2021 AR1000NR



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ARKANSAS INDIVIDUAL INCOME TAX RETURN

CHECK BOX IF AMENDED RETURNS

N	onresident and Part Year	Posi	dont					Al	MEN	NDED	RET	'URI	1	S	oftw	are ID	
	1 - Dec. 31, 2021 or fiscal year ending	Nesi	. 20	•						•	7					VEB	
	Primary's legal first name	ТМІ	Last n						Primary's social securi								
PE PE	•	•	•	u1110		Check if ■ □ Deceased						mary c coolar cocarry marrison					
	Spouse's legal first name	MI	Last na	me				<u> </u>		Sn	nuse'	s socia	al sec	urity num	her		
	•		Check if Deceased								ouco	0 000.0	.,	arity riair			
ABI	Mailing address (number and street, P.O. box or rura										اداد مادا	:-					
USE LABEL OR PRINT OR TYPE	address (number and street, 1.0. box of full		☐ Check								ress is	outside	0.5.				
5E	City State	or provir	province			ZIP					Foreign country name						
	Oldre	or provii	ii province									Toroigh country hame					
	1-					NONRESIDENT:					PART YEAR RESIDENT: Dates lived in AR:						
AT	TACH A COPY OF YOUR COMPLETE F	EDERA	L RETU	RN	List	NONRI				_ •	Fron		RESI	DENT: Da	ites live	ed in AR:	
FILING STATUS Check Only One Box	1.● Single (Or widowed before 2021 or divorced at end of 2021) 4.● Married filing separately o										ly on	the sa	me re	turn			
	2. Married filing joint (even if only one h	=		arried filing separately on different returns													
	3.• Head of household (see instructions)	5.• Married filing separately on different returns Enter spouse's name here and SSN above															
	If the qualifying person was your chi	nender															
먑	enter child's name here:			Year spouse died: (see instructions)													
• [Check here if you want a tax booklet mail			Check this box if you have filed a st									tensi	ion			
<u> </u>	Check here if you want a tax bookiet mail	ar.			or a	n auto	mat	tic fede	ral e	xtens	sion						
	7A. Yourself ● 65 or over	• 6	Special	•	П	Blind	•	Пре	eaf		Head	of hou	sehol	d/survivii (Filing sta	na spa	use	
CREDITS		=	·		=			=		ш.	(Fi l ing	status 3	on i y)	(Filing sta	tus 6 onl	y)	
	Spouse • 65 or over	• <u>6</u>	5 Special	•		Blind	•	∐ D∈	eaf		_	_					
	Multiply number of boxes checked										7A	x \$	29 =			00	
	Dependents (Do not list yourself or spouse)																
<u>5</u>	First name La	ende	ent's social security number Dep						epende	ndent's relationship to you							
TAX	1.																
PERSONAL	2																
	3																
	7B. Multiply number of DEPENDENTS from	a abovo									ВΩΓ	\neg	S29 =			00	
											<u> </u>	_					
	7C. Multiply number of qualifying individuals fr	rom AR10	000RC5 (s	ee inst	ructio	ons)				7	c • [x s	500 =			00	
	7D. TOTAL PERSONAL TAX CREDITS:	(Add line	es 7A, 7B,	and 7C	. Ent	er total	here a	nd on li	ne 34)			7D			oc	
I D					ssue						E	piration	date				
	DL# / State ID Your state					(mm/dd/yyyy) (mm/											
	DL# / State ID Spo		Issue date Expiration date (mm/dd/yyyy) (mm/dd/yyyy)														
													_				
Ë	Direct deposit allowed to U.S. banks only. C	Check if	either dep	osit(s)	will	ultima	tely be	placed	I in a	foreign	ассоι	ınt. •	'Ш				
	Routing Number 1	٨٥٥٥	unt Nun	shor 1		•	Checl	king or	•	Savir	ngs			Direct	longo	: 4 A mat	
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DIRECT DEPOSIT	• <u> </u>	ullet											•			00	
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	Routing Number 2	nber 2	2	•	Chec	king or	• [Savir	ngs ———		_	Direct o	lepos	it 2 Amt			
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PLEASE SIGN HERE	PLEASE SIGN HERE: Under penalties of perju knowledge and belief, they are true, correct and co																
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	(www.atap.arkansas.gov). Check t																
Z E	Primary's signature		Date Telephone					ne			Mag	May the Arkansas Revenue					
Sign	CICN LEDE											Age	Agency discuss this return				
	Spouse's signature		Date Te					ne		_	with the preparer?						
						IDTIN/ID as a l							Yes No				
PAID PREPARER	Paid preparer's signature					PTIN/ID number								Departn	$\overline{}$		
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RP	Preparer's name					:/ ∠							reiep	hone			
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