



NR2

Primary SSN

| | | (A) Primary/Joint Income | | (B) Spouse's Income Status 4 Only | |
|---|--|--------------------------|--|--|--------------------------------|
| | | | | | |
| TAX COMPUTATION | 26. ADJUSTED GROSS INCOME: (From Line 25, Columns A and B)..... | 26 | 00 | 26 | 00 |
| | 27. 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 27A. If not, then: | | | | |
| | Enter } • <input type="checkbox"/> Itemized Deductions (See Instructions, Line 27 and attach AR3) | | | | |
| | 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 27)..... | 27 | 00 | 27 | 00 |
| | 28. NET TAXABLE INCOME: (Subtract Line 27 from Line 26)..... | 28 | 00 | 28 | 00 |
| | 29. TAX: (Enter tax from tax table)..... | 29 | 00 | 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: (Attach federal Form 5329, if required)..... | 32 | | | 00 |
| | 33. TOTAL TAX: (Add Lines 30 through 32)..... | 33 | | | 00 |
| TAX CREDITS | 34. Personal Tax Credit(s): (Enter total from Line 7D)..... | 34 | 00 | | |
| | 35. Child Care Credit: (20% of federal credit allowed; Attach federal Form 2441)..... | 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 | |
| PRORATION | 38A. Enter the amount from Line 25, Column C:..... | 38A | 00 | | |
| | 38B. Enter the total amount from Line 25, Columns A and B:..... | 38B | 00 | | |
| | 38C. Divide Line 38A by 38B: (See Instructions)..... | 38C | | | |
| | 38D. APPORTIONED TAX LIABILITY: (Multiply Line 38 by Line 38C)..... | 38D | | | 00 |
| PAYMENTS | 39. Arkansas income tax withheld: (Attach state copies of W-2 and/or 1099R, 1099-G)..... | 39 | 00 | | |
| | 40. Estimated tax paid or credit brought forward from 2017:..... | 40 | 00 | | |
| | 41. Payment made with extension: (See Instructions)..... | 41 | 00 | | |
| | 42. AMENDED RETURNS ONLY - Previous payments: (See instructions)..... | 42 | 00 | | |
| | 43. Early childhood program: Certification Number: _____ (20% of federal credit; Attach federal Form 2441 and Form AR1000EC)..... | 43 | 00 | | |
| | 44. TOTAL PAYMENTS: (Add Lines 39 through 43)..... | 44 | | | 00 |
| 45. AMENDED RETURNS ONLY - Previous refund: (See instructions)..... | 45 | | | 00 | |
| 46. Adjusted Total Payments: (Subtract Line 45 from Line 44)..... | 46 | | | 00 | |
| REFUND OR TAX DUE | 47. AMOUNT OF OVERPAYMENT/REFUND: (If Line 46 is greater than Line 38D, enter difference)..... | 47 | | | 00 |
| | 48. Amount to be applied to 2019 estimated tax:..... | 48 | 00 | | |
| | 49. Amount of Check-off Contributions: (Attach Schedule AR1000-CO)..... | 49 | 00 | | |
| | 50. AMOUNT TO BE REFUNDED TO YOU: (Subtract Lines 48 and 49 from Line 47)..... REFUND | 50 | | | 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 | | | | |
| | 51. AMOUNT DUE: (If Line 46 is less than Line 38D, enter difference; If over \$1,000, continue to 52A).. TAX DUE | 51 | | | 00 |
| | 52A. UEP: Attach Form AR2210 or AR2210A. If required, enter exception in box 52A • <input type="checkbox"/> Penalty 52B • _____ | 52B | 00 | | |
| 52C. Add Lines 51 and 52B. 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 | 52C | | | 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's Signature _____ | Date _____ | Telephone _____ | May the Arkansas Revenue Agency discuss this return with the preparer of the return? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| | Spouse's Signature _____ | Date _____ | Telephone _____ | | |
| PAID PREPARER | Paid Preparer's Signature _____ | | ID Number/Social Security Number _____ | | For Department Use Only |
| | Preparer's Name _____ | | City/State/Zip _____ | | A _____ • _____ |
| | E-mail _____ | | | | Telephone _____ |