

Primary SSN

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PAYMENTS	39.	. Arkansas income tax withheld: (Attach copies of W-2, 1099R, W2-G,	099-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.	a. AMENDED RETURNS ONLY - Previous payments: (See instruction	ons)42 • 00	
	43.	43. Early childhood program: Certification number:(Attach AR1000EC and AR2441)		
	44.	44 • 00		
	45. AMENDED RETURNS ONLY - Previous refund: (See instructions))45 <u>•</u> 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	ne 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 4	9 from line 47)REFUND 50● ③ 00	
	51.	AMOUNT DUE: (If line 46 is less than line 38D, enter difference; If over \$1,00 $$	0, continue to 52A)TAX DUE 51● 🖂 00	
	52A	A. UEP: Attach Form AR2210 or AR2210A. If required, enter exception in box 52	A ● Penalty 52B ● 00	
	52C	C. Add lines 51 and 52B: (See instructions)	TOTAL DUE 52C • 00	
	Direct deposit allowed to U.S. banks only. Check if either deposit(s) will ultimately be placed in a foreign account.			
DIRECT DEPOSIT		Routing number 1 Account number 1	necking or Savings Direct deposit 1 amt.	
	•		000	
ECTD	'			
P. I	Ι.	Routing number 2 Account number 2	necking or • Savings Direct deposit 2 amt.	
	ullet	• • • • • • • • • • • • • • • • • • • •	• 00	
PLEASE SIGN HERE	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			
	linfo	ormation of which preparer has any knowledge.		
	Pri	imary's signature Date	Telephone May the Arkansas Revenue Division	
	Sp	pouse's signature Date	Telephone discuss this return with the preparer?	
PAID PREPARER	Ра	aid preparer's signature PTIN/IE	number Yes No	
	Ļ	•	For Department Use Only	
		reparer's name Telephone	A .	
	Address			
	Cit	ty State	ZIP	
	E-mail			
PA	Y OI	NLINE:	Mail Return & Payment to:	
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 Arkansas State Income Tax Arkansas State Income Tax P.O. Box 1000 P.O. Box 2144				
24 hours. Little Rock AR 72203-1000 Little Rock AR 72203-2144				