2021 AR1002NR ARKANSAS FIDUCIARY



		esident INCOME TAX	RETURN								<u>Software</u>	ID
For 2021 or fiscal year beginning and ending					2	20 •				• DFA WEB		
Name of estate or trust					Fed	Federal identification number				Type of entity:		
Name and Etha of Calculations and the state of the state						•				Decedent's estate Simple trust		
Name and title of fiduciary or trustee						Da	Date trust created			Complex		Н
Mai	lina	address					C+-+-			ESBT		
•	iiig	audiess				•		or federal sion filed		Grantor t		Н
City State or province ZIP							iddress is outside U.S	_	Charitabl Bankrunt	e trust cy estate	H	
• 1			• '		•		Foreign cou	intry			come fund	
		INITIAL RETURN •	AMENDED RETURN	• 🔲 ۱	INAL RETUR	RN	A. Al	L INCOME		B. ARKA	NSAS INC	OME
	1.	Interest income:				1		00	1			00
	ı	2. Ordinary dividends: 3. Net profit from trade or business: (Attach schedule) 4. Capital gains: (See instructions) 5. Rents, royalties, partnerships, other estates and trusts, etc: (Attach schedule) 6. Farm income: (Attach schedule)						00	2	2		00
							00	3	3		00	
me							00	4	1		00	
ncome							00	5	,		00	
=	l						00	4			00	
	l	7. Other income:					00	-	,		00	
	ı	8. TOTAL INCOME: (Add lines 1 through 7)						00	8	3		00
		Taxes:						00	g	,		00
	ı	Interest:						00	10			00
	11.	Charitable contributions:				11		00	11			00
	12.	Fees: (Fiduciary/attorney/acco	ountant/preparer)			12		00	12	2		00
suc		Other deductions:						00	13	3		00
Deduction	ı	Total deductions: (Add lines 9						00	14	1		00
ped		Adjusted income before distrib						00	15	5		00
		Amounts to be distributed to b						00	16	s •		00
	l .	Adjusted income after distribut						00	17	7		00
		Standard deduction:						\$2,200 00	-			$\neg \neg$
	l .	NET TAXABLE INCOME:						00	4			
	_	TOTAL TAX: Enter tax from					column A:	······	. 20)		00
	21.	Personal tax credit:				21		\$29 00]			
	22.	Other tax credit: (Attach AR10	02-TC)			22	•	00	1			
	23.	TOTAL CREDITS: (Add line	es 21 through 22)					······	. 23	3		00
	24.	NON ESBT NET TAX: (Sub	otract line 23 from line 20)					. 24	1		00
	24A	a. Enter the amount from line 17	7, column B:			24A	•	00		•		
	24E	B. Enter the amount from line 17, column A:				24B	•	00	1			
	240	4C. Divide line 24A by line 24B and enter decimal here:							24C	;		
	240	24D. APPORTIONED NON ESBT NET TAX: (Multiply line 24 by line 24C)							24C	•		00
stc	24E	24E. APPORTIONED ESBT NET TAX: (Attach schedule)							24E	•		00
Payments	24F	TOTAL APPORTIONED N	IET TAX: (Add lines 24D	and 24E)					24F	•		00
⁵ ay	25.	Arkansas income tax withheld	: (Attach AR1099PT and/o	or 1099R)		25	•	00				
and F	26.	Estimated tax paid or credit br	ought forward from last ye	ear:		26	•	00				
	l .	Tax paid with extension:						00	4			
Tax	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		00				
	30.	Overpayments received: (See	instructions)			30	•	00				
	31.	1. NET PAYMENTS: (Subtract line 30 from line 29)							. 31	1 •		00
	32.	Amount of overpayment: (If lin	ne 31 is greater than line 2	24F, enter o	lifference)				-	2		00
		Amount to be applied to 2022						00	_			
		AMOUNT TO BE REFUND										00
		AMOUNT DUE: (If line 31 is less than line 24F, enter difference)					_	j ●		00		
	36.	Attach Form AR2210 or AR221					ty 36B ● 🗌		0]
		Pay Online: Please visit our secure site ATAP (Arkansas Taxpayer Access Point) at www.atap.arkansas.gov TOTAL DUE 36					36C	; •		00		
Und	er pei	penalties of perjury, I declare that I have examined this return and to the best of my knowledge and belief, the statements are true and complete.						e.		kansas Revenuuss this return		
Fiduciary/trustee's signature Date									preparer?	**		
Pre	pare	r's signature_			Date					Yes	No	
Nar	ne					ID numb	er •		_	For Depart	ment Use O	nly
I Add	iress			City state	and ZIP					A	•	



Schedule A: Capital Gains (Attach Federal Schedule D)

In Arkansas only 50% of net long term capital gain is taxed. 100% of short term capital gains is taxed.

Per Act 1488 of 2013, the amount of net capital gain in excess of ten million dollars (\$10,000,000) from a gain realized on or after January 1, 2014, is exempt from state tax.

Complete this schedule if you have a **NET CAPITAL GAIN OR LOSS** reported on federal Schedule D, federal Form 1041. **The amount of capital loss that may be deducted after offsetting capital gains is limited to \$3,000.**

Adjust your gains and losses for any depreciation differences, if any, in the federal and Arkansas amounts using lines 2, 5 and 10.*

*(Arkansas did not adopt the federal "bonus depreciation" provision from previous years. Therefore, there may be a difference in federal and Arkansas amounts of depreciation allowed.)

		Federal Schedule D	(A) All Income	(B) Arkansas Only	
1.	Enter federal long-term capital gain or loss reported on line 16, federal Schedule D, Form 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, if any , 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)	7а	• 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, if any , reported on line 7, federal Schedule D, Form 1041	00	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	• 00	• 00	
12.	Total taxable Arkansas capital gain or loss, add lines 8 and 11. (Loss limite Enter here and on AR1002F / AR1002NR		00	00	

Schedule B: Income Distribution (Attach Federal K-1s)										
Beneficiaries' share of income:	Number of beneficiaries who received distributions:									
FIRST AND LAST NAME or NAME OF ESTATE OR TRUST	SSN/FEIN		ADDRESS	ST	ZIP	AMOUNT				
							00			
							00			
							00			
							00			
							00			