

2006 AR1000NR ARKANSAS INDIVIDUAL INCOME TAX RETURN

Nonresident and Part Year Resident

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Jan 1 - Dec 31, 2006 or fiscal year ending _____, 20____

Dept. Use Only

USE LABEL OR PRINT OR TYPE	FIRST NAME(S) AND INITIAL(S) <i>(List for both spouses if applicable)</i>	LAST NAME(S) <i>(See Instructions)</i>	YOUR SOCIAL SECURITY NUMBER
	MAILING ADDRESS <i>(Number and Street, P.O. Box or Rural Route)</i>		SPOUSE'S SOCIAL SECURITY NUMBER
	CITY, STATE AND ZIP CODE		Important ▲ You MUST enter your SSN(s) above ▲

ATTACH A COPY OF YOUR COMPLETE FEDERAL RETURN	NONRESIDENT: <i>(List State of residence)</i>	PART YEAR RESIDENT: <i>(Dates Lived in AR)</i>
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FILING STATUS Check Only One Box	1. <input type="checkbox"/> SINGLE <i>(or widowed before 2006 or divorced at end of 2006)</i> 2. <input type="checkbox"/> MARRIED FILING JOINT <i>(Even if only one had income)</i> 3. <input type="checkbox"/> HEAD OF HOUSEHOLD <i>(See Instructions)</i> If the qualifying person was your child but not your dependent, enter child's name here: _____	4. <input type="checkbox"/> MARRIED FILING SEPARATELY ON THE SAME RETURN 5. <input type="checkbox"/> MARRIED FILING SEPARATELY ON DIFFERENT RETURNS Enter spouse's name here and SSN above _____ 6. <input type="checkbox"/> QUALIFYING WIDOW(ER) with dependent child. Year spouse died: <i>(See Instructions)</i> _____
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HAVE YOU FILED A FEDERAL EXTENSION? ➤	<input type="checkbox"/> Check this box if you have filed an automatic Federal Extension Form 4868. (See Instructions)
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PERSONAL CREDITS	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) <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 \$22 = _____ 00	
	7B. First name(s) of dependent(s): <i>(Do not list yourself or spouse)</i> _____ Multiply number of dependents from Line 7B <input type="checkbox"/> X \$22 = _____ 00	
	7C. First name of developmentally disabled individual(s): <i>(See Instr.)</i> _____ Multiply number of developmentally disabled individuals from Line 7C <input type="checkbox"/> X \$500 = _____ 00	
	7D. TOTAL PERSONAL CREDITS: <i>(Add Lines 7A, 7B and 7C. Enter total here and on Line 36)</i> 7D _____ 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.:	00	00	00
9A.	U. S. Military Officer's compensation: <i>(Your joint gross amt.)</i> • <input type="checkbox"/> 00 Less \$6,000	00		00
9B.	U. S. Military Officer's compensation: <i>(Spouse's gross amt.)</i> • <input type="checkbox"/> 00 Less \$6,000		00	00
10A.	U. S. Military Enlisted compensation: <i>(Your joint gross amt.)</i> • <input type="checkbox"/> 00 Less \$9,000	00		00
10B.	U. S. Military Enlisted compensation: <i>(Spouse's gross amt.)</i> • <input type="checkbox"/> 00 Less \$9,000		00	00
11.	Minister's income: Gross \$ _____ Less rental value \$ _____	00	00	00
12.	Interest income: <i>(If over \$1,500, attach page AR4)</i>	00	00	00
13.	Dividend income: <i>(If over \$1,500, attach page AR4)</i>	00	00	00
14.	Alimony and separate maintenance received:	00	00	00
15.	Business or professional income: <i>(Attach Federal Schedule C or C-EZ)</i>	00	00	00
16.	Capital gains/losses from stocks, bonds, etc.: <i>(See Instr. Attach Federal Schedule D)</i> ...	00	00	00
17.	Other gains or (losses): <i>(Attach Federal Form 4797)</i>	00	00	00
18.	Non-Qualified IRA distributions and taxable annuities:	00	00	00
19A.	Your/Joint Employer pension plan(s)/Qualified IRA(s): <i>(See Important Line 19 Instructions)</i> Gross Distribution <input type="checkbox"/> 00 Taxable Amount <input type="checkbox"/> 00 Less \$6,000	00		00
19B.	Spouse Employer pension plan(s)/Qualified IRA(s): <i>(Filing Status 4 only)</i> Gross Distribution <input type="checkbox"/> 00 Taxable Amount <input type="checkbox"/> 00 Less \$6,000		00	00
20.	Rents, royalties, partnerships, estates, trusts, etc.: <i>(Attach Federal Schedule E)</i>	00	00	00
21.	Farm income: <i>(Attach Federal Schedule F)</i>	00	00	00
22.	Other income: <i>(List type and amount. See Instructions)</i>	00	00	00
23.	TOTAL INCOME: <i>(Add Lines 8 through 22)</i>	00	00	00
24.	Border city exemption: <i>(Attach Form AR - TX)</i>	00	00	00
25.	Total Other Adjustments: <i>(Attach Form AR1000ADJ)</i>	00	00	00
26.	TOTAL ADJUSTMENTS: <i>(Add Lines 24 and 25)</i>	00	00	00
27.	ADJUSTED GROSS INCOME: <i>(Subtract Line 26 from Line 23)</i>	00	00	00

TAX COMPUTATION		(A) Your/Joint Income		(B) Spouse's Income Status 4 Only	
28.	ADJUSTED GROSS INCOME: (From Line 27, Columns A and B, Page NR1)		00	28	00
29.	Select tax table: (Check the appropriate box) <input type="checkbox"/> LOW INCOME Table 1 <input type="checkbox"/> REGULAR Table 2 If you qualify for the Low Income Tax Table, enter zero (0) on Line 29A. If not, then: Enter the larger } <input type="checkbox"/> Itemized Deductions (See Instructions, Line 29) of your: OR <input type="checkbox"/> Standard Deduction (See Instructions, Line 29)		00	29	00
30.	NET TAXABLE INCOME: (Subtract Line 29 from Line 28)		00	30	00
31.	TAX: (Enter tax from tax table)		00	31	00
32.	Combined tax: (Add amounts from Lines 31A and 31B)			32	00
33.	Enter tax from Lump Sum Distribution Averaging Schedule: (Attach AR1000TD)			33	00
34.	IRA and qualified plan withdrawal and overpayment penalties: (Attach Federal Form 5329, if required)			34	00
35.	TOTAL TAX: (Add Lines 32 through 34)			35	00

TAX CREDITS					
36.	Personal Tax Credit(s): (Enter total from Line 7D, page NR1)		00		
37.	State Political Contributions Credit: (Attach AR1800 or schedule)		00		
38.	Other State Tax Credit: [Attach copy of other state tax return(s)]		00		
39.	Child Care Credit: (20% of Federal credit allowed; Attach Fed. Form 2441 or 1040A, Sch. 2)		00		
40.	Credit for Adoption Expenses: (Attach Form 8839)		00		
41.	Phenylketonuria Disorder Credit: (See Instructions. Attach AR1113)		00		
42.	Business and Incentive Tax Credit(s): [Attach schedule and certificate(s)]		00		
43.	TOTAL CREDITS: (Add Lines 36 through 42)	43			00
44.	NET TAX: (Subtract Line 43 from Line 35. If Line 43 is greater than Line 35, enter 0)	44			00

PRORATION					
44A.	Enter the amount from Line 27, Column C:	44A	00		
44B.	Enter the total amount from Line 27, Columns A and B:	44B	00		
44C.	Divide Line 44A by 44B: (See Instructions)	44C			%
44D.	APPORTIONED TAX LIABILITY: (Multiply Line 44 by Line 44C)	44D			00

PAYMENTS					
45.	Arkansas income tax withheld: [Attach State copies of W-2 Form(s)]	45	00		
46.	Estimated tax paid or credit brought forward from last year:	46	00		
47.	Payment made with extension: (See Instructions)	47	00		
48.	Early childhood program: Certification Number: _____ (20% of Fed. credit; Attach Fed. Form 2441 or 1040A, Sch. 2 and Form AR1000EC)	48	00		
49.	TOTAL PAYMENTS: (Add Lines 45 through 48)	49			00

REFUND OR TAX DUE					
50.	AMOUNT OF OVERPAYMENT/REFUND: (If Line 49 is greater than Line 44D, enter difference)	50			00
51.	Amount to be applied to 2007 estimated tax:	51	00		
52.	Amount of Check-off Contributions: (Attach Schedule AR1000-CO)	52	00		
53.	AMOUNT TO BE REFUNDED TO YOU: (Subtract Lines 51 and 52 from Line 50)	53	REFUND	☺	00
54.	AMOUNT DUE: (If Line 49 is less than Line 44D, enter difference; If over \$1,000, see instructions)	54	TAX DUE	☹	00
55A.	Attach Form AR2210 and enter exception in box... 55A <input type="checkbox"/> Penalty 55B <input type="checkbox"/> 00				
55C.	Please attach your check or money order, payable to "Dept. of Finance and Administration", for the tax due and penalty (if applicable). Be sure to write your Social Security Number on your check				
	TOTAL DUE 55C				00

56.	Amount of income not subject to Arkansas tax from AR4, Part III: (Memorandum only)	May the Arkansas Revenue Agency discuss this return with the preparer shown below?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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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:
	SIGN HERE			
	Spouse's Signature	Occupation	Date	Work Telephone:

PAID PREPARER	Paid Preparer's Signature	ID Number/Social Security Number	For Department Use Only	
			A	<input type="checkbox"/>
	Preparer's Name	City/State/Zip	B	<input type="checkbox"/>
	Address	Telephone Number	C	<input type="checkbox"/>
		D	<input type="checkbox"/>	

Mailing Information	Mail REFUND returns to:	DFA State Income Tax, P. O. Box 1000, Little Rock, AR 72203-1000
	Mail TAX DUE returns to:	DFA State Income Tax, P. O. Box 2144, Little Rock, AR 72203-2144
	Mail NO TAX DUE returns to:	DFA State Income Tax, P. O. Box 8026, Little Rock, AR 72203-8026

Please Note: DUE DATE IS APRIL 15, 2007