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 | | |