AR1002

STATE OF ARKANSAS

Fiduciary Return

•2001

For 2001 or Fiscal Year beginning _____ and ending _____ 20 ____ • ☐☐ •

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

☐ 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):	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 Line 9 through Line 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. Enter Tax from **REGULAR TAX TABLE 2** using the Amount on Line 18, Column B:				19		00
	20. Personal Tax Credit:	20	**20**	00			
	21. Other State Tax Credit:	21	•	00			
	22. Business and Incentive Tax Credit:	22	•	00			
	23. Total Tax Credits: *(Add Line 20 through Line 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 Line 25 through Line 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 2002 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.

May the Arkansas Revenue Agency discuss this return with the preparer shown to the left?

☐ Yes ☐ No

Taxpayer's Signature _____ Date _____

Preparer's Signature _____ Date _____

Name _____ ID/SSN • _____

Address _____

City, State, and Zip _____

OFFICE USE ONLY			
A •			
B •			
C •			
D •			
E •			
F •			
G •			
H •			

Schedule A: Capital Gains Worksheet *(Attach Federal Schedule D, Form 1041)*

Complete this worksheet only if you have a **NET CAPITAL GAIN** reported on Federal Schedule D, Form 1041.

1. Enter the Net Long-Term Capital Gain reported on Line 13, Federal Schedule D, Form 1041		00
2. Enter the Net Short-Term Capital Loss, if any, reported on Line 5, Federal Schedule D, Form 1041; otherwise enter zero (0)		00
3. Net Capital Gain: (Subtract Line 2 from Line 1)		00
4. Taxable Amount: [Multiply Line 3 by 70 percent (.70)]		00
5. Enter the Net Short-Term Capital Gain, if any, reported on Line 5, Federal Schedule D, Form 1041; otherwise enter zero (0)		00
6. Total Taxable Capital Gains: (Add Lines 4 and 5. Enter the result here and on Line 4, AR1002/1002NR)		00

Schedule B: Income Distribution *(Attach Federal K-1's)*

Beneficiaries' share of income: _____

Number of beneficiaries that received a distribution: _____

FIRST NAME	MI	LAST NAME	SSN	ADDRESS	ST	ZIP	AMOUNT	
								00
								00
								00
								00
								00
								00
								00
								00
								00
								00

Mail **TAX DUE** to: State Income Tax, P. O. Box 2144, Little Rock, AR 72203-2144

Mail **REFUND** to: State Income Tax, P. O. Box 1000, Little Rock, AR 72203-1000

Mail **AMENDED** to: State Income Tax, P. O. Box 3628, Little Rock, AR 72203-3628

Mail **NO TAX DUE** to: State Income Tax, P. O. Box 8026, Little Rock, AR 72203-8026