AR1000ANR

STATE OF ARKANSAS
Amended Individual Income Tax Return

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(NONRESIDENTS AND PART - YEAR RESIDENTS AMENDING TAX YEARS 1999 OR LATER)

AMENDING CALENDAR YEAR _____ • OR FISCAL YEAR ENDING _____ , _____ •

FOR OFFICE USE ONLY	File Date •	Amount Paid •	Your Social Security Number •
First Name(s) and Initial(s) *(List both if applicable)* •	Last Name •		Spouse's Social Security Number •
Present Address *(Number and Street, Apartment Number or Rural Route)* •			Preparer's Identification Number •
City, Town or Post Office , State and Zip Code •		Telephone Numbers Home:	Work:
Nonresidents - List State of residence		Part-Year Residents - List period of residency in Arkansas during year **From**	**To**

CHECK ONLY ONE BOX:

1. ☐ SINGLE *(Or widowed/divorced at end of tax year being amended)*
2. ☐ MARRIED FILING JOINT *(Even if only one had income)*
3. ☐ HEAD OF HOUSEHOLD *(See Instructions)*

   If the qualifying person is your child but not your dependent, enter this child's name here: _____

4. ☐ MARRIED FILING SEPARATELY ON THE SAME RETURN
5. ☐ MARRIED FILING SEPARATELY ON DIFFERENT RETURNS

   Enter spouse's name here and SSN above _____

6. ☐ QUALIFYING WIDOW(ER) with dependent child. Year spouse died: *(See Instructions)* _____

7A. ☐ YOURSELF ☐ 65 or OVER ☐ 65 SPECIAL ☐ BLIND ☐ DEAF ☐ HEAD OF HOUSEHOLD/ QUALIFYING WIDOW(ER)

☐ SPOUSE ☐ 65 or OVER ☐ 65 SPECIAL ☐ BLIND ☐ DEAF

7B. First name(s) of dependents: *(Do not list yourself or spouse)* _____

7C. First name of developmentally disabled individual(s): *(See Instr.)* _____

Multiply number of boxes checked from Line 7A .. ☐ X$ ___ =		00
Multiply number of dependents from Line 7B ..... ☐ X$ ___ =		00
Multiply number of developmentally disabled individuals from Line 7C ..... ☐ 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***

	PART 1: ORIGINAL			PART 2: AMENDED		
INCOME	**A.** Your Total Income	**B.** Spouse's Total Income	**C.** Arkansas Income Only	**A.** Your Total Income	**B.** Spouse's Total 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 — 00 / 00

LOW INCOME Table 1 ☐ **REGULAR** Table 2 ☐

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 Fed. 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 1040A, 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

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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 1040A, Sch. 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? ☐ Yes ☐ 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 1000ANR may be returned.** Be sure to include your name and social security number on any attachments.