2007 AR1000 **ARKANSAS INDIVIDUAL INCOME TAX RETURN**

Fu	II Year Resident		D	ept. Use Only					
Jan	1 - Dec 31, 2007 or fiscal year ending, 20	<u> </u>							
	FIRST NAME(S) AND INITIAL(S) (List for both spouses if applicable)	LAST NAME(S) (See Instructions)		YOUR SOCIAL SEC	URITY NUMBER				
YPR YPR		-		•					
	MAILING ADDRESS (Number and Street, P.O. Box or Rural Route)	SPOUSE'S SOCIAL SECURITY NUMBER							
LABEL IT OR TY									
USEI	•	•							
	CITY, STATE AND ZIP CODE								
		You MUST							
	•	Important 🙏	enter your 🔺 SSN(s) above						
			4. MARRIED FILING						
š	1.• SINGLE (or widowed before 2007 or divorced at e	SEPARATELY ON TH	IE SAME RETURN						
ATUS	2.• MARRIED FILING JOINT (Even if only one had in	MARRIED FILING JOINT (Even if only one had income) 5. • MARRIED FILING			G SEPARATELY ON DIFFERENT RETURNS				
VG ST Only	3. HEAD OF HOUSEHOLD (See Instructions)		Enter spouse's na	ame here and SSN above					
FILING STATUS Check Only One Box	If the qualifying person was your child, but not you enter child's name here:	DOW(ER) with dependent child. : (See Instructions)							
	HAVE YOU FILED A FEDERAL EXTEN	k if you have filed an automatic							
				sion Form 4868. (S	ee Instructions)				
	7A. YOURSELF • 65 or OVER • 65 SPECI			D OF HOUSEHOLD/ LIFYING WIDOW(ER)					
6	SPOUSE • 65 or OVER • 65 SPECI	AL 🛛 BLI							
CREDITS			number of boxes checked from Li	ne 7A X \$23 =	0(
RE	7B. First name(s) of dependent(s): (Do not list yourself or spo	ouse)							
A L									
ERSONAL		Multiply	number of dependents from Line	7B • X \$23 =	00				
ERS	7C. First name of developmentally disabled individual(s): (See	e Instr.)							
•		Multiply	number of developmentally disab	ed 🗖					
			als from Line 7C		00				
	7D. TOTAL PERSONAL CREDITS: (Add Lines 7A, 7B,	7D	00						
	ROUND ALL AMOUNTS TO W	(A) Your/Joint Income	(B) Spouse's Income Status 4 Only						
9(s)	8. Wages, salaries, tips, etc: (Attach W-2s)	00							
109	9A. U.S. Military compensation: (<i>Your/joint</i> gross amoun		00 Less \$9,000 9A	00	-				
(s)/	9B. U.S. Military compensation: (Spouse's gross amoun		00 \$9,000 9A 00 \$9,000 9B		00				
Ň	10. Minister's income: Gross \$	00	i i						
b o	11. Interest income: (If over \$1,500, attach AR4)	00							
<u>۹</u>	12. Dividend income: (<i>If over \$1,500, attach AR4</i>)	00							
ē ¥	13. Alimony and separate maintenance received:	00							
je –	14. Business or professional income: (Attach Federal Sche		00						
N S	15. Capital gains/losses from stocks, bonds, etc: (See Inst		Г						
INC	16. Other gains or <i>(losses)</i> : <i>(Attach Federal Form</i> 4797)			00	00				
e	17. Non-Qualified IRA distributions and taxable annuities:			00					
her	18A. Your/Joint Employer pension plan(s)/Qualified IRA(s):	•	· F						
9(s)		e Amount 🗕	00 Less 6,000 18A	00					
109	18B.Spouse's Employer pension plan(s)/Qualified IRA(s): (
2(s)/		e Amount 🗕	00 \$6,000 18B		0				
Š	19. Rents, royalties, partnerships, estates, trusts, etc: (Atta	ach Federal Sci		00	00				
ach	20. Farm income: (Attach Federal Schedule F)			00					
Att	21. Other income: (List type and amount. See Instructions			00					
	22. TOTAL INCOME: (Add Lines 8 through 21)								
s	23. Border city exemption: (Attach Form AR-TX)								
ENT	24. Arkansas Tax Deferred Tuition Savings Program: (See		F	• 00					
ADJUSTMENTS	25. Total Other Adjustments: (Attach Form AR1000ADJ)		F	00					
กัก	26. TOTAL ADJUSTMENTS: (Add Lines 23, 24, and 2		F						
A	27. ADJUSTED GROSS INCOME: (Subtract Line 26 fi		F						
Page	AR1 (R 9/27/07)	 /		100					

					(A)	Your/Joint Income			(B) Spous Stat	e's Incor us 4 Only	
	28.	ADJUSTED GROSS INCOME: (From Line 27, Columns A and B, P	Page AR1)	28			00				00
		9. Select tax table: (Check the appropriate box)									\square
			ble								
NO		If you qualify for the Low Income Tax Table, enter zero (0) on Line 29A.	If not, then:								
TATI		Enter I temized Deductions (See Instructions, Line 29)									
5		the larger OR									
COMPUTATION		of your: J Standard Deduction (See Instructions, Line 29	9)	29 •			00				00
TAX 0	30.	30. NET TAXABLE INCOME: (Subtract Line 29 from Line 28)					00	•			00
F	31.	TAX: (Enter tax from tax table)					00				00
			(Add amounts from Lines 31A and 31B)								00
	33. Enter tax from Lump Sum Distribution Averaging Schedule: (Attach AR1000TD)										00
	34. IRA and qualified plan withdrawal and overpayment penalties: (Attach Federal Form 5329, if required)										00
	35. TOTAL TAX: (Add Lines 32 through 34)										00
		Personal Tax Credit(s): (Enter total from Line 7D, page AR1)					00				
	37. State Political Contribution Credit: (<i>Attach AR1800 or schedule</i>)						00 00				
TS	38. Other State Tax Credit: [Attach copy of other state tax return(s)]						00				
CREDIT		39. Child Care Credit: (20% of Fed. credit allowed; Attach Fed. Form 2441 or 1040A, Sch. 2)					00				
		0. Credit for Adoption Expenses: (Attach Fed. Form 8839)					00				
ТАХ		Phenylketonuria Disorder Credit: (See Instructions. Attach AR1113) Business and Incentive Tax Credit(s): [Attach schedule and certificate(s					00				
		TOTAL CREDITS: (Add Lines 36 through 42)						م م			00
		NET TAX: (Subtract Line 43 from Line 35. If Line 43 is greater than Li									00
		Arkansas income tax withheld: [Attach State copies of W-2 Form(s)]	, ,				00				
s		Estimated tax paid or credit brought forward from last year:					00				
ENT		. Payment made with extension: (See Instructions)					00				
PAYMENT		· · · · · ·	rly childhood program: Certification Number:								
PZ		(20% of Fed. credit; Attach Fed. Form 2441 or 1040A, Sch. 2 and Form AF	R1000EC)	48 •			00	_			
	49.	TOTAL PAYMENTS: (Add Lines 45 through 48)					49) •			00
	50. AMOUNT OF OVERPAYMENT/REFUND: (If Line 49 is greater than Line 44, enter difference)										00
DUE		Amount to be applied to 2008 estimated tax:					00				
ТАХ		52. Amount of Check-off Contributions: (Attach Schedule AR1000-CO)					00		<u></u>		
OR 1		AMOUNT TO BE REFUNDED TO YOU: (Subtract Lines 51 and 52									00 00
Q	54. AMOUNT DUE: (If Line 49 is less than Line 44, enter difference; If over \$1,000, See Instructions) TAX DUE 54 •							y		00	
	55A. Attach Form AR2210 and enter exception in box55A● Penalty 55B● 00										
~	55C. Attach your check or money order payable to "Dept. of Finance and Administration" for the tax due									00	
	and penalty (<i>if any</i>). Include your SSN on your check. To pay by credit card, see Page 17 TOTAL DUE 550. 56. Amount of income not subject to Arkansas tax from AR4, Part III: (<i>Memorandum only</i>) May the Arkansa								evenue		es
						Agency discuss this return with the preparer shown below?					
	DI	EASE SIGN HERE: Under penalties of perjury, I declare	that I have ex	mino						chodul	0.0
ш	an	d statements, and to the best of my knowledge and belief, they	y are true, corr	ect an	d con	iplete. Dec	acci	ion	of prepa	rer (oth	ier
SE		an taxpayer) is based on all information of which preparer has	Occupation	е.	Date				ma Talan	hono:	
CILEA GN H	Your Signature Occupation		Occupation	Ion Da		Date			Home Telephone:		
<u>د</u> ۳	Spouse's Signature Occupati		Occupation	n Da		Date		Wo	Work Telephone:		
									·		
	Paid Preparer's Signature ID Number/So		ID Number/Soci	al Secu	irity Nu	umber		For	Departm	ent Use (Dnly
R	•		•	-				А		•	
PAID PREPARER	Preparer's Name City/State/Zip		City/State/Zip					В	•		
P								С	•		
	Address Tele			Telephone Number				D			
							E	+ +		_	
Please Note: DUE DATE IS APRIL 15, 2008								F	+ +		_
										4000	
	\mathbf{x}										
	L		DFA State Income Tax, P. O. Box 2144, Little Roc DFA State Income Tax, P. O. Box 8026, Little Roc								