



P3

Primary SSN _____

PAYMENTS	39. Arkansas income tax withheld: (Attach copies of W-2, 1099R, W2-G,1099-PT, and/or AR-K1) 39 ● <input type="checkbox"/> 00								
	40. Estimated tax paid or credit brought forward from 2022: 40 ● <input type="checkbox"/> 00								
	41. Payment made with extension: (See instructions) 41 ● <input type="checkbox"/> 00								
	42. AMENDED RETURNS ONLY - Previous payments: (See instructions) 42 ● <input type="checkbox"/> 00								
	43. Early childhood program: Certification number: _____ (Attach AR1000EC and AR2441) 43 ● <input type="checkbox"/> 00								
	44. TOTAL PAYMENTS: (Add lines 39 through 43) 44 ● <input type="checkbox"/> 00								
	45. AMENDED RETURNS ONLY - Previous refund: (See instructions) 45 ● <input type="checkbox"/> 00								
46. Adjusted total payments: (Subtract line 45 from line 44) 46 ● <input type="checkbox"/> 00									
REFUND OR TAX DUE	47. AMOUNT OF OVERPAYMENT/REFUND: (If line 46 is greater than line 38D, enter difference) 47 ● <input type="checkbox"/> 00								
	48. Amount to be applied to 2024 estimated tax: 48 ● <input type="text"/> 00								
	49. Amount of Check-Off contributions: (Attach Form AR1000CO) 49 ● <input type="text"/> 00								
	50. AMOUNT TO BE REFUNDED TO YOU: (Subtract lines 48 and 49 from line 47) REFUND 50 ● <input type="checkbox"/> 00								
	51. AMOUNT DUE: (If line 46 is less than line 38D, enter difference; If over \$1,000, continue to 52A) TAX DUE 51 ● <input type="checkbox"/> 00								
	52A. UEP: Attach Form AR2210 or AR2210A. If required, enter exception in box 52A ● <input type="text"/> Penalty 52B ● <input type="text"/> 00								
52C. Add lines 51 and 52B: (See instructions) TOTAL DUE 52C ● <input type="text"/> 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"/>								
	<table style="width:100%; border:none;"> <tr> <td style="width:25%;">Routing number 1</td> <td style="width:25%;">Account number 1</td> <td style="width:20%;"><input type="checkbox"/> Checking or <input type="checkbox"/> Savings</td> <td style="width:30%;">Direct deposit 1 amt.</td> </tr> <tr> <td>● <input type="text"/></td> <td>● <input type="text"/></td> <td></td> <td>● <input type="text"/> 00</td> </tr> </table>	Routing number 1	Account number 1	<input type="checkbox"/> Checking or <input type="checkbox"/> Savings	Direct deposit 1 amt.	● <input type="text"/>	● <input type="text"/>		● <input type="text"/> 00
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<table style="width:100%; border:none;"> <tr> <td style="width:25%;">Routing number 2</td> <td style="width:25%;">Account number 2</td> <td style="width:20%;"><input type="checkbox"/> Checking or <input type="checkbox"/> Savings</td> <td style="width:30%;">Direct deposit 2 amt.</td> </tr> <tr> <td>● <input type="text"/></td> <td>● <input type="text"/></td> <td></td> <td>● <input type="text"/> 00</td> </tr> </table>	Routing number 2	Account number 2	<input type="checkbox"/> Checking or <input type="checkbox"/> Savings	Direct deposit 2 amt.	● <input type="text"/>	● <input type="text"/>		● <input type="text"/> 00	
Routing number 2	Account number 2	<input type="checkbox"/> Checking or <input type="checkbox"/> Savings	Direct deposit 2 amt.						
● <input type="text"/>	● <input type="text"/>		● <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.									
PAID PREPARER	Primary's signature		Date	Telephone	May the Arkansas Revenue Division discuss this return with the preparer? <input type="checkbox"/> Yes <input type="checkbox"/> No				
	SIGN HERE		Date	Telephone					
	Spouse's signature		Date	Telephone					
	Paid preparer's signature		PTIN/ID number						
	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: 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				