2004 AR1000NR ARKANSAS INDIVIDUAL INCOME TAX RETURN

Nonresident and Part Year Resident — Dept. Use Only

N

Jan 1 - Dec 31, 2004 or fiscal year ending _____ , 20 __ ●

USE LABEL PRINT OR TYPE

FIRST NAME(S) AND INITIAL(S) *(List both if applicable)* ●	LAST NAME(S) *(See Instructions)* ●	YOUR SOCIAL SECURITY NUMBER ●
PRESENT ADDRESS - NUMBER AND STREET, APARTMENT OR RURAL ROUTE ●		SPOUSE SOCIAL SECURITY NUMBER ●
CITY, TOWN OR POST OFFICE, STATE AND ZIP CODE ●		**IMPORTANT!** You **MUST** enter your SSN(s) above
ATTACH A COPY OF YOUR COMPLETE FEDERAL RETURN	NONRESIDENT: *(List State of residence)*	PART YEAR RESIDENT: *(Time of residency in AR)*

FILING STATUS *Check Only One Box*

1. ● ☐ SINGLE *(Or widowed before 2004 or divorced at end of 2004)*
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)* _____

HAVE YOU FILED A FEDERAL EXTENSION? ● ☐ Check this box if you have filed an automatic Federal Extension Form 4868. *(See Instr.)* ● ☐ Check this box if you have an **approved** additional extension to file, Federal Form 2688. *(See Instr.)*

PERSONAL CREDITS

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 $20 =	00
Multiply number of dependents from Line 7B ..... ●	☐ X $20 =	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 44)* 7D		00

INCOME — Attach W-2/1099 Form(s) here / Place check on W-2/1099 Form(s)

ROUND ALL INCOME FIGURES TO WHOLE DOLLARS

		(A) Your/Total Income	(B) Spouse Income Status 4 Only	(C) Arkansas Income Only
8.	Wages, salaries, tips, etc.: 8	00	00	00
9A.	U. S. military compensation pay: *(Your/joint **gross amt.**)* ..... 00 Less $6,000 9A	00		00
9B.	U. S. military compensation pay: *(Spouse **gross amt.**)* ..... 00 Less $6,000 9B		00	00
10.	Minister's income: Gross $ _____ Less rental value $ _____ 10	00	00	00
11.	Interest income: *(If over $1,500, attach page AR4)* 11	00	00	00
12.	Dividend income: *(If over $1,500, attach page AR4)* 12	00	00	00
13.	Alimony and separate maintenance received: 13	00	00	00
14.	Business or professional income: *(Attach Federal Schedule C or C-EZ)* 14	00	00	00
15.	Capital gains/losses from stocks, bonds, etc.: *(See Instr. Attach Federal Schedule D)* ... 15	● 00	● 00	00
16.	Other gains or (losses): *(Attach Federal Form 4797)* 16	00	00	00
17.	Non-Qualified IRA distributions and taxable annuities: 17	00	00	00
18A.	Your/Joint Employer pension plan/Qualified IRA: *(See Important Line 18 Instr, Page 15)* *Gross Distribution* ● 00 *Taxable Amount* ● 00 Less $6,000 18A	00		00
18B.	Spouse Employer pension plan/Qualified IRA: *(Filing Status 4 only)* *Gross Distribution* ● 00 *Taxable Amount* ● 00 Less $6,000 18B		00	00
19.	*Rents, royalties, partnerships,* estates, trusts, etc.: *(Attach Federal Schedule E)* 19	00	00	00
20.	Farm Income: *(Attach Federal Schedule F)* 20	00	00	00
21.	Other income: *(List type and amount. See Instructions)* 21	00	00	00
22.	TOTAL INCOME: *(Add Lines 8 through 21)* 22	● 00	● 00	● 00

ADJUSTMENTS

23.	Payments to ☐ IRA and ☐ MSA: *(See Instructions)* 23	00	00	00
24.	Deduction for interest paid on student loans: *(See Instructions)* 24	00	00	00
25.	Contributions to Intergenerational Trust: *(See Instructions)* 25	● 00	● 00	● 00
26.	Moving expenses: *(Attach Federal Form 3903)* 26	00	00	00
27.	Self-employed health insurance deduction: *(See Instructions)* 27	00	00	00
28.	KEOGH and Self-employed SEP and Simple Plans: 28	00	00	00
29.	Forfeited interest penalty for premature withdrawal: 29	00	00	00
30.	Alimony/sep. maint. paid to: Name: _____ SSN: _____ 30	00	00	00
31.	Border city exemption: *(Attach Form AR - TX)* 31	● 00	● 00	● 00
32.	Support for permanently disabled individual: *(Attach Form AR1000DC)* 32	00	00	00
33.	TOTAL ADJUSTMENTS: *(Add Lines 23 through 32)* 33	● 00	● 00	● 00
34.	ADJUSTED GROSS INCOME: *(Subtract Line 33 from Line 22)* 34	● 00	● 00	● 00

			(A) Your/Total Income			(B) Spouse Income Status 4 Only	
TAX COMPUTATION	35.	ADJUSTED GROSS INCOME: *(From Line 34, Columns A and B, Page NR1)*	35	00	35		00
	36.	Select tax table: *(Check the appropriate box)* ● ☐ **LOW INCOME** Table 1 ☐ **REGULAR** Table 2 If you qualify for the Low Income Tax Table, enter zero (0) on Line 36A. If not, then: *Enter the **larger** of your:* ● ☐ **Itemized Deductions** (*See itemized deduction schedule, Line 28*) OR ☐ **Standard Deduction** (*See Standard Deduction Instr., Line 36*)	36 ●	00	36 ●		00
	37.	NET TAXABLE INCOME: *(Subtract Line 36 from Line 35)*	37 ●	00	37 ●		00
	38.	Tax: *(Enter tax from tax table)*	38	00	38		00
	39.	Combined tax: *(Add amounts from Lines 38A and 38B and enter here)*			39		00
	40.	Income Tax Surcharge: *(Multiply Line 39 by 3% (.03); TEXARKANA RESIDENTS SEE INSTRUCTIONS)*			40 ●		00
	41.	Enter tax from Lump Sum Distribution Averaging Schedule: *(Attach AR1000TD)*			41 ●		00
	42.	IRA and qualified plan withdrawal and overpayment penalties: *(Attach Federal Form 5329, if required)*			42 ●		00
	43.	**TOTAL TAX:** (Add Lines 39 through 42)			43 ●		00
TAX CREDITS	44.	Personal Tax credit: *(Enter total from Line 7D, page NR1)*	44 ●	00			
	45.	State Political Contributions credit: *(Attach schedule)*	45 ●	00			
	46.	Other State Tax credit: *[Attach a copy of other state tax return(s)]*	46 ●	00			
	47.	Child care credit: *(Attach Fed. Form 2441 or 1040A, Sch. 2, 20% of Federal credit allowed)*	47 ●	00			
	48	Credit for adoption expenses: *(Attach Form 8839)*	48 ●	00			
	49.	Phenylketonuria Disorder credit: *(See Instructions. Attach AR1113)*	49 ●	00			
	50.	Business and Incentive Tax credit: *(Attach schedule and certificate)*	50 ●	00			
	51.	**TOTAL CREDITS:** *(Add Lines 44 through 50)*			51 ●		00
	52.	**NET TAX:** *(Subtract Line 51 from Line 43. If Line 51 is greater than Line 43, enter 0)*			52 ●		00
PRORATION	52A.	Enter the amount from **Line 34, Column C**:	52A	00			
	52B.	Enter the total amount from **Line 34, Columns A and B**:	52B ●	00			
	52C.	Divide Line 52A by 52B: *(See Instructions).*			52C ●		%
	52D.	APPORTIONED TAX LIABILITY: *(Multiply Line 52 by Line 52C)*			52D ●		00
PAYMENTS	53	Arkansas Income Tax withheld: *(Attach State copies of W-2 Forms)*	53 ●	00			
	54.	Estimated tax paid or credit brought forward from last year:	54 ●	00			
	55.	Payments made with extension: *(See Instructions)*	55 ●	00			
	56.	Early childhood program: Certification Number: _____ *(Attach Fed. Form 2441 or 1040A, Sch. 2 & Cert. Form AR1000EC, 20% of Fed. credit allowed)*	56 ●	00			
	57.	**TOTAL PAYMENTS:** *(Add Lines 53 through 56)*			57 ●		00
REFUND OR TAX DUE	58.	**AMOUNT OF OVERPAYMENT/REFUND:** *(If Line 57 is greater than Line 52D, enter difference)*			58 ●		00
	59.	Amount to be applied to 2005 estimated tax:	59 ●	00			
	60.	Amount of Checkoff Contributions: *(Attach Schedule AR1000-CO).*	60 ●	00			
	61.	**AMOUNT TO BE REFUNDED TO YOU:** *(Subtract Lines 59 and 60 from Line 58)* **REFUND**			61 ● ☺		00
	62.	AMOUNT DUE: *(If Line 57 is less than Line 52D, enter difference; If over $1,000, see instructions)* **TAX DUE**			62 ● ☹		00
	62A.	Attach Form AR2210: Enter Exception in box 62A ● ☐ Penalty 62B ● 00					
	62C.	Please attach your check or money order, made out to "Dept. of Finance and Administration", for the tax and penalty *(if applicable)* due. Be sure to write your Social Security Number on your check: **TOTAL DUE**			62C ●		00
	63.	Amount of income not subject to Arkansas tax from AR4, Part III: *(Memorandum only)*					

May the Arkansas Revenue Agency discuss this return with the preparer shown below? ☐ Yes ☐ No

PLEASE SIGN HERE

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	Home Telephone:
Spouse's Signature	Occupation	Date	Work Telephone:

PAID PREPARER

Paid Preparer's Signature	ID Number/Social Security Number ●	For Department Use Only
Preparer's Name	City/State/Zip	B ● C ● D ●
Address	Telephone Number	E ● F ●

Mailing Information

Mail **REFUND** returns to: DFA State Income Tax, P. O. Box 1000, Little Rock, AR 72203-1000.
Mail **TAX DUE** returns to: DFA State Income Tax, P. O. Box 2144, Little Rock, AR 72203-2144.
Mail **NO TAX DUE** returns to: DFA State Income Tax, P. O. Box 8026, Little Rock, AR 72203-8026.

Please Note: DUE DATE IS APRIL 15, 2005