

2020 AR1002F



ARKANSAS FIDUCIARY INCOME TAX RETURN

Software ID

DFA WEB

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

Name of estate or trust ●			Federal identification number ●		Type of entity: Decedent's estate <input type="checkbox"/> Simple trust <input type="checkbox"/> Complex trust <input type="checkbox"/> ESBT <input type="checkbox"/> Grantor trust <input type="checkbox"/> Charitable trust <input type="checkbox"/> Bankruptcy estate <input type="checkbox"/> Pooled income fund <input type="checkbox"/>
Name and title of fiduciary or trustee ●			Date trust created		
Mailing address ●			<input type="checkbox"/> State or federal extension filed		
City ●	State or province ●	ZIP ●	<input type="checkbox"/> Check if address is outside U.S. Foreign country		

INITIAL RETURN
 AMENDED RETURN
 FINAL RETURN

	A. ALL INCOME	B. ARKANSAS INCOME
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Income	1.	Interest income:	1	00		1	00
	2.	Ordinary dividends:	2	00		2	00
	3.	Net profit from trade or business: (Attach schedule)	3	00		3	00
	4.	Capital gains: (See instructions)	4	00		4	00
	5.	Rents, royalties, partnerships, other estates and trusts, etc: (Attach schedule)	5	00		5	00
	6.	Farm income: (Attach schedule)	6	00		6	00
	7.	Other income:	7	00		7	00
	8.	TOTAL INCOME: (Add lines 1 through 7)	8	00		8	00

Deductions	9.	Taxes:	9	00		9	00
	10.	Interest:	10	00		10	00
	11.	Charitable contributions:	11	00		11	00
	12.	Fees: (Fiduciary/attorney/accountant/preparer)	12	00		12	00
	13.	Other deductions:	13	00		13	00
	14.	Total deductions: (Add lines 9 through 13)	14	00		14	00
	15.	Adjusted income before distributions: (Subtract line 14 from line 8)	15	00		15	00
	16.	Amounts to be distributed to beneficiaries:	16	00		16	00

18.	Standard deduction:	18		\$2,200	00
19.	NET TAXABLE INCOME: (Subtract line 18 from line 17)	19			00

20.	TOTAL TAX: Enter tax from REGULAR TAX TABLE using the amount on line 19, column B:	20			00
21.	Personal tax credit:	21	\$29	00	
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.	ESBT NET TAX: (Attach schedule)	24A			00
24B.	TOTAL NET TAX: (Add lines 24 and 24A)	24B			00

Tax and Payments	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 24B, 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 24B, 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"/>					36		00
Pay Online: Please visit our secure site ATAP (Arkansas Taxpayer Access Point) at www.atap.arkansas.gov					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? <input type="checkbox"/> Yes <input type="checkbox"/> No
Preparer's signature _____ Date _____	
Name _____ PTIN/ID number ● _____	For Department Use Only
Address _____ City, state, and ZIP _____	A ●



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 10414	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

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