

# AR1000ANR

## ARKANSAS INDIVIDUAL INCOME TAX AMENDED RETURN

### NONRESIDENTS AND PART-YEAR

FOR OFFICE USE ONLY	File Date	Amount Paid	Calendar Year or Fiscal Year Ending
	•	•	•
First Name(s) and Initial(s) (List both if applicable)			Your Social Security Number
•			•
Last Name			Spouse's Social Security Number
•			•
Present Address (Number and Street, Apartment Number or Rural Route)			Preparer's Identification Number
•			•

City, State, and Zip Code	Telephone Numbers
•	Home: _____ Work: _____

Nonresidents - List state of residence	Part-Year Residents - Dates you were a resident of Arkansas
	<b>From:</b> _____ <b>To:</b> _____

**CHECK ONLY ONE BOX:**

1. <input type="checkbox"/> SINGLE (Or widowed/divorced at end of tax year being amended)	4. <input type="checkbox"/> MARRIED FILING SEPARATELY ON THE SAME RETURN
2. <input type="checkbox"/> MARRIED FILING JOINT (Even if only one had income)	5. <input type="checkbox"/> MARRIED FILING SEPARATELY ON DIFFERENT RETURNS
3. <input type="checkbox"/> HEAD OF HOUSEHOLD (See Instructions)	6. <input type="checkbox"/> QUALIFYING WIDOW(ER) with dependent child.
If the qualifying person is your child but not your dependent, enter this child's name here: _____	
Enter spouse's name here and SSN above _____	
Year spouse died: (See Instructions) _____	

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/QUALIFYING WIDOW(ER)	
<input type="checkbox"/> SPOUSE <input type="checkbox"/> 65 or OVER <input type="checkbox"/> 65 SPECIAL <input type="checkbox"/> BLIND <input type="checkbox"/> DEAF	
7B. First name(s) of dependents: (Do not list yourself or spouse)	Multiply number of boxes checked from Line 7A..... <input type="checkbox"/> X\$ ____ = _____ 00
_____	Multiply number of dependents from Line 7B..... <input type="checkbox"/> X\$ ____ = _____ 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 19).....7D	_____ 00

Has your tax return been adjusted by the IRS? If yes, attach reports.  Yes  No

INCOME	PART 1: ORIGINAL			PART 2: AMENDED		
	A. Your/Joint Income	B. Spouse's Income	C. Arkansas Income Only	A. Your/Joint Income	B. Spouse's Income	C. Arkansas Income Only
8. Total Income:..... 8	00	00	00	00	00	00
9. Adjustments to Income:..... 9	00	00	00	00	00	00
10. Adjusted Gross Income:..... 10	00	00	00	00	00	00
11. Itemized/Standard Deductions: . 11	00	00		00	00	
12. Net Taxable Income:..... 12	00	00		00	00	

**TAX COMPUTATION**

13. Select tax table: (Enter tax from applicable tax table)..... 13

<b>LOW INCOME</b> Table 1 <input type="checkbox"/>	<b>REGULAR</b> Table 2 <input type="checkbox"/>	
14. Combined Tax: (Enter total from Lines 13A and 13B)..... 14		00
15. Income Tax Surcharge: [If applicable, Multiply Line 14 by 3% (.03); Texarkana residents use tax surcharge schedule] ...15		00
16. Enter tax from ten (10) year averaging schedule: (Attach AR1000TD)..... 16		00
17. IRA and qualified plan withdrawal and overpayment penalties: (Attach Federal Form 5329 if required)..... 17		00
18. Total Tax: (Add Lines 14 through 17. Enter here)..... 18		00

**TAX CREDITS**

19. Personal Tax Credit(s): (Enter total from Line 7D)..... 19	00
20. Working Taxpayer Credit: (If Applicable; Attach AR1328)..... 20	00
21. State Political Contributions Credit: (Attach Schedule)..... 21	00
22. Other State Tax Credit(s): {Attach copy of other State return(s)}..... 22	00
23. Child Care Credit(s): (20% of Federal credit allowed, Attach Fed. Form 2441 or Sch. 2)..... 23	00
24. Credit for Adoption Expenses: (Attach Form 8839)..... 24	00
25. Phenylketonuria Disorder Credit: (Attach AR1113)..... 25	00
26. Business and Incentive Tax Credits: (Attach Schedule and certificate)..... 26	00
27. TOTAL CREDITS: (Add Lines 19 through 26)..... 27	00
28. NET TAX: (Subtract Line 27 from Line 18. Enter here)..... 28	00

29. NET TAX: (From Line 28).....	29		00
29A. Enter the amount from Line 10, Part 2, Column C: .....	29A		00
29B. Enter the total amount from Line 10, Part 2, Columns A and B: .....	29B		00
29C. Divide Line 29A by 29B. Enter the percentage:.....	29C		%
29D. APPORTIONED TAX LIABILITY: (Multiply Line 29 by Line 29C).....	29D		00

**PAYMENTS**

30. Arkansas Income Tax withheld:.....	30		00
31. Estimated tax paid or credit brought forward from last year: .....	31		00
32. Early childhood program: Certification No. .... : (20% of Federal credit allowed; Attach Federal Form 2441 or Schedule 2 and Certification Form AR1000EC).....	32		00
33. Amount Paid with Return: .....	33		00
34. Amount Paid after Return was filed: .....	34		00
35. TOTAL PAID: (Add Lines 30 through 34. Enter here) .....	35		00
36. Enter prior Overpayment/Refund/Estimate carried forward: .....	36		00
37. TOTAL PAYMENTS: (Subtract Line 36 from Line 35. Enter here) .....	37		00

**REFUND OR TAX DUE**

38. AMOUNT TO BE REFUNDED TO YOU: (If Line 37 is greater than Line 29D, enter the difference here) .....	38		00
39. AMOUNT DUE: (If Line 29D is greater than Line 37, enter the difference here).....	39		00

**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
Spouse's Signature		Occupation	Date
Paid Preparer's Signature		ID Number/SSN	Date
Firm Name (Or yours, if self employed)		Telephone	May the Arkansas Revenue Agency discuss this return with the preparer shown to the left? <input type="checkbox"/> Yes <input type="checkbox"/> No
Address		City, State, Zip	<b>Mail to:</b> Amended Tax Group P. O. Box 3628 Little Rock, AR 72203

**EXPLANATION OF CHANGES TO INCOME, DEDUCTIONS, AND CREDITS (REQUIRED):** Enter the line number from the front or back of the form for each item you are changing and give the reason for each change. Attach only the supporting forms and schedules for the items changed. **If you do not attach the required information, your Form AR1000ANR may be returned.** Be sure to include your name and social security number on any attachments.