



ARKANSAS INDIVIDUAL INCOME TAX
AMENDED RETURN
NONRESIDENT AND PART YEAR RESIDENT

Form with sections: FOR OFFICE USE ONLY, File Date, Amount Paid, Your Social Security Number, First Name(s) and Initial(s), Last Name, Spouse's Social Security Number, Present Address, Preparer's Identification Number, City, State, and Zip Code, Telephone Numbers, Nonresident - List state of residence, Part-Year Resident - Dates you were a resident of Arkansas, CHECK ONLY ONE BOX, 7A-7D, PART 1: ORIGINAL, PART 2: AMENDED, INCOME, TAX COMPUTATION, TAX CREDITS.



ITAN102

27. NET TAX: (From Line 26)	27		00
27A. Enter the amount from Line 10, Part 2, Column C:.....	27A	00	
27B. Enter the total amount from Line 10, Part 2, Columns A and B:	27B	00	
27C. Divide Line 27A by 27B. Enter the decimal amount:.....	27C		%
27D. APPORTIONED TAX LIABILITY: (Multiply Line 27 by Line 27C)	27D		00

PAYMENTS

28. Arkansas Income Tax withheld:	28	00	
29. Estimated tax paid or credit brought forward from preceding tax year:	29	00	
30. Early childhood program: Certification No. _____ : (20% of federal credit allowed; Attach federal Form 2441 and Certification Form AR1000EC)	30	00	
31. Amount Paid with Return:	31	00	
32. Amount Paid after Return was filed:	32	00	
33. TOTAL PAID: (Add Lines 28 through 32. Enter here)	33	00	
34. Enter prior Overpayment/Refund/Estimate carried forward:	34	00	
35. TOTAL PAYMENTS: (Subtract Line 34 from Line 33. Enter here)	35	00	

REFUND OR TAX DUE

36. AMOUNT TO BE REFUNDED TO YOU: (If Line 35 is greater than Line 27D, enter the difference here)	REFUND 36	☺	00
37. AMOUNT DUE: (If Line 27D is greater than Line 35, enter the difference here)	TAX DUE 37	☹	00

Complete and attach Form AR1000V to your check or money order payable in U.S. Dollars to "Dept. of Finance and Administration" for the tax due. Include your SSN on the check or money order. To pay by credit card, see Instructions.

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
Spouse's Signature		Occupation	Date
Paid Preparer's Signature		ID Number/SSN	Date
Firm Name (Or yours, if self employed)		Telephone	May the Arkansas Revenue Agency discuss this return with the preparer shown to the left? <input type="checkbox"/> Yes <input type="checkbox"/> No
Address	City, State, Zip		Mail to: Amended Tax Group P. O. Box 3628 Little Rock, AR 72203

EXPLANATION OF CHANGES TO INCOME, DEDUCTIONS, AND CREDITS (REQUIRED): Attach supporting forms and schedules for items changed and give explanations for each change. **If you do not attach the required information, processing of your Form AR1000ANR may be delayed.** Include your name and Social Security Number on any attachments.

Has your tax return been adjusted by the IRS? If yes, attach notices. Yes No