



ARKANSAS FIDUCIARY INCOME TAX RETURN

Nonresident

For 2018 or fiscal year beginning and ending 20

Software ID

DFA WEB

Name of estate or trust, Federal Identification Number, Name and title of fiduciary or trustee, Date trust created, Mailing address, City, State or Province, ZIP, Check if address is outside U.S. Foreign Country, Type of entity: Decedent's estate, Simple trust, Complex trust, ESBT, Grantor trust, Charitable trust, Bankruptcy estate, Pooled income fund

ORIGINAL RETURN, AMENDED RETURN, FINAL RETURN, A. ALL INCOME, B. ARKANSAS INCOME

Table with 8 rows for Income (Interest, Dividends, Business Profit, Capital Gains, Rents, Farm Income, Other Income, Total Income) and 2 columns (A. ALL INCOME, B. ARKANSAS INCOME)

Table with 9 rows for Deductions (Taxes, Interest, Charitable contributions, Fees, Other deductions, Total deductions, Adjusted income before distributions, Amounts to be distributed to beneficiaries, Adjusted income after distributions) and 2 columns (A. ALL INCOME, B. ARKANSAS INCOME)

Table with 2 rows for Standard deduction (Line 18) and NET TAXABLE INCOME (Line 19)

Table with 6 rows for Tax and Payments (Total Tax, Personal tax credit, Other state tax credit, Business Incentive Tax Credit, Total Credits, NET TAX)

Table with 4 rows for Apportioned Net Tax (25A, 25B, 25C, 25D)

Table with 13 rows for Tax and Payments (Arkansas income tax withheld, Estimated tax paid, Tax paid with extension, Payments made, Total payments, Overpayments received, NET PAYMENTS, Amount of overpayment, Amount to be applied to 2019 estimated tax, AMOUNT TO BE REFUNDED TO YOU, AMOUNT DUE, Attach Form AR2210 or AR2210A, Attach Form AR1002V to your payment, TOTAL DUE)

Under penalties of perjury, I declare that I have examined this return and to the best of my knowledge and belief, the statements are true and complete. Fiduciary/trustee's signature, Date, Preparer's signature, Date, Name, ID/SSN, Address, City, state, and ZIP, May the Arkansas Revenue Agency discuss this return with the preparer shown above?, For Department Use Only



## Schedule A: Capital Gains (Attach Federal Schedule D)

In Arkansas only 50% of net long term capital gain is taxed. 100% of short term capital gains is taxed.

Per Act 1488 of 2013, the amount of net capital gain in excess of ten million dollars (\$10,000,000) from a gain realized on or after January 1, 2014, is exempt from state tax.

Complete this schedule if you have a NET CAPITAL GAIN OR LOSS reported on federal Schedule D, federal Form 1041. The amount of capital loss that may be deducted after offsetting capital gains is limited to \$3,000.

Adjust your gains and losses for any depreciation differences, if any, in the federal and Arkansas amounts using Lines 2, 5 and 10. \*

\*(Arkansas did not adopt the federal "bonus depreciation" provision from previous years. Therefore, there may be a difference in federal and Arkansas amounts of depreciation allowed.)

	Federal Schedule D		(A) All Income		(B) Arkansas Only
1. Enter federal long-term capital gain or loss reported on Line 16, federal Schedule D, Form 1041.....1	00		00		00
2. Enter adjustment, if any, for depreciation differences in federal and state amounts.....2			00		00
3. Arkansas long-term capital gain or loss, add (or subtract) Line 1 and Line 2.....3		●	00	●	00
4. Enter federal net short-term capital loss, if any, reported on Line 7, federal Schedule D, Form 1041 .....4	00		00		00
5. Enter adjustment, if any, for depreciation differences in federal and state amounts.....5			00		00
6. Arkansas net short-term capital loss, add (or subtract) Line 4 and Line 5.....6		●	00	●	00
7a. Arkansas net capital gain or loss (Combine Lines 3 and 6).....7a		●	00	●	00
7b. If the amount on line 7a is over \$10,000,000, only enter \$10,000,000. If less than \$10,000,000, enter the total amount.....7b			00		00
8. Arkansas taxable amount, if a gain multiply Line 7b by 50 percent (.50), otherwise enter loss.....8			00		00
9. Enter federal short-term capital gain, if any, reported on Line 7, federal Schedule D, Form 1041.....9	00		00		00
10. Enter adjustment, if any, for depreciation differences in federal and state amounts.....10			00		00
11. Arkansas short-term capital gain, add (or subtract) Line 9 and Line 10.....11		●	00	●	00
12. Total taxable Arkansas capital gain or loss, add Lines 8 and 11. (Loss limited to \$3,000) Enter here and on AR1002F / AR1002NR.....12			00		00

## Schedule B: Income Distribution (Attach Federal K-1s)

Beneficiaries' share of income: _____				Number of beneficiaries who received distributions: _____		
FIRST AND LAST NAME or NAME OF ESTATE OR TRUST	SSN/FEIN	ADDRESS	ST	ZIP	AMOUNT	
					00	
					00	
					00	
					00	
					00	

Mail TAX DUE to: State Income Tax, P. O. Box 2144, Little Rock, AR 72203-2144	Mail AMENDED to: State Income Tax, P. O. Box 3628, Little Rock, AR 72203-3628
Mail REFUND to: State Income Tax, P. O. Box 1000, Little Rock, AR 72203-1000	Mail NO TAX DUE to: State Income Tax, P. O. Box 8026, Little Rock, AR 72203-8026