

TAX YEAR:		•
or fiscal year ending	20	•
(ONLY FOR TAX YEAR	S 2009 AND	PRIOR)

## ARKANSAS INDIVIDUAL INCOME TAX AMENDED RETURN NONRESIDENT AND PART YEAR RESIDENT

	FOR OFFICE F USE ONLY	ile Date		Amour	nt Paid			Your	Social Se	ecurity Nu	mber	
Firs	Name(s) and Initial(s) (List both if	applicable)	Last Nar	ne				Spou	se's Soci	al Securit	ty Number	
•			•					•				
Pres	sent Address (Number and Street, A	Apartment Number	or Rural Route)	)				Prepa	arer's Ide	ntification	Number	
•								•				
City	State, and Zip Code				Telephone N	Num	bers					
•					Home:				Work:			
Non	resident - List state of residence			Parl	t-Year Reside	nt -	Dates you we	ere a r	resident c	of Arkansa	as	
				Fro	m:			To	o:			
СН	ECK ONLY ONE BOX:				_							
1.	SINGLE (Or widowed/divorce	ed at end of tax year	r being amende	ed) 4.	MARRII	ED I	FILING SEPA	RATE	ELY ON T	HE SAME	E RETURN	
2.	<b>_</b>	en if only one had i	income)	5.	MARRII	ED I	FILING SEPA	RATE	ELY ON D	IFFEREN	NT RETURNS	j
3.	<del></del>	,			_							_
	If the qualifying person is you	r child but not your	dependent,	6.	QUALIF	YIN	G WIDOW(E	R) wi	th depend	dent child		
	enter this child's name here:				Year sp	ous	e died: (See l	Instru	ctions)			
7A.	YOURSELF 65 or OVER	R 🔲 65 SPECIA	AL 🗌 BLIN	D $\square$	DEAF _		IEAD OF HO					
	SPOUSE 65 or OVER	_			DEAF		UALIFYING	г	<b>一</b> ` ′			
7B	First name(s) of dependents: (Do	not list yourself or s			er of boxes ch			_ F	X \$			00
					er of depender			L	X \$	. =		00
/0	. First name of developmentally disal	bled individual(s): (S	,	-	er of developm		-	Г	X \$50	n –		00
70	. TOTAL PERSONAL CREDITS: (A	Add Lines 74 7P ar			m Line 7C					-		00
"D	. TOTALT ENGUNAL CREDITS. (A		RT 1: ORIG		ind on Line 10	J)				AMENDI	FD	100
		A. Your/Joint	B. Spouse's		Arkansas	ł	A. Your/Joi			use's	C. Arkansas	
	INCOME	Income	Income	lr	ncome Only		Income			ome	Income On	nly
1	Total Income:8			00	00	8		00		00		00
1	Adjustments to Income:9			00	00	9		00		00		00
1	Adjusted Gross Income:10			00	00	ľ		00		00		00
1	Itemized/Standard Deductions: .11			00		11 12		00		00	-	
12.	Net Taxable Income:12	1 100		00		12		100	-	- 100	1	
	TAX COMPUTATION											
13.	Select tax table: (Enter tax from ap	plicable tax table)				.13		00		00		
	LOW INCOME	REGULAR										
												l
1	Combined Tax: (Enter total from Li									<u> </u>		00
1	Enter tax from ten (10) year average											00
	IRA and qualified plan withdrawal a									<u> </u>		00
17.	Total Tax: (Add Lines 14 through 1	b. Enter here)	<u></u>						17	$\vdash \!$		100
	TAX CREDITS											
18	Personal Tax Credit(s): (Enter total	l from Line 7D)				18			00			
	State Political Contributions Credit								00	1		
1	Other State Tax Credit(s): {Attach								00	1		
1	Child Care Credit(s): (20% of federal								00	1		
1	Credit for Adoption Expenses: (Atta								00	]		
1	Phenylketonuria Disorder Credit: (A								00	-		
	Business and Incentive Tax Credits								00			
25.	TOTAL CREDITS: (Add Lines 18 tl	rrough 24)							25	<u></u>		00
126	NET TAX: (Subtract Line 25 from L	ine 17 Enter here)							26	1		00



	NET TAX: (From Line 26)					00	
	. Enter the amount from Line 10, Part 2, Column C:				00		
	Enter the total amount from Line 10, Part 2, Columns A and B:				00	10/	
	Divide Line 27A by 27B. Enter the decimal amount:				1	%	
27D.	APPORTIONED TAX LIABILITY: (Multiply Line 27 by Line PAYMENTS		2/D	00			
28	Arkansas Income Tax withheld:		20		00		
	Estimated tax paid or credit brought forward from preceding				00		
	Early childhood program: Certification No.						
50.	Attach federal Form 2441 and Certification Form AR100				00		
31.	Amount Paid with Return:	,			00		
	Amount Paid after Return was filed:				00		
	TOTAL PAID: (Add Lines 28 through 32. Enter here)				00		
	Enter prior Overpayment/Refund/Estimate carried forward				00		
	TOTAL PAYMENTS: (Subtract Line 34 from Line 33. Ente				00		
	REFUND OR TAX DUE	,					
36.	AMOUNT TO BE REFUNDED TO YOU: (If Line 35 is gre	ater than Line 27	D, enter the difference here	e) <b>R</b>	EFUND 36	⊚ 00	
	AMOUNT DUE: (If Line 27D is greater than Line 35, ente						
	Complete and attach Form AR1000V to your check or mo	nev order pavabl	e in U.S. Dollars to "Dent	of Finance	and Administ	ration" for the tax due	
	Include your SSN on the check or money order. To pay by		•				
	EASE SIGN HERE						
	er penalties of perjury, I declare that I have examined this re						
belie	f, they are true, correct and complete. Declaration of prepa	arer (other than ta	xpayer) is based on all infor	mation of v	vhich prepare	er has any knowledge.	
Your	Signature		Occupation		Date		
					1		
Spou	se's Signature		Occupation		Date		
Paid I	Preparer's Signature		ID Number/SSN		Date		
Firm	Name (Or yours, if self employed)		Telephone		May the Arke	nsas Revenue Yes	
	, , , , , , , , , , , , , , , , , , ,				Agency discuss	this return with	
					the preparer sho	own to the left? No	
Addre	ess	City, State, Zip				mended Tax Group O. Box 3628	
						ttle Rock, AR 72203	
EXF	PLANATION OF CHANGES TO INCOME, DE	DUCTIONS,	AND CREDITS (REC	QUIRED		· · · · · · · · · · · · · · · · · · ·	
sche	edules for items changed and give explanations for ea	ich change. <b>If y</b>	ou do not attach the	require	d informa	tion, processing	
of y	<b>your Form AR1000ANR may be delayed.</b> In	clude your nam	e and Social Security N	umber on	any attachr	ments.	
Uaa	ware tay vature been adjusted by the IDS	2 16 400 044	ach maticas	es 🗌 N	d a		
паѕ	s your tax return been adjusted by the IRS	or ir yes, att	ach notices. 🔲 t	es 🗀 r	40		