

2016 AR1000NR

NR1

ARKANSAS INDIVIDUAL INCOME TAX RETURN

Nonresident and Part Year Resident

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)			COUNTRY (if not U.S.)
	CITY	STATE OR PROVINCE	ZIP	<input type="checkbox"/> Check here if you do NOT want a tax booklet mailed to you next year.

ATTACH A COPY OF YOUR COMPLETE FEDERAL RETURN NONRESIDENT: (List State of residence) PART YEAR RESIDENT: (Dates Lived in AR)

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

Primary SSN _____

		(A) Your/Joint Income	(B) Spouse's Income Status 4 Only
TAX COMPUTATION	24. ADJUSTED GROSS INCOME: (From Line 23, Columns A and B).....	24	00
	25. Select tax table: (Check the appropriate box)		
	• <input type="checkbox"/> LOW INCOME Table <input type="checkbox"/> REGULAR Table		
	If you qualify for the Low Income Tax Table, enter zero (0) on Line 25A. If not, then:		
	Enter } • <input type="checkbox"/> Itemized Deductions (See Instructions, Line 25 and <i>attach AR3</i>)		
	the larger } OR If your spouse itemizes on a separate return, check here • <input type="checkbox"/>		
	of your: } • <input type="checkbox"/> Standard Deduction (See Instructions, Line 25)	25	00
	26. NET TAXABLE INCOME: (Subtract Line 25 from Line 24)	26	00
	27. TAX: (Enter tax from tax table)	27	00
	28. Combined tax: (Add amounts from Line 27, Columns A and B)	28	00
	29. Enter tax from Lump Sum Distribution Averaging Schedule: (<i>Attach AR1000TD</i>)	29	00
30. Additional tax on IRA and qualified plan withdrawal and overpayment: (<i>Attach federal Form 5329, if required</i>)	30	00	
31. TOTAL TAX: (Add Lines 28 through 30)	31	00	
TAX CREDITS	32. Personal Tax Credit(s): (Enter total from Line 7D)	32	00
	33. Child Care Credit: (20% of federal credit allowed; <i>Attach federal Form 2441</i>)	33	00
	34. Other Credits: (<i>Attach AR1000TC</i>)	34	00
	35. TOTAL CREDITS: (Add Lines 32 through 34)	35	00
36. NET TAX: (Subtract Line 35 from Line 31. If Line 35 is greater than Line 31, enter 0)	36	00	
PRORATION	36A. Enter the amount from Line 23, Column C:	36A	00
	36B. Enter the total amount from Line 23, Columns A and B:	36B	00
	36C. Divide Line 36A by 36B: (See Instructions)	36C	
	36D. APPORTIONED TAX LIABILITY: (Multiply Line 36 by Line 36C)	36D	00
PAYMENTS	37. Arkansas income tax withheld: (<i>Attach state copies of W-2 and/or 1099R Form(s)</i>)	37	00
	38. Estimated tax paid or credit brought forward from 2015:	38	00
	39. Payment made with extension: (See Instructions)	39	00
	40. AMENDED RETURNS ONLY - Previous payments: (See instructions)	40	00
	41. Early childhood program: Certification Number: _____ (20% of federal credit; <i>Attach federal Form 2441 and Form AR1000EC</i>)	41	00
	42. TOTAL PAYMENTS: (Add Lines 37 through 41)	42	00
	43. AMENDED RETURNS ONLY - Previous refund: (See instructions)	43	00
44. Adjusted Total Payments: (Subtract Line 43 from Line 42)	44	00	
REFUND OR TAX DUE	45. AMOUNT OF OVERPAYMENT/REFUND: (If Line 44 is greater than Line 36D, enter difference)	45	00
	46. Amount to be applied to 2017 estimated tax:	46	00
	47. Amount of Check-off Contributions: (<i>Attach Schedule AR1000-CO</i>)	47	00
	48. AMOUNT TO BE REFUNDED TO YOU: (Subtract Lines 46 and 47 from Line 45)	REFUND 48	00
	DIRECT DEPOSIT? If your deposit will be ultimately placed in a foreign account check the box. • <input type="checkbox"/>		
	Routing Number Account Number		• <input type="checkbox"/> Checking or
	• []		• <input type="checkbox"/> Savings
49. AMOUNT DUE: (If Line 44 is less than Line 36D, enter difference; If over \$1,000, continue to 50A)	TAX DUE 49	00	
50A. UEP: Attach Form AR2210 or AR2210A. If required, enter exception in box 50A • <input type="checkbox"/> Penalty 50B • [] [] 00			
50C. Add Lines 49 and 50B. Attach Form AR1000V with check or money order payable in U.S. Dollars to "Dept. of Finance and Administration". Include your SSN on payment. To pay by credit card, see instructions			
		TOTAL DUE 50C	00
51. Amount of income not subject to Arkansas tax from AR4, Part III: (<i>Memorandum only</i>)			