

2017 AR1002F

ARKANSAS FIDUCIARY INCOME TAX RETURN



2017

Software ID

For 2017 or fiscal year beginning _____ and ending _____ 20____ • _____ • _____

Name of estate or trust •			Federal Identification Number •		Type of entity: Decedent's estate ☐ Simple trust ☐ Complex trust ☐ ESBT ☐ Grantor trust ☐ Charitable trust ☐ Bankruptcy estate ☐ Pooled income fund ☐
Name and title of fiduciary or trustee •			Date trust created		
Mailing address •			☐ State or federal extension filed		
City •	State or Province •	ZIP •	☐ Check if address is outside U.S. Foreign Country		

☐ ORIGINAL RETURN • ☐ AMENDED RETURN • ☐ FINAL RETURN			A. ALL INCOME		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: (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. Taxes:.....	9		00	9		00
	10. Interest:.....	10		00	10		00
	11. Charitable contributions:.....	11		00	11		00
	12. Fees: (fiduciary/attorney/accountant/preparer).....	12		00	12		00
	13. Other deductions:.....	13		00	13		00
	14. Total deductions: (add Lines 9 through 13).....	14		00	14	•	00
	15. Adjusted income before distributions: (subtract Line 14 from Line 8).....	15		00	15		00
	16. Amounts to be distributed to beneficiaries:.....	16		00	16	•	00
17. Adjusted income after distributions: (subtract Line 16 from Line 15).....	17		00	17		00	
18. Standard deduction:.....	18					\$2,200	00
19. NET TAXABLE INCOME: (subtract Line 18 from Line 17).....	19						00
Tax and Payments	20. TOTAL TAX: Enter tax from REGULAR TAX TABLE using the amount on Line 19, Column B:.....	20					00
	21. Personal tax credit:.....	21		\$26	00		
	22. Other state tax credit:.....	22	•		00		
	23. Business Incentive Tax Credit: (attach AR1000TC).....	23	•		00		
	24. TOTAL CREDITS: (add Lines 21 through 23).....	24	•				00
	25. NET TAX: (subtract Line 24 from Line 20).....	25	•				00
	26. Arkansas income tax withheld: (attach AR1099PT and/or 1099R).....	26	•		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: (see instructions).....	29	•		00		
	30. Total payments: (add Lines 26 through 29).....	30			00		
	31. Overpayments received: (see instructions).....	31	•		00		
32. NET PAYMENTS: (subtract Line 31 from Line 30).....	32	•				00	
33. Amount of overpayment: (if Line 32 is greater than Line 25, enter difference).....	33	•				00	
34. Amount to be applied to 2018 estimated tax:.....	34	•		00			
35. AMOUNT TO BE REFUNDED TO YOU: (subtract Line 34 from Line 33).....	35	•				00	
36. AMOUNT DUE: (if Line 32 is less than Line 25, enter difference).....	36	•				00	
37. Attach Form AR2210 or AR2210A. If required, enter exception in box 37A • ☐ Penalty 37B • ☐ TOTAL DUE 37C • ☐	37C					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.			May the Arkansas Revenue Agency discuss this return with the preparer shown above? ☐ Yes ☐ No	
Fiduciary/trustee's signature _____ Date _____		OFFICE USE ONLY		
Preparer's signature _____ Date _____				
Name _____ ID/SSN • _____				
Address _____ City, state, and ZIP _____				



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, Schedule D, Form 1041..... 1	00	00	00
2. Enter adjustment, if any , for depreciation differences in federal and states amounts.....2		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, if any , reported on Line 7, federal Schedule D, Form 10414	00	00	00
5. Enter adjustment, if any , for depreciation differences in federal and state amounts.....5		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 than \$10,000,000, enter the total amount.....7b		00	00
8. Arkansas taxable amount, if a gain multiply Line 7b by 50 percent (.50), otherwise enter loss.....8		00	00
9. Enter federal short-term capital gain, if any , reported on Line 7, federal Schedule D, Form 1041.....9	00	00	00
10. Enter adjustment, if any , for depreciation differences in federal and state amounts.....10		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 to \$3,000) Enter here and on AR1002F / AR1002NR.....12		00	00

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

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

Mail **TAX DUE** to: State Income Tax, P. O. Box 2144, Little Rock, AR 72203-2144
Mail **REFUND** to: State Income Tax, P. O. Box 1000, Little Rock, AR 72203-1000

Mail **AMENDED** to: State Income Tax, P. O. Box 3628, Little Rock, AR 72203-3628
Mail **NO TAX DUE** to: State Income Tax, P. O. Box 8026, Little Rock, AR 72203-8026