

# AR1002NR

# STATE OF ARKANSAS Nonresident Fiduciary Return

# 2003

For 2003 or Fiscal Year beginning \_\_\_\_\_ and ending \_\_\_\_\_ 20\_\_.

Name of Estate or Trust •		<b>Type of Entity:</b> <input type="checkbox"/> 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
Address - Street and Number, P. O. Box or Rural Route •	Federal Identification Number •	
City, Town, or Post Office, State and Zip Code •	Date trust created	

<input type="checkbox"/> ORIGINAL RETURN	<input type="checkbox"/> AMENDED RETURN	<input type="checkbox"/> FINAL RETURN	A. FEDERAL RETURN	B. ARKANSAS INCOME
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Income	1.	Interest Income: .....	1	00		1	00
	2.	Ordinary Dividends: .....	2	00		2	00
	3.	Net Profit from Trade or Business: <i>(Attach Schedule)</i> .....	3	00		3	00
	4.	Capital Gains: <i>(See Instructions)</i> .....	4	00		4	00
	5.	Rents, Royalties, Partnerships, other Estates and Trusts, etc: <i>(Attach Schedule)</i> .....	5	00		5	00
	6.	Farm Income or (Loss): .....	6	00		6	00
	7.	Other Income: .....	7	00		7	00
	8.	Total Income: <i>(Add Lines 1 through 7)</i> .....	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: <i>(Add Line 9 through Line 14)</i> .....	15	00	•	15	00
	16.	Adjusted Income <i>(Subtract Line 15 from Line 8)</i> .....	16	00		16	00
	17.	Amounts to be Distributed to Beneficiaries: .....	17	00	•	17	00
	18.	Net Taxable Income: <i>(Subtract Line 17 from Line 16)</i> .....	18	00		18	00
Tax and Payments	19.	Enter Tax from <b>REGULAR TAX TABLE 2</b> using the Amount on Line 18, Column A: .....	19			19	00
	20.	3% surcharge <i>(Multiply Line 19 by .03)</i> .....	20			•	00
	21.	Total Tax <i>(Add Lines 19 and 20)</i> .....	21			•	00
	22.	Personal Tax Credit: .....	22	20	00		
	23.	Other State Tax Credit: .....	23	•	00		
	24.	Business and Incentive Tax Credit: .....	24	•	00		
	25.	Total Tax Credits: <i>(Add Line 22 through Line 24)</i> .....	25			•	00
	26.	Tax Liability: <i>(Subtract Line 25 from Line 21)</i> .....	26			•	00
	26A.	Enter the Amount from Line 18, Column B: .....	26A	00			
	26B.	Enter the Amount from Line 18, Column A: .....	26B	00			
	26C.	Divide Line 26A by Line 26B and enter percentage here: .....	26C			•	%
	26D.	Apportioned Tax Liability: <i>(Multiply Line 26 by Line 26C)</i> .....	26D			•	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: <i>(See Instructions)</i> .....	29	•	00			
30.	Total Payments: <i>(Add Line 27 through Line 29)</i> .....	30		00			
31.	Overpayments Received: <i>(See Instructions)</i> .....	31	•	00			
32.	Net Payments: <i>(Subtract Line 31 from Line 30)</i> .....	32				00	
33.	Amount of Overpayment: <i>(If Line 32 is greater than Line 26D, enter difference)</i> .....	33			•	00	
34.	Amount to be Applied to 2004 Estimated Tax: .....	34	•	00			
35.	<b>AMOUNT TO BE REFUNDED TO YOU:</b> <i>(Subtract Line 34 from Line 33)</i> .....	35			•	00	
36.	<b>AMOUNT DUE:</b> <i>(If Line 32 is less than Line 26D, enter difference)</i> .....	36			•	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 _____		<b>OFFICE USE ONLY</b>	
Preparer's Signature _____ Date _____		A •	
Name _____ ID/SSN • _____		B •	
Address _____ City, State, and Zip _____		C •	
		D •	
		E •	
		F •	
		G •	
		H •	
AR1002NR (R 11/03)	May the Arkansas Revenue Agency discuss this return with the preparer shown above? <input type="checkbox"/> Yes <input type="checkbox"/> No		

