For 2010 or Fiscal Year beginning





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Name of Estate or Trust FEIN				N	Γ,	<b>T</b>	ype of Entity: edent's estate	$\overline{}$	
Mailing Address				Date trust created		Simp	le trust	Н	
IVIAI ●	iii ig <i>i</i>	Address	Dat	e trust created		Com ESB	plex trust T	Н	
City	, Sta	ate and Zip Code	<u> </u>			Gran	tor trust	$\Box$	
•							ritable trust cruptcy estate	Н	
•		Check this box if you have filed a state extension or an automat	ic feder	al extension			ed income fund	旦	
		ORIGINAL RETURN	RN	A. ALL INCOME		B.	ARKANSAS INC	COM	Ε
	1.	Interest Income:	1	00	1			C	00
	2.	Ordinary Dividends:	2	00	2	<u>:</u> [_		C	00
	3.	Net Profit from Trade or Business: (Attach Schedule)	3	00	3	; 		C	00
Income	4.	Capital Gains: (See Instructions)	4 [	00	4	-		C	00
<u> </u>	5.	Rents, Royalties, Partnerships, other Estates and Trusts, etc: (Attach Schedule,	)5 [	00	5	;		C	00
_	6.	Farm Income: (Attach Schedule)	6	00	6	<u>ا</u>		C	00
	7.	Other Income:	7 [	00	7	$^{\prime}\square$		C	00
	8.	TOTAL INCOME: (Add Lines 1 through 7)	8	00	8	9		C	00
	9.	Taxes	9	00	9	<u>,</u>		C	00
	10.	Interest	10	00	10	·L		C	00
ons	11.	Charitable Contributions	11	00	11			C	00
	12.	Fees (Fiduciary/Attorney/Accountant/Preparer)	12	00	1'-			C	00
Deduction	13.	Other Deductions	13	00				C	00
)eq	14.	Total Deductions: (Add Lines 9 through 13)	14	00				C	00
-	15.	Adjusted Income Before Distributions (Subtract Line 14 from Line 8)	15	00				C	00
	16.	Amounts to be Distributed to Beneficiaries:	16	00	16	; <u> </u>		C	00
	17.	Adjusted Income After Distributions (Subtract Line 16 from Line 15)	17	00		<u>·</u>		0	00
	18.	Standard Deduction	18	<b>2000</b> 00					
	19.	NET TAXABLE INCOME: (Subtract Line 18 from Line 17)	19	00		_			
	20.	$\textbf{TOTAL TAX:} \ Enter \ Tax \ from \ \textbf{REGULAR TAX TABLE} \ using \ the \ Amount \ on$	Line 19, C		.20	Ĺ		0	00
	21.	Personal Tax Credit:	21	<b>23</b> 00					
		Other State Tax Credit:	-		ı				
		Business and Incentive Tax Credit (Attach AR1000TC)			ı	_			_
		TOTAL CREDITS: (Add Lines 21 through 23)						$\overline{}$	00
		NET TAX: (Subtract Line 24 from Line 20)				<u>j•</u>			00
		A. Enter the Amount from Line 17, Column B:			ı				
		B. Enter the Amount from Line 17, Column A:			ı	_			_
ပ္သ		C. Divide Line 25A by Line 25B and enter percentage here:						_	%
yments		D. APPORTIONED NET TAX: (Multiply Line 25 by Line 25C)				•		0	00
ayn		Arkansas Income Tax Withheld: (Attach AR1099PT and/or 1099R)							
д Ра		Estimated Tax Paid or Credit Brought Forward From Last Year:							
and		Tax Paid with Extension:							
Tax		Payments Made With or After the Filing of Original Return: (See Instructions)	-						
ļ .		Total Payments: (Add Lines 26 through 29)		00					
		Overpayments Received: (See Instructions)	_		ı	_		<del></del>	_
		NET PAYMENTS: (Subtract Line 31 from Line 30)						-	00
		Amount of Overpayment: (If Line 32 is greater than Line 25D, enter difference).			.33 1	; <u> </u>		0	00
		Amount to be Applied to 2011 Estimated Tax:				_			_
		<b>AMOUNT TO BE REFUNDED TO YOU:</b> (Subtract Line 34 from Line 33)						-	00
		AMOUNT DUE: (If Line 32 is less than Line 25D, enter difference)	1			•		0	00
	37.	Attach Form AR2210 or AR2210A. If required, enter exception in box 37A ●		, 0, 5 0	0				
		Complete and attach form AR1002V to your check or money order payable in U.S. Dollars for the tax due and penalty(if any). Include your FEIN on the check or money order. To pay				_			
<u> </u>		access website www.officialpayments.com		TOTAL DUE	37C				00
Und	er pe	nalties of perjury, I declare that I have examined this return and to the best of my knowledge and	belief, the s	tatements are true and complete	€.		lay the Arkansas Reve ency discuss this return		
Fidu	ciar	ary's Signature Date					ne preparer shown abo		
		r's Signature Dat	e		7		Yes No		_
Nan	ne_	ID/SS	SN •		-	_	OFFICE USE ONLY	r	
Add	ress	City, State, and Zip			- 1	Α	●		



## 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, Fe	orm 1041	Arkansas	
1.		-	erm Capital Gain or Loss re				00	0	n
0	,		11				100		_
2.	•		ny, for depreciation differe				2	0	0
3.			Capital Gain or Loss, add (				-	0	0
4.	ŭ		ort-Term Capital Loss, <b>if a</b>	,	110 LITIC Z				_
••			, Form 1041	-	4		00	0	Э
5.			ny, for depreciation differe					_	
	•						5	0	J
6.	Arkansas Net S	hort-T	erm Capital Loss, add <i>(or s</i>	_ine 5		6	0	C	
7.	Arkansas Net C	apital	Gain or Loss (If gain, subtr	act Line 6 from 3. If I	loss add Lines 6 and 3)		7	0	J
8.	Arkansas Taxab	le Am	ount. If a gain, multiply Line	e 7 by <b>70 percent</b>	(.70), otherwise enter los	s	8	0	C
9.			erm Capital Gain, <b>if any</b> , r	•					^
	Line 5, Schedul	e D, F	orm 1041		9		00	0	J
10.	•		<b>iny</b> , for depreciation differe					00	n
							-		
11.			Capital Gain, add (or subtr	,			11	0	J
12.			s Capital Gain or Loss, add					00	n
	enter here and	on Line	e 4, Form AR1002/AR1002	NR			12		_
		5	Schedule B: Inc	come Distri	bution (Attach	r Federal	<b>K-1</b> s)		
	Beneficiaries' sha	are of i	ncome:		Number of beneficia	aries who receiv	ed distribution	ons:	
									┪
F	IRST NAME	MI	LAST NAME	SSN	ADDRESS	ST	ZIP	AMOUNT	
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Moi	II TAY DIE to: Chat	o Incon	ne Tax P O Box 2144 Little R	Ock AD 72203 2444	Mail AMENDED to: CY	ata Incomo Toy D	O Poy 3622	00	)

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