

2011 AR1000NR

NR1

ARKANSAS INDIVIDUAL INCOME TAX RETURN

Nonresident and Part Year Resident

CHECK BOX IF AMENDED RETURN

Dept. Use Only

Jan. 1 - Dec. 31, 2011 or fiscal year ending _____, 20____

USE LABEL OR PRINT OR TYPE	PRIMARY NAME •	MI •	LAST NAME •	YOUR SOCIAL SECURITY NUMBER •
	SPOUSE NAME •	MI •	LAST NAME •	SPOUSE'S SOCIAL SECURITY NUMBER •
	MAILING ADDRESS (Number and Street, P.O. Box or Rural Route) •			Important: You MUST enter your SSN(s) above
	CITY, STATE AND ZIP CODE •			

ATTACH A COPY OF YOUR COMPLETE FEDERAL RETURN	NONRESIDENT: <input type="checkbox"/> (List State of residence)	PART YEAR RESIDENT: <input type="checkbox"/> (Dates Lived in AR)
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FILING STATUS Check Only One Box	1. <input type="checkbox"/> SINGLE (Or widowed before 2011 or divorced at end of 2011)	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) _____

HAVE YOU FILED AN EXTENSION? <input type="checkbox"/>	<input type="checkbox"/> Check this box if you have filed a state extension or an automatic federal extension
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7A. <input type="checkbox"/> YOURSELF • <input type="checkbox"/> 65 or OVER • <input type="checkbox"/> 65 SPECIAL • <input type="checkbox"/> BLIND • <input type="checkbox"/> DEAF	<input type="checkbox"/> HEAD OF HOUSEHOLD/QUALIFYING WIDOW(ER) (Filing Status 3 Only) (Filing Status 6 Only)
<input type="checkbox"/> SPOUSE • <input type="checkbox"/> 65 or OVER • <input type="checkbox"/> 65 SPECIAL • <input type="checkbox"/> BLIND • <input type="checkbox"/> DEAF	
Multiply number of boxes checked from Line 7A.... <input type="checkbox"/> X \$23 = <input type="text"/> 00	

7B. Dependents (Do not list yourself or spouse)			
First Name	Last Name	Dependent's Social Security Number	Dependent's relationship to you
1.			
2.			
3.			
4.			
5.			
Multiply number of dependents from Line 7B.... <input type="checkbox"/> X \$23 = <input type="text"/> 00			
7C. First name of individual(s) with developmental disability: (See Instr.) _____ Multiply number of individuals with developmental disabilities from Line 7C.... <input type="checkbox"/> X \$500 = <input type="text"/> 00			
7D. TOTAL PERSONAL CREDITS: (Add Lines 7A, 7B, and 7C. Enter total here and on Line 32).....7D <input type="text"/> 00			

ROUND ALL AMOUNTS TO WHOLE DOLLARS		(A) Your/Joint Income	(B) Spouse's Income Status 4 Only	(C) Arkansas Income Only
8. Wages, salaries, tips, etc: (Attach W-2s).....	8	•	•	•
9A. U. S. Military compensation: (Your/joint gross amt.)	9A	•	•	•
9B. U. S. Military compensation: (Spouse's gross amt.)	9B	•	•	•
10. Interest income: (If over \$1,500, attach AR4).....	10	•	•	•
11. Dividend income: (If over \$1,500, attach AR4).....	11	•	•	•
12. Alimony and separate maintenance received:	12	•	•	•
13. Business or professional income: (Attach federal Schedule C or C-EZ).....	13	•	•	•
14. Capital gains/losses from stocks, bonds, etc: (See Instr. Attach federal Schedule D)....	14	•	•	•
15. Other gains or (losses): (Attach federal Form 4797).....	15	•	•	•
16. Non-Qualified IRA distributions and taxable annuities: (Attach All 1099Rs).....	16	•	•	•
17A. Your/Joint Employer pension plan(s)/Qualified IRA(s): (See Instructions, Attach All 1099Rs) Gross Distribution <input type="text"/> 00 Taxable Amount <input type="text"/> 00 Less \$6,000	17A	•	•	•
17B. Spouse Employer pension plan(s)/Qualified IRA(s): (Filing Status 4 only) Gross Distribution <input type="text"/> 00 Taxable Amount <input type="text"/> 00 Less \$6,000	17B	•	•	•
18. Rents, royalties, partnerships, estates, trusts, etc.: (Attach federal Schedule E).....	18	•	•	•
19. Farm income: (Attach federal Schedule F).....	19	•	•	•
20. Other income/depreciation differences: (List type and amount. See Instr.).....	20	•	•	•
21. TOTAL INCOME: (Add Lines 8 through 20).....	21	•	•	•

		(A) Your/Joint Income	(B) Spouse's Income Status 4 Only	(C) Arkansas Income Only
ADJUSTMENTS	22. TOTAL INCOME: (From Line 21, Columns A through C)..... 22.	00	00	00
	23. TOTAL ADJUSTMENTS: (Attach Form AR1000ADJ)..... 23.	00	00	00
	24. ADJUSTED GROSS INCOME: (Subtract Line 23 from Line 22)..... 24.	00	00	00
TAX COMPUTATION	25. 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 25A. If not, then: Enter the larger of your: <input type="checkbox"/> Itemized Deductions (See Instructions, Line 25) OR <input type="checkbox"/> Standard Deduction (See Instructions, Line 25) 25			
	26. NET TAXABLE INCOME: (Subtract Line 25 from Line 24) Columns A&B 26	00	00	00
	27. TAX: (Enter tax from tax table)..... 27	00	00	00
	28. Combined tax: (Add amounts from Lines 27A and 27B) 28			00
	29. Enter tax from Lump Sum Distribution Averaging Schedule: (Attach AR1000TD) 29			00
	30. IRA and qualified plan withdrawal and overpayment penalties: (Attach federal Form 5329, if required) 30			00
	31. TOTAL TAX: (Add Lines 28 through 30) 31			00
TAX CREDITS	32. Personal Tax Credit(s): (Enter total from Line 7D) 32	00		
	33. Child Care Credit: (20% of federal credit allowed; Attach federal Form 2441) 33	00		
	34. Other Credits: (Attach AR1000TC) 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 24, Column C: 36A	00		
	36B. Enter the total amount from Line 24, Columns A and B: 36B	00		
	36C. Divide Line 36A by 36B: (See Instructions) 36C			
	36D. APPORTIONED TAX LIABILITY: (Multiply Line 36 by Line 36C) 36D			00
PAYMENTS	37. Arkansas income tax withheld: [Attach state copies of W-2 Form(s)] 37	00		
	38. Estimated tax paid or credit brought forward from 2010: 38	00		
	39. Payment made with extension: (See Instructions) 39	00		
	40. AMENDED RETURNS ONLY - Previous payments (see instructions): 40	00		
	41. Early childhood program: Certification Number: _____ (20% of federal credit; Attach federal Form 2441 and Form AR1000EC) 41	00		
	42. TOTAL PAYMENTS: (Add Lines 37 through 41) 42			00
	43. AMENDED RETURNS ONLY - Previous refund (see instructions): 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 2012 estimated tax: 46	00		
	47. Amount of Check-off Contributions: (Attach Schedule AR1000-CO) 47	00		
	48. AMOUNT TO BE REFUNDED TO YOU: (Subtract Lines 46 and 47 from Line 45) REFUND 48 ☺			00
	49. AMOUNT DUE: (If Line 44 is less than Line 36D, enter difference; If over \$1,000, see instructions) 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="checkbox"/> 00			
	50C. Add Lines 49 and 50B. Attach Form AR1000V to 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
	51. Amount of income not subject to Arkansas tax from AR4, Part III:	May the Arkansas Revenue Agency discuss this return with the preparer shown below? <input type="checkbox"/> Yes <input type="checkbox"/> No		
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.			
	Your Signature	Occupation	Date	Home Telephone:
	Spouse's Signature	Occupation	Date	Work Telephone:
PAID PREPARER	Paid Preparer's Signature	ID Number/Social Security Number		For Department Use Only
	Preparer's Name	City/State/Zip		A •
	Address	Telephone Number		