

2020 AR1000NR



NR1

ARKANSAS INDIVIDUAL INCOME TAX RETURN

Nonresident and Part Year Resident

Jan. 1 - Dec. 31, 2020 or fiscal year ending _____, 20_____

CHECK BOX IF AMENDED RETURN

Software ID

DFA WEB

USE LABEL OR PRINT OR TYPE	Primary's legal first name •	MI •	Last name •	Check if • <input type="checkbox"/> Deceased	Primary's social security number •	
	Spouse's legal first name •	MI •	Last name •		Check if • <input type="checkbox"/> Deceased	Spouse's social security number •
	Mailing address (number and street, P.O. box or rural route) •					<input type="checkbox"/> Check if address is outside U.S.
	City •	State or province •	ZIP •	Foreign country name		

ATTACH A COPY OF YOUR COMPLETE FEDERAL RETURN

NONRESIDENT: List state of residence: _____

PART YEAR RESIDENT: Dates lived in AR: From: _____ To: _____

FILING STATUS (Check Only One Box)

1. <input type="checkbox"/> Single (Or widowed before 2020 or divorced at end of 2020)	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) _____

Check here if you want a tax booklet mailed to you next year.

Check this box if you have filed a state extension or an automatic federal extension

PERSONAL TAX CREDITS

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 \$29 = _____ 00

Dependents (Do not list yourself or spouse)

1.	2.	3.
First name	Last name	Dependent's social security number

7B. Multiply number of **DEPENDENTS** from above 7B X \$29 = _____ 00

7C. Multiply number of qualifying individuals from **AR1000RC5** (see instructions) 7C X \$500 = _____ 00

7D. **TOTAL PERSONAL TAX CREDITS:** (Add lines 7A, 7B, and 7C. Enter total here and on line 34) 7D _____ 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) _____

DIRECT DEPOSIT

Direct deposit allowed to U.S. banks only. Check if either deposit(s) will ultimately be placed in a foreign account. •

Routing Number 1 **Account Number 1** • Checking or • Savings **Direct deposit 1 Amt**

• _____ • _____ • _____ 00

Routing Number 2 **Account Number 2** • Checking or • Savings **Direct deposit 2 Amt**

• _____ • _____ • _____ 00

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.

We will no longer automatically mail 1099-G forms. Instead, we ask that you get this information from our website (www.atap.arkansas.gov). Check the box if you still want us to mail you a paper Form 1099-G next year.

PLEASE SIGN HERE

Primary's signature	Date	Telephone	May the Arkansas Revenue Agency discuss this return with the preparer? <input type="checkbox"/> Yes <input type="checkbox"/> No
Spouse's signature	Date	Telephone	

PAID PREPARER

Paid preparer's signature	PTIN/ID number	For Department Use Only	
Preparer's name	City/State/ZIP	A	•
E-mail	Telephone		

Refund: Arkansas State Income Tax, P.O. Box 1000, Little Rock, AR 72203-1000

Tax Due/No Tax: Arkansas State Income Tax, P.O. Box 2144, Little Rock, AR 72203-2144