

For 2006 or Fiscal Year beginning and ending 20

Name of Estate or Trust, Federal Identification Number, Mailing Address, Date trust created, City, State and Zip Code, Type of Entity (Decedent's estate, Simple trust, etc.)

ORIGINAL RETURN, AMENDED RETURN, FINAL RETURN, A. FEDERAL RETURN, B. ARKANSAS INCOME

Table with 8 rows for Income (Interest, Dividends, Business Profit, Capital Gains, Rents, Farm Income, Other Income, Total Income)

Table with 10 rows for Deductions (Interest, Taxes, Fees, Charitable Deduction, Attorney Fees, Other Deductions, Total Deductions, Adjusted Income, Amounts to be Distributed, Net Taxable Income)

Table with 6 rows for Tax and Payments (Total Tax, Personal Tax Credit, Other State Tax Credit, Business and Incentive Tax Credit, Total Tax Credits, Tax Liability)

Table with 4 rows for Tax and Payments (24A: Amount from Line 18, Column B; 24B: Amount from Line 18, Column A; 24C: Percentage; 24D: Apportioned Tax Liability)

Table with 10 rows for Tax and Payments (25: Estimated Tax Paid; 26: Tax Paid with Extension; 27: Payments Made; 28: Total Payments; 29: Overpayments Received; 30: Net Payments; 31: Amount of Overpayment; 32: Amount to be Applied; 33: AMOUNT TO BE REFUNDED TO YOU; 34: AMOUNT DUE)

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, Preparer's Signature, Date, Name, ID/SSN, Address, City, State, and Zip

