



Primary SSN _____ - _____ - _____

		(A) Primary/Joint Income	(B) Spouse's Income Status 4 Only	
TAX COMPUTATION	24. ADJUSTED GROSS INCOME: (From Line 23, Columns A and B).....24	00	00	
	25. Select tax table: (Check the appropriate box) <input type="checkbox"/> LOW INCOME Table <input type="checkbox"/> REGULAR Table <i>If you qualify for the Low Income Tax Table, enter zero (0) on Line 25A. If not, then:</i> <i>Enter the larger of your:</i> <ul style="list-style-type: none"> <input type="checkbox"/> Itemized Deductions (See Instructions, Line 25 and <i>attach AR3</i>) OR <i>If your spouse itemizes on a separate return, check here</i> <input type="checkbox"/> <input type="checkbox"/> Standard Deduction (See Instructions, Line 25).....25● 	00	00	
	26. NET TAXABLE INCOME: (Subtract Line 25 from Line 24).....26●	00	00	
	27. TAX: (Enter tax from tax table).....27	00	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	
	32. Personal Tax Credit(s): (<i>Enter total from Line 7D</i>).....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: (<i>See Instructions</i>).....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 2016:.....38●	00		
	39. Payment made with extension: (<i>See Instructions</i>).....39●	00		
	40. AMENDED RETURNS ONLY - Previous payments: (<i>See instructions</i>).....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: (<i>See instructions</i>).....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 2018 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="text"/>		● <input type="text"/>	
			● <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 ● <input type="text"/>			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
ID	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) _____			
FOR MAILING ADDRESSES SEE PAGE 2 OF INSTRUCTIONS				
PLEASE SIGN HERE	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 Signature	Date	Telephone	
	Spouse's Signature	Date	Telephone	
PAID PREPARER	Paid Preparer's Signature		For Department Use Only A <input type="checkbox"/> ●	
	Preparer's Name			
	E-mail	ID Number/Social Security Number ●	City/State/Zip	Telephone