AR1002

STATE OF ARKANSAS Fiduciary Return

·2005

For ca	lendar year 2005 or Fiscal Year beginning and ending		20 •			•		
	e of Estate or Trust	T				Type of Ent	titv:	
					De	ecedent's estate		
•		ᅷ	Endoral Identification Number			mple trust		Ц
Addre	ess - Street and Number, P. O. Box or Rural Route	-	ederal Identification Nur	nber		omplex trust SBT		Н
•		•				rantor trust		◩
City, S	State and Zip Code		ate trust created			haritable trust		Ц
•						ankruptcy estate ooled income fu		Н
	ODICINAL DETUDAL A CLAMENDED DETUDAL A CLEMAL DETUDAL	—	I A FEDERAL DETUI					<u> </u>
ᆫ	ORIGINAL RETURN • AMENDED RETURN • FINAL RETURN		A. FEDERAL RETU	$\overline{}$	\Box	B. ARKANSA	S INCC	_
	1. Interest Income:			00	1			00
Income	2. Ordinary Dividends:			00	2			00
	3. Net Profit from Trade or Business: (Attach Schedule)			00	3			00
	4. Capital Gains: (See Instructions)			00	4			00
	5. Rents, Royalties, Partnerships, other Estates and Trusts, etc. (Attach Schedule)			00	5			00
	6. Farm Income or (Loss): (Attach Schedule)			00	6			00
	7. Other Income:			00	7			00
	8. Total Income: (Add Lines 1 through 7)		•	00	-~ +	<u>•</u>		00
	9. Interest			00	ı ~ ı			00
	10. Taxes			00				00
	11. Fiduciary Fees			00				00
suc	12. Charitable Deduction			00				00
Deductions	13. Attorney, Accountant, and Return Preparer Fees			00				00
edı	14. Other Deductions			00				00
۵	15. Total Deductions: (Add Lines 9 through 14)		•	_	15	<u>• </u>		00
	16. Adjusted Income (Subtract Line 15 from Line 8)			00				00
	17. Amounts to be Distributed to Beneficiaries:		•		17	<u>•</u>		00
	18. Net Taxable Income: (Subtract Line 17 from Line 16)			00	$\overline{}$			00
	19. Total Tax: Enter Tax from REGULAR TAX TABLE 2 using the Amount on Line 18			$\overline{}$	19			00
	20. Personal Tax Credit:			$\overline{}$				
	21. Other State Tax Credit:			00				
	22. Business and Incentive Tax Credit			00	١,			1
	23. Total Tax Credits: (Add Lines 20 through 22)							00
Payments	24. Tax Liability: (Subtract Line 23 from Line 19)				24	<u>• </u>		00
yme	25. Estimated Tax Paid or Credit Brought Forward From Last Year:			00				
Pa	26. Tax Paid with Extension:			00				
and	27. Payments Made With or After the Filing of Original Return: (See Instructions)			00				
Тах	28. Total Payments: (Add Lines 25 through 27)			00				
12	29. Overpayments Received: (See Instructions)							1
	30. Net Payments: (Subtract Line 29 from Line 28)							00
	31. Amount of Overpayment: (If Line 30 is greater than Line 24, enter difference)					<u>•</u>		00
	32. Amount to be Applied to 2006 Estimated Tax:			00				Tan
	33. AMOUNT TO BE REFUNDED TO YOU: (Subtract Line 32 from Line 31)							00
	34. AMOUNT DUE: (If Line 30 is less than Line 24, enter difference)	<u></u>		<u></u>	34	<u>•</u>		00
	Inder penalties of perjury, I declare that I have examined this return and to nd belief, the statements are true and complete.) the	e best of my knowle	dge	- .	May the Arkans Agency discuss the preparer show	his return	with
Fidu	ciary's Signature Date _					Yes	No No	
						OFFICE US	E ONLY	
Prep	arer's Signature Date _				-	A ●		
					-	В●		
Nam	e ID/SSN	•			L	C●		
Add	ress				-	D●		
					-	E●		
City,	State, and Zip				L	F●		
					- 1	G●		
AR1002	2 (R 11/05)					H●		

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

Arkansas has not adopted the depreciation provisions contained in the Job Creation Workers Act of 2002, the Jobs and Growth Tax Relief Reconciliation Act of 2003, the Working Families Relief and American Jobs Creation Acts of 2004 or the Energy Tax Incentive Act of 2005. While the new depreciation provisions may be used for federal returns, Arkansas operates under a different tax code. On Arkansas income tax returns, taxpayers must file following the rules in sections 167, 168, 179, and 179A under the Internal Revenue Code of 1986, enacted January 1, 1999. Arkansas does not recognize the 50% bonus depreciation or the increased Section 179 expense provisions, therefore there may be differences in the Arkansas and the federal basis of assets that you dispose of during the year. These and any other differences should be reconciled using the adjustment lines in the worksheet below.

You can find more information about Arkansas tax code, or file your income tax electronically, by visiting the Department of Finance and Administration web site at www.arkansas.gov/dfal.

Complete this worksheet if you have a NET CAPITAL GAIN OR LOSS reported on Schedule D, Federal Form 1041. Adjust your gains and losses for any differences in the federal and Arkansas amounts using Lines 2, 5 and 10.

Per Sch D, Form 1041

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

Arkansas

1.		_	erm Capital Gain or Loss report				00	00
2			41ny, for differences in federal and		1		100	00
۷.	•						2	00
3.			Capital Gain or Loss, add (or s					00
4.			ort-Term Capital Loss, if any, re					
	on Line 5, Sche	dule [), Form 1041		4		00	00
5.	Enter adjustmer	nt, if a	ny, for differences in federal and	state				
							-	00
6.			erm Capital Loss, add (or subti	,			L	00
7.			Gain or Loss (If gain, subtract					00
8.			nount. If a gain, multiply Line 7		(./0), otherwise enter loss		8	00
9.			erm Capital Gain, if any, reporte		٥		00	00
10			ny, for differences in federal and		9 <u> </u>			
10.	•						10	00
11.			Capital Gain, add (or subtract)				-	00
			s Capital Gain or Loss, add Lin				ľ	
	and on Line 4, F	orm A	R1002/AR1002NR				12	00
		5	Schedule B: Incom	ne Distrib	oution <i>(Attach Fe</i>	deral	K-1's)	
					•		,	
	Beneficiaries' share	e of ind	come:		Number of beneficiaries wh	o receive	d distributions	s:
F	IRST NAME	МІ	LAST NAME	SSN	ADDRESS	ST	ZIP	AMOUNT
F	IRST NAME	МІ	LAST NAME	SSN	ADDRESS	ST	ZIP	AMOUNT 00
F	IRST NAME	МІ	LAST NAME	SSN	ADDRESS	ST	ZIP	00
F	IRST NAME	МІ	LAST NAME	SSN	ADDRESS	ST	ZIP	00
F	IRST NAME	МІ	LAST NAME	SSN	ADDRESS	ST	ZIP	00
F	IRST NAME	MI	LAST NAME	SSN	ADDRESS	ST	ZIP	00
F	IRST NAME	MI	LAST NAME	SSN	ADDRESS	ST	ZIP	00 00 00
F	IRST NAME	МІ	LAST NAME	SSN	ADDRESS	ST	ZIP	00 00 00
F	IRST NAME	MI	LAST NAME	SSN	ADDRESS	ST	ZIP	00 00 00 00
F	IRST NAME	MI	LAST NAME	SSN	ADDRESS	ST	ZIP	00 00 00 00 00 00
F	IRST NAME	MI	LAST NAME	SSN	ADDRESS	ST	ZIP	00 00 00 00 00
F	IRST NAME	MI	LAST NAME	SSN	ADDRESS	ST	ZIP	00 00 00 00 00 00
F	IRST NAME	MI	LAST NAME	SSN	ADDRESS	ST	ZIP	00 00 00 00 00 00

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