

For calendar year 2006 or Fiscal Year beginning and ending 20

Name of Estate or Trust, Federal Identification Number, Mailing Address, Date trust created, City, State and Zip Code, 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 (1-8) and 2 columns for Federal and Arkansas amounts.

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

Table with 16 rows for Tax and Payments (19-34) and 2 columns for Federal and Arkansas amounts.

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, May the Arkansas Revenue Agency discuss this return with the preparer shown to the left? Yes No

Preparer's Signature, Date, Name, ID/SSN, Address, City, State, and Zip, OFFICE USE ONLY (A-H)

