

2024 AR1000NR

ARKANSAS INDIVIDUAL INCOME TAX RETURN

Nonresident and Part 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 ●	<input type="checkbox"/> Deceased <input type="checkbox"/> Deceased	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		

ATTACH PAGE 1 AND 2 OF YOUR FEDERAL RETURN

Primary - Remote Worker <input type="checkbox"/> ●	Primary - Military Spouse <input type="checkbox"/> ●	● <input type="checkbox"/> NONRESIDENT:	● <input type="checkbox"/> PART YEAR RESIDENT: Dates lived in AR: _____
Spouse - Remote Worker <input type="checkbox"/> ●	Spouse - Military Spouse <input type="checkbox"/> ●	List state of residence: _____	From: _____ To: _____
<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) _____

7A. Yourself ● 65 or over ● 65 Special ● Blind ● Deaf Head of household/surviving spouse (Filing status 3 only) (Filing status 6 only)

Spouse ● 65 or over ● 65 Special ● Blind ● Deaf

Multiply number of boxes checked 7A X \$29 =

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 ● X \$29 =

7C. **TOTAL PERSONAL TAX CREDITS:** (Add lines 7A and 7B. Enter total here and on line 34) 7C

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



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

REFUND OR TAX DUE	45. AMENDED RETURNS ONLY - Previous refund: (See instructions)	45	●		00
	46. Adjusted total payments: (Subtract line 45 from line 44)	46	●		00
	47. AMOUNT OF OVERPAYMENT/REFUND: (If line 46 is greater than line 38D, 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	●	☺	

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 type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Account number 1 ● <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/> Checking or <input type="checkbox"/> Savings	Direct deposit 1 amt. ● <input type="text"/> 00	
	Routing number 2 ● <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Account number 2 ● <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/> Checking or <input type="checkbox"/> Savings	Direct deposit 2 amt. ● <input type="text"/> 00	

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.

PLEASE SIGN HERE	Primary's signature	Date	Telephone	May the Arkansas Revenue Division discuss this return with the preparer? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Spouse's signature	Date	Telephone	

PAID PREPARER	Paid preparer's signature	PTIN/ID number ● <input type="text"/>			
	Preparer's name	Telephone	For Department Use Only		
	Address		A	<input type="checkbox"/>	<input type="checkbox"/>
	City	State	ZIP		
E-mail					

<p>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.</p>		<p>Mail Return & Payment to:</p> <p>Refund: Arkansas State Income Tax P.O. Box 1000 Little Rock, AR 72203-1000</p> <p>Tax Due/No Tax: Arkansas State Income Tax P.O. Box 2144 Little Rock, AR 72203-2144</p>
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