

2020 AR1002NR



FTNR201

ARKANSAS FIDUCIARY

Nonresident INCOME TAX RETURN

For 2020 or fiscal year beginning _____ and ending _____ 20 ____ •

Software ID

Name of estate or trust •	Federal identification number •	Type of entity: Decedent's estate Simple trust Complex trust ESBT Grantor trust Charitable trust Bankruptcy estate Pooled income fund	
Name and title of fiduciary or trustee •	Date trust created		
Mailing address •	State or federal extension filed		
City •	State or province •	ZIP •	<input type="checkbox"/> Check if address is outside U.S. Foreign country
<input type="checkbox"/> INITIAL RETURN • <input type="checkbox"/> AMENDED RETURN • <input type="checkbox"/> FINAL RETURN		A. ALL INCOME	
Income	1. Interest income:	1	00
	2. Ordinary dividends:	2	00
	3. Net profit from trade or business: (Attach schedule)	3	00
	4. Capital gains: (See instructions)	4	00
	5. Rents, royalties, partnerships, other estates and trusts, etc: (Attach schedule)	5	00
	6. Farm income: (Attach schedule)	6	00
	7. Other income:	7	00
	8. TOTAL INCOME: (Add lines 1 through 7)	8	00
Deductions	9. Taxes:	9	00
	10. Interest:	10	00
	11. Charitable contributions:	11	00
	12. Fees: (Fiduciary/attorney/accountant/preparer)	12	00
	13. Other deductions:	13	00
	14. Total deductions: (Add lines 9 through 13)	14	00
	15. Adjusted income before distributions: (Subtract line 14 from line 8)	15	00
	16. Amounts to be distributed to beneficiaries:	16	00
17. Adjusted income after distributions: (Subtract line 16 from line 15)	17	00	
18. Standard deduction:	18	\$2,200	
19. NET TAXABLE INCOME: (Subtract line 18 from line 17)	19	00	
B. ARKANSAS INCOME			
Tax and Payments	20. TOTAL TAX:: Enter tax from REGULAR TAX TABLE using the amount on line 19, column A:	20	00
	21. Personal tax credit:	21	\$29
	22. Other tax credit: (Attach AR1002-TC)	22	00
	23. TOTAL CREDITS: (Add lines 21 through 22)	23	00
	24. NON ESBT NET TAX: (Subtract line 23 from line 20)	24	00
	24A. Enter the amount from line 17, column B:	24A	00
	24B. Enter the amount from line 17, column A:	24B	00
	24C. Divide line 24A by line 24B and enter decimal here:	24C	00
24D. APPORTIONED NON ESBT NET TAX: (Multiply line 24 by line 24C)	24D	00	
24E. APPORTIONED ESBT NET TAX: (Attach schedule)	24E	00	
24F. TOTAL APPORTIONED NET TAX: (Add lines 24D and 24E)	24F	00	
25. Arkansas income tax withheld: (Attach AR1099PT and/or 1099R)	25	00	
26. Estimated tax paid or credit brought forward from last year:	26	00	
27. Tax paid with extension:	27	00	
28. Payments made with or after the filing of original return: (See instructions)	28	00	
29. Total payments: (Add lines 25 through 28)	29	00	
30. Overpayments received: (See instructions)	30	00	
31. NET PAYMENTS: (Subtract line 30 from line 29)	31	00	
32. Amount of overpayment: (If line 31 is greater than line 24F, enter difference)	32	00	
33. Amount to be applied to 2021 estimated tax:	33	00	
34. AMOUNT TO BE REFUNDED TO YOU: (Subtract line 33 from line 32)	34	00	
35. AMOUNT DUE: (If line 31 is less than line 24F, enter difference)	35	00	
36. Attach Form AR2210 or AR2210A. If required, enter exception in box 36A • <input type="checkbox"/> Penalty 36B • <input type="checkbox"/> 00	36C	00	

Pay Online: Please visit our secure site ATAP (Arkansas Taxpayer Access Point) at www.atap.arkansas.gov **TOTAL DUE 36C** • 00

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 _____

May the Arkansas Revenue Agency discuss this return with the preparer?
 Yes NoPreparer's signature _____ Date _____
Name _____ PTIN/ID number • _____
Address _____ City, state, and ZIP _____

For Department Use Only

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FTNR202

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
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
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
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
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	