Software ID

AR1002NR



STATE OF ARKANSAS NONRESIDENT FIDUCIARY INCOME TAX RETURN

For 2016 or fiscal year beginning and ending				2	20	•		•	•	DFA WEB		
Name of estate or trust					Fe	deral Ident	tification N	umber			Type of entity	y:
						Data transferred					ecedent's estate	\square
Name and title of fiduciary or trustee						Date trust created					mple trust omplex trust	H
Mailing address						State	or federa	1		ES	SBŤ	
							s or redera	1			rantor trust naritable trust	H
City	City State or Province ZIP					Country				7	ankruptcy estate	H
• _	• • • • • • • • • • • • • • • • • • •				1	,				ooled income fund	i 🔲	
	\Box	ORIGINAL RETURN ● [AMENDED RETURN •	FINAL RETUR	N	A. A	LL INCO	ME		B.	ARKANSAS INC	OME
	1.	Interest income:			1			00	1			00
	2.	Ordinary dividends:			2			00	2			00
Income	3.	Net profit from trade or busine	ess: (attach schedule)		3			00	3			00
	4.	Capital gains: (see instruction	าร)		4			00	4			00
ncc	5.	Rents, royalties, partnerships, other estates and trusts, etc: (attach schedule)						00	5			00
	6.	Farm income: (attach schedule)						00	6			00
	7.	Other income:			7			00	7			00
	8.	TOTAL INCOME: (add Line	es 1 through 7)		8			00	8	•		00
	9.	Taxes:			9			00	9			00
	10.	Interest:			10			00	10			00
	11.	Charitable contributions:			11			00	11			00
ons	12.	Fees: (fiduciary/attorney/acco	ountant/preparer)		12			00	12			00
ncti	13.	Other deductions:			13			00	13			00
Deductions	14.	Total deductions: (add Lines	9 through 13)		14			00	14	•		00
	15.	Adjusted income before distri	butions: (subtract Line 14 from I	Line 8)	15			00	15			00
	16.	Amounts to be distributed to b	beneficiaries:		16				16			00
	17.	Adjusted income after distribu	utions: (subtract Line 16 from Lir	ne 15)	17			00	17			00
							22	00 00				
	19.	NET TAXABLE INCOME:	: (subtract Line 18 from Line 17)		19			00				
	20.	TOTAL TAX: Enter tax from	REGULAR TAX TABLE usi	ng the amount on Li	ne 19,	Column A:			.20			00
	21.	Personal tax credit:			21		- :	26 00				
	22.	Other state tax credit:			22	•		00	1			
	23.	Business Incentive Tax Credit	t: (attach AR1000TC)		23	•		00		_		
	24.	TOTAL CREDITS: (add Lin	nes 21 through 23)						.24	•		00
	25.	NET TAX: (subtract Line 24	from Line 20)						.25	•		00
			17, Column B:					00	1			
	25B	. Enter the amount from Line 1	17, Column A:		25B	•		00				
Ø	25C	25C. Divide Line 25A by Line 25B and enter decimal here:						2	5C	•		
			X: (multiply Line 25 by Line 250							•		00
and Paymen	26.	Arkansas income tax withheld	d: (attach AR1099PT and/or 109	99R)	26	•		00				
<u> </u>	27.	Estimated tax paid or credit b	rought forward from last year:		27	•		00	ļ			
anc		•						00				
Тах	29.	Payments made with or after	the filing of original return: (see	instructions)	29	•		00				
			6 through 29)					00	ļ			
			e instructions)					00	ı	_		
	32.	NET PAYMENTS: (subtrac	t Line 31 from Line 30)						.32	•		00
			ine 32 is greater than Line 25D,							•		00
			estimated tax:					00	J	_		
		AMOUNT TO BE REFUNDED TO YOU: (subtract Line 34 from Line 33)							_		00	
			is less than Line 25D, enter diffe						_	•		00
	37.		210A. If required, enter exception			lty 37B ●			0	_		
		Attach Form AR1002V to you	r payment. To pay by credit car	d see instructions			TOTAL	DUE 3	7C	_	-	00
Und	er pei	r 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.						€.		lay the Arkansas Reven ency discuss this return		
Fidu	ciar	ary/trustee's signature Date				_	-	ne preparer shown abov				
Prep	are	rer's signature Date									Yes No	
	NameID/SSN_								-		OFFICE USE ONLY	
Address City, state, and ZIP									-	Α	•	



Schedule A: Capital Gains (Attach Federal Schedule D)

For net capital gains realized from:

	1, 2016 - Jun 30, 2016 4 1, 2016 - Dec 31, 2016 5	Federal Schedule D	Federal Schedule D			ome	(B) Arkansas Only				
1.	Enter federal long-term capital gain or lo	ss reported on Line 16,									
	Schedule D, Form 1041		1	00				00			00
2.	Enter adjustment, if any , for depreciation	differences in federal and sta	ate amounts	2				00			00
3.	Arkansas long-term capital gain or loss, ad	d (or subtract) Line 1 and Lii	ne 2	3	•			00	•		00
4.	Enter federal net short-term capital loss, if a	ny , reported on Line 7, fede		_							
	Schedule D, Form 1041		4	00				00			00
5.	Enter adjustment, if any , for depreciation	differences in federal and sta	ate 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 (con	nbine lines 3 and 6)		.7a	•			00	•		00
lf	Line 7a is more than \$10,000,000, use WOI	RKSHEET.									
lf	Line 7a is a loss skip to line 8.										
lf	Line 7a is a gain, answer questions A and	В.									
Qu	estion A: Any transactions during Jan -	June of 2016?			☐ Yes		No		☐ Yes	□ No	
lf	NO then enter zero (0) on line 7b; if YES c	ontinue to Question B.									
Qu	estion B: Did transactions in Jan - June	2016 result in a net gain?			☐ Yes		No		☐ Yes	□ No	
lf I	NO then enter zero (0) on line 7b; if YES the	n enter the Jan - June net lo	ong-term capital gain on								
lin	e 7b.										
	7b. Net long-term capital gain: Jan - June	2016 transactions only		7b				00			00
	7c. Enter the SMALLER of Line 7a or 7b.			.7c				00			00
	7d. Subtract Line 7c from Line 7a			.7d				00			00
	7e. Multiply Line 7c by 55 percent (.55)							00			00
	7f. Multiply Line 7d by 50 percent (.50)			7f				00			00
8.	Arkansas taxable amount (add Lines 7e ar	nd 7f, or if Line 7a is a loss e	nter the loss).					00			
	If the WORKSHEET was used, then Li			8 T				00			00
9.	Enter federal short-term capital gain, if a	-		١				00			
	federal Schedule D, Form 1041		9	00				00			00
10.	Enter adjustment, if any , for depreciation							00 00			00
11.	Arkansas short-term capital gain, add (or s	· ·		11	•			00	•		100
12.	Total taxable Arkansas capital gain or loss,										
	Enter here and on AR1002F / AR1002NR.			12				00			00
	Schedule E	B: Income Disti	ribution (Atta	cł	Fede	eral	K-1	s)			
	Beneficiaries' share of income:		Number of bene	eficia	aries who	receiv	ed distr	ibut	ions:		
FIRST AND LAST NAME or NAME OF ESTATE OR TRUST		SSN/FEIN	ADDRESS	ADDRESS		ST	ZIF	•	AMOUNT		
											00
											00
											00
											00
									<u> </u>		+
		4 1 1111 B. 1 4 B. Tooloo 2 1 1 1		-		T -	0.5	0000	1301 5 1	A D. 70000	00
	TAX DUE to: State Income Tax, P. O. Box 2144		Mail AMENDED to:						, Little Rock, A		