



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 2021: 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 38D, enter difference) 47	●	00
	48. Amount to be applied to 2023 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 38D, 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 type="text"/>	Account number 1 ● <input type="checkbox"/> Checking or ● <input type="checkbox"/> Savings	Direct deposit 1 amt. <input type="text"/>
	Routing number 2 <input type="text"/>	Account number 2 ● <input type="checkbox"/> Checking or ● <input type="checkbox"/> Savings	Direct deposit 2 amt. <input type="text"/>
	<input type="checkbox"/>		

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="checkbox"/> Yes <input type="checkbox"/> No	
	Preparer's name	Telephone	For Department Use Only A <input type="text"/> ●	
	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. PAY BY MAIL: (See instructions) PAY BY CREDIT CARD: (See instructions)	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
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