STATE OF ARKANSAS NONRESIDENT FIDUCIARY RETURN

Fo	r 20′	11 or fiscal year beginning and ending		_20 •	Ц,	\perp		•	
Nar	ne of	f estate or trust		EIN		г	T	ype of entity: edent's estate	-, I
N/a:			• Do	ata truat araatad	\dashv			ole trust	_
IVIAI	ing a	address	Da	ite trust created			Com ESB	plex trust	-
City	stat	te and ZIP code			\dashv	_		ntor trust	⊣ ∣
•								ritable trust	_
•		Check this box if you have filed a state extension or an automatic f	ede	ral extension	\neg			kruptcy estate Led income fund	- 1
	$\overline{\Box}$	ORIGINAL RETURN ● AMENDED RETURN ● FINAL RETURN		A. ALL INCOME	\neg	_	B.	ARKANSAS INCO	OME
	1	Interest income:	1		00	1	\vdash		00
		Ordinary dividends:			00	2	\Box		00
		Net profit from trade or business: (attach schedule)			00	3	į 🗀		00
шe		Capital gains: (see instructions)			00	4			00
Income		Rents, royalties, partnerships, other estates and trusts, etc: (attach schedule)			00	5			00
=		Farm income: (attach schedule)			00	6			00
		Other income:			00	7	,		00
		TOTAL INCOME: (add Lines 1 through 7)			00	8			00
		Taxes:			00	9	-		00
		Interest:			00	10	,		00
		Charitable contributions:				11	-		00
Suc		Fees: (fiduciary/attorney/accountant/preparer)				12	-		00
Deductions		Other deductions:			00		_		00
edu		Total deductions: (add Lines 9 through 13)			00				00
		Adjusted income before distributions: (subtract Line 14 from Line 8)			00				00
		Amounts to be distributed to beneficiaries:			00				00
		Adjusted income after distributions: (subtract Line 16 from Line 15)			00				00
		Standard deduction:		2000			_		
		NET TAXABLE INCOME: (subtract Line 18 from Line 17)			00				
		TOTAL TAX: Enter tax from REGULAR TAX TABLE using the amount on Line		Column A:		20	Ī		00
		Personal tax credit:		23			_		
		Other state tax credit:		•	00				
		Business Incentive Tax Credit: (attach AR1000TC)			00				
		TOTAL CREDITS: (add Lines 21 through 23)				.24	•		00
		NET TAX: (subtract Line 24 from Line 20)				.25	,		00
		. Enter the amount from Line 17, Column B:			00				
		. Enter the amount from Line 17, Column A:			00				
		Divide Line 25A by Line 25B and enter decimal here:			2	5C	•		
ıts	25D	APPORTIONED NET TAX: (multiply Line 25 by Line 25C)			2	5D	•		00
neu	26.	Arkansas income tax withheld: (attach AR1099PT and/or 1099R)	26	•	00				
Paymer	27.	Estimated tax paid or credit brought forward from last year:	27	•	00				
and F	28.	Tax paid with extension:	28	•	00				
×a	29.	Payments made with or after the filing of original return: (see instructions)	29	•	00				
Tax	30.	Total payments: (add Lines 26 through 29)	30		00				
	31.	Overpayments received: (see instructions)	31	•	00		_		
	32.	NET PAYMENTS: (subtract Line 31 from Line 30)				32	•		00
		Amount of overpayment: (if Line 32 is greater than Line 25D, enter difference)			-	33	•		00
		Amount to be applied to 2012 estimated tax:			00		_		
	35.	AMOUNT TO BE REFUNDED TO YOU: (subtract Line 34 from Line 33)				35	•		00
		AMOUNT DUE: (if Line 32 is less than Line 25D, enter difference)			_	_	•		00
		Attach Form AR2210 or AR2210A. If required, enter exception in box 37A ● F		•	00)			
		Attach Form AR1002V to check or money order payable in U.S. Dollars to "Dept. of					_		\dashv
		Include FEIN on payment. To pay by credit card see instructions				$\overline{}$			00
Und	er per	nalties of perjury, I declare that I have examined this return and to the best of my knowledge and belie	f, the	statements are true and com	olete			May the Arkansas Revenuency discuss this return v	
Fidu	ciary	y's signature Date		<u> </u>		_	-	he preparer shown above	
Prep	arer	r's signature Date				1	<u>_</u> L	Yes No	
Nan		ID/SSN City state and ZID				F	_	OFFICE USE ONLY	
	ress	City, state, and ZIP				上	Α		

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

In Arkansas only 70% of net long term capital gain is taxed. 100% of short term capital gains is taxed.

Complete this worksheet 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.)

					Per Sch D, F	orm 1041	Arkansas
		capital gain or loss report				00	
·					1 [100	
		y , for depreciation differe		2			
		ital gain or loss, add <i>(or s</i>				_	
ŭ		erm capital loss, if any ,	,				
		Form 1041	•		4	00	
5. Enter adjustme	nt, if an	y, for depreciation differe	nces in federal and	state			
amounts						5	
6. Arkansas net s	hort-term	capital loss, add (or sub	tract) Line 4 and Line	9 5		6	
. Arkansas net c	apital gai	n or loss (If gain, subtrac	t Line 6 from 3. If los	s add Lines 6 and 3)		7	
 Arkansas taxat 	ole amour	nt. If a gain, multiply Line	7 by 70 percent (.70), otherwise enter lo	ss	8	
Enter federal sl	nort-term	capital gain, if any, repo	orted on			00	
•	-	m 1041			9	100	
. Enter adjustme	nt, if any	y , for depreciation differe	nces in federal and	state			
						_	
		pital gain, add (or subtrac	•			11	
		capital gain or loss, add L	•				
enter nere and		I, Form AR1002/AR1002					
	C.	skadula Di lua	ome Dictri	bution / Attoo		I K 461	
		chedule B: Inc	ome Distri	ı		•	
Beneficiaries' sh			ome Distri	Number of benefic		•	ns:
Beneficiaries' sh			ssn	ı	ciaries who recei	•	ns:
	are of inc	ome:		Number of benefit	ciaries who recei	ved distributio	
	are of inc	ome:		Number of benefit	ciaries who recei	ved distributio	AMOUNT
	are of inc	ome:		Number of benefit	ciaries who recei	ved distributio	AMOUNT
	are of inc	ome:		Number of benefit	ciaries who recei	ved distributio	AMOUNT
	are of inc	ome:		Number of benefit	ciaries who recei	ved distributio	AMOUNT
	are of inc	ome:		Number of benefit	ciaries who recei	ved distributio	AMOUNT
	are of inc	ome:		Number of benefit	ciaries who recei	ved distributio	AMOUNT
	are of inc	ome:		Number of benefit	ciaries who recei	ved distributio	AMOUNT
	are of inc	ome:		Number of benefit	ciaries who recei	ved distributio	AMOUNT
	are of inc	ome:		Number of benefit	ciaries who recei	ved distributio	AMOUNT

Mail **NO TAX DUE** to: State Income Tax, P. O. Box 8026, Little Rock, AR 72203-8026

Mail **REFUND** to: State Income Tax, P. O. Box 1000, Little Rock, AR 72203-1000