

2018 AR1002F

ARKANSAS FIDUCIARY INCOME TAX RETURN



• 2018

Software ID

For 2018 or fiscal year beginning _____ and ending _____ 20 _____ •

• **DFA WEB**

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"/>
Name and title of fiduciary or trustee •			Date trust created		
Mailing address •			<input type="checkbox"/> State or federal extension filed <input type="checkbox"/> Check if address is outside U.S. Foreign Country		
City •	State or Province •	ZIP •			

<input type="checkbox"/> ORIGINAL RETURN • <input type="checkbox"/> AMENDED RETURN • <input type="checkbox"/> FINAL RETURN		A. ALL INCOME	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: (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. Taxes:.....	9 00	9 00
	10. Interest:.....	10 00	10 00
	11. Charitable contributions:.....	11 00	11 00
	12. Fees: (Fiduciary/Attorney/Accountant/Preparer).....	12 00	12 00
	13. Other deductions:.....	13 00	13 00
	14. Total deductions: (Add Lines 9 through 13).....	14 00	14 • 00
	15. Adjusted income before distributions: (Subtract Line 14 from Line 8).....	15 00	15 00
16. Amounts to be distributed to beneficiaries:.....	16 00	16 • 00	
17. Adjusted income after distributions: (Subtract Line 16 from Line 15).....	17 00	17 00	
18. Standard deduction:.....	18	\$2,200 00	
19. NET TAXABLE INCOME: (Subtract Line 18 from Line 17).....	19	00	
Tax and Payments	20. TOTAL TAX: Enter tax from REGULAR TAX TABLE using the amount on Line 19, Column B:.....	20	00
	21. Personal tax credit:.....	21 \$26 00	
	22. Other state tax credit:.....	22 • 00	
	23. Business Incentive Tax Credit: (Attach AR1000TC).....	23 • 00	
	24. TOTAL CREDITS: (Add Lines 21 through 23).....	24 • 00	00
	25. NET TAX: (Subtract Line 24 from Line 20).....	25 • 00	00
	26. Arkansas income tax withheld: (Attach AR1099PT and/or 1099R).....	26 • 00	
	27. Estimated tax paid or credit brought forward from last year:.....	27 • 00	
	28. Tax paid with extension:.....	28 • 00	
	29. Payments made with or after the filing of original return: (See instructions).....	29 • 00	
30. Total payments: (Add Lines 26 through 29).....	30 00		
31. Overpayments received: (See instructions).....	31 • 00		
32. NET PAYMENTS: (Subtract Line 31 from Line 30).....	32 • 00	00	
33. Amount of overpayment: (If Line 32 is greater than Line 25, enter difference).....	33 • 00	00	
34. Amount to be applied to 2019 estimated tax:.....	34 • 00		
35. AMOUNT TO BE REFUNDED TO YOU: (Subtract Line 34 from Line 33).....	35 • 00	00	
36. AMOUNT DUE: (If Line 32 is less than Line 25, enter difference).....	36 • 00	00	
37. Attach Form AR2210 or AR2210A. If required, enter exception in box 37A • <input type="checkbox"/> Penalty 37B • <input type="checkbox"/> 00	37		
Attach Form AR1002V to your payment. To pay by credit card see instructions.....		TOTAL DUE 37C	• 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/trustee's signature _____	Date _____	May the Arkansas Revenue Agency discuss this return with the preparer shown above? <input type="checkbox"/> Yes <input type="checkbox"/> No
Preparer's signature _____	Date _____	
Name _____	ID/SSN • _____	For Department Use Only
Address _____	City, state, and ZIP _____	



Schedule A: Capital Gains (Attach Federal Schedule D)

In Arkansas only 50% of net long term capital gain is taxed. 100% of short term capital gains is taxed.

Per Act 1488 of 2013, the amount of net capital gain in excess of ten million dollars (\$10,000,000) from a gain realized on or after January 1, 2014, is exempt from state tax.

Complete this schedule if you have a NET CAPITAL GAIN OR LOSS reported on federal Schedule D, federal Form 1041. The amount of capital loss that may be deducted after offsetting capital gains is limited to \$3,000.

Adjust your gains and losses for any depreciation differences, if any, in the federal and Arkansas amounts using Lines 2, 5 and 10. *

*(Arkansas did not adopt the federal "bonus depreciation" provision from previous years. Therefore, there may be a difference in federal and Arkansas amounts of depreciation allowed.)

	Federal Schedule D		(A) All Income		(B) Arkansas Only
1. Enter federal long-term capital gain or loss reported on Line 16, federal Schedule D, Form 1041..... 1	00		00		00
2. Enter adjustment, if any, for depreciation differences in federal and state amounts.....2			00		00
3. Arkansas long-term capital gain or loss, add (or subtract) Line 1 and Line 2.....3		●	00	●	00
4. Enter federal net short-term capital loss, if any, reported on Line 7, federal Schedule D, Form 10414	00		00		00
5. Enter adjustment, if any, for depreciation differences in federal and state amounts.....5			00		00
6. Arkansas net short-term capital loss, add (or subtract) Line 4 and Line 5.....6		●	00	●	00
7a. Arkansas net capital gain or loss (Combine Lines 3 and 6).....7a		●	00	●	00
7b. If the amount on line 7a is over \$10,000,000, only enter \$10,000,000. If less than \$10,000,000, enter the total amount.....7b			00		00
8. Arkansas taxable amount, if a gain multiply Line 7b by 50 percent (.50), otherwise enter loss.....8			00		00
9. Enter federal short-term capital gain, if any, reported on Line 7, federal Schedule D, Form 1041.....9	00		00		00
10. Enter adjustment, if any, for depreciation differences in federal and state amounts.....10			00		00
11. Arkansas short-term capital gain, add (or subtract) Line 9 and Line 10.....11		●	00	●	00
12. Total taxable Arkansas capital gain or loss, add Lines 8 and 11. (Loss limited to \$3,000) Enter here and on AR1002F / AR1002NR.....12			00		00

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

Beneficiaries' share of income: _____				Number of beneficiaries who received distributions: _____		
FIRST AND LAST NAME or NAME OF ESTATE OR TRUST	SSN/FEIN	ADDRESS	ST	ZIP	AMOUNT	
					00	
					00	
					00	
					00	
					00	

Mail TAX DUE to: State Income Tax, P. O. Box 2144, Little Rock, AR 72203-2144	Mail AMENDED to: State Income Tax, P. O. Box 3628, Little Rock, AR 72203-3628
Mail REFUND to: State Income Tax, P. O. Box 1000, Little Rock, AR 72203-1000	Mail NO TAX DUE to: State Income Tax, P. O. Box 8026, Little Rock, AR 72203-8026