## 2011 AR1000S

**CHECK BOX IF** 

## **ARKANSAS INDIVIDUAL INCOME TAX RETURN**

	<b></b>	
<b>Full Year Residen</b>	t/Short Form	Dept. Use

Fu	III '	Year Resident/Short Forn	n				Dept. Use Only	AMI	ENDED R	ETURN		
Jan.	1 -	Dec. 31, 2011 or fiscal year ending	_ , 20 _	•			•		•			
È	PR	IMARY NAME	MI	LAST NAME	PRIMARY SOCIAL SECURITY NUMBER							
PRINT	SP	OUSE NAME	LAST NAME		SPOUSE'S SOCIAL SECURITY NUMBER			JMBER				
LABEL, OR TYP	MΔ	ILING ADDRESS (Number and Street, P.O. Box o		•								
PA	•	·	IMPORTANT ▲ Enter SSN(s) above ▲									
USE	CITY, STATE AND ZIP CODE						Check this box if you have filed a state extension or an automatic federal extension					
H	1. SINGLE (Or widowed before 2011 or divorced at end of 2011)							A HAVE YOU FILED AN EXTENSION?				
FILING STATUS Check only 1 box	2.	<b>'</b>		´	4. ● MARRIED FIL	ING S	EPARATELY OF	N THE	SAME RETU	RN		
G ST only	2. • MARRIED FILING JOINT (Even if only one had income) 3. • HEAD OF HOUSEHOLD (See Instructions)  The filing STATUS 5, USE						SE AR1000F/AF	21000N	R - LONG FO	ORM .		
SEC K	J. •		person is your child but not your dependent, 6. ■ QUALIFYING WIDOW(ER) with of						child			
퍈		enter child's name here:			· · · · · · · · · · · · · · · · · · ·	ied: (S	See Instructions)					
	7A.	YOURSELF ● 65 or OVER ● 65	5 SPEC	IAL ● BLIND	) ● DEAF	IEAD (Fil	OF HOUSEHOL ing Status 3 Only)	.D/ QU	ALIFYING W	IDOW(ER)		
ဖွာ		SPOUSE • 65 or OVER • 65	5 SPEC	IAL ● BLIND	) ● DEAF	,		·	<b>3</b>			
CREDITS		Dependents (Do not list yourself or spouse	<del>)</del>		y number of boxes check					00		
	Fi	rst Name Last Name		Depende	nt's Social Security Nu	mber	Dependent's	relatio	nship to you			
PERSONAL	1.											
RSO	2.											
<b>a</b>	3.											
	70	TOTAL DEDOCNAL OPEDITO: (Add Lines 7	71 and -		tiply number of dependents			X \$23 =		00		
	70.	TOTAL PERSONAL CREDITS: (Add Lines 7				(A)		/C	(B) Spouse's I	ncome		
ш	0	ROUND ALL AMOUNTS Wages, salaries, tips, etc: (Attach W-2s)				(~)	Income 0	0 8	(S) Status 4	Only 00		
INCOME		Interest income/dividend income: (If interest or di					0	_		00		
N N		Miscellaneous income: (List type and amount						0 10		00		
		TOTAL INCOME: (Add Lines 8 through 10		•				0 11 •		00		
IONS	12.	Select tax table: ● LOW INCOME Table	e 🔲	REGULAR Table	NOTE: If you qualify	for th	e Low Income T	able, e	nter zero (0) (	on Line 12		
LIONS		Standard Deduction: (See Instructions)			12•		0(	12 •		00		
DUC		Taxable Income: (Subtract Line 12 from Line	,					13 •		00		
DED	14. Enter tax from table:						00	<b>⊣</b>		00		
5		Personal Tax Credits: (Enter total from Line 7					0			100		
CREDITS		Child Care Credit: (20% of federal credit allowed, a					0	o				
CR	18. TOTAL CREDITS: (Add Lines 16 and 17)							<b>-</b> 1 18●		00		
Æ	19.	<b>NET TAX:</b> (Subtract Line 18 from Line 15.	If Line 1	18 is greater than	Line 15, enter 0)			19 •		00		
		Arkansas Income Tax withheld: [Attach state					0	-				
ည		AMENDED RETURNS ONLY - Previous pays					0	-				
EN.		Early Childhood Prog: Cert. # (Attach form. S					0					
PAYMENTS		<b>TOTAL PAYMENTS:</b> (Add Lines 20 throug AMENDED RETURNS ONLY - Previous refu	,					_		00		
"		Adjusted Total Payments (Subtract Line 24 fro								00		
		AMOUNT OF OVERPAYMENT/REFUNI								00		
REFUND OR TAX DUE	27.	Amount of Check-off Contributions: (Attach S	chedule	e AR1000-CO)	27•		0	0				
N X		AMOUNT TO BE REFUNDED TO YOU:								00		
REF T		<b>AMOUNT DUE:</b> (If Line 25 is less than Line Attach Form AR1000V to your check or money orde							card soo inst	00		
		EASE SIGN HERE: Under penalties of perjury, I d								of my knowl-		
		ge and belief, they are true, correct and complete.	Declara	tion of preparer (ot		d on al	-			knowledge.		
A E	You	ir Signature			Occupation		Date	Prior	ne Number:			
Sign	Spc	ouse's Signature		KE	Occupation		Date		the Arkansas R			
	Doi	Drangrar's Signature			ID Number/Social Sec	urity A	lumbor		cy discuss this he preparer of			
Paid Preparer's Signature  ID Number/Social S  Preparer's Name:  City/State/Zip:						unity IN	iuiiiDei		Yes	No		
PAI	Prep	parer's Name:		City/Stat	e/Zip:			Fo	r Department	Use Only		
4	Add	ress:		Telephor	ne Number:			А		•		
Page	ANG'	1 (R 8/5/2011)										

Part 1 INTEREST INCOME					2 DIVIDEND INC	ОМЕ			
Interest on bank deposits, notes, mortgages, from individuals, corporation bonds, savings and loan deposits, and credit union deposits are taxable. Interest on obligations of other states and subdivisions is fully taxable.  List below the names of the interest sources and designate ownership by writing Y (Yours), S (Spouse's) or J (Joint).					Dividends and other distributions on stock are fully taxable. There is no dividend exclusion applicable to Arkansas.  List below the names of the dividend sources and designate ownership by writing Y (Yours), S (Spouse's) or J (Joint).				
YSJ	NAME OF PAYER	AMOUNT		YSJ	NAME OF PAYER	AMOUNT			
			00			00			
			00			00			
			00			00			
			00			00			
			00			00			
			00			00			
			00			00			
			00			00			
Total In	Total Interest Income: Enter here and on Line 9 00 Total Dividend Income: Enter here and on Line 9 00								

If you owe an amount due from Line 29, ARS1, you have the option of paying by credit card.



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