

ARKANSAS INDIVIDUAL INCOME TAX AMENDED RETURN

NONRESIDENT AND PART-YEAR RESIDENT Calendar year or fiscal year ending _____ 20__ •

FOR OFFICE USE ONLY	File Date •	Amount Paid •	Your Social Security Number •
First Name(s) and Initial(s) <i>(List both if applicable)</i> •		Last Name •	Spouse's Social Security Number •
Present Address <i>(Number and Street, Apartment Number or Rural Route)</i> •			Preparer's Identification Number •
City, State, and Zip Code •		Telephone Numbers Home: _____ Work: _____	

Nonresident - List state of residence _____	Part-Year Resident - Dates you were a resident of Arkansas From: _____ To: _____
---	---

CHECK ONLY ONE BOX:

1. <input type="checkbox"/> SINGLE <i>(Or widowed/divorced at end of 2007)</i> 2. <input type="checkbox"/> MARRIED FILING JOINT <i>(Even if only one had income)</i> 3. <input type="checkbox"/> HEAD OF HOUSEHOLD <i>(See Instructions)</i> 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: <i>(See Instructions)</i> _____
---	---

7A. <input type="checkbox"/> YOURSELF <input type="checkbox"/> 65 or OVER <input type="checkbox"/> 65 SPECIAL <input type="checkbox"/> BLIND <input type="checkbox"/> HDEAF <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 <input type="checkbox"/> QUALIFYING WIDOW(ER)			
7B. First name(s) of dependents: <i>(Do not list yourself or spouse)</i> _____	Multiply number of boxes checked from Line 7A.....	<input type="checkbox"/> X \$23 =	00
7C. First name of developmentally disabled individual(s): <i>(See Instr.)</i> _____	Multiply number of dependents from Line 7B.....	<input type="checkbox"/> X \$23 =	00
7D. TOTAL PERSONAL CREDITS: <i>(Add Lines 7A, 7B and 7C. Enter total here and on Line 18)</i>	Multiply number of developmentally disabled individuals from Line 7C.....	<input type="checkbox"/> X \$500 =	00

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

	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	00	00
12. Net Taxable Income:..... 12	00	00	00	00	00	00

TAX COMPUTATION

13. Select tax table: *(Enter tax from applicable tax table)*..... 13
 LOW INCOME **REGULAR**

14. Combined Tax: <i>(Enter total from Lines 13A and 13B)</i>	14	00
15. Enter tax from ten (10) year averaging schedule: <i>(Attach AR1000TD)</i>	15	00
16. IRA and qualified plan withdrawal and overpayment penalties: <i>(Attach Federal Form 5329 if required)</i>	16	00
17. Total Tax: <i>(Add Lines 14 through 16. Enter here)</i>	17	00

TAX CREDITS

18. Personal Tax Credit(s): <i>(Enter total from Line 7D)</i>	18	00
19. State Political Contributions Credit: <i>(Attach Schedule)</i>	19	00
20. Other State Tax Credit(s): <i>{Attach copy of other State return(s)}</i>	20	00
21. Child Care Credit(s): <i>(20% of Federal credit allowed, Attach Fed. Form 2441 or Sch. 2)</i>	21	00
22. Credit for Adoption Expenses: <i>(Attach Form 8839)</i>	22	00
23. Phenylketonuria Disorder Credit: <i>(Attach AR1113)</i>	23	00
24. Business and Incentive Tax Credits: <i>(Attach Schedule and certificate)</i>	24	00
25. TOTAL CREDITS: <i>(Add Lines 18 through 24)</i>	25	00
26. NET TAX: <i>(Subtract Line 25 from Line 17. Enter here)</i>	26	00

27. NET TAX: (From Line 26).....	27		00
27A. Enter the amount from Line 10, Part 2, Column C:	27A		00
27B. Enter the total amount from Line 10, Part 2, Columns A and B:	27B		00
27C. Divide Line 27A by 27B. Enter the percentage:.....	27C		%
27D. APPORTIONED TAX LIABILITY: (Multiply Line 27 by Line 27C)	27D		00

PAYMENTS

28. Arkansas Income Tax withheld:.....	28		00
29. Estimated tax paid or credit brought forward from last year:	29		00
30. Early childhood program: Certification No. : (20% of Federal credit allowed; Attach Federal Form 2441 or Schedule 2 and Certification Form AR1000EC).....	30		00
31. Amount Paid with Return:	31		00
32. Amount Paid after Return was filed:	32		00
33. TOTAL PAID: (Add Lines 28 through 32. Enter here)	33		00
34. Enter prior Overpayment/Refund/Estimate carried forward:	34		00
35. TOTAL PAYMENTS: (Subtract Line 34 from Line 33. Enter here)	35		00

REFUND OR TAX DUE

36. AMOUNT TO BE REFUNDED TO YOU: (If Line 35 is greater than Line 27D, enter the difference here)	36		00
37. AMOUNT DUE: (If Line 27D is greater than Line 35, enter the difference here)	37		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	Mail to: 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.