

For calendar year 2003 or Fiscal Year beginning _____ and ending _____ 20__

Name of Estate or Trust
Address - Street and Number, P. O. Box or Rural Route
City, Town, or Post Office, State and Zip Code
Federal Identification Number
Date trust created
Type of Entity: Decedent's estate, Simple trust, Complex trust, ESBT, Grantor trust, Charitable trust, Bankruptcy estate, Pooled income fund

ORIGINAL RETURN AMENDED RETURN FINAL RETURN
A. FEDERAL RETURN
B. ARKANSAS INCOME

Table with 8 rows for Income (Lines 1-8) and 2 columns for Federal and Arkansas income.

Table with 10 rows for Deductions (Lines 9-18) and 2 columns for Federal and Arkansas income.

Table with 10 rows for Tax and Payments (Lines 19-36) and 2 columns for Federal and Arkansas income.

Under 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.

Fiduciary's Signature, Date, Preparer's Signature, Date, Name, ID/SSN, Address, City, State, and Zip. Includes OFFICE USE ONLY section with rows A-H.

