

AR1000-DD

Formerly AR1000RC5



ARKANSAS INDIVIDUAL INCOME TAX CERTIFICATE FOR INDIVIDUALS WITH DEVELOPMENTAL DISABILITIES

Primary's legal name	Primary's social security number
Spouse's legal name	Spouse's social security number

This certificate must be completed in its entirety to receive the \$500 credit for dependents who are individuals with developmental disabilities. It must be attached to your individual income tax return the first time this credit is taken. This certification is good for the life of the dependent. The credit is in addition to your regular dependent tax credit. This credit is a **non-refundable credit and only reduces your tax liability by \$500.**

Must be completed by taxpayer

Developmentally disabled dependent's name	Social security number	Relationship to taxpayer
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By signing below I certify that the dependent listed is not eligible to be claimed by another taxpayer.

Taxpayer's signature	Date
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Must be completed by a licensed physician, a licensed psychologist, or a licensed psychological examiner

Check the box for the diagnosis:

DO NOT ADD ADDITIONAL BOXES. PLEASE CHECK ONLY ONE BOX.

☐ Autism ☐ Cerebral Palsy ☐ Down Syndrome ☐ Epilepsy ☐ Intellectual Disability ☐ Spina Bifida

1. Did the above condition originate prior to age of 22? ☐ Yes ☐ No
2. Will the developmental disability continue or can be expected to continue indefinitely and constitute a substantial impairment to the individual's ability to function without appropriate support services including, but not limited to, planned recreational activities, medical services such as physical therapy and speech therapy, and possibilities for sheltered employment or job training? ☐ Yes ☐ No

The above individual has been diagnosed with a developmental disability by a licensed physician, a licensed psychologist, or a licensed psychological examiner.
I certify that the information listed above is true and correct. Physician signature and address stamps are acceptable.

Initial diagnosis date	Date of birth
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Doctor or examiner's signature	Date
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Doctor or examiner's name	NPI Number	Telephone number
Street address	City	State Zip