

2017 AR1050

ARKANSAS PARTNERSHIP INCOME TAX RETURN



P1

Software ID

Jan. 1 - Dec. 31, 2017 or fiscal year beginning _____ and ending _____ 20__

Name ●			Federal Identification Number ●	
Address ●			Type of business	
City ●	State or Province ●	ZIP ●	<input type="checkbox"/> Check if address is outside U.S. Foreign Country	Number of partners ●

Type of entity

General Partnership
 Limited Partnership
 Limited Liability Company
 Limited Liability Partnership
 Other _____

Check applicable box

Initial Return
 Amended Return
 Final Return

Note: Attach completed copy of Federal Return and Sign Arkansas Return

INCOME	(A) Federal	(B) Arkansas
4. Gross receipts or sales:.....4.	00	00
5. Cost of goods sold:.....5.	00	00
6. Gross profit from business:.....6.	00	00
7. Income from other partnerships or fiduciaries: (Attach schedule).....7.	00	00
8. Interest and/or dividends: (Attach schedule).....8.	00	00
9. Rental income: (Attach schedule).....9.	00	00
10. Royalty income: (Attach schedule).....10.	00	00
11. Farm income: (Attach schedule).....11.	00	00
12. Capital gain or loss: (Attach schedule).....12.	00	00
13. Other income: (Attach schedule).....13.	00	00
14. Total Income: (Add Lines 6 through 13).....14.	00	00

DEDUCTIONS	(A) Federal	(B) Arkansas
15. Salaries of employees:.....15.	00	00
16. Guaranteed payments to partners:.....16.	00	00
17. Rent on business property:.....17.	00	00
18. Interest expense:.....18.	00	00
19. Taxes:.....19.	00	00
20. Bad debts: (Attach schedule).....20.	00	00
21. Repairs:.....21.	00	00
22. Depreciation: (Attach schedule).....22.	00	00
23. Depletion: (Attach schedule).....23.	00	00
24. Retirement plan, etc.: (Attach schedule).....24.	00	00
25. Other deductions: (Attach schedule).....25.	00	00
26. Total Deductions: (Add Lines 15 through 25).....26.	00	00
27. Net Income or loss: (Subtract Line 26 from Line 14).....27.	00	00

PARTNERS' SHARES OF INCOME						
NAME OF PARTNER	ADDRESS	CITY	STATE	ZIP	SSN / FEIN	INCOME
A.						00
B.						00
C.						00
D.						00
E.						00

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct and complete. Declaration of preparer (other than general partner or limited liability company member) is based on all information of which preparer has any knowledge.

Please Sign Here	Signature of general partner or limited liability company member	Date	
Paid Preparer's use only	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>
	Firm's name (or yours if self-employed) and address		Preparer's SSN or PTIN
		EIN	May the Arkansas Revenue Agency discuss this return with the preparer of the return? <input type="checkbox"/> Yes <input type="checkbox"/> No
		Telephone	

**Schedule B
Additional Partnership
Information**



P2

FEIN: _____

- 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

PART 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
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 Line 5, page 1):.....	7		00

8a. 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 "subnormal" goods.....8b

c. Check this box if the LIFO Inventory Method was adopted this tax year for any goods (If checked, attach IRS Form 970)..... 8c

d. Do the rules of IRC Section 263A (for property produced or acquired for resale) apply to the partnership?8d Yes No

e. Were there any changes in determining quantities, cost, or valuations between opening and closing inventories?
 (If yes, attach explanation)8e Yes No

PART II: BALANCE SHEET

ASSETS	BEGINNING OF YEAR		END OF 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.....				
LIABILITIES AND CAPITAL	BEGINNING OF YEAR		END OF YEAR	
Accounts Payable				
Mortgages, notes, and bonds payable.....				
Other current liabilities				
All non recourse loans				
Other liabilities				
Partners' capital accounts.....				
TOTAL LIABILITIES AND CAPITAL.....				

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