

For 2005 or Fiscal Year beginning _____ and ending _____ 20 _____

Name of Estate or Trust ●		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"/>
Address - Street and Number, P. O. Box or Rural Route ●	Federal Identification Number ●	
City, 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): (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. 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 Lines 9 through 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. Total Tax: Enter Tax from REGULAR TAX TABLE 2 using the Amount on Line 18, Column A:	19	00	19 00
	20. Personal Tax Credit:	20	21 00	20 00
	21. Other State Tax Credit:	21 ●	00	21 ● 00
	22. Business and Incentive Tax Credit:	22 ●	00	22 ● 00
	23. Total Tax Credits: (Add Lines 20 through 22)	23 ●	00	23 ● 00
	24. Tax Liability: (Subtract Line 23 from Line 19)	24 ●	00	24 ● 00
	24A. Enter the Amount from Line 18, Column B:	24A	00	24A 00
	24B. Enter the Amount from Line 18, Column A:	24B	00	24B 00
	24C. Divide Line 24A by Line 24B and enter percentage here:	24C	%	24C %
	24D. Apportioned Tax Liability: (Multiply Line 24 by Line 24C)	24D ●	00	24D ● 00
	25. Estimated Tax Paid or Credit Brought Forward From Last Year:	25 ●	00	25 ● 00
	26. Tax Paid with Extension:	26 ●	00	26 ● 00
	27. Payments Made With or After the Filing of Original Return: (See Instructions)	27 ●	00	27 ● 00
	28. Total Payments: (Add Lines 25 through 27)	28 ●	00	28 ● 00
	29. Overpayments Received: (See Instructions)	29 ●	00	29 ● 00
	30. Net Payments: (Subtract Line 29 from Line 28)	30	00	30 00
31. Amount of Overpayment: (If Line 30 is greater than Line 24D, enter difference)	31 ●	00	31 ● 00	
32. Amount to be Applied to 2006 Estimated Tax:	32 ●	00	32 ● 00	
33. AMOUNT TO BE REFUNDED TO YOU: (Subtract Line 32 from Line 31)	33 ●	00	33 ● 00	
34. AMOUNT DUE: (If Line 30 is less than Line 24D, enter difference)	34 ●	00	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.

Fiduciary's Signature _____ Date _____	OFFICE USE ONLY A ● B ● C ● D ● E ● F ● G ● H ●
Preparer's Signature _____ Date _____	
Name _____ ID/SSN ● _____	
Address _____ City, State, and Zip _____	
AR1002NR (R 09/05) May the Arkansas Revenue Agency discuss this return with the preparer shown above? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Schedule A: Capital Gains Worksheet (Attach Federal Schedule D)

Arkansas has not adopted the depreciation provisions contained in the Job Creation Workers Act of 2002, the Jobs and Growth Tax Relief Reconciliation Act of 2003, the Working Families Relief and American Jobs Creation Acts of 2004 or the Energy Tax Incentive Act of 2005. While the new depreciation provisions may be used for federal returns, Arkansas operates under a different tax code. On Arkansas income tax returns, taxpayers must file following the rules in sections 167, 168, 179, and 179A under the Internal Revenue Code of 1986, enacted January 1, 1999. Arkansas does not recognize the 50% bonus depreciation or the increased Section 179 expense provisions, therefore there may be differences in the Arkansas and the federal basis of assets that you dispose of during the year. These and any other differences should be reconciled using the adjustment lines in the worksheet below.

You can find more information about Arkansas tax code, or file your income tax electronically, by visiting the Department of Finance and Administration web site at www.arkansas.gov/dfa/.

Complete this worksheet if you have a NET CAPITAL GAIN OR LOSS reported on Schedule D, Federal Form 1041. Adjust your gains and losses for any differences in the federal and Arkansas amounts using Lines 2, 5 and 10.

		Per Sch D, Form 1041		Arkansas	
1.	Enter Federal Long-Term Capital Gain or Loss reported on Line 12, Schedule D, Form 1041. 1		00		00
2.	Enter adjustment, if any, for differences in federal and state amounts. 2				00
3.	Arkansas Long-Term Capital Gain or Loss, add (or subtract) Line 1 and Line 2. 3				00
4.	Enter Federal Net Short-Term Capital Loss, if any, reported on Line 5, Schedule D, Form 1041. 4		00		00
5.	Enter adjustment, if any, for differences in federal and state amounts. 5				00
6.	Arkansas Net Short-Term Capital Loss, add (or subtract) Line 4 and Line 5. 6				00
7.	Arkansas Net Capital Gain or Loss (If gain, subtract Line 6 from 3. If loss add Lines 6 and 3) 7				00
8.	Arkansas Taxable Amount. If a gain, multiply Line 7 by 70 percent (.70), otherwise enter loss. 8				00
9.	Enter Federal Short-Term Capital Gain, if any, reported on Line 5, Schedule D, Form 1041. 9		00		00
10.	Enter adjustment, if any, for differences in federal and state amounts. 10				00
11.	Arkansas Short-Term Capital Gain, add (or subtract) Line 9 and Line 10. 11				00
12.	Total taxable Arkansas Capital Gain or Loss, add Lines 8 and 11, enter here and on Line 4, Form AR1002/AR1002NR. 12				00

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

Beneficiaries' share of income: _____				Number of beneficiaries who received distributions: _____			
FIRST NAME	MI	LAST NAME	SSN	ADDRESS	ST	ZIP	AMOUNT
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