2005 AR1000 ARKANSAS INDIVIDUAL INCOME TAX RETURN

Full Year Resident

Dept. Use Only

F

Jan 1 - Dec 31, 2005 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 ▲

FILING STATUS *Check Only One Box*

1. ● ☐ SINGLE *(or widowed before 2005 or divorced at end of 2005)*
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 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

Multiply number of boxes checked from Line 7A ☐ X $21 = 00

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

_____

Multiply number of dependents from Line 7B ● ☐ X $21 = 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-2/1099 Form(s) here / Attach check on top of W-2/1099 Form(s)

ROUND ALL AMOUNTS TO WHOLE DOLLARS

		(A) Your/Total Income		(B) Spouse's Income Status 4 Only	
8.	Wages, salaries, tips, etc.: 8	00	8	00	
9A.	U. S. Military Officer's compensation: *(Your/joint gross amount)* ● 00 Less $6,000 9A	00			
9B.	U. S. Military Officer's compensation: *(Spouse's gross amount)* ● 00 Less $6,000		9B	00	
10A.	U. S. Military Enlisted compensation: *(Your/joint gross amount)* ● 00 Less $9,000 10A	00			
10B.	U. S. Military Enlisted compensation: *(Spouse's gross amount)* ● 00 Less $9,000		10B	00	
11.	Minister's income: Gross $ _____ Less rental value $ _____ 11	00	11	00	
12.	Interest income: *(If over $1,500, attach page AR4)* 12	00	12	00	
13.	Dividend income: *(If over $1,500, attach page AR4)* 13	00	13	00	
14.	Alimony and separate maintenance received: 14	00	14	00	
15.	Business or professional income: *(Attach Federal Schedule C or C-EZ)* 15	00	15	00	
16.	Capital gains/losses from stocks, bonds, etc.: *(See Instr. Attach Federal Schedule D)* 16	● 00	16	● 00	
17.	Other gains or (losses): *(Attach Federal Form 4797)* 17	00	17	00	
18.	Non-Qualified IRA distributions and taxable annuities: 18	00	18	00	
19A.	Your/Joint Employer pension plan(s)/Qualified IRA(s): *(See Important Line 19 Instructions)* *Gross Distribution* ● 00 *Taxable Amount* ● 00 Less $6,000 19A	00			
19B.	Spouse's Employer pension plan(s)/Qualified IRA(s) (Filing Status 4 Only): *Gross Distribution* ● 00 *Taxable Amount* ● 00 Less $6,000 19B		19B	00	
20.	Rents, royalties, partnerships, estates, trusts, etc.: *(Attach Federal Schedule E)* 20	00	20	00	
21.	Farm income: *(Attach Federal Schedule F)* 21	00	21	00	
22.	Other income: *(List type and amount. See Instructions)* 22	00	22	00	
23.	TOTAL INCOME: *(Add Lines 8 through 22)* 23	● 00	23	● 00	

ADJUST-MENTS

24.	Border city exemption: *(Attach Form AR - TX)* 24	● 00	24	● 00	
25.	Total Other Adjustments: *(Attach Form AR1000ADJ).* 25	00	25	00	
26.	TOTAL ADJUSTMENTS: *(Add Lines 24 and 25)* 26	● 00	26	● 00	
27.	ADJUSTED GROSS INCOME: *(Subtract Line 26 from Line 23)* 27	● 00	27	● 00	

TAX COMPUTATION

		(A) Your/Total Income			(B) Spouse's Income Status 4 Only	
28.	ADJUSTED GROSS INCOME: *(From Line 27, Columns A and B, Page AR1)* 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 Itemized Deductions Instructions, Line 28*) OR ☐ Standard Deduction (*See Standard Deduction Instructions*) ..... 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 AR1)* ..... 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 Federal 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)* ..... 42 ●		00			
43.	TOTAL CREDITS: *(Add Lines 36 through 42)* ..... 43 ●			43 ●		00
44.	NET TAX: *(Subtract Line 43 from Line 35. If Line 43 is greater than Line 35, enter 0)* ..... 44 ●			44 ●		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 allowed; Attach Fed. Form 2441 or 1040A, Sch. 2 & Form AR1000EC)* ... 48 ●		00			
49.	TOTAL PAYMENTS: *(Add Lines 45 through 48)* ..... 49 ●			49 ●		00

REFUND OR TAX DUE

50.	AMOUNT OF OVERPAYMENT/REFUND: *(If Line 49 is greater than Line 44, enter difference)* ..... 50 ●			50 ●		00
51.	Amount to be applied to 2006 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 44, 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.	Please attach your check or money order, payable to "Dept. of Finance and Administration", for the tax due and penalty *(if applicable)*. Be sure to write your Social Security Number on your check. ..... TOTAL DUE 55C ●					00
56.	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 ● E ● F ●
Address	Telephone Number	

Please Note: DUE DATE IS APRIL 17, 2006

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.