



**ARKANSAS INCOME TAX  
OWNER'S SHARE OF INCOME, DEDUCTIONS, CREDITS, ETC.**

Tax year beginning \_\_\_\_\_, 20\_\_\_\_ and ending \_\_\_\_\_, 20\_\_\_\_  **Final K-1**  **Amended K-1**

<input type="checkbox"/> <b>Estate</b> <input type="checkbox"/> <b>Trust</b>	<b>Part III Beneficiary's Share of Current Year Income, Deductions, Credits, and Other Items</b>		
	Distributive share allocated and apportioned to Arkansas	Distributive share to be reported by Arkansas Residents	
<b>Part I Information About the Estate or Trust</b>	1a Interest income	1b Interest income	
	<b>A</b> Identification Number	2a Ordinary dividends	
	<b>B</b> Name, Address, City, State, Zip Code	2b Ordinary dividends	3a Business income
		3b Business income	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	6a Net short-term capital gain (loss)
	<b>Part II Information About the Beneficiary</b>	6b Net short-term capital gain (loss)	<b>C</b> Identification Number
		7a Net long-term capital gain (loss)	7b Net long-term capital gain (loss)
		8a Unrecaptured Section 1250 gain	8b Unrecaptured Section 1250 gain
		9a Net Section 1231 gain (loss)	9b Net Section 1231 gain (loss)
10a Other income (loss)*		10b Other income (loss)*	
11a Section 179 deduction		11b Section 179 deduction	
<b>E</b> Check if beneficiary is a nonresident <input type="checkbox"/> If a nonresident, provide state of legal residence _____		12a Other deductions*	12b Other deductions*
<b>F</b> Beneficiary's Percentage of Allocated Income for Tax Year _____ %		13a Other information*	13b Other information*
		14a Credits	14b Credits
		15a Tax-exempt income and nondeductible expenses	15a Tax-exempt income and nondeductible expenses
	16a Distributions	16b Distributions	
* Attach statement with additional information		17 Arkansas withholding and other payments	