

# 2016 AR1000F

## ARKANSAS INDIVIDUAL INCOME TAX RETURN

Full Year Resident

# AR1

**CHECK BOX IF AMENDED RETURN**

Jan. 1 - Dec. 31, 2016 or fiscal year ending \_\_\_\_\_, 20\_\_\_\_ Dept. Use Only \_\_\_\_\_ Software ID \_\_\_\_\_

USE LABEL OR PRINT OR TYPE	PRIMARY FIRST NAME ●	MI ●	LAST NAME ●	PRIMARY SOCIAL SECURITY NUMBER ●
	SPOUSE FIRST NAME ●	MI ●	LAST NAME ●	SPOUSE'S SOCIAL SECURITY NUMBER ●
	MAILING ADDRESS (Number and Street, P.O. Box or Rural Route) ●			<input type="checkbox"/> <b>Check here if you do NOT want a tax booklet mailed to you next year.</b>
	CITY ●	STATE or PROVINCE ●	ZIP ●	COUNTRY (if not U.S.)

FILING STATUS Check Only One Box	1. <input type="checkbox"/> SINGLE (Or widowed before 2016 or divorced at end of 2016)	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
3. <input type="checkbox"/> HEAD OF HOUSEHOLD (See Instructions)	Enter spouse's name here and SSN above _____	
If the qualifying person was your child, but not your dependent, enter child's name here: _____		6. <input type="checkbox"/> QUALIFYING WIDOW(ER) with dependent child Year spouse died: (See Instructions) _____

**HAVE YOU FILED AN EXTENSION?** ➤  **Check this box if you have filed a state extension or an automatic federal extension**

7A.  YOURSELF ●  65 or OVER ●  65 SPECIAL ●  BLIND ●  DEAF  HEAD OF HOUSEHOLD/QUALIFYING WIDOW(ER)  
 SPOUSE ●  65 or OVER ●  65 SPECIAL ●  BLIND ●  DEAF  
(Filing Status 3 Only) (Filing Status 6 Only)

Multiply number of boxes checked ..... 7A  X \$26 =  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.			

7B. Multiply number of dependents from above ..... 7B  X \$26 =  00

7C. First name of individual(s) with developmental disability: (See Instructions) \_\_\_\_\_  
 Multiply number of individuals with developmental disabilities from 7C ..... 7C  X \$500 =  00

7D. **TOTAL PERSONAL TAX CREDITS:** (Add Lines 7A, 7B, and 7C. Enter total here and on Line 32) ..... 7D  00

ROUND ALL AMOUNTS TO WHOLE DOLLARS		(A) Your/Joint Income	(B) Spouse's Income Status 4 Only
8. Wages, salaries, tips, etc: (Attach W-2s).....	8	● <input type="text"/> 00	● <input type="text"/> 00
9A. U.S. Military compensation: (Your/joint gross amount) ● <input type="text"/> 00	9A		
9B. U.S. Military compensation: (Spouse's gross amount) ● <input type="text"/> 00	9B		
10. Interest income: (If over \$1,500, attach AR4).....	10	● <input type="text"/> 00	● <input type="text"/> 00
11. Dividend income: (If over \$1,500, attach AR4).....	11	● <input type="text"/> 00	● <input type="text"/> 00
12. Alimony and separate maintenance received:.....	12	● <input type="text"/> 00	● <input type="text"/> 00
13. Business or professional income: (Attach federal Schedule C or C-EZ).....	13	● <input type="text"/> 00	● <input type="text"/> 00
14. Capital gains/(losses) from stocks, bonds, etc: (See Instr. Attach Schedule D).....	14	● <input type="text"/> 00	● <input type="text"/> 00
15. Other gains or (losses): (Attach federal Form 4797 and/or 4684 if applicable).....	15	● <input type="text"/> 00	● <input type="text"/> 00
16. Non-Qualified IRA distributions and taxable annuities: (Attach All 1099Rs).....	16	● <input type="text"/> 00	● <input type="text"/> 00
17A. Your/Joint Employer pension plan(s)/Qualified IRA(s): (See Instructions - Attach All 1099Rs) Gross Distribution ● <input type="text"/> 00 Taxable Amount ● <input type="text"/> 00 Less \$6,000	17A	● <input type="text"/> 00	
17B. Spouse's Employer pension plan(s)/Qualified IRA(s): (Filing Status 4 Only) Gross Distribution ● <input type="text"/> 00 Taxable Amount ● <input type="text"/> 00 Less \$6,000	17B		● <input type="text"/> 00
18. Rents, royalties, partnerships, estates, trusts, etc: (Attach federal Schedule E).....	18	● <input type="text"/> 00	● <input type="text"/> 00
19. Farm income: (Attach federal Schedule F).....	19	● <input type="text"/> 00	● <input type="text"/> 00
20. Other income/depreciation differences: (Attach Form AR-OI).....	20	● <input type="text"/> 00	● <input type="text"/> 00
21. <b>TOTAL INCOME:</b> (Add Lines 8 through 20).....	21	● <input type="text"/> 00	● <input type="text"/> 00
22. <b>TOTAL ADJUSTMENTS:</b> (Attach Form AR1000ADJ).....	22	● <input type="text"/> 00	● <input type="text"/> 00
23. <b>ADJUSTED GROSS INCOME:</b> (Subtract Line 22 from Line 21).....	23	● <input type="text"/> 00	● <input type="text"/> 00

