

2010 AR1000F

ARKANSAS INDIVIDUAL INCOME TAX RETURN

Full Year Resident



AR1

CHECK BOX IF AMENDED RETURN

Jan. 1 - Dec. 31, 2010 or fiscal year ending _____, 20__ •

Dept. Use Only

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) •				<p>Important: You MUST enter your SSN(s) above</p>
CITY, STATE AND ZIP CODE •				

FILING STATUS Check Only One Box	1. <input type="checkbox"/> SINGLE (Or widowed before 2010 or divorced at end of 2010)	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? **Check this box if you have filed a state extension or an automatic federal extension**

7A. YOURSELF • 65 or OVER • 65 SPECIAL • BLIND • DEAF HEAD OF HOUSEHOLD/QUALIFYING WIDOW(ER)
 SPOUSE • 65 or OVER • 65 SPECIAL • BLIND • DEAF
(Filing Status 3 Only) (Filing Status 6 Only)

Multiply number of boxes checked from Line 7A.... X \$23 = 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.... X \$23 = 00

7C. First name of developmentally disabled individual(s): (See Instr.)
 _____ Multiply number of developmentally disabled individuals from Line 7C.. X \$500 = 00

7D. **TOTAL PERSONAL CREDITS:** (Add Lines 7A, 7B, and 7C. Enter total here and on Line 32).....7D 00

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

