Support for permanently disabled individual: (Attach Form AR1000DC)       32       32         33. TOTAL ADJUSTMENTS: (Add Lines 23 through 32)       33       00       33		<b>.</b> .								0
33. TOTAL ADJUSTMENTS: (Add Lines 23 through 32)										00
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Agency discuss this return with the preparer shown below?       Image: Note that the preparer shown below?       Note shown below?       <						(A) Your/Total Income				Spouse Inc Status 4 (		
36.       Select tax table: (Check the appopnishe locu)		a-			<u> </u>			<u>.</u>				
Port Nucleme Take 1   Effect LLAR Take 2     Hyuo callify for the Lorin Norme Tak Take, enter zono (0) on Les 80. In ot. then:     Enter the Ingrar     OR     OR				B, Page AR1)	. 35		00	35				00
By outgaling for the Low Income Tax Table, enter zero (10 on Line 36A. If not, then:       Image: 1 the Low Income Tax Table, enter zero (10 on Line 36A. If not, then Zero)         By outgaling for the Low Income Tax Table, enter zero (10 on Line 36A. If not, then Zero)       Image: 2 the Low Income Tax Table, enter zero (10 on Line 35)       Image: 2 the Low Income Tax Table, enter zero (10 on Line 35)       Image: 2 the Low Income Tax Table, enter zero (10 on Line 35)       Image: 2 the Low Income Tax Table, enter zero (10 on Line 35)       Image: 2 the Low Income Tax Table, enter zero (10 on Line 35)       Image: 2 the Low Income Tax Table, enter zero (10 on Line 35)       Image: 2 the Low Income Tax Table, enter zero (10 on Line 35)       Image: 2 the Low Income Tax Table, enter zero (10 on Line 35)       Image: 2 the Low Income Tax Table, enter zero (10 on Line 35)       Image: 2 the Low Income Tax Table, enter zero (10 on Line 35)       Image: 2 the Low Income Tax Table, enter zero (10 on Line 35)       Image: 2 the Low Income Tax Table, enter zero (10 on Line 35)       Image: 2 the Low Income Tax Table, enter zero (10 on Line 35)       Image: 2 the Low Income Tax Table, enter zero (10 on Line 35)       Image: 2 the Low Income Tax Table, enter zero (10 on Line 35)       Image: 2 the Low Income Tax Table, enter zero (10 on Line 35)       Image: 2 the Low Income Tax Tax Table, enter zero (10 on Line 35)       Image: 2 the Low Income Tax		36.										
Enter  intermixed Deductions (See Remized deduction schedule, Line 28) of your    of your  Standard Deduction (See Standard Deduction Instr., Line 38) Status    status    status  Continued tax: (Add amounts from Line 39 and 388 and enter here) Status    status    status  Contributed tax: (Add amounts from Line 39 and 388 and enter here) Status    status  Status     status  Contributed tax: (Add amounts from Line 39 and 388 and enter here) Status    status  Status     status  Status     status  Status     status   Status     status   Status     status   Status     status   Status     status   Status     status   Status     status   Status     status   Status     status  Status     status  Status     status  Status     status  Status     status  Status     status  Status     status  Status     status  Status     status  Status     status  Status     status  Status     st	z											
37       NET TAXABLE INCOME: (Subtract Line 36 from Line 33)       37       00)       37         38.       Tax: (First is known is table)       38       00)       39         38.       Tax: (First is known is table)       38       00)       39         40.       Combined Tax: (Add amounts from Lines 38A and 38B and enter here)       40       41         41.       Enter tax from Lung Sum Distribution Averaging Schedule: (Attach AR1000TD)       41       41         42.       IRA and qualified plan withdrawal and overgayment penalties. (Attach AR1000TD)       42       44         43.       TOTAL TAXE (dott lines at 80 through 42)       44       44       00         44.       Personal Tax credit. (Enter total from Line 7D, page AR1)       44       44       00         45.       State Potical Contributions redit. (Enter total from Line 7D, page AR1)       44       44       00         46.       Other State Tax: credit. (Enter total from 241 or 1040A, Sch. 2, 20% of Pederal credit alcoved) 47       46       00         47.       Other State Tax: credit. (Enter total from 1241 or 1040A, Sch. 2, 20% of Pederal credit alcoved) 47       49       00         50.       Business and Incertive Tax credit. (Enter total from 241 or 1040A, Sch. 2, 20% of Pederal credit alcoved) 47       50       50         51.       Moun	TIO											
37       NET TAXABLE INCOME: (Subtract Line 36 from Line 33)       37       00)       37         38.       Tax: (First is known is table)       38       00)       39         38.       Tax: (First is known is table)       38       00)       39         40.       Combined Tax: (Add amounts from Lines 38A and 38B and enter here)       40       41         41.       Enter tax from Lung Sum Distribution Averaging Schedule: (Attach AR1000TD)       41       41         42.       IRA and qualified plan withdrawal and overgayment penalties. (Attach AR1000TD)       42       44         43.       TOTAL TAXE (dott lines at 80 through 42)       44       44       00         44.       Personal Tax credit. (Enter total from Line 7D, page AR1)       44       44       00         45.       State Potical Contributions redit. (Enter total from Line 7D, page AR1)       44       44       00         46.       Other State Tax: credit. (Enter total from 241 or 1040A, Sch. 2, 20% of Pederal credit alcoved) 47       46       00         47.       Other State Tax: credit. (Enter total from 1241 or 1040A, Sch. 2, 20% of Pederal credit alcoved) 47       49       00         50.       Business and Incertive Tax credit. (Enter total from 241 or 1040A, Sch. 2, 20% of Pederal credit alcoved) 47       50       50         51.       Moun	UT2											
37       NET TAXABLE INCOME: (Subtract Line 36 from Line 33)       37       00)       37         38.       Tax: (First is known is table)       38       00)       39         38.       Tax: (First is known is table)       38       00)       39         40.       Combined Tax: (Add amounts from Lines 38A and 38B and enter here)       40       41         41.       Enter tax from Lung Sum Distribution Averaging Schedule: (Attach AR1000TD)       41       41         42.       IRA and qualified plan withdrawal and overgayment penalties. (Attach AR1000TD)       42       44         43.       TOTAL TAXE (dott lines at 80 through 42)       44       44       00         44.       Personal Tax credit. (Enter total from Line 7D, page AR1)       44       44       00         45.       State Potical Contributions redit. (Enter total from Line 7D, page AR1)       44       44       00         46.       Other State Tax: credit. (Enter total from 241 or 1040A, Sch. 2, 20% of Pederal credit alcoved) 47       46       00         47.       Other State Tax: credit. (Enter total from 1241 or 1040A, Sch. 2, 20% of Pederal credit alcoved) 47       49       00         50.       Business and Incertive Tax credit. (Enter total from 241 or 1040A, Sch. 2, 20% of Pederal credit alcoved) 47       50       50         51.       Moun	OMP			eduction Instr., Line 36)	. 36 •		00	36•				00
3       Tax: (Enter fax from tax table)       38       00       38         30       Combined tax: (Add amounts from Lines 38A and 38B and enter here)       38       39         41       Enter fax from turnp Sum Distribution Averaging Schedule: (Attech AR(000TD)       41         41       Enter fax from turnp Sum Distribution Averaging Schedule: (Attech AR(000TD)       41         42       FRA and qualified plan withdrawal and overagement penalties: (Attech FA(000TD)       41         43       TOTAL TAX: (Add Lines 39 through 42)       42         44       Personal Tax credit: (Enter total from Line 7D, page AR1)       44       00         44       Personal Tax credit: (Enter total from Line 7D, page AR1)       44       00         47       Chick acredit: (Attech Activities, Schedule)       45       00         48       Personal Tax credit: (Attech Activities, Schedule)       46       00         50       Dot       00       51       00         51       TOTAL CREDITS: (Add Lines 41 tor totA), Sch       52       00         52       Nettrawitikedunaria       40       00       52       00         54       Estimated tax aid or credit: (Attech Schedule AR1113)       40       00       52       00         54       Estimated tax aid or credit: b		37.	· - <b>—</b> ·	,			00	37•				00
40.         Income Tax Surcharge: (Multiply Line 39 by 3% (03): TEXARVAMA RESULENTS SEE INSTRUCTIONS)         40           41.         Enter tax from Lump Sum Distribution Averaging Schedule: (Attach AR1000TD)         41           42.         IRA and qualified plan withdrawal and overgement penaltes: (Attach Facteral Form 5329, If required)         42.           43.         TOTAL TAX: (Add Lines 39 through 42)         43.           44.         Personal Tax credit: (Attach schedule)         45.           45.         State Political Contributions credit: (Attach schedule)         45.           47.         Child care credit: (Attach Actory of other state tax return(s))         46.           40.         Oredit for adoption expenses: (Attach Schedule)         46.           50.         Disorder credit: (Attach Actory of Other state tax return(s))         48.           40.         Phenylketonunia Disorder credit: (Attach Schedule and certificate)         50.           50.         Business and Incentric Tax credit: (Attach Schedule and certificate)         50.           51.         TOTAL CREDITS: (Add Lines 41 through 50)         51.           52.         Formsmin advit with exercitions attach AR1113)         49.           53.         Attach schedule and certificate)         50.           54.         Estimated tax paid or credit brought toward from lasty ear:         53. <th>τv</th> <th>38.</th> <th></th> <th></th> <th>-</th> <th></th> <th>00</th> <th>38</th> <th></th> <th></th> <th></th> <th>00</th>	τv	38.			-		00	38				00
41.       Enter tax from Lump Sum Distribution Averaging Schedule (Attech Federal Form 5329, If required)       41         42.       IRA and qualified plan withdrawal and overagyment penalties: (Attech Federal Form 5329, If required)       42         43.       TOTAL TAX: (Add Lines 38 through 42)       44       00         44.       Personal Tax credit (Enter total from Line 7D, page AR1)       44       00         45.       State Policial Contributions credit: (Attech schedule)       46       00         46.       Other State Tax credit (Attech a copy of other state tax return(s))       46       00         47.       Child care credit (Attech actory of ther state tax return(s))       40       00         48.       Credit for adoption express.       (Attech State Credit Attech APC1113)       49       00         48.       Otto Tax Credit (Attech schedule and certificate)       50       50       50         51.       TOTAL CREDITS: (Add Lines 34 through 50)       51       52       51         52.       Arkinase Income Tax with theid (Attech State Copies of W-2 Porms)       50       00         53.       Arkinase Income Tax with theid (Attech State Copies of W-2 Porms)       50       00         54.       Estimated tax paid or credit looght forward from last year.       56       00         55. <td< th=""><th></th><th>39.</th><th>•</th><th></th><th></th><th></th><th></th><th></th><th></th><th></th><th></th><th>00</th></td<>		39.	•									00
2       IRA and qualified plan withdrawal and overpayment penalties: (Attach Federal Form 5329, if required)       42.9         43.       TOTAL TAX: (Add Lines 30 through 42)       43.9         44.       Personal Tax credit: (Attach schedule)       44.9         45.       State Political Contributions credit: (Attach schedule)       44.9         46.       Ottor State Tax credit: (Attach schedule)       44.9         47.       Child care credit: (Attach schedule)       46.9         48.       Ottor State Tax credit: (Attach schedule)       40.9         49.       Prenyktionuria Disorder credit: (Sea Instructions: Attach AFr113)       40.9         49.       Prenyktionuria Disorder credit: (Sea Instructions: Attach AFr113)       40.9         50.       Disorder credit: (Sate Attach Schedule and certificate)       50.0         51.       TOTAL CREDITS: (Add Lines 41 timogh 50)       51.0         52.       Attanses income Tax withheid: (Attach State copies of W2 Porms)       53.0         54.       Estimated tax jaid or credit brough forwalt from last year       54.0         55.       Payments made with extension: (See Instructions)       55.0       000         57.       TOTAL PAYMENTS: (Add Lines 53 through 56)       57.0       58.0         58.       Anonount of Checkoff Conthibutions: (Attach Schedule AR1000-CCO) <th></th> <th colspan="7"></th> <th></th> <th></th> <th></th> <th>00</th>												00
as       TOTAL TAX: (Add Lines 39 through 42)												00
unspected         44         Personal Tax credit: (Enter total from Line 7D, page AR1)         44         00           45         State Political Contributions credit: (Attach a cope addite)         45         00           46         Other State Tax credit: (Attach a cope addite)         46         00           47         Child care credit: (Attach Federal Form 2441 or 1040A, Sch. 2, 20% of Federal credit allowed) 47         000           99         Phenylketonuia Disorder credit: (See Instructions Attach AR1113)         99         00           90         Business and Incentive Tax credit: (Attach Sche copes of W-2 Forms)         53         90           91         Phenylketonuia Disorder credit: (See Instructions)         54         000           92         NET TAX: (Subtract Line 51 from Line 43. If Line 51 is greater than Line 43, enter 0)         52         52           93         Ankanses income Tax withheid: (Attach State copes of W-2 Forms)         53         900         00           94         Early childhood program: Certification Number:         55         000         57         000           95         Ankonse incomitors: (Attach State Copes of W-2 Forms)         56         000         57         000           96         000         S7         TOTAL PAYMENTS: (Add Lines 44 Horo DOL)         56         000												00
State Political Contributions credit: (Attach schedule) 46. Other State Tax credit: (Attach Schedule) 47. Child care credit: (Attach Federal Form 2441 or 1040A, Sch. 2, 20% of Federal credit allowed) AT 0 60. Other State Tax credit: (Attach Federal Form 2441 or 1040A, Sch. 2, 20% of Federal credit allowed) AT 0 60. Credit for adoption expenses: (Attach Federal Form 2441 or 1040A, Sch. 2, 20% of Federal credit allowed) AT 0 60. Credit for adoption expenses: (Attach Federal Form 2441 or 1040A, Sch. 2, 20% of Federal credit allowed) AT 0 60. Credit for adoption expenses: (Attach Federal Form 2441 or 1040A, Sch. 2, 20% of Federal credit allowed) AT 0 60. Discisses and incentive Tax credit: (Attach Schedule and certificate) 61. TOTAL CREDITS: (Add Lines 44 through 50) 62. NET TAX: (Subtract Line 51 form Line 43, It Line 51 is greater than Line 43, enter 0) 63. Arkansas income Tax withheld: (Attach Schedule and certificate) 64. Estimated tax paid or credit brought forward from tast year. 64. 000 65. Payments made with extension: (See Instructions) 64. 000 65. Payments made with extension: (See Instructions) 66. 000 77. 07. 07. 07. 07. 07. 07. 07. 07. 07.								43●				00
46.         Other State Tax credit: (Attach Federal Form 241 or 1040A, Sch. 2, 20% of Federal credit allowed) 47 • 00         00           47.         Child care credit: (Attach Federal Form 241) or 1040A, Sch. 2, 20% of Federal credit allowed) 47 • 00         48 • 00           48.         Other State Tax credit: (Attach Federal Form 283)         48 • 00           59.         Business and Incentive Tax credit: (See Instructions. Attach AR1113)         49 • 00           51.         TOTAL CREDTS: (Add Lines 4 through 50)         51 • .           52.         NET TAX: (Subtract Line 51 from Line 43. If Line 51 is greater than Line 43, enter 0)         52 • .           53.         Arkanses income Tax withheld: (Attach State copies of W-2 Forms)         53 • 00           54.         Estitus or ordit brough forward from last year         54 • .         00           55.         Payments made with extension: (See Instructions)         55 • .         00           57.         TOTAL PAYMENTS: (Add Lines 53 through 56)												
47. Child care credit (Attach Federal Form 2441 or 1040A, Sch. 2, 20% of Federal credit allowed) 47 •       00         48. Phenylketonuria Discorder credit (See Instructions, Attach AR1113)       49 •       00         50. Business and Incentive Tax credit (Attach Schedule and certificate)       50 •       00         51. TOTAL CREDITS: (Add Lines 41 through 50)       51 •       52 •         52. NET TAX: (Subtract Line 51 is multiced through 50)       52 •       00         53. Arkansas Income Tax withheld: (Attach Schedule and certificate)       50 •       00         54. Estimated tax paid or credit (See Instructions, Statch AR1113)       50 •       00         55. Payments made with extension: (See Instructions)       55 •       00         56. Early childhood program: Certification Number:       56 •       00         67. TOTAL PAYMENT'S: (Add Lines 53 through 56)       57 •       58 •         58. AMOUNT OF OVERPAYMENT/REFUND: (If Line 57 is greater than Line 52, enter difference)       58 •       59 •         59. Amount to be applied to 2005 estimated tax:       59 •       00       60 •       00         61. AMOUNT DUE: (If Line 57 is less than Line 52, enter difference)       58 •       58 •       58 •         52. AMOUNT DUE: (If Line 57 is less than Line 52, enter difference)       00       00       00       00       00         62. A												
Yes       49       00         50.       Business and Incentive Tax credit: ( <i>Attach schedule and certificate</i> )       50       00         51.       TOTAL CREDITS: ( <i>Add Lines 44 through 50</i> )       51       52         52.       NET TAX: ( <i>Subtract Line 51 tran Line 43. If Line 51 is greater than Line 43, enter 0</i> )       52       52         53.       Arkansas Income Tax withheld: ( <i>Attach Schedule and certificate</i> )       53       00         54.       Estimated tax paid or credit brought forward from last year:       54       00         55.       Payments made with extension: ( <i>See Instructions</i> )       55       00         55.       Payments made with extension: ( <i>See Instructions</i> )       55       00         56.       Early childhood program: Certification Number:       ( <i>Attach Fed. Form 2410 or 1040A, Sch. 2 &amp; Cert. Form AR1000EC, 20% of Fed. credit allowed</i> ); 56       00         57.       OTAL PAYMENTS: ( <i>Add Lines 51 through 56</i> )       57       •         58.       AMOUNT OF OVERPAYMENT/REFUND: ( <i>If Line 57 is greater than Line 52, enter difference</i> )       58       •         50.       Amount of be applied to 2005 estimated tax:       .59       00       .       .         50.       AMOUNT TO BE REFUNDED TO YOU: ( <i>Subtract Lines 53 and 60 from Line 58</i> )       REFUND 61       .         52.       <	ITS											
Yes       49       00         50.       Business and Incentive Tax credit: ( <i>Attach schedule and certificate</i> )       50       00         51.       TOTAL CREDITS: ( <i>Add Lines 44 through 50</i> )       51       52         52.       NET TAX: ( <i>Subtract Line 51 tran Line 43. If Line 51 is greater than Line 43, enter 0</i> )       52       52         53.       Arkansas Income Tax withheld: ( <i>Attach Schedule and certificate</i> )       53       00         54.       Estimated tax paid or credit brought forward from last year:       54       00         55.       Payments made with extension: ( <i>See Instructions</i> )       55       00         55.       Payments made with extension: ( <i>See Instructions</i> )       55       00         56.       Early childhood program: Certification Number:       ( <i>Attach Fed. Form 2410 or 1040A, Sch. 2 &amp; Cert. Form AR1000EC, 20% of Fed. credit allowed</i> ); 56       00         57.       OTAL PAYMENTS: ( <i>Add Lines 51 through 56</i> )       57       •         58.       AMOUNT OF OVERPAYMENT/REFUND: ( <i>If Line 57 is greater than Line 52, enter difference</i> )       58       •         50.       Amount of be applied to 2005 estimated tax:       .59       00       .       .         50.       AMOUNT TO BE REFUNDED TO YOU: ( <i>Subtract Lines 53 and 60 from Line 58</i> )       REFUND 61       .         52.       <	REC											
50.       Business and Incentive Tax credit: (Attach schedule and certificate)       50       00         51.       TOTAL CREDITS: (Add Lines 44 through 50)       51       51         52.       NET TAX: (Subtract Line 51 for Line 51 is greater than Line 43, enter 0)       52       52         53.       Arkansas Income Tax withheld: (Attach State copies of W-2 Forms)       53       00         53.       Arkansas Income Tax withheld: (Attach State copies of W-2 Forms)       53       00         55.       Payments made with extension: (See Instructions)       55       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         57.       TOTAL CREMATINEFUND: (If Line 57 is greater than Line 52, enter difference)       58         59.       Amount to fockodf Contributions: (Attach Schedule AR1000-CO)       60       00         61.       Amount to Gheckoff Contributions: (Attach Schedule AR1000-CO)       60       00         62.       Photekoff Contributions: (Attach Schedule AR1000-CO)       TAX DUE 62       ©         62.       Attach Form AR2210: Enter Exception in box 62.4 ellee       Penalty 62B ellee       00         62.       Attach Form AR2210: Enter Exception in box 62.4 ellee       Penalty 62B elleelleelleelleelleelleelleelleelleel		-					00					
51.       TOTAL CREDITS: (Add Lines 44 through 50)       51         51.       NET TAX: (Subtract Line 51 from Line 43. If Line 51 is greater than Line 43, enter 0)       52         53.       Antanasa Income Tax withhelic: (Attach State copies of W-2 Forms)       53         54.       00         55.       Payments made with extension: (See Instructions)       55         56.       Eastmade divide values of the copies of W-2 Forms)       55         56.       Eastmade divide values of the copies of W-2 Forms)       56         56.       Eastmade with extension: (See Instructions)       55         57.       TOTAL PAYMENTS: (Add Lines 53 through 56)       57         58.       AMOUNT OF OVERPAYMENT/REFUND: (If Line 57 is greater than Line 52, enter difference)       58         59.       Amount of Checkoff Contributions: (Attach Schedule AR1000-CO).       60       00         61.       AMOUNT TO BE REFUNDE TO YOU; (Subtract Lines 59 and 60 from Line 58)       REFUND 61       52         62.       Amount of Checkoff Contributions: (Attach Schedule AR1000-CO).       60       00       61         63.       Amount TO BE REFUNDE TO YOU; (Subtract Lines 59 and 60 from Line 58)       REFUND 61       52         62.       Attach Form AR2210: Enter Exception in box 62.4       Penalty 62B 9       00       62 <t< th=""><th>Ŧ</th><th>50.</th><th></th><th></th><th></th><th></th><th>00</th><th></th><th></th><th></th><th></th><th></th></t<>	Ŧ	50.					00					
53.       Arkansas Income Tax withheld: (Attach State copies of W-2 Forms)       53       00         54.       Estimated tax paid or credit brought forward from last year:       54       00         55.       Payments made with extension: (See Instructions)       55       00         55.       Payments made with extension: (See Instructions)       55       00         56.       Early childhood program: Certification Number:       64       00         7.       TOTAL PAYMENTS: (Add Lines 53 through 56)       57       6         58.       Amount to be applied to 2005 estimated tax:       59       00         59.       000       00       00         61.       Amount to be applied to 2005 estimated tax:       59       00         62.       Amount To BEREFUNDE TO YOU: (Subtract Lines 59 and 60 from Line 58)       00       00         61.       AMOUNT DUE: (If Line 57 is less than Line 52, enter difference; If over 51,000, See Instructions)       TAX DUE 62 (See (See Comparities Comparit Comparities Comparities		51.						51 •				00
54.       Estimated tax paid or credit brought forward from last year:		52.	NET TAX: (Subtract Line 51 from Line 43. If Line 51 is greater to	han Line 43, enter 0)				52•				00
55.       Payments made with extension: (See Instructions)       55       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         57.       TOTAL PAYMENTS: (Add Lines 53 through 56)       57       50         58.       AMOUNT OF OVERPAYMENTREFUND: (If Line 57 is greater than Line 52, enter difference)       58       58         59.       Amount to be applied to 2005 estimated tax:       59       00       00         51.       AMOUNT TO BE REFUNDED TO YOU; (Subtract Lines 59 and 60 from Line 58)       TAX DUE 61       ©         62.       AMOUNT TO BE REFUNDE TO YOU; (Subtract Lines 57 1,000. See Instructions)       TAX DUE 62       ©         62.       AMOUNT DUE; (If Line 57 is less than Line 52, enter difference; If over 51,000. See Instructions)       TAX DUE 62       ©         62.       Attach Form AR2210: Enter Exception in box 62A ●       Penalty 62B ●       00       00         62.       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 ●         63.       Amount of income not subject to Arkansas tax from AR4, Part III: (Memorandum only)       May the Arkansas Revenue Agency discuss this returm with the preparer shown below?       No		53.										
1       Attach Peor, Payment 30 '1000, Sol, 2's Cert, Park Alt0000, 2'o's of Peo, credit allowed). So •       U0         57       TOTAL Payment 30 '1000, Sol, 2's Cert, Park Alt0000, 2'o's of Peo, credit allowed). So •       .57 •         58       AMOUNT OF OVERPAYMENT/REFUNDS (If Line 57 is greater than Line 52, enter difference)       .58 •         59       Amount of Checkoff Contributions: (Attach Schedule AR1000-CO).       .60 •       00         60       AMOUNT TO BE REFUNDED TO YOU: (Subtract Lines 59 and 60 from Line 58)	τs											
1       Attach Peor, Payment 30 '1000, Sol, 2's Cert, Park Alt0000, 2'o's of Peo, credit allowed). So •       U0         57       TOTAL Payment 30 '1000, Sol, 2's Cert, Park Alt0000, 2'o's of Peo, credit allowed). So •       .57 •         58       AMOUNT OF OVERPAYMENT/REFUNDS (If Line 57 is greater than Line 52, enter difference)       .58 •         59       Amount of Checkoff Contributions: (Attach Schedule AR1000-CO).       .60 •       00         60       AMOUNT TO BE REFUNDED TO YOU: (Subtract Lines 59 and 60 from Line 58)	MEN				. 55 •		00					
1       Attach Peor, Payment 30 '1000, Sol, 2's Cert, Park Alt0000, 2'o's of Peo, credit allowed). So •       U0         57       TOTAL Payment 30 '1000, Sol, 2's Cert, Park Alt0000, 2'o's of Peo, credit allowed). So •       .57 •         58       AMOUNT OF OVERPAYMENT/REFUNDS (If Line 57 is greater than Line 52, enter difference)       .58 •         59       Amount of Checkoff Contributions: (Attach Schedule AR1000-CO).       .60 •       00         60       AMOUNT TO BE REFUNDED TO YOU: (Subtract Lines 59 and 60 from Line 58)	PAYI	56.			-							
58.       AMOUNT OF OVERPAYMENT/REFUND: (If Line 57 is greater than Line 52, enter difference)       58         59.       Amount to be applied to 2005 estimated tax:       59       00         59.       Amount of Checkoff Contributions: (Attach Schedule AR1000-CC).       60       00         61.       AMOUNT TO BE REFUND 61       ©         62.       AMOUNT TOUE: (If Line 57 is less than Line 52, enter difference; If over \$1,000, See Instructions).       TAX DUE 62         62.       AMOUNT DUE: (If Line 57 is less than Line 52, enter difference; If over \$1,000, See Instructions).       TAX DUE 62         62.       AMOUNT DUE: (If Line 57 is less than Line 52, enter difference; If over \$1,000, See Instructions).       TAX DUE 62         62.       AMOUNT AR2210: Enter Exception in box 62A        Penalty 62B        00         62.       CP lease 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          63.       Amount of income not subject to Arkansas tax from AR4, Part III: (Memorandum only)       May the Arkansas Revenue Agency discuss this return with the preparer shown below?       No         Not the best of my knowledge and belief, they are true, correct and complete. Declaration of preparer (other the taxpayer) is based on all information of which preparer has any knowledge.         Your Signature       Occupa		57						57				00
59. Amount to be applied to 2005 estimated tax:       59       00         60. Amount of Checkoff Contributions: (Attach Schedule AR1000-CO).       60       00         61. AMOUNT TO BE REFUNDED TO YOU: (Subtract Lines 59 and 60 from Line 58)       REFUND 61       ©         62. AMOUNT TO LE: (If Line 57 is less than Line 52, enter difference; if over \$1,000, See Instructions)       TAX DUE 62       ©         62. AMOUNT DUE: (If Line 57 is less than Line 52, enter difference; if over \$1,000, See Instructions)       TAX DUE 62       ©         62. ANount of norm AR2210: Enter Exception in box 62A •       Penalty 62B •       00       00         62. 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 •         63. Amount of income not subject to Arkansas tax from AR4, Part III: (Memorandum only)       May the Arkansas Revenue Agency discuss this return with the preparer shown below?       No         Net associated on all information of which preparer has any knowledge.         Your Signature       Occupation       Date       Home Telephone:         Spouse's Signature       Occupation       Date       Work Telephone:         Preparer's Name       City/State/Zip       B •       City/State/Zip       A •         Address       Telephone Number       City/State/Zip </th <th></th> <th>00</th>												00
Yes       Provide the set of the set	ПE							•• •				
Yes       Provide the set of the set	Z D	60.					00					
02.       Antach Form AR2210: Enter Exception in box 62A • Penatty 62B • 00         62A. Attach Form AR2210: Enter Exception in box 62A • Penatty 62B • 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:	R T/	61.					ND	61 •	0			00
B2C. Please attach your check or money order, made out to "Dept. of Finance and Administration", for the tax and penalty ( <i>if applicable</i> ) due. Be sure to write your Social Security Number on your check:	0 0			If over \$1,000, See Instruction	ons)		UE	62 <b>•</b>	8			00
penalty (if applicable) due. Be sure to write your Social Security Number on your check:	FUN							,				_
63. Amount of income not subject to Arkansas tax from AR4, Part III: (Memorandum only)       May the Arkansas Revenue Agency discuss this return with the preparer shown below?       Ye         Agency discuss this return with the preparer shown below?       No         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 that taxpayer) is based on all information of which preparer has any knowledge.         Your Signature       Occupation       Date       Home Telephone:         Spouse's Signature       Occupation       Date       Work Telephone:         Preparer's Name       City/State/Zip       B •       Image: Complete Comp	RE											
Agency discuss this return with the preparer shown below?       Image: Agency discuss this return with the preparer shown below?         PLEASE SIGN HERE:       Under penalties of perjury, I declare that I have examined this return and accompanying schedules as statements, and to the best of my knowledge and belief, they are true, correct and complete. Declaration of preparer (other that taxpayer) is based on all information of which preparer has any knowledge.         Your Signature       Occupation       Date       Home Telephone:         Spouse's Signature       Occupation       Date       Work Telephone:         Preparer's Name       City/State/Zip       B Image: Complete taxpayer         Address       Telephone Number       Complete taxpayer		00										00
PLEASE SIGN HERE:       Under penalties of perjury, I declare that I have examined this return and accompanying schedules at statements, and to the best of my knowledge and belief, they are true, correct and complete. Declaration of preparer (other that taxpayer) is based on all information of which preparer has any knowledge.         Your Signature       Occupation       Date       Home Telephone:         Spouse's Signature       Occupation       Date       Work Telephone:         Preparer's Signature       ID Number/Social Security Number       For Department Use OF         Preparer's Name       City/State/Zip       B •       Complete         Address       Telephone Number       Complete       Complete		63.	Amount of income not subject to Arkansas tax from AR4, Part III:	(Memorandum only)							Yes	)
statements, and to the best of my knowledge and belief, they are true, correct and complete. Declaration of preparer (other that taxpayer) is based on all information of which preparer has any knowledge.         Your Signature       Occupation       Date       Home Telephone:         Spouse's Signature       Occupation       Date       Work Telephone:         Paid Preparer's Signature       ID Number/Social Security Number       For Department Use Or A         Preparer's Name       City/State/Zip       B ●         Address       Telephone Number										<u> </u>	No	
statements, and to the best of my knowledge and belief, they are true, correct and complete. Declaration of preparer (other that taxpayer) is based on all information of which preparer has any knowledge.         Your Signature       Occupation       Date       Home Telephone:         Spouse's Signature       Occupation       Date       Work Telephone:         Paid Preparer's Signature       ID Number/Social Security Number       For Department Use Or A         Preparer's Name       City/State/Zip       B •       I         Address       Telephone Number       C •       I		DI		la alava that I have aver		his ustanus and s					_	-
taxpayer) is based on all information of which preparer has any knowledge.         Your Signature       Occupation       Date       Home Telephone:         Spouse's Signature       Occupation       Date       Work Telephone:         Paid Preparer's Signature       ID Number/Social Security Number       For Department Use Or         Preparer's Name       City/State/Zip       B ●         Address       Telephone Number								-				
Spouse's Signature     Occupation     Date     Work Telephone:       Paid Preparer's Signature     ID Number/Social Security Number     For Department Use Or A       Preparer's Name     City/State/Zip     B •       Address     Telephone Number     C •	je Ere											
Spouse's Signature     Occupation     Date     Work Telephone:       Paid Preparer's Signature     ID Number/Social Security Number     For Department Use Or A       Preparer's Name     City/State/Zip     B •       Address     Telephone Number     C •	EAS N H	Your	Signature	Occupation		Date		Н	ome Te	lephone:		-
Paid Preparer's Signature     ID Number/Social Security Number     For Department Use Or       Preparer's Name     City/State/Zip     B •       Address     Telephone Number	PL SIG		-									
Preparer's Name     City/State/Zip       Address     Telephone Number		Spou	Spouse's Signature Occupation			Date		N	/ork Tel	ephone:		
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Preparer's Name     City/State/Zip       Address     Telephone Number		Paid				/Social Security Number			_			'Y
	D Rer	Preparer's Name City/State/Zip						_			_	
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									<u>•</u>			
Mailing Information Mail TAX DUE returns to: DFA State Income Tax, P. O. Box 1000, Little Rock, AR 72203-1000. DFA State Income Tax, P. O. Box 2144, Little Rock, AR 72203-2144.	X	<b>a n</b>	Mail REFUND returns to: DF Mail TAX DUE returns to: DF						: •			
Mail NO TAX DUE returns to: DFA State Income Tax, P. O. Box 8026, Little Rock, AR 72203-8026. F●		~~ ·							•			

## Please Note: DUE DATE IS APRIL 15, 2005