2005 AR1000R ARKANSAS INDIVIDUAL INCOME TAX RETURN Nonresident and Part Year Resident



Jar	1 - D	ec 31, 2005 or fiscal year ending	, 20	•	•					
	FIRS	TNAME(S) AND INITIAL(S) (List for both spouses if applicable)	LAST NAME(S	S) (See Instruction	ns)	YO	UR SOCIAL SECI	JRITY NUMBER	२	
	•	• •				•	•			
A DR	MAILING ADDRESS (Number and Street, P.O. Box or Rural Route)					SPOUSE'S SOCIAL SECURITY NUMBER				
ЧЧ ЧЧ										
LABEL IT OR TY										
μĽ		, STATE AND ZIP CODE					×			
USE PRIN		, STATE AND ZIT CODE				In	nportant 👗	You MUS enter you		
	•							SSN(s) abo		
						DAR	T YEAR RESIDENT:			
					ence)		(Dates Lived in AR)			
FILING STATUS Check Only One Box										
	1.• SINGLE (or widowed before 2005 or divorced at end of 2005) 4.• MARRIED					D FILING SEPARATELY ON THE SAME RETURN				
	2.• MARRIED FILING JOINT (Even if only one had income) 5.• MARRIED F				RRIED FILI	NG SEPARATELY ON DIFFERENT RETURNS				
							-	_	_	
	3.●	HEAD OF HOUSEHOLD (See Instructions)		Ente	er spouse's	name her	re and SSN above			
							R) with dependen	t child		
	If the qualifying person was your child but not your dependent, enter child's name here:						Instructions)	t crind.		
					•	•	ou have filed	an automati		
		HAVE YOU FILED A FEDERAL EXTENSI	ON?				Form 4868. (
	7A.	YOURSELF 65 or OVER 65 SPECIAL	BLIND	• DEAF	Пнеа		USEHOLD/			
							WIDOW(ER)			
CREDITS		SPOUSE • 65 or OVER • 65 SPECIAL •	BLIND	• DEAF						
			Multiply	number of boxe	s checked fi	rom Line 7	7A X \$21 =		00	
RE										
	7B.	First name(s) of dependent(s): (Do not list yourself or spouse)								
PERSONAL				number of depe e 7B			• X \$21 =		00	
ERS	7C.	First name of developmentally disabled individual(s): (See Inst		с / D			·			
Δ.		Multiply number of developmentally disabled								
				als from Line 7C					00	
	7D.	TOTAL PERSONAL CREDITS: (Add Lines 7A, 7B and 70	C. Enter total h	ere and on Line					00	
		ROUND ALL AMOUNTS TO WHOLE DOLLARS				r/Total come	(B) Spouse's Inco Status 4 Onl			
્ર	8.	Wages, salaries, tips, etc.:				00		00	00	
- Lo		U. S. Military Officer's compensation: (Your/joint gross amt.)		00 \$6,000 9A		00			00	
66		U. S. Military Officer's compensation: (Spouse's gross amt.)		00 \$6,000 9B		1		00	00	
2/10		U. S. Military Enlisted compensation: (Your/joint gross amt.)		00 \$9,000 10A		00			00	
Ň		U. S. Military Enlisted compensation: (Spouse's gross amt.)		00 \$9,000 10B		1		00	00	
o o	11.	Minister's income: Gross \$ Less rental value				00		00	00	
on top of	12.	Interest income: (If over \$1,500, attach page AR4)				00		00	00	
, v	13.	Dividend income: (If over \$1,500, attach page AR4)				00		00	00	
ы chec	14.	Alimony and separate maintenance received:				00		00	00	
	15.	Business or professional income: (Attach Federal Schedule C				00		00	00	
NUC N	16.	Capital gains/losses from stocks, bonds, etc.: (See Instr. Attac			•	00	•	00	00	
-4	17.	Other gains or (losses): (Attach Federal Form 4797)		· · · · · · · · · · · · · · · · · · ·		00		00	00	
her	18.	Non-Qualified IRA distributions and taxable annuities:				00		00	00	
ွှ						1001				
Form	19A.	Your/Joint Employer pension plan(s)/Qualified IRA(s): (See In								
ŭ	19A.	Your/Joint Employer pension plan(s)/Qualified IRA(s): (See II Gross Distribution • 00 Taxable Amount •	mportant Line	19 Instructions)		00			00	
			mportant Line						00	
		Gross Distribution O 00 Taxable Amount Spouse Employer pension plan(s)/Qualified IRA(s): (Filing State	mportant Line us 4 only)	<mark>19 Instructions)</mark> 00 Less 19A \$6,000				00	00	
-2/1099		Gross Distribution OD Taxable Amount Spouse Employer pension plan(s)/Qualified IRA(s): (Filing State	mportant Line us 4 only)	19 Instructions) 00 \$6,000 19A 00 \$6,000 19B				00		
ach W-2/1099	19B. 20 <i>.</i> 21.	Gross Distribution 00 Taxable Amount Spouse Employer pension plan(s)/Qualified IRA(s): (Filing State Gross Distribution 00 Taxable Amount •	mportant Line us 4 only) deral Schedule	19 Instructions) 00 Less 00 \$6,000 19A 00 \$6,000 19B e E) 20		00			00	
ach W-2/1099	19B. 20.	Gross Distribution 00 Taxable Amount Spouse Employer pension plan(s)/Qualified IRA(s): (Filing State Gross Distribution 00 Taxable Amount Rents, royalties, partnerships, estates, trusts, etc.: (Attach Federation)	mportant Line us 4 only) deral Scheduk	19 Instructions) 00 Less 00 \$6,000 19A 00 Less 6,000 19B € E) 20 		00		00	00	
ach W-2/1099	19B. 20 <i>.</i> 21.	Gross Distribution OU Taxable Amount Gross Distribution OU Taxable Amount Cross Distribution Cross Distribution OU Taxable Amount Cross Distribution OU Taxable Amount Cross Distribution OU Taxable Amount OU	mportant Line us 4 only) deral Scheduk	19 Instructions) 00 ↓ ess 00 ↓ ess 00 ↓ ess 6,000 19B e E) 20 		00		00 00	00 00 00	
Attach W-2/1099	19B. 20. 21. 22. 23. 24.	Gross Distribution OD Taxable Amount Spouse Employer pension plan(s)/Qualified IRA(s): (Filing State Gross Distribution OD Taxable Amount Rents, royalties, partnerships, estates, trusts, etc.: (Attach Fee Farm income: (Attach Federal Schedule F) Other income: (List type and amount. See Instructions)	mportant Line us 4 only) deral Scheduk	19 Instructions) 00 Less 00 \$6,000 19A 00 \$6,000 \$6,000 19B e E)		00 00 00 00	•	00 00 00	00 00 00 00	
Attach W-2/1099	19B. 20. 21. 22. 23. 24.	Gross Distribution 00 Taxable Amount Spouse Employer pension plan(s)/Qualified IRA(s): (Filing State Gross Distribution 00 Taxable Amount Rents, royalties, partnerships, estates, trusts, etc.: (Attach Federal Schedule F) Cherror Schedule F) Other income: (List type and amount. See Instructions)	mportant Line us 4 only) deral Schedule	19 Instructions) 00 ↓ Eess 00 \$6,000 19A 00 ↓ Eess 19B e E) 20 		00 00 00 00 00	•	00 00 00 00 00	00 00 00 00 00	
Attach W-2/1099	19B. 20. 21. 22. 23. 24.	Gross Distribution 00 Taxable Amount Spouse Employer pension plan(s)/Qualified IRA(s): (Filing State Gross Distribution 00 Taxable Amount Rents, royalties, partnerships, estates, trusts, etc.: (Attach Federal Schedule F) Character (Attach Federal Schedule F) Other income: (List type and amount. See Instructions) Context (Attach Federal Schedule F) TOTAL INCOME: (Add Lines 8 through 22) Border city exemption: (Attach Form AR - TX)	mportant Line us 4 only) deral Scheduk	19 Instructions) 00 Less \$6,000 00 \$6,000 \$6,000 19B e E) 20	•	00 00 00 00 00 00	•	00 00 00 00 00 00 00	00 00 00 00 00 00 00	

						(A) Your/Total Income		(B) Spouse's Inc Status 4 O	
z	28.	ADJUSTED GROSS INCOME: (From Line 27, Columns A and B, Page NR1)			28	00	28		00
	29.	Select tax table: (<i>Check the appropriate box</i>)							
	29.								
		LOW INCOME Table 1 REGULAR Table 2							
TI0		If you qualify for the Low Income Tax Table, enter zero (0) on Line 29A. If not, then:							
UTA		Enter • Itemized Deductions (See Itemized Deductions Instructions, Line 28)							
COMPUTATION		the larger OR					29•		
00	20	of your: J Standard Deduction (See Standard Deduction							00
ТАХ	30.	NET TAXABLE INCOME: (Subtract Line 29 from Line 28)				00	30●		00
	31.	Tax: (Enter tax from tax table)							00
	32.								00
	33.	Enter tax from Lump Sum Distribution Averaging Schedule: (Attach AR1000TD)							00
	34.								00
	35.	TOTAL TAX: (Add Lines 32 through 34) 3 Personal Tax Credit(s): (Enter total from Line 7D, page NR1) 36 • 00							00
	36.	State Political Contributions Credit: (<i>Attach AR1800 or schedule</i>)				00			
	37.					00			
TS	38.	Other State Tax Credit: [Attach copy of other state tax return(s)] Child Care Credit: (20% of Federal credit allowed; Attach Fed. Form 2441				00			
CREDITS	39. 40					00			
	40.		Attach Form 8839)			00			
ТАХ	41.		t: (See Instructions. Attach AR111			00			
	42.		dit(s): (Attach schedule and certii						00
	43.		s 36 through 42)						00
	44. 44A		rom Line 35. If Line 43 is greater t			00	. 44 🗨		00
PRORATION			7, Column C: e 27, Columns A and B:			00			
RAT			nstructions).						%
PRO			ILITY: (Multiply Line 44 by Line 4						00
	45		Attach State copies of W-2 Form			00			00
	46.		ught forward from last year:			00			
PAYMENTS	47.		(See Instructions)			00			
ЪĔ	48.		cation Number:						
PA	10.		ach Fed. Form 2441 or 1040A, S			00			
	49.		ines 45 through 48)			1		,	00
	50.		ENT/REFUND: (If Line 49 is gre						00
Щ	51.		stimated tax:			00			
TAX DUE			ons:(Attach Schedule AR1000-C			00			
	53.		ED TO YOU: (Subtract Lines 5:				53•	\odot	00
0 OR	54.							-	00
REFUND		AMOUNT DUE: (If Line 49 is less than Line 44D, enter difference; If over \$1,000, see instructions) TAX DUE \$ A. Attach Form AR2210 and enter exception in box 55A • Penalty 55B • 00						0	
SEF	55C.	C. Please attach your check or money order, payable to "Dept. of Finance and Administration", for the tax due							
-		and penalty (if applicable). Be s	TOTAL DUE 5	5C •		00			
	56.						sas F	Revenue	Yes
						Agency discuss t			No
	PI F	PLEASE SIGN HERE: Under penalties of perjury, I declare that I have examined this return and accompanying schedule							
	to th	e best of my knowledge and k	elief, they are true, correct an						
₩		of which preparer has any kn	owledge.				<u> </u>	. <u> </u>	
PLEASE SIGN HERE	Your	Signature		Occup	pation	Date	ГН	lome Telephone:	
E E									
S	Spouse's Signature			Occup	ation	Date	V	Vork Telephone:	
	Paid Preparer's Signature Preparer's Name			ID Nur	nber/Social Security	rity Number		For Department Us	e Only
e					ID Number/Social Security Number			A •	
ARER				Citv/St	● City/State/Zip				
PAID								3•	
В	Address Telephone Number								
_						_	>●		
\mathbf{x}	a n	lailing Information				le Rock, AR 72203-1000.		≣●	
Mail TAX DUE returns to: DFA State Income Tax, P. O. Box 2144, Little Rock, AR 72203 Mail NO TAX DUE returns to: DFA State Income Tax, P. O. Box 8026, Little Rock, AR 72203								F●	
D		11/05)	Please Note: DUE	DATE IS	APRIL 17	. 2006			
rade	NR2 (R	(CU/II)				,			