



ARKANSAS INDIVIDUAL INCOME TAX
ITEMIZED DEDUCTIONS

Primary's legal name		Primary's social security number	
MEDICAL AND DENTAL EXPENSES: [Do not include expense(s) paid by others]. (See instructions)			
1. Medical and dental expenses:	1	<input type="text" value="00"/>	
2. Enter amount from Form AR1000F/AR1000NR, line 25A and 25B:	2	<input type="text" value="00"/>	
3. Multiply line 2 by 10% (.10), otherwise enter 0:	3	<input type="text" value="00"/>	
4. TOTAL MEDICAL EXPENSES: (Subtract line 3 from line 1; if more than line 1, enter 0)	4	<input type="text" value="00"/>	
TAXES: (See instructions)			
5. Real estate tax:	5	<input type="text" value="00"/>	
6. Personal property tax or other taxes: (List type and amount)	6	<input type="text" value="00"/>	
7. TOTAL TAXES: (Add lines 5 and 6)	7	<input type="text" value="00"/>	
INTEREST EXPENSES: (See instructions)			
8. Home mortgage interest paid to financial institutions:	8	<input type="text" value="00"/>	
9. Home mortgage interest paid to an individual: Name: _____ Address: _____	9	<input type="text" value="00"/>	
10. Deductible points:	10	<input type="text" value="00"/>	
11. Investment interest: (Attach federal Form 4952)	11	<input type="text" value="00"/>	
12. TOTAL INTEREST EXPENSE: (Add lines 8 through 11)	12	<input type="text" value="00"/>	
CONTRIBUTIONS: (See instructions)			
13. Cash contributions:	13	<input type="text" value="00"/>	
14. Art and literary contributions:	14	<input type="text" value="00"/>	
15. Other:	15	<input type="text" value="00"/>	
16. Carryover contributions: (List type and amount)	16	<input type="text" value="00"/>	
17. TOTAL CONTRIBUTIONS: (Add lines 13 through 16)	17	<input type="text" value="00"/>	
CASUALTY AND THEFT LOSSES: (See instructions)			
18. TOTAL CASUALTY AND THEFT LOSSES: (Attach Form AR4684)	18	<input type="text" value="00"/>	
POST-SECONDARY EDUCATION TUITION DEDUCTION(S): (See instructions)			
19. TOTAL POST-SECONDARY EDUCATION TUITION DEDUCTION(S): [Attach AR1075(s)]	19	<input type="text" value="00"/>	
MISCELLANEOUS DEDUCTIONS SUBJECT TO 2% AGI LIMIT: (See instructions)			
20. Unreimbursed employee business expenses: (Attach Form AR2106)	20	<input type="text" value="00"/>	
21. Other expenses: (List type and amount)	21	<input type="text" value="00"/>	
22. Add the amounts on lines 20 and 21. Enter the total:	22	<input type="text" value="00"/>	
23. Enter amount from Form AR1000F/AR1000NR, line 25A and 25B:	23	<input type="text" value="00"/>	
24. Multiply line 23 above by 2% (.02):	24	<input type="text" value="00"/>	
25. TOTAL MISCELLANEOUS DEDUCTIONS: (Subtract line 24 from line 22; If line 24 is more than line 22, enter 0).	25	<input type="text" value="00"/>	
OTHER MISCELLANEOUS DEDUCTIONS: (See instructions)			
26. Volunteer firefighter expenses:	26	<input type="text" value="00"/>	
27. Other miscellaneous deductions: (List type and amount)	27	<input type="text" value="00"/>	
28. TOTAL MISCELLANEOUS DEDUCTIONS NOT SUBJECT TO THE 2% AGI LIMITATION: (Add lines 26 and 27)	28	<input type="text" value="00"/>	
TOTAL ITEMIZED DEDUCTIONS:			
29. Add amounts on lines 4, 7, 12, 17, 18, 19, 25, and 28 and enter the total here:	29	<input type="text" value="00"/>	
Complete lines 30 - 34 ONLY if Filing Status 4 or 5.			
		PRIMARY Adjusted Gross Income	SPOUSE'S Adjusted Gross Income
30. Enter adjusted gross income from Form AR1000F/AR1000NR, line 25, columns (A) and (B) here:	30A	<input type="text" value="00"/>	30B <input type="text" value="00"/>
31. Total Arkansas adjusted gross income: (Add columns 30A and 30B from above)	31	<input type="text" value="00"/>	<input type="text" value="00"/>
32. Divide the amount on line 30A above by the amount on line 31. Enter the percentage here:	32	<input type="text" value="00"/>	<input type="text" value="00"/>
33. Multiply line 29 by the percentage on line 32. Enter here and on Form AR1000F/AR1000NR, line 27, col. (A): (Primary)	33	<input type="text" value="00"/>	<input type="text" value="00"/>
34. Subtract line 33 from line 29. Enter here and on Form AR1000F/AR1000NR, line 27, column (B). If you and your spouse are using Filing Status 5, enter on line 27, col. (A) of your spouse's return: (Spouse)	34	<input type="text" value="00"/>	<input type="text" value="00"/>