

2009 AR1000

ARKANSAS INDIVIDUAL INCOME TAX RETURN

Full Year Resident

F

Jan. 1 - Dec. 31, 2009 or fiscal year ending _____, 20__

Dept. Use Only

USE LABEL OR PRINT OR TYPE	FIRST NAME(S) AND INITIAL(S) <i>(List for 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 ▲ You MUST enter your ▲ SSN(s) above

FILING STATUS Check Only One Box	1. <input type="checkbox"/> SINGLE <i>(Or widowed before 2009 or divorced at end of 2009)</i> 2. <input type="checkbox"/> MARRIED FILING JOINT <i>(Even if only one had income)</i> 3. <input type="checkbox"/> HEAD OF HOUSEHOLD <i>(See Instructions)</i> If the qualifying person was your child, but not your dependent, enter child's name here: _____	4. <input type="checkbox"/> MARRIED FILING SEPARATELY ON THE SAME RETURN 5. <input type="checkbox"/> MARRIED FILING SEPARATELY ON DIFFERENT RETURNS Enter spouse's name here and SSN above _____ 6. <input type="checkbox"/> QUALIFYING WIDOW(ER) with dependent child Year spouse died: <i>(See Instructions)</i> _____
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HAVE YOU FILED A FEDERAL EXTENSION? > **Check this box if you have filed an automatic federal extension Form 4868. (See Instructions)**

PERSONAL CREDITS	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) <input type="checkbox"/> SPOUSE • <input type="checkbox"/> 65 or OVER • <input type="checkbox"/> 65 SPECIAL • <input type="checkbox"/> BLIND • <input type="checkbox"/> DEAF Multiply number of boxes checked from Line 7A..... <input type="checkbox"/> X \$23 = _____ 00
	7B. First name(s) of dependent(s): <i>(Do not list yourself or spouse)</i> _____ Multiply number of dependents from Line 7B..... • <input type="checkbox"/> X \$23 = _____ 00
	7C. First name of developmentally disabled individual(s): <i>(See Instr.)</i> _____ Multiply number of developmentally disabled individuals from Line 7C..... • <input type="checkbox"/> X \$500 = _____ 00
	7D. TOTAL PERSONAL CREDITS: <i>(Add Lines 7A, 7B, and 7C. Enter total here and on Line 36).....</i> 7D _____ 00

ROUND ALL AMOUNTS TO WHOLE DOLLARS		(A) Your/Joint Income	(B) Spouse's Income Status 4 Only
8. Wages, salaries, tips, etc: <i>(Attach W-2s)</i>	8	00	00
9A. U.S. Military compensation: <i>(Your/joint gross amount)</i> • _____ 00	9A	00	00
9B. U.S. Military compensation: <i>(Spouse's gross amount)</i> • _____ 00	9B	00	00
10. Minister's income: Gross \$ _____ Less rental value \$ _____	10	00	00
11. Interest income: <i>(If over \$1,500, attach AR4)</i>	11	00	00
12. Dividend income: <i>(If over \$1,500, attach AR4)</i>	12	00	00
13. Alimony and separate maintenance received:.....	13	00	00
14. Business or professional income: <i>(Attach federal Schedule C or C-EZ)</i>	14	00	00
15. Capital gains/losses from stocks, bonds, etc: <i>(See Instr. Attach federal Schedule D)</i>	15	00	00
16. Other gains or (losses): <i>(Attach federal Form 4797)</i>	16	00	00
17. Non-Qualified IRA distributions and taxable annuities: <i>(Attach 1099Rs)</i>	17	00	00
18A. Your/Joint Employer pension plan(s)/Qualified IRA(s): <i>(See Instructions - Attach 1099Rs)</i> Gross Distribution • _____ 00 Taxable Amount • _____ 00	18A	00	00
18B. Spouse's Employer pension plan(s)/Qualified IRA(s): <i>(Filing Status 4 Only)</i> Gross Distribution • _____ 00 Taxable Amount • _____ 00	18B	00	00
19. Rents, royalties, partnerships, estates, trusts, etc: <i>(Attach federal Schedule E)</i>	19	00	00
20. Farm income: <i>(Attach federal Schedule F)</i>	20	00	00
21. Other income/depreciation differences: <i>(List type and amount. See Instructions)</i>	21	00	00
22. TOTAL INCOME: <i>(Add Lines 8 through 21)</i>	22	00	00

ADJUSTMENTS	23. Border city exemption: <i>(Attach Form AR-TX)</i>	23	00	00
	24. Arkansas Tax Deferred Tuition Savings Program: <i>(See Instructions)</i>	24	00	00
	25. Total Other Adjustments: <i>(Attach Form AR1000ADJ)</i>	25	00	00
	26. TOTAL ADJUSTMENTS: <i>(Add Lines 23, 24, and 25)</i>	26	00	00
	27. ADJUSTED GROSS INCOME: <i>(Subtract Line 26 from Line 22)</i>	27	00	00

