

2024 AR1000F

ARKANSAS INDIVIDUAL INCOME TAX RETURN

Full Year Resident



P1

CHECK BOX IF AMENDED RETURN

Software ID

DFA WEB

Jan. 1 - Dec. 31, 2024 or fiscal year ending _____, 20____

TAXPAYER INFORMATION	Primary's legal first name ●		MI ●	Last name ●		Primary's social security number ●		
	Spouse's legal first name ●		MI ●	Last name ●		Spouse's social security number ●		
	Mailing address (number and street, P.O. box or rural route) ●						<input type="checkbox"/> Check if address is outside U.S.	
	City ●		State or province ●		ZIP ●		Foreign country name	
	Primary email				Secondary email			
	● <input type="checkbox"/> Check the box if you want us to mail you a paper Form 1099-G next year.			● <input type="checkbox"/> Check here if you want a tax booklet mailed to you next year.			● <input type="checkbox"/> Check this box if you have filed a state extension or an automatic federal extension	
	DL# / State ID _____		Your state _____		Issue date (mm/dd/yyyy) _____		Expiration date (mm/dd/yyyy) _____	
	DL# / State ID _____		Spouse state _____		Issue date (mm/dd/yyyy) _____		Expiration date (mm/dd/yyyy) _____	
FILING STATUS	1. ● <input type="checkbox"/> Single (Or widowed before 2024 or divorced at end of 2024)				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"/> Surviving spouse with dependent child Year spouse died: (See instructions) _____				
PERSONAL TAX 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/surviving spouse (Filing status 3 only) (Filing status 6 only)							
	<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 7A <input type="checkbox"/> X \$29 = <input style="width: 50px;" type="text"/> 00							
	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.								
6.								
7B. Multiply number of DEPENDENTS from above 7B ● <input type="checkbox"/> X \$29 = <input style="width: 50px;" type="text"/> 00								
7C. TOTAL PERSONAL TAX CREDITS: (Add lines 7A and 7B. Enter total here and on line 34) 7C <input style="width: 50px;" type="text"/> 00								
Individuals with Developmental Disabilities Credit (AR1000-DD - formerly AR1000RC5) now on Form AR1000TC								



Primary SSN _____ - _____ - _____

		ROUND ALL AMOUNTS TO WHOLE DOLLARS		(A) Primary/Joint Income	(B) Spouse's Income Status 4 Only	
INCOME	8. Wages, salaries, tips, etc: (Attach W-2s)	8	●	00	00	
	9. Military pay: Primary ● [] 00 Spouse ● [] 00					
	10. Interest income: (If over \$1,500, attach AR4)	10	●	00	00	
	11. Dividend income: (If over \$1,500, attach AR4)	11	●	00	00	
	12. Alimony and separate maintenance received:	12	●	00	00	
	13. Business or professional income: (Attach federal Sch. C)	13	●	00	00	
	14. Capital gains/(losses) from stocks, bonds, etc: (Attach federal Sch. D)	14	●	00	00	
	15. Other gains or (losses): (See instructions)	15	●	00	00	
	16. Non-qualified IRA distributions and taxable annuities: (Attach All 1099Rs)	16	●	00	00	
	17. Military retirement: Primary ● [] 00 Spouse ● [] 00					
	18A. Primary employer pension plan(s)/qualified IRA(s): (See inst., attach 1099Rs) Gross ● [] 00 Taxable ● [] 00 Less \$6,000	18A	●	00		
	18B. Spouse employer pension plan(s)/qualified IRA(s): (See inst., attach 1099Rs) Gross ● [] 00 Taxable ● [] 00 Less \$6,000	18B	●	00	00	
	19. Rents, royalties, partnerships, estates, trusts, etc.: (Attach federal Sch. E)	19	●	00	00	
	20. Farm income: (Attach federal Sch. F)	20	●	00	00	
	21. Unemployment:	21	●	00	00	
	22. Other income/depreciation differences: (Attach Form AR-OI)	22	●	00	00	
	23. TOTAL INCOME: (Add lines 8 through 22)	23	●	00	00	
	24. TOTAL ADJUSTMENTS: (Attach Form AR1000ADJ)	24	●	00	00	
	25. ADJUSTED GROSS INCOME: (Subtract line 24 from line 23)	25	●	00	00	
	TAX COMPUTATION	26. Select tax table: (Select only one)	26			
		27. ● <input type="checkbox"/> Low income table (\$0), See line 26 instructions ● <input type="checkbox"/> Standard deduction (See instructions) ● <input type="checkbox"/> Itemized deductions (Attach AR3)	27	●	00	00
		28. NET TAXABLE INCOME: (Subtract line 27 from line 25)	28	●	00	00
		29. TAX: (Enter tax from tax table)	29		00	00
		30. Combined tax: (Add amounts from line 29, columns A and B)	30			00
		31. Enter tax from Lump Sum Distribution Averaging Schedule: (Attach AR1000TD)	31			00
32. Additional tax on IRA and qualified plan withdrawal and overpayment: (See instructions)		32			00	
33. TOTAL TAX: (Add lines 30 through 32)		33			00	
TAX CREDITS	34. Personal tax credit(s): (Enter total from line 7C)	34	●	00		
	35. Child care credit: (Attach AR2441)	35	●	00		
	36. Other credits: (Attach AR1000TC)	36	●	00		
	37. TOTAL CREDITS: (Add lines 34 through 36)	37			00	
	38. NET TAX: (Subtract line 37 from line 33. If line 37 is greater than line 33, enter 0)	38	●		00	



Primary SSN _____ - _____ - _____

PAYMENTS	39. Arkansas income tax withheld: (Attach copies of W-2, 1099R, W2-G, 1099-PT, and/or AR-K1) 39	●		00
	40. Estimated tax paid or credit brought forward from 2023: 40	●		00
	41. Payment made with extension: (See instructions) 41	●		00
	42. AMENDED RETURNS ONLY - Previous payments: (See instructions) 42	●		00
	43. Early childhood program: Certification number: _____ (Attach AR1000EC and AR2441) 43	●		00
	44. TOTAL PAYMENTS: (Add lines 39 through 43) 44	●		00
	45. AMENDED RETURNS ONLY - Previous refund: (See instructions) 45	●		00
46. Adjusted total payments: (Subtract line 45 from line 44) 46	●		00	
REFUND OR TAX DUE	47. AMOUNT OF OVERPAYMENT/REFUND: (If line 46 is greater than line 38, enter difference) 47	●		00
	48. Amount to be applied to 2025 estimated tax: 48	●		00
	49. Amount of Check-Off contributions: (Attach Form AR1000CO) 49	●		00
	50. AMOUNT TO BE REFUNDED TO YOU: (Subtract lines 48 and 49 from line 47) REFUND 50	●		00
	51. AMOUNT DUE: (If line 46 is less than line 38, enter difference; if over \$1,000, continue to 52A) TAX DUE 51	●		00
52A. UEP: Attach Form AR2210 or AR2210A. If required, enter exception in box 52A		●		00
52B. Penalty 52B		●		00
52C. Add lines 51 and 52B: (See instructions) TOTAL DUE 52C		●		00
DIRECT DEPOSIT	Direct deposit allowed to U.S. banks only. Check if either deposit(s) will ultimately be placed in a foreign account. ● <input type="checkbox"/>			
	Routing number 1 ● <input style="width: 100%;" type="text"/>	Account number 1 ● <input type="checkbox"/> Checking or ● <input type="checkbox"/> Savings ● <input style="width: 100%;" type="text"/>	Direct deposit 1 amt. ● <input style="width: 100%;" type="text"/> 00	
Routing number 2 ● <input style="width: 100%;" type="text"/>	Account number 2 ● <input type="checkbox"/> Checking or ● <input type="checkbox"/> Savings ● <input style="width: 100%;" type="text"/>	Direct deposit 2 amt. ● <input style="width: 100%;" type="text"/> 00		
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.			
	Primary's signature Spouse's signature	Date Date	Telephone Telephone	May the Arkansas Revenue Division discuss this return with the preparer? <input type="checkbox"/> Yes <input type="checkbox"/> No
PAID PREPARER	Paid preparer's signature		PTIN/ID number ● <input style="width: 100%;" type="text"/>	
	Preparer's name		Telephone	
			For Department Use Only	
	A		●	
Address				
City		State		ZIP
E-mail				

PAY ONLINE: Please visit our secure website ATAP (Arkansas Taxpayer Access Point) at www.atap.arkansas.gov . ATAP allows taxpayers or their representatives to log on, make payments and manage their account online. ATAP is available 24 hours.		Mail Return & Payment to: <table style="width:100%;"> <tr> <td style="width: 50%;">Refund: Arkansas State Income Tax P.O. Box 1000 Little Rock, AR 72203-1000</td> <td style="width: 50%;">Tax Due/No Tax: Arkansas State Income Tax P.O. Box 2144 Little Rock, AR 72203-2144</td> </tr> </table>	Refund: Arkansas State Income Tax P.O. Box 1000 Little Rock, AR 72203-1000	Tax Due/No Tax: Arkansas State Income Tax P.O. Box 2144 Little Rock, AR 72203-2144
Refund: Arkansas State Income Tax P.O. Box 1000 Little Rock, AR 72203-1000	Tax Due/No Tax: Arkansas State Income Tax P.O. Box 2144 Little Rock, AR 72203-2144			