



ARKANSAS INDIVIDUAL INCOME TAX
CERTIFICATE FOR INDIVIDUALS WITH
DEVELOPMENTAL DISABILITIES

Table with 2 columns: Name (Primary's legal name, Spouse's legal name) and Social Security Number (Primary's social security number, Spouse's social security number)

This certificate must be completed in its entirety to receive the \$500 credit for individuals with developmental disabilities. It must be attached to your individual income tax return the first time this credit is taken. It is good for five (5) years from the date the original tax credit is filed. At the end of five (5) years you must have a new certificate completed and attached to your individual income tax return. The credit is in addition to your regular dependent tax credit. This credit is a non-refundable credit and only reduces your tax liability by 500 dollars.

Must be completed by taxpayer

Form for taxpayer completion including fields for Developmentally disabled dependent's name, Social security number, Relationship to taxpayer, Taxpayer's signature, and Date.

Must be completed by a licensed physician, a licensed psychologist, or a licensed psychological examiner

Check the box for the diagnosis:
DO NOT ADD ADDITIONAL BOXES

- Checkboxes for Cerebral Palsy, Epilepsy, Autism, Down Syndrome, Spina Bifida, and Intellectual Disability.

- 1. Did the above condition originate prior to age of 22? Yes/No
2. Will the developmental disability continue or can be expected to continue indefinitely and constitute a substantial impairment to the individual's ability to function without appropriate support services including, but not limited to, planned recreational activities, medical services such as physical therapy and speech therapy, and possibilities for sheltered employment or job training? Yes/No

The above individual has been diagnosed with a developmental disability by a licensed physician, a licensed psychologist, or a licensed psychological examiner. I certify that the information listed above is true and correct. Physician signature and address stamps are acceptable.

Form for physician completion including fields for Initial diagnosis date, Date of birth, Doctor or examiner's signature, Date, Doctor or examiner's name, Telephone number, Street address, City, State, and Zip.