

# 2019 AR1000NR



# NR1

## ARKANSAS INDIVIDUAL INCOME TAX RETURN

### Nonresident and Part Year Resident

Jan. 1 - Dec. 31, 2019 or fiscal year ending \_\_\_\_\_, 20\_\_\_\_

### CHECK BOX IF AMENDED RETURN

Software ID

DFA WEB

USE LABEL OR PRINT OR TYPE	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

**ATTACH A COPY OF YOUR COMPLETE FEDERAL RETURN** •  **NONRESIDENT:** List state of residence: \_\_\_\_\_ •  **PART YEAR RESIDENT:** Dates lived in AR: From: \_\_\_\_\_ To: \_\_\_\_\_

FILING STATUS Check Only One Box	1. <input type="checkbox"/> Single (Or widowed before 2019 or divorced at end of 2019)	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) _____

Check here if you want a tax booklet mailed to you next year. •  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 ..... 7A  X \$26 = \_\_\_\_\_ 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.			

7B. Multiply number of **DEPENDENTS** from above ..... 7B  X \$26 = \_\_\_\_\_ 00

7C. Multiply number of qualifying individuals from **AR1000RC5** (see instructions) ..... 7C  X \$500 = \_\_\_\_\_ 00

7D. **TOTAL PERSONAL TAX CREDITS:** (Add lines 7A, 7B, and 7C. Enter total here and on line 34) ..... 7D \_\_\_\_\_ 00

**ID**

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) _____

**DIRECT DEPOSIT**

Direct deposit allowed to U.S. banks only. Check if either deposit(s) will ultimately be placed in a foreign account. •

**Routing Number 1**      **Account Number 1**      •  Checking or •  Savings      **Direct deposit 1 Amt**

• \_\_\_\_\_ • \_\_\_\_\_ • \_\_\_\_\_ 00

**Routing Number 2**      **Account Number 2**      •  Checking or •  Savings      **Direct deposit 2 Amt**

• \_\_\_\_\_ • \_\_\_\_\_ • \_\_\_\_\_ 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.

•  Next year (January 2021) we will no longer automatically mail 1099-G forms. Instead, we ask that you get this information from our website ([www.atap.arkansas.gov](http://www.atap.arkansas.gov)). Check the box if you still want us to mail you a paper Form 1099-G next year.

**PLEASE SIGN HERE**

Primary's signature	Date	Telephone	May the Arkansas Revenue Agency 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 •	For Department Use Only A _____ •
Preparer's name	City/State/ZIP	
E-mail	Telephone	

<b>Refund:</b>	Arkansas State Income Tax P.O. Box 1000 Little Rock, AR 72203-1000	<b>Tax Due/No Tax:</b>	Arkansas State Income Tax P.O. Box 2144 Little Rock, AR 72203-2144
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