# State of Arkansas

Department of Finance and Administration Income Tax Administration



# Modernized e-File (MeF) Business Income Tax Test Package

(Corporation, S-Corporation, Partnership Fiduciary, Composite and Extension)

**Tax Year - 2019** 

# **REVISIONS**

**November 5, 2019** 

### **Test Case 10**

- AR K-1 Moved line 5b to 4b
- AR K-1 Moved line 6a and 6b to 5a and 5b

### **Test Case 11**

- AR1050 Added line 11
- AR1050 Changed Partner A Income
- AR1050 Added Partner B
- AR K-1 Jerry Price
- Changed Shareholders Percentage
- Changed Column A
- Removed Column B
- AR K-1 Added Partner

### **Test Case 12**

- AR1050 Added Partner B
- AR K-1 Jason Allen
  - Changed Column A and Column B
  - Changed Shareholders Percentage
- AR K-1 Added Partner

**November 8, 2019** 

### **Test Case 8**

• AR1100S – Checked Amended Return Box

### **Test Case 11**

• AR1050 Schedule K – Correct Analysis of Net Income (Loss)

### **Test Case 13**

• AR1050 – Checked Amended Return Box

**November 13, 2019** 

### **Test Case 1**

AR1100NOL – Dates corrected

### **Test Case 2**

• AR1100CT – Tax year beginning and ending date corrected

### **Test Case 6**

AR1100S – Tax year beginning and ending date corrected

### **Test Case 14**

- AR1002F Line 20 corrected
- Schedule A Line 8 corrected
- AR1099PT Arkansas Income Tax Withheld changed

# **REVISIONS (Continued)**

**November 13, 2019** 

**Test Case 15** 

• AR1002F – Line 20 corrected

**Test Case 16** 

• AR1002F – Line 20 corrected

**Test Case 17** 

• AR1002F – Line 20 corrected

**Test Case 18** 

• Scenario – AR Tax Payment amount changed

• AR1002F – Line 20 corrected

**Test Case 19** 

• AR1002F – Line 20 corrected

**Test Case 20** 

• Scenario – AR Tax Payment amount changed

• AR1002F – Line 20 corrected

**November 20, 2019** 

**Test Case 20** 

• AR1002F – Line 24D corrected

# TAX PREPARER, TRANSMITTERS AND ERO ASSISTANCE

# DO NOT GIVE TO TAXPAYERS

# **E-File Technical Support:**

# Caroline Glover, Fiscal Division Manager & e-File Coordinator

**Phone:** (501) 682-7925 **Fax:** (501) 682-7393

**E-Mail:** AREfile@dfa.arkansas.gov

# Cynthia Hastings, e-File Manager

**Phone:** (501) 682-2194 **Fax:** (501) 682-7393

**E-Mail:** AREfile@dfa.arkansas.gov

# **E-File Webpage:**

The e-File webpage provides information for tax professionals and taxpayers. Click on the links provided on the left under e-File for additional pages. For questions concerning the e-File webpages, please contact the e-File Technical Support.

www.arkansas.gov/efile

# ARKANSAS ELECTRONIC FILING CALENDAR

Note: These dates are subject to change at any time.

### **TEST DATES:**

The beginning test date for the next year's processing is subject to IRS availability and is subject to change.

IRS/State Software Testing Begins	Same As IRS
State Software Testing Ends	January 1st

### **PRODUCTION DATE:**

# MODERNIZED E-FILE ASSURANCE TESTING SYSTEM (ATS)

Initiation of Arkansas testing begins by completing and submitting the Arkansas Letter of Intent. The Letter of Intent must be signed by an authorized representative. The Arkansas e-File Group must receive the completed and signed agreement prior to submitting test submissions. ATS results will not be sent until the signed Letter of Intent has been received by the Arkansas e-File Group. The Letter of Intent must be completed and submitted for each software product.

Arkansas requires all software developers, who create and market software for tax preparation and electronic filing of Arkansas income tax returns, to test their software with the State of Arkansas. These test scenarios are used for professional, preparer software and home filing software.

All test submission IDs must be e-mailed to: <u>AREfile@dfa.arkansas.gov</u> to be reviewed. The Arkansas e-File Group will notify the developer by e-mail as soon as possible of acceptance or if problems exist with your test cases. <u>Submissions with previous year's test cases will not be reviewed nor will an e-mail be sent.</u>

All Software Developers must test using the test cases from this publication and receive acceptance from Arkansas before submitting live production returns.

Edits and verification or Business rules are defined for each field or data element within the schema set. Developers must closely follow the requirements for each field to insure proper data formatting.

Once the State of Arkansas approves your test cases, you will be sent an e-mail authorizing you as an approved software company.

After you have been approved, each update to your software must be tested and re-approved by this office before it is released for production use.

The Arkansas Department of Revenue will continually monitor the quality of electronic transmissions and payment vouchers. If the quality of the transmission is unacceptable, the Arkansas Department of Revenue will contact the electronic filer, software developer, or transmitter. It is possible that a vendor's software certification may be revoked if a pattern of unacceptable payment vouchers or transmissions is detected.

### **FEIN to use for Testing:**

FEIN's use the format below:

00-12345\*\*

Replace the five numbers of the FEIN after the 00 with the software ETIN. The last two digits of the FEIN will be the test case.

# MODERNIZED E-FILE ASSURANCE TESTING SYSTEM (ATS) (Continued)

# **Preparer Information for Testing:**

• Preparer information must be completed with the following:

E-File Section P. O. Box 8067 Little Rock, AR 72203-8067 FEIN: 44-444444 PIN: P44444444

• Discuss with preparer:

All even test cases must = yes All odd test cases must = no

The forms used to prepare the test cases must not to be used for forms development.

# Corporate Income Tax Returns

# **Arkansas Test Case 1**

**Required Forms:** AR1100CT, AR1100REC, AR1100NOL & AR-AIS

Company Name: Outdoor World

**FEIN:** 00-\*\*\*\*01

**AR Tax Payment:** 

**Routing Number:** 265270413 **Account Number:** 6695427

**Requested Payment Date:** 04/15/20 **Amount Debited:** \$258.00

**Estimated Tax Payments:** 

**Routing Number:** 265270413 **Account Number:** 6695427

**Voucher 1:** 

**Requested Payment Date:** 04/15/20 **Amount Debited:** \$100.00

**Voucher 2:** 

**Requested Payment Date:** 06/15/20 **Amount Debited:** \$75.00

Voucher 3:

**Requested Payment Date:** 09/15/20 **Amount Debited:** \$125.00

Voucher 4:

**Requested Payment Date:** 01/15/21 **Amount Debited:** \$50.00

# 2019 AR1100CT ARKANSAS CORPORATION INCOME TAX RETURN



	C
	Software ID
•	

	Year beginning •04/01/2019 and ending •03/31/2020		<u> </u>			
	☐ INITIAL Return    ■ AMENDED Return    ■ FINAL Arkansas Return (Going Out of Busin	ess) • 🔲 Coop	erative Association			
FEIN	Citeck tills box il Automatic i ederal Extension i onii 7004 illed					
• 00-	00-****01 • Check this box if Arkansas Extension Form AR1155 filed (See Instructions) • Check if Federal Subchapter S					
NAIC	S Code Name Check this box if name has changed from prior year		Type of Corporation	$\neg$		
• 561			Check only one box			
Date	of Incorporation Address Check this box if address has changed from prior year	(·	5 X Domestic (in state	te)		
	17/2000 • 11 SUNS ST	•	6 ☐ Foreign (out of st	tate)		
Date	Began Business in AR City State or Province Zip	I— -	eck if address is outside U	J.S.		
• 04/	17/2000	<b>1</b> Foreig	n Country			
If you	are a pass-through entity and are electing the "Check the Box" provision for state income tax purposes, or		entity and check one of	f		
the fil	ing status boxes below:  ■ □ LIMITED LIABILITY COMPANY ■ □ PARTNERSHIF		•			
	MG STATUS: ● 1 ☒ Corporation Operating only in Arkansas ● 3 ☐ Multistate Cor	rporation - Direct /	Accounting	$\dashv$		
			for Direct Accounting)			
ONE		return: # of corp.e				
N	lote: Attach completed copy of Federal Return and Sign Arkansas Return. (See Important	Reminders)	ARKANSAS	П		
	7. Gross Sales: (Less returns and allowances)	7. •	1,497,843	00		
	8. Less Cost of Goods Sold:		794,914	00		
ш	9. Gross Profit: (Line 7 less Line 8)	-	702,929	_		
_	10. Dividends: (See Instructions)			00		
NCOM	11. Taxable Interest: (Attach AR1100REC)	-		00		
$\overline{\circ}$	12. Gross Rents/Gross Royalties: (See Instructions)	-		00		
$\leq$	13. Gains or Losses:	-	14,054			
	14. Other Income:		-	00		
	15. TOTAL INCOME: (Add Lines 9 through 14)		716,983			
	16. Compensation of Officers/Other Salaries and Wages: (See Instructions)		176,148	_		
	17. Repairs:	Г	108,027	—		
	18. Bad Debts:	Г		00		
40	19. Rent on Business Property:	- T	12,000	انتا		
NS	20. Taxes: (Attach AR1100REC)		46,377	_		
0	21. Interest:	Г	7,482	—		
Ē	22. Contributions:			00		
ပ	23. Depreciation: (Attach AR1100REC).	-	129,356			
DOC	24. Depletion:	Г		00		
	25. Advertising:		990			
<u> </u>	26. Other Deductions: (Attach schedule)	Г	213,073	_		
	27. TOTAL DEDUCTIONS: (Add Lines 16 through 26)		693,453			
	28. Taxable Income Before Net Operating Losses: (Line 15 less Line 27)		23,530			
	29. Net Operating Losses: (Adjust for Non-taxable Income)		(12,135)	_		
	30. Net Taxable Income: (Line 28 less Line 29 or Schedule A C4 page 2) (If Amended Return Box Chedule A C4 page 3)		(12,100)	Н		
	Amended Net Taxable Income)	I	11,395	00		
	31. Tax from Table: (See C. Instructions).		258	_		
	32. Business Incentive Credits: (Attach all original certificates and Schedule AR1100BIC)	-		00		
Z	33. Tax Liability: (If Amended Return Box Checked, Enter Amended Tax Liability)		258			
ō	34. Estimated Tax Paid: (Including estimate carryforward from prior year)			00		
E	35. Payment with Extension Request:			00		
⋖	36. Withholding Payment: (Attach AR1100-WH)			00		
5	37. Amended Return Only: (Enter Net tax paid (or refunded) on previous returns(s) for this tax year)			00		
4	38. Overpayment: (Line 34 plus Line 35 plus Line 36 plus or minus Line 37; less Line 33)			00		
Σ	39. Amount Applied to 2020 Estimated Tax	00		100		
COMPUTATIO	40. Amount Applied to Check Off Contributions: (Attach AR1100CO)40.	00				
	41. Amount to be Refunded: (Line 38 less Lines 39 and 40)	A1 a		00		
×	42. Tax Due: (Line 33 less Line 34 and 35 and Line 36, plus or minus Line 37)		258	—		
TAX	42. Tax Due. (Line 33 less Line 34 and 35 and Line 36, plus of minus Line 37)	Г		00		
	44. Penalty for Late Filing or Payment: (See Instructions)	-		00		
	44. Penalty for Late Filing or Payment: (See Instructions)			00		
	46. Amount Due: (Add Lines 42 through 45)		258			
	TO. AMOUNT Duo.   AUU LINES TE MIDUYN TOJ	40. ●		<u></u>		

# SCHEDULE A Apportionment of Income for Multistate Corporation



			FEIN	<b>I</b> : 00-****01	
A. INCOME TO APPORTION:					
1. Income per Federal Return: (Federal Form 1120, Line 28)			1. •		00
2. Add Adjustments: (Attach schedule)	2	2 ●	00		
3. Deduct Adjustments: (Attach schedule)	3	3. ●	00		
4. TOTAL APPORTIONABLE INCOME:			4.		00
NOTE: If all factors in Section B are 100%, do not complete CORPORATION OPERATING ONLY IN ARKANSAS and					
B. APPORTIONMENT FACTOR:	(A)	(B)		(C)	
Property Used in Business:	Amounts in Arkansas	Total Amounts		Percentage (A) ÷	(B)
a. Tangible Assets Used in Business and Inventories			$\Box$		
Less Construction in Progress:					
Amount Beginning of Year:	00	1	00	(Calculate to 6 place	es to
Amount End of Year:2.	00	2.	00	the right of the decir	
3. Total: (Add Lines a1 and a2)	00	3.	00	Fill in all spaces.	.)
4. Average Tangible Assets: (Line 3 ÷ 2)4.	00	4.	00		
b. Rental Property: (8 times annual rent)b.	00	b.	00	999.999999	%
c. Average Value of Intangible Property:c.		c.		(EXAMPLE)	
(For Financial Institutions Only - Attach schedule)	00		00		
d. TOTAL PROPERTY: (Add Lines a4, b, and c)d.●	00	d.●	00 d	•	%
2. Salaries, Wages, Commissions and Other Compensation Related to the Production of Business Income:  a. TOTAL:a.	00	a.●	00 a.	•	%
	l l				
3. Sales/Receipts:	loo	1			
a. Destination Shipped From Within Arkansas:a.	00	-			
b. Destination Shipped From Without Arkansas:b.	00	-			
c. Origin Shipped From Within Arkansas to U.S. Govt:c.	00				
d. Origin Shipped From Within Arkansas to Other Non-taxable Jurisdictions:d.	00				
e. Other Gross Receipts: (Attach schedule)e.	00	1			
f. TOTAL SALES / RECEIPTS:					$\top$
(Add Lines 3a through 3e)f.●	00	f.•	00 f.	•	%
g. DOUBLE WEIGHTED:					
(Financial Institutions must use Single Weighted Factor) (	Column C, Line 3f x 2)		g.	•	%
4. Come of December and Chinale Maintends Add Colombia C. Lines	4-1 0 26)				
Sum of Percentages: (Single Weighted: Add Column C, Lines     (Double Weighted: Add Column C, Lines)			4.9		%
					$\Rightarrow$
*5. Percentage Attributable to Arkansas:Line 4		Divided By*	= 5.0		%
*For Part B, Line 5, Divide Line 4 by number of entries other NOTE: An entry other than zero in Part B, Column E	•	•	-		
C. ARKANSAS TAXABLE INCOME:	5, Line (oi), counts as to	vo (z) chines uniess u	Jing Jing	gic weighted ractor.	
Income Apportioned to Arkansas: (Part A, Line 4) x (Part B, I	Line 5,Column C)		1.	•	00
Add: Direct Income Allocated to Arkansas: (Attach schedule)					00
3. Less: Apportioned NOL to Arkansas: (See NOL Instructions					00
4. TOTAL INCOME TAXABLE TO ARKANSAS: (Enter here an	d on Line 30, page 1)		4.0	•	00
Under penalties of perjury, I declare that I have examined this return, including acc	companying schedules, statemen	nts and documents, and to the	best of my	knowledge and belief, it is to	rue,
correct, and complete. Declaration of preparer (other than taxpayer) is based on a SIGNATURE OF OFFICER	ll information of which preparer h	nas any knowledge.  ITITLE		Telephone Number	
•		OWNER		(501) 682-7925	
PREPARER'S SIGNATURE	DATE	PREPARER'S FEIN/P	TIN	<u> </u>	
PREPARER'S PRINTED NAME	<u> </u>	May the Arkansas Revenu	ie Agency	For Department Use O	nly
		discuss this return with the		A •	
AREA CODE AND TELEPHONE NUMBER OF PREPARER (501) 537-5744		shown above?	No	B •	
Mail completed form to: Corneration Income Tay	D O Poy 010 Little D			С	



# ARKANSAS CORPORATION INCOME TAX RECONCILIATION SCHEDULE

NAME OUTDOOR WORLD FEIN 00-****01		
PART A: INTEREST INCOME		
1. FEDERAL FORM 1120 LINE 5 INTEREST INCOME	1.•	00
2. ADD: NON-ARKANSAS MUNICIPAL INTEREST INCOME	2.•	00
3. LESS: U.S. OBLIGATION INTEREST INCOME (Attach Schedule)	3.•	00
4. ARKANSAS TAXABLE INTEREST INCOME: (Enter here and on Line 11, Form A	AR1100CT)4. ●	00
PART B: TAXES DEDUCTION		
1. FEDERAL FORM 1120 LINE 17 TAXES AND LICENSE DEDUCTION	1.•	<b>46,635</b> 00
2. ADD: FOREIGN TAXES NOT INCLUDED ON FORM 1120 LINE 17	2.•	00
3. LESS: ARKANSAS CORPORATION INCOME TAXES	3.•	<b>258</b> 00
4. ARKANSAS DEDUCTION FOR TAXES (Enter here and on Line 20, Form AR110	<i>0CT</i> )4. ●	<b>46,377</b> 00
PART C: DEPRECIATION DEDUCTION		
1. FEDERAL FORM 1120 LINE 20 DEPRECIATION DEDUCTION	1.•	<b>143,048</b> 00
2. PLUS: FEDERAL DEPRECIATION INCLUDED IN COST OF GOODS SOLD	OR ELSEWHERE2.	00
3. TOTAL FEDERAL DEPRECIATION (Line 22 of Form 4562)	3.•	<b>143,048</b> 00
4. LESS: FEDERAL FORM 4562 LINE 12 SECTION 179 DEDUCTION	4.•	<b>39,200</b> 00
5. LESS: FEDERAL FORM 4562 LINE 14 BONUS DEPRECIATION	5.•	00
6. LESS: FEDERAL FORM 4562 LINE 25 BONUS DEPRECIATION	6.•	00
7. ADD: ARKANSAS ALLOWABLE SECTION 179 DEDUCTION	7.•	<b>25,000</b> 00
8. ADD OR SUBTRACT ARKANSAS DEPRECIATION ADJUSTMENT (Attach S	Schedule)8. •	<b>508</b> 00
9. ARKANSAS TOTAL DEPRECIATION DEDUCTION	9.•	<b>129,356</b> 00
10. LESS: ARKANSAS DEPRECIATION IN COST OF GOODS SOLD OR ELSE	WHERE10.•	00
11. ARKANSAS DEPRECIATION DEDUCTION (Enter here and on Line 23, Form Al	R1100CT)11. •	<b>129,356</b> 00

This schedule is to be attached to the Arkansas AR1100CT Corporate Income Tax form to reconcile Federal and Arkansas Interest Income on Line 11, Tax Expense Deduction on Line 20 and Depreciation Expense Deduction on Line 23. Refer to Instructions in the 2019 Corporation Income Tax Instructions.



# ARKANSAS CORPORATION INCOME TAX RECONCILIATION SCHEDULE

NAME OUTDOOR WORLD FEIN 00-****01		
PART A: INTEREST INCOME		
1. FEDERAL FORM 1120 LINE 5 INTEREST INCOME	1.•	00
2. ADD: NON-ARKANSAS MUNICIPAL INTEREST INCOME	2.•	00
3. LESS: U.S. OBLIGATION INTEREST INCOME (Attach Schedule)	3.•	00
4. ARKANSAS TAXABLE INTEREST INCOME: (Enter here and on Line 11, Form A	AR1100CT)4. ●	00
PART B: TAXES DEDUCTION		
1. FEDERAL FORM 1120 LINE 17 TAXES AND LICENSE DEDUCTION	1.•	<b>46,635</b> 00
2. ADD: FOREIGN TAXES NOT INCLUDED ON FORM 1120 LINE 17	2.•	00
3. LESS: ARKANSAS CORPORATION INCOME TAXES	3.•	<b>258</b> 00
4. ARKANSAS DEDUCTION FOR TAXES (Enter here and on Line 20, Form AR110	<i>0CT</i> )4. ●	<b>46,377</b> 00
PART C: DEPRECIATION DEDUCTION		
1. FEDERAL FORM 1120 LINE 20 DEPRECIATION DEDUCTION	1.•	<b>143,048</b> 00
2. PLUS: FEDERAL DEPRECIATION INCLUDED IN COST OF GOODS SOLD	OR ELSEWHERE2.	00
3. TOTAL FEDERAL DEPRECIATION (Line 22 of Form 4562)	3.•	<b>143,048</b> 00
4. LESS: FEDERAL FORM 4562 LINE 12 SECTION 179 DEDUCTION	4.•	<b>39,200</b> 00
5. LESS: FEDERAL FORM 4562 LINE 14 BONUS DEPRECIATION	5.•	00
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9. ARKANSAS TOTAL DEPRECIATION DEDUCTION	9.•	<b>129,356</b> 00
10. LESS: ARKANSAS DEPRECIATION IN COST OF GOODS SOLD OR ELSE	WHERE10.•	00
11. ARKANSAS DEPRECIATION DEDUCTION (Enter here and on Line 23, Form Al	R1100CT)11. •	<b>129,356</b> 00

This schedule is to be attached to the Arkansas AR1100CT Corporate Income Tax form to reconcile Federal and Arkansas Interest Income on Line 11, Tax Expense Deduction on Line 20 and Depreciation Expense Deduction on Line 23. Refer to Instructions in the 2019 Corporation Income Tax Instructions.

# AR1100NOL



# **Arkansas Corporation Income Tax Schedule of Net Operating Loss**

		Schedule of Net	Operating L	.033	
Corporation Name OUTDOOR WO				FEIN <b>00-</b> **** <b>0</b> 1	
	uld be used to orm AR1100CT.	calculate Net Operating Los	ss (NOL) amounts	to enter on Line 2	9 or Schedule A,
Tax Year:	03/31/2015	NOL Amt:	6,274	Yr Expires:	03/31/2020
Tax Year 1:	03/31/2016	Claim Amt 1:	0	Balance 1:	6,274
Tax Year 2:	03/31/2017	Claim Amt 2:	0	Balance 2:	6,274
Tax Year 3:	03/31/2018	Claim Amt 3:	6,274	Balance 3:	
Tax Year 4:		Claim Amt 4:		Balance 4:	
Tax Year 5:		Claim Amt 5:		Balance 5:	
·		Amt Expired:			
Tax Year:	03/31/2016	NOL Amt:	10,437	Yr Expires:	03/31/2021
Tax Year 1:	03/31/2017	Claim Amt 1:	0	Balance 1:	10,437
Tax Year 2:	03/31/2018	Claim Amt 2:	10,437	Balance 2:	0
Tax Year 3:		Claim Amt 3:		Balance 3:	
Tax Year 4:		Claim Amt 4:		Balance 4:	
Tax Year 5:		Claim Amt 5:		Balance 5:	
		Amt Expired:			
Tax Year:	03/31/2017	NOL Amt:	16,251	Yr Expires:	03/31/2022
Tax Year 1:	03/31/2018	Claim Amt 1:	1,738	Balance 1:	14,513
Tax Year 2:	03/31/2019	Claim Amt 2:	2,378	Balance 2:	12,135
Tax Year 3:	03/31/2020	Claim Amt 3:	12,135	Balance 3:	0
Tax Year 4:		Claim Amt 4:		Balance 4:	
Tax Year 5:		Claim Amt 5:		Balance 5:	
		Amt Expired:			
Tax Year:		NOL Amt:		Yr Expires:	
Tax Year 1:		Claim Amt 1:		Balance 1:	
Tax Year 2:		Claim Amt 2:		Balance 2:	
Tax Year 3:		Claim Amt 3:		Balance 3:	
Tax Year 4:		Claim Amt 4:		Balance 4:	
Tax Year 5:		Claim Amt 5:		Balance 5:	
		Amt Expired:			
Tax Year:		NOL Amt:		Yr Expires:	
Tax Year 1:		Claim Amt 1:		Balance 1:	
Tax Year 2:		Claim Amt 2:		Balance 2:	
Tax Year 3:		Claim Amt 3:		Balance 3:	
Tax Year 4:		Claim Amt 4:		Balance 4:	

Balance 5:

Claim Amt 5:

Amt Expired:

Tax Year 5:

# **Arkansas Additional Information Schedule**

2019

I.		
Name: OUTDOOR WORLD		
SSN/FEIN: 00-****01		
Arkansas Form or Schedule: AR1100CT		
Ownership Type: OTHER DEDUCTIONS		
Description: FUEL		
Tax Year: <sup>2019</sup>		
_	1. Amount	<b>108,343</b> 00
2.		
Name: OUTDOOR WORLD		
SSN/FEIN: 00-*****01		
Arkansas Form or Schedule: AR1100CT		
Ownership Type: OTHER DEDUCTIONS		
Description: INSURANCE		
Tax Year: 2019	0.000000	<b>50,050</b> 00
3.	2. Amount	00,000
Name: OUTDOOR WORLD		
SSN/FEIN: 00-*****01		
Arkansas Form or Schedule: AR1100CT		
Ownership Type: OTHER DEDUCTIONS		
Description: LEGAL FEES		
Tax Year: 2019		
TAX TOUT.	3. Amount	9,428 00
4.	o. Alliodite	
Name: OUTDOOR WORLD		
SSN/FEIN: 00-****01		
Arkansas Form or Schedule: AR1100CT		
Ownership Type: OTHER DEDUCTIONS		
Description: TOOLS		
Tax Year: <sup>2019</sup>		
	4. Amount	<b>16,233</b> 00
5.		
Name: OUTDOOR WORLD		
SSN/FEIN: 00-****01		
Arkansas Form or Schedule: AR1100CT		
Ownership Type: OTHER DEDUCTIONS		
Description: UNIFORMS		
Tax Year: <sup>2019</sup>		2,727 00
6	5. Amount	2,727 00
6. Name: OUTDOOR WORLD		
SSN/FEIN: 00-*****01		
Arkansas Form or Schedule: AR1100CT		
Ownership Type: OTHER DEDUCTIONS		
Description: SUPPLIES		
Tax Year: 2019		
TAX TOUT.	6. Amount	10,863 00
7.	o. Alliodite	
Name: OUTDOOR WORLD		
SSN/FEIN: 00-****01		
Arkansas Form or Schedule: AR1100CT		
Ownership Type: OTHER DEDUCTIONS		
Description: TELEPHONE		
Tax Year: 2019		
AD AIS (D 5/34/2010)	7. Amount	9,355 00

# **Arkansas Additional Information Schedule**

# 2019

<u>1.                                    </u>		
Name: OUTDOOR WORLD		
SSN/FEIN: 00-****01		
Arkansas Form or Schedule: AR1100CT		
Ownership Type: OTHER DEDUCTIONS		
Description: UTILITIES		
Tax Year: 2019		
idx fedi. 2010	4 Amount	<b>6,074</b> 00
2.	1. Amount	0,014 00
Name:		
SSN/FEIN:		
Arkansas Form or Schedule:		
Ownership Type:		
Description:		
Tax Year:		
	2. Amount	00
3.		
Name:		
SSN/FEIN:		
Arkansas Form or Schedule:		
Ownership Type:		
l		
Description:		
Tax Year:		00
	3. Amount	[00]
4.		
Name:		
SSN/FEIN:		
Arkansas Form or Schedule:		
Ownership Type:		
Description:		
Tax Year:		
	4. Amount	00
5.		
Name:		
SSN/FEIN:		
Arkansas Form or Schedule:		
Ownership Type:		
Description:		
Tax Year:		I Ioo
_	5. Amount	00
6.		
Name:		
SSN/FEIN:		
Arkansas Form or Schedule:		
Ownership Type:		
Description:		
Tax Year:		
	6. Amount	00
7.	o.Amount	
Name:		
SSN/FEIN:		
Arkansas Form or Schedule:		
Ownership Type:		
Description:		
Tax Year:		
AD AIC (D 5/24/2040)	7. Amount	00
AR-AIS (R 5/31/2019)		

# **Arkansas Test Case 2**

**Required Forms:** AR1100CT, AR1100REC, AR1100 NOL, AR1100-WH

& AR-AIS

Company Name: Holdings Inc

**FEIN:** 00-\*\*\*\*02

52/53 Week Return

# 2019 AR1100CT ARKANSAS CORPORATION INCOME TAX RETURN





Tax		<b>2</b> / <b>26</b> / <b>2019</b> and ending			√ 52/53 Wk	_	•	
•[	INITIAL Return	■ AMENDED Return    ■ FIN	IAL Arkansas Re	eturn (Going Out	of Business) •	Coo	perative Association	
FEIN	Clieck tills box il Automatic Federal Extension Form 7004 med							
• 00-	00-****02 • Check this box if Arkansas Extension Form AR1155 filed (See Instructions) • Check if Federal Subchapter S							
NAICS	S Code	Name	nanged from prior yea	ar	<u> </u>		Type of Corporation	
424	1400	HOLDINGS INC					Check only one box	
Date o	of Incorporation	Address	as changed from pric	r year		- 1	• 5 Domestic (in sta	
•	02/16/1961	• 3 SHARING LANE					• 6 X Foreign (out of s	
Date E	Began Business in AR	City	State	or Province	Zip		neck if address is outside l gn Country	U.S.
•	10/01/1992	• HAZEN	• AF	₹	• 72064	Forei	gri Courilly	
		tity and are electing the "Check the Bo				type of	entity and check one of	f
the fili See Inst	ng status boxes below:	: • ☐ LIMITED LIABILITY	COMPANY	• 🔲 PARTI	NERSHIP			
FILII	NG STATUS: • 1 [	☐ Corporation Operating only in Arka	nsas	• 3 🔲 Mult	istate Corporation -	Direct	Accounting	
•	CK ONLY	<b>51</b>					d for Direct Accounting)	
ONE E		Multistate Corporation - Apportionn			solidated return: # c			-
N	-	eted copy of Federal Return and		-	•	_	ARKANSAS	$\vdash$
		s returns and allowances)						00
		ds Sold:						00
Ш	9. Gross Profit: (Line	e 7 less Line 8)				9. •		00
NCOM		nstructions)						00
$\ddot{c}$		Attach AR1100REC)						00
ž		s Royalties: (See Instructions)						00
_								00
								00
		(Add Lines 9 through 14)						00
	i i	Officers/Other Salaries and Wages: (S						00
								00
								00
S		Property:						00
O		?1100REC)						00
Ĕ								00
ပ								00
DOC		ach AR1100REC)						00
								00
<u></u>	ľ	: (Attach schedule)						00
		ONS: (Add Lines 16 through 26)						00
		efore Net Operating Losses: (Line 15						00
		sses: (Adjust for Non-taxable Income).						00
		ne: (Line 28 less Line 29 or Schedule a						
		rable Income)						00
		See C. Instructions)						00
	· ·	e Credits: (Attach all original certificate						00
Z		mended Return Box Checked, Enter A		,				00
0		d: (Including estimate carryforward fro		- /			852	00
E		ension Request:						00
₹		ent: (Attach AR1100-WH)					4,000	00
5		Only: (Enter Net tax paid (or refunded						00
₫	38. Overpayment: (Lir.	ne 34 plus Line 35 plus Line 36 plus oi	r minus Line 37; le	ss Line 33)		.38. •	4,852	00
COMPUTATIO		2020 Estimated Tax		· .		<b>52</b> 00		
$\mathcal{C}$		Check Off Contributions: (Attach AR		-		00		
		unded: (Line 38 less Lines 39 and 40)				.41. •	2,000	00
TAX	42. Tax Due: (Line 33	less Line 34 and 35 and Line 36, plus	or minus Line 37)			42. •		00
F	· ·	e:						00
	44. Penalty for Late Fi	iling or Payment: (See Instructions)				.44.		00
	45. Penalty for Underp	payment of Estimated Tax: (Attach AR	2220) Enter excep	tion checked in F	Part 3 • 🔲	45. •		00
	46. Amount Due: (Add	d Lines 42 through 45)				.46. •		00

# SCHEDULE A Apportionment of Income for Multistate Corporation



				<u> </u>	·EII	N: (	00-^^^02
A. I	NCOME TO APPORTION:					_	
1.	Income per Federal Return: (Federal Form 1120, Line 28)		<u>.</u>		1.	•	<b>31,248,094</b> 00
2.	Add Adjustments: (Attach schedule)				00		
3.	Deduct Adjustments: (Attach schedule)				00	_	
4.	TOTAL APPORTIONABLE INCOME:				4.	•	<b>28,531,107</b> 00
ТОИ	E: If all factors in <b>Section B</b> are 100%, do not comple						
	CORPORATION OPERATING ONLY IN ARKANSAS an		line	ī	₹110	OCT	
	APPORTIONMENT FACTOR:	(A)		(B)			(C)
1.	Property Used in Business:	Amounts in Arkansas		Total Amounts	-	L	Percentage (A) ÷ (B)
	a. Tangible Assets Used in Business and Inventories				$  \  $		
	Less Construction in Progress:  1. Amount Beginning of Year:1.	00	1.	777,257,211			
			1 ''	364,286,167	$\overline{}$		(Calculate to 6 places to
	2. Amount End of Year:2.	00	1 - 1		-		the right of the decimal.  Fill in all spaces.)
	3. Total: (Add Lines a1 and a2)	00	1 "	1,141,543,378	-		r III III ali spaces.)
	4. Average Tangible Assets: (Line 3 ÷ 2)4.	00	1 "	570,771,689	$\overline{}$	_	000 000000
	b. Rental Property: (8 times annual rent)b.	00	b.	114,248,136	00	L	999.999999 %
	c. Average Value of Intangible Property:		c.		$  \  $		(EXAMPLE)
	(For Financial Institutions Only - Attach schedule)	00			00		
	d. TOTAL PROPERTY: (Add Lines a4, b, and c)d.●	00	d.●	685,019,825	00	d. <b>●</b> [	%
2.	Salaries, Wages, Commissions and Other Compensation						
	Related to the Production of Business Income:	50.000	ا ـ ا	400 200 200		. "Г	0.050404
	a. TOTAL:a.●	<b>58,368</b> 00	a.●	100,299,360	00	a. <b>•</b>	0.058194 %
3.	Sales/Receipts:						
	a. Destination Shipped From Within Arkansas:a.	00	)				
	b. Destination Shipped From Without Arkansas:b.	<b>45,503,476</b> 00	)				
	c. Origin Shipped From Within Arkansas to U.S. Govt:c.	00	)				
	d. Origin Shipped From Within Arkansas to						
	Other Non-taxable Jurisdictions:d.	00	_				
	e. Other Gross Receipts: (Attach schedule)e.	00	<u>기</u>			_	
	f. TOTAL SALES / RECEIPTS:						
	(Add Lines 3a through 3e)f.●	<b>45,503,476</b> 00	f.●	3,172,755,122	00	f.●	1.434194 %
	g. DOUBLE WEIGHTED:					_	
	(Financial Institutions must use Single Weighted Factor)	(Column C, Line 3f x 2)			Q	J. <b>●</b> _	2.868388 %
4	Sum of Percentages: (Single Weighted: Add Column C, Line	s 1d 2a and 3f)					
ļ	(Double Weighted: Add Column C, Line	,			Δ	1.●	2.926582 %
					= 5	-	0.731646 %
	Percentage Attributable to Arkansas:Line 4 or Part B, Line 5, Divide Line 4 by number of entries othe	2.926582   %		ided By* 4	-		
"F	NOTE: An entry other than zero in Part B, Column	•				-	** * **
C	ARKANSAS TAXABLE INCOME:	B, Lille (31), Coulits as t	WO (	(2) entries uniess usin	y Sii	igie	weighted Factor.
	. Income Apportioned to Arkansas: (Part A, Line 4) x (Part B,	Line 5 Column C)			1		<b>208,747</b> 00
	. Add: Direct Income Allocated to Arkansas: (Attach schedul						00
	Less: Apportioned NOL to Arkansas: (See NOL Instruction	•					<b>208,747</b> 00
	TOTAL INCOME TAXABLE TO ARKANSAS: (Enter here a		,			_	00
	der penalties of perjury, I declare that I have examined this return, including a						
cor	rect, and complete. Declaration of preparer (other than taxpayer) is based on	all information of which preparer	has a	any knowledge.			
SIGN	ATURE OF OFFICER	DATE		TITLE		Те	lephone Number
•			_	CEO		丄	(501) 682-7925
PREF	PARER'S SIGNATURE	DATE		PREPARER'S FEIN/PTIN	N		
DDE	DADED'S DDINTED NAME		$\perp$		ac==		For Department Use Only
FRE	PARER'S PRINTED NAME			May the Arkansas Revenue A discuss this return with the pre		_	. •
AREA	CODE AND TELEPHONE NUMBER OF PREPARER		$\dashv$	shown above?		$\vdash$	
				Yes No	)	$oldsymbol{oldsymbol{eta}}$	B •
	Mail completed form to: Corporation Income Tax	, P O Box 919, Little I	Roc	k, AR 72203-0919		7 c	;



# ARKANSAS CORPORATION INCOME TAX RECONCILIATION SCHEDULE

NAME HOLDINGS INC	FEIN <u>00-****02</u>	<del></del>
PART A: INTEREST INCOME		
1. FEDERAL FORM 1120 LINE 5 INTEREST INCOME	1.•	<b>(176,994)</b> 00
2. ADD: NON-ARKANSAS MUNICIPAL INTEREST INCOME	2.•	00
3. LESS: U.S. OBLIGATION INTEREST INCOME (Attach Schedule)	3.•	00
4. ARKANSAS TAXABLE INTEREST INCOME: (Enter here and on Line 11, Form AR	1100CT)4. ●	<b>(176,994)</b> 00
PART B: TAXES DEDUCTION		
1. FEDERAL FORM 1120 LINE 17 TAXES AND LICENSE DEDUCTION	1.•	<b>2,194,345</b> 00
2. ADD: FOREIGN TAXES NOT INCLUDED ON FORM 1120 LINE 17	2.•	00
3. LESS: ARKANSAS CORPORATION INCOME TAXES	3.•	00
4. ARKANSAS DEDUCTION FOR TAXES (Enter here and on Line 20, Form AR1100C	<i>T</i> )4. ●	<b>2,194,345</b> 00
PART C: DEPRECIATION DEDUCTION		
1. FEDERAL FORM 1120 LINE 20 DEPRECIATION DEDUCTION	1.•	<b>8,655,102</b> 00
2. PLUS: FEDERAL DEPRECIATION INCLUDED IN COST OF GOODS SOLD O	OR ELSEWHERE2. ●	00
3. TOTAL FEDERAL DEPRECIATION (Line 22 of Form 4562)	3.•	<b>8,655,102</b> 00
4. LESS: FEDERAL FORM 4562 LINE 12 SECTION 179 DEDUCTION	4.•	00
5. LESS: FEDERAL FORM 4562 LINE 14 BONUS DEPRECIATION	5.•	<b>121,942</b> 00
6. LESS: FEDERAL FORM 4562 LINE 25 BONUS DEPRECIATION	6.•	00
7. ADD: ARKANSAS ALLOWABLE SECTION 179 DEDUCTION	7.•	00
8. ADD OR SUBTRACT ARKANSAS DEPRECIATION ADJUSTMENT (Attach Scho	edule)8. •	(2,157,227) 00
9. ARKANSAS TOTAL DEPRECIATION DEDUCTION	9.•	<b>10,690,386</b> 00
10. LESS: ARKANSAS DEPRECIATION IN COST OF GOODS SOLD OR ELSEW	/HERE10.•	00
11. ARKANSAS DEPRECIATION DEDUCTION (Enter here and on Line 23, Form AR11	100CT)11. •	<b>10,690,386</b> 00

This schedule is to be attached to the Arkansas AR1100CT Corporate Income Tax form to reconcile Federal and Arkansas Interest Income on Line 11, Tax Expense Deduction on Line 20 and Depreciation Expense Deduction on Line 23. Refer to Instructions in the 2019 Corporation Income Tax Instructions.

# AR1100NOL



# **Arkansas Corporation Income Tax Schedule of Net Operating Loss**

	Schedule of Net Operating Loss						
Corporation Name				FEIN 00-****02	!		
This form sho Line C3 on Fo	ould be used to corm AR1100CT.	calculate Net Operating Los	ss (NOL) amounts	to enter on Line 2	9 or Schedule A,		
Tax Year:	02/26/2018	NOL Amt:	39,927	Yr Expires:	02/24/2023		
Tax Year 1:	02/26/2019	Claim Amt 1:	208,747	Balance 1:	191,180		
Tax Year 2:	02/26/2020	Claim Amt 2:	191,180	Balance 2:	0		
Tax Year 3:		Claim Amt 3:		Balance 3:			
Tax Year 4:		Claim Amt 4:		Balance 4:			
Tax Year 5:		Claim Amt 5:		Balance 5:			
		Amt Expired:					
Tax Year:		NOL Amt:		Yr Expires:			
Tax Year 1:		Claim Amt 1:		Balance 1:			
Tax Year 2:		Claim Amt 2:		Balance 2:			
Tax Year 3:		Claim Amt 3:		Balance 3:			
Tax Year 4:		Claim Amt 4:		Balance 4:			
Tax Year 5:		Claim Amt 5:		Balance 5:			
		Amt Expired:					
Tax Year:		NOL Amt:		Yr Expires:			
Tax Year 1:		Claim Amt 1:		Balance 1:			
Tax Year 2:		Claim Amt 2:		Balance 2:			
Tax Year 3:		Claim Amt 3:		Balance 3:			
Tax Year 4:		Claim Amt 4:		Balance 4:			
Tax Year 5:		Claim Amt 5:		Balance 5:			
		Amt Expired:					
Tax Year:		NOL Amt:		Yr Expires:			
Tax Year 1:		Claim Amt 1:		Balance 1:			
Tax Year 2:		Claim Amt 2:		Balance 2:			
Tax Year 3:		Claim Amt 3:		Balance 3:			
Tax Year 4:		Claim Amt 4:		Balance 4:			
Tax Year 5:		Claim Amt 5:		Balance 5:			
		Amt Expired:					
Tax Year:		NOL Amt:		Yr Expires:			
Tax Year 1:		Claim Amt 1:		Balance 1:			
Tax Year 2:		Claim Amt 2:		Balance 2:			
Tax Year 3:		Claim Amt 3:		Balance 3:			
Tax Year 4:		Claim Amt 4:		Balance 4:			
Tax Year 5:		Claim Amt 5:		Balance 5:			

Amt Expired:



# ARKANSAS CORPORATION INCOME TAX Withholding Summary

Corporation Name		FEI	N			_
HOLDINGS INC		• (	• 00-****02			
Federal Employer Identification Number Partnership Name Ta			Arkansas Taxable Income		Arkansas Withholding Amount	
• 00-0000126	BARNWOOD ENT	8,00	0 00	1 •	4,000	0
•			00	2 ●		0
•			00	3 ●		00
•			00	4 •		00
•			00	5 ●		00
•			00	6 ●		00
•			00	7 ●		00
•			00	8 •		00
•			00	9 •		00
•			00	10 •		0
TOTAL ARKANSAS TAXABLE	INCOME:	8,00	0 00			
TOTAL ARKANSAS WITHHOL	DING AMOUNT: (Enter here and on the AR1100CT, Line 36	or AR1100S, Line 32	2)		4,000	0(

### **INSTRUCTIONS:**

1

For tax years beginning on or after January 1, 2018, pass-through entities will be required to withhold Arkansas income tax on corporate members in addition to the current requirement to withhold for individual members. Use Form AR1100WH if the corporation has withholding tax paid on its behalf by an entity taxed as a partnership. Withholding is deemed to have been made on behalf of a corporation if an entity taxed as a partnership has filed a pass-through entity withholding return on Form AR941PT, or a composite return on Form AR1000CR and issued the corporation a withholding statement on Form AR1099PT for a tax year ending during the tax year for which the corporation is filing a corporation income tax return. Credit for withholding payments claimed will only be credited to the corporation if the partnership has actually paid the withholding tax reported.

To complete Form AR1100WH, the tax year beginning and ending and the corporation name and Federal Employer Identification Number (FEIN) should be provided in the appropriate portions of the Form. On lines 1 through 10, the FEIN and name of the partnership which has withheld income tax on behalf of the corporation should be provided along with the amount of Arkansas taxable income allocated to the corporation and the amount of Arkansas income tax withheld by each partnership that withheld income tax on behalf of the corporation. On the bottom of the form are spaces to provide the total partnership income allocated to the corporation by partnerships that withheld income tax and the total amount of income tax withheld by partnerships on behalf of the corporation.

For corporations which have a fiscal year end that is different from the fiscal year end of the pass-through entity, withholding payments made for the fiscal period that ends during the fiscal year of the corporation may be claimed on the corporation's income tax return. Withholding payments will be divided equally to each quarter for purposes of determining Underpayment of Estimated Tax Penalties.

AR-AIS (R 5/31/2019)

# Arkansas

2019

# **AR-AIS Additional Information Schedule** Name: HOLDINGS INC

Name: Holdings inc		
SSN/FEIN: 00-****02		
Arkansas Form or Schedule: AR1100CT		
Ownership Type: COST OF GOODS SOLD		
Description: COST OF GOOD SOLD FROM FEDERAL RETURN		
Tax Year: 2019		
TAX TOUT	1. Amount	<b>2,913,525,259</b> 00
2.		•
Name: HOLDINGS INC		
SSN/FEIN: 00-****02		
Arkansas Form or Schedule: AR1100CT		
Ownership Type: OTHER INCOME		
Description: OTHER INCOME FROM FEDERAL RETURN		
Tax Year: 2019		
TAX TOUT	2. Amount	<b>76,067,131</b> 00
3.	2. Amount	
Name: HOLDINGS INC		
SSN/FEIN: 00-****02		
Arkansas Form or Schedule: AR1100CT		
Ownership Type: BAD DEBTS		
Description: BAD DEBTS		
Tax Year: 2019		
Tax Tear	3. Amount	<b>-6,160</b> 00
4.	5. Alliount	.,
Name: HOLDINGS INC		
SSN/FEIN: 00-****02		
Arkansas Form or Schedule: AR1100CT		
Ownership Type: INTEREST		
Description: INTEREST EXPENSES		
Tax Year: 2019		
TOX TOUT.	4. Amount	2,614,811 00
5.	4. Amount	<u> </u>
Name: HOLDINGS INC		
SSN/FEIN: 00-****02		
Arkansas Form or Schedule: AR1100CT		
Ownership Type: OTHER DEDUCTIONS		
Description: OTHER DEDUCTIONS FROM FEDERAL RETURN/PENSION PROFI	T/EMPLOYEE BENEFIT PROGRAMS	
Tax Year: 2019		
Tax Teal	5. Amount	<b>42,997,120</b> 00
6.	5. Amount	, ,
Name: HOLDINGS INC		
SSN/FEIN: 00-****02		
Arkansas Form or Schedule: AR1100CT		
Ownership Type: ADD ADJUSTMENTS		
Description: DEPRECIATION ADJUSTMENT FOR JCWAA		
Tax Year: 2019		
TAA TGAL	6. Amount	8,655,101 00
7.	6. Alliount	-,,
Name: HOLDINGS INC		
SSN/FEIN: 00-****02		
Arkansas Form or Schedule: AR1100CT		
Ownership Type: DEDUCT ADJUSTMENTS		
Description: DEPRECIATION ADJUSTMENT FOR JCWAA/STATE DISPOSAL BO	ONUS ADJUSTMENT	
Tax Year: 2019		
. IGA 1501. 4VIV	7 Amount	<b>11,372,088</b> 00
AP AIS (P.5/31/2010)	7. Amount	, 2,

# **Arkansas Test Case 3**

**Required Forms:** AR1100CT

**Company Name:** ACQ Company

**FEIN:** 00-\*\*\*\*03

# **Subsidiary 1:**

**Required Forms:** AR1100CT

**Company Name:** ACQ Company

**FEIN:** 00-\*\*\*\*03

# **Subsidiary 2**

**Required Forms:** AR1100CT & AR1100REC

**Company Name:** East End Industries

**FEIN:** 00-0000013

# 2019 AR1100CT ARKANSAS CORPORATION INCOME TAX RETURN



C
Software ID

Tax	Year beginning •	/ / and	ending •	/ /			•	
■ INITIAL Return    ■ AMENDED Return    ■ FINAL Arkansas Return (Going Out of Business)    ■ Cooperative Association								
FEIN	II VITI II LE I COCCITI	Check this box if Automatic		· · · ·		_	ng as Financial Instituti	ion
	*****	Check this box if Arkansas I		(See Instruct	tions)		-	OH
	**** <b>03</b> S Code				• C	neck if Fed	deral Subchapter S  Type of Corporation	
• 238	_	Name ☐ Check this box if name • ACQ, COMPANY	ne has changed from p	rior year			Check only one box	.
	of Incorporation						• 5 X Domestic (in si	tate)
	01/2009	Address Check this box if ad	idress has changed fro	om prior year			• 6 Foreign (out of	state)
	Began Business in AR			State or Province	Zip		neck if address is outside	
l	_	l -			1 '		gn Country	0.5.
		ALEXANDER	the Davil manifolds	• AR	• 72002	41 414	i ambibu amal alaaalu ama	
the fil	ng status boxes below:	ity and are electing the "Check LIMITED LIA	BILITY COMPANY		ARTNERSHIP	trie type of	entity and check one t	ונ
FILI	NG STATUS: • 1	Corporation Operating only	in Arkansas	• 3 🔲 l	Multistate Corporati	on - Direct	Accounting	
(CHE	CK ONLY						d for Direct Accounting	)
ONE		Multistate Corporation - App			Consolidated return	<u> </u>	entities in AR	
N	ote: Attach comple	eted copy of Federal Retu	ırn and Sign Ark	ansas Return. (S	See Important Remin	ders)	ARKANSAS	
	7. Gross Sales: (Less	s returns and allowances)				7. •		00
	8. Less Cost of Good	ls Sold:				8. •		00
ш	9. Gross Profit: (Line	7 less Line 8)				9. •		00
MO	10. Dividends: (See In	structions)				10. •		00
0		Attach AR1100REC)						00
INC		s Royalties: (See Instructions).						00
<b> </b>								00
								00
		(Add Lines 9 through 14)						00
		Officers/Other Salaries and Wa						00
	· ·		-					00
	· '							00
10		Property:						00
NS		1100REC)						00
0								00
I ⊏								00
ပ		ach AR1100REC)						00
DOC	l '							00
								00
<u> </u>		(Attach schedule)						00
		ONS: (Add Lines 16 through 2						00
		efore Net Operating Losses: ( <i>L</i>	*					00
		ses: (Adjust for Non-taxable In						00
	<del></del>	ne: (Line 28 less Line 29 or Sci						- 00
		able Income)	. •	•			9,927	,   00
		ee C. Instructions)						00
		,					203	00
7		e Credits: (Attach all original ce					200	00
ō		nended Return Box Checked, l d: (Including estimate carryforv					203	00
		nsion Request:ecanylor		,				00
4	l '							00
		ent: (Attach AR1100-WH)						00
ا کر		Only: (Enter Net tax paid (or re						_
OMPUTATION		ne 34 plus Line 35 plus Line 36				38. •   00		00
O	1 ''	2020 Estimated Tax						
Ö		Check Off Contributions: (Atta						00
×		inded: (Line 38 less Lines 39 a					000	00
TAX		less Line 34 and 35 and Line 3	•	,				00
		e:						00
		ling or Payment: (See Instructi	,				52	00
		payment of Estimated Tax: (Att	ach AR2220) Enter	exception checked	ın Part 3 ● <u> </u>			00
1	146 Amount Due: /Add	I Lines 42 through 45)				46	1 268	3 <b>I</b> 00 I

# **SCHEDULE A Apportionment of Income for Multistate Corporation**



			FEIN	<b>1:</b> 00-****03	
A. INCOME TO APPORTION:					
1. Income per Federal Return: (Federal Form 1120, Line 28)			1. •		00
2. Add Adjustments: (Attach schedule)	2	2 ●	00		
3. Deduct Adjustments: (Attach schedule)	3	3. ●	00		
4. TOTAL APPORTIONABLE INCOME:			4.		00
NOTE: If all factors in Section B are 100%, do not complete CORPORATION OPERATING ONLY IN ARKANSAS and					
B. APPORTIONMENT FACTOR:	(A)	(B)		(C)	
Property Used in Business:	Amounts in Arkansas	Total Amounts		Percentage (A) ÷ (	(B)
a. Tangible Assets Used in Business and Inventories					
Less Construction in Progress:					
Amount Beginning of Year:1.	00	1	00	(Calculate to 6 place	s to
2. Amount End of Year:2.	00	2.	00	the right of the decin	
3. Total: (Add Lines a1 and a2)	00	3.	00	Fill in all spaces.)	)
4. Average Tangible Assets: (Line 3 ÷ 2)4.	00	4.	00		
b. Rental Property: (8 times annual rent)b.	00	b.	00	999.999999	%
c. Average Value of Intangible Property:c.		c.		(EXAMPLE)	
(For Financial Institutions Only - Attach schedule)	00		00		
d. TOTAL PROPERTY: (Add Lines a4, b, and c)d.●	00	d.●	00 d	•	%
2. Salaries, Wages, Commissions and Other Compensation Related to the Production of Business Income: a. TOTAL:a.  a. •	Inol	a. <b>•</b>	00 a.		%
a. 101/12a	[00]	a.•	00 a.	<u> </u>	70
3. Sales/Receipts:	T	1			
a. Destination Shipped From Within Arkansas:a.	00				
b. Destination Shipped From Without Arkansas:b.	00				
c. Origin Shipped From Within Arkansas to U.S. Govt:c.	00				
d. Origin Shipped From Within Arkansas to	00				
Other Non-taxable Jurisdictions:d.	00	-			
e. Other Gross Receipts: (Attach schedule)e. f. TOTAL SALES / RECEIPTS:	00				1
(Add Lines 3a through 3e)f.	00	f •	00 f.		%
g. DOUBLE WEIGHTED:	100	1.9	100 1.	<u> </u>	1.3
(Financial Institutions must use Single Weighted Factor) (	(Column C. Line 3f x 2)		g.	•	%
(Financial institutions must use single weighted Factor) (	Column O, Emo Si X 2)		g.	<u> </u>	70
4. Sum of Percentages: (Single Weighted: Add Column C, Lines					lo.
(Double Weighted: Add Column C, Lines	s 1d, 2a and 3g)		4.9	•	%
*5. Percentage Attributable to Arkansas:Line 4	%	Divided By*	= 5.0	•	%
*For Part B, Line 5, Divide Line 4 by number of entries other	•	•	-		
NOTE: An entry other than zero in Part B, Column I C. ARKANSAS TAXABLE INCOME:	B, Line (3f), counts as tv	wo (2) entries unless u	sing Sing	gle Weighted Factor.	
Income Apportioned to Arkansas: (Part A, Line 4) x (Part B,	Lino E Column Cl		1 4		00
Add: Direct Income Allocated to Arkansas: (Attach schedule)					00
Less: Apportioned NOL to Arkansas: (See NOL Instructions					00
TOTAL INCOME TAXABLE TO ARKANSAS: (Enter here ar					00
Under penalties of perjury, I declare that I have examined this return, including ac					
correct, and complete. Declaration of preparer (other than taxpayer) is based on a	all information of which preparer h	nas any knowledge.			
SIGNATURE OF OFFICER	DATE	TITLE		Telephone Number (501) 682-7925	
PREPARER'S SIGNATURE	DATE	PREPARER'S FEIN/P	TIN	(301) 002-7323	
		• 44-444444		For Department Use O	nlv
PREPARER'S PRINTED NAME		May the Arkansas Revenu discuss this return with the shown above?	~ ,	A •	9
AREA CODE AND TELEPHONE NUMBER OF PREPARER (501) 537-5744		snown above?  Yes	No	В •	
Mail completed form to: Cornoration Income Tay	D.O. Poy 010 Little D	Dock AD 72202 0016		С	

# 2019 AR1100CT ARKANSAS CORPORATION INCOME TAX RETURN



C
Software ID

Tax	Year beginning 🌘	// and ending •	/			_			
		☐ AMENDED Return • ☐ FINAL A	Arkansas Return (Going Ou	t of Business)	operative Association				
FEIN		Check this box if Automatic Federal Extens			ing as Financial Institution	n			
- 00 (	-0000003 Check this box if Arkansas Extension Form AR1155 filed (See Instructions) • Check if Federal Subchapter S								
	100000			• Cneck if Fe	<u> </u>	_			
_		Name	d from prior year		Type of Corporation  Check only one box				
• 238		• ACQ, COMPANY			• 5 Domestic (in state	e)			
		Address Check this box if address has cha	nged from prior year						
		• 3347 BROADWAY			● 6 ☐ Foreign (out of sta				
Date I	Began Business in AR	City	State or Province		theck if address is outside Usign Country	.S.			
• 01/0	1/2009	• ALEXANDER	• AR	● 72002	agii Countiy				
If you	are a pass-through entit	y and are electing the "Check the Box" pro			of entity and check one of	$\neg$			
the fili	ng status boxes below:	<ul> <li>■ LIMITED LIABILITY COM</li> </ul>	PANY • 🗌 PART	NERSHIP					
		Corporation Operating only in Arkansas	• 3 $\square$ Mult	istate Corporation - Direc	t Accounting	$\neg$			
	K ONLY	1 Corporation Operating only in 7 than bas		or written approval require					
ONE E	sox) • 2 □	Multistate Corporation - Apportionment		solidated return: # of corp					
N	ote: Attach complet	ted copy of Federal Return and Sig	n Arkansas Return. (See	Important Reminders)	ARKANSAS	$\neg$			
	-	returns and allowances)	·			00			
		· ·							
		Sold:				00			
OME	•	7 less Line 8)				00			
	· ·	tructions)				00			
	·	ttach AR1100REC)				00			
INC		Royalties: (See Instructions)				00			
	13. Gains or Losses:			13. •		00			
	14. Other Income:			14.	)	00			
	15. TOTAL INCOME: (A	Add Lines 9 through 14)		15. •	,	00			
		fficers/Other Salaries and Wages: (See In				00			
	·	J (1-1-1				00			
	· ·	18.	<u> </u>	00					
4.0		Property:			<u> </u>	00			
NS				00					
ō		100REC)				-			
						00			
					<u> </u>	00			
DOC		ch AR1100REC)				00			
<u> </u>	24. Depletion:			24. •		00			
Щ	25. Advertising:			25. •		00			
	26. Other Deductions: (	Attach schedule)		26.					
	27. TOTAL DEDUCTIO	NS: (Add Lines 16 through 26)		27.	19,393	00			
	28. Taxable Income Bef	fore Net Operating Losses: (Line 15 less L	Line 27)	28.	(19,393)	00			
	29. Net Operating Loss	es: (Adjust for Non-taxable Income)		29. •	(57,325)	00			
		e: (Line 28 less Line 29 or Schedule A C4				$\Box$			
	Amended Net Taxa	ble Income)		30.	(76,718)	00			
		e C. Instructions)				00			
	,	Credits: (Attach all original certificates and				00			
7		ended Return Box Checked, Enter Amend	•		<u> </u>	00			
ō		: (Including estimate carryforward from pri	* *			00			
Ě						00			
OMPUTATION		sion Request:							
ΙĖ		nt: (Attach AR1100-WH)				00			
		nly: (Enter Net tax paid (or refunded) on p				00			
<b>H</b>		a 34 plus Line 35 plus Line 36 plus or minu	· r			00			
5		2020 Estimated Tax		0					
S	40. Amount Applied to 0	Check Off Contributions: (Attach AR1100C	CO)40. • [	0					
	41. Amount to be Refur	nded: (Line 38 less Lines 39 and 40)		41. •		00			
TAX	42. Tax Due: (Line 33 le	ess Line 34 and 35 and Line 36, plus or m	inus Line 37)	42.		00			
	· ·					00			
		ng or Payment: (See Instructions)				00			
	•	syment of Estimated Tax: (Attach AR2220)				00			
		Lines 42 through 45)		<del></del>		00			

# **SCHEDULE A Apportionment of Income for Multistate Corporation**



				FEI	<b>V</b> : 00-0000003
A. IN	COME TO APPORTION:				
1.	Income per Federal Return: (Federal Form 1120, Line 28)			1.	• 00
2.	Add Adjustments: (Attach schedule)	2	2. ●[	00	
	Deduct Adjustments: (Attach schedule)			00	
I	TOTAL APPORTIONABLE INCOME:				•
NOTE	If all factors in Section B are 100%, do not comple CORPORATION OPERATING ONLY IN ARKANSAS ar				
ВΔ	PPORTIONMENT FACTOR:	(A)	lines	(B)	(c)
	Property Used in Business:	Amounts in Arkansas		Total Amounts	Percentage (A) ÷ (B)
	a. Tangible Assets Used in Business and Inventories	, and and	H		: oreantage (r.) (2)
	Less Construction in Progress:				
	1. Amount Beginning of Year:1.	00	1.	00	(0-11-1-1-0-11-
	2. Amount End of Year:2.	00	2.	00	(Calculate to 6 places to the right of the decimal.
	3. Total: (Add Lines a1 and a2)3.	00	3.	00	Fill in all spaces.)
	4. Average Tangible Assets: (Line 3 ÷ 2)	00	4.	00	
l .		00		00	999.999999 %
	o. Rental Property: (8 times annual rent)b.	00	b.	100	(EXAMPLE)
	c. Average Value of Intangible Property:c.	00	C.	00	
	(For Financial Institutions Only - Attach schedule)			20	
	d. TOTAL PROPERTY: (Add Lines a4, b, and c)d.●	00	d.●	00 0	d.●
2. \$	Salaries, Wages, Commissions and Other Compensation				
	Related to the Production of Business Income:				
	a. TOTAL:a.●	00	a.●	00 a	a.●
		•	_		
I	Sales/Receipts:	100	1		
I	a. Destination Shipped From Within Arkansas:a.	00	ł		
I	b. Destination Shipped From Without Arkansas:b.	00	ł		
I	<ul><li>c. Origin Shipped From Within Arkansas to U.S. Govtc.</li><li>d. Origin Shipped From Within Arkansas to</li></ul>	00	ł		
	Other Non-taxable Jurisdictions:	00			
	e. Other Gross Receipts: (Attach schedule)e.	00	i		
I	f. TOTAL SALES / RECEIPTS:		1 г		
	(Add Lines 3a through 3e)f.	00	f •	00 f	f.• 9%
,	a. DOUBLE WEIGHTED:	1	J		
`	(Financial Institutions must use Single Weighted Factor)	(Column C. Line 3f x 2)		a	.●
				J	
4. 8	Sum of Percentages: (Single Weighted: Add Column C, Line			4	•
	(Double Weighted: Add Column C, Line				
	Percentage Attributable to Arkansas:Line 4			ed By* = 5	
*For	Part B, Line 5, Divide Line 4 by number of entries other				
C A	NOTE: An entry other than zero in Part B, Column RKANSAS TAXABLE INCOME:	B, Line (3f), counts as to	vo (2	) entries unless using Sir	ngle Weighted Factor.
I	Income Apportioned to Arkansas: (Part A, Line 4) x (Part B.	Line 5 Column C)		1	
	Add: Direct Income Allocated to Arkansas: (Attach schedu				
	Less: Apportioned NOL to Arkansas: (See NOL Instruction	*			
	TOTAL INCOME TAXABLE TO ARKANSAS: (Enter here a				
	r penalties of perjury, I declare that I have examined this return, including a				
correc	ct, and complete. Declaration of preparer (other than taxpayer) is based on	all information of which preparer I	nas an	y knowledge.	
SIGNA	TURE OF OFFICER	DATE	-   ' '	TLE	Telephone Number
PREPA	RER'S SIGNATURE	DATE	PF	REPARER'S FEIN/PTIN	
			•	/ 11 ( 1 (_ 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
PREPA	RER'S PRINTED NAME		М	ay the Arkansas Revenue Agency	For Department Use Only
			di	scuss this return with the preparer nown above?	
	CODE AND TELEPHONE NUMBER OF PREPARER		_ sr	Yes X No	В •
<u> </u>	537-5744	D O D == 040 1 111 =			c
ı N	Mail completed form to: Corporation Income Tax	, P U BOX 919, Little R	OCK	AR /2203-0919	1 -

# 2019 AR1100CT ARKANSAS CORPORATION INCOME TAX RETURN



Softwa	re	ID

Tax	Year beginning 🌘	_// and ending ●	_/						
		AMENDED Return • FINAL Arkans		of Business) • $\square$ C	ooperative Association				
FEIN		Check this box if Automatic Federal Extension For	, ,		Filing as Financial Institution	on			
- 00 (	-0000013 Check this box if Arkansas Extension Form AR1155 filed (See Instructions) • Check if Federal Subchapter S								
	000010			• Cneck if	<u> </u>				
		me ☐ Check this box if name has changed from	orior year		Type of Corporation  Check only one box	1			
• 238		EAST END INDUSTRIES			• 5 Domestic (in sta	ate)			
	· · · · · · · · · · · · · · · · · · ·	dress Check this box if address has changed fr	om prior year						
		21 EAST END RD.			• 6 Foreign (out of s				
Date I	Began Business in AR Cit	ty .	State or Province		Check if address is outside preign Country	U.S.			
• 12/2	.1/1984 ● E	EAST END	• AR	● 72206	reigh Country				
If you	are a pass-through entity a	and are electing the "Check the Box" provision		rposes, check the type	of entity and check one o	of			
the fili	ng status boxes below:	<ul> <li>LIMITED LIABILITY COMPANY</li> </ul>	• 🗌 PARTN	NERSHIP					
		Corporation Operating only in Arkansas	• 3 $\square$ Multi	state Corporation - Dire	ect Accounting				
	CK ONLY	porporation operating only in a transact			ired for Direct Accounting)	)			
ONE I	<b>90X)</b> • 2 🔀 №	Multistate Corporation - Apportionment		solidated return: # of co					
N	ote: Attach completed	d copy of Federal Return and Sign Ark	ansas Return. (See I	mportant Reminders)	ARKANSAS	$\neg$			
	-	turns and allowances)				00			
	,	old:				00			
OME	· ·	ess Line 8)				00			
	· ·	uctions)				00			
	·	nch AR1100REC)				00			
INC		oyalties: (See Instructions)				00			
=	13. Gains or Losses:			13	. •	00			
	14. Other Income:			14	. ●	00			
	15. TOTAL INCOME: (Add	d Lines 9 through 14)		15	. •	00			
		cers/Other Salaries and Wages: (See Instruction				00			
	·					00			
						00			
40		perty:				00			
NS						00			
ō		0REC)				00			
						-			
						00			
DOC		AR1100REC)				00			
						00			
Image: Control of the property o	_					00			
	26. Other Deductions: (Att	tach schedule)		26	. •	00			
	27. TOTAL DEDUCTIONS	S: (Add Lines 16 through 26)		27.	. •	00			
	28. Taxable Income Before	e Net Operating Losses: (Line 15 less Line 27	7)	28	. •	00			
	29. Net Operating Losses:	: (Adjust for Non-taxable Income)		29	. •	00			
	30. Net Taxable Income: (	Line 28 less Line 29 or Schedule A C4 page 2	2) (If Amended Return	Box Checked, Enter		П			
	Amended Net Taxable	e Income)		30	86,645	00			
	31. Tax from Table: (See 0	C. Instructions)		31	. •	00			
	,	edits: (Attach all original certificates and Sche				00			
Z		ded Return Box Checked, Enter Amended Tax	·			00			
ō		Including estimate carryforward from prior yea	* *			00			
<b>□</b>	·	on Request:				00			
4		(Attach AR1100-WH)				00			
OMPUTATION						00			
٦ ا	-	r: (Enter Net tax paid (or refunded) on previou				_			
Ī		4 plus Line 35 plus Line 36 plus or minus Line	· -		00	00			
ō		20 Estimated Tax			00				
Ü	• •	eck Off Contributions: (Attach AR1100CO)	_			100			
		ed: (Line 38 less Lines 39 and 40)				00			
TAX	42. Tax Due: (Line 33 less	s Line 34 and 35 and Line 36, plus or minus L	ine 37)	42.	•	00			
🖹						00			
	44. Penalty for Late Filing	or Payment: (See Instructions)		44	•	00			
	45. Penalty for Underpayn	nent of Estimated Tax: (Attach AR2220) Enter	exception checked in P	art 3 • 🔲45	. •	00			
		nes 42 through 45)				00			

# **SCHEDULE A Apportionment of Income for Multistate Corporation**



			F	EI	<u>N:</u>	00-000013
A. INCOME TO APPORTION:					_	
1. Income per Federal Return: (Federal Form 1120, Line 28)				1	. •	<b>27,779</b> 00
2. Add Adjustments: (Attach schedule)	2	2. ●	85,630	00		
3. Deduct Adjustments: (Attach schedule)	3	3.	12,753	00	_	
4. TOTAL APPORTIONABLE INCOME:			-	4	. ●	<b>100,656</b> 00
NOTE: If all factors in Section B are 100%, do not complete CORPORATION OPERATING ONLY IN ARKANSAS and						
B. APPORTIONMENT FACTOR:	(A)		(B)	$\neg$	П	(C)
Property Used in Business:	Amounts in Arkansas		Total Amounts		il	Percentage (A) ÷ (B)
a. Tangible Assets Used in Business and Inventories				П	ן י	
Less Construction in Progress:					l	
Amount Beginning of Year:1.	<b>761,039</b> 00	1	3,322,454	00		(Calculate to 6 places to
2. Amount End of Year:2.	<b>872,525</b> 00	2.	3,346,820	00	l	the right of the decimal.
3. Total: (Add Lines a1 and a2)	1,633,564 00	3.	6,669,274	-	l	Fill in all spaces.)
4. Average Tangible Assets: (Line 3 ÷ 2)4.	<b>816,782</b> 00	4.	3,334,637	00	l	
b. Rental Property: (8 times annual rent)b.	<b>1,203,672</b> 00	b.	1,203,672	$\Box$		999.999999 %
Γ	1,200,012 00	b. -	1,200,072	00	Ι.	(EXAMPLE)
c. Average Value of Intangible Property:c.	00	C.		00	l	
(For Financial Institutions Only - Attach schedule)	<b>2,020,454</b> 00		4,538,309	122	ا ا	44.519974 %
d. TOTAL PROPERTY: (Add Lines a4, b, and c)d.●	2,020,454	d.•	4,536,309	00	d.	44.519974 70
2. Salaries, Wages, Commissions and Other Compensation						
Related to the Production of Business Income:		. –		_		
a. TOTAL:a.●	<b>6,032,991</b> 00	a. <b>●</b>	6,044,975	00	a.●	99.801753 %
3. Sales/Receipts:						
a. Destination Shipped From Within Arkansas:a.	<b>16,474,279</b> 00	1				
b. Destination Shipped From Without Arkansas:b.	00	1				
c. Origin Shipped From Within Arkansas to U.S. Govt:c.	00	1				
d. Origin Shipped From Within Arkansas to		1				
Other Non-taxable Jurisdictions:d.	00					
e. Other Gross Receipts: (Attach schedule)e.	<b>77,231</b> 00	1				
f. TOTAL SALES / RECEIPTS:		1 [				
(Add Lines 3a through 3e)f.●	<b>16,551,510</b> 00	f.●	16,551,510	00	f.●	100.000000 %
g. DOUBLE WEIGHTED:						
(Financial Institutions must use Single Weighted Factor) (	Column C, Line 3f x 2)			)	g.●	200.000000 %
4 Come of Dancontonico (Cinado Meialte de Add Calenda Celebra	4-1 0 25)					•
Sum of Percentages: (Single Weighted: Add Column C, Lines     (Double Weighted: Add Column C, Lines)					4.•	344.321727 %
·						
*5. Percentage Attributable to Arkansas:Line 4			,	= {		86.080432   %
*For Part B, Line 5, Divide Line 4 by number of entries other	-					
NOTE: An entry other than zero in Part B, Column I C. ARKANSAS TAXABLE INCOME:	3, Line (31), counts as tv	NO (2)	entries uniess using	g 51	ngı	e weighted Factor.
Income Apportioned to Arkansas: (Part A, Line 4) x (Part B,	Line 5 Column C)			,	1	<b>86,645</b> 00
Add: Direct Income Allocated to Arkansas: (Attach schedule)					- 1	00
Less: Apportioned NOL to Arkansas: (See NOL Instructions	,					00
TOTAL INCOME TAXABLE TO ARKANSAS: (Enter here an		,			- 1	<b>86,645</b> 00
Under penalties of perjury, I declare that I have examined this return, including ac						,
correct, and complete. Declaration of preparer (other than taxpayer) is based on a	Il information of which preparer h	has any	knowledge.			
SIGNATURE OF OFFICER	DATE	TIT	LE		Te	elephone Number
DDEDADEDIC CICNATUDE	DATE				+	
PREPARER'S SIGNATURE	DATE	PRI ●	EPARER'S FEIN/PTIN	1	L	
PREPARER'S PRINTED NAME	<u> </u>	Ma	y the Arkansas Revenue Aç	genc	y	For Department Use Only
		dis	cuss this return with the pre		,	A •
AREA CODE AND TELEPHONE NUMBER OF PREPARER			Yes No	)		В •
Mail completed form to: Corporation Income Tay	D O Roy 010 1 14416 D	Pock	AD 72202 0010	—	一	С



# ARKANSAS CORPORATION INCOME TAX RECONCILIATION SCHEDULE

NAME EAST END INDUSTRIES	FEIN 00-0000013	
PART A: INTEREST INCOME		
1. FEDERAL FORM 1120 LINE 5 INTEREST INCOME	1.•	00
2. ADD: NON-ARKANSAS MUNICIPAL INTEREST INCOME	2.•	00
3. LESS: U.S. OBLIGATION INTEREST INCOME (Attach Schedule)	3.•	00
4. ARKANSAS TAXABLE INTEREST INCOME: (Enter here and on Line 11, Form AF	R1100CT)4. •	00
PART B: TAXES DEDUCTION		
1. FEDERAL FORM 1120 LINE 17 TAXES AND LICENSE DEDUCTION	1.•	<b>248,962</b> 00
2. ADD: FOREIGN TAXES NOT INCLUDED ON FORM 1120 LINE 17	2.•	00
3. LESS: ARKANSAS CORPORATION INCOME TAXES	3.•	00
4. ARKANSAS DEDUCTION FOR TAXES (Enter here and on Line 20, Form AR11000)	CT)4. •	<b>248,962</b> 00
PART C: DEPRECIATION DEDUCTION		
1. FEDERAL FORM 1120 LINE 20 DEPRECIATION DEDUCTION	1.•	<b>330,579</b> 00
2. PLUS: FEDERAL DEPRECIATION INCLUDED IN COST OF GOODS SOLD	OR ELSEWHERE2. ●	00
3. TOTAL FEDERAL DEPRECIATION (Line 22 of Form 4562)	3.•	<b>330,579</b> 00
4. LESS: FEDERAL FORM 4562 LINE 12 SECTION 179 DEDUCTION	4.•	00
5. LESS: FEDERAL FORM 4562 LINE 14 BONUS DEPRECIATION	5.•	<b>33,082</b> 00
6. LESS: FEDERAL FORM 4562 LINE 25 BONUS DEPRECIATION	6.•	143,748 00
7. ADD: ARKANSAS ALLOWABLE SECTION 179 DEDUCTION	7.•	00
8. ADD OR SUBTRACT ARKANSAS DEPRECIATION ADJUSTMENT (Attach Sc	hedule)8. •	<b>91,200</b> 00
9. ARKANSAS TOTAL DEPRECIATION DEDUCTION	9.•	<b>244,949</b> 00
10. LESS: ARKANSAS DEPRECIATION IN COST OF GOODS SOLD OR ELSEV	WHERE10.●	00
11. ARKANSAS DEPRECIATION DEDUCTION (Enter here and on Line 23, Form AR	1100CT)11. •	<b>244,949</b> 00

This schedule is to be attached to the Arkansas AR1100CT Corporate Income Tax form to reconcile Federal and Arkansas Interest Income on Line 11, Tax Expense Deduction on Line 20 and Depreciation Expense Deduction on Line 23. Refer to Instructions in the 2019 Corporation Income Tax Instructions.

# **Arkansas Test Case 4**

# AMENDED INCOME TAX RETURN

**Required Forms:** AR1100CT, AR1100REC, AR1100NOL & AR-AIS

Company Name: Outdoor World

**FEIN:** 00-\*\*\*\*04

**AR Tax Payment:** 

**Routing Number:** 265270413 **Account Number:** 6695427

**Requested Payment Date:** 04/15/20 **Amount Debited:** \$888.00

# 2019 AR1100CT ARKANSAS CORPORATION INCOME TAX RETURN



	C
ا۔	Software ID

Tax	Year beginning •04 _/01 _/2019 and ending •03 _/31 _/2020		<u> </u>	
• [	INITIAL Return ●区AMENDED Return ●□ FINAL Arkansas Return (Going Out of Busine	ess) • 🔲 Coop	perative Association	
FEIN	Check this box if Automatic Federal Extension Form 7004 filed	Check if Filir	ng as Financial Institutio	n
• 00-*	*****04 • Check this box if Arkansas Extension Form AR1155 filed (See Instructions)	Check if Fed	deral Subchapter S	
NAIC	S Code Name		Type of Corporation	
• 561			Check only one box	
Date o	of Incorporation Address Check this box if address has changed from prior year		• 5 Domestic (in sta	· 1
• 04/1	17/2000 • 11 SUNS ST		6  Foreign (out of si	tate)
Date I	Began Business in AR City State or Province Zip		eck if address is outside l	J.S.
• 04/1	17/2000 ● LITTLE ROCK ● AR ● 72201	Forei	gn Country	
	are a pass-through entity and are electing the "Check the Box" provision for state income tax purposes, c		entity and check one of	f
the fili See Insi	ng status boxes below:  ■ □ LIMITED LIABILITY COMPANY ■ □ PARTNERSHIP ructions			
FILII	NG STATUS: ● 1 ☑ Corporation Operating only in Arkansas ● 3 ☐ Multistate Corp	poration - Direct	Accounting	
	CK ONLY (Prior written a	approval required	d for Direct Accounting)	
ONE I		return: # of corp.	entities in AR	_
N	ote: Attach completed copy of Federal Return and Sign Arkansas Return. (See Important I	Reminders)	ARKANSAS	
	7. Gross Sales: (Less returns and allowances)	7. •	1,509,843	00
	8. Less Cost of Goods Sold:	8. •	794,914	00
Ш	9. Gross Profit: (Line 7 less Line 8)	9. •	714,929	00
NCOM	10. Dividends: (See Instructions)	10. •		00
Ö	11. Taxable Interest: (Attach AR1100REC)	11. •		00
$\geq$	12. Gross Rents/Gross Royalties: (See Instructions)	12. •		00
	13. Gains or Losses:	13. •	14,594	00
	14. Other Income:	14. •		00
	15. TOTAL INCOME: (Add Lines 9 through 14)	15. •	729,523	00
	16. Compensation of Officers/Other Salaries and Wages: (See Instructions)	16. •	176,148	_
	17. Repairs:	17. •	108,027	00
	18. Bad Debts:	18. •		00
S	19. Rent on Business Property:	19. •	12,000	00
Z	20. Taxes: (Attach AR1100REC)	20. •	46,377	—
<u>0</u>	21. Interest:	21. •	7,482	00
H	22. Contributions:	22. •		00
2	23. Depreciation: (Attach AR1100REC)	23. •	129,356	00
DOC	24. Depletion:	24. •		00
ш	25. Advertising:	25. •	990	_
	26. Other Deductions: (Attach schedule)		213,073	_
	27. TOTAL DEDUCTIONS: (Add Lines 16 through 26)		693,453	
	28. Taxable Income Before Net Operating Losses: (Line 15 less Line 27)		36,070	-
	29. Net Operating Losses: (Adjust for Non-taxable Income)		(12,135)	00
	30. Net Taxable Income: (Line 28 less Line 29 or Schedule A C4 page 2) (If Amended Return Box Ched			
	Amended Net Taxable Income)		23,935	_
	31. Tax from Table: (See C. Instructions)		888	ш
-	32. Business Incentive Credits: (Attach all original certificates and Schedule AR1100BIC)		000	00
N	33. Tax Liability: (If Amended Return Box Checked, Enter Amended Tax Liability)		888	-
Ĕ	34. Estimated Tax Paid: (Including estimate carryforward from prior year)			00
A	35. Payment with Extension Request:			00
Ë	36. Withholding Payment: (Attach AR1100-WH)			00
7	37. Amended Return Only: (Enter Net tax paid (or refunded) on previous returns(s) for this tax year)			00
⋝	38. Overpayment: (Line 34 plus Line 35 plus Line 36 plus or minus Line 37; less Line 33)	 00		00
COMPUTATIO	39. Amount Applied to 2020 Estimated Tax			
S	40. Amount Applied to Check Off Contributions: (Attach AR1100CO)			00
TAX	41. Amount to be Refunded. (Line 36 less Lines 39 and 40)		888	-
Z	42. Tax Due: (Line 33 less Line 34 and 35 and Line 36, plus or minus Line 37)			00
•	43. Interest on Tax Due:			00
	44. Penalty for Underpayment of Estimated Tax: (Attach AR2220) Enter exception checked in Part 3 ● [			00
	46. Amount Due: (Add Lines 42 through 45)		888	-
			, 300	ı I

# SCHEDULE A Apportionment of Income for Multistate Corporation



			FEIN	l: 00-*****04
A. INCOME TO APPORTION:				
1. Income per Federal Return: (Federal Form 1120, Line 28).			1. •	00
2. Add Adjustments: (Attach schedule)			00	
3. Deduct Adjustments: (Attach schedule)			00	
4. TOTAL APPORTIONABLE INCOME:			4. •	00
NOTE: If all factors in Section B are 100%, do not comple CORPORATION OPERATING ONLY IN ARKANSAS a				
B. APPORTIONMENT FACTOR:	(A)	(B)	1	(C)
Property Used in Business:	Amounts in Arkansas	Total Amounts		Percentage (A) ÷ (B)
a. Tangible Assets Used in Business and Inventories			$\overline{}$	3 ( ) ( )
Less Construction in Progress:				
1. Amount Beginning of Year:1.	00	1	00	(Calculate to 6 places to
2. Amount End of Year:2.	00	2.	00	the right of the decimal.
3. Total: (Add Lines a1 and a2)	ا ما	3.	00	Fill in all spaces.)
4. Average Tangible Assets: (Line 3 ÷ 2)4.		4.	00	
			00	999.999999 %
b. Rental Property: (8 times annual rent)b.		b.	-	(EXAMPLE)
c. Average Value of Intangible Property:c.	00	C.	00	
(For Financial Institutions Only - Attach schedule)			$\rightarrow$	10/
d. TOTAL PROPERTY: (Add Lines a4, b, and c)d.●	00	d.•	00 d	%
2. Salaries, Wages, Commissions and Other Compensation				
Related to the Production of Business Income:				To.
a. TOTAL:a.●	[00]	a. <b>●</b>	00 a.	%
3. Sales/Receipts:				
a. Destination Shipped From Within Arkansas:a.	00			
b. Destination Shipped From Without Arkansas:b.	00			
c. Origin Shipped From Within Arkansas to U.S. Govt:c.	00			
d. Origin Shipped From Within Arkansas to				
Other Non-taxable Jurisdictions:d.	00			
e. Other Gross Receipts: (Attach schedule)e.	00			
f. TOTAL SALES / RECEIPTS:				
(Add Lines 3a through 3e)f.	00	f.●	00 f.	<b>%</b>
g. DOUBLE WEIGHTED:				
(Financial Institutions must use Single Weighted Factor	) (Column C, Line 3f x 2)		g.	%
4. Sum of Percentages:(Single Weighted: Add Column C, Lin	es 1d 2a and 3f)			
(Double Weighted: Add Column C, Lin			4.0	9%
_			= 5.0	
*5. Percentage Attributable to Arkansas:Line 4  *For Part B, Line 5, Divide Line 4 by number of entries oth		Divided By*		
NOTE: An entry other than zero in Part B, Colum	•	•	-	
C. ARKANSAS TAXABLE INCOME:	ii D, Line (31), counts us tv	vo (z) chares uness us	Jing Jing	gie weigineu i detoi.
Income Apportioned to Arkansas: (Part A, Line 4) x (Part E)	3. Line 5.Column C)		1.4	00
Add: Direct Income Allocated to Arkansas: (Attach schedu				1
3. Less: Apportioned NOL to Arkansas: (See NOL Instruction				
4. TOTAL INCOME TAXABLE TO ARKANSAS: (Enter here	-	,		
Under penalties of perjury, I declare that I have examined this return, including	accompanying schedules, stateme	nts and documents, and to the		
correct, and complete. Declaration of preparer (other than taxpayer) is based o		1		Talanhana Numbar
SIGNATURE OF OFFICER	DATE	TITLE		Telephone Number
PREPARER'S SIGNATURE	DATE	PREPARER'S FEIN/P	TIN	
		• 44-444444	,	
PREPARER'S PRINTED NAME	•	May the Arkansas Revenu	٠, ,	For Department Use Only
ADEA CODE AND TELEDHONE NILIMPED OF DDEDARED		discuss this return with the shown above?	preparer	A •
AREA CODE AND TELEPHONE NUMBER OF PREPARER (501) 537-5744		X Yes	No	В•
Mail completed form to: Corporation Income Tax	v D O Pov 010 Little D	Ook AD 72202 0040		С



# ARKANSAS CORPORATION INCOME TAX RECONCILIATION SCHEDULE

NAME_OUTDOOR WORLD FEIN_00-****04		<del></del>
PART A: INTEREST INCOME		
1. FEDERAL FORM 1120 LINE 5 INTEREST INCOME	1.•	00
2. ADD: NON-ARKANSAS MUNICIPAL INTEREST INCOME	2.•	00
3. LESS: U.S. OBLIGATION INTEREST INCOME (Attach Schedule)	3.•	00
4. ARKANSAS TAXABLE INTEREST INCOME: (Enter here and on Line 11, Form A	AR1100CT)4. ●	00
PART B: TAXES DEDUCTION		
1. FEDERAL FORM 1120 LINE 17 TAXES AND LICENSE DEDUCTION	1.•	46,635 00
2. ADD: FOREIGN TAXES NOT INCLUDED ON FORM 1120 LINE 17	2.•	00
3. LESS: ARKANSAS CORPORATION INCOME TAXES	3.•	<b>258</b> 00
4. ARKANSAS DEDUCTION FOR TAXES (Enter here and on Line 20, Form AR110	0CT)4. •	<b>46,377</b> 00
PART C: DEPRECIATION DEDUCTION		
1. FEDERAL FORM 1120 LINE 20 DEPRECIATION DEDUCTION	1.•	<b>143,048</b> 00
2. PLUS: FEDERAL DEPRECIATION INCLUDED IN COST OF GOODS SOLE	OR ELSEWHERE2. •	00
3. TOTAL FEDERAL DEPRECIATION (Line 22 of Form 4562)	3.•	<b>143,048</b> 00
4. LESS: FEDERAL FORM 4562 LINE 12 SECTION 179 DEDUCTION	4.•	<b>39,200</b> 00
5. LESS: FEDERAL FORM 4562 LINE 14 BONUS DEPRECIATION	5.•	00
6. LESS: FEDERAL FORM 4562 LINE 25 BONUS DEPRECIATION	6. •	00
7. ADD: ARKANSAS ALLOWABLE SECTION 179 DEDUCTION	7.•	<b>25,000</b> 00
8. ADD OR SUBTRACT ARKANSAS DEPRECIATION ADJUSTMENT (Attach S	Schedule)8. •	<b>508</b> 00
9. ARKANSAS TOTAL DEPRECIATION DEDUCTION	9. •	<b>129,356</b> 00
10. LESS: ARKANSAS DEPRECIATION IN COST OF GOODS SOLD OR ELSE	EWHERE10.•	00
11. ARKANSAS DEPRECIATION DEDUCTION (Enter here and on Line 23, Form Al	R1100CT)11. •	<b>129,356</b> 00

This schedule is to be attached to the Arkansas AR1100CT Corporate Income Tax form to reconcile Federal and Arkansas Interest Income on Line 11, Tax Expense Deduction on Line 20 and Depreciation Expense Deduction on Line 23. Refer to Instructions in the 2019 Corporation Income Tax Instructions.

# AR1100NOL



# **Arkansas Corporation Income Tax Schedule of Net Operating Loss**

		Schedule of Net	Operating L	.0SS			
Corporation Name OUTDOOR WORLD			FEIN 00-****04				
	uld be used to our or and the our or	calculate Net Operating Los	s (NOL) amounts	to enter on Line 2	9 or Schedule A,		
Tax Year:	03/31/2014	NOL Amt:	6,274	Yr Expires:	03/31/2019		
Tax Year 1:	03/31/2015	Claim Amt 1:	0	Balance 1:	6,274		
Tax Year 2:	03/31/2016	Claim Amt 2:	0	Balance 2:	6,274		
Tax Year 3:	03/31/2017	Claim Amt 3:	6,274	Balance 3:	0		
Tax Year 4:		Claim Amt 4:		Balance 4:			
Tax Year 5:		Claim Amt 5:		Balance 5:			
		Amt Expired:					
Tax Year:	03/31/2015	NOL Amt:	10,437	Yr Expires:	03/31/2020		
Tax Year 1:	03/31/2016	Claim Amt 1:	0	Balance 1:	10,437		
Tax Year 2:	03/31/2017	Claim Amt 2:	10,437	Balance 2:	0		
Tax Year 3:		Claim Amt 3:		Balance 3:			
Tax Year 4:		Claim Amt 4:		Balance 4:			
Tax Year 5:		Claim Amt 5:		Balance 5:			
		Amt Expired:					
Tax Year:	03/31/2016	NOL Amt:	16,251	Yr Expires:	03/31/2021		
Tax Year 1:	03/31/2017	Claim Amt 1:	1,738	Balance 1:	14,513		
Tax Year 2:	03/31/2018	Claim Amt 2:	2,378	Balance 2:	12,135		
Tax Year 3:	03/31/2019	Claim Amt 3:	12,135	Balance 3:	0		
Tax Year 4:		Claim Amt 4:		Balance 4:			
Tax Year 5:		Claim Amt 5:		Balance 5:			
		Amt Expired:					
Tax Year:		NOL Amt:		Yr Expires:			
Tax Year 1:		Claim Amt 1:		Balance 1:			
Tax Year 2:		Claim Amt 2:		Balance 2:			
Tax Year 3:		Claim Amt 3:		Balance 3:			
Tax Year 4:		Claim Amt 4:		Balance 4:			
Tax Year 5:		Claim Amt 5:		Balance 5:			
		Amt Expired:					
Tax Year:		NOL Amt:		Yr Expires:			
Tax Year 1:		Claim Amt 1:		Balance 1:			
Tax Year 2:		Claim Amt 2:		Balance 2:			
Tax Year 3:		Claim Amt 3:		Balance 3:			
Tay Year 4		Claim Amt 4:		Ralance 4:			

Balance 5:

Claim Amt 5:

Amt Expired:

Tax Year 5:

# **Arkansas Additional Information Schedule**

2019

Name: OUTDOOR WORLD		
SSN/FEIN: 00-****04		
Arkansas Form or Schedule: AR1100CT		
Ownership Type: OTHER DEDUCTIONS		
Description: FUEL		
Tax Year: 2019		
	1. Amount	<b>108,343</b> 00
2.		
Name: OUTDOOR WORLD		
SSN/FEIN: 00-****04		
Arkansas Form or Schedule: AR1100CT		
Ownership Type: OTHER DEDUCTIONS		
Description: INSURANCE		
Tax Year: <sup>2019</sup>		
	2. Amount	<b>50,050</b> 00
3.		
Name: OUTDOOR WORLD		
SSN/FEIN: 00-****04		
Arkansas Form or Schedule: AR1100CT		
Ownership Type: OTHER DEDUCTIONS		
Description: LEGAL FEES		
Tax Year: <sup>2019</sup>		
	3. Amount	9,428 00
4.		
Name: OUTDOOR WORLD		
SSN/FEIN: 00-****04		
Arkansas Form or Schedule: AR1100CT		
Ownership Type: OTHER DEDUCTIONS		
Description: TOOLS		
Tax Year: 2019		
	4. Amount	16,233 00
5.		
Name: OUTDOOR WORLD		
SSN/FEIN: 00-****04		
Arkansas Form or Schedule: AR1100CT		
Ownership Type: OTHER DEDUCTIONS		
Description: UNIFORMS		
Tax Year: 2019		0 =0= 100
	5. Amount	2,727 00
6.		
Name: OUTDOOR WORLD		
SSN/FEIN: 00-****04		
Arkansas Form or Schedule: AR1100CT		
Ownership Type: OTHER DEDUCTIONS		
Description: SUPPLIES		
Tax Year: 2019		10,863 00
7	6. Amount	10,003
7. Name: OUTDOOR WORLD		
SSN/FEIN: 00-****04		
Arkansas Form or Schedule: AR1100CT Ownership Type: OTHER DEDUCTIONS		
Description: TELEPHONE		
Tax Year: 2019		
IGA IEGI, AVIS	7 Amount	9,355 00
AR-AIS (R 5/31/2019)	7. Amount	<b>3,000</b>   00

# Arkansas

# 2019

00

7. Amount

Additional Infor	mation Schedule	
1.		
Name: OUTDOOR WORLD		
SSN/FEIN: 00-****04		
Arkansas Form or Schedule: AR1100CT		
Ownership Type: OTHER DEDUCTIONS		
Description: UTILITIES		
Tax Year: 2019		
Tux Tour.	1. Amount	6,074 00
2.	1. Alliount	
Name:		
SSN/FEIN:		
Arkansas Form or Schedule:		
Ownership Type:		
Description:		
Tax Year:		
Tax Teal.	2. Amount	00
3.	2. Alliount	
Name:		
SSN/FEIN:		
Arkansas Form or Schedule:		
Ownership Type:		
Description:		
Tax Year:	o Amazumt	00
4.	3. Amount	
Name:		
SSN/FEIN:		
Arkansas Form or Schedule:		
Ownership Type:		
Description:		
Tax Year:		
	4. Amount	00
5.		
Name:		
SSN/FEIN:		
Arkansas Form or Schedule:		
Ownership Type:		
Description:		
Tax Year:		
	5. Amount	00
6.		
Name:		
SSN/FEIN:		
Arkansas Form or Schedule:		
Ownership Type:		
Description:		
Tax Year:		
	6. Amount	00
7.	·., ······	
Name:		
SSN/FEIN:		
Arkansas Form or Schedule:		
Ownership Type:		

Description: Tax Year:

# S-Corporation Income Tax Returns

### **Arkansas Test Case 5**

**Required Forms:** AR1100S, AR-AIS & AR K-1

**Company Name:** Glover Law Firm

**FEIN:** 00-\*\*\*\*05

**AR Tax Payment:** 

Routing Number: 265270413 Account Number: 6695427

Requested Payment Date: 04/15/20 Amount Debited: \$260.00

**Estimated Tax Payments:** 

Routing Number: 265270413 Account Number: 6695427

Voucher 1:

Requested Payment Date: 04/15/20 Amount Debited: \$100.00

Voucher 2:

Requested Payment Date: 06/15/20 Amount Debited: \$75.00

**Voucher 3:** 

Requested Payment Date: 09/15/20 Amount Debited: \$125.00

Voucher 4:

Requested Payment Date: 01/15/21 Amount Debited: \$50.00

### 2019 AR1100S ARKANSAS S CORPORATION INCOME TAX RETURN



	S
•[	Software ID

Tax Yea	ar beginning	and ending ●/			Check If F	iling as a	Finar	ncial Institution	
		☐ AMENDED Return • ☐ FINA							ation
FEIN		Check this box if Automatic Fede	eral Extension F	orm 7004 fil	ed			Type of Corpora	tion
• 00-*	*****05	Check this box if Arkansas Exten			(See In	structions )		Check only one box b	
NAICS		Name	nged from prior y	year				●5 X Domes	tic
• 236	110	GLOVER LAW FIRM						(in state)	
l	f Incorporation	Address	changed from p	orior year				●6 Foreign	
	25/2008	● 1 CAMPBELL TRAIL						(out of sta	
	Began Business in AR	1 '		State or Pr	1 '			neck if address is outside ign Country	U.S.
	25/2008	• ALEXANDER		• AR	● 720				
	IG STATUS: ●1 [ K ONLY	S Corporation operating only in	Arkansas	•	Multistate (Prior wr.	e S Corpor itten approval	ation - required	Direct Accounting  I for Direct Accounting)	
ONE BO		Multistate S Corporation - Appo	rtionment	•		ation with			
Not	te: Attach complet	ted copy of Federal Return and S	ign Arkansa	as Return	(Attack	n schedule of	QSSS	ARKANSAS	
7.		returns and allowances)				9,336 00	7	89,330	3 00
8.	·	and/or operations: (Attach schedule)				<b>8,974</b> 00		58,974	_
9.	-	act Line 8 from Line 7)				<b>0,362</b> 00		30,362	_
10.		om Federal Form 4797:				00		00,002	00
		ch schedule)			2	9,525 00		29,52	1
11.	·	•						59,887	_
12.	,	DSS): (Add Lines 9 through 11 and enter				9,887 00	-	18,000	
13.		icers:			1	8,000 00	1 1	10,000	_
14.	_	(See Instructions)				00	14		00
15.	•					00	15		00
16.	,	schedule)				00	16		00
17.						00	17		00
18.	Taxes: (See Instructi	ions)		18		<b>1,732</b> 00		1,732	
19.	Deductible interest e	expense not claimed or reported elsewhe	ere:	19		<b>3,771</b> 00		3,77	_
20.	Depreciation: (Attack	h Federal Form 4562)		20	1	<b>4,200</b> 00	20	6,200	00
21.	Depletion: (Do not de	leduct oil and gas depletion)		21		00	21		00
22.	Advertising:			22		00	22		00
23.	Pension, profit-sharir	ng, plans, etc		23		00	23		00
24.	Employee benefit pro	ograms:		24		00	24		00
25.		Attach schedule)			2	<b>5,435</b> 00	25	25,43	5 00
26.	TOTAL DEDUCTION	NS: (Add Lines 13 through 25 and enter	here)	26	6	3,138 00	26	55,138	_
27.		S) (Subtr. Line 26 from Line 12 or Schedule				<b>3,251)</b> 00		4,749	$\overline{}$
	(		CH ALL AR I		<u> </u>	-,,	1 1	-,,-	
28.	Excess net passive i	income tax: (See Instructions)					.28 •	260	00
29.	•	al gains/Built in gains: (from Schedule D					29 •		00
30.		s 28 and 29) (If Amended Return C						260	00
31.		estimated tax payments and amount ap					- 1		00
32.	•	ment: (Attach AR1100-WH)	•	,			- 1		00
33.		Only: (Enter Net Tax paid (or refunde							00
1					• '		- 1	260	00
34.	•	31 plus Line 32 is less than Line 30, ente		,				200	00
35.		Line 31 plus Line 32 is greater than Line					- 1		
36.		be credited to 2020 estimated tax:					- 1		00
37.		ess Line 36)							00
Under they a	penalties of perjury, I or re true, correct and co	declare that I have examined this return a omplete. Declaration of preparer (other the control of the control	and accompany han taxpayer)	ying schedul is based on	les and statements all information of v	s, and to the which prep	e best o arer h	of my knowledge and be as any knowledge.	elief,
	's Signature		Date	Title				Telephone Number	
Prepar	er's Signature		Date	Prepa •	rer's FEIN/PTIN	Check Self-Emplo	if oyed		
Drener	er's Printed Name						_	For Donard 111 T	
i repar	or a rimited Name				e Arkansas Revenue A with the preparer show		s this	For Department Use O	nıy
							Į	A •	
Area C	Code and Telephone N	number of Preparer			Yes	X No		B •	
	MAIL RE	ETURN TO: Corporation Income Tax, P	O Box 919, Lit	ttle Rock, A	R 72203-0919		$\dashv$	С	



	CHEDULE A	CT	SC192				
-	portionment Of Income Multistate Corporation					FEIN: 0	
	INCOME TO APPORTION:						
	Income: (Enter amount from page 1, Line 27, Total Colu	ımn)			. 1	00	
	2. Interest Income: (Attach schedule)					00	
3	B. Dividend Income: (Attach schedule)				. 3	00	
4	. Net Income (loss) from rental activities and Royalties: (A	Attach schedu	ıle)		. 4	00	
	. Net capital gain (loss) not listed on page 1: (Attach scho					00	
	S. Other income (loss): (Attach schedule)					00	
	7. Total Income: (Add Lines 1 through 6 and enter here)						
	B. Charitable Contributions: (Attach schedule)					00	
9	9. Section 179 expense deduction: (Attach schedule)				. 9	00	
10	). Other expenses (adjustments) not included elsewhere:	(Attach sched	dule)		10	00	
11	. Total deductions: (Add Lines 8 through 10 and enter he	re)				11	
12	2. TOTAL APPORTIONABLE INCOME: (Subtract Line 11	from Line 7).				12	
	<b>APPORTIONMENT FACTOR:</b> . Property used in the Production of Business Income:		(A) Amounts in A	Arkansas	(B Total A		(C) Percentage (A)÷(B)
	a. Tangible Assets used in Business and Inventories						
	Less Construction in Progress						(O-l-vl-t- t- 0-l
	Amount at the Beginning of Year	1		00	1	00	(Calculate to 6 places to the right of decimal.
	2. Amount at the End of Year			00	2	00	Fill in all spaces)
	3. Total: (Add Lines a1 and a2)			00	3	00	
	4. Average Tangible Assets: ( <i>Line a3 divided by 2</i> )			00	4	00	999.999999
	b. Rented Property: (8 X net annual rent)			00	b	00	(EXAMPLE)
	c. Average Value of Intangible Property:			00	c	00	
	(For Financial Institutions Only - Attach schedule)			00		00 d	
_ ا	d. TOTAL PROPERTY: (Add Lines a4, b and c)	C	the Due doeties		d [	d	
2	2. Salaries, Wages, Commissions and Other Compensation					Incl	
	a. TOTAL:	a		00	a	00 a	
] 3	3. Sales / Receipts:			00			
	a. Destination Shipped From Within Arkansas:			00			
	b. Destination Shipped From Without Arkansas:		1	00			
	c. Origin Shipped From Within Arkansas to U. S. Govt: .	c	·	00			
	d. Origin Shipped From Within Arkansas to						
	Other Non-taxable Jurisdictions:	c	ı	00			
	e. Other Business Gross Receipts:	e	·	00			
	(Interest, Dividends, Rents, Gains, etc. Attach Schede	ule)					
	f. TOTAL SALES: (Add Lines 3a through 3e)		f	00	f	00 f	
	g. Multiply Column C, Line 3f by 2 to Doubleweight the S	Sales Factor (	Financial Institution	ns must use	Single Weighted F	-actor) g	
4	Sum of the Percentages: (Add Column C, Lines 1d, 2a,	and 3g)				4	
*5	. I orderinger turbulable to turkarious				,		
	*For Part B, Line 5, divide Line 4 by the number of entrie Note: An entry other than zero in Part B, Column B, Li	es other than 2	zero which you	make on F	Part B, Column	B, Lines (1d), (2	2a), and (3f).
	ARKANSAS TAXABLE INCOME:	ine Si, courits	as two (2) enti	163.			
	. Income Apportioned to Arkansas: (Multiply Part A, Line	12 by Part B,	Line 5)			1	
	2. Add: Direct Income Allocated to Arkansas: (Attach sche	-					
	3. TOTAL INCOME TAXABLE TO ARKANSAS:(Enter here						
	HEDULE D - Capital Gains Tax	γ	, , ,		,		
	TAX IMPOSED ON CERTAIN CAPITAL GAINS:						
1	. Taxable Income: (See Instructions; Attach computation	schedule)				1	
2	2. Enter tax on Line 1 amount: (See Instructions for comp	utation of tax)				2	
3	B. Net long-term capital gain reduced by net short-term ca	pital loss: (If N	lultistate, multiply b	y apportionm	ent factor, Part B,L	ine 5 above) 3	
4	Statutory minimum:					4	\$25,000
5	5. Subtract Line 4 from Line 3:					5	
1	5. Tax: ( <i>Enter 6.5%</i> of <i>Line 5</i> )						(
1	7. Compare Line 2 and Line 6: (Enter the smaller amount						
	TAX IMPOSED ON CERTAIN BUILT-IN GAINS:	and on L	20, pago 1	, , , , , , , , , , , , , , , , , , , ,			
	. Taxable Income: (See Instructions; Attach computation	schedule)				1	
2	2. Recognized built-in gain: (If Multistate, multiply by apportion	nment factor, Pa	rt B, Line 5 abov	e)		2	
3	3. Enter smaller of Line 1 or 2:					3	
1 2	Section 1374(b)(2) deduction:					4	

00

# **Arkansas Additional Information Schedule**

2019

<u>1.                                    </u>		
Name: GLOVER LAW FIRM		
SSN/FEIN: 00-****05		
Arkansas Form or Schedule: AR1100S		
Ownership Type: COST OF GOODS SOLD		
Description: PURCHASES		
Tax Year: 2019		
Tux Tour.	1. Amount	58,974 00
2.	I. Alliount	,
Name: GLOVER LAW FIRM		
SSN/FEIN: 00-****05		
Arkansas Form or Schedule: AR1100S		
Ownership Type: OTHER DEDUCTIONS		
Description: TRAVEL		
•		
Tax Year: 2019	0.0000000000000000000000000000000000000	<b>25,435</b> 00
2	2. Amount	23,433 00
3.		
Name: GLOVER LAW FIRM		
SSN/FEIN: 00-****05		
Arkansas Form or Schedule: AR1100S		
Ownership Type: OTHER INCOME		
Description: FEES		
Tax Year: 2019		
	3. Amount	<b>29,525</b> 00
4.		
Name:		
SSN/FEIN:		
Arkansas Form or Schedule:		
Ownership Type:		
Description:		
Tax Year:		
	4. Amount	00
5.		
Name:		
SSN/FEIN:		
Arkansas Form or Schedule:		
Ownership Type:		
Description:		
Tax Year:		
Tax Teal.	5. Amount	00
6.	5. Amount	100
Name:		
SSN/FEIN:		
Arkansas Form or Schedule:		
Ownership Type:		
Description:		
Tax Year:		00
_	6. Amount	00
7.		
Name:		
SSN/FEIN:		
Arkansas Form or Schedule:		
Ownership Type:		
Description:		
Tax Year:		
AD AIG (D 5/04/0040)	7. Amount	00
AR-AIS (R 5/31/2019)		



Tax year beginning, 20 and ending	, 20					
X Final K-1 Amended K-1	Part III Arkansas Shareholder or Partner's Share of Current Year Income, Deductions, Credits, and					
	Other Items					
	Distributive share allocated and apportioned to Arkansas	Distributive share to be reported by Arkansas Residents				
Part I Information About the Corporation or Partnership	1a Ordinary income (loss) 4,749	1b Ordinary income (loss) 4,749				
A Identification Number	2a Net rental real estate income (loss)	2b Net rental real estate income (loss)				
00.*****	368	368				
00-****05	3a Other net rental income (loss)	3b Other net rental income (loss)				
<b>B</b> Name, Address, City, State, Zip Code						
GLOVER LAW FIRM	4a Interest income	4b Interest income				
1 CAMPBELL TRAIL	1,011	1,011				
ALEXANDER, AR 72002	5a Dividends	5b Dividends				
	6a Royalties	6b Royalties				
	7a Net short-term capital gain (loss)	7b Net short-term capital gain (loss)				
Part II Information About the Shareholder or	7 a Net short-term capital gain (1055)	76 Net Short-term capital gain (1055)				
Partner	8a Net long-term capital gain (loss)	8b Net long-term capital gain (loss)				
C Identification Number	oa Net long-term capital gain (1033)	ob Net long-term capital gain (loss)				
400-00-5501	9a Unrecaptured Section 1250 gain	9b Unrecaptured Section 1250 gain				
<b>D</b> Name, Address, City, State, Zip Code						
D. POWELL	10a Net Section 1231 gain (loss)	10b Net Section 1231 gain (loss)				
RT. 1	11a Other income (loss)*	11b Other income (loss)*				
BEEBE, AR 72112	8,000	8,000				
	12a Guaranteed payments	12b Guaranteed payments				
F Advances resident V Ves No	13a Section 179 deduction	13b Section 179 deduction				
E Arkansas resident    ▼ Yes   No						
If a nonresident, provide state of legal residence.	14a Other deductions*	14b Other deductions*				
F Shareholder's Percentage of Stock Ownership for	15a Credits	15b Credits				
Tax Year100.000000 %						
<b>G</b> Partner's Share of Profit, Loss, and Capital:	16a Items affecting shareholder basis	16b Items affecting shareholder basis				
Beginning Ending	C 43	C 43				
	17a Other information*	17b Other information*				
Profit % %	A 1,011	A 1,011				
<u>Loss</u> %	18a Tax-exempt income and	18b Tax-exempt income and				
Capital % %	nondeductible expenses	nondeductible expenses				
H Arkansas Apportionment Percentage:	19a Distributions	19b Distributions				
100.000000 %	20a Arkansas withholding or other payments					
* Attach statement with additional information						

# **Arkansas Test Case 6**

**Required Forms:** AR1100S, AR1100-WH, AR-AIS, AR K-1

& AR1099-PT

Company Name: Associates Inc

**FEIN:** 00-\*\*\*\*06

52/53 Week Return

### 2019 AR1100S ARKANSAS S CORPORATION INCOME TAX RETURN



<b> </b>	52/53	Wk

	5	
	Software ID	
•[		

		_// <u>2018</u> and ending			Check If Filir			
• 🗆	• ☐ INITIAL Return • ☐ AMENDED Return • ☐ FINAL Arkansas Return(Going Out of Business) • ☐ Check if Cooperative Association							
FEIN • 00-*	Check this box if Automatic Federal Extension Form 7004 filed Check this box if Arkansas Extension Form AR1155 filed  Check only one box below							
NAICS	AICS Code Name Check this box if name has changed from prior year							•5 X Domestic
● 5620	000	ASSOCIATES INC						(in state)
l	f Incorporation	Address	s changed from p	orior year				• 6 Foreign (out of state)
Date E	Began Business in AR	City		State or Provi	ince Zip		ПС	L heck if address is outside U.S.
	23/2000	• CABOT		• AR	● 72023	}	_	ign Country
FILIN	IG STATUS: ●1	S Corporation operating only in	Arkansas	•3				- Direct Accounting
	KONLY OX) ●2			• 4	(Prior writted			d for Direct Accounting)
ONE B	ox) •2 [	Mullistate 5 Corporation - Appo	rtionment	• 4	(Attach so	chedule of	QSSS	entities)
Not		ted copy of Federal Return and S			TOTAL			ARKANSAS
7.		returns and allowances)				<b>,154</b> 00	1	00
8.	Cost of goods sold a	and/or operations: (Attach schedule)		8		<b>,249</b> 00	1	00
9.		act Line 8 from Line 7)		-	8,795,	<b>905</b> 00		00
10.	Net gain (or loss) fro	om Federal Form 4797:		10			10	00
11.		ch schedule)				<b>,021</b> 00		00
12.	TOTAL INCOME (LC	DSS): (Add Lines 9 through 11 and ente	r here)	12		<b>,926</b> 00	-	00
13.	Compensation of off	icers:		13		<b>,546</b> 00		00
14.	Salaries and wages:	: (See Instructions)		14		<b>,396</b> 00	1	00
15.	Repairs:			15		, <b>888</b> 00		00
16.	Bad Debts: (Attach s	schedule)		16		<b>,059</b> 00	1	00
17.	Rent:			17		<b>,527</b> 00		00
18.		ions)				<b>,886</b> 00		00
19.	Deductible interest e	expense not claimed or reported elsewh	ere:	19		<b>,452</b> 00	1	00
20.		h Federal Form 4562)			5,	<b>,012</b> 00		00
21.	Depletion: (Do not d	leduct oil and gas depletion)		21		-	21	00
22.	Advertising:			22	29,	<b>,516</b> 00		00
23.	Pension, profit-shari	ng, plans, etc		23		00	1 – °	00
24.		ograms:				<b>,700</b> 00		00
25.	Other deductions: (A	Attach schedule)		25		<b>,525</b> 00		00
26.	TOTAL DEDUCTION	NS: (Add Lines 13 through 25 and enter	here)	26		<b>,507</b> 00		00
27.	NET INCOME (LOS	S) (Subtr. Line 26 from Line 12 or Schedul	e A, C3 if mult	istate) 27	358,	<b>,419</b> 00	27 •	<b>1,138</b> 00
			CH ALL AR I					I
28.	·	income tax: (See Instructions)						00
29.		al gains/Built in gains: (from Schedule L						00
30.		s 28 and 29) (If Amended Return C						00
31.	Payments: (2019)	estimated tax payments and amount ap	plied from 201	8 return)			.31 •	00
32.						<b>200</b> 00		
33.		n Only: (Enter Net Tax paid (or refunde						00
34.		31 plus Line 32 is less than Line 30, ente						00
35.		Line 31 plus Line 32 is greater than Lin		,				<b>200</b> 00
36.		be credited to 2020 estimated tax:						00
37.		ess Line 36)						<b>200</b> 00
Under they a	penalties of perjury, I re true, correct and co	declare that I have examined this return omplete. Declaration of preparer (other t	and accompany han taxpaver)	ying schedules is based on all	and statements, a information of wh	nd to the	e best arer h	of my knowledge and belief, as any knowledge.
	's Signature		Date	Title OWNER				Telephone Number (501) 682-7925
Prepar	rer's Signature		Date		's FFIN/PTIN	Check Self-Emplo	if byed	,
Prepar	rer's Printed Name			May the A	rkansas Revenue Age	ncy discus	e thie	For Department Use Only
				1 '	n the preparer shown a	•		A •
Area C	Code and Telephone N	Number of Preparer			X Yes	No		
L		<u> </u>				110		B •
	MAIL RI	ETURN TO: Corporation Income Tax, P	O Box 919, Lit	ttle Rock, AR 7	72203-0919			С

### **SCHEDULE A**



<b>Apportionment</b>	Of Income
For Multictate (	Corporation

	or Multistate Corporation			FEIN: 00-****06				0-****06	
	INCOME TO APPORTION:				Г	358,419		_	
	1. Income: (Enter amount from page 1, Line 27, Total Column)						00	l	
	2. Interest Income: (Attach schedule)					2	00	ĺ	
	3. Dividend Income: (Attach schedule)				- 1		00		
	4. Net Income (loss) from rental activities and Royalties: ( <i>Attach sc</i>					(13,149)		ĺ	
	5. Net capital gain (loss) not listed on page 1: (Attach schedule)				5		00	ĺ	
	6. Other income (loss): (Attach schedule)						_	<sup>1</sup> _ 1	345,272 00
	7. Total Income: (Add Lines 1 through 6 and enter here)							/	040,212 00
	Section 179 expense deduction: (Attach schedule)						00	ĺ	
1					r			ĺ	
	<ol> <li>Other expenses (adjustments) not included elsewhere: (Attach s</li> <li>Total deductions: (Add Lines 8 through 10 and enter here)</li> </ol>				_	,		11	<b>28,034</b> 00
									317,238 00
$\overline{}$	12. TOTAL APPORTIONABLE INCOME: (Subtract Line 11 from Line APPORTIONMENT FACTOR:	e /)	(A)	Т	····	(B)		12	(C)
1	Property used in the Production of Business Income:		Amounts in Arkansas	s		Total Amounts			Percentage (A)÷(B)
	a. Tangible Assets used in Business and Inventories								
	Less Construction in Progress							ĺ	(Calculate to 6 places
	1. Amount at the Beginning of Year	1		00	1	1,234,744	00	ĺ	to the right of decimal.
	2. Amount at the End of Year		(	00	2	1,287,819	00	ĺ	Fill in all spaces)
	3. Total: (Add Lines a1 and a2)		(	00	3	2,522,563	00	ĺ	999.999999 %
	4. Average Tangible Assets: (Line a3 divided by 2)				4	1,261,282	00		(EXAMPLE)
	b. Rented Property: (8 X net annual rent)			$\overline{}$	b	4,871,632	00		(270 0711 22)
	c. Average Value of Intangible Property:	с	(	00	С		00		
	(For Financial Institutions Only - Attach schedule) d. TOTAL PROPERTY: (Add Lines a4, b and c)	اہ	l	00	۱,	6,132,914	00	Ч	%
	Salaries, Wages, Commissions and Other Compensation Relate				ч <u>г</u>			·	<u> </u>
	a. TOTAL:		78,288	00	<sub>a</sub> [	7,073,310	00	a	1.106809 %
	3. Sales / Receipts:	a [	,	_	a [	,,,,,,,,,,		, a	
	a. Destination Shipped From Within Arkansas:	a	1	00					
	b. Destination Shipped From Without Arkansas:			00					
	c. Origin Shipped From Within Arkansas to U. S. Govt:			00					
	d. Origin Shipped From Within Arkansas to								
	Other Non-taxable Jurisdictions:	d		00					
	e. Other Business Gross Receipts:	е	34,970	00					
	(Interest, Dividends, Rents, Gains, etc. Attach Schedule)				-			l	
	f. TOTAL SALES: (Add Lines 3a through 3e)	f	34,970	00	f	21,320,153	00	f	0.164023 %
	g. Multiply Column C, Line 3f by 2 to Doubleweight the Sales Fac			ise S	Sing	le Weighted Factor)		g	0.328046 %
	4. Sum of the Percentages: (Add Column C, Lines 1d, 2a, and 3g)							4	1.434855 %
*	*5. Percentage Attributable to Arkansas: l					Divided by 4	=	-	0.358714 %
	*For Part B, Line 5, divide Line 4 by the number of entries other to Note: An entry other than zero in Part B, Column B, Line 3f, co	than ze	ro which you make o	n P	art	B, Column B, Lines	(1a	), (2	2a), and (3f).
c.	ARKANSAS TAXABLE INCOME:	unto a	s two (2) entires.						
	Income Apportioned to Arkansas: (Multiply Part A, Line 12 by Pa	art B, L	ine 5)					1	<b>1,138</b> 00
	2. Add: Direct Income Allocated to Arkansas: (Attach schedule)							2	00
L	3. TOTAL INCOME TAXABLE TO ARKANSAS:(Enter here and on	page	1, line 27, Arkansas C	Colu	mr	1)		3 ●	<b>1,138</b> 00
	CHEDULE D - Capital Gains Tax								
1	TAX IMPOSED ON CERTAIN CAPITAL GAINS:	- 1						,	00
	Taxable Income: (See Instructions; Attach computation schedule     Taxable Income: (See Instructions; Attach computation schedule)	,							00
	2. Enter tax on Line 1 amount: (See Instructions for computation of								00
1	3. Net long-term capital gain reduced by net short-term capital loss								\$25,000 00
1	4. Statutory minimum:								φ23,000 00
									00
	6. Tax: (Enter 6.5% of Line 5)								
	TAX IMPOSED ON CERTAIN BUILT-IN GAINS:	ı UII Lİİ	ie za, paye i, rumi i	HITT	10	υ <b>υ</b> ງ	••••	, •	
J <sup>-</sup> .	Taxable Income: (See Instructions; Attach computation schedule)	e)						1	00
	2. Recognized built-in gain: (If Multistate, multiply by apportionment factor								00
	3. Enter smaller of Line 1 or 2:							3	00
	4. Section 1374(b)(2) deduction:							4	00
	5. Subtract Line 4 from Line 3: (If zero or less, enter zero here and		,					5	00
1	6 Enter 6.5% of Line 5: (Enter here and on Line 20, page 1, Form	AP110	1200					6 -	1 100



# ARKANSAS CORPORATION INCOME TAX Withholding Summary

Corporation Name		FE				
ASSOCIATES INC      Federal Employer     Identification Number     Partnership Name     Ta		Arkansas Taxable Inco	Arkansas Withholding Amount			
● 00-0000116	PARTNERS INC	2,00	00 00		200	0
•			00	2 •		0
•			00	3 ●		0
•			00	4 •		0
•			00	5 ●		0
•			00	6 ●		0
•			00	7 •		0
•			00	8 •		0
•			00	9 •		0
•			00	10 •		0
TOTAL ARKANSAS TAXABLE	INCOME:	2,00	00 00			
TOTAL ARKANSAS WITHHOL	DING AMOUNT: (Enter here and on the AR1100CT, Line 36	or AR1100S, Line 3	2)		200	0

### **INSTRUCTIONS:**

1

For tax years beginning on or after January 1, 2018, pass-through entities will be required to withhold Arkansas income tax on corporate members in addition to the current requirement to withhold for individual members. Use Form AR1100WH if the corporation has withholding tax paid on its behalf by an entity taxed as a partnership. Withholding is deemed to have been made on behalf of a corporation if an entity taxed as a partnership has filed a pass-through entity withholding return on Form AR941PT, or a composite return on Form AR1000CR and issued the corporation a withholding statement on Form AR1099PT for a tax year ending during the tax year for which the corporation is filing a corporation income tax return. Credit for withholding payments claimed will only be credited to the corporation if the partnership has actually paid the withholding tax reported.

To complete Form AR1100WH, the tax year beginning and ending and the corporation name and Federal Employer Identification Number (FEIN) should be provided in the appropriate portions of the Form. On lines 1 through 10, the FEIN and name of the partnership which has withheld income tax on behalf of the corporation should be provided along with the amount of Arkansas taxable income allocated to the corporation and the amount of Arkansas income tax withheld by each partnership that withheld income tax on behalf of the corporation. On the bottom of the form are spaces to provide the total partnership income allocated to the corporation by partnerships that withheld income tax and the total amount of income tax withheld by partnerships on behalf of the corporation.

For corporations which have a fiscal year end that is different from the fiscal year end of the pass-through entity, withholding payments made for the fiscal period that ends during the fiscal year of the corporation may be claimed on the corporation's income tax return. Withholding payments will be divided equally to each quarter for purposes of determining Underpayment of Estimated Tax Penalties.

# Arkansas

2019

# **Additional Information Schedule**

1.		
Name: ASSOCIATES INC		
SSN/FEIN: 00-****06		
Arkansas Form or Schedule: AR1100S - SCH A		
Ownership Type: OTHER GROSS RECEIPTS		
Description: SERVICE INCOME		
Tax Year: 2019		
	1. Amount	<b>34,970</b> 00
2.		
Name: ASSOCIATES INC		
SSN/FEIN: 00-****06		
Arkansas Form or Schedule: AR1100S - SCH A		
Ownership Type: CAPITAL GAIN LOSS		
Description: NET SECTION 1231 GAIN (LOSS)		
Tax Year: <sup>2019</sup>		
	2. Amount	<b>-13,149</b> 00
3.		
Name: ASSOCIATES INC		
SSN/FEIN: 00-****06		
Arkansas Form or Schedule: AR1100S - SCH A		
Ownership Type: INTEREST		
Description: INTEREST FROM REMEDIATION & ENVIRONMENTAL SERVICES		
Tax Year: 2019		
	3. Amount	2 00
4.		
Name: ASSOCIATES INC		
SSN/FEIN: 00-****06		
Arkansas Form or Schedule: AR1100S - SCH A		
Ownership Type: OTHER EXPENSES		
Description: AR DEPRECIATION DIFFERENCE		
Tax Year: <sup>2019</sup>		
	4. Amount	<b>22,664</b> 00
5.		
Name:		
SSN/FEIN:		
Arkansas Form or Schedule:		
Ownership Type:		
Description:		
Tax Year:		1
	5. Amount	00
6.		
Name:		
SSN/FEIN:		
Arkansas Form or Schedule:		
Ownership Type:		
Description:		
Tax Year:		1 100
	6. Amount	00
7.		
Name:		
SSN/FEIN:		
Arkansas Form or Schedule:		
Ownership Type:		
Description:		
Tax Year:		1
AR-AIS (R 5/31/2019)	7. Amount	00
/ 11 / 11 O (1 X O/O 1/20 10)		



Tax year beginning, 20 and ending	, 20						
Final K-1 Amended K-1	Current Year Incon	der or Partner's Share of ne, Deductions, Credits, and					
	Other Items	T. Buch et al.					
X Corporation Partnership	Distributive share allocated and apportioned to Arkansas	Distributive share to be reported by Arkansas Residents					
Part I Information About the Corporation or Partnership	1a Ordinary income (loss) <b>1,175</b>	1b Ordinary income (loss)					
A Identification Number	2a Net rental real estate income (loss)	2b Net rental real estate income (loss)					
00-****06  B Name, Address, City, State, Zip Code	3a Other net rental income (loss)	3b Other net rental income (loss)					
ASSOCIATES INC 28 CABOT TRAIL	4a Interest income	4b Interest income					
CABOT, AR 72023	5a Dividends	5b Dividends					
	6a Royalties	6b Royalties					
Part II Information About the Shareholder or Partner	7a Net short-term capital gain (loss)	7b Net short-term capital gain (loss)					
C Identification Number	8a Net long-term capital gain (loss)	8b Net long-term capital gain (loss)					
400-00-5501  D Name, Address, City, State, Zip Code	9a Unrecaptured Section 1250 gain	9b Unrecaptured Section 1250 gain					
JOE SMITH  1 HAPPY TRAIL	10a Net Section 1231 gain (loss)	10b Net Section 1231 gain (loss)					
DALLAS, TX 75001	11a Other income (loss)*	11b Other income (loss)*					
	12a Guaranteed payments	12b Guaranteed payments					
E Arkansas resident ☐ Yes ☒ No	13a Section 179 deduction	13b Section 179 deduction					
If a nonresident, provide state of legal residence.	14a Other deductions*	14b Other deductions*					
F Shareholder's Percentage of Stock Ownership for  Tax Year	15a Credits	15b Credits					
G Partner's Share of Profit, Loss, and Capital:  Beginning Ending	16a Items affecting shareholder basis	16b Items affecting shareholder basis					
Profit % %	17a Other information*	17b Other information*					
Loss % % Capital % %	18a Tax-exempt income and nondeductible expenses	18b Tax-exempt income and nondeductible expenses					
H Arkansas Apportionment Percentage:	19a Distributions	19b Distributions					
0.003587 %	20a Arkansas withholding or other payments						
* Attach statement with additional information							



Tax year beginning, 20 and ending					
Final K-1 Amended K-1		der or Partner's Share of ne, Deductions, Credits, and			
	Distributive share allocated and apportioned to Arkansas	Distributive share to be reported by Arkansas Residents			
Part I Information About the Corporation or Partnership	1a Ordinary income (loss) 29	1b Ordinary income (loss)			
A Identification Number  00-****06	2a Net rental real estate income (loss)	2b Net rental real estate income (loss)			
	3a Other net rental income (loss)	3b Other net rental income (loss)			
B Name, Address, City, State, Zip Code  ASSOCIATES INC 28 CABOT TRAIL	4a Interest income	4b Interest income			
CABOT, AR 72023	5a Dividends	5b Dividends			
	6a Royalties	6b Royalties			
Part II Information About the Shareholder or Partner	- 7a Net short-term capital gain (loss)	7b Net short-term capital gain (loss)			
C Identification Number	8a Net long-term capital gain (loss)	8b Net long-term capital gain (loss)			
400-00-5502	9a Unrecaptured Section 1250 gain	9b Unrecaptured Section 1250 gain			
D Name, Address, City, State, Zip Code  SANDY REYNOLDS	10a Net Section 1231 gain (loss)	10b Net Section 1231 gain (loss)			
354 REYNOLDS RD EULESS, TX 75062	11a Other income (loss)*	11b Other income (loss)*			
	12a Guaranteed payments	12b Guaranteed payments			
<b>E</b> Arkansas resident ☐ Yes 🔀 No	13a Section 179 deduction	13b Section 179 deduction			
If a nonresident, provide state of legal residence.	14a Other deductions*	14b Other deductions*			
F Shareholder's Percentage of Stock Ownership for  Tax Year	15a Credits	15b Credits			
G Partner's Share of Profit, Loss, and Capital:  Beginning Ending	16a Items affecting shareholder basis	16b Items affecting shareholder basis			
Profit % %	17a Other information*	17b Other information*			
Loss         %         %           Capital         %         %	18a Tax-exempt income and nondeductible expenses	18b Tax-exempt income and nondeductible expenses			
H Arkansas Apportionment Percentage:	19a Distributions	19b Distributions			
<u>0.003587 %</u>	20a Arkansas withholding or other payments				
* Attach statement with additional information					

### **AR1099PT**

# INFORMATION RETURN Report of Income Tax Withheld or Paid on Behalf of Nonresident Member

STATE OF ARKANSAS



Tax Year End of Pass Through Entity 12/28/2019 mm/dd/yyyy

Part A: Pass - Through Entity Information		Part B: Nonresident Member Information					
Name of Entity:		Name:					
Associates Inc		Joe Smith					
Type of Ownership: (if other, please provide statemen	t of ownership type)	Type of Ownership: (if other	er, please provide statement of ownership type)				
Partnership C Corp. S Corp. LLC	Trust Other	Partnership C Corp. S Corp. LLC Trust X Individual Other					
Federal Identification Number:		Social Security Number or Federal Identification Number of Member:					
00-****06		400-00-5501					
Street Address:		Street Address:					
28 Cabot Trail		1 Happy Trail					
City, State, ZIP:		City, State, ZIP:					
Cabot, AR 72023		Dallas, TX 75001					
Part C: Distribution and Tax Withholding or Payment Information for Nonresident Member							
Total Amounts Distributed from Arkansas Sources:	Arkansas Income Tax Withl	thheld: Arkansas Income Tax Paid on AR1000CR:					
1100.00		77.00					

### **AR1099PT**

# INFORMATION RETURN Report of Income Tax Withheld or Paid on Behalf of Nonresident Member

STATE OF ARKANSAS



Tax Year End of Pass Through Entity 12/28/2019 mm/dd/yyyy

Part A: Pass - Through Entity Information		Part B: Nonresident Member Information					
Name of Entity:		Name:					
Associates Inc		Sandy Reynolds					
Type of Ownership: (if other, please provide statemen	t of ownership type)	Type of Ownership: (if other, please provide statement of ownership type)					
Partnership C Corp. S Corp. LLC	Trust Other	Partnership C Corp.	S Corp. LLC Trust X Individual Other				
Federal Identification Number:		Social Security Number or	Social Security Number or Federal Identification Number of Member:				
00-****06		400-00-5502					
Street Address:		Street Address:					
28 Cabot Trail		354 Reynolds Rd					
City, State, ZIP:		City, State, ZIP:					
Cabot, AR 72023		Euless, TX 75062					
Part C: Distribution and Tax Withholding or Payment I	nformation for Nonresident	Member					
Total Amounts Distributed from Arkansas Sources: Arkansas Income Tax With		hheld: Arkansas Income Tax Paid on AR1000CR:					
28.00			2.00				

### **Arkansas Test Case 7**

**Required Forms:** AR1100S, AR-AIS & AR K-1

**Company Name:** Lakeside Shares Inc

**FEIN:** 00-\*\*\*\*07

**QSSS** 

**Company Name:** Lakeside Shares Inc

**FEIN:** 00-\*\*\*\*07

**Company Name:** Lake Shares

**FEIN:** 00-000082

**Company Name:** Bass Mortgage

**FEIN:** 00-000083

**Company Name:** Woodpecker Developments

**FEIN:** 00-000084

### 2019 AR1100S ARKANSAS S CORPORATION INCOME TAX RETURN



S
Software ID

Tay Vos	ar beginning	/ / an	d ending • /	1		■ Check If	Filina as	. a F	inand	rial Institution		_
		AMENDED Re				Out of Business	_				ooooio	tion
	INITIAL Return		eturn • 🔲 FINAL	. Arkansas Re	eturn(Going	Out of Business	5) • L		necki	T Cooperative A	issocia	lion
FEIN	*****07		ox if Automatic Feder			ed (See	Instruction	s)		Type of Co	•	
			ox if Arkansas Extens							Check only or		
NAICS ● <b>522</b>		Name ☐ Check this  ■ LAKESIDE SH	s box if name has chang	ged from prior y	/ear					●5 X D	omesti n state)	С
	of Incorporation		this box if address has	changed from a	orior year					<b>⊣</b> `	oreign	
1	10/1993	• 10 DENBY PO		changed from p	onor year						out of stat	
Date E	Began Business in AR	1			State or Pr	ovince Zip		П	7 Che	eck if address is o	outside l	II.S
1	10/1993	• MT. IDA			• AR		957			n Country	Jatolac	0.0.
FILIN	IG STATUS: ●1	S Corporation	operating only in	Arkansas	•	3 Multista	te S Corp	pora	tion -	Direct Accounting	ng	
1 '	K ONLY	<b>=</b>									)	
ONE B	ox) •2 L		orporation - Appor	uonmeni			ration wi					
Not	te: Attach complet					тот	AL			ARKANS	SAS	
7.	Gross Sales: (Less r	returns and allowand	ces)		7	15,0	30,695	00	7	15,02	5,935	00
8.	Cost of goods sold a	ind/or operations: (A	ttach schedule)		8	11,2	27,136	00	8	11,22	7,136	00
9.	Gross profit: (Subtract	ct Line 8 from Line 7	7)		9	3,8	03,559	00	9	3,79	8,799	00
10.	Net gain (or loss) from	m Federal Form 479	97:		10			00	10			00
11.	Other income: (Attac	ch schedule)			11	5	98,449	00	11	59	8,449	00
12.	TOTAL INCOME (LC	OSS): (Add Lines 9 t	hrough 11 and enter	here)	12	4,4	02,008	00	12	4,39	7,248	00
13.	Compensation of offi	icers:			13	4	12,783	00	13	41	2,783	00
14.	Salaries and wages:	(See Instructions)			14	4	68,030	00	14	47	1,030	00
15.	Repairs:				15		25,826	00	15	2	5,826	00
16.	Bad Debts: (Attach s						15,385	00	16		5,385	-
17.	Rent:	*					15,540	00	17		5,540	-
18.	Taxes: (See Instruction						71,483	_			1,483	+
19.	Deductible interest e						28,464	$\rightarrow$			8,464	+
20.	Depreciation: (Attach	•	•				01,996	_	· -		1,755	-
21.	Depletion: (Do not de					<u> </u>			21		,	00
22.	Advertising:	•	•				16,493			1	6,493	+
23.	Pension, profit-sharir						_	_	23	·	0,430	00
24.	Employee benefit pro	• .					83,794	· ·		9	3,794	
25.	Other deductions: (A	· ·					12,819	_			2,819	-
	•	,					52,613	_			5,372	-
26.	TOTAL DEDUCTION NET INCOME (LOSS		-			<del></del>	49,395	$\rightarrow$			3,37 <u>2</u> 21,876	-
27.	NET INCOME (LOSS	5) (Subir. Line 20 iron		-	,		49,395	4	27 <b>•</b> L	1,42	1,070	100
28.	Excess net passive in	noomo tov: (Soo Inc		H ALL AR I		3			28 •			Too
	•	•	,						-~ ⊢			00
29.	Income tax on Capita			-								00
30.	Total Tax: (Add Lines	, -										00
31.	Payments: (2019 6	, ,			,							00
32.	Withholding Payr											+
33.	Amended Return	• .										00
34.	Tax Due: (If Line 3	•			,							00
35.	Overpayment: (If											00
36.	Amount of refund to											00
37.	Refund: (Line 35 le											00
Under they a	penalties of perjury, I or re true, correct and co	declare that I have ex emplete. Declaration	camined this return and of preparer (other the	nd accompan; an taxpaver)	ying schedul is based on	es and statemen all information o	ts, and to which b	the l repa	oest of rer ha	f my knowledge s anv knowledge	and bel e.	ief,
	r's Signature		pp (	Date	Title					elephone Numb		
•										·		
Prepar	rer's Signature			Date	Prepa	rer's FEIN/PTIN	Che Self-En	eck if	od			
					• 44-	444444			-u			
Prepar	rer's Printed Name				May th	e Arkansas Revenue	Agency dis	scuss	this	For Department	Use On	ly
					1 '	with the preparer sho				A •		
Area C	Code and Telephone N	Number of Preparer			$\dashv$	Yes	X No		⊢	В •		
	) 537-5744								⊢			
	MAIL RE	ETURN TO: Corpora	tion Income Tax, P C	Box 919, Li	ttle Rock, Al	R 72203-0919				С		



SCHEDULE A	CTS	C192					
Apportionment Of Income				EE	NI.	-01	)-****07
For Multistate Corporation				FEI	IV:		)- 07
A. INCOME TO APPORTION:  1. Income: (Enter amount from page 1, Line 27, Total Column)			1		00		
2. Interest Income: (Attach schedule)					00		
Dividend Income: (Attach schedule)					00		
Net Income (loss) from rental activities and Royalties: ( <i>Attach sche</i>					00		
5. Net capital gain (loss) not listed on page 1: (Attach schedule)					00		
6. Other income (loss): ( <i>Attach schedule</i> )					00		
7. Total Income: (Add Lines 1 through 6 and enter here)						7	00
8. Charitable Contributions: (Attach schedule)					00	•	-
9. Section 179 expense deduction: (Attach schedule)					00		
10. Other expenses (adjustments) not included elsewhere: (Attach sch					00		
11. Total deductions: (Add Lines 8 through 10 and enter here)					<u> </u>	1	00
12. TOTAL APPORTIONABLE INCOME: (Subtract Line 11 from Line 7						- 1	00
B. APPORTIONMENT FACTOR:	,	(A)		(B)	T	$\exists$	(C)
Property used in the Production of Business Income:	ļ	Amounts in Arkansas		Total Amounts	_		Percentage (A)÷(B)
a. Tangible Assets used in Business and Inventories							
Less Construction in Progress							(Calculate to 6 places
Amount at the Beginning of Year	1	00	1		00		to the right of decimal.
2. Amount at the End of Year	2	00	2		00		Fill in all spaces)
3. Total: (Add Lines a1 and a2)	- 1	00	3		00	ı	999.999999 %
4. Average Tangible Assets: (Line a3 divided by 2)	4	00	4		00		999.99999   % (EXAMPLE)
b. Rented Property: (8 X net annual rent)	- 1	00	b		00		(EXAMILE)
c. Average Value of Intangible Property:	c	00	С		00		
(For Financial Institutions Only - Attach schedule) d. TOTAL PROPERTY: (Add Lines a4, b and c)	آ ہے	00	d		00	٦	%
Salaries, Wages, Commissions and Other Compensation Related to	u [ to th		<u> </u>			u i	
	- 1	00			00	_ [	%
a. TOTAL:	a [	[00]	а		00	a	
a. Destination Shipped From Within Arkansas:	a	00					
b. Destination Shipped From Without Arkansas:		00					
c. Origin Shipped From Within Arkansas to U. S. Govt:		00					
d. Origin Shipped From Within Arkansas to	0						
Other Non-taxable Jurisdictions:	Ч	00					
e. Other Business Gross Receipts:		00					
(Interest, Dividends, Rents, Gains, etc. Attach Schedule)						1	
f. TOTAL SALES: (Add Lines 3a through 3e)	f	00	l f		00	f	%
g. Multiply Column C, Line 3f by 2 to Doubleweight the Sales Facto			Cin		_	. 1	%
4. Sum of the Percentages: (Add Column C, Lines 1d, 2a, and 3g)							%
*5. Percentage Attributable to Arkansas: Lin				Divided by	= 5		%
*For Part B, Line 5, divide Line 4 by the number of entries other than			Pai		(1d)	. (2	2a), and (3f).
Note: An entry other than zero in Part B, Column B, Line 3f, coun	ts a	s two (2) entries.				_	
C. ARKANSAS TAXABLE INCOME:	D 1	in a T				, I	00
Income Apportioned to Arkansas: (Multiply Part A, Line 12 by Part I)						1	00
2. Add: Direct Income Allocated to Arkansas: (Attach schedule)						1	00
3. TOTAL INCOME TAXABLE TO ARKANSAS:(Enter here and on pa SCHEDULE D - Capital Gains Tax	ge	i, iirie 27, Arkarisas Coit	JIII	Irr )	č	5	
A. TAX IMPOSED ON CERTAIN CAPITAL GAINS:							
Taxable Income: (See Instructions; Attach computation schedule) .					1	1	00
2. Enter tax on Line 1 amount: (See Instructions for computation of ta							00
3. Net long-term capital gain reduced by net short-term capital loss: (/							00
4. Statutory minimum:							\$25,000 00
5. Subtract Line 4 from Line 3:							00
6. Tax: (Enter 6.5% of Line 5)							00
7. Compare Line 2 and Line 6: (Enter the smaller amount here and or							00
B. TAX IMPOSED ON CERTAIN BUILT-IN GAINS:		0, pago 1, 1 01111/111		,			
Taxable Income: (See Instructions; Attach computation schedule) .							00
2. Recognized built-in gain: (If Multistate, multiply by apportionment factor,	Part	B, Line 5 above)			2	2	00
3. Enter smaller of Line 1 or 2:					3	3	00
4. Section 1374(b)(2) deduction:						1	00
5. Subtract Line 4 from Line 3: (If zero or less, enter zero here and or	ı Lir	ne 6 below)			5	5	00

# **Arkansas Additional Information Schedule**

2019

l.		
Name: LAKESIDE SHORES INC		
SSN/FEIN: 00-****07		
Arkansas Form or Schedule: AR1100S		
Ownership Type: BAD DEBTS		
Description: INVESTMENT		
Tax Year: 2019		
	1. Amount	<b>15,385</b> 00
2.		
Name: LAKESIDE SHORES INC		
SSN/FEIN: 00-****07		
Arkansas Form or Schedule: AR1100S		
Ownership Type: OTHER INCOME		
Description: CONSULTANT FEES		
Tax Year: <sup>2019</sup>		
	2. Amount	<b>596,449</b> 00
3.		
Name: LAKESIDE SHORES INC		
SSN/FEIN: 00-****07		
Arkansas Form or Schedule: AR1100S		
Ownership Type: OTHER DEDUCTIONS		
Description: LEGAL FEES		
Tax Year: <sup>2019</sup>		
	3. Amount	<b>912,819</b> 00
4.		
Name: LAKESIDE SHORES INC		
SSN/FEIN: 00-****07		
Arkansas Form or Schedule: AR1100S		
Ownership Type: COST OF GOODS SOLD		
Description: PURCHASES		
Tax Year: 2019		44.00=400.00
_	4. Amount	11,227,136 00
5. 		
Name:		
SSN/FEIN:		
Arkansas Form or Schedule:		
Ownership Type:		
Description:		
Tax Year:		00
6	5. Amount	00
6.		
Name:		
SSN/FEIN:		
Arkansas Form or Schedule:		
Ownership Type:		
Description: Tax Year:		
Tax tear:	2 Amazunt	00
7.	6. Amount	00
Name:		
SSN/FEIN:		
Arkansas Form or Schedule:		
Ownership Type:  Description:		
Tax Year:		
Ιαλ Ι <del>ζ</del> αΙ.	7. Amount	00
AP AIS (P.5/31/2010)	/. Amount	



Tax year beginning, 20 and ending	, 20							
Final K-1 Amended K-1	Part III Arkansas Shareholder or Partner's Share of Current Year Income, Deductions, Credits, an Other Items							
	Distributive share allocated and apportioned to Arkansas	Distributive share to be reported by Arkansas Residents						
Part I Information About the Corporation or Partnership	1a Ordinary income (loss) 710,938	1b Ordinary income (loss) 710,938						
A Identification Number	2a Net rental real estate income (loss) 10,603	2b Net rental real estate income (loss) 10,603						
00-****07  B Name, Address, City, State, Zip Code	3a Other net rental income (loss)	3b Other net rental income (loss)						
LAKESIDE SHORES INC  15 DENBY POINT DR	4a Interest income	4b Interest income						
MT. IDA, AR 71959	5a Dividends 1,038	5b Dividends 1,038						
	6a Royalties	6b Royalties						
Part II Information About the Shareholder or Partner	7a Net short-term capital gain (loss)	7b Net short-term capital gain (loss)						
C Identification Number	8a Net long-term capital gain (loss)	8b Net long-term capital gain (loss)						
D Name, Address, City, State, Zip Code	9a Unrecaptured Section 1250 gain	9b Unrecaptured Section 1250 gain						
ANTHONY FALLS	10a Net Section 1231 gain (loss)	10b Net Section 1231 gain (loss)						
P O BOX 15 MT. IDA, AR 71959	11a Other income (loss)*	11b Other income (loss)*						
	12a Guaranteed payments	12b Guaranteed payments						
E Arkansas resident	13a Section 179 deduction	13b Section 179 deduction						
If a nonresident, provide state of legal residence.	14a Other deductions* 1,205	14b Other deductions* 1,205						
F Shareholder's Percentage of Stock Ownership for  Tax Year	15a Credits	15b Credits						
G Partner's Share of Profit, Loss, and Capital:  Beginning Ending	16a Items affecting shareholder basis	16b Items affecting shareholder basis <b>636,107</b>						
Profit % %	17a Other information* 1,038	17b Other information* 1,038						
Loss % % Capital % %	18a Tax-exempt income and nondeductible expenses	18b Tax-exempt income and nondeductible expenses						
H Arkansas Apportionment Percentage:	19a Distributions	19b Distributions						
100.000000 %	20a Arkansas withholding or other payments							
★ Attach statement with additional information								



Tax year beginning, 20 and ending	, 20				
Final K-1 Amended K-1	Part III Arkansas Shareholder or Partner's Share of Current Year Income, Deductions, Credits, an				
V 0	Other Items  Distributive share allocated and	Distributive share to be reported			
X Corporation ☐ Partnership	apportioned to Arkansas	by Arkansas Residents			
Part I Information About the Corporation or Partnership	1a Ordinary income (loss) 668,282	1b Ordinary income (loss) 668,282			
A Identification Number	2a Net rental real estate income (loss)	2b Net rental real estate income (loss)			
00-****07	9,967	9,967			
	3a Other net rental income (loss)	3b Other net rental income (loss)			
<b>B</b> Name, Address, City, State, Zip Code					
LAKESIDE SHORES INC	4a Interest income	4b Interest income			
15 DENBY POINT DR					
MT. IDA, AR 71959	5a Dividends	5b Dividends			
	976	976			
	6a Royalties	6b Royalties			
Part II Information About the Shareholder or	7a Net short-term capital gain (loss)	7b Net short-term capital gain (loss)			
Partner					
C Identification Number	8a Net long-term capital gain (loss)	8b Net long-term capital gain (loss)			
00-0000068	9a Unrecaptured Section 1250 gain	9b Unrecaptured Section 1250 gain			
<b>D</b> Name, Address, City, State, Zip Code	10a Net Section 1231 gain (loss)	10b Net Section 1231 gain (loss)			
MICHAEL TROUT					
47 DEER LANE	11a Other income (loss)*	11b Other income (loss)*			
MT. IDA, AR 71959	, ,	, ,			
	12a Guaranteed payments	12b Guaranteed payments			
	13a Section 179 deduction	13b Section 179 deduction			
E Arkansas resident X Yes No					
If a nonregident provide state of level regidence	14a Other deductions*	14b Other deductions*			
If a nonresident, provide state of legal residence.	1,133	1,133			
F Shareholder's Percentage of Stock Ownership for	15a Credits	15b Credits			
Tax Year 47.000000 %					
<b>G</b> Partner's Share of Profit, Loss, and Capital:	16a Items affecting shareholder basis	16b Items affecting shareholder basis			
Beginning Ending		597,941			
	17a Other information*	17b Other information*			
Profit % %	976	976			
<u>Loss</u> %	18a Tax-exempt income and	18b Tax-exempt income and			
Capital % %	nondeductible expenses	nondeductible expenses			
H Arkansas Apportionment Percentage:	19a Distributions	19b Distributions			
100.000000 %	20a Arkansas withholding or other payments				
* Attach statement with additional information					



Tax year beginning, 20 and ending	, 20	
Final K-1 Amended K-1		der or Partner's Share of ne, Deductions, Credits, and
	Distributive share allocated and apportioned to Arkansas	Distributive share to be reported by Arkansas Residents
Part I Information About the Corporation or Partnership	1a Ordinary income (loss) 42,656	1b Ordinary income (loss) 42,656
A Identification Number  00-****07	2a Net rental real estate income (loss)	2b Net rental real estate income (loss)
B Name, Address, City, State, Zip Code	3a Other net rental income (loss) 636	3b Other net rental income (loss)
LAKESIDE SHORES INC  15 DENBY POINT DR	4a Interest income	4b Interest income
MT. IDA, AR 71959	5a Dividends 62	5b Dividends <b>62</b>
	6a Royalties	6b Royalties
Part II Information About the Shareholder or Partner	7a Net short-term capital gain (loss)	7b Net short-term capital gain (loss)
C Identification Number	8a Net long-term capital gain (loss)	8b Net long-term capital gain (loss)
D Name, Address, City, State, Zip Code	9a Unrecaptured Section 1250 gain	9b Unrecaptured Section 1250 gain
ANTHONY FALLS	10a Net Section 1231 gain (loss)	10b Net Section 1231 gain (loss)
P O BOX 15 MT. IDA, AR 71959	11a Other income (loss)*	11b Other income (loss)*
	12a Guaranteed payments	12b Guaranteed payments
E Arkansas resident	13a Section 179 deduction	13b Section 179 deduction
If a nonresident, provide state of legal residence.	14a Other deductions* 72	14b Other deductions* 72
F Shareholder's Percentage of Stock Ownership for  Tax Year	15a Credits	15b Credits
G Partner's Share of Profit, Loss, and Capital:  Beginning Ending	16a Items affecting shareholder basis	16b Items affecting shareholder basis <b>38,166</b>
Profit % %	17a Other information* 62	17b Other information* 62
Loss % % Capital % %	18a Tax-exempt income and nondeductible expenses	18b Tax-exempt income and nondeductible expenses
H Arkansas Apportionment Percentage:	19a Distributions	19b Distributions
* Attach statement with additional information	20a Arkansas withholding or other payments	

# **Arkansas Test Case 8**

## AMENDED INCOME TAX RETURN

**Required Forms:** AR1100S, AR-AIS & AR K-1

**Company Name:** Glover Law Firm

**FEIN:** 00-\*\*\*\*08

### 2019 AR1100S ARKANSAS S CORPORATION INCOME TAX RETURN



	S
_	Software ID
•	

Tax Yea	ar beginning	and ending	/ /		● ☐ Check If F	iling as a	Finar	ncial Institution	
		■ AMENDED Return     ■ ■ FINA							ation
FEIN		Check this box if Automatic Federal		•	ed			Type of Corpora	
• 00-	*****08	Check this box if Arkansas Exter			(See In	structions )		Check only one box b	
NAICS	Code	Name	nged from prior	year				•5 🗙 Domes	tic
• 236	110	GLOVER LAW FIRM						(in state)	
	f Incorporation	Address	s changed from	prior year				●6 ☐ Foreigr	
_	25/2008	● 1 CAMPBELL TRAIL						(out of sta	ate)
	Began Business in AR	1 -		State or Pr	1 '			heck if address is outside ign Country	U.S.
	25/2008	• ALEXANDER		• AR	● 720				
	IG STATUS: ●1 [ K ONLY	S Corporation operating only in	Arkansas	•	Multistate (Prior wr.	e S Corpor itten approval	ration · required	- Direct Accounting  d for Direct Accounting)	
ONE B		Multistate S Corporation - Appo	rtionment	•		ation with			
Not	te: Attach complet	ted copy of Federal Return and S	ign Arkansa	as Return	(Attack	n schedule of	QSSS	ARKANSAS	
7.		returns and allowances)				<b>9,336</b> 00	7	89,330	6 00
8.	·	ind/or operations: (Attach schedule)				<b>8,974</b> 00	-	58,974	_
9.	-	ct Line 8 from Line 7)				0,362 00	- 1	30,362	_
10.		m Federal Form 4797:				00	- 1	,	00
11.		ch schedule)			2	9,525 00	11	29,52	5 00
12.	·	DSS): (Add Lines 9 through 11 and ente				9,887 00	-	59,887	_
13.	,	icers:				<b>8,000</b> 00		18,000	
14.		(See Instructions)			<u> </u>	00	- 1	10,000	00
15.	_	(Geo manualismo)				00	4		00
16.	•	schedule)				00			00
17.	,	scriedule)				00	. · ·		00
18.						<b>1,732</b> 00	4 ''	1,732	_
		ions)				3,771 00		3,77	
19.		expense not claimed or reported elsewh				<b>4,200</b> 00	-	6,200	_
20.		h Federal Form 4562)			1	<b>4,200</b> 00	-	6,200	_
21.		educt oil and gas depletion)					4 <del>-</del> '		00
22.	•					00	22		00
23.	·	ng, plans, etc				00			00
24.		ograms:				00	1		00
25.	,	Attach schedule)				<b>5,435</b> 00	4	25,43	_
26.		NS: (Add Lines 13 through 25 and enter				3,138 00	-	55,138	$\overline{}$
27.	NET INCOME (LOS	S) (Subtr. Line 26 from Line 12 or Schedul			<u>`</u>	<b>3,251)</b> 00	27 •	4,749	9 00
			CH ALL AR I		<u>S</u>			200	00
28.	•	ncome tax: (See Instructions)					28 •	200	
29.		al gains/Built in gains: (from Schedule L						004	00
30.		s 28 and 29) (If Amended Return C						260	00
31.	•	estimated tax payments and amount ap	•	,					00
32.		<b>ment</b> : (Attach AR1100-WH)							00
33.		Only: (Enter Net Tax paid (or refunde			• '				00
34.		11 plus Line 32 is less than Line 30, ente						(	00
35.	Overpayment: (If	Line 31 plus Line 32 is greater than Lin	e 30, enter the	e difference)			35 •		00
36.		be credited to 2020 estimated tax:							00
37.		ess Line 36)							00
Under	penalties of perjury, I or	declare that I have examined this return a omplete. Declaration of preparer (other t	and accompan han taxpayer)	ying schedul is based on	les and statements	, and to the	e best arer h	of my knowledge and be as any knowledge.	elief,
	's Signature	implete. Beglaration of preparer (other t	Date	Title	an iniormation or	willen prep	arer ii	Telephone Number	
•	<u> </u>							•	
Prepar	er's Signature		Date	Prepa	rer's FEIN/PTIN	Check	if		
				•		Self-Emplo	-yeu		
Prepar	er's Printed Name			May th	e Arkansas Revenue A	dency discus	ss this	For Department Use O	nly
					with the preparer show		JU UIIO	A •	
Area C	Code and Telephone N	Number of Preparer			X Yes	No			
					103	NO		В •	
	MAIL RE	ETURN TO: Corporation Income Tax, P	O Box 919, Li	ttle Rock, Al	R 72203-0919			С	

### **SCHEDULE A**



	portionment Of Income Multistate Corporation			F	EIN	: 00	0-****08	
	INCOME TO APPORTION:				1	1		
	. Income: (Enter amount from page 1, Line 27, Total Column)		1		00			
2	. Interest Income: (Attach schedule)		2		00			
	Dividend Income: (Attach schedule)				00			
	Net Income (loss) from rental activities and Royalties: (Attach schedu				00			
5	Net capital gain (loss) not listed on page 1: (Attach schedule)		5		00			
	5. Other income (loss): (Attach schedule)				00	Ι.		
	. Total Income: (Add Lines 1 through 6 and enter here)					. 7		00
	Charitable Contributions: (Attach schedule)				00	Ι΄	_	
	Section 179 expense deduction: (Attach schedule)				00	1		
ı	Other expenses (adjustments) not included elsewhere: (Attach sched				00	İ		
ı	Total deductions: (Add Lines 8 through 10 and enter here)					ı 11		00
l	2. TOTAL APPORTIONABLE INCOME: (Subtract Line 11 from Line 7)							00
-	APPORTIONMENT FACTOR:	(A)		(B)		12	(C)	00
	Property used in the Production of Business Income:	Amounts in Arkansas	,	Total Amount	s		Percentage (A)÷(B	i)
'	a. Tangible Assets used in Business and Inventories		┑			'		
	Less Construction in Progress							
	Amount at the Beginning of Year		00 1		00		(Calculate to 6 places to the right of decimal	
	2. Amount at the End of Year		00 2		00	İ	Fill in all spaces)	
		· <del>                                    </del>	<u>ਹੀ</u> '		00			
	3. Total: (Add Lines a1 and a2)	' <del>                                    </del>	₩,		00		999.999999	%
	4. Average Tangible Assets: (Line a3 divided by 2)	' <del>                                    </del>	₩,		00		(EXAMPLE)	
	b. Rented Property: (8 X net annual rent)	′ <b></b>	╗		00	l		
	c. Average Value of Intangible Property:				00			
	d. TOTAL PROPERTY: (Add Lines a4, b and c)		00 d		00	d		%
2	Salaries, Wages, Commissions and Other Compensation Related to	the Production of Incor	ne:					
	a. TOTAL:a		00 a		00	a		%
] 3	B. Sales / Receipts:		~			~		_
	a. Destination Shipped From Within Arkansas:		00					
	b. Destination Shipped From Without Arkansas:		00					
	c. Origin Shipped From Within Arkansas to U. S. Govt:	1	00					
	d. Origin Shipped From Within Arkansas to		┥.					
	Other Non-taxable Jurisdictions:	.	00					
		' <del>                                    </del>	00					
	e. Other Business Gross Receipts:	·				1		$\overline{}$
	(Interest, Dividends, Rents, Gains, etc. Attach Schedule)	.   ,	00 ,		00			%
	f. TOTAL SALES: (Add Lines 3a through 3e)					''		%
	g. Multiply Column C, Line 3f by 2 to Doubleweight the Sales Factor (							%
4	. Sum of the Percentages: (Add Column C, Lines 1d, 2a, and 3g)			·····	<del></del>	4		%
*5	3		_		_			70
	*For Part B, Line 5, divide Line 4 by the number of entries other than 2 Note: An entry other than zero in Part B, Column B, Line 3f, counts	zero which you make o as two (2) entries	n Pa	rt B, Column B, Lir	nes (1a	1), (2	?a), and (3f).	
	ARKANSAS TAXABLE INCOME:	as two (2) chines.						
	Income Apportioned to Arkansas: (Multiply Part A, Line 12 by Part B,	Line 5)				1		00
ı	Add: Direct Income Allocated to Arkansas: (Attach schedule)							00
ı	B. TOTAL INCOME TAXABLE TO ARKANSAS:(Enter here and on page							00
	HEDULE D - Capital Gains Tax	.,						
A.	TAX IMPOSED ON CERTAIN CAPITAL GAINS:							
1	. Taxable Income: (See Instructions; Attach computation schedule)					.1		00
2	2. Enter tax on Line 1 amount: (See Instructions for computation of tax)					2		00
3	8. Net long-term capital gain reduced by net short-term capital loss: (If M	lultistate, multiply by apportio	nmen	t factor, Part B,Line 5 a	bove)	3		00
	Statutory minimum:						\$25,000	00
ı	5. Subtract Line 4 from Line 3:							00
l	5. Tax: (Enter 6.5% of Line 5)							00
ı	7. Compare Line 2 and Line 6: (Enter the smaller amount here and on L							00
	TAX IMPOSED ON CERTAIN BUILT-IN GAINS:	.iiie 29, paye 1, FOIM F	1171	υυ <b>૩</b> )		, •		_
ے. 1	. Taxable Income: (See Instructions; Attach computation schedule)					.1		00
	P. Recognized built-in gain: (If Multistate, multiply by apportionment factor, Pa							00
ı	B. Enter smaller of Line 1 or 2:							00
ı	Section 1374(b)(2) deduction:							00
ı	5. Subtract Line 4 from Line 3: (If zero or less, enter zero here and on L							00
	5. Enter 6.5% of Line 5: (Enter here and on Line 29, page 1, Form AR1;							00

# **Arkansas Additional Information Schedule**

1		1	
Z	U		7

Name: GLOVER LAW FIRM SSN/FEIN: 00-****08		
Arkansas Form or Schedule: AR1100S		
Ownership Type: COST OF GOODS SOLD		
Description: PURCHASES		
Tax Year: 2019		
	1. Amount	58,974 00
2.	i. Airiodiit	,
Name: GLOVER LAW FIRM		
SSN/FEIN: 00-****08		
Arkansas Form or Schedule: AR1100S		
Ownership Type: OTHER DEDUCTIONS		
Description: TRAVEL		
•		
Tax Year: <sup>2019</sup>	. A	<b>25,435</b> 00
	2. Amount	23,433
3.		
Name: GLOVER LAW FIRM		
SSN/FEIN: 00-****08		
Arkansas Form or Schedule: AR1100S		
Ownership Type: OTHER INCOME		
Description: FEES		
Tax Year: <sup>2019</sup>		1
	3. Amount	<b>29,525</b> 00
4.		
Name:		
SSN/FEIN:		
Arkansas Form or Schedule:		
Ownership Type:		
Description:		
Tax Year:		
4	4. Amount	00
<u>5.</u>		
Name:		
SSN/FEIN:		
Arkansas Form or Schedule:		
Ownership Type:		
Description:		
Tax Year:		
	5. Amount	00
6.	. Amount	
Name:		
SSN/FEIN:		
Arkansas Form or Schedule:		
Ownership Type:		
Description:		
Tax Year:		
	6. Amount	00
7.	o. Amount	00
Name:		
SSN/FEIN:		
Arkansas Form or Schedule:		
Ownership Type:		
Description:		
Tax Year:		1 100
AR-AIS (R 5/31/2019)	7. Amount	00



Tax year beginning, 20 and ending	, 20				
X Final K-1 Amended K-1	Part III Arkansas Shareholder or Partner's Share of Current Year Income, Deductions, Credits, and				
	Other Items				
	Distributive share allocated and apportioned to Arkansas	Distributive share to be reported by Arkansas Residents			
Part I Information About the Corporation or Partnership	1a Ordinary income (loss) <b>4,749</b>	1b Ordinary income (loss) 4,749			
A Identification Number	2a Net rental real estate income (loss)	2b Net rental real estate income (loss)			
00 *****	368	368			
00-****08	3a Other net rental income (loss)	3b Other net rental income (loss)			
<b>B</b> Name, Address, City, State, Zip Code	ou outer morne (1995)	(333)			
GLOVER LAW FIRM	4a Interest income	4b Interest income			
1 CAMPBELL TRAIL	1,011	1,011			
ALEXANDER, AR 72002	5a Dividends	5b Dividends			
,					
	6a Royalties	6b Royalties			
Part II Information About the Shareholder or	7a Net short-term capital gain (loss)	7b Net short-term capital gain (loss)			
Partner	On Not long town conital agin (long)	Oh Nathan a tama a saitah asia (lasa)			
C Identification Number	8a Net long-term capital gain (loss)	8b Net long-term capital gain (loss)			
400-00-5501	9a Unrecaptured Section 1250 gain	9b Unrecaptured Section 1250 gain			
<b>D</b> Name, Address, City, State, Zip Code	10a Net Section 1231 gain (loss)	10b Net Section 1231 gain (loss)			
D. POWELL	Toa Net Section 1231 gain (loss)	TOD Net Section 1231 gain (loss)			
RT. 1	11a Other income (loss)*	11b Other income (loss)*			
BEEBE, AR 72112	8,000	8,000			
	12a Guaranteed payments	12b Guaranteed payments			
	10.0 " 170   1 "	101.0 11.170.1 1.11			
E Arkansas resident	13a Section 179 deduction	13b Section 179 deduction			
	14a Other deductions*	14b Other deductions*			
If a nonresident, provide state of legal residence.	The Other deductions	THE OTHER GOUGHOID			
F Shareholder's Percentage of Stock Ownership for	15a Credits	15b Credits			
Tax Year100.000000 %					
<b>G</b> Partner's Share of Profit, Loss, and Capital:	16a Items affecting shareholder basis	16b Items affecting shareholder basis			
Beginning Ending	C 43	C 43			
	17a Other information*	17b Other information*			
Profit % %	A 1,011	A 1,011			
<u>Loss % %</u>	18a Tax-exempt income and	18b Tax-exempt income and			
Capital % %	nondeductible expenses	nondeductible expenses			
H Arkansas Apportionment Percentage:	19a Distributions	19b Distributions			
100.000000 %	20a Arkansas withholding or other payments				
* Attach statement with additional information					

# Partnership Income Tax Returns

# **Arkansas Test Case 9**

**Required Forms:** AR1050 & AR K-1

**Company Name:** Easy Corp, LLC

**FEIN:** 00-\*\*\*\*09

## **P1**

# 2019 AR1050

### ARKANSAS PARTNERSHIP INCOME TAX RETURN



lan 1	- Dec. 31, 2019 or fiscal year be	ainnina	and andir	ng		20				Solitival	e ib
		Jiiiiiig		ıg		20	Te	odoro	lidor	ntification numbe	
Name ● EA	SY CORP, LLC							00-*			1
Addre	ess 57 COOPER STREET						Т	ype o	f bus	iness	
City • LIT	TLE ROCK	State or province • AR		ZIP ● <b>72203</b>		Check if reign coun		s outsi	ide U	S. Number of page 2	artners
FILIN	IG STATUS: ● 1. 🗵 Pa	rtnership operating or	nly in Arkansas	3	3. Multis	tate Partr	nership			'	
(CHEC	K ONLY ONE BOX)	ıltistate Partnership - A			• 🗆		ccounting siness Allo			en approval requ y	uired)
Type enti		● Limited Partnership	● ☐ Limited Compa	Liability ny • □		ed Liabilit ership	y •	Oth	er		
Chec	Check applicable box ● X Initial Return ● Amended Return ● Final Return ■ Check this box if you have filed a state extension or an automatic federal extension										
	Note: A	ttach completed	d copy of Fe	deral Return	and S	Sign Ar	kansas	Ret	urn		
		INCOME				(A	A) Total			(B) Arkans	as
4. G	ross receipts or sales:				4		100,00	00	4	100,0	00 000
5. Co	ost of goods sold:				5		20,00	00	5	20,0	000 00
6. G	ross profit from business:				6		80,00	00	6	80,0	000 000
7. In	come from other partnerships or	fiduciaries: (Attach s	chedule)		7			00	7		00
8. Fa	arm income: (Attach schedule) .				8			00	I ˘⊦		00
l .	et gain (or loss) from Form 4797	•						00	ı ∨∟		00
10. O	ther income: (Attach schedule)				10			_	10		00
11. <b>T</b> c	otal Income: (Add lines 6 thro				11		80,00	00	11	80,0	000 00
		DEDUCTIONS									
	alaries of employees:							00			000 00
13. G	uaranteed payments to partners				13		10,00	00		10,0	000 00
l .	ent on business property:							_	14		00
l	terest expense:							_	15		00
l	axes:							_	16		00
l	ad debts: (Attach schedule)							_	17		00
l	epairs:								18		00
	epreciation: (Attach schedule A	•					10,00	00		10,0	000 000
	epletion: (Attach schedule)							$\overline{}$	20		00
21. R	etirement plan, etc.: (Attach sch	edule)			21			00			00
	ther deductions: (Attach schedu	•						00	22		00
	otal Deductions: (Add lines							00			000 000
24. <b>N</b>	et Income or loss: (Subtrac		<u>.</u>	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	24	•	40,00	00	24	• 40,0	000 00
	NAME OF DARTHER	1		ARES OF INCOI		ZID	001	/ <b></b> IN	. 1	INCOME	
. 101	NAME OF PARTNER E COOPER	ADDRESS 123 MAIN STREET,	CITY			ZIP	400-0	FEIN	-	INCOME	00 00
	CK BOWER	125 MAIN STREET, D					400-0		_		000 00
C.	OR BOWLK	123 ZND STREET, D	ALLAS, IX 7500	,,			400-0	0-3321		20,0	00
D.									$\neg$		00
E.		+									00
Unde knov	er penalties of perjury, I decla wledge and belief, they are tru nber) is based on all informati	ie, correct and com	plete. Declaration	on of preparer (d							f my
Please Sign Here	Signature of general partner or	limited liability compa	any member			Date					
	Preparer's signature			Date		Check if self-emp	loyed	]	PTIN	/ID number	
Paid Preparer's use only	Firm's name (or yours if self-en	iployed) and address		•		EIN			-	the Arkansas Rev	return
Paic						Telephor	ne		Γ	with the preparer	



-					
	FEIN: 0	0-****09			
PART I: DEPRECIATION RECONCILIATION					
1. Total federal depreciation (Line 22 of federal Form 4562 and depreciation included elsewhere)	1	• 5,0	00 00		
2. Less: Federal Form 4562, line 25 and line 14 bonus depreciation	2	•	00		
Add or subtract Arkansas depreciation adjustment (Attach schedule)	3	• 5,0	00 00		
Arkansas total depreciation deduction	4	• 10,0	00 00		
Less: Arkansas depreciation in cost of goods sold or elsewhere	5	•	00		
6. Arkansas depreciation deduction (Enter here and on line 19, Form AR1050)			00 00		
PART II: INCOME TO APPORTION					
1. Income (Enter amount from page 1, line 24, Total column)	1	•	<b>0</b> 00		
2. Add adjustments (Attach schedule)	00				
3. Deduct adjustments (Attach schedule)	00				
4. TOTAL APPORTIONABLE INCOME (Enter here and continue to part III)	4	•	00		



FEIN: 00-\*\*\*\*09

PART III: APPORTIONMENT FACTOR			
	(0) 7		
NOTE: If all factors in Part III are 100%, do not complete Columns (A), (B) OPERATING ONLY IN ARKANSAS and complete all appropriate lii			ARTNERSHIP
	(A)	(B)	(C)
1. Property used in the production of business income:	Amounts in Arkansas	Total Amounts	Percentage (A)÷(B)
a. Tangible assets used in business and inventories			1
Less construction in progress			
1. Amount at the beginning of year 1	00	1 00	(Calculate to 6 places to the right of decimal.
2. Amount at the end of year	00	2 00	Fill in all spaces)
3. Total: (Add lines a1 and a2)	00	3 00	
4. Average tangible assets: (Line a3 divided by 2)4	00	4 00	999.999999 %
b. Rented property: (8 X net annual rent)b	00	b 00	(EXAMPLE)
c. Average value of intangible property:c (For financial institutions only - attach schedule)	00		·
d. TOTAL PROPERTY: (Add Lines a4, b and c) d	00	d 00	d%
2. Salaries, wages, commissions and other compensation related to the p	roduction of income:		
a. TOTAL:a	00	a 00	a%
3. Sales / receipts:			
a. Destination shipped from within Arkansas:	00		
b. Destination shipped from without Arkansas: b	00		
c. Origin shipped from within Arkansas to U. S. Govt: c	00		
d. Origin shipped from within Arkansas to			
Other non-taxable jurisdictions: d	00		
e. Other business gross receipts: e (Interest, dividends, rents, gains, etc. Attach schedule)	00		1
f. TOTAL SALES: (Add lines 3a through 3e) f	00	f 00	f %
g. Multiply column C, line 3f by 2 to doubleweight the sales factor (Final	ncial Institutions must use	single weighted factor)	g %
4. Sum of the percentages: (Single weighted: Add column C, lines 1d, 2a			4 %
(Double weighted: Add column C, lines 1d,	, 2a and 3g)		. 4
*5. Percentage attributable to Arkansas: Line 4	%	Divided by* =	5 %
*For Part III, line 5, divide line 4 by the number of entries other than Note: An entry other than zero in part III, column B, line 3f, counts	•	on Part III, column B, lin	es (1d), (2a), and (3f).
6. Income apportioned to Arkenege: (Multiply part II. line 4 by line 5)			.6 • 00
Income apportioned to Arkansas: (Multiply part II, line 4 by line 5)      Add adjustments: (Attach schedule)			· · · — — —
8. Deduct adjustments: (Attach schedule)			· — —
			1
9. Income: (Enter here and on page 1, line 24, Arkansas column)			9   100



**Share Items** FEIN: 00-\*\*\*\*09 PART I: INCOME (LOSS) **Total Arkansas 40.000** 00 **40.000** 00 1 **10,000** 00 10,000 00 Net rental real estate income (loss) (Attach federal Form 8825)......2 2 00 За 00 00 3b 00 00 Зс **5,000** 00 5,000 00 4. Interest income......4 4 **5,000** 00 5,000 00 5 00 00 6 00 00 Net short-term capital gain (loss) (Attach federal Schedule D (Form 1065)).......7 00 00 8 8. Net long-term capital gain (loss) (Attach federal Schedule D (Form 1065))......8 00 00 9 00 00 10 10. 00 00 Other income (loss) (See Instructions) Type\_ 11 **10,000** 00 **10.000** 00 PART II: DEDUCTIONS 00 13 00 00 14 00 15 00 00 00 16 Other deductions (See instructions) Type PART III: OTHER INFORMATION 00 17a 00 00 17b 00 00 17c 00 00 18a 00 00 18b 00 00 19a 00 00 19b c. Other items and amounts (Attach statement).......19c 19c ANALYSIS OF NET INCOME (LOSS) 1. Net income (loss) (Combine Schedule K, lines 1 through 12. From the result, **70,000** 00 **70,000** 00 subtract the sum of Schedule K, lines 13 through 16)...... 1

Mail return to: State Income Tax, P. O. Box 8056, Little Rock, AR 72203-8056





				FEIN: 0	)-****09	
A.	Check method of accounting					
	Cash Accrual Other	er: (Specify)				
B.	Are any partners in this partnership also partnerships?				Yes	No
C.	Is this partnership a partner in another partnership?				Yes	☐ No
PA	ART I: COST OF GOODS SOLD					
1.	Inventory at beginning of year:			1		00
2.	Purchases less cost of items withdrawn for personal use:					00
3.	Cost of labor:					00
4.	Other costs:			4		00
5.	Total of lines 1, 2, 3, and 4:			5		00
6.	Inventory at end of year:			6		00
7.	Cost of goods sold. Subtract line 6 from line 5. (Enter here and	d on page 1, line	9 5):	7		00
<ul><li>8a.</li><li>b.</li><li>c.</li><li>d.</li><li>e.</li></ul>	c. Check this box if the LIFO inventory method was adopted this tax year for any goods (If checked, attach IRS Form 970)					
PA	ART II: BALANCE SHEET					
	ASSETS	BEGINNING	G OF YEAR	END C	F YEAR	
Cas						
	ounts receivable.				_	
	inus allowance for bad debts.					
	entoriesertoriesertories					
	er current assets.				_	
	tgage and real estate loans.				_	
	er investments.					
	dings and other depreciable assets.					
	inus accumulated depreciation.				+	
_	pletable assets.					
	inus accumulated depletion.					
	er assets.					
	TAL ASSETS					
	LIABILITIES AND CAPITAL	BEGINNING	G OF YEAR	END C	F YEAR	
Acc	ounts payable.				1	
	tgages, notes, and bonds payable.					
	er current liabilities.					
_	non recourse loans.					
	er liabilities.					
	tners' capital accounts.					
	TAL LIABILITIES AND CAPITAL					
	Mail return to: State Income 1	Tax P O Bo	x 8056. Little Ro	ock. AR 72203-8056	-	



Tax year beginning, 20 and ending	, 20				
Final K-1 Amended K-1	Part III Arkansas Shareholder or Partner's Share Current Year Income, Deductions, Credits Other Items				
☐ Corporation ☐ Partnership	Distributive share allocated and apportioned to Arkansas	Distributive share to be reported by Arkansas Residents			
Part I Information About the Corporation or Partnership	1a Ordinary income (loss) 20,000	1b Ordinary income (loss) 20,000			
A Identification Number	2a Net rental real estate income (loss) 5,000	2b Net rental real estate income (loss) 5,000			
00-****09	3a Other net rental income (loss)	3b Other net rental income (loss)			
B Name, Address, City, State, Zip Code  EASY CORP, LLC	4a Interest income	4b Interest income			
1357 COOPER STREET LITTLE ROCK, AR 72203	2,500 5a Dividends	<b>2,500</b> 5b Dividends			
	2,500 6a Royalties	<b>2,500</b> 6b Royalties			
	,				
Part II Information About the Shareholder or Partner	7a Net short-term capital gain (loss)	7b Net short-term capital gain (loss)			
C Identification Number	8a Net long-term capital gain (loss)	8b Net long-term capital gain (loss)			
400-00-9917	9a Unrecaptured Section 1250 gain	9b Unrecaptured Section 1250 gain			
D Name, Address, City, State, Zip Code  JOE COOPER	10a Net Section 1231 gain (loss)	10b Net Section 1231 gain (loss)			
123 MAIN STREET LITTLE ROCK, AR 72203	11a Other income (loss)*	11b Other income (loss)*			
	12a Guaranteed payments 5,000	12b Guaranteed payments <b>5,000</b>			
E Arkansas resident	13a Section 179 deduction	13b Section 179 deduction			
If a nonresident, provide state of legal residence.	14a Other deductions*	14b Other deductions*			
F Shareholder's Percentage of Stock Ownership for  Tax Year	15a Credits	15b Credits			
G Partner's Share of Profit, Loss, and Capital:  Beginning Ending	16a Items affecting shareholder basis	16b Items affecting shareholder basis			
Profit 50.000000 % 50.000000 %	17a Other information*	17b Other information*			
Loss         50.000000 %         50.000000 %           Capital         50.000000 %         50.000000 %	18a Tax-exempt income and nondeductible expenses	18b Tax-exempt income and nondeductible expenses			
H Arkansas Apportionment Percentage:	19a Distributions	19b Distributions			
100.000000 %	20a Arkansas withholding or other payments				
* Attach statement with additional information					



Tax year beginning, 20 and ending	, 20				
Final K-1 Amended K-1	Part III Arkansas Shareholder or Partner's Share of Current Year Income, Deductions, Credits, a Other Items				
☐ Corporation ☐ Partnership	Distributive share allocated and apportioned to Arkansas	Distributive share to be reported by Arkansas Residents			
Part I Information About the Corporation or Partnership	1a Ordinary income (loss) 20,000	1b Ordinary income (loss)			
A Identification Number  00-****09	2a Net rental real estate income (loss) 5,000	2b Net rental real estate income (loss)			
B Name, Address, City, State, Zip Code	3a Other net rental income (loss)	3b Other net rental income (loss)			
EASY CORP, LLC  1357 COOPER STREET	4a Interest income 2,500	4b Interest income			
LITTLE ROCK, AR 72203	5a Dividends 2,500	5b Dividends			
	6a Royalties	6b Royalties			
Part II Information About the Shareholder or Partner	7a Net short-term capital gain (loss)	7b Net short-term capital gain (loss)			
C Identification Number	8a Net long-term capital gain (loss)	8b Net long-term capital gain (loss)			
400-00-9927	9a Unrecaptured Section 1250 gain	9b Unrecaptured Section 1250 gain			
D Name, Address, City, State, Zip Code  JACK BOWER	10a Net Section 1231 gain (loss)	10b Net Section 1231 gain (loss)			
125 2ND STREET DALLAS, TX 75001	11a Other income (loss)*	11b Other income (loss)*			
	12a Guaranteed payments 5,000	12b Guaranteed payments			
E Arkansas resident ☐ Yes ☒ No	13a Section 179 deduction	13b Section 179 deduction			
If a nonresident, provide state of legal residence. TX	14a Other deductions*	14b Other deductions*			
F Shareholder's Percentage of Stock Ownership for  Tax Year	15a Credits	15b Credits			
G Partner's Share of Profit, Loss, and Capital:  Beginning Ending	16a Items affecting shareholder basis	16b Items affecting shareholder basis			
Profit 50.000000 % 50.000000 %	17a Other information*	17b Other information*			
Loss         50.000000 %         50.000000 %           Capital         50.000000 %         50.000000 %	18a Tax-exempt income and nondeductible expenses	18b Tax-exempt income and nondeductible expenses			
H Arkansas Apportionment Percentage:	19a Distributions	19b Distributions			
100.000000 %	20a Arkansas withholding or other payments				
★ Attach statement with additional information					

#### **Arkansas Test Case 10**

**Required Forms:** AR1050 & AR K-1

Company Name: Multi Corp, LLC

#### **P1**

### 2019 AR1050

#### ARKANSAS PARTNERSHIP INCOME TAX RETURN



lan 1.	- Dec. 31, 2019 or fiscal year be	ginning	and endir	na		20				Softwa	I C IL	Ή
Name		9""""9	and cridin	9			TE	edera	ıl ider	ntification number	ar	_
l .	ILTI CORP, LLC							00-*			<b>υ</b> Ι	
Addre	·									iness		$\dashv$
	50 STONE						'	уре о	i bus	111635		
City		State or province		ZIP		Check if	address is	outsi	ide U	.S. Number of p	nartne	rs
,	TLE ROCK	• AR		● 72203		reign coun				• 2	Jaran	,,,
EII IN	IG STATUS: ● 1. ☐ Pa	rtnership operating o	unly in Arkaneae	1	Multic	tate Partr	orchin					$\dashv$
l .	K ONLY ONE BOX)	Titlership operating o	illy III Alkalisas		o. Iviuitis			(Prior	writt	ten approval red	uirec	,
	● 2. 🔀 Mu	ıltistate Partnership -	Apportionment		•		siness Allo				Julioc	<b>'</b>
Туре	e <b>of</b> General	Limited	— Limited	L Liability —	- Limite	ed Liabilit				•		$\exists$
enti		Partnership	● X Limited Compa	inv •		ership	<sup>у</sup> •	Our	ICI			
				,			o how if	h	201/0	filed a state		_
Chec	<b>:k applicable box ●</b> 🔀 Initia	Return  Amen	ded Return ●	Final Return •						federal exte		n
	Note: A	ttook complete	d conv of Fo	darel Deturn								Н
	Note: A	ttach complete INCOME	ea copy of Fe	derai Return	and :			Ret	urn			_
						(4	A) Total	مامه		(B) Arkan		00
	ross receipts or sales:						1,000,00		. ⊢		$\rightarrow$	00 00
	ost of goods sold:							$\overline{}$	1 · F		$\rightarrow$	-
l .	ross profit from business:						500,00		ı ⁻ ∟		$\rightarrow$	00
l .	come from other partnerships of	-	•				300,00	_	1 ' F		$\rightarrow$	00
	arm income: (Attach schedule) .							00	lĭ⊦		$\rightarrow$	00
	et gain (or loss) from Form 4797	•					20.00	00	I Ŭ ⊦		$\rightarrow$	00 00
	ther income: (Attach schedule)						20,00 820,00		I . ~ ∟		$\rightarrow$	00
11. 10	otal Income: (Add lines 6 thro				11		820,00	0 00	11			
10.0		DEDUCTIONS						مامه				
	alaries of employees:						80,00	_			$\overline{}$	00
l .	uaranteed payments to partners						100,00	_	1 · 1		$\overline{}$	00
	ent on business property:							_	14		$\overline{}$	00
	terest expense:							_	15		$\overline{}$	00
	axes:							_	16		$\overline{}$	00
	ad debts: (Attach schedule)							_	17		$\overline{}$	00
	epairs:						450.00		18		$\overline{}$	00
l .	epreciation: (Attach schedule A	•					150,00	_			$\overline{}$	00
	epletion: (Attach schedule)							$\overline{}$	20		$\overline{}$	00
	etirement plan, etc.: (Attach sch						05.00	00			$\overline{}$	00
	ther deductions: (Attach schedu						25,00 355,00	0 00	22			00 00
	otal Deductions: (Add lines						465,00			222	$\overline{}$	_
24. N	et Income or loss: (Subtrac			, , , , , , , , , , , , , , , , , , , ,	24	•	465,00	0 00	24	• 232	,500	JU
	NAME OF DARTHER	1	ARTNERS' SHA	STATE		ZIP	0011			INCOME		$\dashv$
. 10	NAME OF PARTNER CKSON STEWART	ADDRESS 159 MAIN STREET	CITY			ZIP	SSN / 400-00		_	INCOME	250	00
	HN PRICE	38 ELVIS STREET,	· · · · · · · · · · · · · · · · · · ·				400-00				,250	_
	HIN FRICE	JO LLVIS STREET,	WILIWIFTIIO, THE 57	301			400-00	7-000		110	_	00
C.		+							_			00
D. E.		+							-		_	00
					•							-
	er penalties of perjury, I decla wledge and belief, they are tru											
	nber) is based on all informati	on of which prepare	er has any know	ledge.		· ·	•			-		
ase Jn Fe	Signature of general partner or	limited liability comp	any member			Date						
Please Sign Here												
	Preparer's signature			Date		Check if		, 1	PTIN	/ID number		П
sr's						self-empl	loyed L	1				
Paid Preparer's use only	Firm's name (or yours if self-en	nployed) and address	 S			EIN		$\dashv$	Mav	the Arkansas Re	venu	$\dashv$
Pre Se o	, ,	. , ,							-	ncy discuss this	retur	
aid					ľ	Telephon	ne	$\dashv$		with the prepare	r?	
-						•			ľ	X Yes I	Vo	



·	FEIN: 00	 )-****1	0	
PART I: DEPRECIATION RECONCILIATION				
		<u> </u>		
Total federal depreciation (Line 22 of federal Form 4562 and depreciation included elsewhere)	1	•	175,000	00
Less: Federal Form 4562, line 25 and line 14 bonus depreciation	2	•	50,000	00
Add or subtract Arkansas depreciation adjustment (Attach schedule)	3	•	25,000	00
Arkansas total depreciation deduction	4	•	150,000	00
Less: Arkansas depreciation in cost of goods sold or elsewhere	5	•		00
6. Arkansas depreciation deduction (Enter here and on line 19, Form AR1050)	6	•	150,000	00
PART II: INCOME TO APPORTION				
Income (Enter amount from page 1, line 24, Total column)	1	•	465,000	00
2. Add adjustments (Attach schedule)	00			
3. Deduct adjustments (Attach schedule)	00			
4. TOTAL APPORTIONABLE INCOME (Enter here and continue to part III)	4	•	465,000	00



PART III: APPORTIONMENT FACTOR								
NOTE: If all factors in Part III are 100%, do not complete Columns (A), OPERATING ONLY IN ARKANSAS and complete all appropriat					atus 1	, PA	RT	NERSHIP
Property used in the production of business income:	(A) Amounts in Arkans	as		<b>(B)</b> Total Am	ounts			(C) Percentage (A)÷(B)
a. Tangible assets used in business and inventories		$\dashv$	$\vdash$			П		
Less construction in progress								
Amount at the beginning of year	1	00	1			00		(Calculate to 6 places
Amount at the end of year		00	2			00		to the right of decimal. Fill in all spaces)
3. Total: (Add lines a1 and a2)		00	3			00		
4. Average tangible assets: (Line a3 divided by 2)		00	4			00		999.999999 %
b. Rented property: (8 X net annual rent)		00	ь			00	'	(EXAMPLE)
c. Average value of intangible property:(For financial institutions only - attach schedule)			c L			00		,
d. TOTAL PROPERTY: (Add Lines a4, b and c)	d <b>5,000,000</b>	00	αГ	10,00	0,000	00	d	50.000000 %
Salaries, wages, commissions and other compensation related to the compensation r				,			-	<u> </u>
a TOTAL:	a 40,000	00	аΓ		30,000	00	a	50.000000 %
3. Sales / receipts:	~				•			
a. Destination shipped from within Arkansas:	а	00						
b. Destination shipped from without Arkansas:		00						
c. Origin shipped from within Arkansas to U. S. Govt:		00						
d. Origin shipped from within Arkansas to		00						
Other non-taxable jurisdictions:	d	00						
e. Other business gross receipts:	е	00	Г			Т	1	
f. TOTAL SALES: (Add lines 3a through 3e)	f 500,000	00	f L	1,00	00,000	00	f	50.000000 %
g. Multiply column C, line 3f by 2 to doubleweight the sales factor (F	inancial Institutions must	use	single	e weighted fa	ctor)		g	100.000000 %
4. Sum of the percentages: (Single weighted: Add column C, lines 1d, (Double weighted: Add column C, lines							4	200.000000 %
				г	_		i	
*5. Percentage attributable to Arkansas: Line	200.000000	%	Div	/ided by*	4	=	5	50.000000 %
*For Part III, line 5, divide line 4 by the number of entries other to Note: An entry other than zero in part III, column B, line 3f, cou	•		on P	art III, colu	mn B	, line	es (	(1d), (2a), and (3f).
6. Income apportioned to Arkansas: (Multiply part II, line 4 by line 5)							6	• <b>232,500</b> 00
7. Add adjustments: (Attach schedule)							7	00
8. Deduct adjustments: (Attach schedule)							8	00
9. Income: (Enter here and on page 1, line 24, Arkansas column)							9	<b>232,500</b> 00
7. Add adjustments: (Attach schedule)							7	C



FEIN: 00-\*\*\*\*10 PART I: INCOME (LOSS) **Total Arkansas 465,000** 00 232.500 00 1 **20,000** 00 15,000 00 Net rental real estate income (loss) (Attach federal Form 8825)......2 2 00 За 00 00 3b 00 00 Зс **10,000** 00 00 4. Interest income......4 4 **5,000** 00 5.000 00 5 00 00 6 00 00 Net short-term capital gain (loss) (Attach federal Schedule D (Form 1065)).......7 00 00 8 8. Net long-term capital gain (loss) (Attach federal Schedule D (Form 1065))......8 00 00 9 00 00 10 10. 00 00 Other income (loss) (See Instructions) Type\_ 11 **100,000** 00 **50.000** 00 PART II: DEDUCTIONS **25,000** 00 **25,000** 00 13 00 00 14 00 15 00 00 00 16 Other deductions (See instructions) Type PART III: OTHER INFORMATION 00 17a 00 00 17b 00 00 17c 00 00 18a 00 00 18b 00 00 19a 00 00 19b c. Other items and amounts (Attach statement).......19c 19c ANALYSIS OF NET INCOME (LOSS) 1. Net income (loss) (Combine Schedule K, lines 1 through 12. From the result, **277,500** 00 **575,000** 00 subtract the sum of Schedule K, lines 13 through 16)...... 1

Mail return to: State Income Tax, P. O. Box 8056, Little Rock, AR 72203-8056





				FEIN: 0	0-****10	
A.	Check method of accounting					
	Cash Accrual	Other: (Specify)				
B.	Are any partners in this partnership also partnerships?				Yes	No
C.	Is this partnership a partner in another partnership?				Yes	No
PA	RT I: COST OF GOODS SOLD					
1.	Inventory at beginning of year:			1		00
2.	Purchases less cost of items withdrawn for personal u					00
3.	Cost of labor:					00
4.	Other costs:					00
5.	Total of lines 1, 2, 3, and 4:					00
6.	Inventory at end of year:					00
7.	Cost of goods sold. Subtract line 6 from line 5. (Enter					00
8a.	Check all methods used for valuing closing inventory:	nore and on page 1, mile	· •,·			
	(i) Cost					
	(ii) Lower of cost or market					
	(iii) Other: (Specify method used and attach expl	anation)				
b.	Check this box if there was a writedown of "subnorma				8h	
C.	Check this box if the LIFO inventory method was adop	•				_
d.	Do the rules of IRC section 263A (for property product		-			No
e.	Were there any changes in determining quantities, co-					
٠.	(If yes, attach explanation)	·		· ·	e TYes	No
	(i. you, allow on plantage)					
PA	RT II: BALANCE SHEET					
	ASSETS	BEGINNING	G OF YEAR	END C	F YEAR	
Cas	١					
Acc	ounts receivable					
Mi	nus allowance for bad debts					
Inve	ntories					
Gov	ernment obligations					
Othe	er current assets.					
Mor	gage and real estate loans					
Othe	er investments					
Build	lings and other depreciable assets					
Mi	nus accumulated depreciation					
Dep	etable assets.					
Mi	nus accumulated depletion					
Othe	er assets.					
TO	AL ASSETS					
	LIABILITIES AND CAPITAL	BEGINNING	OF YEAR	END C	F YEAR	
Acc	ounts payable					
Mor	gages, notes, and bonds payable					
	er current liabilities					
All n	on recourse loans					
Othe	er liabilities.					
Part	ners' capital accounts					
	AL LIABILITIES AND CAPITAL					
	Mail return to: State Inc	ome Tay P O Boy	2056 Little Ro	ock AR 72203-8056		



Tax year beginning, 20 and ending	, 20					
Final K-1 Amended K-1	Part III Arkansas Shareholder or Partner's Share of Current Year Income, Deductions, Credits, and					
	Other Items					
☐ Corporation ☐ Partnership	Distributive share allocated and apportioned to Arkansas	Distributive share to be reported by Arkansas Residents				
Part I Information About the Corporation or Partnership	1a Ordinary income (loss) 116,250	1b Ordinary income (loss) 232,500				
A Identification Number		· ·				
00-****10	2a Net rental real estate income (loss) 7,500	2b Net rental real estate income (loss) 10,000				
30- 10	3a Other net rental income (loss)	3b Other net rental income (loss)				
<b>B</b> Name, Address, City, State, Zip Code						
MULTI CORP, LLC	4a Interest income	4b Interest income				
1850 STONE		5,000				
LITTLE ROCK, AR 72203	5a Dividends	5b Dividends				
	2,500	2,500				
	6a Royalties	6b Royalties				
	7a Not short tarm conital rain (less)	7h Not short torm conital gain (loss)				
Part II Information About the Shareholder or Partner	7a Net short-term capital gain (loss)	7b Net short-term capital gain (loss)				
C Identification Number	8a Net long-term capital gain (loss)	8b Net long-term capital gain (loss)				
400-00-8549	9a Unrecaptured Section 1250 gain	9b Unrecaptured Section 1250 gain				
<b>D</b> Name, Address, City, State, Zip Code	10a Net Section 1231 gain (loss)	10b Net Section 1231 gain (loss)				
JACKSON STEWART	Tod Not Goodon 1201 gam (1666)	Too Not essuen 1201 gam (1888)				
159 MAIN STREET	11a Other income (loss)*	11b Other income (loss)*				
LITTLE ROCK, AR 72223	(****)	(****)				
	12a Guaranteed payments	12b Guaranteed payments				
	50,000	50,000				
	13a Section 179 deduction	13b Section 179 deduction				
E Arkansas resident X Yes No	12,500	12,500				
If a nonresident, provide state of legal residence.	14a Other deductions*	14b Other deductions*				
<b>F</b> Shareholder's Percentage of Stock Ownership for	15a Credits	15b Credits				
Tax Year	Toa Oreuns	TOD CITCUITS				
<b>G</b> Partner's Share of Profit, Loss, and Capital:	16a Items affecting shareholder basis	16b Items affecting shareholder basis				
Beginning Ending						
Profit 50.000000 % 50.000000 %	17a Other information*	17b Other information*				
Loss 50.000000 % 50.000000 %	18a Tax-exempt income and	18b Tax-exempt income and				
Capital 50.000000 % 50.000000 %	nondeductible expenses	nondeductible expenses				
H Arkansas Apportionment Percentage:	19a Distributions	19b Distributions				
<u>50.000000 %</u>	20a Arkansas withholding or other payments					
★ Attach statement with additional information						



Tax year beginning, 20 and ending	, 20	
Final K-1 Amended K-1		der or Partner's Share of ne, Deductions, Credits, and
☐ Corporation ☐ Partnership	Distributive share allocated and apportioned to Arkansas	Distributive share to be reported by Arkansas Residents
Part I Information About the Corporation or Partnership	1a Ordinary income (loss) 116,250	1b Ordinary income (loss)
A Identification Number  00-****10	2a Net rental real estate income (loss) 7,500	2b Net rental real estate income (loss)
B Name, Address, City, State, Zip Code	3a Other net rental income (loss)	3b Other net rental income (loss)
MULTI CORP, LLC 1850 STONE	4a Interest income	4b Interest income
LITTLE ROCK, AR 72203	5a Dividends 2,500	5b Dividends
	6a Royalties	6b Royalties
Part II Information About the Shareholder or Partner	7a Net short-term capital gain (loss)	7b Net short-term capital gain (loss)
C Identification Number	8a Net long-term capital gain (loss)	8b Net long-term capital gain (loss)
400-00-8559  D Name, Address, City, State, Zip Code	9a Unrecaptured Section 1250 gain	9b Unrecaptured Section 1250 gain
JOHN PRICE	10a Net Section 1231 gain (loss)	10b Net Section 1231 gain (loss)
38 ELVIS STREET MEMPHIS, TN 37501	11a Other income (loss)*	11b Other income (loss)*
	12a Guaranteed payments 50,000	12b Guaranteed payments
<b>E</b> Arkansas resident ☐ Yes ☒ No	13a Section 179 deduction <b>12,500</b>	13b Section 179 deduction
If a nonresident, provide state of legal residence. TN	14a Other deductions*	14b Other deductions*
F Shareholder's Percentage of Stock Ownership for  Tax Year	15a Credits	15b Credits
G Partner's Share of Profit, Loss, and Capital:  Beginning Ending	16a Items affecting shareholder basis	16b Items affecting shareholder basis
Profit 50.000000 % 50.000000 %	17a Other information*	17b Other information*
Loss         50.000000 %         50.000000 %           Capital         50.000000 %         50.000000 %	18a Tax-exempt income and nondeductible expenses	18b Tax-exempt income and nondeductible expenses
H Arkansas Apportionment Percentage:	19a Distributions	19b Distributions
50.000000 %_	20a Arkansas withholding or other payments	
★ Attach statement with additional information		

#### **Arkansas Test Case 11**

**Required Forms:** AR1050 & AR K-1

Company Name: Limited Corp, LLC

#### **P1**

## 2019 AR1050

#### ARKANSAS PARTNERSHIP INCOME TAX RETURN



lan 1.	- Dec. 31, 2019 or fiscal year b	eainnina	and endir	na		20				Software	יוו
Name			and cridii	9				Federa	Lider	ntification number	
l	MITED CORP LLC							● 00-*			
Addre								Type of			
	58 JOHNSON ST							туре о	Dus	111033	
City		State or provinc	<u> </u>	ZIP		Check if	address	is outsi	de U	S. Number of pa	tners
, ,	WPORT	• AR	C	● 72112		reign cour				• 1	uicis
		artnership energting	anly in Arkanaaa		NALIHIO	tata Darti	acrobin				
	IG STATUS: ● 1. ☐ P K ONLY ONE BOX)	artnership operating	only in Arkansas	3		tate Partr	•	n (Drior	writt	en approval requi	rod)
(6.1.26		lultistate Partnership	- Apportionment			Non-Bus		-			ieu)
Туре	of Canaral	Limitad	— Limitos	I Liability —						<u> </u>	
enti		● ☐ Limited Partnershi	p • X Limited	anv •		ed Liabilit ership	<sup>y</sup> •[		еі	<del></del>	
			- Copo	,			- h :6	k		filed a state	
Chec	k applicable box	al Return  Ame	nded Return	Final Return •						filed a state federal extens	sion
										rederar exteris	,,,,,,,
	Note: I	Attach complet	ed copy of Fe	deral Return	and S				urn	(7)	
		INCOME				(/	A) Total		_	(B) Arkansa	_
4. G	ross receipts or sales:				4			00	4		00
5. Co	ost of goods sold:				5			00	5		00
6. G	ross profit from business:				6			00	Ϋ́Ь		00
	come from other partnerships	•	•				100,0	00 00	´  -	50,00	00
8. Fa	arm income: (Attach schedule)				8			00	8		00
l	et gain (or loss) from Form 479							00	9		00
	ther income: (Attach schedule)							00			00
11. <b>T</b> c	otal Income: (Add lines 6 th				11		100,0	00 00	11	50,00	00
		DEDUCTIONS									
	alaries of employees:							00			00
13. G	uaranteed payments to partne	'S:			13			00	· -		00
14. R	ent on business property:				14			00			00
15. In	terest expense:				15			00			00
16. Ta	axes:				16			00	· -		00
17. Ba	ad debts: (Attach schedule)				17			00			00
18. Re	epairs:				18			00	·		00
	epreciation: (Attach schedule A	•						00	· -		00
20. De	epletion: (Attach schedule)				20			00			00
21. R	etirement plan, etc.: (Attach sc	hedule)			21			00			00
	ther deductions: (Attach sched	•						00	22		00
23. <b>T</b> o	otal Deductions: (Add lines	12 through 22)			23			00			00
24. <b>N</b>	et Income or loss: (Subtra	ct line 23 from line 1	1 or Schedule A par	rt III, line 9)	24	•	100,0	00 00	24	50,00	00
			PARTNERS' SHA				•				
	NAME OF PARTNER	ADDRESS	CITY	STATE	-	ZIP		I / FEIN	-	INCOME	
	RRY PRICE	<del>-</del>	SAVANNAH, TN 38					00-9911	_	25,00	
	COB PRICE	1920 PLEASANT	DRIVE, BENTON, A	AR 72015			400-	00-9921		25,00	_
C.											00
D.											00
E.											00
knov	er penalties of perjury, I dec vledge and belief, they are to ber) is based on all informati	rue, correct and co	mplete. Declaration	on of preparer (d							
	•					Date					
Please Sign Here	loighature of general partner c	in minica hability com	party member			Date					
= " +				IData				- Ir	TINI	/ID	
S	Preparer's signature			Date		Check if	leved [	ק ן'	- I IN/	ID number	
Paid Preparer's use only						self-emp	ioyea L				
eba	Firm's name (or yours if self-e	mployed) and addres	SS			EIN			-	the Arkansas Reve	
d Pr use						T.1. 1	_		Age	ncy discuss this re with the preparer?	urn
Pai						Telephor	ie		Γ	Yes X No	



	FEIN: 00	)-****11	
PART I: DEPRECIATION RECONCILIATION			
			$\overline{}$
1. Total federal depreciation (Line 22 of federal Form 4562 and depreciation included elsewhere)	1	•	00
2. Less: Federal Form 4562, line 25 and line 14 bonus depreciation	2	•	00
Add or subtract Arkansas depreciation adjustment (Attach schedule)	3	•	00
Arkansas total depreciation deduction	4	•	00
Less: Arkansas depreciation in cost of goods sold or elsewhere	5	•	00
6. Arkansas depreciation deduction (Enter here and on line 19, Form AR1050)	6	•	00
PART II: INCOME TO APPORTION			
Income (Enter amount from page 1, line 24, Total column)	1	•	<b>100,000</b> 00
2. Add adjustments (Attach schedule)	00		
3. Deduct adjustments (Attach schedule)	<b>100,000</b> 00		
4. TOTAL APPORTIONABLE INCOME (Enter here and continue to part III)	4	•	00



PART III: APPORTIONMENT FACTOR			
NOTE: If all factors in Part III are 100%, do not complete Columns (A), (B) OPERATING ONLY IN ARKANSAS and complete all appropriate li			RTNERSHIP
4. Draw anti-considire the annual continue of housiness in some	(A) Amounts in Arkansas	(B)	(C) Percentage (A)÷(B)
Property used in the production of business income:     a. Tangible assets used in business and inventories	Amounts in Arkansas	Total Amounts	Percentage (A)+(B)
-			
Less construction in progress  1. Amount at the beginning of year1	00	1 00	(Calculate to 6 places
Amount at the end of year	00	2 00	to the right of decimal. Fill in all spaces)
3. Total: (Add lines a1 and a2)	00	- <del> </del>	i iii iii dii opaceo)
4. Average tangible assets: (Line a3 divided by 2)4	00	-	999.999999 %
b. Rented property: (8 X net annual rent)b	00		(EXAMPLE)
c. Average value of intangible property:	00	c 00	(270 000 22)
(For financial institutions only - attach schedule)			
d. TOTAL PROPERTY: (Add Lines a4, b and c) d	00	d 00	d%
2. Salaries, wages, commissions and other compensation related to the p	production of income:		
a. TOTAL:a	00	а 00	а %
3. Sales / receipts:			
a. Destination shipped from within Arkansas: a	00		
b. Destination shipped from without Arkansas: b	00		
c. Origin shipped from within Arkansas to U. S. Govt: c	00		
d. Origin shipped from within Arkansas to			
Other non-taxable jurisdictions:	00		
e. Other business gross receipts: e (Interest, dividends, rents, gains, etc. Attach schedule)	00		
f. TOTAL SALES: (Add lines 3a through 3e) f	00	f 00	f %
g. Multiply column C, line 3f by 2 to doubleweight the sales factor (Final	ncial Institutions must use	single weighted factor)	g%
4. Sum of the percentages: (Single weighted: Add column C, lines 1d, 2a (Double weighted: Add column C, lines 1d,			4 %
(Double weighted: Add Column C, mes 14,			
*5. Percentage attributable to Arkansas: Line 4	%	Divided by* =	5 %
*For Part III, line 5, divide line 4 by the number of entries other than Note: An entry other than zero in part III, column B, line 3f, counts	•	on Part III, column B, line	es (1d), (2a), and (3f).
6. Income apportioned to Arkansas: (Multiply part II, line 4 by line 5)			6 • <b>0</b> 00
7. Add adjustments: (Attach schedule)			7 <b>50,000</b> 00
8. Deduct adjustments: (Attach schedule)			8 00
9. Income: (Enter here and on page 1, line 24, Arkansas column)			9 <b>50,000</b> 00



**Share Items** FEIN: 00-\*\*\*\*11 PART I: INCOME (LOSS) **Total Arkansas 100.000** 00 50.000 loo 1 00 00 Net rental real estate income (loss) (Attach federal Form 8825)......2 2 00 00 За 00 00 3b 00 00 Зс 10,000 00 5,000 00 4. Interest income......4 4 **10,000** 00 5,000 00 5 00 00 6 00 00 Net short-term capital gain (loss) (Attach federal Schedule D (Form 1065)).......7 7 **50,000** 00 50,000 00 8 8. Net long-term capital gain (loss) (Attach federal Schedule D (Form 1065))......8 00 009 00 00 10 10. 00 00 Other income (loss) (See Instructions) Type\_ 11 00 00 PART II: DEDUCTIONS 00 00 13 00 00 14 00 15 00 00 00 16 Other deductions (See instructions) Type PART III: OTHER INFORMATION 00 17a 00 00 17b 00 00 17c 00 00 18a 00 00 18b 00 00 19a 00 00 19b c. Other items and amounts (Attach statement).......19c 19c ANALYSIS OF NET INCOME (LOSS) 1. Net income (loss) (Combine Schedule K, lines 1 through 12. From the result, **110,000** 00 **170,000** 00 subtract the sum of Schedule K, lines 13 through 16)...... 1

Mail return to: State Income Tax, P. O. Box 8056, Little Rock, AR 72203-8056





				FEIN: 0	0-****11					
Α.	Check method of accounting									
	Cash Accrual	Other: (Specify)								
B.	Are any partners in this partnership also partnerships?	?			Yes	No				
C.	Is this partnership a partner in another partnership?				Yes	No				
PA	PART I: COST OF GOODS SOLD									
1.	Inventory at beginning of year:			1		00				
2.	Purchases less cost of items withdrawn for personal u	se:		2		00				
3.	Cost of labor:			3		00				
4.	Other costs:			4		00				
5.	Total of lines 1, 2, 3, and 4:			5		00				
6.	Inventory at end of year:			6		00				
7.	Cost of goods sold. Subtract line 6 from line 5. (Enter	here and on page 1, line	e 5):	7		00				
8a.	a. Check all methods used for valuing closing inventory:  (i) Cost (ii) Lower of cost or market (iii) Other: (Specify method used and attach explanation)									
b.	Check this box if there was a writedown of "subnorma				81	υП				
C.	Check this box if the LIFO inventory method was adop	•								
d.	Do the rules of IRC section 263A (for property produc					□No				
e.	Were there any changes in determining quantities, co			•	u 100					
٥.	(If yes, attach explanation)			•	e Yes	No				
PA	ASSETS	BEGINNING	G OF YEAR	END C	OF YEAR					
Cas	h									
Acc	ounts receivable									
Mi	nus allowance for bad debts									
Inve	ntories									
Gov	ernment obligations									
Othe	er current assets									
Mor	gage and real estate loans									
Othe	er investments									
Buil	dings and other depreciable assets									
Mi	nus accumulated depreciation									
Dep	letable assets									
Mi	nus accumulated depletion									
Othe	er assets.									
TO	TAL ASSETS.									
	LIABILITIES AND CAPITAL	BEGINNING	G OF YEAR	END C	OF YEAR					
Acc	ounts payable									
Mor	gages, notes, and bonds payable									
Othe	er current liabilities									
All n	on recourse loans									
Othe	er liabilities									
Part	ners' capital accounts.									
TO	TAL LIABILITIES AND CAPITAL									
	Mail return to: State Inc	nomo Toy D O Bo	v 9056   ittle De	ok AD 72202 9056						



Tax year beginning, 20 and ending	, 20	
Final K-1 Amended K-1		der or Partner's Share of ne, Deductions, Credits, and
☐ Corporation ☐ Partnership	Distributive share allocated and apportioned to Arkansas	Distributive share to be reported by Arkansas Residents
Part I Information About the Corporation or Partnership	1a Ordinary income (loss) 25,000	1b Ordinary income (loss)
A Identification Number	2a Net rental real estate income (loss)	2b Net rental real estate income (loss)
00-****11	3a Other net rental income (loss)	3b Other net rental income (loss)
B Name, Address, City, State, Zip Code	4a Interest income	4b Interest income
LIMITED CORP LLC 1458 JOHNSON ST	2,500	
NEWPORT, AR 72112	5a Dividends 2,500	5b Dividends
	6a Royalties	6b Royalties
Part II Information About the Shareholder or Partner	7a Net short-term capital gain (loss)	7b Net short-term capital gain (loss)
C Identification Number	8a Net long-term capital gain (loss) 25,000	8b Net long-term capital gain (loss)
400-00-9911	9a Unrecaptured Section 1250 gain	9b Unrecaptured Section 1250 gain
D Name, Address, City, State, Zip Code  JERRY PRICE	10a Net Section 1231 gain (loss)	10b Net Section 1231 gain (loss)
1822 CENTRAL SAVANNAH, TN 38372	11a Other income (loss)*	11b Other income (loss)*
	12a Guaranteed payments	12b Guaranteed payments
E Arkansas resident	13a Section 179 deduction	13b Section 179 deduction
If a nonresident, provide state of legal residence. TN	14a Other deductions*	14b Other deductions*
F Shareholder's Percentage of Stock Ownership for  Tax Year	15a Credits	15b Credits
G Partner's Share of Profit, Loss, and Capital:  Beginning Ending	16a Items affecting shareholder basis	16b Items affecting shareholder basis
Profit % %	17a Other information*	17b Other information*
Loss % % Capital % %	18a Tax-exempt income and nondeductible expenses	18b Tax-exempt income and nondeductible expenses
H Arkansas Apportionment Percentage:	19a Distributions	19b Distributions
<u> </u>	20a Arkansas withholding or other payments	
* Attach statement with additional information		



Tax year beginning, 20 and ending	, 20					
	Part III Arkansas Shareholder or Partner's Share of					
Final K-1 Amended K-1	Current Year Income, Deductions, Credits, and					
	Other Items	Distribution about to be usuality				
Corporation X Partnership	Distributive share allocated and apportioned to Arkansas	Distributive share to be reported by Arkansas Residents				
Part I Information About the Corporation or	1a Ordinary income (loss)	1b Ordinary income (loss)				
Partnership	25,000	50,000				
A Identification Number	2a Net rental real estate income (loss)	2b Net rental real estate income (loss)				
	, ,	, ,				
00-****11	3a Other net rental income (loss)	3b Other net rental income (loss)				
B Name, Address, City, State, Zip Code		os curer necreman meeme (1888)				
	4a Interest income	4b Interest income				
LIMITED CORP LLC	2,500	5,000				
1458 JOHNSON ST	,	,				
NEWPORT, AR 72112	5a Dividends	5b Dividends				
	2,500	5,000				
	6a Royalties	6b Royalties				
Part II Information About the Shareholder or	7a Net short-term capital gain (loss)	7b Net short-term capital gain (loss)				
Partner						
C Identification Number	8a Net long-term capital gain (loss)	8b Net long-term capital gain (loss)				
	25,000	25,000				
400-00-9921	9a Unrecaptured Section 1250 gain	9b Unrecaptured Section 1250 gain				
D Name, Address, City, State, Zip Code	1					
P Name, Address, Oity, Otate, 21p code	10a Net Section 1231 gain (loss)	10b Net Section 1231 gain (loss)				
JACOB PRICE						
1920 PLEASANT DRIVE	11a Other income (loss)*	11b Other income (loss)*				
BENTON, AR 72015						
	12a Guaranteed payments	12b Guaranteed payments				
	The Guaranteed payments	125 Garamood paymonto				
	13a Section 179 deduction	13b Section 179 deduction				
E Arkansas resident X Yes No	13a Section 179 deduction	13b Section 179 deduction				
E / III AII Sala Posidorit	44-04	4.4h Oth an all durations*				
If a nonresident, provide state of legal residence.	14a Other deductions*	14b Other deductions*				
F Shareholder's Percentage of Stock Ownership for						
Tax Year <b>50.000000</b> %_	15a Credits	15b Credits				
Tax Year <b>50.000000</b> %_						
<b>G</b> Partner's Share of Profit, Loss, and Capital:	16a Items affecting shareholder basis	16b Items affecting shareholder basis				
Beginning Ending						
Profit %	17a Other information*	17b Other information*				
Loss % %	18a Tax-exempt income and	18b Tax-exempt income and				
Capital % %	nondeductible expenses	nondeductible expenses				
H Arkansas Apportionment Percentage:	19a Distributions	19b Distributions				
<u> </u>	20a Arkansas withholding or other					
* Attach statement with additional information	payments					
* Attaon Statement with additional information	1					

#### **Arkansas Test Case 12**

**Required Forms:** AR1050 & AR K-1

Company Name: General Corp, LLC

#### **P1**

## 2019 AR1050

#### ARKANSAS PARTNERSHIP INCOME TAX RETURN



	ONE TAX RETURN									So	ftware ID
	- Dec. 31, 2019 or fiscal year beg	inning	and endir	ng		20				•	
Name  ● GENERAL CORP, LLC							- 1		identi:	ication	number
• 181	ess 18 LOCUST ST								busin		
City • LIT	TLE ROCK	State or province • AR		ZIP ● <b>72209</b>	Fo	Check if a	address is ry name	outsio	de U.S	Numb	er of partners
FILIN	IG STATUS: ● 1. 🔲 Par	tnership operating only	in Arkansas		3. Multis	tate Partne	ership				
(CHEC	K ONLY ONE BOX)	tistate Partnership - App			• <u> </u>	Direct Aco Non-Busi	•	-		ı approv	val required)
Type enti		● ☐ Limited Partnership	Limited     Compa	I Liability any		ed Liability ership	•	Othe	er		
Chec	ck applicable box • Initial	Return <b>●</b> Amended	Return •	Final Return		eck this tension					state extension
	Note: At	tach completed o	copy of Fe	deral Retur	rn and S	Sign Ark	cansas	Retu	ırn		
		INCOME				(A)	) Total			(B) A	rkansas
4. G	ross receipts or sales:				4			00	4		00
	ost of goods sold:							00	5		00
6. G	ross profit from business:				6			00	6		00
	come from other partnerships or							00	7		00
	arm income: (Attach schedule)							00	8		00
	et gain (or loss) from Form 4797:							00	9		00
	ther income: (Attach schedule)							00			00
11. <b>T</b> (	otal Income: (Add lines 6 thro				11			00	11		00
10.0		DEDUCTIONS				1		Tool			- lo
	alaries of employees:							00	_		00
	uaranteed payments to partners:							00	_		00
	ent on business property:							00	_		00
	terest expense:							00	_		00
	axes:							00	_		00
	ad debts: (Attach schedule)							00	_		00
l	epairs:epreciation: <b>(Attach schedule A p</b>							00	_		00
l	epletion: (Attach schedule)							00	_		00
l								00	_		00
l .	etirement plan, etc.: (Attach sche							00	_		00
	ther deductions: (Attach schedulotal Deductions: (Add lines 1:							00	<sup>22</sup>		00
	et Income or loss: (Subtract					•		<b>o</b> 00	24		<b>0</b> 00
				RES OF INC		1.			27   0		
	NAME OF PARTNER	ADDRESS	CITY	STATE		ZIP	SSN /	FEIN		IN	COME
A. JAS	SON ALLEN	147 JONES DR, LITTLI	E ROCK, AR 7	72212			400-00	)-5512			0 00
B. JE	FFERY DANIELS	148 JONES DR, LITTLI	E ROCK, AR 7	72212			400-00	-5522			<b>0</b> 00
C.											00
D.											00
E.											00
knov	er penalties of perjury, I decla wledge and belief, they are tru hber) is based on all informatio	e, correct and comple	te. Declarati	on of prepare							
Please Sign Here	Signature of general partner or I	imited liability company	member			Date					
	Preparer's signature			Date		Check if self-emplo	oyed	]	TIN/IE	) numbe	er
Paid Preparer's use only	Firm's name (or yours if self-em	ployed) and address				EIN			Agend	y discus	sas Revenue ss this return reparer?
Pai						Telephone	9		X		No



<del>-</del>	FEIN: 0	0-****12	
PART I: DEPRECIATION RECONCILIATION			
Total federal depreciation (Line 22 of federal Form 4562 and depreciation included elsewhere)	1	•	00
Less: Federal Form 4562, line 25 and line 14 bonus depreciation	2	•	00
Add or subtract Arkansas depreciation adjustment (Attach schedule)	3	•	00
Arkansas total depreciation deduction	4	•	00
Less: Arkansas depreciation in cost of goods sold or elsewhere	5	•	00
6. Arkansas depreciation deduction (Enter here and on line 19, Form AR1050)	6	•	00
PART II: INCOME TO APPORTION			
TAKT II. INCOME TO ALL OKTION			
1. Income (Enter amount from page 1, line 24, Total column)	1	•	<b>0</b> 00
2. Add adjustments (Attach schedule)	00		
3. Deduct adjustments (Attach schedule)	00		
4. TOTAL APPORTIONABLE INCOME (Enter here and continue to part III)	4	•	0 00



PART III: APPORTIONMENT FACTOR			
NOTE: If all factors in Part III are 100%, do not complete Columns (A), (B) OPERATING ONLY IN ARKANSAS and complete all appropriate li			RTNERSHIP
OPERATING ONLY IN ARRANGAS and complete all appropriate if	(A)	(B)	(C)
1. Property used in the production of business income:	Amounts in Arkansas	Total Amounts	Percentage (A)÷(B)
a. Tangible assets used in business and inventories			
Less construction in progress			
1. Amount at the beginning of year 1	00	1 00	(Calculate to 6 places to the right of decimal.
2. Amount at the end of year 2	00	2 00	Fill in all spaces)
3. Total: (Add lines a1 and a2)	00	3 00	-
4. Average tangible assets: (Line a3 divided by 2)4	00	4 00	999.999999 %
b. Rented property: (8 X net annual rent)b	00	b 00	(EXAMPLE)
c. Average value of intangible property:	00	c00	
d. TOTAL PROPERTY: (Add Lines a4, b and c) d	00	d 00	d %
Salaries, wages, commissions and other compensation related to the p	production of income:		
a. TOTAL:a	00	а 00	a %
3. Sales / receipts:			
a. Destination shipped from within Arkansas: a	00		
b. Destination shipped from without Arkansas: b	00		
c. Origin shipped from within Arkansas to U. S. Govt: c	00		
d. Origin shipped from within Arkansas to			
Other non-taxable jurisdictions:	00		
e. Other business gross receipts: e (Interest, dividends, rents, gains, etc. Attach schedule)	00		1
f. TOTAL SALES: (Add lines 3a through 3e) f	00	f 00	J '
g. Multiply column C, line 3f by 2 to doubleweight the sales factor (Fina	ncial Institutions must use	single weighted factor)	.g%
4. Sum of the percentages: (Single weighted: Add column C, lines 1d, 2a	-		4 %
(Double weighted: Add column C, lines 1d			. 4
*5. Percentage attributable to Arkansas: Line 4	%	Divided by* =	5 %
*For Part III, line 5, divide line 4 by the number of entries other than Note: An entry other than zero in part III, column B, line 3f, counts	•	on Part III, column B, lin	es (1d), (2a), and (3f).
6. Income apportioned to Arkansas: (Multiply part II, line 4 by line 5)			. 6 • 0 00
7. Add adjustments: (Attach schedule)			. 7 00
8. Deduct adjustments: (Attach schedule)			. 8 00
9. Income: (Enter here and on page 1, line 24, Arkansas column)			9 00



FEIN: 00-\*\*\*\*12 PART I: INCOME (LOSS) **Total Arkansas** 00 00 1 00 00 Net rental real estate income (loss) (Attach federal Form 8825)......2 2 00 00 За 00 00 3b 00 00 Зс **25,000** 00 4,000 00 4. Interest income......4 4 10.000 **10,000** 00 00 5 20,000 **30,000** 00 00 6 00 00 Net short-term capital gain (loss) (Attach federal Schedule D (Form 1065)).......7 00 00 8 8. Net long-term capital gain (loss) (Attach federal Schedule D (Form 1065))......8 00 00 9 00 00 10 10. 00 00 Other income (loss) (See Instructions) Type\_ 11 00 00 PART II: DEDUCTIONS 13 **10,000** 00 10,000 00 14 00 15 00 00 00 16 Other deductions (See instructions) Type PART III: OTHER INFORMATION 00 17a 00 00 17b 00 00 17c 00 00 18a 00 00 18b 00 00 19a 00 00 19b c. Other items and amounts (Attach statement).......19c 19c ANALYSIS OF NET INCOME (LOSS) 1. Net income (loss) (Combine Schedule K, lines 1 through 12. From the result, **55,000** 00 **24,000** 00 subtract the sum of Schedule K, lines 13 through 16)...... 1 Mail return to: State Income Tax, P. O. Box 8056, Little Rock, AR 72203-8056





		FEIN: 00	)-****12
A. Check method of accounting			
Cash	Other: (Specify)		
B. Are any partners in this partnership also partnerships	?		Yes No
C. Is this partnership a partner in another partnership?			Yes No
PART I: COST OF GOODS SOLD			
Inventory at beginning of year:		1	(
Purchases less cost of items withdrawn for personal items.			(
3. Cost of labor:			(
4. Other costs:			(
5. Total of lines 1, 2, 3, and 4:		5	(
6. Inventory at end of year:			(
7. Cost of goods sold. Subtract line 6 from line 5. (Enter			(
8a. Check all methods used for valuing closing inventory:			-
∏(i) Cost			
(ii) Lower of cost or market			
(iii) Other: (Specify method used and attach exp	olanation)	_	
b. Check this box if there was a writedown of "subnorma			8b
c. Check this box if the LIFO inventory method was add	pted this tax year for any goods (If checked,	attach IRS Form 970)	8c
d. Do the rules of IRC section 263A (for property produ	ced or acquired for resale) apply to the partr	nership?8	d Yes No
e. Were there any changes in determining quantities, co	ost, or valuations between opening and closin	ng inventories?	
(If yes, attach explanation)		86	e Yes No
PART II: BALANCE SHEET			
ASSETS	BEGINNING OF YEAR	END C	F YEAR
Cash			
Accounts receivable.			
Minus allowance for bad debts.			
Inventories.			
Government obligations.			
Other current assets.			
Mortgage and real estate loans.			
Other investments.			
Buildings and other depreciable assets.			
Minus accumulated depreciation.			
Depletable assets.			
Minus accumulated depletion.			
Other assets.			
TOTAL ASSETS.	DECIMINIO OF VEAD	END O	
LIABILITIES AND CAPITAL	BEGINNING OF YEAR	END C	F YEAR
Accounts payable.			-
Mortgages, notes, and bonds payable.			
Other current liabilities.			<del>                                     </del>
All non recourse loans.			
Other liabilities.			
Partners' capital accounts.			
Partners' capital accounts.  TOTAL LIABILITIES AND CAPITAL	come Tax, P. O. Box 8056, Little Ro		



Tax year beginning, 20 and ending	, 20					
Final K-1 Amended K-1	Part III Arkansas Shareholder or Partner's Share of Current Year Income, Deductions, Credits, and Other Items					
☐ Corporation ☐ Partnership	Distributive share allocated and apportioned to Arkansas	Distributive share to be reported by Arkansas Residents				
Part I Information About the Corporation or Partnership	1a Ordinary income (loss)	1b Ordinary income (loss)				
A Identification Number	2a Net rental real estate income (loss)	2b Net rental real estate income (loss)				
00-****12	3a Other net rental income (loss)	3b Other net rental income (loss)				
B Name, Address, City, State, Zip Code  GENERAL CORP, LLC	4a Interest income	4b Interest income				
1818 LOCUST ST LITTLE ROCK, AR 72209	2,000 5a Dividends	12,500  5b Dividends				
	5,000	5,000				
	6a Royalties 10,000	6b Royalties 15,000				
Part II Information About the Shareholder or Partner	7a Net short-term capital gain (loss)	7b Net short-term capital gain (loss)				
C Identification Number	8a Net long-term capital gain (loss)	8b Net long-term capital gain (loss)				
400-00-5512	9a Unrecaptured Section 1250 gain	9b Unrecaptured Section 1250 gain				
D Name, Address, City, State, Zip Code  JASON ALLEN	10a Net Section 1231 gain (loss)	10b Net Section 1231 gain (loss)				
147 JONES DR. LITTLE ROCK, AR 72212	11a Other income (loss)*	11b Other income (loss)*				
	12a Guaranteed payments	12b Guaranteed payments				
E Arkansas resident ☒ Yes ☐ No	13a Section 179 deduction	13b Section 179 deduction				
If a nonresident, provide state of legal residence.	14a Other deductions* 5,000	14b Other deductions* 5,000				
F Shareholder's Percentage of Stock Ownership for  Tax Year	15a Credits	15b Credits				
G Partner's Share of Profit, Loss, and Capital:  Beginning Ending	16a Items affecting shareholder basis	16b Items affecting shareholder basis				
Profit % %	17a Other information*	17b Other information*				
Loss % % Capital % %	18a Tax-exempt income and nondeductible expenses	18b Tax-exempt income and nondeductible expenses				
H Arkansas Apportionment Percentage:	19a Distributions	19b Distributions				
<u> </u>	20a Arkansas withholding or other payments					
* Attach statement with additional information						



Tax year beginning, 20 and ending	, 20					
Final K-1 Amended K-1	Part III Arkansas Shareholder or Partner's Share of					
	Current Year Income, Deductions, Credits, Other Items					
☐ Corporation ☐ Partnership	Distributive share allocated and apportioned to Arkansas	Distributive share to be reported by Arkansas Residents				
Part I Information About the Corporation or	1a Ordinary income (loss)	1b Ordinary income (loss)				
Partnership						
A Identification Number	2a Net rental real estate income (loss)	2b Net rental real estate income (loss)				
	, ,	, ,				
00-****12	3a Other net rental income (loss)	3b Other net rental income (loss)				
<b>B</b> Name, Address, City, State, Zip Code	oa Other Het rental income (loss)	35 Other het rental income (1033)				
Warne, Address, Oily, Glate, Zip Gode	As listen at income	di latana di ana				
GENERAL CORP, LLC	4a Interest income	4b Interest income				
1818 LOCUST ST	2,000	12,500				
LITTLE ROCK, AR 72209	5a Dividends	5b Dividends				
	5,000	5,000				
	6a Royalties	6b Royalties				
	10,000	15,000				
Don't II Just annualis and Alexandella Charachaldan an	7a Net short-term capital gain (loss)	7b Net short-term capital gain (loss)				
Part II Information About the Shareholder or Partner						
C Identification Number	8a Net long-term capital gain (loss)	8b Net long-term capital gain (loss)				
O Identification (Variable)						
400-00-5522	9a Unrecaptured Section 1250 gain	9b Unrecaptured Section 1250 gain				
	- Sa officeaptared decision 1200 gain	35 Officeaptared Section 1200 gain				
<b>D</b> Name, Address, City, State, Zip Code	40- Not Costion 4024 main (loca)	40h Nat Castian 4004 main (lass)				
JEFFERY DANIELS	10a Net Section 1231 gain (loss)	10b Net Section 1231 gain (loss)				
147 JONES DR.						
LITTLE ROCK, AR 72212	11a Other income (loss)*	11b Other income (loss)*				
,						
	12a Guaranteed payments	12b Guaranteed payments				
	13a Section 179 deduction	13b Section 179 deduction				
E Arkansas resident X Yes No						
If a nonrecident, provide state of local recidence	14a Other deductions*	14b Other deductions*				
If a nonresident, provide state of legal residence.	5,000	5,000				
<b>F</b> Shareholder's Percentage of Stock Ownership for	15a Credits	15b Credits				
Tax Year50.000000 %	loa Grodito	100 0.00.10				
	16a Items affecting shareholder basis	16b Items affecting shareholder basis				
<b>G</b> Partner's Share of Profit, Loss, and Capital:	Toa items affecting shareholder basis	Tob items affecting shareholder basis				
Beginning Ending	17a Other information*	47h Othan information*				
Profit % %	17a Other Information*	17b Other information*				
Loss % %						
Capital % %	18a Tax-exempt income and nondeductible expenses	18b Tax-exempt income and nondeductible expenses				
<u>Capitai</u> /0 /0						
H Arkansas Apportionment Percentage:	100 Diotributions	10h Dietrikutiess				
TT TRACTICAS APPORTUNITIONE L'ELOCHICAGE.	19a Distributions	19b Distributions				
<u> </u>	20a Arkansas withholding or other payments					
* Attach statement with additional information	1					
1	Í.					

#### **Arkansas Test Case 13**

#### AMENDED INCOME TAX RETURN

**Required Forms:** AR1050 & AR K-1

**Company Name:** Easy Corp, LLC

#### **P1**

## 2019 AR1050

#### ARKANSAS PARTNERSHIP INCOME TAX RETURN



lan 1	- Dec. 31, 2019 or fiscal year be	aginning	and endir	ng		20				Softwar	e ib
Name		<u> </u>	and endi	<u> </u>		20	Te	o do ro	lidor	ntification numbe	
● EASY CORP, LLC						● 00-****13					
Addre	ess 57 COOPER STREET						Т	Type of business			
City • LIT	TLE ROCK	State or province • AR		ZIP ● <b>72203</b>		Check if reign coun		outsi	ide U	.S. Number of p	artners
FILIN	IG STATUS: ● 1. 🗵 Pa	artnership operating or	nly in Arkansas		3. Multis	tate Partr	nership			•	
(CHEC	K ONLY ONE BOX)	ultistate Partnership -			• 🗆		ccounting			t <mark>en approval req</mark> ı y	uired)
	Type of entity       ● ☐ General Partnership       ● ☐ Limited Liability Company       ● ☐ Limited Liability Partnership       ● ☐ Company       □ Company <td< td=""></td<>										
Chec	Check applicable box ● Initial Return ● X Amended Return ● Final Return ■ Check this box if you have filed a state extension or an automatic federal extension										
	Note: A	Attach complete	d copy of Fe	deral Return	and S	Sign Ar	kansas	Ret	urn		
		INCOME				(/	A) Total			(B) Arkans	as
4. G	ross receipts or sales:				4		90,00	<b>0</b> 00	4	90,0	000 000
5. C	ost of goods sold:				5		10,00	<b>0</b> 00	5	10,0	000 00
6. G	ross profit from business:				6		80,00	<b>0</b> 00	6	80,0	000 00
7. ln	come from other partnerships of	or fiduciaries: (Attach s	schedule)		7			00	7 [		00
8. Fa	arm income: (Attach schedule)				8			00	8 [		00
9. N	et gain (or loss) from Form 479	7: (Attach schedule)			9			00	9 [		00
10. O	ther income: (Attach schedule)				10			00	10		00
11. <b>T</b> e	otal Income: (Add lines 6 thr	ough 10)			11		80,00	<b>0</b> 00	11	80,0	00 00
		DEDUCTIONS				_					
12. Sa	alaries of employees:				12		20,00			20,	000 00
13. G	uaranteed payments to partner	s:			13		10,00	_		10,0	00 00
14. R	ent on business property:				14			_	14		00
15. In	terest expense:				15			_	15		00
16. Ta	axes:				16			_	16		00
17. Ba	ad debts: (Attach schedule)				17			_	17		00
18. R	epairs:				18				18		00
	epreciation: (Attach schedule A	•					10,00	_		10,0	000 00
20. D	epletion: (Attach schedule)				20			$\overline{}$	20		00
21. R	etirement plan, etc.: (Attach scl	1edule)			21			00			00
	ther deductions: (Attach sched	•						00	22		00
	otal Deductions: (Add lines				23		40,00				000 00
24. <b>N</b>	et Income or loss: (Subtrac			, , , , , , , , , , , , , , , , , , , ,	24	•	40,00	0 00	24	• 40,0	000 00
		_		RES OF INCO					. 1		
. 10	NAME OF PARTNER	ADDRESS	CITY	STATE		ZIP	SSN /		-	INCOME	
	E COOPER	123 MAIN STREET,					400-00		_		00 00
	CK BOWER	125 2ND STREET, I	DALLAS, IX 7500	J'I			400-00	J-992 <i>i</i>	,	20,0	00 00
C.		+							-		00
D. E.		_									00
Unde	er penalties of perjury, I decl vledge and belief, they are tr	ue, correct and com	plete. Declaration	on of preparer (d							f my
l .	nber) is based on all informat			leage.							
Please Sign Here	Signature of general partner o	r limited liability compa	any member			Date					
	Preparer's signature			Date		Check if self-emp	loyed	ן נ	PTIN	/ID number	
par	Firm's name (or yours if self-e	mployed) and address	;	•		EIN		$\neg$	May	the Arkansas Rev	/enue
Pre									Age	ency discuss this	
Paid Preparer's use only						Telephon	ne			with the preparer	
ı	I							- 1	- 1	Yes X N	0



FEIN: 00-\*\*\*\*13 PART I: DEPRECIATION RECONCILIATION 5.000 00 00 5,000 00 10,000 00 10,000 00 6. Arkansas depreciation deduction (Enter here and on line 19, Form AR1050)..... PART II: INCOME TO APPORTION 0 00 1. Income (Enter amount from page 1, line 24, Total column)..... 00 3. Deduct adjustments (Attach schedule)..... 00 00 4. TOTAL APPORTIONABLE INCOME (Enter here and continue to part III)......



PART III: APPORTIONMENT FACTOR			
	(0) 7		
NOTE: If all factors in Part III are 100%, do not complete Columns (A), (B) OPERATING ONLY IN ARKANSAS and complete all appropriate lii			ARTNERSHIP
	(0)	(B)	(0)
Property used in the production of business income:	<b>(A)</b> Amounts in Arkansas	<b>(B)</b> Total Amounts	(C) Percentage (A)÷(B)
a. Tangible assets used in business and inventories			
Less construction in progress			
1. Amount at the beginning of year 1	00	1 00	(Calculate to 6 places to the right of decimal.
2. Amount at the end of year	00	2 00	Fill in all spaces)
3. Total: (Add lines a1 and a2)	00	3 00	
4. Average tangible assets: (Line a3 divided by 2)4	00	4 00	999.999999 %
b. Rented property: (8 X net annual rent)b	00	ь 00	(EXAMPLE)
c. Average value of intangible property:c (For financial institutions only - attach schedule)	00		-
d. TOTAL PROPERTY: (Add Lines a4, b and c) d	00	d00	) d
2. Salaries, wages, commissions and other compensation related to the p	roduction of income:		
a. TOTAL:a	00	a 00	) a%
3. Sales / receipts:			
a. Destination shipped from within Arkansas:	00		
b. Destination shipped from without Arkansas: b	00		
c. Origin shipped from within Arkansas to U. S. Govt: c	00		
d. Origin shipped from within Arkansas to			
Other non-taxable jurisdictions: d	00		
e. Other business gross receipts: e (Interest, dividends, rents, gains, etc. Attach schedule)	00		1 — — — — — — — — — — — — — — — — — — —
f. TOTAL SALES: (Add lines 3a through 3e) f	00	f 00	0 f
g. Multiply column C, line 3f by 2 to doubleweight the sales factor (Final	ncial Institutions must use	single weighted factor)	g %
4. Sum of the percentages: (Single weighted: Add column C, lines 1d, 2a (Double weighted: Add column C, lines 1d,			4 %
(Double Weighted: Add Column C, mes 14,	_	. —	7
*5. Percentage attributable to Arkansas: Line 4	%	Divided by*	= 5   %
*For Part III, line 5, divide line 4 by the number of entries other than Note: An entry other than zero in part III, column B, line 3f, counts	•	on Part III, column B, lir	nes (1d), (2a), and (3f).
6. Income apportioned to Arkansas: (Multiply part II, line 4 by line 5)			6 • 00
7. Add adjustments: (Attach schedule)			7
8. Deduct adjustments: (Attach schedule)			8 00
9. Income: (Enter here and on page 1, line 24, Arkansas column)			. 9 00



**Share Items** FEIN: 00-\*\*\*\*13 PART I: INCOME (LOSS) **Total Arkansas 40.000** 00 **40.000** 00 1 **10,000** 00 10,000 00 Net rental real estate income (loss) (Attach federal Form 8825)......2 2 00 За 00 00 3b 00 00 Зс **5,000** 00 5,000 00 4. Interest income......4 4 **5,000** 00 5,000 00 5 00 00 6 00 00 Net short-term capital gain (loss) (Attach federal Schedule D (Form 1065)).......7 00 00 8 8. Net long-term capital gain (loss) (Attach federal Schedule D (Form 1065))......8 00 00 9 00 00 10 10. 00 00 Other income (loss) (See Instructions) Type\_ 11 **10,000** 00 **10.000** 00 PART II: DEDUCTIONS 00 13 00 00 14 00 15 00 00 00 16 Other deductions (See instructions) Type PART III: OTHER INFORMATION 00 17a 00 00 17b 00 00 17c 00 00 18a 00 00 18b 00 00 19a 00 00 19b c. Other items and amounts (Attach statement).......19c 19c ANALYSIS OF NET INCOME (LOSS) 1. Net income (loss) (Combine Schedule K, lines 1 through 12. From the result, **70,000** 00 **70,000** 00 subtract the sum of Schedule K, lines 13 through 16)...... 1

Mail return to: State Income Tax, P. O. Box 8056, Little Rock, AR 72203-8056





				FEIN: 00	)-****13		
A.	Check method of accounting			•			
	Cash Accrual Othe	er: (Specify)			_	_	
	Are any partners in this partnership also partnerships?				Yes	No	
C.	Is this partnership a partner in another partnership?				Yes	No	
PA	RT I: COST OF GOODS SOLD						
1.	Inventory at beginning of year:			1		00	
2.	Purchases less cost of items withdrawn for personal use:			2		00	
3.	Cost of labor:			3		00	
	Other costs:			ľ		00	
	Total of lines 1, 2, 3, and 4:			ī		00	
	Inventory at end of year:			r		00	
	Cost of goods sold. Subtract line 6 from line 5. (Enter here and	l on page 1, line	ə <b>5)</b> :	7 [		Juc	
b. c. d. e.	c. Check this box if the LIFO inventory method was adopted this tax year for any goods (If checked, attach IRS Form 970)						
	(If yes, attach explanation)			8e	Yes	No	
PA	RT II: BALANCE SHEET						
	ASSETS	BEGINNING	G OF YEAR	END O	F YEAR		
Cash	1				_		
	ounts receivable.						
Min	nus allowance for bad debts.						
	ntories.						
	ernment obligations.				_		
	er current assets.				-		
`	gage and real estate loans						
	lings and other depreciable assets.						
	nus accumulated depreciation.						
	etable assets.						
	nus accumulated depletion.						
	er assets.						
	AL ASSETS.						
	LIABILITIES AND CAPITAL	BEGINNING	G OF YEAR	END O	F YEAR		
Acco	ounts payable.						
	gages, notes, and bonds payable						
Othe	er current liabilities.						
All no	on recourse loans.						
Othe	er liabilities.						
Partr	ners' capital accounts.						
TOT	AL LIABILITIES AND CAPITAL						
	Mail return to: State Income T	av P O Bo	x 8056 Little Rock	ΔR 72203_8056			



Tax year beginning, 20 and ending	, 20		
Final K-1 Amended K-1	Part III Arkansas Shareholder or Partner's Share of Current Year Income, Deductions, Credits, and Other Items		
☐ Corporation ☐ Partnership	Distributive share allocated and apportioned to Arkansas	Distributive share to be reported by Arkansas Residents	
Part I Information About the Corporation or Partnership	1a Ordinary income (loss) 20,000	1b Ordinary income (loss) 20,000	
A Identification Number  00-****13	2a Net rental real estate income (loss) 5,000	2b Net rental real estate income (loss) 5,000	
<b>B</b> Name, Address, City, State, Zip Code	3a Other net rental income (loss)	3b Other net rental income (loss)	
EASY CORP, LLC 1357 COOPER STREET	4a Interest income 2,500	4b Interest income 2,500	
LITTLE ROCK, AR 72203	5a Dividends 2,500	5b Dividends 2,500	
	6a Royalties	6b Royalties	
Part II Information About the Shareholder or Partner	- 7a Net short-term capital gain (loss)	7b Net short-term capital gain (loss)	
C Identification Number	8a Net long-term capital gain (loss)	8b Net long-term capital gain (loss)	
400-00-9917  D Name, Address, City, State, Zip Code	9a Unrecaptured Section 1250 gain	9b Unrecaptured Section 1250 gain	
JOE COOPER	10a Net Section 1231 gain (loss)	10b Net Section 1231 gain (loss)	
123 MAIN STREET LITTLE ROCK, AR 72203	11a Other income (loss)*	11b Other income (loss)*	
	12a Guaranteed payments 5,000	12b Guaranteed payments 5,000	
E Arkansas resident	13a Section 179 deduction	13b Section 179 deduction	
If a nonresident, provide state of legal residence.	14a Other deductions*	14b Other deductions*	
F Shareholder's Percentage of Stock Ownership for  Tax Year	15a Credits	15b Credits	
G Partner's Share of Profit, Loss, and Capital:  Beginning Ending	16a Items affecting shareholder basis	16b Items affecting shareholder basis	
Profit 50.000000 % 50.000000 %	17a Other information*	17b Other information*	
Loss         50.000000 %         50.000000 %           Capital         50.000000 %         50.000000 %	18a Tax-exempt income and nondeductible expenses	18b Tax-exempt income and nondeductible expenses	
H Arkansas Apportionment Percentage:	19a Distributions	19b Distributions	
100.000000 %	20a Arkansas withholding or other payments		
* Attach statement with additional information			



Tax year beginning, 20 and ending	, 20	
Final K-1 Amended K-1	Part III Arkansas Shareholder or Partner's Share of Current Year Income, Deductions, Credits, and Other Items	
☐ Corporation ☐ Partnership	Distributive share allocated and apportioned to Arkansas	Distributive share to be reported by Arkansas Residents
Part I Information About the Corporation or Partnership	1a Ordinary income (loss) 20,000	1b Ordinary income (loss)
A Identification Number  00-****13	2a Net rental real estate income (loss) 5,000	2b Net rental real estate income (loss)
B Name, Address, City, State, Zip Code	3a Other net rental income (loss)	3b Other net rental income (loss)
EASY CORP, LLC 1357 COOPER STREET	4a Interest income 2,500	4b Interest income
LITTLE ROCK, AR 72203	5a Dividends 2,500	5b Dividends
	6a Royalties	6b Royalties
Part II Information About the Shareholder or Partner	- 7a Net short-term capital gain (loss)	7b Net short-term capital gain (loss)
C Identification Number	8a Net long-term capital gain (loss)	8b Net long-term capital gain (loss)
400-00-9927	9a Unrecaptured Section 1250 gain	9b Unrecaptured Section 1250 gain
D Name, Address, City, State, Zip Code  JACK BOWER	10a Net Section 1231 gain (loss)	10b Net Section 1231 gain (loss)
125 2ND STREET DALLAS, TX 75001	11a Other income (loss)*	11b Other income (loss)*
	12a Guaranteed payments 5,000	12b Guaranteed payments
E Arkansas resident ☐ Yes ☒ No	13a Section 179 deduction	13b Section 179 deduction
If a nonresident, provide state of legal residence. TX	14a Other deductions*	14b Other deductions*
F Shareholder's Percentage of Stock Ownership for  Tax Year	15a Credits	15b Credits
G Partner's Share of Profit, Loss, and Capital:  Beginning Ending	16a Items affecting shareholder basis	16b Items affecting shareholder basis
Profit 50.000000 % 50.000000 %	17a Other information*	17b Other information*
Loss         50.000000 %         50.000000 %           Capital         50.000000 %         50.000000 %	18a Tax-exempt income and nondeductible expenses	18b Tax-exempt income and nondeductible expenses
H Arkansas Apportionment Percentage:	19a Distributions	19b Distributions
100.000000 <u>%</u>	20a Arkansas withholding or other payments	
★ Attach statement with additional information		

# Fiduciary Income Tax Returns

**Required Forms:** AR1002F, AR4FID, AR1002-TC, AR K-1FE &

AR1099-PT

**Name of estate or trust:** Savannah's Trust

**FEIN:** 00-\*\*\*\*14

**AR Tax Payment:** 

**Routing Number:** 265270413 **Account Number:** 6695427

**Requested Payment Date:** 04/15/20 **Amount Debited:** \$68.00

**Estimated Tax Payments:** 

**Routing Number:** 265270413 **Account Number:** 6695427

Voucher 1:

**Requested Payment Date:** 04/15/20 **Amount Debited:** \$500.00

**Voucher 2:** 

**Requested Payment Date:** 06/15/20 **Amount Debited:** \$300.00

**Voucher 3:** 

**Requested Payment Date:** 09/15/20 **Amount Debited:** \$800.00

Voucher 4:

**Requested Payment Date:** 01/15/21 **Amount Debited:** \$600.00

## 2019 AR1002F



## ·2019

Software ID

# ARKANSAS FIDUCIARY INCOME TAX RETURN

For 2019 or fiscal year beginning and ending						_20 •				•	
						ederal identification numb	er		7	Type of entity:	:
• 9	SAV	ANNAH'S TRUST			•	00-****14		ı	edent's estate		
Na	me a	and title of fiduciary or trustee			Da	ate trust created		Sim	ple trust		
• /	۱NA	ONIO COOK			0	1/01/2006				X	
Ма	Mailing address				١,	State or federal		ESE		Ш	
• F	0	BOX 267			•	extension filed				ntor trust ritable trust	Н
Cit	У		State or province	ZIP	_	Check if address is out	side l	J.S.	1	kruptcy estate	Н
ı	SCO	тт	• AR	• 72142		Foreign country			ı	led income fund	Н
l-	_			72172			_		<del></del>		
	INITIAL RETURN     ●					A. ALL INCOME			B. A	RKANSAS INCO	OME
	1.	Interest income:			1	14	00	1		14	00
me	2.	Ordinary dividends:			2	16,493	00	2		16,493	00
	3.	Net profit from trade or busine	ess: (Attach schedule)		3		00	3			00
	4.	Capital gains: (See instruction	ns)		4	15,543	00	4		15,543	00
ncome	5.	Rents, royalties, partnerships,	other estates and trusts, etc: (Attack	n schedule)	5		00	5			00
-	l		le)				00	6			00
	7.	Other income:	······································		7		00	7			00
	8.	TOTAL INCOME: (Add lines	s 1 through 7)		8	32,050	00	8	•	32,050	00
	_						00	9			00
	l						00	10			00
	11.	Charitable contributions:			11		00	11			00
Deductions	l		ountant/preparer)				00	12			00
	l					0.000	00			6,759	00
edu	l		through 13)			6,759	ightarrow		•	6,759	_
	ı		outions: (Subtract line 14 from line 8)				_			25,291	_
	ı		peneficiaries:				ightarrow			9,003	_
	l		tions: (Subtract line 16 from line 15)				_			16,288	_
			tions. (Gubiract line 10 from line 10)							\$2,200	_
	l		(Subtract line 18 from line 17)						$\vdash$	14,088	$\overline{}$
$\vdash$	_		REGULAR TAX TABLE using the							240	_
	ı		REGULAR TAX TABLE doing and				$\overline{}$				-
	ı		02-TC)				-				
	ı		es 21 through 22)				-	23	•	160	00
	l		btract line 23 from line 20)						-		00
	-	· · · · · · · · · · · · · · · · · · ·	schedule)						_		00
	l	•	nes 24 and 24A)							80	00
S.	-	•	: (Attach AR1099PT and/or 1099R)			Ī	00				,
Payments	l		rought forward from last year:				00				
ayn_	l		ought forward from fact year.				00				
	l	•	the filing of original return: (See instru				00				
and	l	•	through 28)	•							
Tax	ı		instructions)				00				
ľ	l		t line 30 from line 29)				100	31	•	12	00
	l	•	ne 31 is greater than line 24B, enter o						-		00
			estimated tax:	•			00	52			100
			DED TO YOU: (Subtract line 33 from					2/			00
			less than line 24B, enter difference							68	00
	ı		OA. If required, enter exception in b			ty 36B ●	0	_			100
	30.		ure site ATAP (Arkansas Taxpayer Acces			-		_		68	00
Und	er ner		examined this return and to the best of my					$\overline{}$		the Arkansas Revenue	_
$\vdash$						and the and con	.,,,,,,,,,,	Ή		y discuss this return wi	
Fid	uciar	y/trustee's signature		Date				4		the preparer?	
Pre	pare	r's signature		Date				L		Yes No	
	ne			PTIN/ID nu	umb	oer <u>●</u>		F	$\overline{}$	epartment Use On	ıly
	ddressCity, state, and ZIP								Α	•	



## **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	<b>y</b>
1.	Enter federal long-term capital gain or loss reported on line 16, federal Schedule D, Form 1041	<b>28,971</b> 00	28,971	00	28,971	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	• 28,971	00	• 28,971	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	• 28,971	00	• 28,971	00
7b.	If the amount on line 7a is over \$10,000,000, only enter \$10,000,000. If less enter the total amount		28,971	00	28,971	00
8.	Arkansas taxable amount, if a gain multiply line 7b by 50 percent (.50), other	rwise enter loss8	14,486	00	14,486	00
9.	Enter federal short-term capital gain, <b>if any</b> , reported on line 7, federal Schedule D, Form 10419	<b>1,058</b> 00	1,058	00	1,058	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	1,058	00	• 1,058	00
12.	Total taxable Arkansas capital gain or loss, add lines 8 and 11. (Loss limited Enter here and on AR1002F / AR1002NR		15,543	00	15,543	00

Schedule B: Income Distribution (Attach Federal K-1s)											
Beneficiaries' share of income: 9,003			Number of beneficiaries who received distributions: 1								
FIRST AND LAST NAME or NAME OF ESTATE OR TRUST	SSN/FEIN		ADDRESS	ST	ZIP	AMOUNT					
ETHEL BLUE	400-00-9910	23 ARKANSAS LANE		AR	71901	9,003	00				
							00				
							00				
							00				
							00				
Arkansas Stat  Refund: P.O. Box 1000			Tax Due/No Tax		kansas State I	Income Tax					

Little Rock, AR 72203-2144

Little Rock, AR 72203-1000



# ARKANSAS FIDUCIARY INCOME TAX INTEREST AND DIVIDENDS

Name of estate or trust	Federal identification number
SAVANNAH'S TRUST	00-****14

#### **PART I - TAXABLE INTEREST**

Interest on bank deposits, notes, mortgages from individuals, corporation bonds, savings and loan deposits, and credit union deposits are taxable. Interest on obligations of other states and subdivisions are fully taxable.

NAME OF PAYER	All Income	Arkansas Only			
BLOSSOM LLC	14	00	14	00	
		00		00	
		00		00	
		00		00	
		00		00	
		00		00	
		00		00	
		00		00	
		00		00	
		00		00	
Add the amounts listed and enter the total here and on line 1, Form AR1002F/AR1002NR.					
AINTOUZININ.	14	00	14	00	

#### **PART II - TAXABLE DIVIDENDS**

Dividends and other distributions on stock are fully taxable. There is no dividend exclusion applicable to Arkansas.

NAME OF PAYER	All Income	Arkansas Only		
WELLS SERVICES INC	8,000	00	8,000	00
SPRINGDALE LTD	8,493	00	8,493	00
		00		00
		00		00
		00		00
		00		00
		00		00
		00		00
		00		00
		00		00
Add the amounts listed and enter the total here and on line 2, Form AR1002F/				
AR1002NR.	16,493	00	16,493	00



# ARKANSAS FIDUCIARY INCOME TAX TAX CREDITS

Primary taxpayer's name/ trust (fiduciary)  SAVANNAH'S TRUST					,	I security number/ <b>0-****14</b>	FEIN (fiducia	ary)	
IMPORTANT	: SEE INSTR	RUCTIONS ON REVE	RSE SIDE OF	THIS FORM					
1. Other sta	ate tax credit: [/	Attach copy of other st	ate tax return(s	s)]		1 •		59	00
If certificat	e is issued	to an individual, le	ave FEIN box	d below blank.					
2A.	BIC Code	0048	FEIN		Amount	75	00		
2B.	BIC Code		FEIN		Amount		00		
2C.	BIC Code		FEIN		Amount		00		
		credit(s): (Add amounts	from 2A to 2C)			2●		75	00
3. TOTAL Add line		Enter total on line 22,	Form AR1002F/ <i>I</i>	AR1002NR		3		134	00

## **BUSINESS INCENTIVE CREDIT TYPES**

Code Credit Type	Code Credit Type
0001Advantage Arkansas	0029Tuition Reimburse
0002Affordable Housing	0030Targeted Business
0003AR Plus	0031Venture Capital In
0004AR Plus 50% Technology-Based	0032Youth Apprentices
0005AR Plus 75% Technology-Based	0033Youth Apprentices
0006AR Plus 100% Technology-Based	0034Waste Reduction, l
0008Capital Development Company	0035Water Impounded
0009Child Care Facility	0036Water Impounded
0010Coal Mining Producing and Extracting	0037Water Surface Out
0011Delta Geotourism	0038Water Surface Insi
0013Enterprise Zone	0039Water Surface Insi
0014Equipment Donation/Sale	0040Water Land Leveli
0015Equity Investment Incentive	0041Wetland Riparian 2
0016Existing Workforce Training	0042Wetland Riparian 2
0017Family Savings Initiative Act	0043Central Business In
0018Historic Rehabilitation	0044Biodiesel Incentive
0019Low Income Housing	0045Recycle Equipmer
0020Public Roads Incentive	0046Recycle-Steel Mar
0021Research Park Authority	0047Recycle-Expansion
0022Research and Development with Universities	0048Recycle-Steel Mar
0023In-House Research Income Tax Credit	0049Recycle-Steel Mar
0024In-House Research by Targeted Business Income Tax Credit	0050Recycle-Steel Mar
0025In-House Research Area of Strategic Value Income Tax Credit	0051Apprenticeship Pro
0026Qualified Research	0052Major Historic Rel
0028Tourism Development	0053Delta Music Trail

31
0029Tuition Reimbursement Program
0030Targeted Business Payroll
0031Venture Capital Investment
0032Youth Apprenticeship
0033Youth Apprenticeship Work Base Learning
0034Waste Reduction, Reuse or Recycle Equipment
0035Water Impounded Outside Critical
0036Water Impounded Within Critical
0037Water Surface Outside Critical
0038Water Surface Inside Critical
0039Water Surface Inside Critical-Industrial or Commercial
0040Water Land Leveling
0041Wetland Riparian Zone Creation/Restoration
0042Wetland Riparian Zone Conservation
0043Central Business Improvement District Rehab and Dev
0044Biodiesel Incentive Credit
0045Recycle Equipment for Steel Manufacturer
0046Recycle-Steel Manufacturer Amendment 82 Project Act 862
0047Recycle-Expansion Project Act 1046
0048Recycle-Steel Manufacturing Specialty Products Facility \$4M Act 1046
0049Recycle-Steel Manufacturing Specialty Products Facility \$5M Act 1046
0050Recycle-Steel Manufacturing Specialty Products Facility \$6.5M Act 1046
0051Apprenticeship Program
0052Major Historic Rehabilitation
0053Delta Music Trail

## **AR K-1FE**



# ARKANSAS INCOME TAX OWNER'S SHARE OF INCOME, DEDUCTIONS, CREDITS, ETC. Software ID

Tax year beginning, 20 and ending								
Final K-1FE Amended K-1FE	Part III Beneficiary's Share of Current Year Incom Deductions, Credits, and Other Items							
Estate X Trust	Distributive share allocated and apportioned to Arkansas	Distributive share to be reported by Arkansas Residents						
Part I Information About the Estate or Trust	1a Interest income	1b Interest income 7						
A Identification Number	2a Ordinary dividends	2b Ordinary dividends						
00-****14	8,996	8,996						
<b>B</b> Name, Address, City, State, Zip Code	3a Business income	3b Business income						
SAVANNAH'S TRUST								
P O BOX 267 SCOTT, AR 72142	4a Rents, royalties, partnerships, S corps, estates and trusts, etc.	4b Rents, royalties, partnerships, S corps, estates and trusts, etc.						
	5a Farm income	5b Farm income						
Part II Information About the Beneficiary	6a Net short-term capital gain (loss)	6b Net short-term capital gain (loss)						
C Identification Number 400-00-9910	7a Net long-term capital gain (loss)	7b Net long-term capital gain (loss)						
<b>D</b> Name, Address, City, State, Zip Code	8a Unrecaptured Section 1250 gain	8b Unrecaptured Section 1250 gain						
ETHEL BLUE 23 ARKANSAS LANE HOT SPRINGS, AR 71903	9a Net Section 1231 gain (loss)	9b Net Section 1231 gain (loss)						
	10a Other income (loss)*	10b Other income (loss)*						
	11a Depreciation	11b Depreciation						
E Arkansas resident ⊠ Yes □ No								
If a nonresident, provide state of legal residence.  F Beneficiary's Percentage of Allocated Income for	12a Other deductions*	12b Other deductions*						
Tax Year100.000000 %	13a Other information*	13b Other information*						
	14a Credits	14b Credits						
	15a Tax-exempt income and nondeductible expenses	15b Tax-exempt income and nondeductible expenses						
	16a Distributions	16b Distributions						
	17 Arkansas withholding and other payments							
* Attach statement with additional information								

## **AR1099PT**

# INFORMATION RETURN Report of Income Tax Withheld or Paid on Behalf of Nonresident Member



# Tax Year End of Pass Through Entity 12/31/2019

mm/dd/yyyy

STATE OF ARKANSAS

Part A: Pass - Through Entity Information		Part B: Nonresident Member Information					
Name of Entity:		Name:					
FIDUCIARY PARTNERS		SAVANNAH'S TRUST					
Type of Ownership: (if other, please provide statemen	t of ownership type)	Type of Ownership: (if other	er, please provide statement of ownership type)				
Partnership C Corp. S Corp. LLC	Trust Other	Partnership C Corp.	S Corp. LLC X Trust Individual Other				
Federal Identification Number:		Social Security Number or	Federal Identification Number of Member:				
00-****125		00-****14					
Street Address:		Street Address:					
2210 ARKANSAS DRIVE		P O BOX 267					
City, State, ZIP:		City, State, ZIP:					
RUSSELLVILLE, AR 71802		SCOTT, AR 72142					
Part C: Distribution and Tax Withholding or Payment I	nformation for Nonresident	Member					
Total Amounts Distributed from Arkansas Sources:	Arkansas Income Tax Withl	neld:	Arkansas Income Tax Paid on AR1000CR:				
\$5,000 \$12							

**Required Forms:** AR1002F & AR4FID

Name of estate or trust: Don and Mary Horseshoe Trust

**FEIN:** 00-\*\*\*\*15

## 2019 AR1002F



## ·2019

Software ID

# ARKANSAS FIDUCIARY INCOME TAX RETURN

Fo	or 20	19 or fiscal year beginning	and ending <sub>_</sub>			_20 •				•	
Name of estate or trust					Fe	ederal identification numb	er			Type of entity	:
● DON AND MARY HORSESHOE TRUST					•	00-****15		D	ecedent's estate		
Na	Name and title of fiduciary or trustee				Da	ate trust created		Si	mple trust	П	
	● JOHN SADDLEBACK				0.	1/01/2006		Co	omplex trust	X	
<u> </u>	Mailing address				Η.	Otata and danal	—	E	SBT		
ı	_	BOX 9645			•	State or federal extension filed		G	rantor trust		
							. : . !		7	haritable trust	Ш
Cit	•		State or province	ZIP		Check if address is out: Foreign country	siae	J.S.	1 5	ankruptcy estate	Н
• [	BEN	ITON	• AR	● 72015					10	poled income fund	Ш
	X	INITIAL RETURN •	AMENDED RETURN ● ☐ I	FINAL RETURN		A. ALL INCOME			В.	ARKANSAS INCO	ЭМЕ
	1.	Interest income:			1	119	00	1		119	00
	l					5,616	00	2		5,616	00
	ı	•	ess: (Attach schedule)				00	3	-	-,-	00
Je	ı		ns)		1		00	4	-	9,905	00
ncome	ı		other estates and trusts, etc: (Attac		1	<u> </u>	-	5	-		00
=	l		le)	•			00	6	-	-	00
	l	•	ie)				00	7			00
	l					15,701	00			15,701	+
H	_		s 1 through 7)				00	9	•	15,701	00
	l						-				00
	'				- 1		-	10	-		-
ဋ	l					700	00	١	$\overline{}$	700	00
Deductions	ı		ountant/preparer)			760	-		-	760	00
gnc	l						00	١.٠	-		00
De	14.	Total deductions: (Add lines 9	through 13)		14	760	_		_		00
	15.	Adjusted income before distrib	outions: (Subtract line 14 from line 8)	)	15	14,941	_		_	14,941	00
	16.	Amounts to be distributed to b	eneficiaries:		16			16			00
	17.	Adjusted income after distribu	tions: (Subtract line 16 from line 15)		17	14,941	00	17		14,941	00
	18.	Standard deduction:						18		\$2,200	00
	19.	NET TAXABLE INCOME:	(Subtract line 18 from line 17)					19		12,741	00
	20.	TOTAL TAX: Enter tax from	REGULAR TAX TABLE using the	e amount on line 1	9, c	olumn B:		20		200	00
	ı						_	1			
	22.	Other tax credit: (Attach AR10	02-TC)		22		00	4			
	ı		es 21 through 22)					23	•	26	00
	ı		btract line 23 from line 20)						-		00
	-		schedule)						+		00
	ı	·	nes 24 and 24A)						-	174	00
ts	-		: (Attach AR1099PT and/or 1099R)			T T	00		_		
Payments	ı		rought forward from last year:				-				
ayn_	ı	·					00				
	ı	·	the filing of original return: (See instr				00				
and	ı	•	through 28)	•			00				
Тах	ı						00				
	ı		instructions)				1	1		1.000	Too
	ı	•	t line 30 from line 29)						-	826	_
			ne 31 is greater than line 24B, enter o				00			020	100
	ı		estimated tax:				_			754	Too
	ı		DED TO YOU: (Subtract line 33 fro	•					-	751	-
	ı		s less than line 24B, enter difference					_	•		00
	36.		IOA. If required, enter exception in b			ty 36B ●	0	_	_		Les
<u> </u>			cure site ATAP (Arkansas Taxpayer Acces					$\overline{}$			00
Und	er per	nalties of perjury, I declare that I have	e examined this return and to the best of my	knowledge and belief,	the s	statements are true and con	plet	≱.		ay the Arkansas Revenue ncy discuss this return w	
Fid	uciar	ry/trustee's signature		Date				_	90	the preparer?	
	<i>y</i> 3							Η		Yes X No	
ı		er's signature		Date				-	For	Department Use On	nly
	ne_			PTIN/ID n	umb	oer <u>●</u>		- Г	Α	•	
Mad	dress	5	City, state,	anu ZIP				- 1		ı l	



## **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	у
1.	Enter federal long-term capital gain or loss reported on line 16, federal Schedule D, Form 1041	<b>20,851</b> 00	20,851	00	20,851	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	• 20,851	00	• 20,851	00
4.	Enter federal net short-term capital loss, <b>if any</b> , reported on line 7, federal Schedule D, Form 10414	<b>-1,041</b> 00	-1,041	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	• -1,041	00	• -1,041	00
7a.	Arkansas net capital gain or loss (Combine lines 3 and 6)	7a	• 19,810	00	• 19,810	00
7b.	If the amount on line 7a is over \$10,000,000, only enter \$10,000,000. If less enter the total amount		19,810	00	19,810	00
8.	Arkansas taxable amount, if a gain multiply line 7b by 50 percent (.50), other	rwise enter loss8	9,905	00	9,905	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 AR1002F / AR1002NR		9,905	00	9,905	00

Schedule	Schedule B: Income Distribution (Attach Federal K-1s)									
Beneficiaries' share of income: 0	Beneficiaries' share of income: 0 Number of beneficiaries who					ons: <b>0</b>				
FIRST AND LAST NAME or NAME OF ESTATE OR TRUST	SSN/FEIN		ADDRESS	ST	ZIP	AMOUNT				
							00			
							00			
							00			
							00			
							00			
Refund: P.O. Box 100	te Income Tax 0 R 72203-1000		Tax Due/No Tax	: P.C	cansas State ). Box 2144 le Rock, AR					



Name of estate or trust	Federal identification number
DON AND MARY HORSESHOE TRUST	00-****15

#### **PART I - TAXABLE INTEREST**

Interest on bank deposits, notes, mortgages from individuals, corporation bonds, savings and loan deposits, and credit union deposits are taxable. Interest on obligations of other states and subdivisions are fully taxable.

NAME OF PAYER	All Income		Arkansas Only	
GOLD COIN	17	00	17	00
REICH IDEA	71	00	71	00
SIM FIR	31	00	31	00
		00		00
		00		00
		00		00
		00		00
		00		00
		00		00
		00		00
Add the amounts listed and enter the total here and on line 1, Form AR1002F/AR1002NR.				
	119	00	119	00

#### **PART II - TAXABLE DIVIDENDS**

Dividends and other distributions on stock are fully taxable. There is no dividend exclusion applicable to Arkansas.

NAME OF PAYER	All Income	Arkansas Only		
SIM FIR	5,616	00	5,616	00
		00		00
		00		00
		00		00
		00		00
		00		00
		00		00
		00		00
		00		00
		00		00
Add the amounts listed and enter the total here and on line 2, Form AR1002F/AR1002NR.				
AIXTUUZINIX.	5,616	00	5,616	00

**Required Forms:** AR1002F, AR1002-TC & AR4FID

Name of estate or trust: Bella Rosa Trust

**FEIN:** 00-\*\*\*\*16

## 2019 AR1002F



## ·2019

Software ID

# ARKANSAS FIDUCIARY INCOME TAX RETURN

Fo	or 20	19 or fiscal year beginning	and ending _			_20 •			•	
Na	me o	f estate or trust				ederal identification number	r	Т	Type of entity	<i>/</i> :
• E	BELI	LA ROSA TRUST			•	00-****16			Decedent's estate	$\Box$
Na	me a	and title of fiduciary or trustee			Da	ate trust created		┨	Simple trust	П
		ANY SMITH			0	1/01/2015			Complex trust	$\boxtimes$
Ma	ilina	address			Η,	State or federal		$\dashv$	ESBT	M
	_	BOX 1072			•	extension filed			Grantor trust	Н
Cit			State or province	ZIP	_	Check if address is outs	de U	s	Charitable trust Bankruptcy estate	Н
	, SCO	тт	• AR	• 72142		Foreign country			Pooled income fund	Н
		11	- Ait	72142			_	4		므
		INITIAL RETURN •	AMENDED RETURN ● ☐ I	FINAL RETURN		A. ALL INCOME		E	B. ARKANSAS INC	
	1.	Interest income:			1	10,000	00	1	10,000	<b>)</b> 00
	2.	Ordinary dividends:			2	5,000	00	2 L	5,000	<b>)</b> 00
	3.	Net profit from trade or busine	ss: (Attach schedule)		3		00	3		00
Income	4.	Capital gains: (See instruction	ns)		4	-3,000	_	4 L	-3,000	<b>)</b> 00
luc Luc	5.	Rents, royalties, partnerships,	other estates and trusts, etc: (Attac	h schedule)	5	20,000	00	5	20,000	<b>)</b> 00
	6.	Farm income: (Attach schedu	le)		6		00	6		00
	7.	Other income:			7	5,000	_	7 L	5,000	
	8.	TOTAL INCOME: (Add lines	s 1 through 7)		8	37,000		8	37,000	<b>)</b> 00
	9.	Taxes:			9	4,000	_	9	4,000	<b>)</b> 00
	10.	Interest:			10		00 1	0		00
٫,	11.	Charitable contributions:			11	5,000	00 1	11 [	5,000	00
ons	12.	Fees: (Fiduciary/attorney/acco	ountant/preparer)		12	3,000	00 1	2	3,000	00
ucti	13.	Other deductions:			13		00 1	3		00
Deductions	14.	Total deductions: (Add lines 9	through 13)		14	12,000	00 1	4	12,000	00
	15.	Adjusted income before distrib	outions: (Subtract line 14 from line 8)		15	25,000	00 1	5	25,000	00
	16.	Amounts to be distributed to b	eneficiaries:		16		00 1	6		00
	17.	Adjusted income after distribu	tions: (Subtract line 16 from line 15)		17	25,000	00 1	7	25,000	00
		•					1	8	\$2,200	00
	19.	NET TAXABLE INCOME:	(Subtract line 18 from line 17)				1	9	22,800	00
	20.	TOTAL TAX: Enter tax from	REGULAR TAX TABLE using the	e amount on line 1	9, c	olumn B:	2	0	72	1 00
	21.	Personal tax credit:			21	\$26	00	_		
	22.	Other tax credit: (Attach AR10	02-TC)		22	• 100	00			
	23.	TOTAL CREDITS: (Add line	es 21 through 22)				2	23	120	6 00
	24.	NON ESBT NET TAX: (Sul	btract line 23 from line 20)				2	24	59!	<b>5</b> 00
	24A	. ESBT NET TAX: (Attach s	schedule)				24	A 🖣		
	24B	3. TOTAL NET TAX: (Add lir	nes 24 and 24A)				24	В	3,59	<b>5</b> 00
Jts.	25.	Arkansas income tax withheld	: (Attach AR1099PT and/or 1099R)		25	• 100	00			
Payments	26.	Estimated tax paid or credit br	ought forward from last year:		26	• 4,000	00			
ay	27.	Tax paid with extension:			27	•	00			
and F	28.	Payments made with or after t	the filing of original return: (See instr	uctions)	28	•	00			
×	29.	Total payments: (Add lines 25	through 28)		29	4,100	00			
Тах	30.	Overpayments received: (See	instructions)		30	•	00	_		
	31.	<b>NET PAYMENTS:</b> (Subtract	t line 30 from line 29)				3	31 🖣	4,100	) 00
			ne 31 is greater than line 24B, enter o				<u>.</u> 3	2	505	<b>5</b> 00
	33.	Amount to be applied to 2020	estimated tax:		33	• 100	00	_		
	34.	AMOUNT TO BE REFUND	DED TO YOU: (Subtract line 33 fro	m line 32)			3	4	405	<b>5</b> 00
	35.	AMOUNT DUE: (If line 31 is	less than line 24B, enter difference	)			3	5		00
	36.	Attach Form AR2210 or AR221	OA. If required, enter exception in b	ox <b>36A ●</b> Pe	enal	ty 36B ●	00	_		
L		Pay Online: Please visit our sec	ure site ATAP (Arkansas Taxpayer Acces	s Point) at www.atap	ark)	kansas.gov TOTAL DU	E 36	С	<b>)</b>	00
Und	er pen	nalties of perjury, I declare that I have	examined this return and to the best of my	knowledge and belief,	the	statements are true and com	lete.		May the Arkansas Revenu	
Fid	ıciar	y/trustee's signature		Date				′	Agency discuss this return w the preparer?	riu1
				Date					X Yes No	
		r 3 Signature			umh	per ●		F	For Department Use Or	nly
	dress		City, state,					A	٠	



## **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	у
1.	Enter federal long-term capital gain or loss reported on line 16, federal Schedule D, Form 1041	<b>-10,000</b> OO		-10,000	00	-10,000	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	•	-10,000	00	<ul><li>-10,000</li></ul>	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	•	0	00	• 0	00
7a.	Arkansas net capital gain or loss (Combine lines 3 and 6)	7a	•	-10,000	00	-10,000	00
7b.	If the amount on line 7a is over \$10,000,000, only enter \$10,000,000. If less enter the total amount			-10,000	00	-10,000	00
8.	Arkansas taxable amount, if a gain multiply line 7b by 50 percent (.50), other	rwise enter loss8		-10,000	00	-10,000	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	•	0	00	• 0	00
12.	Total taxable Arkansas capital gain or loss, add lines 8 and 11. (Loss limited Enter here and on AR1002F / AR1002NR		2	-3,000	00	-3,000	00

Schedule	Schedule B: Income Distribution (Attach Federal K-1s)									
Beneficiaries' share of income: 0 Number of beneficiaries who					ed distributi	ons: <b>0</b>				
FIRST AND LAST NAME or NAME OF ESTATE OR TRUST	SSN/FEIN		ADDRESS	ST	ZIP	AMOUNT				
							00			
							00			
							00			
							00			
							00			
Refund: Arkansas Stat P.O. Box 1000 Little Rock, AF			Tax Due/No Tax:	P.0	cansas State D. Box 2144 de Rock, AR					



# ARKANSAS FIDUCIARY INCOME TAX TAX CREDITS

Primary taxpayer's name/ trust (fiduciary)  BELLA ROSA TRUST			Primary's social security number/ FEIN (fiduciary)  00-****16					
IMPORTANT	: SEE INSTR	EUCTIONS ON REVERSE SIDE OF	THIS FORM					
1. Other sta	te tax credit: [#	Attach copy of other state tax return	(s)]		1 •		<b>100</b> 00	
If certificat	e is issued	to an individual, leave FEIN bo	x below blank.					
2A.	BIC Code	FEIN		Amount		00		
2B.	BIC Code	FEIN		Amount		00		
2C.	BIC Code	FEIN		Amount		00		
2. Business	incentive tax o	credit(s): (Add amounts from 2A to 2C	)		2●		00	
3. TOTAL Add lines		Enter total on line 22, Form AR1002F	/AR1002NR		3		<b>100</b> 00	

#### **BUSINESS INCENTIVE CREDIT TYPES**

Code Credit Type

#### **Code Credit Type** 0001....Advantage Arkansas 0002....Affordable Housing 0003....AR Plus 0004....AR Plus 50% Technology-Based 0005....AR Plus 75% Technology-Based 0006....AR Plus 100% Technology-Based 0008....Capital Development Company 0009....Child Care Facility 0010....Coal Mining Producing and Extracting 0011....Delta Geotourism 0013....Enterprise Zone 0014....Equipment Donation/Sale 0015....Equity Investment Incentive 0016....Existing Workforce Training 0017....Family Savings Initiative Act 0018....Historic Rehabilitation 0019....Low Income Housing 0020....Public Roads Incentive 0021....Research Park Authority 0022....Research and Development with Universities 0023....In-House Research Income Tax Credit 0024....In-House Research by Targeted Business Income Tax Credit 0025....In-House Research Area of Strategic Value Income Tax Credit 0026....Qualified Research

0029Tuition Reimbursement Program
0030Targeted Business Payroll
0031Venture Capital Investment
0032Youth Apprenticeship
0033Youth Apprenticeship Work Base Learning
0034Waste Reduction, Reuse or Recycle Equipment
0035Water Impounded Outside Critical
0036Water Impounded Within Critical
0037Water Surface Outside Critical
0038Water Surface Inside Critical
0039Water Surface Inside Critical-Industrial or Commercial
0040Water Land Leveling
0041Wetland Riparian Zone Creation/Restoration
0042Wetland Riparian Zone Conservation
0043Central Business Improvement District Rehab and Dev
0044Biodiesel Incentive Credit
0045Recycle Equipment for Steel Manufacturer
0046Recycle-Steel Manufacturer Amendment 82 Project Act 862
0047Recycle-Expansion Project Act 1046
0048Recycle-Steel Manufacturing Specialty Products Facility \$4M Act 1046
0049Recycle-Steel Manufacturing Specialty Products Facility \$5M Act 1046
0050Recycle-Steel Manufacturing Specialty Products Facility \$6.5M Act 1046
0051Apprenticeship Program
0052Major Historic Rehabilitation
0053Delta Music Trail

0028....Tourism Development



## **ARKANSAS FIDUCIARY INCOME TAX INTEREST AND DIVIDENDS**

Name of estate or trust	Federal identification number
BELLA ROSA TRUST	00-****16

#### **PART I - TAXABLE INTEREST**

Interest on bank deposits, notes, mortgages from individuals, corporation bonds, savings and loan deposits, and credit union deposits are taxable. Interest on obligations of other states and subdivisions are fully taxable.

NAME OF PAYER	All Income		Arkansas Only	
ONE SOURCE	10,000	00	10,000	00
		00		00
		00		00
		00		00
		00		00
		00		00
		00		00
		00		00
		00		00
		00		00
Add the amounts listed and enter the total here and on line 1, Form AR1002F/AR1002NR.				
ANTOUZINA.	10,000	00	10,000	00

#### **PART II - TAXABLE DIVIDENDS**

Dividends and other distributions on stock are fully taxable. There is no dividend exclusion applicable to Arkansas.

NAME OF PAYER	All Income		Arkansas Only	
VENUE LLC	5,000	00	5,000	00
		00		00
		00		00
		00		00
		00		00
		00		00
		00		00
		00		00
		00		00
		00		00
Add the amounts listed and enter the total here and on line 2, Form AR1002F/AR1002NR.				
741100ZIVI.	5,000	00	5,000	00

**Required Forms:** AR1002NR &AR4FID

Name of estate or trust: The Planters Row Trust

**FEIN:** 00-\*\*\*\*17

# 2019 AR1002NR ARKANSAS FIDUCIARY



·2019

		esident INCOME TAX		-10		0	0	_				Software I	D
_		9 or fiscal year beginning of estate or trust	and en	ding			00	Garatiana na mada		_	_		
		PLANTERS ROW TRUST				- 1	derai identi 10-****17	fication number	er		D.	Type of entity: ecedent's estate	$\Box$
		and title of fiduciary or trustee					te trust cre					mple trust	Н
		E BUSH				- 1	1/01/2016					omplex trust	X
Mai	ling	address					¬ State	or federal				SBT rantor trust	M
• 6	8 A	ZALEA DRIVE				•[	exten	sion filed			_	naritable trust	Н
City ● L			State or province  • AR		ZIP ● <b>72110</b>		Check if Foreign co	address is outside untry	U.S.			ankruptcy estate poled income fund	$oxed{oxed}$
	X	INITIAL RETURN •	AMENDED RETURN	• <b></b>   F	INAL RETURN		A. A	LL INCOME			B.	ARKANSAS INCO	ME
		Interest income:				1		1,000	00	1	Н		00
		Ordinary dividends:						3,000	_	2			00
		Net profit from trade or busines						5,000	_	3		5,000	00
ле		Capital gains: (See instruction	` ,					0,000	00	4			00
ncome		Rents, royalties, partnerships,						10,000	00	5	Т	5,000	00
=		Farm income: (Attach schedule		-	•			2,000	_	6	Г		00
		Other income:	•					21,000	_	7		10,000	00
		TOTAL INCOME: (Add lines						42,000	_	8	•	20,000	_
		Taxes:						•	00	9			00
		Interest:						1,000	00	10			00
	1	Charitable contributions:						3,000	_	11			00
		Fees: (Fiduciary/attorney/acco						5,000		12			00
Suc		Other deductions:						2,000	-	13		3,000	00
Deductions		Total deductions: (Add lines 9						11,000	_	14	-	3,000	
edt		Adjusted income before distrib						31,000	00	15		17,000	_
		Amounts to be distributed to be						•		16	-		00
		Adjusted income after distribut						31,000	-	17	-	17,000	00
	-	Standard deduction:						\$2,200	${}$	•••			
	19.	NET TAXABLE INCOME: (	Subtract line 18 from line 17	)		19		28,800	-				
	_	TOTAL TAX:: Enter tax from					olumn A:			20		1,021	00
	21.	Personal tax credit:				21		\$26	00	•			
	22.	Other tax credit: (Attach AR100	)2-TC)			22	•		00				
	23.	TOTAL CREDITS: (Add line	s 21 through 22)							23	•	26	00
	24.	NON ESBT NET TAX: (Sub	tract line 23 from line 20)							24	•	995	00
	24 <i>P</i>	A. Enter the amount from line 17	, column B:			. 24A	•	17,000	00				
	24E	3. Enter the amount from line 17	, column A:			. 24B	•	31,000	00				
	240	C. Divide line 24A by line 24B an	d enter decimal here:						2	4C	•	0.548380	%
	240	D. APPORTIONED NON ESE	BT NET TAX: (Multiply line	24 by I	ine 24C)				2	4D	•	546	00
nts	24E	E. APPORTIONED ESBT NE	T TAX: (Attach schedule)						2	4E	•	1,305	00
Payments	24F	TOTAL APPORTIONED N	ET TAX: (Add lines 24D an	d 24E)					2	4F	•	1,851	00
Pay		Arkansas income tax withheld:	•	•					00				
and I		Estimated tax paid or credit bro	•					500	-				
		Tax paid with extension:						1,000	-				
Тах		Payments made with or after the			•		•		00				
		Total payments: (Add lines 25						1,500	-				
		Overpayments received: (See i	•						00		_		
		NET PAYMENTS: (Subtract	•							31	_	1,500	
		Amount of overpayment: (If line								32	•		00
		Amount to be applied to 2020							00		_		1
		AMOUNT TO BE REFUND	•		-					34	_		00
		AMOUNT DUE: (If line 31 is								_ '	•	351	100
	36.	Attach Form AR2210 or AR2210					ty 36B <b>●</b> _	T0==: = :	00	ш.			Tar
_		Pay Online: Please visit our secu								_	_	351	_
Unde	er pei	nalties of perjury, I declare that I have	examined this return and to the be	est of my	knowledge and beli	ief, the	statements a	are true and con	plete	4		ay the Arkansas Revenue ency discuss this return wit	
Fidu	ıciar	ry/trustee's signature			Date						_	the preparer?	
Pre	pare	er's signature			Date						ᆜ	Yes No	l
Nan					PTIN/ID	numb	er <u>•                                    </u>			H	For A	Department Use Onl	ıy
Add	lress	S	City	, state,	and ZIP					Ι,	_		



## **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 10411	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 1041	00	00	00
5.	Enter adjustment, if any, for depreciation differences in federal and state an	nounts 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 enter the total amount		00	00
8.	Arkansas taxable amount, if a gain multiply line 7b by 50 percent (.50), other	rwise enter loss 8	00	00
9.	Enter federal short-term capital gain, <b>if any</b> , reported on line 7, federal Schedule D, Form 1041	00	00	00
10.	Enter adjustment, <b>if any</b> , for depreciation differences in federal and state an	nounts10	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. <b>(Loss limite</b> Enter here and on AR1002F / AR1002NR		00	00

Schedule I	B: Income D	istril	oution (Attach Fe	ederal	K-1s)		
Beneficiaries' share of income: 0			Number of beneficiaries	who receiv	ed distributi	ons: <b>0</b>	
FIRST AND LAST NAME or NAME OF ESTATE OR TRUST	SSN/FEIN		ADDRESS	ST	ZIP	AMOUNT	
							00
							00
							00
							00
							00
Refund: P.O. Box 100	ate Income Tax 00 AR 72203-1000		Tax Due/No Tax	<b>(:</b> F	P.O. Box 214	te Income Tax 4 R 72203-2144	



# ARKANSAS FIDUCIARY INCOME TAX INTEREST AND DIVIDENDS

Name of estate or trust	Federal identification number
THE PLANTERS ROW TRUST	00-****17

#### **PART I - TAXABLE INTEREST**

Interest on bank deposits, notes, mortgages from individuals, corporation bonds, savings and loan deposits, and credit union deposits are taxable. Interest on obligations of other states and subdivisions are fully taxable.

All Income		Arkansas Only	
1,000	00		00
	00		00
	00		00
	00		00
	00		00
	00		00
	00		00
	00		00
	00		00
	00		00
4 000	00		00
		1,000 00 00 00 00 00 00 00 00 00 00 00 00	All Income Only  1,000 00  00  00  00  00  00  00  00  00

#### **PART II - TAXABLE DIVIDENDS**

Dividends and other distributions on stock are fully taxable. There is no dividend exclusion applicable to Arkansas.

NAME OF PAYER	All Income		Arkansas Only	
LAKEVIEW LLC	3,000	00		00
		00		00
		00		00
		00		00
		00		00
		00		00
		00		00
		00		00
		00		00
		00		00
Add the amounts listed and enter the total here and on line 2, Form AR1002F/AR1002NR.				
AITIOUZIVIT.	3,000	00		00

**Required Forms:** AR1002NR, AR4FID & AR1099-PT

Name of estate or trust: Joplin Kids Trust

**FEIN:** 00-\*\*\*\*18

**AR Tax Payment:** 

**Routing Number:** 265270413 **Account Number:** 6695427

**Requested Payment Date:** 04/15/20 **Amount Debited:** \$173.00

**Estimated Tax Payments:** 

**Routing Number:** 265270413 **Account Number:** 6695427

**Voucher 1:** 

**Requested Payment Date:** 04/15/20 **Amount Debited:** \$50.00

Voucher 2:

**Requested Payment Date:** 06/15/20 **Amount Debited:** \$75.00

**Voucher 3:** 

**Requested Payment Date:** 09/15/20 **Amount Debited:** \$100.00

Voucher 4:

**Requested Payment Date:** 01/15/21 **Amount Debited:** \$40.00

# 2019 AR1002NR ARKANSAS FIDUCIARY



·2019

		esident INCOME TAX 9 or fiscal year beginning		and ending		2	20	)				• Software I	
_		f estate or trust		and chaing _				ication number	er e			Type of entity:	
		IN KIDS TRUST					00-*****18		J1		De	ecedent's estate	$\Box$
Nan	ne a	nd title of fiduciary or trustee				Da	ite trust cre	ated				mple trust	
		STOPHER COOK				0.	1/01/2016					omplex trust	M
		address				•		or federal				SBT antor trust	Н
		AMOND LANE	Ctata ar pravinas		TZID	'		ddress is outside	11.0		1	naritable trust	Щ
City ● <b>J</b>	OPL	_IN	State or province  • MO		ZIP ● <b>64803</b>		Foreign cou		0.5.			ankruptcy estate poled income fund	$\Box$
	X	INITIAL RETURN •	AMENDED RETUR	RN • 🗌	FINAL RETURN		A. AL	L INCOME			B.	ARKANSAS INCO	ME
	1.	Interest income:				1		6,632	00	1			00
	2.	Ordinary dividends:				2		5,055	00	2			00
		Net profit from trade or busine							00	3			00
me		Capital gains: (See instruction						99,689	00	4			00
Income		Rents, royalties, partnerships,						-12,005	00	5		4,177	00
-	6.	Farm income: (Attach schedu	le)			6			00	6			00
	7.	Other income:				7		132	00	7			00
	8.	TOTAL INCOME: (Add lines	s 1 through 7)			8		99,503	00	8	•	4,177	00
		Taxes:						2,460	00	9			00
	10.	Interest:				10		10,840	00	10			00
	11.	Charitable contributions:				11		4,222	00	11			00
	12.	Fees: (Fiduciary/attorney/acc	ountant/preparer)			12		1,200	00	12		27	00
ons		Other deductions:						3,375	00	13			00
Deduction		Total deductions: (Add lines 9						22,097	00	14	•	27	00
)ed		Adjusted income before distrib						77,406	00	15		4,150	00
		Amounts to be distributed to b	<u>-</u>		-				00	16	•		00
		Adjusted income after distribu						77,406	00	17		4,150	00
	-	Standard deduction:	•					\$2,200	-			,	—
		NET TAXABLE INCOME:						75,206	_				
		TOTAL TAX:: Enter tax from								20		3,715	00
		Personal tax credit:						\$26	$\overline{}$				—
		Other tax credit: (Attach AR10						7	00				
		TOTAL CREDITS: (Add line	•						<u></u>	23	•	26	00
		NON ESBT NET TAX: (Sul								24	•	3,689	_
	-	a. Enter the amount from line 17						4,150	_				
		3. Enter the amount from line 17						77,406	-				
		C. Divide line 24A by line 24B ar							ш 2	4C	•	0.053613	%
		APPORTIONED NON ES								4D	•	198	
ß		APPORTIONED ESBT N	•	. ,	,				2	4E	•		00
nents		TOTAL APPORTIONED N	•	-							-	198	00
Paym	_	Arkansas income tax withheld							00		_		_
		Estimated tax paid or credit br							00				
and		Tax paid with extension:							00				
Тах	28.	Payments made with or after t	he filing of original ret	urn: <b>(See inst</b> i	uctions)	28	•		00				
	29.	Total payments: (Add lines 25	through 28)			29			00				
	30.	Overpayments received: (See	instructions)			30	•		00				
		NET PAYMENTS: (Subtrac							<u></u>	31	•	25	00
		Amount of overpayment: (If lir	•							32	•		00
		Amount to be applied to 2020							00		_		
		AMOUNT TO BE REFUND								34	•		00
		AMOUNT DUE: (If line 31 is									-	173	00
	36.	Attach Form AR2210 or AR221	OA. If required, enter	exception in I	ox 36A ●	Penal	ty 36B ●		00				
		Pay Online: Please visit our sec					, <u> </u>	TOTAL DU		_	•	173	00
Unde	er per	nalties of perjury, I declare that I have								_	Ма	ay the Arkansas Revenue	9
Fidi	ıciar	y/trustee's signature			Date					1	Age	ency discuss this return wi the preparer?	th
-		,								H	×		
Pre <sub> </sub>  Nan		r's signature			Date PTIN/ID	numh	ner •				For	Department Use On	ly
	lress			City, state,		. 161116	<u> </u>				Α	•	



## 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 10411	<b>175,878</b> 00	175,87	3 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	• 175,87	3 00	• 00
4.	Enter federal net short-term capital loss, <b>if any</b> , reported on line 7, federal Schedule D, Form 1041	00	)	00	00
5.	Enter adjustment, if any, for depreciation differences in federal and state an	nounts 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	• 175,87	3 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		175,87	3 00	00
8.	Arkansas taxable amount, if a gain multiply line 7b by 50 percent (.50), other	rwise enter loss 8	87,93	00	00
9.	Enter federal short-term capital gain, <b>if any</b> , reported on line 7, federal Schedule D, Form 10419	<b>11,750</b> 00	11,75	00	00
10.	Enter adjustment, if any, for depreciation differences in federal and state an	nounts10	)	00	00
11.	Arkansas short-term capital gain, add (or subtract) line 9 and line 10	11	• 11,75	00	• 00
12.	Total taxable Arkansas capital gain or loss, add lines 8 and 11. <b>(Loss limite</b> Enter here and on AR1002F / AR1002NR		99,68	9 00	00

Schedule I	3: Income D	istril	oution (Attach F	ederal	K-1s)		
Beneficiaries' share of income: 0			Number of beneficiaries	who receive	ed distributi	ons: <b>0</b>	
FIRST AND LAST NAME or NAME OF ESTATE OR TRUST	SSN/FEIN		ADDRESS	ST	ZIP	AMOUNT	
							00
							00
							00
							00
							00
Refund: P.O. Box 100	ate Income Tax 00 IR 72203-1000		Tax Due/No Ta	<b>X:</b> F	P.O. Box 2144	te Income Tax 4 R 72203-2144	



# ARKANSAS FIDUCIARY INCOME TAX INTEREST AND DIVIDENDS

Name of estate or trust	Federal identification number
JOPLIN KIDS TRUST	00-****18

#### **PART I - TAXABLE INTEREST**

Interest on bank deposits, notes, mortgages from individuals, corporation bonds, savings and loan deposits, and credit union deposits are taxable. Interest on obligations of other states and subdivisions are fully taxable.

NAME OF PAYER	All Income		Arkansas Only	
PT CAP - ORD INT	2,922	00		00
MY CAPITAL - INTEREST	3,337	00		00
SUN LP	373	00		00
		00		00
		00		00
		00		00
		00		00
		00		00
		00		00
		00		00
Add the amounts listed and enter the total here and on line 1, Form AR1002F/AR1002NR.	6,632	00		00

#### **PART II - TAXABLE DIVIDENDS**

Dividends and other distributions on stock are fully taxable. There is no dividend exclusion applicable to Arkansas.

NAME OF PAYER	All Income		Arkansas Only		
PT CAP	1,088	00		00	
MY CAPITAL	3,967	00		00	
		00		00	
		00		00	
		00		00	
		00		00	
		00		00	
		00		00	
		00		00	
		00		00	
Add the amounts listed and enter the total here and on line 2, Form AR1002F/AR1002NR.					
AR IUUZINA.	5,055	00		00	

## **AR1099PT**

# INFORMATION RETURN Report of Income Tax Withheld or Paid on Behalf of Nonresident Member

STATE OF ARKANSAS



Tax Year End of Pass Through Entity 12/31/2019 mm/dd/yyyy

Part A: Pass - Through Entity Information		Part B: Nonresident Member Information					
Name of Entity:		Name:					
FIDUCIARY		JOPLIN KIDS TRUST					
Type of Ownership: (if other, please provide statemen	t of ownership type)	Type of Ownership: (if oth	er, please provide statement of ownership type)				
Partnership C Corp. S Corp. LLC	Trust Other	Partnership C Corp.	S Corp. LLC X Trust Individual Other				
Federal Identification Number:		Social Security Number or	Federal Identification Number of Member:				
00-****99		00-****18					
Street Address:		Street Address:					
539 PLANTATION		59 DIAMOND LANE					
City, State, ZIP:		City, State, ZIP:					
SCOTT, AR 72142		JOPLIN, MO 64803					
Part C: Distribution and Tax Withholding or Payment I	nformation for Nonresident	Member					
Total Amounts Distributed from Arkansas Sources:	Arkansas Income Tax Withl	neld:	Arkansas Income Tax Paid on AR1000CR:				
\$3,500	\$25						

## AMENDED INCOME TAX RETURN

**Required Forms:** AR1002F & AR4FID

Name of estate or trust: Don and Mary Horseshoe Trust

**FEIN:** 00-\*\*\*\*19

## 2019 AR1002F



## ·2019

Software ID

# ARKANSAS FIDUCIARY INCOME TAX RETURN

_Fc	or 20	19 or fiscal year beginning	and ending <sub>_</sub>			_20 •				•	
Na	me c	of estate or trust			ı	deral identification numb	er			Type of entity:	:
● DON AND MARY HORSESHOE TRUST			•	00-****19				cedent's estate			
Name and title of fiduciary or trustee			Da	ite trust created			Sim	nple trust			
● JOHN SADDLEBACK			0	1/01/2006					X		
Mailing address			Ι,	State or federal		ESI		Н			
• F	0	BOX 9645			•	extension filed			antor trust aritable trust	Н	
Cit	City State or province ZIP			_	☐ Check if address is out	side l	J.S.	1	nkruptcy estate	Н	
• F	BFN	TON	• AR	• 72015		Foreign country				oled income fund	П
l l		_		72010			_		$\vdash$		
		INITIAL RETURN ●	X AMENDED RETURN ● 🔲 I	FINAL RETURN		A. ALL INCOME			В. А	ARKANSAS INCO	ME
	1.	Interest income:			1	119	00	1		119	00
	2.	Ordinary dividends:			2	5,616	00	2		5,616	00
	ı	•	ess: (Attach schedule)			,	00	3			00
me	ı		ns)			9,905	00	4		9,905	00
ncome	l		, other estates and trusts, etc: (Attac			61	00	5		61	00
=	l		ile)				00	6			00
	l	•	-,				00	7	$\vdash$		00
	l		s 1 through 7)			15,701	00	8	•	15,701	00
	_		o r un ough r ;			12,121	00	9	_		00
	l						00	10	$\vdash$		00
	'						00	11			00
Suc	l		ountant/preparer)			600	00		$\vdash$	600	_
Deductions	l		ountain preparery			160	_		$\vdash$	160	-
edu	l		through 13)			760	_		_	760	-
ă	ı		outions: (Subtract line 14 from line 8)			14,941	_		_	14,941	_
	ı		peneficiaries:			17,571	00		-	14,541	00
	l					14,941		10	<u> </u>	14,941	
┢		•	tions: (Subtract line 16 from line 15)						$\vdash$	\$2,200	_
	l								-	12,741	_
$\vdash$	_		(Subtract line 18 from line 17) REGULAR TAX TABLE using the						_	200	_
	ı		REGULAR TAX TABLE using the			\$26	$\overline{}$	20			100
	ı		02-TC)				00				
	ı		es 21 through 22)					23		26	00
	l								-	174	-
	-	<u> </u>	btract line 23 from line 20)schedule)						_	174	00
	ı	•	nes 24 and 24A)						_		00
ι,	-		: (Attach AR1099PT and/or 1099R)			ī	00				100
Payments	l		rought forward from last year:				-				
J W	ı	·					00				
	l	·	the filing of original return: (See instr				00				
and	l	•	through 28)	•		1,000					
Tax	ı						00				
-	l		instructions)				1	31		1,000	Too
	ı	•	t line 30 from line 29)						$\overline{}$	826	-
			ne 31 is greater than line 24B, enter o				00	32		020	100
			estimated tax:				-	0.4	_	751	Ιρο
			DED TO YOU: (Subtract line 33 fro							751	00
	ı		s less than line 24B, enter difference					_	•		100
	36.		IOA. If required, enter exception in b			ty 36B ●	0	_			00
Lle d	<u> </u>		ture site ATAP (Arkansas Taxpayer Acces					$\overline{}$	_	, the Arkeness Berg	_
Und	er per	names of perjury, I declare that I have	e examined this return and to the best of my	knowledge and belief,	те с	statements are true and con	piete	4		the Arkansas Revenue cy discuss this return wi	
Fid	uciar	ry/trustee's signature		Date					_	the preparer?	
Pre	nare	r's signature		Date				L		Yes X No	
	ne ne	3.8		PTIN/ID nu	ımh	oer ●		F	For D	Department Use On	ly
	dress	8	City, state,			<u>.</u>		1	Α	•	



## **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	у
1.	Enter federal long-term capital gain or loss reported on line 16, federal Schedule D, Form 1041	<b>20,851</b> 00	20,851	00	20,851	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	• 20,851	00	• 20,851	00
4.	Enter federal net short-term capital loss, <b>if any</b> , reported on line 7, federal Schedule D, Form 10414	<b>-1,041</b> 00	-1,041	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	• -1,041	00	• -1,041	00
7a.	Arkansas net capital gain or loss (Combine lines 3 and 6)	7a	• 19,810	00	• 19,810	00
7b.	If the amount on line 7a is over \$10,000,000, only enter \$10,000,000. If less enter the total amount		19,810	00	19,810	00
8.	Arkansas taxable amount, if a gain multiply line 7b by 50 percent (.50), other	rwise enter loss8	9,905	00	9,905	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 AR1002F / AR1002NR		9,905	00	9,905	00

Schedule	Schedule B: Income Distribution (Attach Federal K-1s)								
Beneficiaries' share of income: 0			Number of beneficiaries who received distributions: 0						
FIRST AND LAST NAME or NAME OF ESTATE OR TRUST	I SCNI/EEIN I		ADDRESS	ST	ZIP	AMOUNT			
							00		
							00		
							00		
							00		
							00		
Refund: P.O. Box 100	te Income Tax 0 R 72203-1000		Tax Due/No Tax	: P.C	cansas State ). Box 2144 le Rock, AR				



# ARKANSAS FIDUCIARY INCOME TAX INTEREST AND DIVIDENDS

Name of estate or trust	Federal identification number
DON AND MARY HORSESHOE TRUST	00-****19

#### **PART I - TAXABLE INTEREST**

Interest on bank deposits, notes, mortgages from individuals, corporation bonds, savings and loan deposits, and credit union deposits are taxable. Interest on obligations of other states and subdivisions are fully taxable.

NAME OF PAYER	All Income		Arkansas Only	
GOLD COIN	17	00	17	00
REICH IDEA	71	00	71	00
SIM FIR	31	00	31	00
		00		00
		00		00
		00		00
		00		00
		00		00
		00		00
		00		00
Add the amounts listed and enter the total here and on line 1, Form AR1002F/AR1002NR.	440	00	440	
	119	00	119	00

#### **PART II - TAXABLE DIVIDENDS**

Dividends and other distributions on stock are fully taxable. There is no dividend exclusion applicable to Arkansas.

NAME OF PAYER	All Income	Arkansas Only		
SIM FIR	5,616	00	5,616	00
		00		00
		00		00
		00		00
		00		00
		00		00
		00		00
		00		00
		00		00
		00		00
Add the amounts listed and enter the total here and on line 2, Form AR1002F/				
AR1002NR.	5,616	00	5,616	00

## AMENDED INCOME TAX RETURN

**Required Forms:** AR1002NR, AR4FID & AR1099-PT

Name of estate or trust: Joplin Kids Trust

**FEIN:** 00-\*\*\*\*20

**AR Tax Payment:** 

**Routing Number:** 265270413 **Account Number:** 6695427

**Requested Payment Date:** 04/15/20 **Amount Debited:** \$423.00

# 2019 AR1002NR ARKANSAS FIDUCIARY



·2019

No	Ionresident INCOME TAX RETURN								<u>Sc</u>	oftware I	ID			
For	2019	9 or fiscal year beginning		and ending _		2	.0 0				•			
		of estate or trust						fication numbe	er	Type of entity:				
		LIN KIDS TRUST					00-****20	<u> </u>	_	Decedent's				
Name and title of fiduciary or trustee				te trust cre			Simple trus Complex tr		H					
CHRISTOPHER COOK			01	1/01/2016		4	ESBT	ust	M					
	_	address IAMOND LANE				•		or federal sion filed		Grantor tru				
City		AMOND LANE	State or province		ZIP			address is outside	$\dashv$	Charitable		Н		
	OPL	LIN	• MO		● 64803		Foreign cou		0.0.		Bankruptcy Pooled inco		Н	
	П	INITIAL RETURN •	AMENDED RET	TURN • 🗆	INAL RETURN	N N	A. A	LL INCOME		┪	B. ARKAN	SAS INCO	ME	
	1	Interest income:	<u> </u>			1		6,632	00	<b>₁</b> †		6,259	00	
	ı	Ordinary dividends:						5,055	-	2		1,088	_	
		Net profit from trade or busine						-,,,,,	00	3			00	
ле		Capital gains: (See instruction						99,689	00	4			00	
Income		Rents, royalties, partnerships						-12,005	-	5		4,177	00	
=		Farm income: (Attach schedu			-			,	00	6			00	
	l	Other income: (Attach schedu	•					132	00	7			00	
	ı	TOTAL INCOME: (Add line						99,503	_	8	-	11,524	. 00	
		Taxes:						2,460	_	9	-	,02.	00	
		Interest:						10,840	_	10			00	
		Charitable contributions:						4,222		11			00	
		Fees: (Fiduciary/attorney/acc						1,200	_	12		27	+	
ns		Other deductions:						3,375	_	12 13			00	
Deductions		Total deductions: (Add lines 9						22,097	-	14		27	00	
npe	l	•	• ,					77,406	-	15		11,497		
ă		Adjusted income before distributed to h						77,400		16		11,401	00	
		Amounts to be distributed to b						77,406	-	17		11,497		
$\vdash$	_	Adjusted income after distribution:						\$2,200	_	17		11,491	100	
	l							75,206						
$\vdash$		NET TAXABLE INCOME: TOTAL TAX:: Enter tax from					L Alumn A.		_	20		3,715	Inn	
		Personal tax credit:					Olumn A		_	<sup>20</sup> L		3,713	100	
	l							\$26	00					
		Other tax credit: (Attach AR10	-							م. آم			00	
		TOTAL CREDITS: (Add lin	• ,							23		3,689	_	
	-	NON ESBT NET TAX: (Su								24		3,689	100	
		A. Enter the amount from line 1						11,497	_					
	ı	3. Enter the amount from line 1						77,406	-	ر ح ا		0.440500	10/	
	ı	C. Divide line 24A by line 24B a								1C		0.148529	_	
_ ا		APPORTIONED NON ES								-		548	00	
Payments	ı	E. APPORTIONED ESBT N	•	-									00	
y.	-	F. TOTAL APPORTIONED IT  Arkansas income tax withheld	<u>.</u>						00	+ -		340	100	
			-	-				25	00					
and		Estimated tax paid or credit by Tax paid with extension:	-	-					00					
Тах	ı	Payments made with or after						100						
-		Total payments: (Add lines 25		•	•		•	125	_					
								120	00					
		Overpayments received: (See								о4Г.		405	-100	
	ı	NET PAYMENTS: (Subtrac								31		125	00	
		Amount of overpayment: (If Iii	-		•				_	32			00	
		Amount to be applied to 2020							00	ο <b>4</b> Γ			Too	
		AMOUNT TO BE REFUNI								34		400	00	
		AMOUNT DUE: (If line 31 is										423	100	
	30.	Attach Form AR2210 or AR22					ty 36B ● L	TOTAL DI	00	J -		400	Too	
	<u> </u>	Pay Online: Please visit our sec								) 		423	_	
$\vdash$		nalties of perjury, I declare that I have		<u> </u>	knowledge and be	eller, the	statements a	ire true and con	ipiete	1	May the Arkar Agency discuss			
Fidu	ıciar	ry/trustee's signature			Date					1		eparer?		
Pre	pare	er's signature			Date						X Yes	No No		
Nar	ne					O numb	er <u>•</u>			-	For Departm	ent Use On	ıy	
Add	lress	3		City, state,	and ZIP					A	١	1 -		



## 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 10411	<b>175,878</b> 00	175,87	3 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	• 175,87	3 00	• 00
4.	Enter federal net short-term capital loss, <b>if any</b> , reported on line 7, federal Schedule D, Form 1041	00	)	00	00
5.	Enter adjustment, if any, for depreciation differences in federal and state an	nounts 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	• 175,87	3 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		175,87	3 00	00
8.	Arkansas taxable amount, if a gain multiply line 7b by 50 percent (.50), other	rwise enter loss 8	87,93	00	00
9.	Enter federal short-term capital gain, <b>if any</b> , reported on line 7, federal Schedule D, Form 10419	<b>11,750</b> 00	11,75	00	00
10.	Enter adjustment, if any, for depreciation differences in federal and state an	nounts10	)	00	00
11.	Arkansas short-term capital gain, add (or subtract) line 9 and line 10	11	• 11,75	00	• 00
12.	Total taxable Arkansas capital gain or loss, add lines 8 and 11. <b>(Loss limite</b> Enter here and on AR1002F / AR1002NR		99,68	9 00	00

Schedule I	Schedule B: Income Distribution (Attach Federal K-1s)								
Beneficiaries' share of income: 0			Number of beneficiaries who received distributions: 0						
FIRST AND LAST NAME or NAME OF ESTATE OR TRUST	SSN/FEIN		ADDRESS	ST	ZIP	AMOUNT			
							00		
							00		
							00		
							00		
							00		
Refund: P.O. Box 100	ate Income Tax 00 IR 72203-1000		Tax Due/No Ta	<b>X:</b> F	P.O. Box 2144	te Income Tax 4 R 72203-2144			



# ARKANSAS FIDUCIARY INCOME TAX INTEREST AND DIVIDENDS

Name of estate or trust	Federal identification number
JOPLIN KIDS TRUST	00-****20

#### **PART I - TAXABLE INTEREST**

Interest on bank deposits, notes, mortgages from individuals, corporation bonds, savings and loan deposits, and credit union deposits are taxable. Interest on obligations of other states and subdivisions are fully taxable.

NAME OF PAYER	All Income		Arkansas Only	
PT CAP - ORD INT	2,922	00	2,922	00
MY CAPITAL - INTEREST	3,337	00	3,337	00
SUN LP	373	00		00
		00		00
		00		00
		00		00
		00		00
		00		00
		00		00
		00		00
Add the amounts listed and enter the total here and on line 1, Form AR1002F/AR1002NR.				
AICTOUZING.	6,632	00	6,259	00

#### **PART II - TAXABLE DIVIDENDS**

Dividends and other distributions on stock are fully taxable. There is no dividend exclusion applicable to Arkansas.

NAME OF PAYER	All Income		Arkansas Only	
PT CAP	1,088	00	1,088	00
MY CAPITAL	3,967	00		00
		00		00
		00		00
		00		00
		00		00
		00		00
		00		00
		00		00
		00		00
Add the amounts listed and enter the total here and on line 2, Form AR1002F/				
AR1002NR.	5,055	00	1,088	00

## **AR1099PT**

# INFORMATION RETURN Report of Income Tax Withheld or Paid on Behalf of Nonresident Member

STATE OF ARKANSAS



Tax Year End of Pass Through Entity 12/31/2019 mm/dd/yyyy

Part A: Pass - Through Entity Information		Part B: Nonresident Member Information					
Name of Entity:		Name:					
FIDUCIARY		JOPLIN KIDS TRUST					
Type of Ownership: (if other, please provide statement of ownership type)		Type of Ownership: (if other, please provide statement of ownership type)					
Partnership C Corp. S Corp. LLC	Trust Other	Partnership C Corp. S Corp. LLC Trust Individual Other					
Federal Identification Number:		Social Security Number or Federal Identification Number of Member:					
00-****99		00-****20					
Street Address:		Street Address:					
539 PLANTATION		59 DIAMOND LANE					
City, State, ZIP:		City, State, ZIP:					
SCOTT, AR 72142		JOPLIN, MO 64803					
Part C: Distribution and Tax Withholding or Payment Information for Nonresident Member							
Total Amounts Distributed from Arkansas Sources:	Arkansas Income Tax Withheld:		Arkansas Income Tax Paid on AR1000CR:				
\$3,500	\$25						

# Composite Income Tax Returns

**Required Forms:** AR1000CR & AR1099-PT

Name of estate or trust: Joe's Construction Company

**FEIN:** 00-\*\*\*\*21

# 2019 AR1000CR ARKANSAS INCOME TAX

## **COMPOSITE TAX RETURN**



CR1

Software ID

**CHECK BOX IF AMENDED RETURN** 

Jan 1 - Dec 31,	2019 or fiscal year ending _		20•			•		•	
Name of entity  JOE'S CON	ISTRUCTION COMPAN	Υ				Federal empl ● 00-****21	-	ificatio	on number
Mailing address						Telephone			
● P O BOX 36	628	In		T		(501) 682			
City ● LITTLE RO	ск	State or province  • AR		ZIP ● <b>72203</b>		☐ Check if add Foreign country	name		S.
• Checi	● Check this box if you have filed Arkansas extension Form AR1055-CR  Location of records for audit 1816 W. 7TH ST., LITTLE ROCK, AR				ROCK, AR				
CO	MPUTATION OF T	AX ON ARKANS	AS TAX	ABLE IN	COME (R	ound to	neares	t do	llar)
NON CO	RPORATION MEMI	BERS SHARES O	F INCOM	1E					
1. NUMBER	R OF NONRESIDENT MEMB	BERS			1 <u>• 2</u>		_		
2. TAXABLE	E INCOME FROM SCHEDU	LE A: (Non Corporation r	nembers)				2	•	<b>95,968</b> 00
3. TAX <b>: [M</b> u	Iltiply line 2 by 6.9 percent (.	069)]					3	•	<b>6,622</b> 00
CORPOR	RATION MEMBERS	SHARES OF INC	ОМЕ						
4. NUMBER	R OF NONRESIDENT MEMB	BERS			4 <u>• 1</u>		_		
5. TAXABLE	E INCOME FROM SCHEDU	LE B: (Corporation meml	oers)				5	•	<b>16,315</b> 00
6. TAX: <b>[M</b> u	Itiply line 5 by 6.5 percent (.	065)]					6	•	1,060
7. TOTAL TA	AX: (Add lines 3 and 6)						7	•	<b>7,682</b> 00
	income tax withheld: [Attac					<b>7,682</b> 0	_		
	d tax paid and/or credit carri					0	0		
	made with extension:					0	0		
1 '	ED RETURNS ONLY - Enter					0	0		
	AYMENTS: (Add lines 8 thro						<b>_</b> 12	•	<b>7,682</b> 00
	ED RETURNS ONLY - Enter								00
	ED TOTAL PAYMENTS: (Su								7,682
	OF OVERPAYMENT/REFU							1	00
	of overpayment to be applied				-				00
	T TO BE REFUNDED TO YO								00
	DUE: (If line 7 is greater th								0 00
PAY ONLINE:	Please visit our secure site A log on, make payments and n					TAP allows tax	payers or	their re	epresentatives to
	. ,	ARD: (See instructions)	2.711711 13 dvi	anabie 24 flour		IAIL: (See ins	ructions)		
	AR1000CR, page 2					is raturn an	d accom	many	ving schodulos
and state (other that Signature of	SIGN HERE: Under perments, and to the best on taxpayer) is based or	of my knowledge an all information of w	d belief, the hich prepa	ney are true are has any	e, correct a knowledg	and comple	te. Decl	arati	on of preparer
Signature of	of officer, partner or accounta	ant	Da	te	Telephone			•	rkansas Revenue
_ <u>is</u>	SIGN F	<u> TEKE</u>	(	03/03/2020	(501) 682	-2194	Ag	with 1	liscuss this return the preparer?
Paid prepai	rer's signature		I	TIN/ID numbe	er		For		Yes X No
ARE ARE				P00*****			A	Бера	• •
Preparer's			City/State/2		2202		Telep	ohone	<u> </u>
Page CR1 (R 6/26/20	oreparer@yahoo.com		LITTLE	OCK, AR 72	2203				
3 ( 3/20/20	-,								



SCHEDULE A - NON CORPORATION MEMBERS SHARES OF INCOME				
NAME OF MEMBER	ADDRESS, CITY, STATE, ZIP	SSN OR FEIN	SHARE OF TAXABLE INCOME	
ALICE MEMBER	123 MAIN ST., FORT WORTH, TX 76123	400-00-5501	<b>39,685</b> 00	
BRANDON MEMBER	124 MAIN ST., GREENVILLE, MS 38704	400-00-5502	<b>56,283</b> 00	
			00	
			00	
			00	
			00	
			00	
			00	
			00	
Total Taxable Income: Enter he	95,968 00			

SCHEDULE B - CORPORATION MEMBERS SHARES OF INCOME				
NAME OF MEMBER	ADDRESS, CITY, STATE, ZIP	FEIN	SHARE OF TAXABLE INCOME	
CHASE MEMBER	125 MAIN ST., LANDISVILLE, PA 15538	400-00-5503	16,315	00
				00
				00
				00
				00
				00
				00
				00
				00
Total Taxable Income: Enter he	16,315	00		

## INFORMATION RETURN Report of Income Tax Withheld or Paid

STATE OF ARKANSAS



# on Behalf of Nonresident Member Tax Year End of Pass Through Entity 12/31/2019

mm/dd/yyyy

Part A: Pass - Through Entity Information		Part B: Nonresident Member Information			
Name of Entity:		Name:			
JOE'S CONSTRUCTION COMPANY		ALICE MEMBER	ALICE MEMBER		
Type of Ownership: (if other, please provide statemen	t of ownership type)	Type of Ownership: (if other	er, please provide statement of ownership type)		
Partnership C Corp. S Corp. LLC	Trust Other	Partnership C Corp.	S Corp. LLC Trust X Individual Other		
Federal Identification Number:		Social Security Number or	Federal Identification Number of Member:		
00-****21		400-00-5501			
Street Address:		Street Address:			
P O BOX 3628		123 MAIN ST			
City, State, ZIP:		City, State, ZIP:			
LITTLE ROCK, AR 72203		FORT WORTH, TX 76123			
Part C: Distribution and Tax Withholding or Payment Information for Nonresident Member					
Total Amounts Distributed from Arkansas Sources: Arkansas Income Tax With		neld:	Arkansas Income Tax Paid on AR1000CR:		
\$39,685 \$2,738					

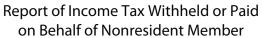
# STATE OF ARKANSAS INFORMATION RETURN Report of Income Tax Withheld or Paid on Behalf of Nonresident Member



Tax Year End of Pass Through Entity 12/31/2019 mm/dd/yyyy

Part A: Pass - Through Entity Information		Part B: Nonresident Member Information			
- arrivass moagir Enary information		T dit Di Homesident memo			
Name of Entity:		Name:			
JOE'S CONSTRUCTION COMPANY		BRANDON MEMBER	BRANDON MEMBER		
Type of Ownership: (if other, please provide statemen	t of ownership type)	Type of Ownership: (if oth	er, please provide statement of ownership type)		
Partnership C Corp. S Corp. LLC	Trust Other	Partnership C Corp.	S Corp. LLC Trust X Individual Other		
Federal Identification Number:		Social Security Number or	Federal Identification Number of Member:		
00-****21		400-00-5502			
Street Address:		Street Address:			
P O BOX 3628		124 MAIN ST.			
City, State, ZIP:		City, State, ZIP:			
LITTLE ROCK, AR 72203		GREENVILLE, MS 38704			
Part C: Distribution and Tax Withholding or Payment Information for Nonresident Member					
Total Amounts Distributed from Arkansas Sources: Arkansas Income Tax With		held:	Arkansas Income Tax Paid on AR1000CR:		
\$56,283 \$3,884					

#### STATE OF ARKANSAS INFORMATION RETURN POORT Of Income Tax Withheld





Tax Year End of Pass Through Entity	12/31/2019
	mm/dd/yyyy

Part A: Pass - Through Entity Information		Part B: Nonresident Member Information			
Name of Entity:		Name:			
JOE'S CONSTRUCTION COMPANY		CHASE MEMBER	CHASE MEMBER		
Type of Ownership: (if other, please provide statemen	it of ownership type)	Type of Ownership: (if oth	er, please provide statement of ownership type)		
Partnership C Corp. S Corp. LLC	Trust Other	Partnership C Corp.	S Corp. LLC Trust   Individual Other		
Federal Identification Number:		Social Security Number or	Federal Identification Number of Member:		
00-****21		400-00-5503			
Street Address:		Street Address:			
P O BOX 3628		125 MAIN ST.			
City, State, ZIP:		City, State, ZIP:			
LITTLE ROCK, AR 72203		LANDISVILLE, PA 15538			
Part C: Distribution and Tax Withholding or Payment I	Information for Nonresident	Member			
Total Amounts Distributed from Arkansas Sources: Arkansas Income Tax Withh		held:	Arkansas Income Tax Paid on AR1000CR:		
\$16,315 \$1,060					

**Required Forms:** AR1000CR & AR1099-PT

Name of estate or trust: TREK AG, Inc

**FEIN:** 00-\*\*\*\*22

**AR Tax Payment:** 

**Routing Number:** 265270413 **Account Number:** 6695427

**Requested Payment Date:** 04/15/20 **Amount Debited:** \$182.00

**Estimated Tax Payments:** 

**Routing Number:** 265270413 **Account Number:** 6695427

**Voucher 1:** 

**Requested Payment Date:** 04/15/20 **Amount Debited:** \$50.00

**Voucher 2:** 

**Requested Payment Date:** 06/15/20 **Amount Debited:** \$75.00

**Voucher 3:** 

**Requested Payment Date:** 09/15/20 **Amount Debited:** \$100.00

Voucher 4:

**Requested Payment Date:** 01/15/21 **Amount Debited:** \$40.00

# 2019 AR1000CR ARKANSAS INCOME TAX

## **COMPOSITE TAX RETURN**



CR1

**CHECK BOX IF** AMENDED RETURN

					AMENDED	RETURN		Soft	ware II	<u> </u>
Jan 1 - Dec 31, 2019	or fiscal year ending		20 •		•		•	<u> </u>		
Name of entity • TREK AG, INC						ral employer i <b>-</b> **** <b>22</b>	dentifica	ition num	ber	
Mailing address					Telep	hone				_
• 10125 TAX WAY	<u> </u>				-	1) 682-792				
City • SACRAMENTO	1	tate or province		ZIP ● <b>95864</b>		eck if address is on country name		J.S.		
• Check this	s box if you have file	d Arkansas extens	ion Forn	n AR1055-CR		tion of records			TO, CA	_
COMP	JTATION OF TAX	K ON ARKANS	AS TA	XABLE INC						
NON CORPO	DRATION MEMBE	RS SHARES O	F INCO	ME						
1. NUMBER OF	NONRESIDENT MEMBER	RS			1 <u>• 2</u>					
2 TAXABLE INC	OME FROM SCHEDULE	A: (Non Corporation n	nembers)				2		1,790	00
	line 2 by 6.9 percent (.069								124	-
COPPOPAT	ION MEMBERS S	HAPES OF INC	OME							
	NONRESIDENT MEMBER				4 ● 1					
							- [-		895	00
	OME FROM SCHEDULE								58	
6. TAX: [Multiply	line 5 by 6.5 percent (.065	5)]					6 💌		30	00
7. TOTAL TAX: (A	Add lines 3 and 6)						7		182	00
8. Arkansas inco	me tax withheld: [Attach c	opies of AR1099PT Fo	rm(s)]		8	00				
9. Estimated tax	paid and/or credit carried	forward:			9	00				
10. Payment made	with extension:				10	00				
11. AMENDED RE	TURNS ONLY - Enter pre	evious payments:			11	00				
	NTS: (Add lines 8 throug						12		0	00
	TURNS ONLY - Enter pre									00
	OTAL PAYMENTS: (Subtra	· ·							0	00
	OVERPAYMENT/REFUNI									00
	rpayment to be applied to									00
	BE REFUNDED TO YOU:									00
	E: (If line 7 is greater than	•	•						182	-
	e visit our secure site ATAF n, make payments and man					illows taxpayer	s or their	represen	ntatives to	0
ŭ	PAY BY CREDIT CAR	· ·			PAY BY MAIL:	(See instruction	ons)			
PLEASE SIG	1000CR, page 2 (  N HERE: Under pents, and to the best of	alties of periury, I (	declare t	that I have exa	amined this re	turn and ac	compa	nying s	chedul	es
ভূম (other than ta	xpayer) is based on a	II information of wi	hich pre	parer has any	knowledge.	ompiete. I				
Signature of office	er, partner or accountant	ERE		03/03/2020	Telephone (501) 682-722	9	Agency	e Arkansas y discuss t th the prep	this return	
Paid preparer's	signature			PTIN/ID numbe	er			Yes	No	
				• 00-****			. 1	partment	<del> </del>	,
Preparer's name			City/State	e/ZIP			A		•	
	PARER@YAHOO.CO	M	SACRA	MENTO, CA	95864		Telephor <b>(501) 6</b>	ne 8 <b>82-219</b> 4	4	



SCHEDULE A - NON CORPORATION MEMBERS SHARES OF INCOME				
NAME OF MEMBER ADDRESS CITY STATE ZIP		SSN OR FEIN	SHARE OF TAXABLE INCOME	
ZACK SMITH	321 BLOCK ST., SACRAMENTO, CA 95864	400-00-5510	895 00	
YOLANDA SANDERS	322 BLOCK ST., SACRAMENTO, CA 95864	400-00-5511	895 00	
			00	
			00	
			00	
			00	
			00	
			00	
			00	
Total Taxable Income: Enter h	<b>1,790</b> 00			

SCHEDULE B - CORPORATION MEMBERS SHARES OF INCOME				
NAME OF MEMBER	ADDRESS, CITY, STATE, ZIP	FEIN	SHARE OF TAXABLE INCOME	
XAVIER SWANSON	323 BLOCK ST., SACRAMENTO, CA 98564	400-00-5512	895	
			(	
			(	
Total Taxable Income: Enter	here and on line 5		895	

# STATE OF ARKANSAS INFORMATION RETURN Report of Income Tax Withheld or Paid on Behalf of Nonresident Member



Tax Year End of Pass Through Entity 12/31/2019 mm/dd/yyyy

Part A: Pass - Through Entity Information		Part B: Nonresident Member Information			
Name of Entity:		Name:	Name:		
TREK AG, INC.		ZACK SMITH	ZACK SMITH		
Type of Ownership: (if other, please provide statemen	t of ownership type)	Type of Ownership: (if oth	er, please provide statement of ownership type)		
Partnership C Corp. S Corp. LLC	Trust Other	Partnership C Corp.	S Corp. LLC Trust X Individual Other		
Federal Identification Number:		Social Security Number or	Federal Identification Number of Member:		
00-****22		400-00-5510			
Street Address:		Street Address:			
10125 TAX WAY		321 BLOCK ST.			
City, State, ZIP:		City, State, ZIP:			
SACRAMENTO, CA 95864		SACRAMENTO, CA 95864			
Part C: Distribution and Tax Withholding or Payment Information for Nonresident Member					
Total Amounts Distributed from Arkansas Sources: Arkansas Income Tax Withl		held:	Arkansas Income Tax Paid on AR1000CR:		
\$895			\$62		

## INFORMATION RETURN Report of Income Tax Withheld or Paid

Tax Year End of Pass Through Entity



## on Behalf of Nonresident Member

12/31/2019 mm/dd/yyyy

STATE OF ARKANSAS

Part A: Pass - Through Entity Information		Part B: Nonresident Member Information			
Name of Entity:		Name:			
TREK AG, INC.		YOLANDA SANDERS	YOLANDA SANDERS		
Type of Ownership: (if other, please provide statemen	t of ownership type)	Type of Ownership: (if oth	ner, please provide statement of ownership type)		
Partnership C Corp. S Corp. LLC Trust Other		Partnership C Corp.	S Corp. LLC Trust X Individual Other		
Federal Identification Number:		Social Security Number of	r Federal Identification Number of Member:		
00-****22		400-00-5511			
Street Address:		Street Address:			
10125 TAX WAY		322 BLOCK ST.			
City, State, ZIP:		City, State, ZIP:			
SACRAMENTO, CA 95864		SACRAMENTO, CA 95864			
Part C: Distribution and Tax Withholding or Payment Information for Nonresident Member					
Total Amounts Distributed from Arkansas Sources: Arkansas Income Tax With		held:	Arkansas Income Tax Paid on AR1000CR:		
\$895			\$62		

## INFORMATION RETURN

Tax Year End of Pass Through Entity



#### Report of Income Tax Withheld or Paid on Behalf of Nonresident Member

STATE OF ARKANSAS

	mm/dd/yyyy					
Part A: Pass - Through Entity Information	Part B: Nonresident Member Information					
Name of Entity:	Name:					
TREK AG, INC.	XAVIER SWANSON					
Type of Ownership: (if other, please provide statement of ownership type)	Type of Ownership: (if other, please provide statement of ownership type)					
Partnership C Corp. S Corp. LLC Trust Other	Partnership C Corp. S Corp. LLC Trust Individual Other					
Federal Identification Number:	Social Security Number or Federal Identification Number of Member:					
00-****22	400-00-5512					
Street Address:	Street Address:					
10125 TAX WAY	323 BLOCK ST.					
City, State, ZIP:	City, State, ZIP:					

12/31/2019

Partnership C Corp. S Corp. LLC	Trust Other	Partnership C Corp.	S Corp. LLC Trust Individual Other		
Federal Identification Number:		Social Security Number or Federal Identification Number of Member:			
00-***22		400-00-5512			
Street Address:		Street Address:			
10125 TAX WAY		323 BLOCK ST.			
City, State, ZIP:		City, State, ZIP:			
SACRAMENTO, CA 95864		SACRAMENTO, CA 95864			
Part C: Distribution and Tax Withholding or Payment I	nformation for Nonresident I	Member			
Total Amounts Distributed from Arkansas Sources: Arkansas Income Tax Withh		eld:	Arkansas Income Tax Paid on AR1000CR:		
\$895			\$58		
·		·			

**Required Forms:** AR1000CR & AR1099-PT

Name of estate or trust: Herman Smith Company

# 2019 AR1000CR ARKANSAS INCOME TAX

## **COMPOSITE TAX RETURN**



CR1

Software ID

**CHECK BOX IF AMENDED RETURN** 

Jan 1	- Dec 31, 2019 or fiscal year ending _		20•		•	•		•		
1	Name of entity ● HERMAN SMITH COMPANY					Federal employe ● <b>00-</b> **** <b>23</b>	er identific	ation	number	
1	ng address					Telephone				
	SCOTT COURT	lou-te en mande		Tain		(501) 682-79 ☐ Check if addres				
City ● ST	. LOUIS	State or province  • MO		ZIP ● <b>63146</b>		Foreign country na	me			
• [	Check this box if you have fi	led Arkansas extens	ion Form	AR1055-CR		Location of reco  3 SCOTT COL			JIS, MO	
	COMPUTATION OF TA	AX ON ARKANS	AS TAX	ABLE IN	COME (R	ound to ne	arest	doll	ar)	
N	ON CORPORATION MEM	BERS SHARES O	F INCOM	IE						
1.	NUMBER OF NONRESIDENT MEME	BERS			1 <u>• 2</u>		_			_
2.	TAXABLE INCOME FROM SCHEDU	LE A: (Non Corporation r	nembers)				2 🗨		272,363	_
3.	TAX: [Multiply line 2 by 6.9 percent (.	069)]					3 •		18,793	00
С	ORPORATION MEMBERS	SHARES OF INC	ОМЕ							_
4.	NUMBER OF NONRESIDENT MEME	BERS			4 <u>• 1</u>					
5.	TAXABLE INCOME FROM SCHEDU	LE B: (Corporation memb	oers)				5		116,726	00
6.	TAX: [Multiply line 5 by 6.5 percent (.0	065)]					6		7,587	00
7.	TOTAL TAX: (Add lines 3 and 6)						7		26,380	00
8	Arkansas income tax withheld: [Attac	h copies of AR1099PT Fo	rm(s)1		8	<b>30,000</b> 00				
	Estimated tax paid and/or credit carrie					00				
1	Payment made with extension:					00				
1	AMENDED RETURNS ONLY - Enter					00				
1	TOTAL PAYMENTS: (Add lines 8 thro						12		30,000	00
1	AMENDED RETURNS ONLY - Enter								•	00
1	ADJUSTED TOTAL PAYMENTS: (Sul								30,000	00
1	AMOUNT OF OVERPAYMENT/REFU								3,620	1
1	Amount of overpayment to be applied				-					00
1	AMOUNT TO BE REFUNDED TO YO								3,620	00
	AMOUNT DUE: (If line 7 is greater the									00
PAY	ONLINE: Please visit our secure site AT log on, make payments and n					TAP allows taxpa	yers or the	eir repr	esentatives t	0
		ARD: (See instructions)	5.711711 10 ave	mable 2 i flour		AIL: (See instru	ctions)			
Not	te: The AR1000CR, page 2	? (CR2) must be c	omplete	d and atta	ached.					
PLEASE SIGN HERE	PLEASE SIGN HERE: Under point statements, and to the best other than taxpayer) is based or	enalties of perjury, I of my knowledge an	declare that d belief, the hich prepa	at I have ex ney are true rer has any	amined thie, correct a	is return and a and complete. e.	accompa Declar	anyir atior	ng schedul n of prepai	es
SNH	signature of officer, partner or accounta		Da		Telephone		May th	he Arka	ansas Revenu	e
SIC	SIGN F	1EKE		3/03/2019	(501) 682	-7229		vith the	cuss this return preparer?	1
	'aid preparer's signature		- 1	TIN/ID numbe	er		For D	Yes	nent Use Only	
				00-****			A	Cpai tii	•	,
I유삤	reparer's name		City/State/Z		44		Telepho	one		_
	-mail JPREPARER@YAHOO.COI	VI	51. LOUI	S, MO 6314	¥1					_
. age of										



SCHED	SCHEDULE A - NON CORPORATION MEMBERS SHARES OF INCOME						
NAME OF MEMBER	SSN OR FEIN	SHARE OF TAXABLE INCOME					
JAMES SCOTT	540 NORTH ST., ST. LOUIS, MO 63141	400-00-5515	77,818 00				
JIM SCOTT	541 NORTH ST., ST. LOUIS, MO 63141	400-00-5516	<b>194,545</b> 00				
			00				
			00				
			00				
			00				
			00				
			00				
			00				
Total Taxable Income: Enter h	<b>272,363</b> 00						

SCH	SCHEDULE B - CORPORATION MEMBERS SHARES OF INCOME					
NAME OF MEMBER	SHARE OF TAXABLE INCOME					
JANET SCOTT	542 NORTH ST., ST. LOUIS, MO 63141	400-00-5517	116,726			
			C			
			C			
			C			
			C			
			C			
			C			
Total Taxable Income: Enter h	Total Taxable Income: Enter here and on line 5					

# INFORMATION RETURN Report of Income Tax Withheld or Paid on Behalf of Nonresident Member

STATE OF ARKANSAS



## Tax Year End of Pass Through Entity 12/31/2019

mm/dd/yyyy

Part A: Pass - Through Entity Information		Part B: Nonresident Member Information			
Name of Entity:		Name:			
Herman Smith Company		James Scott			
Type of Ownership: (if other, please provide statement of ownership type)		Type of Ownership: (if oth	er, please provide statement of ownership type)		
Partnership C Corp. S Corp. LLC Trust Other		Partnership C Corp.	S Corp. LLC Trust X Individual Other		
Federal Identification Number:		Social Security Number or	Federal Identification Number of Member:		
00-****23		400-00-5515			
Street Address:		Street Address:			
3 Scott Ct.		540 North St.			
City, State, ZIP:		City, State, ZIP:			
St. Louis, MO 63146		St. Louis, MO 63141			
Part C: Distribution and Tax Withholding or Payment I	nformation for Nonresident	Member			
Total Amounts Distributed from Arkansas Sources:	Arkansas Income Tax Withh	neld:	Arkansas Income Tax Paid on AR1000CR:		
\$77,818	\$10,000				

## STATE OF ARKANSAS INFORMATION RETURN POORT OF Income Tax Withheld



## Report of Income Tax Withheld or Paid on Behalf of Nonresident Member

Tax Year End of Pass Through Entity	12/31/2019
	mm/dd/yyyy

Part A: Pass - Through Entity Information		Part B: Nonresident Member Information			
Name of Entity:		Name:			
Herman Smith Company		Jim Scott			
Type of Ownership: (if other, please provide statement of ownership type)		Type of Ownership: (if other	er, please provide statement of ownership type)		
Partnership C Corp. S Corp. LLC Trust Other		Partnership C Corp.	S Corp. LLC Trust X Individual Other		
Federal Identification Number:		Social Security Number or	Federal Identification Number of Member:		
00-****23		400-00-5516			
Street Address:		Street Address:			
3 Scott Ct.		541 North St.			
City, State, ZIP:		City, State, ZIP:			
St. Louis, MO 63146		St. Louis, MO 63141			
Part C: Distribution and Tax Withholding or Payment I	nformation for Nonresident	Member			
Total Amounts Distributed from Arkansas Sources:	Arkansas Income Tax Withl	neld:	Arkansas Income Tax Paid on AR1000CR:		
\$194,545	\$10,000				

#### STATE OF ARKANSAS INFORMATION RETURN port of Income Tax Withheld o



## Report of Income Tax Withheld or Paid on Behalf of Nonresident Member

Tax Year End of Pass Through Entity	12/31/2019
	mm/dd/yyyy

Part A: Pass - Through Entity Information		Part B: Nonresident Member Information			
Name of Entity:		Name:			
Herman Smith Company		Janet Scott			
Type of Ownership: (if other, please provide statement of ownership type)		Type of Ownership: (if other	er, please provide statement of ownership type)		
Partnership		Partnership C Corp.	S Corp. LLC Trust X Individual Other		
Federal Identification Number:		Social Security Number or	Federal Identification Number of Member:		
00-****23		400-00-5517			
Street Address:		Street Address:			
3 Scott Ct.		542 North St.			
City, State, ZIP:		City, State, ZIP:			
St. Louis, MO 63146		St. Louis, MO 63141			
Part C: Distribution and Tax Withholding or Payment I	nformation for Nonresident	Member			
Total Amounts Distributed from Arkansas Sources:	Arkansas Income Tax Withl	neld:	Arkansas Income Tax Paid on AR1000CR:		
\$116,726	\$10,000				

#### AMENDED INCOME TAX RETURN

**Required Forms:** AR1000CR & AR1099-PT

Name of estate or trust: Joe's Construction Company

# 2019 AR1000CR ARKANSAS INCOME TAX

## **COMPOSITE TAX RETURN**



CR1

#### **CHECK BOX IF AMENDED RETURN**

Software ID

	D 04 0040 5 1		00 -			• 🗙			ortware i	
	- Dec 31, 2019 or fiscal year ending	,	20	)				<u> </u>		
	e of entity DE'S CONSTRUCTION COMPANY	•				Federal employer • 00-****24	ident	ification ni	umber	
Mailir	ng address					Telephone				
• P (	O BOX 3628					(501) 682-792	5			
City		State or province		ZIP		Check if address i		ide U.S.		
• LIT	ITLE ROCK	• AR		● 72203		Foreign country name				
• [	Check this box if you have file	led Arkansas extens	ion Forn	n AR1055-CR		Location of record 1816 W. 7TH S			OCK, AR	
	COMPUTATION OF TA	AX ON ARKANS	AS TA	XABLE INC	COME (R	ound to nea	res	t dolla	r)	
N	ION CORPORATION MEME	BERS SHARES O	F INCO	ME						
1.	NUMBER OF NONRESIDENT MEMB	BERS			1 <u>• 2</u>					
2.	TAXABLE INCOME FROM SCHEDUI	E A: (Non Corporation r	nembers)				2	•	95,968	00
	TAX: [Multiply line 2 by 6.9 percent (.0							1	6,622	+
С	ORPORATION MEMBERS	SHARES OF INC	OME							
4.	NUMBER OF NONRESIDENT MEMB	BERS			4 <u>• 1</u>					
5.	TAXABLE INCOME FROM SCHEDUL	_E B: (Corporation meml	oers)				5	•	19,835	00
	TAX: [Multiply line 5 by 6.5 percent (.0							1	1,289	00
		·-								
7.	TOTAL TAX: (Add lines 3 and 6)				<u></u>		7	•	7,911	00
8.	Arkansas income tax withheld: [Attacl	n copies of AR1099PT Fo	rm(s)]		8	<b>8,000</b> 00				
1	Estimated tax paid and/or credit carrie				I	00				
10.	Payment made with extension:				10	00				
11.	AMENDED RETURNS ONLY - Enter	previous payments:			11	00				
12.	TOTAL PAYMENTS: (Add lines 8 thro	ugh 11)					12	•	8,000	00
1	AMENDED RETURNS ONLY - Enter									00
1	ADJUSTED TOTAL PAYMENTS: (Sub								8,000	00
1	AMOUNT OF OVERPAYMENT/REFU									00
1	Amount of overpayment to be applied									00
1	AMOUNT TO BE REFUNDED TO YO								89	00
	AMOUNT DUE: (If line 7 is greater tha									00
PAY	<b>ONLINE:</b> Please visit our secure site AT log on, make payments and m					TAP allows taxpaye	rs or	their repres	sentatives t	.0
	, , ,	ARD: (See instructions)				AIL: (See instructi	ions)			
No	te: The AR1000CR, page 2	(CR2) must be c	omplet	ed and atta	ched.					
	7. 3	,	•							
F	PLEASE SIGN HERE: Under pe	enalties of perjury, I	declare t	that I have exa	amined thi	is return and ac	con	npanying	schedul	es
PLEASE SIGN HERE	and statements, and to the best other than taxpayer) is based on	of my knowledge an all information of w	d belief, hich pre <sub>l</sub>	they are true parer has any	, correct a knowledg	and complete. e.	Decl	aration	of prepai	rer
SEE	Signature of officer, partner or accounta	nt		Date	Telephone		Ma	y the Arkan	ısas Revenu	e
Sign	SIGNE	1LKL		03/03/2020	(501) 682	-2194	Ą	gency discus with the p	ss this return	n
	Paid preparer's signature			PTIN/ID numbe	1, ,			X Yes	No	
1 1	a.a p. oparor o orginaturo			• P00*****	••	l	Fo	r Departme	ent Use Onl	у
PAID EPARER	Preparer's name		City/State			<del></del> [	Α		•	
	•		1 1	ROCK, AR 72	2203	[	Tele	phone		
" L	:-mail taxpreparer@yahoo.com		1							



SCHED	SCHEDULE A - NON CORPORATION MEMBERS SHARES OF INCOME						
NAME OF MEMBER	SSN OR FEIN	SHARE OF TAXABLE INCOME					
ALICE MEMBER	123 MAIN ST., FORT WORTH, TX 76123	400-00-5501	39,685	00			
BRANDON MEMBER	124 MAIN ST., GREENVILLE, MS 38704	400-00-5502	56,283	00			
			C	00			
			C	00			
			C	00			
			C	00			
			C	00			
			C	00			
				00			
Total Taxable Income: Enter he	Total Taxable Income: Enter here and on line 2						

SCHEDULE B - CORPORATION MEMBERS SHARES OF INCOME						
NAME OF MEMBER	ADDRESS, CITY, STATE, ZIP	FEIN	SHARE OF TAXABLE INCOME			
CHASE MEMBER	125 MAIN ST., LANDISVILLE, PA 15538	400-00-5503	19,835	00		
			(	00		
			(	00		
				00		
			(	00		
				00		
			C	00		
			(	00		
				00		
Total Taxable Income: Enter h	ere and on line 5		19,835	00		

## INFORMATION RETURN Report of Income Tax Withheld or Paid

STATE OF ARKANSAS



# on Behalf of Nonresident Member Tax Year End of Pass Through Entity 12/31/2019

mm/dd/yyyy

Part A: Pass - Through Entity Information		Part B: Nonresident Member Information			
Name of Entity:		Name:	Name:		
JOE'S CONSTRUCTION COMPANY		ALICE MEMBER			
Type of Ownership: (if other, please provide statemen	t of ownership type)	Type of Ownership: (if oth	er, please provide statement of ownership type)		
Partnership C Corp. S Corp. LLC	Trust Other	Partnership C Corp.	S Corp. LLC Trust X Individual Other		
Federal Identification Number:		Social Security Number or	Social Security Number or Federal Identification Number of Member:		
00-****24		400-00-5501			
Street Address:		Street Address:			
P O BOX 3628		123 MAIN ST			
City, State, ZIP:		City, State, ZIP:			
LITTLE ROCK, AR 72203		FORT WORTH, TX 76123			
Part C: Distribution and Tax Withholding or Payment I	nformation for Nonresident	Member			
Total Amounts Distributed from Arkansas Sources: Arkansas Income Tax With		held:	Arkansas Income Tax Paid on AR1000CR:		
\$39,685 \$2,738					

# STATE OF ARKANSAS INFORMATION RETURN

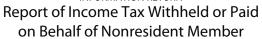




Tax Year End of Pass Through Entity	12/31/2019
	mm/dd/yyyy

Part A: Pass - Through Entity Information		Part B: Nonresident Memb	er Information		
Name of Entity:		Name:			
JOE'S CONSTRUCTION COMPANY		BRANDON MEMBER	BRANDON MEMBER		
Type of Ownership: (if other, please provide statemen	t of ownership type)	Type of Ownership: (if other	er, please provide statement of ownership type)		
Partnership C Corp. S Corp. LLC	Trust Other	Partnership C Corp.	S Corp. LLC Trust   Individual Other		
Federal Identification Number:		Social Security Number or	Federal Identification Number of Member:		
00-****24		400-00-5502			
Street Address:		Street Address:			
P O BOX 3628		124 MAIN ST.			
City, State, ZIP:		City, State, ZIP:			
LITTLE ROCK, AR 72203		GREENVILLE, MS 38704			
Part C: Distribution and Tax Withholding or Payment I	nformation for Nonresident	Member			
Total Amounts Distributed from Arkansas Sources: Arkansas Income Tax With		held:	Arkansas Income Tax Paid on AR1000CR:		
\$56,283 \$3,884					

## STATE OF ARKANSAS INFORMATION RETURN PORT OF Income Tax Withheld





Tax Year End of Pass Through Entity	12/31/2019
	mm/dd/yyyy

Part A: Pass - Through Entity Information		Part B: Nonresident Member Information		
Name of Entity:		Name:		
JOE'S CONSTRUCTION COMPANY		CHASE MEMBER		
Type of Ownership: (if other, please provide statemen	it of ownership type)	Type of Ownership: (if oth	er, please provide statement of ownership type)	
Partnership C Corp. S Corp. LLC	Trust Other	Partnership C Corp.	S Corp. LLC Trust X Individual Other	
Federal Identification Number:		Social Security Number or Federal Identification Number of Member:		
00-****24		400-00-5503		
Street Address:		Street Address:		
P O BOX 3628		125 MAIN ST.		
City, State, ZIP:		City, State, ZIP:		
LITTLE ROCK, AR 72203		LANDISVILLE, PA 15538		
Part C: Distribution and Tax Withholding or Payment I	Information for Nonresident	Member		
Total Amounts Distributed from Arkansas Sources: Arkansas Income Tax With		held:	Arkansas Income Tax Paid on AR1000CR:	
\$19835 \$1,378				

# Request For Extension Of Time For Filing

**Required Forms:** AR1155

Name of estate or trust: Thermo Stat Corp

**FEIN:** 00-\*\*\*\*25

**Extension Payment:** 

**Routing Number:** 265270413 **Account Number:** 6695427 **Extension Amount:** \$100.00



# ARKANSAS CORPORATION INCOME TAX REQUEST FOR ARKANSAS EXTENSION OF TIME FOR FILING INCOME TAX RETURNS

Tax year beginning <u>JANUARY 1</u> (Tax year		9 and ending DECE			Software ID
Name  THERMO STAT CORP				<u> </u>	Employer Identification Number
Mailing Address (Number and Street, P.0  1 AIR CONDITION WAY	). Box or Rura	al Route)		1	
City ● ENGLAND	State or F	Province	Zip ● <b>72046</b>		k if address is outside U.S. Country Name
File only if you are	-	<b>ng a 60 or 180 day</b> Instructions for additi			ferenced in Item 2 below
NAICS Code • 561790		Date of Incorporation ■ 04/17/2000			Type of Corporation Check only one box
If you are a pass-through entity and are of entity and check one of the filing statu	s boxes:	• LIMITED LIABILITY	COMPANY	PARTNERSHIP	Domestic (in state)  Foreign (out of state)
S CORPORATION (AR1100S     Subs under the Parent and	) - If the ent	ity is the Parent Corporati	ion, the Parent mu		sion, include a schedule of Q
C CORPORATION (AR11000 extension for the parent congroup.					
• COOPERATIVE ASSOCIATION	N (AR11000	OT) • EXE	MPT ORGANIZATI	ON (AR1100CT)	
<ul> <li>CHECK ONLY ONE BOX BEI</li> <li>A X Check this box if requesting a</li> </ul>	·				
Check this box if requesting a  Check this box if requesting a		<u> </u>	<del>-</del>		
File this request by the original due date or, i return when filed. A request for an extension					
Please mail the Corporation Inc	_ DE	NIED: Extension request n	ot filed on time.	P.O. Box 919 Little Rock, AR 7	
Make check or money order payab	le in U.S. [ — — —	cut	here — — —	tration" — — — — — -	
AR1155		Corporation Ex	ARKANSAS At <mark>ension Pa</mark>	ayment	
Software ID		Tax Year Ending	(MM/DD/YYYY)		
Federal Employer Identification Number		Due Date			
Name of Corporation					
Address				Amount of this \$ Payment	
City, State, Zip				i ajmont	Enter Whole Dollars (ex. 1,234,567,00)

**Required Forms:** AR1155

Name of estate or trust: Sand Tart Inc

**FEIN:** 00-\*\*\*\*26

**Extension Payment:** 

**Routing Number:** 265270413 **Account Number:** 6695427 **Extension Amount:** \$200.00



# ARKANSAS CORPORATION INCOME TAX REQUEST FOR ARKANSAS EXTENSION OF TIME FOR FILING INCOME TAX RETURNS

Tax year beginning JANUARY 1		9 and ending DEC			Software ID
Name SAND TART INC			<u> </u>	Feder	al Employer Identification Number ***** <b>26</b>
Mailing Address (Number and Street, • 25 PECAN WAY	P.O. Box or Rura	al Route)			
City  ● CAVE CITY	State or P	Province	Zip ● <b>72521</b>		eck if address is outside U.S. gn Country Name
File only if you are	_	<b>ng a 60 or 180 d</b> Instructions for add	•		referenced in Item 2 below
NAICS Code • 561790		Date of Incorporation ■ 12/01/2015			Type of Corporation Check only one box
If you are a pass-through entity and a of entity and check one of the filing sta		"Check the Box" provision  ■ LIMITED LIABILIT		purposes, check the t PARTNERSHIE	
INDICATE TYPE OF RETU     S CORPORATION (AR1100 Subs under the Parent an	OS) - If the ent	ity is the Parent Corpor	ation, the Parent m		nsion, include a schedule of Q
<ul> <li>C CORPORATION (AR110) extension for the parent of group.</li> </ul>	, .	•			•
• COOPERATIVE ASSOCIAT	TON (AR11000	OT) • 🗆 E>	KEMPT ORGANIZAT	ION (AR1100CT)	
<ul> <li>CHECK ONLY ONE BOX B</li> <li>A ☐ Check this box if requesting</li> </ul>	Ť				
● B X Check this box if requesting					
File this request by the original due date o return when filed. A request for an extension					uest must be attached to the face of the nis also applies to an additional extension).
Please mail the Corporation In APPROVED BY:	DEI	NIED: Extension reques	t not filed on time.	P.O. Box 919 Little Rock, AR	
Make check or money order paya	able in U.S. [ — — — —	cı	ut here	stration" — — — — —	
AR1155		Corporation E	Extension Pa	ayment	
Software ID		Tax Year Ending	(MM/DD/YYYY)		
Federal Employer Identification Number		Due Date			
Name of Corporation					
Address				Amount of this \$ Payment	
City, State, Zip				i ayınıcını	Enter Whole Dollars (ex. 1,234.567.00)

**Required Forms:** AR1055-PE

Name of estate or trust: Curtain Partnership



# STATE OF ARKANSAS REQUEST FOR EXTENSION OF TIME FOR FILING PARTNERSHIP TAX RETURNS

				Sof	tware ID
Jan. 1 - Dec. 31, 2019 or fiscal year	beginning	and end	ding20	•	
Name of entity		Federal empl	oyer identification number	Dept. Use Only	
CURTAIN PARTNERSHIP		• 00-****2	7	APPROVED	
Mailing address (Number and street,					
● 86 PLAID COURT	DENIED: Extens				
City	State or province	ZIP	Check if address is outside U.S.	DENIED: Other	
• MT HOLLY	● AR	● 71757	Foreign country name	DENIED: Other	

Filing this Arkansas extension form will extend the date to file your return to October 15<sup>th</sup> for calendar year filers. Fiscal year filers will have an extension of 180 days from their return due date.

File this request on or before the due date of your return. Keep a copy for your records.

**NOTE:** Income tax returns must be filed and the tax paid on or before the fifteenth (15<sup>th</sup>) day of the fourth (4<sup>th</sup>) month following the close of the tax year (April 15<sup>th</sup> for calendar year filers). This extension is an agreement by the Commissioner of Revenue to waive the statutory penalty for failure to file timely if the return is filed by the extension due date and the tax is paid by the original due date of the return (April 15<sup>th</sup> for calendar year filers).

Mail to the following address: Individual Income Tax Section P.O. Box 8149
Little Rock, AR 72203-8149

**Caution:** An extension to file is not an extension to pay. Interest and failure to pay penalty will be assessed if any tax due is not paid by the original due date, April 15<sup>th</sup> for calendar year filers.

**Required Forms:** AR1055-FE

Name of estate or trust: Peach Trust

**FEIN:** 00-\*\*\*\*28

**Extension Payment:** 

**Routing Number:** 265270413 **Account Number:** 6695427 **Extension Amount:** \$300.00

2019

### **AR1055-FE**



# STATE OF ARKANSAS REQUEST FOR EXTENSION OF TIME FOR FILING FIDUCIARY TAX RETURNS

Jan. 1 - Dec. 31, 2019 or fiscal ye	ar beginning	and	ending 20	Software ID
Name of estate or trust	<u></u>		deral identification number	Dept. Use Only
PEACH TRUST			0-****28	Dept. Ose only
	4			APPROVED
Name and title of fiduciary or trus	itee			
ARKANSAS PEACH				DENIED: Extension request
Mailing address (Number and stree	et, P.O. box or rural rou	ıte)		not approved on time
●1 COBBLER DR				DENIED: Other
City	State or province	ZIP	☐ Check if address is outside U.S. Foreign country name	
• HOPE	• AR	● 71801	1 Grough Gountry Humb	
NOTE: Income tax returnmenth following the close Commissioner of Revenudue date and the tax is particular to the following the close tax is particular to the following tax in the close tax in the following tax in the fo	rns must be file e of the tax yea e to waive the s aid by the origin  wing address file is not an ext ginal due date,	ed and the tar (April 15 <sup>th</sup> for tatutory penal all due date of the control of th	or calendar year filers). The alty for failure to file timely of the return (April 15th for constant) and Income Tax Section 88149 Rock, AR 72203-8149  y. Interest and failure to pacalendar year filers.	,
— — — — — — — —	ayable in 0.5. Doll - — — — — —	ars to Dept. of	cut here — — — — —	
AR1055-FE		STATE	E of ARKANSAS	2019
AR 1000-FE	F	iduciary E	xtension Payment	2019
Software ID			ndar Year 2019 or	
Federal Identification Number	r D	ue Date		
Name			Λ 20.01	int
Address			Amou of th	is \$
City, State, Zip			Paym	
Telephone #				Include Cents (ex. 1.234.567.00)

**Required Forms:** AR1055-CR

Name of estate or trust: Pencil Inc

**FEIN:** 00-\*\*\*\*29

**Extension Payment:** 

**Routing Number:** 265270413 **Account Number:** 6695427 **Extension Amount:** \$400.00

(ex. 1,234,567.00)



# STATE OF ARKANSAS REQUEST FOR EXTENSION OF TIME FOR FILING COMPOSITE TAX RETURNS

					Software ID
Jan. 1 - Dec. 31, 2019 or fiscal ye	ar beginning	and er			Dont Hoo Cale
Name of entity		oloyer identification number	Dept. Use Only		
PENCIL INC	• 00-****	29		APPROVED	
Mailing address (Number and stree	et, P.O. box or rural rou	te)			
• 44 LEAD ST					DENIED: Extension request not approved on time
City	State or province	ZIP	Check if address is outsi	de U.S.	
PENCIL BLUFF	• AR	• 71965	Foreign country name		DENIED: Other
of the tax year (April 15 <sup>th</sup> for capenalty for failure to file timely 15 <sup>th</sup> for calendar year filers).  Mail to the follo	e the due date of must be filed and the alendar year filers) if the return is filed wing address file is not an exte	your return. K ne tax paid on o . This extension d by the extension : Individu P.O. Bo Little R	deep a copy for your resorbefore the fifteenth (15 in is an agreement by the on due date and the tax ual Income Tax Sex 8149 Rock, AR 72203-81	5 <sup>th</sup> ) day of the fou e Commissioner is paid by the or ection	orth (4 <sup>th</sup> ) month following the close of Revenue to waive the statutor iginal due date of the return (Apr II be assessed if any tax due is
Make check or money order p	•	-		tion".	
AR1055-CR	Co		of ARKANSAS  Extension Paym	nent	2019
Software ID		Caler Fiscal Year En	ndar Year 2019 or ding (MM/DD/YYYY)		
Federal Identification Numbe	r Du	ue Date			
Name					
Address				Amount of this \$ Payment	
City, State, Zip				rayment	Include Cente