

**2007 - QUESTIONS SPECIFIC FOR ARKANSAS**

1. Did you live within the city limits of Texarkana Arkansas or Texarkana Texas in 2007? **YES / NO**  
**IF YES, you must include the Form AR-TX given to you by your employer.** (Form AR-TX is not required for non wage income)  
*(If client lived within the city limits of Texarkana, AR, a full exemption from AR income tax is allowed)*  
*(If client lived within the city limits of Texarkana, TX a full deduction from income earned in the city limits of Texarkana, AR is allowed. All other AR income is still taxable)*
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2. Were you / your spouse called out on Active Military duty? **YES / NO**  
**IF YES, Date of Deployment:** \_\_\_ / \_\_\_ / \_\_\_ **Place of Deployment:** \_\_\_\_\_  
*(The first \$9000.00 of U.S. Military Compensation is exempt from AR state tax)*
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3. Were you / your spouse a duly ordained or licensed minister in 2007? **YES / NO** **IF YES,** are you filing a Schedule C or C-EZ? **YES / NO**  
**IF NO,** what was the rental value of your home for 2007, including utilities? \_\_\_\_\_  
*(this amount should be deducted from your gross compensation, and the balance is all that is taxable on your AR state return).*
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4. If you think you qualify for Educational Credits on your Federal Return, please complete the following, for your state return:  
Institution Name: \_\_\_\_\_ State Institution is located in: \_\_\_\_\_  
Please check one: 2-Year \_\_\_\_\_ 4-Year \_\_\_\_\_ Technical Institute \_\_\_\_\_ (Credit flows from AR3 Itemized Deductions, Form AR1075)
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5. Did you contribute to a tuition savings account established under the Arkansas Tax Deferred Tuition Savings Program in 2007? **YES / NO**  
**IF YES,** please list the following: *(Deductible contribution cannot exceed \$5000.00 per taxpayer per year)*
- |                            |       |       |       |
|----------------------------|-------|-------|-------|
| <b>Student's Full Name</b> | _____ | _____ | _____ |
| <b>Student's Age</b>       | _____ | _____ | _____ |
| <b>Amount Contributed</b>  | _____ | _____ | _____ |
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6. Did you / your spouse pay any alimony or separate maintenance as the result of a court order? **YES / NO**  
**IF YES,** complete the following information: Recipient's Full Name: \_\_\_\_\_ and SSN: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_
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7. If you had child care expenses in 2007, do you feel that your payments may qualify for the Approved Early Childhood Program Payment? **YES / NO**  
**IF YES,** enter Providers Certification Number: \_\_\_\_\_ (Child care facility should provide you with Form AR1000EC)
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8. Arkansas's Use Tax - Did you purchase any items or service from an out-of-state retailer (such as from a catalog or over the internet) in 2007 and pay no AR state tax? **YES / NO** **IF YES,** you need to complete an Individual Consumer Use Tax Report. We can not complete this form for you. *(This form is available in your state booklet, can be downloaded from the AR web site @ [www.arkansas.gov/dfa/](http://www.arkansas.gov/dfa/), or can be obtained by calling (501) 682-7104)*
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9. If you have an overpayment (Refund) on your Arkansas Tax Return, would you like to donate all or part of it to one of the following Voluntary check-off contributions? **YES / NO** *(Any donation will reduce your refund)*  
**IF YES,** please fill in amounts: (\$1.00 or more)
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|---|---|
| AR Disaster Relief Program _____                            | Organ Donor Awareness Education Program _____ |
| US Olympic Committee Program _____                          | Area Agencies On Aging Program _____          |
| AR School For the Blind/School For the Deaf _____           | Military Family Relief Program _____          |
| Baby Sharon's Children's Catastrophic Illness Program _____ | Newborn Umbilical Cord Blood Initiative _____ |
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10. Is there any other information you think we should know, credits or adjustments you feel you are eligible for, or any other questions you have? **YES / NO**  
**IF YES,** what would you like to add? \_\_\_\_\_