

2023 AR1000F

ARKANSAS INDIVIDUAL INCOME TAX RETURN

Full Year Resident



P1

CHECK BOX IF AMENDED RETURN

Software ID

Jan. 1 - Dec. 31, 2023 or fiscal year ending _____, 20____

TAXPAYER INFORMATION	Primary's legal first name ●		MI ●	Last name ●		Primary's social security number ●		<input type="checkbox"/> Deceased <input type="checkbox"/> Check if				
	Spouse's legal first name ●		MI ●	Last name ●		Spouse's social security number ●		<input type="checkbox"/> Deceased <input type="checkbox"/> Check if				
	Mailing address (number and street, P.O. box or rural route) ●						<input type="checkbox"/> Check if address is outside U.S.					
	City ●		State or province ●		ZIP ●		Foreign country name					
	Primary email				Secondary email							
	<input type="checkbox"/> We no longer automatically mail 1099-G forms. Instead, we ask that you get this information from our website (www.atap.arkansas.gov). Check the box if you still want us to mail you a paper Form 1099-G next year.											
	<input type="checkbox"/> Check here if you want a tax booklet mailed to you next year.					<input type="checkbox"/> Check this box if you have filed a state extension or an automatic federal extension						
	DL# / State ID _____		Your state _____		Issue date (mm/dd/yyyy) _____		Expiration date (mm/dd/yyyy) _____					
	DL# / State ID _____		Spouse state _____		Issue date (mm/dd/yyyy) _____		Expiration date (mm/dd/yyyy) _____					
	FILING STATUS	1. <input type="checkbox"/> Single (Or widowed before 2023 or divorced at end of 2023)				4. <input type="checkbox"/> Married filing separately on the same return						
2. <input type="checkbox"/> Married filing joint (Even if only one had income)				5. <input type="checkbox"/> Married filing separately on different returns Enter spouse's name here and SSN above _____								
3. <input type="checkbox"/> Head of household (See instructions) If the qualifying person was your child, but not your dependent, enter child's name here: _____				6. <input type="checkbox"/> Surviving spouse with dependent child Year spouse died: (See instructions) _____								
PERSONAL TAX 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/surviving spouse <small>(Filing status 3 only) (Filing status 6 only)</small>	
	<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 7A <input type="checkbox"/> X \$29 =										00	
	Dependents (Do not list yourself or spouse)											
	First name		Last name		Dependent's social security number				Dependent's relationship to you			
1.												
2.												
3.												
4.												
5.												
7B. Multiply number of DEPENDENTS from above..... 7B ● <input type="checkbox"/> X \$29 =										00		
7C. TOTAL PERSONAL TAX CREDITS: (Add lines 7A and 7B. Enter total here and on line 34)										00		
Individuals with Developmental Disabilities Credit (AR1000-DD - formerly AR1000RC5) now on Form AR1000TC												



Primary SSN _____ - _____ - _____

		ROUND ALL AMOUNTS TO WHOLE DOLLARS		(A) Primary/Joint Income	(B) Spouse's Income Status 4 Only	
INCOME	8. Wages, salaries, tips, etc: (Attach W-2s)	8	●	00	● 00	
	9. Military pay: Primary ● [] 00 Spouse ● [] 00					
	10. Interest income: (If over \$1,500, attach AR4)	10	●	00	● 00	
	11. Dividend income: (If over \$1,500, attach AR4)	11	●	00	● 00	
	12. Alimony and separate maintenance received:	12	●	00	● 00	
	13. Business or professional income: (Attach federal Sch. C)	13	●	00	● 00	
	14. Capital gains/(losses) from stocks, bonds, etc: (Attach federal Sch. D)	14	●	00	● 00	
	15. Other gains or (losses): (See Instructions)	15	●	00	● 00	
	16. Non-qualified IRA distributions and taxable annuities: (Attach All 1099Rs)	16	●	00	● 00	
	17. Military retirement: Primary ● [] 00 Spouse ● [] 00					
	18A. Primary employer pension plan(s)/qualified IRA(s): (See inst., attach 1099Rs) Gross ● [] 00 Taxable ● [] 00 Less \$6,000	18A	●	00	●	
	18B. Spouse employer pension plan(s)/qualified IRA(s): (See inst., attach 1099Rs) Gross ● [] 00 Taxable ● [] 00 Less \$6,000	18B	●	00	● 00	
	19. Rents, royalties, partnerships, estates, trusts, etc.: (Attach federal Sch. E)	19	●	00	● 00	
	20. Farm income: (Attach federal Sch. F)	20	●	00	● 00	
	21. Unemployment:	21	●	00	● 00	
	22. Other income/depreciation differences: (Attach Form AR-OI)	22	●	00	● 00	
	23. TOTAL INCOME: (Add lines 8 through 22)	23	●	00	● 00	
	24. TOTAL ADJUSTMENTS: (Attach Form AR1000ADJ)	24	●	00	● 00	
	25. ADJUSTED GROSS INCOME: (Subtract line 24 from line 23)	25	●	00	● 00	
	TAX COMPUTATION	26. Select tax table: (Select only one)	26			
		27. ● <input type="checkbox"/> Low income table (\$0), See line 26 instructions ● <input type="checkbox"/> Standard deduction (See instructions) ● <input type="checkbox"/> Itemized deductions (Attach AR3)	27	●	00	● 00
		28. NET TAXABLE INCOME: (Subtract line 27 from line 25)	28	●	00	● 00
		29. TAX: (Enter tax from tax table)	29		00	
		30. Combined tax: (Add amounts from line 29, columns A and B)	30			00
		31. Enter tax from Lump Sum Distribution Averaging Schedule: (Attach AR1000TD)	31			● 00
32. Additional tax on IRA and qualified plan withdrawal and overpayment: (See instructions)		32			● 00	
33. TOTAL TAX: (Add lines 30 through 32)		33			● 00	
TAX CREDITS	34. Personal tax credit(s): (Enter total from line 7C)	34	●	00		
	35. Child care credit: (Attach AR2441)	35	●	00		
	36. Other credits: (Attach AR1000TC)	36	●	00		
	37. TOTAL CREDITS: (Add lines 34 through 36)	37			● 00	
	38. NET TAX: (Subtract line 37 from line 33. If line 37 is greater than line 33, enter 0)	38			● 00	



Primary SSN _____ - _____ - _____

PAYMENTS	39. Arkansas income tax withheld: (Attach copies of W-2, 1099R, W2-G, 1099-PT, and/or AR-K1) 39 ● <input type="text"/> 00		00
	40. Estimated tax paid or credit brought forward from 2022: 40 ● <input type="text"/> 00		00
	41. Payment made with extension: (See instructions) 41 ● <input type="text"/> 00		00
	42. AMENDED RETURNS ONLY - Previous payments: (See instructions) 42 ● <input type="text"/> 00		00
	43. Early childhood program: Certification number: _____ (Attach AR1000EC and AR2441) 43 ● <input type="text"/> 00		00
	44. TOTAL PAYMENTS: (Add lines 39 through 43) 44 ● <input type="text"/> 00		00
REFUND OR TAX DUE	45. AMENDED RETURNS ONLY - Previous refund: (See instructions) 45 ● <input type="text"/> 00		00
	46. Adjusted total payments: (Subtract line 45 from line 44) 46 ● <input type="text"/> 00		00
	47. AMOUNT OF OVERPAYMENT/REFUND: (If line 46 is greater than line 38, enter difference) 47 ● <input type="text"/> 00		00
	48. Amount to be applied to 2024 estimated tax: 48 ● <input type="text"/> 00		00
	49. Amount of Check-Off contributions: (Attach Form AR1000CO) 49 ● <input type="text"/> 00		00
	50. AMOUNT TO BE REFUNDED TO YOU: (Subtract lines 48 and 49 from line 47) REFUND 50 ● <input type="text"/> 00		00
DIRECT DEPOSIT	51. AMOUNT DUE: (If line 46 is less than line 38, enter difference; if over \$1,000, continue to 52A) TAX DUE 51 ● <input type="text"/> 00		00
	52A. UEP: Attach Form AR2210 or AR2210A. If required, enter exception in box 52A <input type="text"/> Penalty 52B <input type="text"/> 00		00
	52C. Add lines 51 and 52B: (See instructions) TOTAL DUE 52C ● <input type="text"/> 00		00
Direct deposit allowed to U.S. banks only. Check if either deposit(s) will ultimately be placed in a foreign account. ● <input type="checkbox"/>			
PLEASE SIGN HERE	Routing number 1 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		Account number 1 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
	Routing number 2 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		Account number 2 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
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.			
Primary's signature		Date	Telephone
Spouse's signature		Date	Telephone
Paid preparer's signature		PTIN/ID number <input type="text"/>	
Preparer's name		Telephone	<input type="checkbox"/> Yes <input type="checkbox"/> No
		For Department Use Only	
		A	●
Address			
City		State	ZIP
E-mail			
PAY ONLINE: Please visit our secure website ATAP (Arkansas Taxpayer Access Point) at www.atap.arkansas.gov . ATAP allows taxpayers or their representatives to log on, make payments and manage their account online. ATAP is available 24 hours.			Mail Return & Payment to: Refund: Arkansas State Income Tax P.O. Box 1000 Little Rock, AR 72203-1000
		Tax Due/No Tax: Arkansas State Income Tax P.O. Box 2144 Little Rock, AR 72203-2144	