

2021 AR1002F



ARKANSAS FIDUCIARY INCOME TAX RETURN

Software ID

For 2021 or fiscal year beginning _____ and ending _____ 20 _____

Name of estate or trust •			Federal identification number •		Type of entity: Decedent's estate <input type="checkbox"/> Simple trust <input type="checkbox"/> Complex trust <input type="checkbox"/> ESBT <input type="checkbox"/> Grantor trust <input type="checkbox"/> Charitable trust <input type="checkbox"/> Bankruptcy estate <input type="checkbox"/> Pooled income fund <input type="checkbox"/>
Name and title of fiduciary or trustee •			Date trust created		
Mailing address •			<input type="checkbox"/> State or federal extension filed		
City •	State or province •	ZIP •	<input type="checkbox"/> Check if address is outside U.S. Foreign country		

INITIAL RETURN
 AMENDED RETURN
 FINAL RETURN

		A. ALL INCOME	B. ARKANSAS INCOME	
--	--	---------------	--------------------	--

Income	1. Interest income:	1	00	1	00
	2. Ordinary dividends:	2	00	2	00
	3. Net profit from trade or business: (Attach schedule)	3	00	3	00
	4. Capital gains: (See instructions)	4	00	4	00
	5. Rents, royalties, partnerships, other estates and trusts, etc: (Attach schedule)	5	00	5	00
	6. Farm income: (Attach schedule)	6	00	6	00
	7. Other income:	7	00	7	00
	8. TOTAL INCOME: (Add lines 1 through 7)	8	00	8	00

Deductions	9. Taxes:	9	00	9	00
	10. Interest:	10	00	10	00
	11. Charitable contributions:	11	00	11	00
	12. Fees: (Fiduciary/attorney/accountant/preparer)	12	00	12	00
	13. Other deductions:	13	00	13	00
	14. Total deductions: (Add lines 9 through 13)	14	00	14	00
	15. Adjusted income before distributions: (Subtract line 14 from line 8)	15	00	15	00
	16. Amounts to be distributed to beneficiaries:	16	00	16	00
17. Adjusted income after distributions: (Subtract line 16 from line 15)	17	00	17	00	

18. Standard deduction:	18				\$2,200	00
19. NET TAXABLE INCOME: (Subtract line 18 from line 17)	19					00

20. TOTAL TAX: Enter tax from REGULAR TAX TABLE using the amount on line 19, column B:	20					00
21. Personal tax credit:	21		\$29	00		
22. Other tax credit: (Attach AR1002-TC)	22	•		00		
23. TOTAL CREDITS: (Add lines 21 through 22)	23	•				00
24. NON ESBT NET TAX: (Subtract line 23 from line 20)	24	•				00
24A. ESBT NET TAX: (Attach schedule)	24A	•				00
24B. TOTAL NET TAX: (Add lines 24 and 24A)	24B	•				00

Tax and Payments	25. Arkansas income tax withheld: (Attach AR1099PT and/or 1099R)	25	•		00	
	26. Estimated tax paid or credit brought forward from last year:	26	•		00	
	27. Tax paid with extension:	27	•		00	
	28. Payments made with or after the filing of original return: (See instructions)	28	•		00	
	29. Total payments: (Add lines 25 through 28)	29			00	
	30. Overpayments received: (See instructions)	30	•		00	
	31. NET PAYMENTS: (Subtract line 30 from line 29)	31	•			00
	32. Amount of overpayment: (If line 31 is greater than line 24B, enter difference)	32	•			00
	33. Amount to be applied to 2022 estimated tax:	33	•		00	
	34. AMOUNT TO BE REFUNDED TO YOU: (Subtract line 33 from line 32)	34	•			00
35. AMOUNT DUE: (If line 31 is less than line 24B, enter difference)	35	•			00	
36. Attach Form AR2210 or AR2210A. If required, enter exception in box 36A • <input type="checkbox"/> Penalty 36B • <input type="checkbox"/>					00	
Pay Online: Please visit our secure site ATAP (Arkansas Taxpayer Access Point) at www.atap.arkansas.gov TOTAL DUE 36C •					00	

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/trustee's signature _____ Date _____	May the Arkansas Revenue Agency discuss this return with the preparer? <input type="checkbox"/> Yes <input type="checkbox"/> No
Preparer's signature _____ Date _____	
Name _____ PTIN/ID number • _____	For Department Use Only A _____ • _____
Address _____ City, state, and ZIP _____	



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 1041..... 1	00		00		00
2. Enter adjustment, if any , for depreciation differences in federal and state amounts.....2			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 10414	00		00		00
5. Enter adjustment, if any , for depreciation differences in federal and state amounts.....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 than \$10,000,000, enter the total amount.....7b			00		00
8. Arkansas taxable amount, if a gain multiply line 7b by 50 percent (.50), otherwise enter loss.....8			00		00
9. Enter federal short-term capital gain, if any , reported on line 7, federal Schedule D, Form 1041.....9	00		00		00
10. Enter adjustment, if any , for depreciation differences in federal and state amounts.....10			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 to \$3,000) Enter here and on AR1002F / AR1002NR.....12			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