

For the year Jan. 1–Dec. 31, 2023, or other tax year beginning _____, 2023, ending _____, 20____ See separate instructions.

Your first name and middle initial Taylor J		Last name Phillips		Your social security number 431 77 9414		
If joint return, spouse's first name and middle initial Amber N		Last name Phillips		Spouse's social security number 430 91 3456		
Home address (number and street). If you have a P.O. box, see instructions. 77A Morris Ave				Apt. no. 		
City, town, or post office. If you have a foreign address, also complete spaces below. Batesville			State AR		ZIP code 725019612	
Foreign country name 		Foreign province/state/county 		Foreign postal code 		

Presidential Election Campaign
Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund.
☐ You ☐ Spouse

Filing Status ☐ Single ☐ Head of household (HOH)
☒ Married filing jointly (even if only one had income)
☐ Married filing separately (MFS) ☐ Qualifying surviving spouse (QSS)
Check only one box.
If you checked the MFS box, enter the name of your spouse. If you checked the HOH or QSS box, enter the child's name if the qualifying person is a child but not your dependent: _____

Digital Assets At any time during 2023, did you: (a) receive (as a reward, award, or payment for property or services); or (b) sell, exchange, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? (See instructions.) ☐ Yes ☒ No

Standard Deduction **Someone can claim:** ☐ You as a dependent ☐ Your spouse as a dependent
☐ Spouse itemizes on a separate return or you were a dual-status alien

Age/Blindness **You:** ☐ Were born before January 2, 1959 ☐ Are blind **Spouse:** ☐ Was born before January 2, 1959 ☐ Is blind

Dependents (see instructions):

	(1) First name	Last name	(2) Social security number	(3) Relationship to you	(4) Check the box if qualifies for (see instructions): Child tax credit	Credit for other dependents
If more than four dependents, see instructions and check here <input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>

Income Attach Form(s) W-2 here. Also attach Forms W-2G and 1099-R if tax was withheld. If you did not get a Form W-2, see instructions.	1a	Total amount from Form(s) W-2, box 1 (see instructions)	1a	101,275.
	b	Household employee wages not reported on Form(s) W-2	1b	
	c	Tip income not reported on line 1a (see instructions)	1c	
	d	Medicaid waiver payments not reported on Form(s) W-2 (see instructions)	1d	
	e	Taxable dependent care benefits from Form 2441, line 26	1e	
	f	Employer-provided adoption benefits from Form 8839, line 29	1f	
	g	Wages from Form 8919, line 6	1g	
	h	Other earned income (see instructions)	1h	0.
	i	Nontaxable combat pay election (see instructions)	1i	
	z	Add lines 1a through 1h	1z	101,275.
	2a	Tax-exempt interest	2a	
	3a	Qualified dividends	3a	
	4a	IRA distributions	4a	
	5a	Pensions and annuities	5a	
	6a	Social security benefits	6a	
c	If you elect to use the lump-sum election method, check here (see instructions)		<input type="checkbox"/>	
7	Capital gain or (loss). Attach Schedule D if required. If not required, check here	7		
8	Additional income from Schedule 1, line 10	8	0.	
9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income	9	101,275.	
10	Adjustments to income from Schedule 1, line 26	10	480.	
11	Subtract line 10 from line 9. This is your adjusted gross income	11	100,795.	
12	Standard deduction or itemized deductions (from Schedule A)	12	27,700.	
13	Qualified business income deduction from Form 8995 or Form 8995-A	13		
14	Add lines 12 and 13	14	27,700.	
15	Subtract line 14 from line 11. If zero or less, enter -0-. This is your taxable income	15	73,095.	

Tax and Credits	16	Tax (see instructions). Check if any from Form(s): 1 <input type="checkbox"/> 8814 2 <input type="checkbox"/> 4972 3 <input type="checkbox"/> _____	16	8,329.
	17	Amount from Schedule 2, line 3	17	
	18	Add lines 16 and 17	18	8,329.
	19	Child tax credit or credit for other dependents from Schedule 8812	19	
	20	Amount from Schedule 3, line 8	20	
	21	Add lines 19 and 20	21	
	22	Subtract line 21 from line 18. If zero or less, enter -0-	22	8,329.
	23	Other taxes, including self-employment tax, from Schedule 2, line 21	23	0.
	24	Add lines 22 and 23. This is your total tax	24	8,329.
Payments	25	Federal income tax withheld from:		
	a	Form(s) W-2	25a	9,397.
	b	Form(s) 1099	25b	
	c	Other forms (see instructions)	25c	
	d	Add lines 25a through 25c	25d	9,397.
	26	2023 estimated tax payments and amount applied from 2022 return	26	
	27	Earned income credit (EIC) NO	27	
	28	Additional child tax credit from Schedule 8812	28	
	29	American opportunity credit from Form 8863, line 8	29	
	30	Reserved for future use	30	
	31	Amount from Schedule 3, line 15	31	
	32	Add lines 27, 28, 29, and 31. These are your total other payments and refundable credits	32	
	33	Add lines 25d, 26, and 32. These are your total payments	33	9,397.
Refund	34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid	34	1,068.
	35a	Amount of line 34 you want refunded to you . If Form 8888 is attached, check here <input type="checkbox"/>	35a	1,068.
	b	Routing number 082908573 c Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings		
	d	Account number 0004342671		
	36	Amount of line 34 you want applied to your 2024 estimated tax	36	
Amount You Owe	37	Subtract line 33 from line 24. This is the amount you owe . For details on how to pay, go to www.irs.gov/Payments or see instructions	37	
	38	Estimated tax penalty (see instructions)	38	
Third Party Designee	Do you want to allow another person to discuss this return with the IRS? See instructions <input type="checkbox"/> Yes . Complete below. <input checked="" type="checkbox"/> No			
	Designee's name	Phone no.	Personal identification number (PIN)	
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.			
	Your signature	Date	Your occupation	If the IRS sent you an Identity Protection PIN, enter it here (see inst.)
	Spouse's signature. If a joint return, both must sign.	Date	Spouse's occupation	If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.)
	Phone no. (870) 307-1907	Email address		
Paid Preparer Use Only	Preparer's name	Preparer's signature	Date	PTIN
	Firm's name Self-Prepared	Firm's address		Phone no.
	Firm's EIN			Check if: <input type="checkbox"/> Self-employed

SCHEDULE 1
(Form 1040)

Department of the Treasury
Internal Revenue Service

Additional Income and Adjustments to Income

Attach to Form 1040, 1040-SR, or 1040-NR.

Go to www.irs.gov/Form1040 for instructions and the latest information.

OMB No. 1545-0074

2023
Attachment
Sequence No. **01**

Name(s) shown on Form 1040, 1040-SR, or 1040-NR

Taylor J & Amber N Phillips

Your social security number

431-77-9414

Part I Additional Income

1	Taxable refunds, credits, or offsets of state and local income taxes	1	0.
2a	Alimony received	2a	
b	Date of original divorce or separation agreement (see instructions): _____		
3	Business income or (loss). Attach Schedule C	3	
4	Other gains or (losses). Attach Form 4797	4	
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	5	
6	Farm income or (loss). Attach Schedule F	6	
7	Unemployment compensation	7	
8	Other income:		
a	Net operating loss 8a ()		
b	Gambling 8b		
c	Cancellation of debt 8c		
d	Foreign earned income exclusion from Form 2555 8d ()		
e	Income from Form 8853 8e		
f	Income from Form 8889 8f		
g	Alaska Permanent Fund dividends 8g		
h	Jury duty pay 8h		
i	Prizes and awards 8i		
j	Activity not engaged in for profit income 8j		
k	Stock options 8k		
l	Income from the rental of personal property if you engaged in the rental for profit but were not in the business of renting such property 8l		
m	Olympic and Paralympic medals and USOC prize money (see instructions) 8m		
n	Section 951(a) inclusion (see instructions) 8n		
o	Section 951A(a) inclusion (see instructions) 8o		
p	Section 461(l) excess business loss adjustment 8p		
q	Taxable distributions from an ABLE account (see instructions) 8q		
r	Scholarship and fellowship grants not reported on Form W-2 8r		
s	Nontaxable amount of Medicaid waiver payments included on Form 1040, line 1a or 1d 8s ()		
t	Pension or annuity from a nonqualified deferred compensation plan or a nongovernmental section 457 plan 8t		
u	Wages earned while incarcerated 8u		
z	Other income. List type and amount: _____ 8z		
9	Total other income. Add lines 8a through 8z 9	9	
10	Combine lines 1 through 7 and 9. This is your additional income . Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8 10	10	0.

For Paperwork Reduction Act Notice, see your tax return instructions.

Schedule 1 (Form 1040) 2023

Part II Adjustments to Income

11	Educator expenses	11	
12	Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106	12	
13	Health savings account deduction. Attach Form 8889	13	480.
14	Moving expenses for members of the Armed Forces. Attach Form 3903	14	
15	Deductible part of self-employment tax. Attach Schedule SE	15	
16	Self-employed SEP, SIMPLE, and qualified plans	16	
17	Self-employed health insurance deduction	17	
18	Penalty on early withdrawal of savings	18	
19a	Alimony paid	19a	
b	Recipient's SSN		
c	Date of original divorce or separation agreement (see instructions): _____		
20	IRA deduction	20	
21	Student loan interest deduction	21	
22	Reserved for future use	22	
23	Archer MSA deduction	23	
24	Other adjustments:		
a	Jury duty pay (see instructions)	24a	
b	Deductible expenses related to income reported on line 8l from the rental of personal property engaged in for profit	24b	
c	Nontaxable amount of the value of Olympic and Paralympic medals and USOC prize money reported on line 8m	24c	
d	Reforestation amortization and expenses	24d	
e	Repayment of supplemental unemployment benefits under the Trade Act of 1974	24e	
f	Contributions to section 501(c)(18)(D) pension plans	24f	
g	Contributions by certain chaplains to section 403(b) plans	24g	
h	Attorney fees and court costs for actions involving certain unlawful discrimination claims (see instructions)	24h	
i	Attorney fees and court costs you paid in connection with an award from the IRS for information you provided that helped the IRS detect tax law violations	24i	
j	Housing deduction from Form 2555	24j	
k	Excess deductions of section 67(e) expenses from Schedule K-1 (Form 1041)	24k	
z	Other adjustments. List type and amount: _____	24z	
25	Total other adjustments. Add lines 24a through 24z	25	
26	Add lines 11 through 23 and 25. These are your adjustments to income . Enter here and on Form 1040, 1040-SR, or 1040-NR, line 10	26	480.

Health Savings Accounts (HSAs)

OMB No. 1545-0074

Department of the Treasury
Internal Revenue ServiceAttach to Form 1040, 1040-SR, or 1040-NR.
Go to www.irs.gov/Form8889 for instructions and the latest information.**2023**
Attachment
Sequence No. **52**

Name(s) shown on Form 1040, 1040-SR, or 1040-NR

Social security number of HSA beneficiary.
If both spouses have HSAs, see instructions.
431-77-9414

Taylor J Phillips

Before you begin: Complete Form 8853, Archer MSAs and Long-Term Care Insurance Contracts, if required.**Part I HSA Contributions and Deduction.** See the instructions before completing this part. If you are filing jointly and both you and your spouse each have separate HSAs, complete a separate Part I for each spouse.

1	Check the box to indicate your coverage under a high-deductible health plan (HDHP) during 2023. See instructions	<input checked="" type="checkbox"/> Self-only <input type="checkbox"/> Family
2	HSA contributions you made for 2023 (or those made on your behalf), including those made by the unextended due date of your tax return that were for 2023. Do not include employer contributions, contributions through a cafeteria plan, or rollovers. See instructions	480.
3	If you were under age 55 at the end of 2023 and, on the first day of every month during 2023, you were, or were considered, an eligible individual with the same coverage, enter \$3,850 (\$7,750 for family coverage). All others , see the instructions for the amount to enter	3,850.
4	Enter the amount you and your employer contributed to your Archer MSAs for 2023 from Form 8853, lines 1 and 2. If you or your spouse had family coverage under an HDHP at any time during 2023, also include any amount contributed to your spouse's Archer MSAs	0.
5	Subtract line 4 from line 3. If zero or less, enter -0-	3,850.
6	Enter the amount from line 5. But if you and your spouse each have separate HSAs and had family coverage under an HDHP at any time during 2023, see the instructions for the amount to enter	3,850.
7	If you were age 55 or older at the end of 2023, married, and you or your spouse had family coverage under an HDHP at any time during 2023, enter your additional contribution amount. See instructions	0.
8	Add lines 6 and 7	3,850.
9	Employer contributions made to your HSAs for 2023	1,008.
10	Qualified HSA funding distributions	
11	Add lines 9 and 10	1,008.
12	Subtract line 11 from line 8. If zero or less, enter -0-	2,842.
13	HSA deduction. Enter the smaller of line 2 or line 12 here and on Schedule 1 (Form 1040), Part II, line 13 Caution: If line 2 is more than line 13, you may have to pay an additional tax. See instructions.	480.

Part II HSA Distributions. If you are filing jointly and both you and your spouse each have separate HSAs, complete a separate Part II for each spouse.

14a	Total distributions you received in 2023 from all HSAs (see instructions)	
b	Distributions included on line 14a that you rolled over to another HSA. Also include any excess contributions (and the earnings on those excess contributions) included on line 14a that were withdrawn by the due date of your return. See instructions	
c	Subtract line 14b from line 14a	
15	Qualified medical expenses paid using HSA distributions (see instructions)	
16	Taxable HSA distributions. Subtract line 15 from line 14c. If zero or less, enter -0-. Also, include this amount in the total on Schedule 1 (Form 1040), Part I, line 8f	
17a	If any of the distributions included on line 16 meet any of the Exceptions to the Additional 20% Tax (see instructions), check here <input type="checkbox"/>	
b	Additional 20% tax (see instructions). Enter 20% (0.20) of the distributions included on line 16 that are subject to the additional 20% tax. Also, include this amount in the total on Schedule 2 (Form 1040), Part II, line 17c	

Part III Income and Additional Tax for Failure To Maintain HDHP Coverage. See the instructions before completing this part. If you are filing jointly and both you and your spouse each have separate HSAs, complete a separate Part III for each spouse.

18	Last-month rule	
19	Qualified HSA funding distribution	
20	Total income. Add lines 18 and 19. Include this amount on Schedule 1 (Form 1040), Part I, line 8f	
21	Additional tax. Multiply line 20 by 10% (0.10). Include this amount in the total on Schedule 2 (Form 1040), Part II, line 17d	

For Paperwork Reduction Act Notice, see your tax return instructions.

BAA REV 03/07/24 Intuit.crg.cfp.sp

Form **8889** (2023)



ARKANSAS INDIVIDUAL INCOME TAX DECLARATION FOR ELECTRONIC FILING

Primary's Legal First Name and Middle Initial ● TAYLOR J		Last Name ● PHILLIPS		Primary's Social Security Number ● 431-77-9414	
Spouse's Legal First Name and Middle Initial AMBER N		Last Name PHILLIPS		Spouse's Social Security Number ● 430-91-3456	
Mailing Address (Number and Street, P.O. Box or Rural Route) 77A MORRIS AVE					Telephone ● (870) 307-1907
City BATESVILLE	State or Province AR	ZIP 725019612	<input type="checkbox"/> Check if address is outside U.S. Foreign Country		

PART I - TAX RETURN INFORMATION (Whole Dollars Only)

1. Total Income (Form AR1000F or AR1000NR, Line 23)	1	101,275.	00
2. Net Tax (Form AR1000F or AR1000NR, Line 38)	2	2,964.	00
3. State Income Tax Withheld (Form AR1000F or AR1000NR, Line 39)	3	● 3,402.	00
4. Refund (Form AR1000F or AR1000NR, Line 47)	4	438.	00
5. Tax Due (Form AR1000F or AR1000NR, Line 51)	5		00

PART II - DECLARATION OF TAXPAYER

- 6a. ☒ I consent that my refund be direct deposited as designated in the electronic portion of my 2023 Arkansas income tax return. If I have filed a joint return, this is an irrevocable appointment of the other spouse as an agent to receive the refund. The refund will be direct deposited to the bank account(s) shown on page 3 of the Form AR1000F/AR1000NR.
- 6b. ☐ I do not want direct deposit of my refund or I am not receiving a refund.
- 6c. ☐ I authorize the State of Arkansas Income Tax Section to initiate debit entries to my account as indicated on the Arkansas Income Tax Payment form (AR TAX PMT).
- 6d. ☐ I authorize the State of Arkansas Income Tax Section to initiate debit entries to my account as indicated on the Arkansas Estimated Tax Payment form (AR EST PMT) or Arkansas Extension Payment form (AR EXT PMT).

If I have filed a balance due return, I understand that if the State of Arkansas does not receive full and timely payment of my tax liability, I will remain liable for the tax liability and all applicable interest and penalties. If I have filed a joint federal and state return and my federal return is rejected, I understand my state return will be rejected also.

Under penalties of perjury, I declare that the information I have given my ERO and the amounts in Part I above agree with the amounts on the corresponding lines of the electronic portion of my 2023 Arkansas income tax return. To the best of my knowledge and belief, my return is true, correct, and complete. I consent to my ERO sending my return, this declaration, and accompanying schedules and statements to the State of Arkansas. I also consent to the State of Arkansas sending my ERO and/or transmitter an acknowledgement of receipt of transmission and an indication of whether or not my return is accepted, and if rejected, the reason(s) for the rejection. If the processing of my return or refund is delayed, I authorize the State of Arkansas to disclose to my ERO and/or transmitter the reason(s) for the delay, or when the refund was sent. In addition, by using a computer system and software to prepare and transmit my return electronically, I consent to the disclosure to the State of Arkansas of all information pertaining to my use of the system and software and to the transmission of my tax return electronically.

**Sign
Here**

Primary's Signature

Date

Spouse's Signature

Date

DO NOT MAIL THIS FORM

2023 AR1000F
ARKANSAS INDIVIDUAL
INCOME TAX RETURN
Full Year Resident



P1

CHECK BOX IF
AMENDED RETURN

Software ID

TURBOTAX

Jan. 1 - Dec. 31, 2023 or fiscal year ending _____, 20____ •

TAXPAYER INFORMATION	Primary's legal first name • TAYLOR		MI • J	Last name • PHILLIPS		Check if Deceased • <input type="checkbox"/>	Primary's social security number • 431-77-9414		
	Spouse's legal first name • AMBER		MI • N	Last name • PHILLIPS		Check if Deceased • <input type="checkbox"/>	Spouse's social security number • 430-91-3456		
	Mailing address (number and street, P.O. box or rural route) • 77A MORRIS AVE						<input type="checkbox"/> Check if address is outside U.S.		
	City • BATESVILLE		State or province • AR		ZIP • 725019612		Foreign country name		
	Primary email TJPHILLIPS08@ICLOUD.COM				Secondary email AMBERNFORD5@GMAIL.COM				
	• <input type="checkbox"/> We no longer automatically mail 1099-G forms. Instead, we ask that you get this information from our website (www.atap.arkansas.gov). Check the box if you still want us to mail you a paper Form 1099-G next year.								
	• <input type="checkbox"/> Check here if you want a tax booklet mailed to you next year.				• <input type="checkbox"/> Check this box if you have filed a state extension or an automatic federal extension				
	DL# / State ID 919838803		Your state AR		Issue date (mm/dd/yyyy) 06/03/2016		Expiration date (mm/dd/yyyy) 06/02/2024		
	DL# / State ID 933571739		Spouse state AR		Issue date (mm/dd/yyyy) 11/17/2021		Expiration date (mm/dd/yyyy) 07/10/2026		
	FILING STATUS	1. <input type="checkbox"/> Single (Or widowed before 2023 or divorced at end of 2023)				4. <input checked="" type="checkbox"/> Married filing separately on the same return			
2. <input type="checkbox"/> Married filing joint (Even if only one had income)				5. <input type="checkbox"/> Married filing separately on different returns Enter spouse's name here and SSN above _____					
PERSONAL TAX CREDITS	3. <input type="checkbox"/> Head of household (See instructions) If the qualifying person was your child, but not your dependent, enter child's name here: _____				6. <input type="checkbox"/> Surviving spouse with dependent child Year spouse died: (See instructions) _____				
	7A. <input checked="" type="checkbox"/> Yourself • <input type="checkbox"/> 65 or over • <input type="checkbox"/> 65 Special • <input type="checkbox"/> Blind • <input type="checkbox"/> Deaf • <input type="checkbox"/> Head of household/surviving spouse (Filing status 3 only) (Filing status 6 only)								
	<input checked="" type="checkbox"/> Spouse • <input type="checkbox"/> 65 or over • <input type="checkbox"/> 65 Special • <input type="checkbox"/> Blind • <input type="checkbox"/> Deaf								
	Multiply number of boxes checked						7A	2 X \$29 =	58.00
	Dependents (Do not list yourself or spouse)								
	First name		Last name		Dependent's social security number		Dependent's relationship to you		
	1.								
	2.								
	3.								
	4.								
5.									
7B. Multiply number of DEPENDENTS from above						7B	• <input type="checkbox"/> X \$29 =	00	
7C. TOTAL PERSONAL TAX CREDITS: (Add lines 7A and 7B. Enter total here and on line 34)						7C		58.00	
Individuals with Developmental Disabilities Credit (AR1000-DD - formerly AR1000RC5) now on Form AR1000TC									



Primary SSN 431-77-9414

		ROUND ALL AMOUNTS TO WHOLE DOLLARS		(A) Primary/Joint Income	(B) Spouse's Income Status 4 Only
INCOME	8. Wages, salaries, tips, etc: (Attach W-2s)	8		69,115.00	32,160.00
	9. Military pay: Primary Spouse				
	10. Interest income: (If over \$1,500, attach AR4)	10			
	11. Dividend income: (If over \$1,500, attach AR4)	11			
	12. Alimony and separate maintenance received:	12			
	13. Business or professional income: (Attach federal Sch. C)	13			
	14. Capital gains/(losses) from stocks, bonds, etc: (Attach federal Sch. D)	14			
	15. Other gains or (losses): (See Instructions)	15			
	16. Non-qualified IRA distributions and taxable annuities: (Attach All 1099Rs)	16			
	17. Military retirement: Primary Spouse				
	18A. Primary employer pension plan(s)/qualified IRA(s): (See inst., attach 1099Rs)	18A			
	Gross Taxable Less \$6,000				
	18B. Spouse employer pension plan(s)/qualified IRA(s): (See inst., attach 1099Rs)	18B			
	Gross Taxable Less \$6,000				
	19. Rents, royalties, partnerships, estates, trusts, etc.: (Attach federal Sch. E)	19			
	20. Farm income: (Attach federal Sch. F)	20			
	21. Unemployment:	21			
22. Other income/depreciation differences: (Attach Form AR-OI)	22				
23. TOTAL INCOME: (Add lines 8 through 22)	23		69,115.00	32,160.00	
24. TOTAL ADJUSTMENTS: (Attach Form AR1000ADJ)	24		480.00		
25. ADJUSTED GROSS INCOME: (Subtract line 24 from line 23)	25		68,635.00	32,160.00	
TAX COMPUTATION	26. Select tax table: (Select only one)	26			
	27. Low income table (\$0), See line 26 instructions				
	Standard deduction (See instructions)				
	Itemized deductions (Attach AR3)	27		2,340.00	2,340.00
	28. NET TAXABLE INCOME: (Subtract line 27 from line 25)	28		66,295.00	29,820.00
	29. TAX: (Enter tax from tax table)	29		2,516.00	806.00
	30. Combined tax: (Add amounts from line 29, columns A and B)	30			3,322.00
	31. Enter tax from Lump Sum Distribution Averaging Schedule: (Attach AR1000TD)	31			
32. Additional tax on IRA and qualified plan withdrawal and overpayment: (See instructions)	32				
33. TOTAL TAX: (Add lines 30 through 32)	33			3,322.00	
TAX CREDITS	34. Personal tax credit(s): (Enter total from line 7C)	34		58.00	
	35. Child care credit: (Attach AR2441)	35			
	36. Other credits: (Attach AR1000TC)	36		300.00	
	37. TOTAL CREDITS: (Add lines 34 through 36)	37			358.00
38. NET TAX: (Subtract line 37 from line 33. If line 37 is greater than line 33, enter 0)	38			2,964.00	



P3

Primary SSN 431-77-9414

PAYMENTS	39. Arkansas income tax withheld: (Attach copies of W-2, 1099R, W2-G,1099-PT, and/or AR-K1)39	●	3,402.	00
	40. Estimated tax paid or credit brought forward from 2022:40	●		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	●	3,402.	00
	45. AMENDED RETURNS ONLY - Previous refund: (See instructions)45	●		00
46. Adjusted total payments: (Subtract line 45 from line 44)46	●	3,402.	00	
REFUND OR TAX DUE	47. AMOUNT OF OVERPAYMENT/REFUND: (If line 46 is greater than line 38, enter difference)47	●	438.	00
	48. Amount to be applied to 2024 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	●	438.	00
	51. AMOUNT DUE: (If line 46 is less than line 38, 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 ● 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 checked="" type="checkbox"/> Checking or ● <input type="checkbox"/> Savings Direct deposit 1 amt.			
PLEASE SIGN HERE	Primary's signature Date Telephone (870) 307-1907 May the Arkansas Revenue Division discuss this return with the preparer?			
	Spouse's signature Date Telephone <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
PAID PREPARER	Paid preparer's signature PTIN/ID number SELF-PREPARED			
	Preparer's name Telephone For Department Use Only			
	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.				
QR Code				
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				



**ARKANSAS INDIVIDUAL INCOME TAX
SCHEDULE OF ADJUSTMENTS**

Primary's legal name TAYLOR J & AMBER N PHILLIPS	Primary's social security number 431-77-9414
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INSTRUCTIONS

Full Year Resident Filers - Complete columns **(A)** and **(B)** if using filing status 4 (married filing separately on the same return). All other filing statuses must complete column **(A)** only.

Part Year Resident Filers - Complete columns **(A)** and **(B)** if using filing status 4 (married filing separately on the same return). All other filing statuses must complete column **(A)** only. **Enter only the amount of adjustments attributable to Arkansas in column (C).**

Full Year Nonresident Filers - Complete columns **(A)** and **(B)** if using filing status 4 (married filing separately on the same return). All other filing statuses must complete column **(A)** only. **If an amount is entered in column (C), attach explanation.**

Enter the total of each column on line 19 of this form **and** on line 24 of AR1000F or AR1000NR.

See additional instructions on the reverse side of this form.

	(A) Primary/Joint Adjustments	(B) Spouse's Adjustments Status 4 Only	(C) Arkansas Adjustments Only
1. Border city exemption: (Attach employer completed Form AR-TX)1	● 00	● 00	● 00
2. Tuition savings program: (See instructions)2	● 00	● 00	● 00
3. Payments to IRA: (See instructions)3	● 00	● 00	● 00
4. Payments to MSA: (See instructions)4	● 00	● 00	● 00
5. Payments to HSA: (Attach federal Form 8889)5	● 480.00	● 00	● 00
6. Deduction for interest paid on student loans: (See instructions)6	● 00	● 00	● 00
7. Contributions to intergenerational trust: (See instructions)7	● 00	● 00	● 00
8. Moving expenses: (Attach Form AR3903)8	● 00	● 00	● 00
9. Self-employed health insurance deduction: (See instructions)9	● 00	● 00	● 00
10. KEOGH, Self-employed SEP and Simple Plans:.....10	● 00	● 00	● 00
11. Forfeited interest penalty for premature withdrawal:.....11	● 00	● 00	● 00
12. Alimony/Sep. Maint. paid to: Name: _____ SSN: _____ 12	● 00	● 00	● 00
13. Support for individuals with permanent disabilities: (Attach Form AR1000DC)13	● 00	● 00	● 00
14. Organ donor deduction: (Attach Form AR1000OD)14	● 00	● 00	● 00
15. Military reserve expenses:.....15	● 00	● 00	● 00
16. Reforestation deduction:.....16	● 00	● 00	● 00
17. Teachers qualified classroom investment expense: (Attach Form AR1000CE)17	● 00	● 00	● 00
18. Achieving A Better Life Experience Program (ABLE contributions)18	● 00	● 00	● 00
19. TOTAL ADJUSTMENTS: (Enter here and on AR1000F/AR1000NR, line 24)19	● 480.00	● 00	● 00

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NOTE: Do not enter amounts from categories that are not printed on this form. See instructions for additional information.



ARKANSAS INDIVIDUAL INCOME TAX TAX CREDITS

Primary's legal name TAYLOR J PHILLIPS	Primary's social security number 431-77-9414
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IMPORTANT: SEE INSTRUCTIONS ON REVERSE SIDE OF THIS FORM

1. State political contribution credit: (See instructions)	1 •	00	00
2. Other state tax credit: [Attach copy of other state tax return(s)]	2 •	00	00
3. Credit for adoption expenses: (Attach federal Form 8839)	3 •	00	00
4. Phenylketonuria disorder credit: (See instructions. Attach AR1113)	4 •	00	00
5. Stillborn child tax credit "Paisley's Law": (Attach certificate of birth resulting in stillbirth)	5 •	00	00
6. Additional tax credit for qualified individuals: (See instructions)	6 •	00	00
7. Inflationary relief income tax credit: (See Instructions)	7 •	300.	00
8. Credit for Individuals with Developmental Disabilities: (Attach AR1000-DD formerly AR1000RC5)	8 •	00	00

	Individual's Name on Form AR1000-DD		Social Security Number on Form AR1000-DD
8A.	•		•
8B.	•		•
8C.	•		•
8D.	•		•
8E.	•		•
8F.	•		•

If certificate is issued to an individual, leave FEIN box below blank.

Primary:	9A.	Code	•	FEIN	•	Amount	•	00
	9B.	Code	•	FEIN	•	Amount	•	00
	9C.	Code	•	FEIN	•	Amount	•	00
Spouse:	9D.	Code	•	FEIN	•	Amount	•	00
	9E.	Code	•	FEIN	•	Amount	•	00
	9F.	Code	•	FEIN	•	Amount	•	00

9. Tax credit(s): (Add amounts from 9A-9F above)	9 •	00	00
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A copy of the tax credit certificate(s) or appropriate documentation of the credit(s) claimed must be attached.

10. TOTAL CREDITS: Add lines 1 through 9. Enter total on line 36, Form AR1000F/AR1000NR	10 •	300.	00
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Health Savings Accounts (HSAs)

OMB No. 1545-0074

Department of the Treasury
Internal Revenue ServiceAttach to Form 1040, 1040-SR, or 1040-NR.
Go to www.irs.gov/Form8889 for instructions and the latest information.**2023**
Attachment
Sequence No. **52**

Name(s) shown on Form 1040, 1040-SR, or 1040-NR

Social security number of HSA beneficiary.
If both spouses have HSAs, see instructions.
431-77-9414

Taylor J Phillips

Before you begin: Complete Form 8853, Archer MSAs and Long-Term Care Insurance Contracts, if required.**Part I HSA Contributions and Deduction.** See the instructions before completing this part. If you are filing jointly and both you and your spouse each have separate HSAs, complete a separate Part I for each spouse.

1	Check the box to indicate your coverage under a high-deductible health plan (HDHP) during 2023. See instructions	<input checked="" type="checkbox"/> Self-only <input type="checkbox"/> Family
2	HSA contributions you made for 2023 (or those made on your behalf), including those made by the unextended due date of your tax return that were for 2023. Do not include employer contributions, contributions through a cafeteria plan, or rollovers. See instructions	480.
3	If you were under age 55 at the end of 2023 and, on the first day of every month during 2023, you were, or were considered, an eligible individual with the same coverage, enter \$3,850 (\$7,750 for family coverage). All others , see the instructions for the amount to enter	3,850.
4	Enter the amount you and your employer contributed to your Archer MSAs for 2023 from Form 8853, lines 1 and 2. If you or your spouse had family coverage under an HDHP at any time during 2023, also include any amount contributed to your spouse's Archer MSAs	0.
5	Subtract line 4 from line 3. If zero or less, enter -0-	3,850.
6	Enter the amount from line 5. But if you and your spouse each have separate HSAs and had family coverage under an HDHP at any time during 2023, see the instructions for the amount to enter	3,850.
7	If you were age 55 or older at the end of 2023, married, and you or your spouse had family coverage under an HDHP at any time during 2023, enter your additional contribution amount. See instructions	0.
8	Add lines 6 and 7	3,850.
9	Employer contributions made to your HSAs for 2023	1,008.
10	Qualified HSA funding distributions	
11	Add lines 9 and 10	1,008.
12	Subtract line 11 from line 8. If zero or less, enter -0-	2,842.
13	HSA deduction. Enter the smaller of line 2 or line 12 here and on Schedule 1 (Form 1040), Part II, line 13 Caution: If line 2 is more than line 13, you may have to pay an additional tax. See instructions.	480.

Part II HSA Distributions. If you are filing jointly and both you and your spouse each have separate HSAs, complete a separate Part II for each spouse.

14a	Total distributions you received in 2023 from all HSAs (see instructions)	
b	Distributions included on line 14a that you rolled over to another HSA. Also include any excess contributions (and the earnings on those excess contributions) included on line 14a that were withdrawn by the due date of your return. See instructions	
c	Subtract line 14b from line 14a	
15	Qualified medical expenses paid using HSA distributions (see instructions)	
16	Taxable HSA distributions. Subtract line 15 from line 14c. If zero or less, enter -0-. Also, include this amount in the total on Schedule 1 (Form 1040), Part I, line 8f	
17a	If any of the distributions included on line 16 meet any of the Exceptions to the Additional 20% Tax (see instructions), check here <input type="checkbox"/>	
b	Additional 20% tax (see instructions). Enter 20% (0.20) of the distributions included on line 16 that are subject to the additional 20% tax. Also, include this amount in the total on Schedule 2 (Form 1040), Part II, line 17c	

Part III Income and Additional Tax for Failure To Maintain HDHP Coverage. See the instructions before completing this part. If you are filing jointly and both you and your spouse each have separate HSAs, complete a separate Part III for each spouse.

18	Last-month rule	
19	Qualified HSA funding distribution	
20	Total income. Add lines 18 and 19. Include this amount on Schedule 1 (Form 1040), Part I, line 8f	
21	Additional tax. Multiply line 20 by 10% (0.10). Include this amount in the total on Schedule 2 (Form 1040), Part II, line 17d	

For Paperwork Reduction Act Notice, see your tax return instructions.

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Form **8889** (2023)