

For calendar year 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

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

Table with 8 rows for Income (Interest, Dividends, Net 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 15 rows for Tax and Payments (TOTAL TAX, Credits, TAX LIABILITY, Estimated Tax Paid, Total Payments, NET PAYMENTS, Amount of Overpayment, Amount to be Applied, AMOUNT TO BE REFUNDED TO YOU, 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, May the Arkansas Revenue Agency discuss this return with the preparer shown to the left? Yes No

Preparer's Signature, Date, Name, ID/SSN, Address, City, State, and Zip, OFFICE USE ONLY (A-H)

