Software ID

## 2023 AR1002F



## ARKANSAS FIDUCIARY INCOME TAX RETURN

Fo	r 20	23 or fiscal year beginning and ending			_20 •				
Na	Name of estate or trust			Federal identification number			Type of entity:		
•	•				•			dent's estate	П
Na	me a	and title of fiduciary or trustee	1	Da	ite trust created		Simp	le trust	П
•		,					Com	olex trust	
Ma	ilina	address		_	State or federal		ESB1		Ц
•	9		•	●Ĺ	extension filed		1	tor trust	Н
Cit	City State or province ZIP				☐ Check if address is outside	7 .	table trust ruptcy estate	Н	
•	,	•   State of profiles		- 1	Foreign country		Dank	ed income fund	Н
_				4		_	1		_
		INITIAL RETURN	NAL RETURN		A. ALL INCOME		B. AR	KANSAS INCO	OME
	1.	Interest income:		1	00	1	1		00
	2.	Ordinary dividends:		2	00	] 2	2		00
	3.	Net profit from trade or business: (Attach schedule)		3	00	] 3	3		00
me	4.	Capital gains: (See instructions)		4	00	]	4		00
Income	5.	Rents, royalties, partnerships, other estates and trusts, etc: (Attach s	schedule)	5	00	] 5	5		00
	6.	Farm income: (Attach schedule)		6	00	] 6	3		00
	7.	Other income: (See instructions)		7	00	] 7	7		00
	8.	TOTAL INCOME: (Add lines 1 through 7)		8	00	] [	3		00
	9.	Taxes:		9	00	[	9		00
	10.	Interest:	1	0	00	] 10	)		00
"	11.	Charitable contributions:	1	1	00	] 11	ı 🗀		00
Deductions	12.	Fees: (Fiduciary/attorney/accountant/preparer)	1	2	00	12	2		00
luct	13.	Other deductions: (See instructions)	1	3	00	] 13	3		00
Ded	14.	Total deductions: (Add lines 9 through 13)	1	4	00	14	4 🗨		00
_	15.	Adjusted income before distributions: (Subtract line 14 from line 8)	1	5	00	15	5		00
	16.	Amounts to be distributed to beneficiaries:	1	6	00	16	ე ●		00
	17.	Adjusted income after distributions: (Subtract line 16 from line 15)	1	7	00	17	7		00
	18.	Standard deduction:				. 18	3	\$2,340	00
	19.	NET TAXABLE INCOME: (Subtract line 18 from line 17)				. 19	}		00
	20.	TOTAL TAX: Enter tax from REGULAR TAX TABLE using the a	amount on line 19,	, co	olumn B:	. 20	)		00
	21.	Personal tax credit:	2	21	<b>\$29</b> 00				
	22.	Other tax credit: (Attach AR1002-TC)	2	22	• 00				
	23.	TOTAL CREDITS: (Add lines 21 through 22)				. 23	3 •		00
	24.	NON ESBT NET TAX: (Subtract line 23 from line 20)				. 24	1 •		00
	244	A. ESBT NET TAX: (Attach schedule)				244	\ <u>•                                    </u>		00
	-	3. TOTAL NET TAX: (Add lines 24 and 24A)		$\overline{}$	i i	_	3 •		00
nts		Arkansas income tax withheld: (Attach AR 1099PT,1099R, AR-K1, and	-			4			
Payments		Estimated tax paid or credit brought forward from last year:				4			
Pa		Payment made with extension:		- 1		4			
and		Amended returns only-Enter previous payments:				4			
Тах а		Total payments: (Add lines 25 through 28)		- 1	1				
ľ		Amended returns only-Enter previous overpayments:				_			Too
		NET PAYMENTS: (Subtract line 30 from line 29)					1 -		00
		Amount of overpayment: (If line 31 is greater than line 24B, enter diff					<u> </u>		00
		Amount to be applied to 2024 estimated tax:		_	-	_			Loo
		AMOUNT TO BE REFUNDED TO YOU: (Subtract line 33 from					1 •		00
		AMOUNT DUE: (If line 31 is less than line 24B, enter difference)					5 🗨		00
	36. Attach Form AR2210 or AR2210A. If required, enter exception in box 36A ● Penalty 36B ● 00  Pay Online: Please visit our secure website ATAP (Arkansas Taxpayer Access Point) at www.atap.arkansas.gov TOTAL DUE 36						. [		Too
									00
Und	er per	nalties of perjury, I declare that I have examined this return and to the best of my kn	owledge and belief, th	10 9	statements are true and complet	e.		e Arkansas Revenue discuss this return wi	
Fid	ıciar	ry/trustee's signature	Date			_		the preparer?	
Pre	pare	er's signature	Date			_  -		es No	dsz
		Telephone	PTIN/ID nur	nb	oer <u>●</u>	_		partment Use On	ııy
Add	dress	s City, state, an	nd ZIP			_	A	•	



## 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	00	00	00	
2.	Enter adjustment, if any, for depreciation differences in federal and state an	nounts2	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, <b>if any</b> , reported on line 7, federal Schedule D, Form 10414	00	00	00	
5.	Enter adjustment, if any, for depreciation differences in federal and state an	nounts5	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 enter the total amount		00	00	
8.	Arkansas taxable amount, if a gain multiply line 7b by 50 percent (.50), other	rwise enter loss8	00	00	
9.	Enter federal short-term capital gain, <b>if any</b> , reported on line 7, federal Schedule D, Form 10419	00	00	00	
10.	Enter adjustment, <b>if any</b> , for depreciation differences in federal and state a	mounts10	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 Enter here and on page 1, line 4		00	00	

Schedule B: Income Distribution (Attach Federal K-1s)										
Beneficiaries' share of income:	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			