2007 AR1000NR

N

ARKANSAS INDIVIDUAL INCOME TAX RETURN

Nonresident and Part Year Resident

Dept. Use Only

Jan 1 - Dec 31, 2007 or fiscal year ending _____ , 20 ____

USE LABEL OR PRINT OR TYPE

FIRST NAME(S) AND INITIAL(S) *(List for both spouses if applicable)*	LAST NAME(S) *(See Instructions)*	YOUR SOCIAL SECURITY NUMBER
MAILING ADDRESS *(Number and Street, P.O. Box or Rural Route)*		SPOUSE'S SOCIAL SECURITY NUMBER
CITY, 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: *(Dates Lived in AR)*

FILING STATUS Check Only One Box

1. ☐ SINGLE *(or widowed before 2007 or divorced at end of 2007)*
2. ☐ MARRIED FILING JOINT *(Even if only one had income)*
3. ☐ HEAD OF HOUSEHOLD *(See Instructions)*
   If the qualifying person was your child but not your dependent, enter 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 Instructions)**

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

Multiply number of boxes checked from Line 7A ☐ X $23 = ____ 00

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

_____

Multiply number of dependents from Line 7B ..... ☐ X $23 = ____ 00

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

_____

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 36)* ..... 7D ____ 00

INCOME — Attach W-2(s)/1099(s) here / Attach check on top of W-2(s)/1099(s)

ROUND ALL AMOUNTS TO WHOLE DOLLARS

		(A) Your/Joint Income	(B) Spouse's Income Status 4 Only	(C) Arkansas Income Only
8.	Wages, salaries, tips, etc: (Attach W-2s) 8	00	00	00
9A.	U. S. Military compensation: *(Your/joint* **gross amt.***)* ____ 00 **Less $6,000** 9A	00		00
9B.	U. S. Military compensation: *(Spouse's* **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: (Attach 1099Rs) 17	00	00	00
18A.	Your/Joint Employer pension plan(s)/Qualified IRA(s): *(See Instructions - Attach 1099Rs)* *Gross Distribution* ____ 00 *Taxable Amount* ____ 00 **Less $6,000** 18A	00		00
18B.	Spouse Employer pension plan(s)/Qualified IRA(s): *(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 22)* 22	00	00	00

ADJUSTMENTS

23.	Border city exemption: *(Attach Form AR - TX)* 23	00	00	00
24.	Arkansas Tax Deferred Tuition Savings Program: (See Instructions) 24	00	00	00
25.	Total Other Adjustments: *(Attach Form AR1000ADJ)* 25	00	00	00
26.	**TOTAL ADJUSTMENTS:** *(Add Lines 24 and 25)* 26	00	00	00
27.	**ADJUSTED GROSS INCOME:** *(Subtract Line 26 from Line 23)* 27	00	00	00

		(A) Your/Joint Income			(B) Spouse's Income Status 4 Only	
TAX COMPUTATION	28. **ADJUSTED GROSS INCOME:** *(From Line 27, Columns A and B, Page NR1)* 28		00	28		00
	29. 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 29A. If not, then:					
	Enter the **larger** *of your:* } ● ☐ **Itemized Deductions** (*See Instructions, Line 29*) OR ☐ **Standard Deduction** (*See Instructions, Line 29*) ..... 29●		00	29●		00
	30. **NET TAXABLE INCOME:** *(Subtract Line 29 from Line 28)* ..... 30●		00	30●		00
	31. **TAX:** *(Enter tax from tax table)* 31		00	31		00
	32. Combined tax: *(Add amounts from Lines 31A and 31B)* 32			32		00
	33. Enter tax from Lump Sum Distribution Averaging Schedule: *(Attach AR1000TD)* ..... 33●			33●		00
	34. IRA and qualified plan withdrawal and overpayment penalties: *(Attach Federal Form 5329, if required)* ..... 34●			34●		00
	35. **TOTAL TAX:** (Add Lines 32 through 34) ..... 35●			35●		00
TAX CREDITS	36. Personal Tax Credit(s): *(Enter total from Line 7D, page NR1)* ..... 36●		00			
	37. State Political Contributions Credit: *(Attach AR1800 or schedule)* ..... 37●		00			
	38. Other State Tax Credit: *[Attach copy of other state tax return(s)]* ..... 38●		00			
	39. Child Care Credit: *(20% of Federal credit allowed; Attach Fed. Form 2441* **or** *1040A, Sch. 2)* ... 39●		00			
	40. Credit for Adoption Expenses: *(Attach Form 8839)* ..... 40●		00			
	41. Phenylketonuria Disorder Credit: *(See Instructions. Attach AR1113)* ..... 41●		00			
	42. Business and Incentive Tax Credit(s): *[Attach schedule and certificate(s)]* ..... 42●		00			
	43. **TOTAL CREDITS:** *(Add Lines 36 through 42)* ..... 43●					00
	44. **NET TAX:** *(Subtract Line 43 from Line 35. If Line 43 is greater than Line 35, enter 0)* ..... 44●					00
PRORATION	44A. Enter the amount from **Line 27, Column C**: 44A		00			
	44B. Enter the total amount from **Line 27, Columns A and B**: ..... 44B●		00			
	44C. Divide Line 44A by 44B: *(See Instructions)* ..... 44C●					%
	44D. **APPORTIONED TAX LIABILITY:** *(Multiply Line 44 by Line 44C)* ..... 44D●					00
PAYMENTS	45 Arkansas income tax withheld: *[Attach State copies of W-2 Form(s)]* ..... 45●		00			
	46. Estimated tax paid or credit brought forward from last year: ..... 46●		00			
	47. Payment made with extension: *(See Instructions)* ..... 47●		00			
	48. Early childhood program: Certification Number:_____					
	(20% of Fed. credit; Attach Fed. Form 2441 **or** *1040A, Sch. 2* **and** *Form AR1000EC)* ..... 48●		00			
	49. **TOTAL PAYMENTS:** *(Add Lines 45 through 48)* ..... 49●					00
REFUND OR TAX DUE	50. **AMOUNT OF OVERPAYMENT/REFUND:** *(If Line 49 is greater than Line 44D, enter difference)* ..... 50●					00
	51. Amount to be applied to 2008 estimated tax: ..... 51●		00			
	52. Amount of Check-off Contributions: *(Attach Schedule AR1000-CO)* ..... 52●		00			
	53. **AMOUNT TO BE REFUNDED TO YOU:** *(Subtract Lines 51 and 52 from Line 50)* ..... **REFUND** 53●				☺	00
	54. **AMOUNT DUE:** *(If Line 49 is less than Line 44D, enter difference; If over $1,000, see instructions)* ..... **TAX DUE** 54●				☹	00
	55A. Attach Form AR2210 **and** enter exception in box... 55A ● ☐ Penalty 55B ●		00			
	55C. Attach your check or money order payable to "Dept. of Finance and Administration" for the tax due and penalty *(if any)*. Include your SSN on your check. To pay by credit card, see Page 17 ..... **TOTAL DUE** 55C●					00
	56. Income not subject to Arkansas tax from AR4, Part III:	May the Arkansas Revenue Agency discuss this return with the preparer shown below? ☐ Yes ☐ No				

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:

SIGN HERE

Paid Preparer's Signature	ID Number/Social Security Number ●	For Department Use Only
Preparer's Name	City/State/Zip	A ●
Address	Telephone Number	B ● C ● D ● 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, 2008