

For calendar year 2005 or Fiscal Year beginning _____ and ending _____ 20__ •

Name of Estate or Trust •	Federal Identification Number •	Type of Entity: Decedent's estate <input type="checkbox"/> Simple trust <input type="checkbox"/> Complex trust <input type="checkbox"/> ESBT <input type="checkbox"/> Grantor trust <input type="checkbox"/> Charitable trust <input type="checkbox"/> Bankruptcy estate <input type="checkbox"/> Pooled income fund <input type="checkbox"/>
Address - Street and Number, P. O. Box or Rural Route •	Date trust created	
City, State and Zip Code •		

ORIGINAL RETURN • AMENDED RETURN • FINAL RETURN

		A. FEDERAL RETURN		B. ARKANSAS INCOME
Income	1. Interest Income: 1	00	1	00
	2. Ordinary Dividends: 2	00	2	00
	3. Net Profit from Trade or Business: (Attach Schedule) 3	00	3	00
	4. Capital Gains: (See Instructions) 4	00	4	00
	5. Rents, Royalties, Partnerships, other Estates and Trusts, etc: (Attach Schedule) 5	00	5	00
	6. Farm Income or (Loss): (Attach Schedule) 6	00	6	00
	7. Other Income: 7	00	7	00
	8. Total Income: (Add Lines 1 through 7) 8	00	8	00
Deductions	9. Interest 9	00	9	00
	10. Taxes 10	00	10	00
	11. Fiduciary Fees 11	00	11	00
	12. Charitable Deduction 12	00	12	00
	13. Attorney, Accountant, and Return Preparer Fees 13	00	13	00
	14. Other Deductions 14	00	14	00
	15. Total Deductions: (Add Lines 9 through 14) 15	00	15	00
	16. Adjusted Income (Subtract Line 15 from Line 8) 16	00	16	00
	17. Amounts to be Distributed to Beneficiaries: 17	00	17	00
	18. Net Taxable Income: (Subtract Line 17 from Line 16) 18	00	18	00
Tax and Payments	19. Total Tax: Enter Tax from REGULAR TAX TABLE 2 using the Amount on Line 18, Column B: 19			00
	20. Personal Tax Credit: 20	21		00
	21. Other State Tax Credit: 21	•		00
	22. Business and Incentive Tax Credit 22	•		00
	23. Total Tax Credits: (Add Lines 20 through 22) 23	•		00
	24. Tax Liability: (Subtract Line 23 from Line 19) 24	•		00
	25. Estimated Tax Paid or Credit Brought Forward From Last Year: 25	•		00
	26. Tax Paid with Extension: 26	•		00
	27. Payments Made With or After the Filing of Original Return: (See Instructions) 27	•		00
	28. Total Payments: (Add Lines 25 through 27) 28	•		00
	29. Overpayments Received: (See Instructions) 29	•		00
	30. Net Payments: (Subtract Line 29 from Line 28) 30			00
	31. Amount of Overpayment: (If Line 30 is greater than Line 24, enter difference) 31	•		00
	32. Amount to be Applied to 2006 Estimated Tax: 32	•		00
	33. AMOUNT TO BE REFUNDED TO YOU: (Subtract Line 32 from Line 31) 33	•		00
	34. AMOUNT DUE: (If Line 30 is less than Line 24, enter difference) 34	•		00

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 _____	May the Arkansas Revenue Agency discuss this return with the preparer shown to the left? <input type="checkbox"/> Yes <input type="checkbox"/> No OFFICE USE ONLY A • _____ B • _____ C • _____ D • _____ E • _____ F • _____ G • _____ H • _____
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