



P3

Primary SSN _____

PAYMENTS	39A. Arkansas income tax withheld on W-2's: (Attach copies of W-2's and/or W-2G's) 39A	●		00
	39B. Arkansas income tax withheld on 1099's or AR-K1's: (Attach copies of 1099R, 1099-PT, and/or AR-K1) 39B	●		00
	40. Estimated tax paid or credit brought forward from 2024: 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 39a 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 2026 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 Account number 1 ● <input type="checkbox"/> Checking or ● <input type="checkbox"/> Savings Direct deposit 1 amt. ● <input type="text"/> 00			
PLEASE SIGN HERE	Routing number 2 Account number 2 ● <input type="checkbox"/> Checking or ● <input type="checkbox"/> Savings Direct deposit 2 amt. ● <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
	Spouse's signature		Date	Telephone
	Paid preparer's signature		PTIN/ID number	
	Preparer's name		Telephone	
	Address		City State ZIP	
E-mail				
PAY ONLINE:		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 24 hours.		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		