AR1050

STATE OF ARKANSAS
Partnership Return of Income

2000

Jan. 1 - Dec. 31, 2000 or Fiscal Year beginning _____ and ending _____ 20 __.

Name	Federal Identification Number
●	●
Address	Type of Business
●	
City, State, Zip Code	Number of Partners
●	●

Check Applicable Box ☐ Initial return ☐ Final Return ☐ Amended return

Type of Entity ☐ General partnership ☐ Limited partnership ☐ Limited liability company ☐ Limited liability partnership ☐ Other _____

INCOME		Federal			Arkansas	
1. Gross receipts or sales:	1		00	1		00
2. Cost of goods sold:	2		00	2		00
3. Gross profit from business:	3		00	3		00
4. Income from other partnership or fiduciaries: (Attach list)	4		00	4		00
5. Interest: (Attach schedule)	5		00	5		00
6. Rental income: (Attach schedule)	6		00	6		00
7. Royalty income: (Attach schedule)	7		00	7		00
8. Farm income: (Attach schedule)	8		00	8		00
9. Capital gain or loss: (Attach schedule)	9		00	9		00
10. Other income: (Attach schedule)	10		00	10		00
11. **Total Income:** (Add Lines 3 through 10)	11		00	11		00
DEDUCTIONS						
12. Salaries of employees:	12		00	12		00
13. Guaranteed payments to partners:	13		00	13		00
14. Rent on business:	14		00	14		00
15. Interest expense:	15		00	15		00
16. Taxes:	16		00	16		00
17. Bad debts:(Attach schedule)	17		00	17		00
18. Repairs:	18		00	18		00
19. Depreciation:(Attach schedule)	19		00	19		00
20. Depletion:(Attach schedule)	20		00	20		00
21. Retirement plan, etc.:(Attach schedule)	21		00	21		00
22. Other deductions:(Attach schedule)	22		00	22		00
23. **Total Deductions:**(Add Lines 12 through 22)	23		00	23		00
24. **Net Income or loss:**(Line 11 less Line 23)	24		00	24		00

PARTNERS' SHARE OF INCOME

NAME OF PARTNER	ADDRESS CITY STATE ZIP	SSN	INCOME
A.			00
B.			00
C.			00
D.			00
E.			00

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct and complete. Declaration of preparer *(other than general partner or limited liability company member)* is based on all information of which preparer has any knowledge.

Please Sign Here	Signature of general partner or limited liability company member		Date	
Paid Preparer's use only	Preparer's signature	Date	Check if self-employed ☐	Preparer's SSN or PTIN
	Firm's name (or yours if self-employed) and address		EIN Zip code	May the Arkansas Revenue Agency discuss this return with the preparer shown to the left? ☐ Yes ☐ No

A. Check method of accounting

☐ Cash ☐ Accrual ☐ Other: *(Specify)* _____

B. Are any partners in this partnership also partnerships? ..... ☐ Yes ☐ No

C. Is this partnership a partner in another partnership? ..... ☐ Yes ☐ No

SCHEDULE A: COST OF GOODS SOLD

1.	Inventory at beginning of year:	1	00
2.	Purchases less cost of items withdrawn for personal use:	2	00
3.	Cost of labor:	3	00
4.	Other costs:	4	00
5.	Total of Lines 1, 2, 3, and 4:	5	00
6.	Inventory at end of year:	6	00
7.	Cost of goods sold *(Enter here and on Line 2, page1)*:	7	00

8. Check all methods used for valuing closing inventory:

☐ a. Cost

☐ b. Lower of cost or market

☐ c. Writedown of "subnormal" goods

☐ d. Other: (Specify method used and attach explanation) _____

e. Was the LIFO Inventory Method adopted this tax year for any goods? ..... e ☐ Yes ☐ No

f. If you are engaged in manufacturing, did you value your inventory using the Full Absorption Method? ..... f ☐ Yes ☐ No

g. Were there any changes in determining quantities, cost or valuations between opening and closing inventories? *(If yes, attach explanation)* ..... g ☐ Yes ☐ No

SCHEDULE B: BALANCE SHEET

ASSETS	BEGINNING OF YEAR		END OF YEAR	
Cash				
Accounts Receivable				
Minus allowance for bad debts				
Inventories				
Government obligations				
Other current assets				
Mortgage and real estate loans				
Other investments				
Buildings and other depreciable assests				
Minus accumulated depreciation				
Depletable assets				
Minus accumulated depletion				
Other assets				
TOTAL ASSETS				

LIABILITIES AND CAPITAL	BEGINNING OF YEAR		END OF YEAR	
Accounts Payable				
Mortagages, notes and bonds payable				
Other current liabilities				
All nonrecourse loans				
Other liabilities				
Partners' capital accounts				
TOTAL LIABILITIES AND CAPITAL				

Mail return To: State Income Tax, P. O. Box 8026, Little Rock, AR 72203-8026