## STATE OF ARKANSAS NONRESIDENT FIDUCIARY RETURN

Fo	r 20	07 or Fiscal	Year beginning and ending		20 •	1	ı	•	
Naı	ne o	of Estate or T	rust	Fe	deral Identification Numb	er	_	Type of Entity:	П
•				•				ecedent's estate imple trust	Н
Ма	iling .	Address		Date trust created				omplex trust SBT	П
•							_	rantor trust	$\Box$
City	, Sta	ate and Zip C	Code					haritable trust ankruptcy estate	Н
•								ooled income fund	
		ORIGINAL F	RETURN •   AMENDED RETURN •   FINAL RETURN		A. ALL INCOME			B. ARKANSAS INC	OME
	1.	Interest Inc	come:	. 1		00	1		00
	2.	Ordinary Di	ividends:	2		00	2		00
	3.	Net Profit fr	rom Trade or Business: (Attach Schedule)	. 3		00	3		00
ncome	4.	Capital Gai	ins: (See Instructions)	4		00	4		00
luc	5.	Rents, Roy	ralties, Partnerships, other Estates and Trusts, etc: (Attach Schedule)	. 5		00	5		00
	6.	Farm Incon	ne: (Attach Schedule)	6		00	6		00
	7.	Other Incor	me:	. 7		00	7		00
	$\overline{}$		ICOME: (Add Lines 1 through 7)		•	00	8	•	00
	9.	Taxes		9		00	9		00
	10.	Interest	1	10		-	10		00
SI	ı		Contributions1			20	11		00
Deductions	1		ciary/Attorney/Accountant/Preparer) 1			20	12		00
onp	ı		uctions 1			00	13		00
De			ctions: (Add Lines 9 through 13)1		-		14	-	00
		-	ncome Before Distributions (Subtract Line 14 from Line 8)		•	00	15	•	00
			b be Distributed to Beneficiaries:				16		00
			ncome After Distributions (Subtract Line 16 from Line 15)		2000		17	<u>•</u>	100
	ı		Deduction		2000	00			
	i –		ABLE INCOME: (Subtract Line 18 from Line 17)		Column A:	1	20	<u> </u>	00
	1		ax Credit:		23		_∪[		
	ı		e Tax Credit: 2	1		00			
			nd Incentive Tax Credit			00			
			REDITS: (Add Lines 21 through 23)			—	24	•	00
			BILITY: (Subtract Line 24 from Line 20)				г		00
			Amount from Line 17, Column B:25			00			
,,			Amount from Line 17, Column A:			00			
ents			e 25A by Line 25B and enter percentage here:			25	5C [	•	%
ayments	25E	. APPORT	IONED TAX LIABILITY: (Multiply Line 25 by Line 25C)			25	D.	•	00
۵	26.	Arkansas Ir	ncome Tax Withheld: (Attach AR1099PT and/or 1099R)2	26	•	00			
and	27.	Estimated 7	Tax Paid or Credit Brought Forward From Last Year:2	27	•	00			
Tax			ith Extension: 2			00			
ļ ·	29.	Payments I	Made With or After the Filing of Original Return: (See Instructions)2	29	•	00			
			ents: (Add Lines 26 through 29)			00			
			ents Received: (See Instructions)			00			- Iaa
			MENTS: (Subtract Line 31 from Line 30)						00
			Overpayment: (If Line 32 is greater than Line 25D, enter difference)				33	•	00
			be Applied to 2008 Estimated Tax:			00	[	_	Inn
			TO BE REFUNDED TO YOU: (Subtract Line 34 from Line 33)						00
Uno			TDUE: (If Line 32 is less than Line 25D, enter difference)					OFFICE USE ONLY	
			<b>.</b>	110 3	statements are true and com	рісіс.		VIFICE USE UNLT	
<u> </u>	uucia	ary's Signatu	ureDate				_	3 •	
Preparer's Signature Date							-		
Name ID/SSN ●							-	0 •	
''	ا ۱۱۱۳		ID/33N <u>•</u>			-	-		
Address City, State, and Zip							-	<b>5</b> •	
AR	1002N	NR (R 1/11/08)	May the Arkansas Revenue Agency discuss this return with the preparer shown ab	OOV	e? 🗌 Yes 📗 No		Н	•	

## 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
	•	n Capital Gain or Loss re	•	1		00	o
2. Enter adjustme	ent, <b>if an</b>	<b>y</b> , for differences in feder	ral and state				0
		apital Gain or Loss, add (				<u> </u>	0
`	•	-Term Capital Loss, <b>if a</b>	,				
		Form 1041		4	ı L	00	0
<ol><li>Enter adjustme</li></ol>	ent, <b>if an</b>	<b>y</b> , for differences in feder	ral and state				0
		04-11				_	0
		m Capital Loss, add <i>(or s</i> ain or Loss <i>(If gain, subtr</i>				_	
	•	ınt. If a gain, multiply Line		,		_	
		m Capital Gain, <b>if any</b> , r		(.70), otherwise enter io	55		
		m 1041		g	,	00	C
· ·	•	y, for differences in feder					
		<b></b>				10	C
1. Arkansas Shoi	t-Term Ca	apital Gain, add <i>(or subtra</i>	act) Line 9 and Line	10		11	0
2. Total taxable A	rkansas (	Capital Gain or Loss, add	Lines 8 and 11, <b>(lo</b>	ss limited to \$3,000)	,		
enter here and	on Line 4	4, Form AR1002/AR1002	NR			12	
		chedule B: Inc	ome Distri	1			
Beneficiaries' sh	are of inc	come:		Number of benefic	iaries who receiv	ved distributio	
Beneficiaries' sh			ssn	1	iaries who receiv		ns:
	are of inc	come:		Number of benefic	iaries who receiv	ved distributio	
	are of inc	come:		Number of benefic	iaries who receiv	ved distributio	AMOUNT
	are of inc	come:		Number of benefic	iaries who receiv	ved distributio	<b>AMOUNT</b> 0 0
	are of inc	come:		Number of benefic	iaries who receiv	ved distributio	<b>AMOUNT</b> 0 0 0
	are of inc	come:		Number of benefic	iaries who receiv	ved distributio	### AMOUNT   0
	are of inc	come:		Number of benefic	iaries who receiv	ved distributio	0 0 0 0
	are of inc	come:		Number of benefic	iaries who receiv	ved distributio	AMOUNT 0
	are of inc	come:		Number of benefic	iaries who receiv	ved distributio	0 0 0 0
	are of inc	come:		Number of benefic	iaries who receiv	ved distributio	0 0 0 0 0