



STATE OF ARKANSAS FIDUCIARY INCOME TAX RETURN

Software ID

For 2016 or fiscal year beginning and ending 20

DFA WEB

Name of estate or trust, Federal Identification Number, Name and title of fiduciary or trustee, Date trust created, Mailing address, State or federal extension filed, City, State or Province, ZIP, Country (if not U.S.)

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 3 columns: Description, A. ALL INCOME, B. ARKANSAS INCOME. Rows 1-8: Interest income, Ordinary dividends, Net profit from trade or business, Capital gains, Rents, royalties, partnerships, other estates and trusts, etc., Farm income, Other income, TOTAL INCOME.

Table with 3 columns: Description, A. ALL INCOME, B. ARKANSAS INCOME. Rows 9-17: Taxes, Interest, Charitable contributions, Fees, Other deductions, Total deductions, Adjusted income before distributions, Amounts to be distributed to beneficiaries, Adjusted income after distributions.

Table with 3 columns: Description, A. ALL INCOME, B. ARKANSAS INCOME. Rows 18-19: Standard deduction, NET TAXABLE INCOME.

Table with 3 columns: Description, A. ALL INCOME, B. ARKANSAS INCOME. Rows 20-25: TOTAL TAX, Personal tax credit, Other state tax credit, Business Incentive Tax Credit, TOTAL CREDITS, NET TAX.

Table with 3 columns: Description, A. ALL INCOME, B. ARKANSAS INCOME. Rows 26-37: Arkansas income tax withheld, Estimated tax paid or credit brought forward from last year, Tax paid with extension, Payments made with or after the filing of original return, Total payments, Overpayments received, NET PAYMENTS, Amount of overpayment, Amount to be applied to 2017 estimated tax, AMOUNT TO BE REFUNDED TO YOU, AMOUNT DUE, Attach Form AR2210 or AR2210A, Penalty 37B, 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?, OFFICE USE ONLY



Schedule A: Capital Gains (Attach Federal Schedule D)

For net capital gains realized from:

Jan 1, 2016 - Jun 30, 2016..... 45% is tax exempt
Jul 1, 2016 - Dec 31, 2016 50% is tax exempt

Table with columns: Federal Schedule D, (A) All Income, (B) Arkansas Only. Rows include capital gain/loss entries, adjustments, and net taxable amounts.

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

Beneficiaries' share of income: _____

Number of beneficiaries who received distributions: _____

Table with columns: FIRST AND LAST NAME or NAME OF ESTATE OR TRUST, SSN/FEIN, ADDRESS, ST, ZIP, AMOUNT. Includes a grid for listing beneficiaries.

Mail TAX DUE to: State Income Tax, P. O. Box 2144, Little Rock, AR 72203-2144
Mail REFUND to: State Income Tax, P. O. Box 1000, Little Rock, AR 72203-1000

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