



Tax Year 2004

Estimated Tax Instructions and Vouchers

INSTRUCTIONS FOR COMPLETION OF DECLARATION-VOUCHER

1. Fill out the worksheet to figure your estimated tax for 2004.
2. Enter one-fourth (1/4) of Line 8, of the worksheet, on amount of installment line of the voucher.
3. If requested on AR1000 the overpayment from last year will be credited to your estimated tax for this year. The overpayment will be credited to the primary social security number on Form AR1000 or AR1000NR.
4. Attach to the voucher your check or money order payable to the Department of Finance and Administration.
5. Be sure to write your Social Security Number on your check or money order.

FISCAL YEAR

If your return is on a fiscal year basis, change calendar year dates to correspond with the fifteenth (15th) day of the fourth (4th), sixth (6th), and ninth (9th) months of your fiscal year, and the first (1st) month of your succeeding fiscal year.

EXTENSION PAYMENT – Due April 15th, 2005

Included with vouchers #1, #2, #3 and #4 is voucher #5 to be used for making your payment with an extension for tax year 2004. A payment made with this voucher will not be included as an estimated payment for calculating under-estimate penalty. It must be attached to a copy of a *Federal Extension Form 4868* or *Arkansas Extension Form 1055*.

WHO MUST FILE A DECLARATION OF ESTIMATED TAX

Every taxpayer subject to the Income Tax Act of 1987, as amended, shall make and file with the Department of Finance and Administration a declaration of the estimated tax for the income year if such taxpayer can reasonably expect their estimated tax to be more than one thousand dollars (\$1,000).

Exception: Individuals whose income from farming for the income year can reasonably be expected to amount to at least two thirds (2/3) of the total gross income from all sources for the income year, may file such declaration and pay the estimated tax on or before the fifteenth (15th) day of the second (2nd) month after the close of the income year. In lieu of filing any declaration, you may file an income tax return and pay the full amount of tax on or before the fifteenth (15th) day of the third (3rd) month after the close of the income year.

UNDERESTIMATE OF TAX

A taxpayer who makes a declaration of estimated tax for the income year shall estimate an amount not less than ninety percent (90%) of the amount actually

due. If a taxpayer fails to make a declaration of estimated tax and pay on the quarterly due date the equivalent to at least ninety percent (90%) of the amount actually due, a penalty of ten percent (10%) per annum shall be added to the amount of the underestimate. The ten percent (10%) per annum penalty will be applied on a quarterly basis. A taxpayer who has an uneven income may compute the ten percent (10%) penalty on an annualized basis. The underestimate penalty is computed on the lesser of the current year's tax liability or the previous year's tax liability.

WHEN TO FILE YOUR DECLARATION OF ESTIMATED TAX

1. Calendar year filers shall file their declaration of estimated tax on or before April 15 of the income year.
2. Fiscal year filers shall file their declaration of estimated tax on or before the fifteenth (15th) day of the fourth (4th) month on the income year with the subsequent payments being made on a quarterly installment basis.

WHERE TO FILE YOUR DECLARATION OF ESTIMATED TAX

Mail your declaration of estimated tax and subsequent payment with voucher to the following address:

Department of Finance and Administration
Income Tax Section
P.O. Box 9941
Little Rock, AR 72203-9941

Make checks or money orders payable to Department of Finance and Administration.

HOW TO COMPUTE ESTIMATED TAX

For your convenience a worksheet is furnished on the reverse side of these instructions to aid you in computing your estimated tax for 2004. To properly complete the worksheet you must make an actual estimate of your income, deductions and credits for 2004. You should consider all available facts that will affect items during the year. It may be helpful to use last year's income and deductions as a starting point, making suitable adjustments for 2004.

IMPORTANT NOTICE

If further instructions are needed, please contact:

1. Phone (501) 682-7272, or
2. Come by our office, Room 2300, Joel Y. Ledbetter Building, 7th and Wolfe, Little Rock, AR, or
3. Write us at P.O. Box 3628, Little Rock, AR 72203-3628.

2004 ESTIMATED TAX WORKSHEET (FOR YOUR RECORDS ONLY)

		PRIMARY		SPOUSE	
1.	Enter Adjusted Gross Income expected in 2004	1		00	00
2.	If you expect to itemize deductions, enter the estimated total of those deductions. If you do not expect to itemize deductions, enter the standard deduction of \$2,000 per taxpayer.	2		00	00
3.	Line 1 less Line 2 (Net Taxable Income)	3		00	00
4.	Tax (Compute tax on the amount found on Line 3 by using Tax Rate Schedule below.)	4		00	00
5.	Total Tax (Add entries on Line 4)	5			00
6.	Tax Credits (Personal and dependent, blind, deaf, over 65, developmentally disabled individual) (See schedule below for a listing of dollar value for each credit.)	6			00
7.	Estimated amount of income tax to be withheld during 2004 from salaries, wages, commissions, etc.	7			00
8.	Estimated Tax (Line 5 less Lines 6 and 7) Enter here.	8			00

If \$1,000 or more, file the Declaration Voucher.
 If less than \$1,000 no Declaration Voucher is required.
 If you first become liable to file a declaration on April, 15, 2004:
 Enter on voucher one-fourth (1/4) of Line 8. *(Make four (4) installments.)*
 If you first become liable to file a declaration on June 15, 2004:
 Enter on voucher one-third (1/3) of Line 8. *(Make three (3) installments.)*
 If you first become liable to file a declaration on September 15, 2004:
 Enter on voucher one-half (1/2) of Line 8. *(Make two (2) installments.)*
 If you first become liable to file a declaration on January 15, 2005:
 Enter total tax due on voucher. *(Line 8 must be paid in full.)*

TAX CREDITS

- | | | | |
|--|------|--|-------|
| 1. Single or Married Filing Separate Forms | \$20 | 4. Blind, Over 65 or 65 Special | \$20 |
| 2. Married Filing Joint Return, Head of Household, Married Filing Separately
on the Same Return, or Qualifying Widow(er) with Dependent Child | \$40 | 5. Deaf | \$20 |
| 3. Each Dependent | \$20 | 6. Developmentally Disabled Individual | \$500 |

TAX RATE SCHEDULE

If your NET TAXABLE INCOME is less than \$3,300, your tax is one percent (1%) of your net taxable income. [(Example: If your net taxable income is \$2,500, your tax is one percent (1%) of that amount (\$25).]

IF YOUR NET TAXABLE INCOME IS:	BUT NOT MORE THAN:	YOUR TAX IS:	PLUS %	OF THE EXCESS OVER:	IF YOUR NET TAXABLE INCOME IS:	BUT NOT MORE THAN:	YOUR TAX IS:	PLUS %	OF THE EXCESS OVER:
\$ 3,300.00	\$ 3,999.00	\$ 33.00	2.5	\$ 3,299.00	\$ 16,000.00	\$ 16,699.00	\$ 503.00	4.5	\$ 15,999.00
4,000.00	4,999.00	50.00	2.5	3,999.00	16,700.00	16,999.00	535.00	6.0	16,699.00
5,000.00	5,999.00	75.00	2.5	4,999.00	17,000.00	17,999.00	553.00	6.0	16,999.00
6,000.00	6,699.00	100.00	2.5	5,999.00	18,000.00	18,999.00	613.00	6.0	17,999.00
6,700.00	6,999.00	118.00	3.5	6,699.00	19,000.00	19,999.00	673.00	6.0	18,999.00
7,000.00	7,999.00	128.00	3.5	6,999.00	20,000.00	20,999.00	733.00	6.0	19,999.00
8,000.00	8,999.00	163.00	3.5	7,999.00	21,000.00	21,999.00	793.00	6.0	20,999.00
9,000.00	9,999.00	198.00	3.5	8,999.00	22,000.00	22,999.00	853.00	6.0	21,999.00
10,000.00	10,999.00	233.00	4.5	9,999.00	23,000.00	23,999.00	913.00	6.0	22,999.00
11,000.00	11,999.00	278.00	4.5	10,999.00	24,000.00	24,999.00	973.00	6.0	23,999.00
12,000.00	12,999.00	323.00	4.5	11,999.00	25,000.00	25,999.00	1,033.00	6.0	24,999.00
13,000.00	13,999.00	368.00	4.5	12,999.00	26,000.00	26,999.00	1,093.00	6.0	25,999.00
14,000.00	14,999.00	413.00	4.5	13,999.00	27,000.00	27,899.00	1,153.00	6.0	26,999.00
15,000.00	15,999.00	458.00	4.5	14,999.00	27,900.00	and over	1,207.00	7.0	27,899.00

RECORD ESTIMATED TAX PAYMENT HERE	VOUCHER	1	2	3	4	TOTAL
	DATE					
	AMOUNT					
	OVERPAYMENT					
	TOTAL DUE					
	DATE PAID					



State of Arkansas
Individual Income Tax
P. O. Box 9941
Little Rock, AR 72203-9941

AR1000ES

Calendar Year Due April 15
DECLARATION OF ESTIMATED TAX
Voucher for Individuals

April 15

1

Fiscal Year Ending • _____
Month Day Year

PLEASE PRINT OR TYPE

• Your Social Security Number	• Spouse's Social Security Number (If joint return)	Tax Year • 20 ____
• First Name and Initial (If joint, use first names and initials of both)	• Last Name(s)	
• Address (Number and street, apartment number or rural route)		Amount of this Installment • \$ • •
• City, State and Zip Code		



State of Arkansas
Individual Income Tax
P. O. Box 9941
Little Rock, AR 72203-9941

AR1000ES

Calendar Year Due June 15
DECLARATION OF ESTIMATED TAX
Voucher for Individuals

June 15

2

Fiscal Year Ending • _____
Month Day Year

PLEASE PRINT OR TYPE

• Your Social Security Number	• Spouse's Social Security Number (If joint return)	Tax Year • 20 ____
• First Name and Initial (If joint, use first names and initials of both)	• Last Name(s)	
• Address (Number and street, apartment number or rural route)		Amount of this Installment • \$ • •
• City, State and Zip Code		



State of Arkansas
Individual Income Tax
P. O. Box 9941
Little Rock, AR 72203-9941

AR1000ES

Calendar Year Due Sept. 15
DECLARATION OF ESTIMATED TAX
Voucher for Individuals

Sept 15

3

Fiscal Year Ending: • _____
Month Day Year

PLEASE PRINT OR TYPE

• Your Social Security Number	• Spouse's Social Security Number (If joint return)	Tax Year • 20 ____
• First Name and Initial (If joint, use first names and initials of both)	• Last Name(s)	
• Address (Number and street, apartment number or rural route)		Amount of this Installment • \$ • •
• City, State and Zip Code		

**AR1000ES**

State of Arkansas
Individual Income Tax
P. O. Box 9941
Little Rock, AR 72203-9941

Calendar Year Due Jan 15
DECLARATION OF ESTIMATED TAX
Voucher for Individuals

Jan 15

4

Fiscal Year Ending: • _____
Month Day Year

PLEASE PRINT OR TYPE

• Your Social Security Number

• Spouse's Social Security Number *(If joint return)*

Tax Year • 20 _____

• First Name and Initial *(If joint, use first names and initials of both)*

• Last Name(s)

• Address *(Number and street, apartment number or rural route)***Amount of this
Installment**

• City, State and Zip Code

• \$
• **4** •

**AR1000ES**

State of Arkansas
Individual Income Tax
P. O. Box 9941
Little Rock, AR 72203-9941

PAYMENT WITH EXTENSION
Voucher for Individuals

5

Fiscal Year Ending: • _____
Month Day Year

PLEASE PRINT OR TYPE

• Your Social Security Number

• Spouse's Social Security Number *(If joint return)*

Tax Year • 20 _____

• First Name and Initial *(If joint, use first names and initials of both)*

• Last Name(s)

• Address *(Number and street, apartment number or rural route)***Amount of this
Installment**

• City, State and Zip Code

• \$
• **5** •