

2008 AR1000S



ARKANSAS INDIVIDUAL INCOME TAX RETURN

Full Year Resident/Short Form

Dept. Use Only

Jan. 1 - Dec. 31, 2008 or fiscal year ending _____, 20__

USE LABEL, PRINT OR TYPE	FIRST NAME(S) AND INITIAL(S) <i>(List both spouses if applicable)</i>		LAST NAME(S) <i>(See Instructions)</i>		YOUR SOCIAL SECURITY NUMBER	
	MAILING ADDRESS <i>(Number and Street, P.O. Box or Rural Route)</i>				SPOUSE'S SOCIAL SECURITY NUMBER	
	CITY, STATE AND ZIP CODE				IMPORTANT ▲ Enter SSN(s) above ▲	
FILING STATUS Check only one box	1. <input type="checkbox"/> SINGLE <i>(Or widowed before 2008 or divorced at end of 2008)</i>		4. <input type="checkbox"/> MARRIED FILING SEPARATELY ON THE SAME RETURN		HAVE YOU FILED A FEDERAL EXTENSION? <input type="checkbox"/> Check this box if you have filed an automatic Federal Extension Form 4868	
	2. <input type="checkbox"/> MARRIED FILING JOINT <i>(Even if only one had income)</i>		5. IF FILING STATUS 5, USE AR1000/AR1000NR - LONG FORM			
PERSONAL CREDITS	3. <input type="checkbox"/> HEAD OF HOUSEHOLD <i>(See Instructions)</i> If the qualifying person is your child but not your dependent, enter child's name here: _____		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"/> DEAF • <input type="checkbox"/> HEAD OF HOUSEHOLD/QUALIFYING WIDOW(ER)					
	7B. First name(s) of dependent(s): <i>(Do not list yourself or spouse)</i> _____ Multiply number of dependent(s) from Line 7B • <input type="checkbox"/> X \$23=					
	7C. TOTAL PERSONAL CREDITS: <i>(Add Lines 7A and 7B. Enter total here and on Line 16)</i> _____					
INCOME	ROUND ALL AMOUNTS TO WHOLE DOLLARS				(A) Your/Joint Income	
	8. Wages, salaries, tips, etc. <i>(Attach W-2s)</i> 8				00 8	
	9. Interest income/dividend income: <i>(If interest or dividends are over \$1,500, attach page ARS2)</i> 9				00 9	
	10. Miscellaneous income: <i>(List type and amount. See instructions)</i> 10				00 10	
	11. TOTAL INCOME: <i>(Add Lines 8 through 10)</i> 11				00 11	
DEDUCTIONS TAX COMPUTATION	12. Select tax table: • <input type="checkbox"/> LOW INCOME Table • <input type="checkbox"/> REGULAR Table NOTE: <i>If you qualify for the Low Income Table, enter zero (0) on Line 12</i> Standard Deduction: <i>(See Instructions)</i> 12				00 12	
	13. Taxable Income: <i>(Subtract Line 12 from Line 11)</i> 13				00 13	
	14. Enter tax from table: 14				00 14	
	15. TOTAL TAX: <i>(Add Lines 14A and 14B)</i> 15				00 15	
	16. Personal Tax Credits: <i>(Enter total from Line 7C)</i> 16				00 16	
TAX CREDITS	17. Child Care Credit: <i>(20% of Federal Credit Allowed, Attach Federal Form 2441 or 1040A, Sch. 2)</i> 17				00 17	
	18. TOTAL CREDITS: <i>(Add Lines 16 and 17)</i> 18				00 18	
	19. NET TAX: <i>(Subtract Line 18 from Line 15. If Line 18 is greater than Line 15, enter 0)</i> 19				00 19	
PAYMENTS	20. Arkansas Income Tax withheld: <i>[Attach State copies of W-2 Form(s)]</i> 20				00 20	
	21. Early Childhood Program: Certification Number _____ <i>(20% of Fed. credit allowed, Attach Fed. Form 2441 or 1040A, Sch. 2 and Cert. Form AR1000EC)</i> .. 21				00 21	
	22. TOTAL PAYMENTS: <i>(Add Lines 20 and 21)</i> 22				00 22	
REFUND OR TAX DUE	23. AMOUNT OF OVERPAYMENT/REFUND: <i>(If Line 22 is greater than Line 19, enter difference)</i> 23				00 23	
	24. Amount of Check-Off Contributions: <i>(Attach Schedule AR1000-CO)</i> 24				00 24	
	25. AMOUNT TO BE REFUNDED TO YOU: <i>(Subtract Line 24 from Line 23)</i> REFUND 25				00 25	
	26. AMOUNT DUE: <i>(If Line 22 is less than Line 19, enter the difference; If over \$1,000 see instructions)</i> TAX DUE 26				00 26	
PLEASE SIGN HERE	Your Signature		Occupation	Date	May the Arkansas Revenue Agency discuss this return with the preparer of the return? <input type="checkbox"/> Yes <input type="checkbox"/> No	
	Spouse's Signature		Occupation	Date		
PAID PREPARER	Paid Preparer's Signature		ID Number/Social Security Number		For Department Use Only	
	Preparer's Name:		City/State/Zip:		A <input type="checkbox"/>	
	Address:		Telephone Number:		B <input type="checkbox"/>	
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		
						C <input type="checkbox"/>
				D <input type="checkbox"/>		
				E <input type="checkbox"/>		
				F <input type="checkbox"/>		

Part 1 INTEREST INCOME			Part 2 DIVIDEND INCOME		
<p>Interest on bank deposits, notes, mortgages, from individuals, corporation bonds, savings and loan deposits, and credit union deposits are taxable. Interest on obligations of other states and subdivisions is fully taxable.</p> <p>List below the names of the interest sources and designate ownership by writing Y (Yours), S (Spouse's) or J (Joint).</p>			<p>Dividends and other distributions on stock are fully taxable. There is no dividend exclusion applicable to Arkansas.</p> <p>List below the names of the dividend sources and designate ownership by writing Y (Yours), S (Spouse's) or J (Joint).</p>		
Y S J	NAME OF PAYER	AMOUNT	Y S J	NAME OF PAYER	AMOUNT
		00			00
		00			00
		00			00
		00			00
		00			00
		00			00
		00			00
		00			00
		00			00
		00			00
Total Interest Income: Enter here and on Line 9		00	Total Dividend Income: Enter here and on Line 9.....		00

If you owe an amount due from Line 26, ARS1, you have the option of paying by credit card.

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