

AR1113**2005**

STATE OF ARKANSAS
**PHENYLKETONURIA DISORDER AND
 OTHER METABOLIC DISORDERS CREDIT**

Individual Income Tax Return

Taxpayer's Name:	Taxpayer's Social Security Number:
Individual's Name:	Individual's Social Security Number:

A credit of up to \$2,400.00, per person, per year, shall be allowed to individuals or to families with a dependent child or children with Phenylketonuria (PKU), Galactosemia, Organic Acidemias, and Disorders of Amino Acid Metabolism for expenses incurred for the purchase of medically necessary medical foods and low protein modified food products. Any unused credit amount may be carried forward for an additional two (2) years. This form must be completed in its entirety to receive the credit. Complete one form for each individual diagnosed with an allowable disorder.

1. Enter the total cost incurred in 2005 for medically necessary foods and low protein modified food products :		00
2. Unused credit from 2003 and 2004:		00
3. Total credit available for 2005: (Add lines 1 and 2.)		00
4. Maximum allowable credit:	\$2,400	00
5. Total allowable credit: (Enter the lessor of Lines 3 or 4.)		00
6. Enter net tax due after deducting all credits except business incentive credits and this credit:		00
7. Credit allowed: (Enter the lessor of Lines 5 or 6 here and on Line 41, AR1000/AR1000NR.)		00

PLEASE SIGN HERE: Under penalties of perjury, I declare that the above individual has been diagnosed with phenylketonuria disorder and the information entered is true and correct.

Taxpayer _____ Date _____ Spouse (if applicable) _____ Date _____