Software ID

2022 AR1002NR ARKANSAS FIDUCIARY

FTNR221

ANNAHUAU I	onresident INCOME TAX RETURN			
Nonresident	INCOME TAX	RETURN		

For	2022	2 or fiscal year beginning and ending	2	20 •				• DFA WE	В
Name of estate or trust			Federal identification number				Type of entity:		
Name and title of fiducions on two days			Data trust areated			_	ecedent's estate imple trust	H	
Name and title of fiduciary or trustee ●			Date trust created					omplex trust	H
Mai	lina :	address	۲.	State or federal				SBT	
•			•[extension filed				rantor trust haritable trust	H
City		State or province ZIP		Check if address is outside	U.S.		_	ankruptcy estate	
•	_			Foreign country	_		+	ooled income fund	=
	<u>Ш</u>	INITIAL RETURN ●		A. ALL INCOME			B.	ARKANSAS INC	
	1.	Interest income:	1		00	1	<u> </u>		00
Income	l	Ordinary dividends:			00	2	<u>:</u>		00
		Net profit from trade or business: (Attach schedule)			00	3	'—		00
	l	Capital gains: (See instructions)			00	4	<u> </u>		00
		Rents, royalties, partnerships, other estates and trusts, etc: (Attach schedule)			00	5	<u> </u>		00
	l	Farm income: (Attach schedule)			00	6	_		00
	l	Other income: (See Instructions)			00	0	<u> </u>		00
<u> </u>		Taxes:			00	0	<u>, </u>		00
		Interest:				10	<u>,</u> -		00
		Charitable contributions:			00		_		00
		Fees: (Fiduciary/attorney/accountant/preparer)			22	12	-		00
Suc		Other deductions: (See Instructions)			~~	13			00
loţi,		Total deductions: (Add lines 9 through 13)			00				00
Deduction		Adjusted income before distributions: (Subtract line 14 from line 8)			22	15			00
		Amounts to be distributed to beneficiaries:			00	16	•		00
	17.	Adjusted income after distributions: (Subtract line 16 from line 15)	17		00	17	<i>,</i> [00
	18.	Standard deduction:	18	\$2,270	00				
	19.	NET TAXABLE INCOME: (Subtract line 18 from line 17)	19		00				
		TOTAL TAX: Enter tax from REGULAR TAX TABLE using the amount on line 1			-	20	ıL		00
	21.	Personal tax credit:	21	\$29					
		Other tax credit: (Attach AR1002-TC)			00		_		122
		TOTAL CREDITS: (Add lines 21 through 22)					-		00
	-	NON ESBT NET TAX: (Subtract line 23 from line 20)			_	24	•		00
		A. Enter the amount from line 17, column B:			00				
		B. Enter the amount from line 17, column A:				40	<u></u>		-
	l	C. Divide line 24A by line 24B and enter decimal here:				4C 4D	-		00
24D. APPORTIONED NON ESBT NET TAX: (Multiply line 24 by line 24C)						–	<u> </u>		00
ayments		TOTAL APPORTIONED NET TAX: (Add lines 24D and 24E)					-		00
aym	-	Arkansas income tax withheld: (Attach AR 1099PT,1099R, AR-K1, and/or AR-K1FE)			00		<u> </u>		100
₾		Estimated tax paid or credit brought forward from last year:			00				
and	27.	Payment made with extension:	27	•	00				
Tax	28.	Amended returns only-Enter previous payments:	28	•	00				
	29.	Total payments: (Add lines 25 through 28)	29		00				
	30.	Amended returns only-Enter previous overpayments:	30	•	00				
	31.	NET PAYMENTS: (Subtract line 30 from line 29)				31	1		00
	l	Amount of overpayment: (If line 31 is greater than line 24F, enter difference)				32	2 ●		00
		Amount to be applied to 2023 estimated tax:			00		_		
	l	AMOUNT TO BE REFUNDED TO YOU: (Subtract line 33 from line 32)					_		00
		AMOUNT DUE: (If line 31 is less than line 24F, enter difference)			_	_	•		00
	36.			Ity 36B ● L	0	_	·[
II a d		Pay Online: Please visit our secure website ATAP (Arkansas Taxpayer Access Point) at www.ata				$\overline{}$		Any the Arkanasa Persan	00
\vdash		nalties of perjury, I declare that I have examined this return and to the best of my knowledge and belief,	tne	statements are true and com	pieto	-		May the Arkansas Reven ency discuss this return	
Fidu	Fiduciary/trustee's signature Date					4	г	the preparer?	
'		r's signatureDate				-	Fo	r Department Use O	Only
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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.)

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		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 10411	00	00	00
2.	Enter adjustment, if any, for depreciation differences in federal and state an	nounts2	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 1041	00	00	00
5.	Enter adjustment, if any, for depreciation differences in federal and state an	nounts 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)	7а	• 00	• 00
7b.	If the amount on line 7a is over \$10,000,000, only enter \$10,000,000. If less enter the total amount		00	00
8.	Arkansas taxable amount, if a gain multiply line 7b by 50 percent (.50), other	rwise enter loss 8	00	00
9.	Enter federal short-term capital gain, if any , reported on line 7, federal Schedule D, Form 1041	00	00	00
10.	Enter adjustment, if any , for depreciation differences in federal and state an	nounts10	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 limite Enter here and on page 1, line 4		00	00

Schedule B: Income Distribution (Attach Federal K-1s)								
Beneficiaries' share of income:			Number of beneficiaries	s who receiv	o received distributions:			
FIRST AND LAST NAME or NAME OF ESTATE OR TRUST	SSN/FEIN		ADDRESS	ST	ZIP	AMOUNT		
							00	
							00	
							00	
							00	
							00	