

STATE OF ARKANSAS
FIDUCIARY RETURN

For 2007 or Fiscal Year beginning _____ and ending _____ 20 _____

Name of Estate or Trust, Federal Identification Number, Mailing Address, Date trust created, City, State and Zip Code, Type of Entity (Decedent's estate, Simple trust, etc.)

ORIGINAL RETURN, AMENDED RETURN, FINAL RETURN, A. ALL INCOME, B. ARKANSAS INCOME

Income section table with 8 rows: 1. Interest Income, 2. Ordinary Dividends, 3. Net Profit from Trade or Business, 4. Capital Gains, 5. Rents, Royalties, Partnerships, etc., 6. Farm Income, 7. Other Income, 8. TOTAL INCOME.

Deductions section table with 9 rows: 9. Taxes, 10. Interest, 11. Charitable Contributions, 12. Fees, 13. Other Deductions, 14. Total Deductions, 15. Adjusted Income Before Distributions, 16. Amounts to be Distributed to Beneficiaries, 17. Adjusted Income After Distributions.

18. Standard Deduction, 19. NET TAXABLE INCOME: (Subtract Line 18 from Line 17)

20. TOTAL TAX: Enter Tax from REGULAR TAX TABLE using the Amount on Line 19, Column B

21. Personal Tax Credit, 22. Other State Tax Credit, 23. Business and Incentive Tax Credit, 24. TOTAL CREDITS, 25. TAX LIABILITY: (Subtract Line 24 from Line 20)

Tax and Payments section table with 11 rows: 26. Arkansas Income Tax Withheld, 27. Estimated Tax Paid or Credit Brought Forward From Last Year, 28. Tax Paid with Extension, 29. Payments Made With or After the Filing of Original Return, 30. Total Payments, 31. Overpayments Received, 32. NET PAYMENTS, 33. Amount of Overpayment, 34. Amount to be Applied to 2008 Estimated Tax, 35. AMOUNT TO BE REFUNDED TO YOU, 36. AMOUNT DUE.

Under penalties of perjury, I declare that I have examined this return and to the best of my knowledge and belief, the statements are true and complete.

Fiduciary's Signature, Date, May the Arkansas Revenue Agency discuss this return with the preparer shown to the left? Yes No

Preparer's Signature, Date, Name, ID/SSN, Address, City, State, and Zip, OFFICE USE ONLY (A-H)

Schedule A: Capital Gains Worksheet (Attach Federal Schedule D)

In Arkansas only 70% of net long term capital gain is taxed. 100% of short term capital gains is taxed.

Complete this worksheet 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.)

		Per Sch D, Form 1041	Arkansas	
1.	Enter Federal Long-Term Capital Gain or Loss reported on Line 12, Schedule D, Form 1041.....	00		00
2.	Enter adjustment, if any , for differences in federal and state amounts.....			00
3.	Arkansas Long-Term Capital Gain or Loss, add (or subtract) Line 1 and Line 2.....			00
4.	Enter Federal Net Short-Term Capital Loss, if any , reported on Line 5, Schedule D, Form 1041.....	00		00
5.	Enter adjustment, if any , for differences in federal and state amounts.....			00
6.	Arkansas Net Short-Term Capital Loss, add (or subtract) Line 4 and Line 5.....			00
7.	Arkansas Net Capital Gain or Loss (If gain, subtract Line 6 from 3. If loss add Lines 6 and 3).....			00
8.	Arkansas Taxable Amount. If a gain, multiply Line 7 by 70 percent (.70) , otherwise enter loss.....			00
9.	Enter Federal Short-Term Capital Gain, if any , reported on Line 5, Schedule D, Form 1041.....	00		00
10.	Enter adjustment, if any , for differences in federal and state amounts.....			00
11.	Arkansas Short-Term Capital Gain, add (or subtract) Line 9 and Line 10.....			00
12.	Total taxable Arkansas Capital Gain or Loss, add Lines 8 and 11, (loss limited to \$3,000), enter here and on Line 4, Form AR1002/AR1002NR.....			00

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

Beneficiaries' share of income: _____				Number of beneficiaries who received distributions: _____			
FIRST NAME	MI	LAST NAME	SSN	ADDRESS	ST	ZIP	AMOUNT
							00
							00
							00
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Mail **TAX DUE** to: State Income Tax, P. O. Box 2144, Little Rock, AR 72203-2144 Mail **AMENDED** to: State Income Tax, P. O. Box 3628, Little Rock, AR 72203-3628
 Mail **REFUND** to: State Income Tax, P. O. Box 1000, Little Rock, AR 72203-1000 Mail **NO TAX DUE** to: State Income Tax, P. O. Box 8026, Little Rock, AR 72203-8026