

**State of Arkansas**  
**Department of Finance and Administration**  
**Income Tax Administration**



**Modernized e-File (MeF)**  
**Business Income Tax**  
**Test Package**  
**(Corporation, S-Corporation, Partnership**  
**Fiduciary, Composite and Extension)**

**Tax Year - 2019**

# REVISIONS

**November 5, 2019**

## Test Case 10

- AR K-1 – Moved line 5b to 4b
- AR K-1 – Moved line 6a and 6b to 5a and 5b

## Test Case 11

- AR1050 – Added line 11
- AR1050 – Changed Partner A Income
- AR1050 – Added Partner B
- AR K-1 – Jerry Price
- Changed Shareholders Percentage
- Changed Column A
- Removed Column B
- AR K-1 – Added Partner

## Test Case 12

- AR1050 – Added Partner B
- AR K-1 – Jason Allen
  - Changed Column A and Column B
  - Changed Shareholders Percentage
- AR K-1 – Added Partner

**November 8, 2019**

## Test Case 8

- AR1100S – Checked Amended Return Box

## Test Case 11

- AR1050 Schedule K – Correct Analysis of Net Income (Loss)

## Test Case 13

- AR1050 – Checked Amended Return Box

**November 13, 2019**

## Test Case 1

- AR1100NOL – Dates corrected

## Test Case 2

- AR1100CT – Tax year beginning and ending date corrected

## Test Case 6

- AR1100S – Tax year beginning and ending date corrected

## Test Case 14

- AR1002F – Line 20 corrected
- Schedule A – Line 8 corrected
- AR1099PT – Arkansas Income Tax Withheld changed

## **REVISIONS (Continued)**

**November 13, 2019**

**Test Case 15**

- AR1002F – Line 20 corrected

**Test Case 16**

- AR1002F – Line 20 corrected

**Test Case 17**

- AR1002F – Line 20 corrected

**Test Case 18**

- Scenario – AR Tax Payment amount changed
- AR1002F – Line 20 corrected

**Test Case 19**

- AR1002F – Line 20 corrected

**Test Case 20**

- Scenario – AR Tax Payment amount changed
- AR1002F – Line 20 corrected

**November 20, 2019**

**Test Case 20**

- AR1002F – Line 24D corrected

# TAX PREPARER, TRANSMITTERS AND ERO ASSISTANCE

**DO NOT GIVE TO TAXPAYERS**

## **E-File Technical Support:**

**Caroline Glover, Fiscal Division Manager & e-File Coordinator**

**Phone:** (501) 682-7925

**Fax:** (501) 682-7393

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**Cynthia Hastings, e-File Manager**

**Phone:** (501) 682-2194

**Fax:** (501) 682-7393

**E-Mail:** AREfile@dfa.arkansas.gov

## **E-File Webpage:**

The e-File webpage provides information for tax professionals and taxpayers. Click on the links provided on the left under e-File for additional pages. For questions concerning the e-File webpages, please contact the e-File Technical Support.

[www.arkansas.gov/efile](http://www.arkansas.gov/efile)

# ARKANSAS ELECTRONIC FILING CALENDAR

**Note: These dates are subject to change at any time.**

## TEST DATES:

The beginning test date for the next year's processing is subject to IRS availability and is subject to change.

IRS/State Software Testing Begins ..... Same As IRS  
State Software Testing Ends ..... January 1st

## PRODUCTION DATE:

First Date for Transmitting Live Electronic Corporate, S-Corporation, Partnership, Fiduciary and Composite Income Tax Returns ..... Same As IRS

## **MODERNIZED E-FILE ASSURANCE TESTING SYSTEM (ATS)**

Initiation of Arkansas testing begins by completing and submitting the Arkansas Letter of Intent. The Letter of Intent must be signed by an authorized representative. The Arkansas e-File Group must receive the completed and signed agreement prior to submitting test submissions. ATS results will not be sent until the signed Letter of Intent has been received by the Arkansas e-File Group. The Letter of Intent must be completed and submitted for each software product.

Arkansas requires all software developers, who create and market software for tax preparation and electronic filing of Arkansas income tax returns, to test their software with the State of Arkansas. These test scenarios are used for professional, preparer software and home filing software.

All test submission IDs must be e-mailed to: [AREfile@dfa.arkansas.gov](mailto:AREfile@dfa.arkansas.gov) to be reviewed. The Arkansas e-File Group will notify the developer by e-mail as soon as possible of acceptance or if problems exist with your test cases. **Submissions with previous year's test cases will not be reviewed nor will an e-mail be sent.**

All Software Developers must test using the test cases from this publication and receive acceptance from Arkansas before submitting live production returns.

Edits and verification or Business rules are defined for each field or data element within the schema set. Developers must closely follow the requirements for each field to insure proper data formatting.

Once the State of Arkansas approves your test cases, you will be sent an e-mail authorizing you as an approved software company.

After you have been approved, each update to your software must be tested and re-approved by this office before it is released for production use.

The Arkansas Department of Revenue will continually monitor the quality of electronic transmissions and payment vouchers. If the quality of the transmission is unacceptable, the Arkansas Department of Revenue will contact the electronic filer, software developer, or transmitter. It is possible that a vendor's software certification may be revoked if a pattern of unacceptable payment vouchers or transmissions is detected.

### **FEIN to use for Testing:**

FEIN's use the format below:

00-12345\*\*

Replace the five numbers of the FEIN after the 00 with the software ETIN. The last two digits of the FEIN will be the test case.

## **MODERNIZED E-FILE ASSURANCE TESTING SYSTEM (ATS) (Continued)**

### **Preparer Information for Testing:**

- Preparer information must be completed with the following:

E-File Section  
P. O. Box 8067  
Little Rock, AR 72203-8067  
FEIN: 44-4444444  
PIN: P44444444

- Discuss with preparer:
  - All even test cases must = yes
  - All odd test cases must = no

The forms used  
to prepare the  
test cases must  
not to be used  
for forms  
development.



# Corporate Income Tax Returns

## Arkansas Test Case 1

**Required Forms:** AR1100CT, AR1100REC, AR1100NOL & AR-AIS

**Company Name:** Outdoor World

**FEIN:** 00-\*\*\*\*\*01

**AR Tax Payment:**

**Routing Number:** 265270413

**Account Number:** 6695427

**Requested Payment Date:** 04/15/20

**Amount Debited:** \$258.00

**Estimated Tax Payments:**

**Routing Number:** 265270413

**Account Number:** 6695427

**Voucher 1:**

**Requested Payment Date:** 04/15/20

**Amount Debited:** \$100.00

**Voucher 2:**

**Requested Payment Date:** 06/15/20

**Amount Debited:** \$75.00

**Voucher 3:**

**Requested Payment Date:** 09/15/20

**Amount Debited:** \$125.00

**Voucher 4:**

**Requested Payment Date:** 01/15/21

**Amount Debited:** \$50.00

2019 AR1100CT  
 ARKANSAS CORPORATION  
 INCOME TAX RETURN



Software ID

Tax Year beginning  04 / 01 / 2019 and ending  03 / 31 / 2020

INITIAL Return  AMENDED Return  FINAL Arkansas Return (Going Out of Business)  Cooperative Association

FEIN ● 00-****01	<input type="checkbox"/> Check this box if Automatic Federal Extension Form 7004 filed <input type="checkbox"/> Check this box if Arkansas Extension Form AR1155 filed (See Instructions)	<input type="checkbox"/> Check if Filing as Financial Institution <input type="checkbox"/> Check if Federal Subchapter S
NAICS Code ● 561790	Name <input type="checkbox"/> Check this box if name has changed from prior year ● OUTDOOR WORLD	Type of Corporation Check only one box ● 5 <input checked="" type="checkbox"/> Domestic (in state) ● 6 <input type="checkbox"/> Foreign (out of state)
Date of Incorporation ● 04/17/2000	Address <input type="checkbox"/> Check this box if address has changed from prior year ● 11 SUNS ST	
Date Began Business in AR ● 04/17/2000	City ● LITTLE ROCK	State or Province ● AR
		Zip ● 72201
		<input type="checkbox"/> Check if address is outside U.S. Foreign Country

If you are a pass-through entity and are electing the "Check the Box" provision for state income tax purposes, check the type of entity and check one of the filing status boxes below:  
 LIMITED LIABILITY COMPANY  PARTNERSHIP

FILING STATUS: (CHECK ONLY ONE BOX)  
 ● 1  Corporation Operating only in Arkansas  
 ● 2  Multistate Corporation - Apportionment  
 ● 3  Multistate Corporation - Direct Accounting (Prior written approval required for Direct Accounting)  
 ● 4  Consolidated return: # of corp. entities in AR \_\_\_\_\_

**Note: Attach completed copy of Federal Return and Sign Arkansas Return. (See Important Reminders)**

		ARKANSAS	
INCOME	7. Gross Sales: (Less returns and allowances).....	7. ●	1,497,843 00
	8. Less Cost of Goods Sold:.....	8. ●	794,914 00
	9. Gross Profit: (Line 7 less Line 8).....	9. ●	702,929 00
	10. Dividends: (See Instructions).....	10. ●	00
	11. Taxable Interest: (Attach AR1100REC).....	11. ●	00
	12. Gross Rents/Gross Royalties: (See Instructions).....	12. ●	00
13. Gains or Losses:.....	13. ●	14,054 00	
14. Other Income:.....	14. ●	00	
15. TOTAL INCOME: (Add Lines 9 through 14).....	15. ●	716,983 00	
DEDUCTIONS	16. Compensation of Officers/Other Salaries and Wages: (See Instructions).....	16. ●	176,148 00
	17. Repairs:.....	17. ●	108,027 00
	18. Bad Debts:.....	18. ●	00
	19. Rent on Business Property:.....	19. ●	12,000 00
	20. Taxes: (Attach AR1100REC).....	20. ●	46,377 00
	21. Interest:.....	21. ●	7,482 00
	22. Contributions:.....	22. ●	00
	23. Depreciation: (Attach AR1100REC).....	23. ●	129,356 00
	24. Depletion:.....	24. ●	00
	25. Advertising:.....	25. ●	990 00
	26. Other Deductions: (Attach schedule).....	26. ●	213,073 00
	27. TOTAL DEDUCTIONS: (Add Lines 16 through 26).....	27. ●	693,453 00
	28. Taxable Income Before Net Operating Losses: (Line 15 less Line 27).....	28. ●	23,530 00
29. Net Operating Losses: (Adjust for Non-taxable Income).....	29. ●	(12,135) 00	
TAX COMPUTATION	30. Net Taxable Income: (Line 28 less Line 29 or Schedule A C4 page 2) (If Amended Return Box Checked, Enter Amended Net Taxable Income).....	30. ●	11,395 00
	31. Tax from Table: (See C. Instructions).....	31. ●	258 00
	32. Business Incentive Credits: (Attach all original certificates and Schedule AR1100BIC).....	32. ●	00
	33. Tax Liability: (If Amended Return Box Checked, Enter Amended Tax Liability).....	33. ●	258 00
	34. Estimated Tax Paid: (Including estimate carryforward from prior year).....	34. ●	00
	35. Payment with Extension Request:.....	35. ●	00
	36. Withholding Payment: (Attach AR1100-WH).....	36. ●	00
	37. Amended Return Only: (Enter Net tax paid (or refunded) on previous returns(s) for this tax year).....	37. ●	00
	38. Overpayment: (Line 34 plus Line 35 plus Line 36 plus or minus Line 37; less Line 33).....	38. ●	00
	39. Amount Applied to 2020 Estimated Tax.....	39. ●	00
	40. Amount Applied to Check Off Contributions: (Attach AR1100CO).....	40. ●	00
	41. Amount to be Refunded: (Line 38 less Lines 39 and 40).....	41. ●	00
	42. Tax Due: (Line 33 less Line 34 and 35 and Line 36, plus or minus Line 37).....	42. ●	258 00
	43. Interest on Tax Due:.....	43. ●	00
44. Penalty for Late Filing or Payment: (See Instructions).....	44. ●	00	
45. Penalty for Underpayment of Estimated Tax: (Attach AR2220) Enter exception checked in Part 3 <input type="checkbox"/> .....	45. ●	00	
46. Amount Due: (Add Lines 42 through 45).....	46. ●	258 00	

SCHEDULE A  
Apportionment of Income  
for Multistate Corporation



FEIN: 00-\*\*\*\*01

A. INCOME TO APPORTION:

1. Income per Federal Return: (Federal Form 1120, Line 28).....1.		00
2. Add Adjustments: (Attach schedule).....2.		00
3. Deduct Adjustments: (Attach schedule).....3.		00
4. TOTAL APPORTIONABLE INCOME:.....4.		00

NOTE: If all factors in Section B are 100%, do not complete Columns (A), (B), or (C). The return should be filed as a status 1, CORPORATION OPERATING ONLY IN ARKANSAS and complete all appropriate lines on page 1 of Form AR1100CT.

B. APPORTIONMENT FACTOR:

	(A) Amounts in Arkansas	(B) Total Amounts	(C) Percentage (A) ÷ (B)
<b>1. Property Used in Business:</b>			
<b>a. Tangible Assets Used in Business and Inventories</b>			
Less Construction in Progress:			
1. Amount Beginning of Year:.....1.	00	00	<i>(Calculate to 6 places to the right of the decimal. Fill in all spaces.)</i>
2. Amount End of Year:.....2.	00	00	
3. Total: (Add Lines a1 and a2).....3.	00	00	
4. Average Tangible Assets: (Line 3 ÷ 2).....4.	00	00	
b. Rental Property: (8 times annual rent).....b.	00	00	999.999999 %
<i>(EXAMPLE)</i>			
c. Average Value of Intangible Property:.....c. (For Financial Institutions Only - Attach schedule)	00	00	
d. TOTAL PROPERTY: (Add Lines a4, b, and c).....d.	00	00	

2. Salaries, Wages, Commissions and Other Compensation Related to the Production of Business Income:

a. TOTAL:.....a.	00	00	%
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3. Sales/Receipts:

a. Destination Shipped From Within Arkansas:.....a.	00		
b. Destination Shipped From Without Arkansas:.....b.	00		
c. Origin Shipped From Within Arkansas to U.S. Govt:.....c.	00		
d. Origin Shipped From Within Arkansas to Other Non-taxable Jurisdictions:.....d.	00		
e. Other Gross Receipts: (Attach schedule).....e.	00		
f. TOTAL SALES / RECEIPTS: (Add Lines 3a through 3e).....f.	00	00	%

g. DOUBLE WEIGHTED: (Financial Institutions must use Single Weighted Factor) (Column C, Line 3f x 2).....g.			%
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4. Sum of Percentages:(Single Weighted: Add Column C, Lines 1d, 2a and 3f)

(Double Weighted: Add Column C, Lines 1d, 2a and 3g).....4.		%
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*5. Percentage Attributable to Arkansas: .....Line 4	%	Divided By*	=	5.	%
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\*For Part B, Line 5, Divide Line 4 by number of entries other than zero which you make on Part B, Column B, Lines (1d), (2a), and (3f).

NOTE: An entry other than zero in Part B, Column B, Line (3f), counts as two (2) entries unless using Single Weighted Factor.

C. ARKANSAS TAXABLE INCOME:

1. Income Apportioned to Arkansas: (Part A, Line 4) x (Part B, Line 5, Column C).....1.		00
2. Add: Direct Income Allocated to Arkansas: (Attach schedule).....2.		00
3. Less: Apportioned NOL to Arkansas: (See NOL Instructions, Attach AR1100NOL form).....3.		00
4. TOTAL INCOME TAXABLE TO ARKANSAS: (Enter here and on Line 30, page 1).....4.		00

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules, statements and documents, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

SIGNATURE OF OFFICER	DATE	TITLE <b>OWNER</b>	Telephone Number <b>(501) 682-7925</b>
PREPARER'S SIGNATURE	DATE	PREPARER'S FEIN/PTIN <b>● 44-4444444</b>	
PREPARER'S PRINTED NAME	May the Arkansas Revenue Agency discuss this return with the preparer shown above?		For Department Use Only
AREA CODE AND TELEPHONE NUMBER OF PREPARER <b>(501) 537-5744</b>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		A ●
Mail completed form to: Corporation Income Tax, P O Box 919, Little Rock, AR 72203-0919			B ●
			C



ARKANSAS CORPORATION INCOME TAX  
RECONCILIATION SCHEDULE

NAME OUTDOOR WORLD

FEIN 00-\*\*\*\*01

PART A: INTEREST INCOME

1. FEDERAL FORM 1120 LINE 5 INTEREST INCOME.....	1.		00
2. ADD: NON-ARKANSAS MUNICIPAL INTEREST INCOME.....	2.		00
3. LESS: U.S. OBLIGATION INTEREST INCOME (Attach Schedule).....	3.		00
4. ARKANSAS TAXABLE INTEREST INCOME: (Enter here and on Line 11, Form AR1100CT).....	4.		00

PART B: TAXES DEDUCTION

1. FEDERAL FORM 1120 LINE 17 TAXES AND LICENSE DEDUCTION.....	1.	46,635	00
2. ADD: FOREIGN TAXES NOT INCLUDED ON FORM 1120 LINE 17.....	2.		00
3. LESS: ARKANSAS CORPORATION INCOME TAXES.....	3.	258	00
4. ARKANSAS DEDUCTION FOR TAXES (Enter here and on Line 20, Form AR1100CT).....	4.	46,377	00

PART C: DEPRECIATION DEDUCTION

1. FEDERAL FORM 1120 LINE 20 DEPRECIATION DEDUCTION.....	1.	143,048	00
2. PLUS: FEDERAL DEPRECIATION INCLUDED IN COST OF GOODS SOLD OR ELSEWHERE....	2.		00
3. TOTAL FEDERAL DEPRECIATION (Line 22 of Form 4562).....	3.	143,048	00
4. LESS: FEDERAL FORM 4562 LINE 12 SECTION 179 DEDUCTION.....	4.	39,200	00
5. LESS: FEDERAL FORM 4562 LINE 14 BONUS DEPRECIATION.....	5.		00
6. LESS: FEDERAL FORM 4562 LINE 25 BONUS DEPRECIATION.....	6.		00
7. ADD: ARKANSAS ALLOWABLE SECTION 179 DEDUCTION.....	7.	25,000	00
8. ADD OR SUBTRACT ARKANSAS DEPRECIATION ADJUSTMENT (Attach Schedule).....	8.	508	00
9. ARKANSAS TOTAL DEPRECIATION DEDUCTION.....	9.	129,356	00
10. LESS: ARKANSAS DEPRECIATION IN COST OF GOODS SOLD OR ELSEWHERE.....	10.		00
11. ARKANSAS DEPRECIATION DEDUCTION (Enter here and on Line 23, Form AR1100CT).....	11.	129,356	00

**This schedule is to be attached to the Arkansas AR1100CT Corporate Income Tax form to reconcile Federal and Arkansas Interest Income on Line 11, Tax Expense Deduction on Line 20 and Depreciation Expense Deduction on Line 23. Refer to Instructions in the 2019 Corporation Income Tax Instructions.**



ARKANSAS CORPORATION INCOME TAX  
RECONCILIATION SCHEDULE

NAME OUTDOOR WORLD

FEIN 00-\*\*\*\*01

PART A: INTEREST INCOME

1. FEDERAL FORM 1120 LINE 5 INTEREST INCOME.....	1.		00
2. ADD: NON-ARKANSAS MUNICIPAL INTEREST INCOME.....	2.		00
3. LESS: U.S. OBLIGATION INTEREST INCOME (Attach Schedule).....	3.		00
4. ARKANSAS TAXABLE INTEREST INCOME: (Enter here and on Line 11, Form AR1100CT).....	4.		00

PART B: TAXES DEDUCTION

1. FEDERAL FORM 1120 LINE 17 TAXES AND LICENSE DEDUCTION.....	1.	46,635	00
2. ADD: FOREIGN TAXES NOT INCLUDED ON FORM 1120 LINE 17.....	2.		00
3. LESS: ARKANSAS CORPORATION INCOME TAXES.....	3.	258	00
4. ARKANSAS DEDUCTION FOR TAXES (Enter here and on Line 20, Form AR1100CT).....	4.	46,377	00

PART C: DEPRECIATION DEDUCTION

1. FEDERAL FORM 1120 LINE 20 DEPRECIATION DEDUCTION.....	1.	143,048	00
2. PLUS: FEDERAL DEPRECIATION INCLUDED IN COST OF GOODS SOLD OR ELSEWHERE....	2.		00
3. TOTAL FEDERAL DEPRECIATION (Line 22 of Form 4562).....	3.	143,048	00
4. LESS: FEDERAL FORM 4562 LINE 12 SECTION 179 DEDUCTION.....	4.	39,200	00
5. LESS: FEDERAL FORM 4562 LINE 14 BONUS DEPRECIATION.....	5.		00
6. LESS: FEDERAL FORM 4562 LINE 25 BONUS DEPRECIATION.....	6.		00
7. ADD: ARKANSAS ALLOWABLE SECTION 179 DEDUCTION.....	7.	25,000	00
8. ADD OR SUBTRACT ARKANSAS DEPRECIATION ADJUSTMENT (Attach Schedule).....	8.	508	00
9. ARKANSAS TOTAL DEPRECIATION DEDUCTION.....	9.	129,356	00
10. LESS: ARKANSAS DEPRECIATION IN COST OF GOODS SOLD OR ELSEWHERE.....	10.		00
11. ARKANSAS DEPRECIATION DEDUCTION (Enter here and on Line 23, Form AR1100CT).....	11.	129,356	00

**This schedule is to be attached to the Arkansas AR1100CT Corporate Income Tax form to reconcile Federal and Arkansas Interest Income on Line 11, Tax Expense Deduction on Line 20 and Depreciation Expense Deduction on Line 23. Refer to Instructions in the 2019 Corporation Income Tax Instructions.**



Arkansas Corporation Income Tax  
Schedule of Net Operating Loss

Corporation Name <b>OUTDOOR WORLD</b>	FEIN <b>00-*****01</b>
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This form should be used to calculate Net Operating Loss (NOL) amounts to enter on Line 29 or Schedule A, Line C3 on Form AR1100CT.

<b>Tax Year:</b>	<b>03/31/2015</b>	<b>NOL Amt:</b>	<b>6,274</b>	<b>Yr Expires:</b>	<b>03/31/2020</b>
Tax Year 1:	03/31/2016	Claim Amt 1:	0	Balance 1:	6,274
Tax Year 2:	03/31/2017	Claim Amt 2:	0	Balance 2:	6,274
Tax Year 3:	03/31/2018	Claim Amt 3:	6,274	Balance 3:	
Tax Year 4:		Claim Amt 4:		Balance 4:	
Tax Year 5:		Claim Amt 5:		Balance 5:	
		Amt Expired:			

<b>Tax Year:</b>	<b>03/31/2016</b>	<b>NOL Amt:</b>	<b>10,437</b>	<b>Yr Expires:</b>	<b>03/31/2021</b>
Tax Year 1:	03/31/2017	Claim Amt 1:	0	Balance 1:	10,437
Tax Year 2:	03/31/2018	Claim Amt 2:	10,437	Balance 2:	0
Tax Year 3:		Claim Amt 3:		Balance 3:	
Tax Year 4:		Claim Amt 4:		Balance 4:	
Tax Year 5:		Claim Amt 5:		Balance 5:	
		Amt Expired:			

<b>Tax Year:</b>	<b>03/31/2017</b>	<b>NOL Amt:</b>	<b>16,251</b>	<b>Yr Expires:</b>	<b>03/31/2022</b>
Tax Year 1:	03/31/2018	Claim Amt 1:	1,738	Balance 1:	14,513
Tax Year 2:	03/31/2019	Claim Amt 2:	2,378	Balance 2:	12,135
Tax Year 3:	03/31/2020	Claim Amt 3:	12,135	Balance 3:	0
Tax Year 4:		Claim Amt 4:		Balance 4:	
Tax Year 5:		Claim Amt 5:		Balance 5:	
		Amt Expired:			

<b>Tax Year:</b>		<b>NOL Amt:</b>		<b>Yr Expires:</b>	
Tax Year 1:		Claim Amt 1:		Balance 1:	
Tax Year 2:		Claim Amt 2:		Balance 2:	
Tax Year 3:		Claim Amt 3:		Balance 3:	
Tax Year 4:		Claim Amt 4:		Balance 4:	
Tax Year 5:		Claim Amt 5:		Balance 5:	
		Amt Expired:			

<b>Tax Year:</b>		<b>NOL Amt:</b>		<b>Yr Expires:</b>	
Tax Year 1:		Claim Amt 1:		Balance 1:	
Tax Year 2:		Claim Amt 2:		Balance 2:	
Tax Year 3:		Claim Amt 3:		Balance 3:	
Tax Year 4:		Claim Amt 4:		Balance 4:	
Tax Year 5:		Claim Amt 5:		Balance 5:	
		Amt Expired:			

1.

<b>Name:</b> OUTDOOR WORLD		
<b>SSN/FEIN:</b> 00-****01		
<b>Arkansas Form or Schedule:</b> AR1100CT		
<b>Ownership Type:</b> OTHER DEDUCTIONS		
<b>Description:</b> FUEL		
<b>Tax Year:</b> 2019		
1. Amount	108,343	00

2.

<b>Name:</b> OUTDOOR WORLD		
<b>SSN/FEIN:</b> 00-****01		
<b>Arkansas Form or Schedule:</b> AR1100CT		
<b>Ownership Type:</b> OTHER DEDUCTIONS		
<b>Description:</b> INSURANCE		
<b>Tax Year:</b> 2019		
2. Amount	50,050	00

3.

<b>Name:</b> OUTDOOR WORLD		
<b>SSN/FEIN:</b> 00-****01		
<b>Arkansas Form or Schedule:</b> AR1100CT		
<b>Ownership Type:</b> OTHER DEDUCTIONS		
<b>Description:</b> LEGAL FEES		
<b>Tax Year:</b> 2019		
3. Amount	9,428	00

4.

<b>Name:</b> OUTDOOR WORLD		
<b>SSN/FEIN:</b> 00-****01		
<b>Arkansas Form or Schedule:</b> AR1100CT		
<b>Ownership Type:</b> OTHER DEDUCTIONS		
<b>Description:</b> TOOLS		
<b>Tax Year:</b> 2019		
4. Amount	16,233	00

5.

<b>Name:</b> OUTDOOR WORLD		
<b>SSN/FEIN:</b> 00-****01		
<b>Arkansas Form or Schedule:</b> AR1100CT		
<b>Ownership Type:</b> OTHER DEDUCTIONS		
<b>Description:</b> UNIFORMS		
<b>Tax Year:</b> 2019		
5. Amount	2,727	00

6.

<b>Name:</b> OUTDOOR WORLD		
<b>SSN/FEIN:</b> 00-****01		
<b>Arkansas Form or Schedule:</b> AR1100CT		
<b>Ownership Type:</b> OTHER DEDUCTIONS		
<b>Description:</b> SUPPLIES		
<b>Tax Year:</b> 2019		
6. Amount	10,863	00

7.

<b>Name:</b> OUTDOOR WORLD		
<b>SSN/FEIN:</b> 00-****01		
<b>Arkansas Form or Schedule:</b> AR1100CT		
<b>Ownership Type:</b> OTHER DEDUCTIONS		
<b>Description:</b> TELEPHONE		
<b>Tax Year:</b> 2019		
7. Amount	9,355	00



1.

<b>Name:</b> OUTDOOR WORLD		
<b>SSN/FEIN:</b> 00-****01		
<b>Arkansas Form or Schedule:</b> AR1100CT		
<b>Ownership Type:</b> OTHER DEDUCTIONS		
<b>Description:</b> UTILITIES		
<b>Tax Year:</b> 2019		
1. Amount	6,074	00

2.

<b>Name:</b>		
<b>SSN/FEIN:</b>		
<b>Arkansas Form or Schedule:</b>		
<b>Ownership Type:</b>		
<b>Description:</b>		
<b>Tax Year:</b>		
2. Amount		00

3.

<b>Name:</b>		
<b>SSN/FEIN:</b>		
<b>Arkansas Form or Schedule:</b>		
<b>Ownership Type:</b>		
<b>Description:</b>		
<b>Tax Year:</b>		
3. Amount		00

4.

<b>Name:</b>		
<b>SSN/FEIN:</b>		
<b>Arkansas Form or Schedule:</b>		
<b>Ownership Type:</b>		
<b>Description:</b>		
<b>Tax Year:</b>		
4. Amount		00

5.

<b>Name:</b>		
<b>SSN/FEIN:</b>		
<b>Arkansas Form or Schedule:</b>		
<b>Ownership Type:</b>		
<b>Description:</b>		
<b>Tax Year:</b>		
5. Amount		00

6.

<b>Name:</b>		
<b>SSN/FEIN:</b>		
<b>Arkansas Form or Schedule:</b>		
<b>Ownership Type:</b>		
<b>Description:</b>		
<b>Tax Year:</b>		
6. Amount		00

7.

<b>Name:</b>		
<b>SSN/FEIN:</b>		
<b>Arkansas Form or Schedule:</b>		
<b>Ownership Type:</b>		
<b>Description:</b>		
<b>Tax Year:</b>		
7. Amount		00

## Arkansas Test Case 2

**Required Forms:** AR1100CT, AR1100REC, AR1100 NOL, AR1100-WH  
& AR-AIS

**Company Name:** Holdings Inc

**FEIN:** 00-\*\*\*\*\*02

**52/53 Week Return**

2019 AR1100CT  
 ARKANSAS CORPORATION  
 INCOME TAX RETURN



Software ID

Tax Year beginning **02 / 26 / 2019** and ending **02 / 24 / 2020**

**52/53 Wk**

INITIAL Return  AMENDED Return  FINAL Arkansas Return (Going Out of Business)  Cooperative Association

FEIN ● <b>00-****02</b>	<input type="checkbox"/> Check this box if Automatic Federal Extension Form 7004 filed <input type="checkbox"/> Check this box if Arkansas Extension Form AR1155 filed (See Instructions)	<input type="checkbox"/> Check if Filing as Financial Institution <input type="checkbox"/> Check if Federal Subchapter S
NAICS Code ● <b>424400</b>	Name <input type="checkbox"/> Check this box if name has changed from prior year ● <b>HOLDINGS INC</b>	Type of Corporation Check only one box ● 5 <input type="checkbox"/> Domestic (in state) ● 6 <input checked="" type="checkbox"/> Foreign (out of state)
Date of Incorporation ● <b>02/16/1961</b>	Address <input type="checkbox"/> Check this box if address has changed from prior year ● <b>3 SHARING LANE</b>	
Date Began Business in AR ● <b>10/01/1992</b>	City ● <b>HAZEN</b>	State or Province ● <b>AR</b>
		Zip ● <b>72064</b>
		<input type="checkbox"/> Check if address is outside U.S. Foreign Country

If you are a pass-through entity and are electing the "Check the Box" provision for state income tax purposes, check the type of entity and check one of the filing status boxes below:  
 LIMITED LIABILITY COMPANY  PARTNERSHIP

FILING STATUS: (CHECK ONLY ONE BOX)  
 ● 1  Corporation Operating only in Arkansas  
 ● 2  Multistate Corporation - Apportionment  
 ● 3  Multistate Corporation - Direct Accounting (Prior written approval required for Direct Accounting)  
 ● 4  Consolidated return: # of corp. entities in AR \_\_\_\_\_

**Note: Attach completed copy of Federal Return and Sign Arkansas Return. (See Important Reminders)**

		ARKANSAS	
INCOME	7. Gross Sales: (Less returns and allowances).....	7. ●	00
	8. Less Cost of Goods Sold:.....	8. ●	00
	9. Gross Profit: (Line 7 less Line 8).....	9. ●	00
	10. Dividends: (See Instructions).....	10. ●	00
	11. Taxable Interest: (Attach AR1100REC).....	11. ●	00
	12. Gross Rents/Gross Royalties: (See Instructions).....	12. ●	00
DEDUCTIONS	13. Gains or Losses:.....	13. ●	00
	14. Other Income:.....	14. ●	00
	15. TOTAL INCOME: (Add Lines 9 through 14).....	15. ●	00
	16. Compensation of Officers/Other Salaries and Wages: (See Instructions).....	16. ●	00
	17. Repairs:.....	17. ●	00
	18. Bad Debts:.....	18. ●	00
	19. Rent on Business Property:.....	19. ●	00
	20. Taxes: (Attach AR1100REC).....	20. ●	00
	21. Interest:.....	21. ●	00
	22. Contributions:.....	22. ●	00
	23. Depreciation: (Attach AR1100REC).....	23. ●	00
	24. Depletion:.....	24. ●	00
	25. Advertising:.....	25. ●	00
26. Other Deductions: (Attach schedule).....	26. ●	00	
27. TOTAL DEDUCTIONS: (Add Lines 16 through 26).....	27. ●	00	
28. Taxable Income Before Net Operating Losses: (Line 15 less Line 27).....	28. ●	00	
29. Net Operating Losses: (Adjust for Non-taxable Income).....	29. ●	00	
TAX COMPUTATION	30. Net Taxable Income: (Line 28 less Line 29 or Schedule A C4 page 2) (If Amended Return Box Checked, Enter Amended Net Taxable Income).....	30. ●	00
	31. Tax from Table: (See C. Instructions).....	31. ●	00
	32. Business Incentive Credits: (Attach all original certificates and Schedule AR1100BIC).....	32. ●	00
	33. Tax Liability: (If Amended Return Box Checked, Enter Amended Tax Liability).....	33. ●	00
	34. Estimated Tax Paid: (Including estimate carryforward from prior year).....	34. ●	852 00
	35. Payment with Extension Request:.....	35. ●	00
	36. Withholding Payment: (Attach AR1100-WH).....	36. ●	4,000 00
	37. Amended Return Only: (Enter Net tax paid (or refunded) on previous returns(s) for this tax year).....	37. ●	00
	38. Overpayment: (Line 34 plus Line 35 plus Line 36 plus or minus Line 37; less Line 33).....	38. ●	4,852 00
	39. Amount Applied to 2020 Estimated Tax.....	39. ●	2,852 00
	40. Amount Applied to Check Off Contributions: (Attach AR1100CO).....	40. ●	00
	41. Amount to be Refunded: (Line 38 less Lines 39 and 40).....	41. ●	2,000 00
	42. Tax Due: (Line 33 less Line 34 and 35 and Line 36, plus or minus Line 37).....	42. ●	00
	43. Interest on Tax Due:.....	43. ●	00
44. Penalty for Late Filing or Payment: (See Instructions).....	44. ●	00	
45. Penalty for Underpayment of Estimated Tax: (Attach AR2220) Enter exception checked in Part 3 <input type="checkbox"/> .....	45. ●	00	
46. Amount Due: (Add Lines 42 through 45).....	46. ●	00	

SCHEDULE A  
Apportionment of Income  
for Multistate Corporation



FEIN: 00-\*\*\*\*02

A. INCOME TO APPORTION:

1. Income per Federal Return: (Federal Form 1120, Line 28).....1.			<b>31,248,094</b>	00
2. Add Adjustments: (Attach schedule).....2.		<b>8,655,101</b>		00
3. Deduct Adjustments: (Attach schedule).....3.		<b>11,372,088</b>		00
4. TOTAL APPORTIONABLE INCOME:.....4.			<b>28,531,107</b>	00

NOTE: If all factors in Section B are 100%, do not complete Columns (A), (B), or (C). The return should be filed as a status 1, CORPORATION OPERATING ONLY IN ARKANSAS and complete all appropriate lines on page 1 of Form AR1100CT.

B. APPORTIONMENT FACTOR:

	(A) Amounts in Arkansas	(B) Total Amounts	(C) Percentage (A) ÷ (B)
<b>1. Property Used in Business:</b>			
<b>a. Tangible Assets Used in Business and Inventories</b>			
Less Construction in Progress:			
1. Amount Beginning of Year:.....1.	00	<b>777,257,211</b>	<i>(Calculate to 6 places to the right of the decimal. Fill in all spaces.)</i>
2. Amount End of Year:.....2.	00	<b>364,286,167</b>	
3. Total: (Add Lines a1 and a2).....3.	00	<b>1,141,543,378</b>	
4. Average Tangible Assets: (Line 3 ÷ 2).....4.	00	<b>570,771,689</b>	
b. Rental Property: (8 times annual rent).....b.	00	<b>114,248,136</b>	999.999999 %
<i>(EXAMPLE)</i>			
c. Average Value of Intangible Property:.....c.	00	00	
<i>(For Financial Institutions Only - Attach schedule)</i>			
d. TOTAL PROPERTY: (Add Lines a4, b, and c).....d.	00	<b>685,019,825</b>	
<b>2. Salaries, Wages, Commissions and Other Compensation Related to the Production of Business Income:</b>			
a. TOTAL:.....a.	<b>58,368</b>	<b>100,299,360</b>	<b>0.058194</b> %
<b>3. Sales/Receipts:</b>			
a. Destination Shipped From Within Arkansas:.....a.			
b. Destination Shipped From Without Arkansas:.....b.	<b>45,503,476</b>		
c. Origin Shipped From Within Arkansas to U.S. Govt:....c.			
d. Origin Shipped From Within Arkansas to Other Non-taxable Jurisdictions:.....d.			
e. Other Gross Receipts: (Attach schedule).....e.			
f. TOTAL SALES / RECEIPTS: (Add Lines 3a through 3e).....f.	<b>45,503,476</b>	<b>3,172,755,122</b>	<b>1.434194</b> %
g. DOUBLE WEIGHTED: (Financial Institutions must use Single Weighted Factor) (Column C, Line 3f x 2).....g.			<b>2.868388</b> %
4. Sum of Percentages:(Single Weighted: Add Column C, Lines 1d, 2a and 3f) (Double Weighted: Add Column C, Lines 1d, 2a and 3g).....4.			<b>2.926582</b> %
*5. Percentage Attributable to Arkansas: .....Line 4	<b>2.926582</b> %	Divided By* <b>4</b>	= 5. <b>0.731646</b> %
*For Part B, Line 5, Divide Line 4 by number of entries other than zero which you make on Part B, Column B, Lines (1d), (2a), and (3f). NOTE: An entry other than zero in Part B, Column B, Line (3f), counts as two (2) entries unless using Single Weighted Factor.			

C. ARKANSAS TAXABLE INCOME:

1. Income Apportioned to Arkansas: (Part A, Line 4) x (Part B, Line 5, Column C).....1.		<b>208,747</b>	00
2. Add: Direct Income Allocated to Arkansas: (Attach schedule).....2.			00
3. Less: Apportioned NOL to Arkansas: (See NOL Instructions, Attach AR1100NOL form).....3.		<b>208,747</b>	00
4. TOTAL INCOME TAXABLE TO ARKANSAS: (Enter here and on Line 30, page 1).....4.			00

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules, statements and documents, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

SIGNATURE OF OFFICER	DATE	TITLE	Telephone Number
•		<b>CEO</b>	<b>(501) 682-7925</b>
PREPARER'S SIGNATURE	DATE	PREPARER'S FEIN/PTIN	
		•	
PREPARER'S PRINTED NAME	May the Arkansas Revenue Agency discuss this return with the preparer shown above?		For Department Use Only
AREA CODE AND TELEPHONE NUMBER OF PREPARER	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		A •
			B •
			C
Mail completed form to: Corporation Income Tax, P O Box 919, Little Rock, AR 72203-0919			



ARKANSAS CORPORATION INCOME TAX  
RECONCILIATION SCHEDULE

NAME HOLDINGS INC

FEIN 00-\*\*\*\*02

PART A: INTEREST INCOME

1. FEDERAL FORM 1120 LINE 5 INTEREST INCOME.....	1.	(176,994)	00
2. ADD: NON-ARKANSAS MUNICIPAL INTEREST INCOME.....	2.		00
3. LESS: U.S. OBLIGATION INTEREST INCOME (Attach Schedule).....	3.		00
4. ARKANSAS TAXABLE INTEREST INCOME: (Enter here and on Line 11, Form AR1100CT).....	4.	(176,994)	00

PART B: TAXES DEDUCTION

1. FEDERAL FORM 1120 LINE 17 TAXES AND LICENSE DEDUCTION.....	1.	2,194,345	00
2. ADD: FOREIGN TAXES NOT INCLUDED ON FORM 1120 LINE 17.....	2.		00
3. LESS: ARKANSAS CORPORATION INCOME TAXES.....	3.		00
4. ARKANSAS DEDUCTION FOR TAXES (Enter here and on Line 20, Form AR1100CT).....	4.	2,194,345	00

PART C: DEPRECIATION DEDUCTION

1. FEDERAL FORM 1120 LINE 20 DEPRECIATION DEDUCTION.....	1.	8,655,102	00
2. PLUS: FEDERAL DEPRECIATION INCLUDED IN COST OF GOODS SOLD OR ELSEWHERE....	2.		00
3. TOTAL FEDERAL DEPRECIATION (Line 22 of Form 4562).....	3.	8,655,102	00
4. LESS: FEDERAL FORM 4562 LINE 12 SECTION 179 DEDUCTION.....	4.		00
5. LESS: FEDERAL FORM 4562 LINE 14 BONUS DEPRECIATION.....	5.	121,942	00
6. LESS: FEDERAL FORM 4562 LINE 25 BONUS DEPRECIATION.....	6.		00
7. ADD: ARKANSAS ALLOWABLE SECTION 179 DEDUCTION.....	7.		00
8. ADD OR SUBTRACT ARKANSAS DEPRECIATION ADJUSTMENT (Attach Schedule).....	8.	(2,157,227)	00
9. ARKANSAS TOTAL DEPRECIATION DEDUCTION.....	9.	10,690,386	00
10. LESS: ARKANSAS DEPRECIATION IN COST OF GOODS SOLD OR ELSEWHERE.....	10.		00
11. ARKANSAS DEPRECIATION DEDUCTION (Enter here and on Line 23, Form AR1100CT).....	11.	10,690,386	00

**This schedule is to be attached to the Arkansas AR1100CT Corporate Income Tax form to reconcile Federal and Arkansas Interest Income on Line 11, Tax Expense Deduction on Line 20 and Depreciation Expense Deduction on Line 23. Refer to Instructions in the 2019 Corporation Income Tax Instructions.**



Arkansas Corporation Income Tax  
Schedule of Net Operating Loss

Corporation Name <b>HOLDINGS INC</b>	FEIN <b>00-*****02</b>
---	---------------------------

This form should be used to calculate Net Operating Loss (NOL) amounts to enter on Line 29 or Schedule A, Line C3 on Form AR1100CT.

<b>Tax Year:</b>	<b>02/26/2018</b>	<b>NOL Amt:</b>	<b>39,927</b>	<b>Yr Expires:</b>	<b>02/24/2023</b>
Tax Year 1:	02/26/2019	Claim Amt 1:	208,747	Balance 1:	191,180
Tax Year 2:	02/26/2020	Claim Amt 2:	191,180	Balance 2:	0
Tax Year 3:		Claim Amt 3:		Balance 3:	
Tax Year 4:		Claim Amt 4:		Balance 4:	
Tax Year 5:		Claim Amt 5:		Balance 5:	
		Amt Expired:			

<b>Tax Year:</b>		<b>NOL Amt:</b>		<b>Yr Expires:</b>	
Tax Year 1:		Claim Amt 1:		Balance 1:	
Tax Year 2:		Claim Amt 2:		Balance 2:	
Tax Year 3:		Claim Amt 3:		Balance 3:	
Tax Year 4:		Claim Amt 4:		Balance 4:	
Tax Year 5:		Claim Amt 5:		Balance 5:	
		Amt Expired:			

<b>Tax Year:</b>		<b>NOL Amt:</b>		<b>Yr Expires:</b>	
Tax Year 1:		Claim Amt 1:		Balance 1:	
Tax Year 2:		Claim Amt 2:		Balance 2:	
Tax Year 3:		Claim Amt 3:		Balance 3:	
Tax Year 4:		Claim Amt 4:		Balance 4:	
Tax Year 5:		Claim Amt 5:		Balance 5:	
		Amt Expired:			

<b>Tax Year:</b>		<b>NOL Amt:</b>		<b>Yr Expires:</b>	
Tax Year 1:		Claim Amt 1:		Balance 1:	
Tax Year 2:		Claim Amt 2:		Balance 2:	
Tax Year 3:		Claim Amt 3:		Balance 3:	
Tax Year 4:		Claim Amt 4:		Balance 4:	
Tax Year 5:		Claim Amt 5:		Balance 5:	
		Amt Expired:			

<b>Tax Year:</b>		<b>NOL Amt:</b>		<b>Yr Expires:</b>	
Tax Year 1:		Claim Amt 1:		Balance 1:	
Tax Year 2:		Claim Amt 2:		Balance 2:	
Tax Year 3:		Claim Amt 3:		Balance 3:	
Tax Year 4:		Claim Amt 4:		Balance 4:	
Tax Year 5:		Claim Amt 5:		Balance 5:	
		Amt Expired:			



## ARKANSAS CORPORATION INCOME TAX Withholding Summary

Tax Year beginning ● \_\_\_\_/\_\_\_\_/\_\_\_\_ and ending ● \_\_\_\_/\_\_\_\_/\_\_\_\_

Corporation Name ● <b>HOLDINGS INC</b>			FEIN ● <b>00-****02</b>		
Federal Employer Identification Number	Partnership Name	Arkansas Taxable Income	Arkansas Withholding Amount		
1. ● 00-0000126	BARNWOOD ENT	8,000	00	1 ●	4,000
2. ●			00	2 ●	00
3. ●			00	3 ●	00
4. ●			00	4 ●	00
5. ●			00	5 ●	00
6. ●			00	6 ●	00
7. ●			00	7 ●	00
8. ●			00	8 ●	00
9. ●			00	9 ●	00
10. ●			00	10 ●	00
<b>TOTAL ARKANSAS TAXABLE INCOME:</b> .....		<b>8,000</b>	00		
<b>TOTAL ARKANSAS WITHHOLDING AMOUNT:</b> (Enter here and on the AR1100CT, Line 36 or AR1100S, Line 32).....					<b>4,000</b>
					00

**INSTRUCTIONS:**

For tax years beginning on or after January 1, 2018, pass-through entities will be required to withhold Arkansas income tax on corporate members in addition to the current requirement to withhold for individual members. Use Form AR1100WH if the corporation has withholding tax paid on its behalf by an entity taxed as a partnership. Withholding is deemed to have been made on behalf of a corporation if an entity taxed as a partnership has filed a pass-through entity withholding return on Form AR941PT, or a composite return on Form AR1000CR and issued the corporation a withholding statement on Form AR1099PT for a tax year ending during the tax year for which the corporation is filing a corporation income tax return. Credit for withholding payments claimed will only be credited to the corporation if the partnership has actually paid the withholding tax reported.

To complete Form AR1100WH, the tax year beginning and ending and the corporation name and Federal Employer Identification Number (FEIN) should be provided in the appropriate portions of the Form. On lines 1 through 10, the FEIN and name of the partnership which has withheld income tax on behalf of the corporation should be provided along with the amount of Arkansas taxable income allocated to the corporation and the amount of Arkansas income tax withheld by each partnership that withheld income tax on behalf of the corporation. On the bottom of the form are spaces to provide the total partnership income allocated to the corporation by partnerships that withheld income tax and the total amount of income tax withheld by partnerships on behalf of the corporation.

For corporations which have a fiscal year end that is different from the fiscal year end of the pass-through entity, withholding payments made for the fiscal period that ends during the fiscal year of the corporation may be claimed on the corporation's income tax return. Withholding payments will be divided equally to each quarter for purposes of determining Underpayment of Estimated Tax Penalties.

1.

<b>Name:</b> HOLDINGS INC		
<b>SSN/FEIN:</b> 00-****02		
<b>Arkansas Form or Schedule:</b> AR1100CT		
<b>Ownership Type:</b> COST OF GOODS SOLD		
<b>Description:</b> COST OF GOOD SOLD FROM FEDERAL RETURN		
<b>Tax Year:</b> 2019		
1. Amount	2,913,525,259	00

2.

<b>Name:</b> HOLDINGS INC		
<b>SSN/FEIN:</b> 00-****02		
<b>Arkansas Form or Schedule:</b> AR1100CT		
<b>Ownership Type:</b> OTHER INCOME		
<b>Description:</b> OTHER INCOME FROM FEDERAL RETURN		
<b>Tax Year:</b> 2019		
2. Amount	76,067,131	00

3.

<b>Name:</b> HOLDINGS INC		
<b>SSN/FEIN:</b> 00-****02		
<b>Arkansas Form or Schedule:</b> AR1100CT		
<b>Ownership Type:</b> BAD DEBTS		
<b>Description:</b> BAD DEBTS		
<b>Tax Year:</b> 2019		
3. Amount	-6,160	00

4.

<b>Name:</b> HOLDINGS INC		
<b>SSN/FEIN:</b> 00-****02		
<b>Arkansas Form or Schedule:</b> AR1100CT		
<b>Ownership Type:</b> INTEREST		
<b>Description:</b> INTEREST EXPENSES		
<b>Tax Year:</b> 2019		
4. Amount	2,614,811	00

5.

<b>Name:</b> HOLDINGS INC		
<b>SSN/FEIN:</b> 00-****02		
<b>Arkansas Form or Schedule:</b> AR1100CT		
<b>Ownership Type:</b> OTHER DEDUCTIONS		
<b>Description:</b> OTHER DEDUCTIONS FROM FEDERAL RETURN/PENSION PROFIT/EMPLOYEE BENEFIT PROGRAMS		
<b>Tax Year:</b> 2019		
5. Amount	42,997,120	00

6.

<b>Name:</b> HOLDINGS INC		
<b>SSN/FEIN:</b> 00-****02		
<b>Arkansas Form or Schedule:</b> AR1100CT		
<b>Ownership Type:</b> ADD ADJUSTMENTS		
<b>Description:</b> DEPRECIATION ADJUSTMENT FOR JCWAA		
<b>Tax Year:</b> 2019		
6. Amount	8,655,101	00

7.

<b>Name:</b> HOLDINGS INC		
<b>SSN/FEIN:</b> 00-****02		
<b>Arkansas Form or Schedule:</b> AR1100CT		
<b>Ownership Type:</b> DEDUCT ADJUSTMENTS		
<b>Description:</b> DEPRECIATION ADJUSTMENT FOR JCWAA/STATE DISPOSAL BONUS ADJUSTMENT		
<b>Tax Year:</b> 2019		
7. Amount	11,372,088	00



## Arkansas Test Case 3

**Required Forms:** AR1100CT

**Company Name:** ACQ Company

**FEIN:** 00-\*\*\*\*\*03

### Subsidiary 1:

**Required Forms:** AR1100CT

**Company Name:** ACQ Company

**FEIN:** 00-\*\*\*\*\*03

### Subsidiary 2

**Required Forms:** AR1100CT & AR1100REC

**Company Name:** East End Industries

**FEIN:** 00-0000013

2019 AR1100CT  
 ARKANSAS CORPORATION  
 INCOME TAX RETURN



Software ID

Tax Year beginning  /  /  and ending  /  /

INITIAL Return  AMENDED Return  FINAL Arkansas Return (Going Out of Business)  Cooperative Association

FEIN ● 00-****03	<input type="checkbox"/> Check this box if Automatic Federal Extension Form 7004 filed <input type="checkbox"/> Check this box if Arkansas Extension Form AR1155 filed (See Instructions)	<input type="checkbox"/> Check if Filing as Financial Institution <input type="checkbox"/> Check if Federal Subchapter S
NAICS Code ● 238900	Name <input type="checkbox"/> Check this box if name has changed from prior year ● ACQ, COMPANY	Type of Corporation Check only one box ● 5 <input checked="" type="checkbox"/> Domestic (in state) ● 6 <input type="checkbox"/> Foreign (out of state)
Date of Incorporation ● 01/01/2009	Address <input type="checkbox"/> Check this box if address has changed from prior year ● 3347 BROADWAY	
Date Began Business in AR ● 01/01/2009	City ● ALEXANDER	State or Province ● AR
	Zip ● 72002	<input type="checkbox"/> Check if address is outside U.S. Foreign Country

If you are a pass-through entity and are electing the "Check the Box" provision for state income tax purposes, check the type of entity and check one of the filing status boxes below:  
 LIMITED LIABILITY COMPANY  PARTNERSHIP

FILING STATUS: (CHECK ONLY ONE BOX)  
 ● 1  Corporation Operating only in Arkansas  
 ● 2  Multistate Corporation - Apportionment  
 ● 3  Multistate Corporation - Direct Accounting (Prior written approval required for Direct Accounting)  
 ● 4  Consolidated return: # of corp. entities in AR \_\_\_\_\_

**Note: Attach completed copy of Federal Return and Sign Arkansas Return. (See Important Reminders)**

		ARKANSAS	
INCOME	7. Gross Sales: (Less returns and allowances).....	7. ●	00
	8. Less Cost of Goods Sold:.....	8. ●	00
	9. Gross Profit: (Line 7 less Line 8).....	9. ●	00
	10. Dividends: (See Instructions).....	10. ●	00
	11. Taxable Interest: (Attach AR1100REC).....	11. ●	00
	12. Gross Rents/Gross Royalties: (See Instructions).....	12. ●	00
DEDUCTIONS	13. Gains or Losses:.....	13. ●	00
	14. Other Income:.....	14. ●	00
	15. TOTAL INCOME: (Add Lines 9 through 14).....	15. ●	00
	16. Compensation of Officers/Other Salaries and Wages: (See Instructions).....	16. ●	00
	17. Repairs:.....	17. ●	00
	18. Bad Debts:.....	18. ●	00
	19. Rent on Business Property:.....	19. ●	00
	20. Taxes: (Attach AR1100REC).....	20. ●	00
	21. Interest:.....	21. ●	00
	22. Contributions:.....	22. ●	00
	23. Depreciation: (Attach AR1100REC).....	23. ●	00
	24. Depletion:.....	24. ●	00
	25. Advertising:.....	25. ●	00
26. Other Deductions: (Attach schedule).....	26. ●	00	
27. TOTAL DEDUCTIONS: (Add Lines 16 through 26).....	27. ●	00	
28. Taxable Income Before Net Operating Losses: (Line 15 less Line 27).....	28. ●	00	
29. Net Operating Losses: (Adjust for Non-taxable Income).....	29. ●	00	
TAX COMPUTATION	30. Net Taxable Income: (Line 28 less Line 29 or Schedule A C4 page 2) (If Amended Return Box Checked, Enter Amended Net Taxable Income).....	30. ●	9,927 00
	31. Tax from Table: (See C. Instructions).....	31. ●	209 00
	32. Business Incentive Credits: (Attach all original certificates and Schedule AR1100BIC).....	32. ●	00
	33. Tax Liability: (If Amended Return Box Checked, Enter Amended Tax Liability).....	33. ●	209 00
	34. Estimated Tax Paid: (Including estimate carryforward from prior year).....	34. ●	00
	35. Payment with Extension Request:.....	35. ●	00
	36. Withholding Payment: (Attach AR1100-WH).....	36. ●	00
	37. Amended Return Only: (Enter Net tax paid (or refunded) on previous returns(s) for this tax year).....	37. ●	00
	38. Overpayment: (Line 34 plus Line 35 plus Line 36 plus or minus Line 37; less Line 33).....	38. ●	00
	39. Amount Applied to 2020 Estimated Tax.....	39. ●	00
	40. Amount Applied to Check Off Contributions: (Attach AR1100CO).....	40. ●	00
	41. Amount to be Refunded: (Line 38 less Lines 39 and 40).....	41. ●	00
	42. Tax Due: (Line 33 less Line 34 and 35 and Line 36, plus or minus Line 37).....	42. ●	209 00
	43. Interest on Tax Due:.....	43. ●	7 00
44. Penalty for Late Filing or Payment: (See Instructions).....	44. ●	52 00	
45. Penalty for Underpayment of Estimated Tax: (Attach AR2220) Enter exception checked in Part 3 <input type="checkbox"/> .....	45. ●	00	
46. Amount Due: (Add Lines 42 through 45).....	46. ●	268 00	

SCHEDULE A  
Apportionment of Income  
for Multistate Corporation



FEIN: 00-\*\*\*\*03

A. INCOME TO APPORTION:

1. Income per Federal Return: (Federal Form 1120, Line 28).....1.		00
2. Add Adjustments: (Attach schedule).....2.		00
3. Deduct Adjustments: (Attach schedule).....3.		00
4. TOTAL APPORTIONABLE INCOME:.....4.		00

NOTE: If all factors in Section B are 100%, do not complete Columns (A), (B), or (C). The return should be filed as a status 1, CORPORATION OPERATING ONLY IN ARKANSAS and complete all appropriate lines on page 1 of Form AR1100CT.

B. APPORTIONMENT FACTOR:

	(A) Amounts in Arkansas	(B) Total Amounts	(C) Percentage (A) ÷ (B)
<b>1. Property Used in Business:</b>			
<b>a. Tangible Assets Used in Business and Inventories</b>			
Less Construction in Progress:			
1. Amount Beginning of Year:.....1.	00	00	<i>(Calculate to 6 places to the right of the decimal. Fill in all spaces.)</i>
2. Amount End of Year:.....2.	00	00	
3. Total: (Add Lines a1 and a2).....3.	00	00	
4. Average Tangible Assets: (Line 3 ÷ 2).....4.	00	00	
b. Rental Property: (8 times annual rent).....b.	00	00	999.999999 %
<i>(EXAMPLE)</i>			
c. Average Value of Intangible Property:.....c. (For Financial Institutions Only - Attach schedule)	00	00	
d. TOTAL PROPERTY: (Add Lines a4, b, and c).....d.	00	00	%
<b>2. Salaries, Wages, Commissions and Other Compensation Related to the Production of Business Income:</b>			
a. TOTAL:.....a.	00	00	%
<b>3. Sales/Receipts:</b>			
a. Destination Shipped From Within Arkansas:.....a.	00		
b. Destination Shipped From Without Arkansas:.....b.	00		
c. Origin Shipped From Within Arkansas to U.S. Govt:.....c.	00		
d. Origin Shipped From Within Arkansas to Other Non-taxable Jurisdictions:.....d.	00		
e. Other Gross Receipts: (Attach schedule).....e.	00		
f. TOTAL SALES / RECEIPTS: (Add Lines 3a through 3e).....f.	00	00	%
g. DOUBLE WEIGHTED: (Financial Institutions must use Single Weighted Factor) (Column C, Line 3f x 2).....g.			%
<b>4. Sum of Percentages:(Single Weighted: Add Column C, Lines 1d, 2a and 3f) (Double Weighted: Add Column C, Lines 1d, 2a and 3g).....4.</b>			
*5. Percentage Attributable to Arkansas: .....Line 4	%	Divided By*	= 5. %
*For Part B, Line 5, Divide Line 4 by number of entries other than zero which you make on Part B, Column B, Lines (1d), (2a), and (3f).			
NOTE: An entry other than zero in Part B, Column B, Line (3f), counts as two (2) entries unless using Single Weighted Factor.			

C. ARKANSAS TAXABLE INCOME:

1. Income Apportioned to Arkansas: (Part A, Line 4) x (Part B, Line 5, Column C).....1.		00
2. Add: Direct Income Allocated to Arkansas: (Attach schedule).....2.		00
3. Less: Apportioned NOL to Arkansas: (See NOL Instructions, Attach AR1100NOL form).....3.		00
4. TOTAL INCOME TAXABLE TO ARKANSAS: (Enter here and on Line 30, page 1).....4.		00

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules, statements and documents, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

SIGNATURE OF OFFICER	DATE	TITLE	Telephone Number <b>(501) 682-7925</b>
PREPARER'S SIGNATURE	DATE	PREPARER'S FEIN/PTIN ● <b>44-4444444</b>	
PREPARER'S PRINTED NAME	May the Arkansas Revenue Agency discuss this return with the preparer shown above?		For Department Use Only
AREA CODE AND TELEPHONE NUMBER OF PREPARER <b>(501) 537-5744</b>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		A ●
Mail completed form to: Corporation Income Tax, P O Box 919, Little Rock, AR 72203-0919			B ●
			C

2019 AR1100CT  
 ARKANSAS CORPORATION  
 INCOME TAX RETURN



Software ID

Tax Year beginning  /  /  and ending  /  /

INITIAL Return     AMENDED Return     FINAL Arkansas Return (Going Out of Business)     Cooperative Association

FEIN ● 00-0000003	<input type="checkbox"/> Check this box if Automatic Federal Extension Form 7004 filed <input type="checkbox"/> Check this box if Arkansas Extension Form AR1155 filed (See Instructions)	<input type="checkbox"/> Check if Filing as Financial Institution <input type="checkbox"/> Check if Federal Subchapter S
NAICS Code ● 238900	Name <input type="checkbox"/> Check this box if name has changed from prior year ● ACQ, COMPANY	Type of Corporation Check only one box ● 5 <input type="checkbox"/> Domestic (in state) ● 6 <input type="checkbox"/> Foreign (out of state)
Date of Incorporation ● 01/01/2009	Address <input type="checkbox"/> Check this box if address has changed from prior year ● 3347 BROADWAY	
Date Began Business in AR ● 01/01/2009	City ● ALEXANDER	State or Province ● AR
		Zip ● 72002
		<input type="checkbox"/> Check if address is outside U.S. Foreign Country

If you are a pass-through entity and are electing the "Check the Box" provision for state income tax purposes, check the type of entity and check one of the filing status boxes below:  
 LIMITED LIABILITY COMPANY     PARTNERSHIP

FILING STATUS: (CHECK ONLY ONE BOX)  
 ● 1  Corporation Operating only in Arkansas    ● 3  Multistate Corporation - Direct Accounting (Prior written approval required for Direct Accounting)  
 ● 2  Multistate Corporation - Apportionment    ● 4  Consolidated return: # of corp. entities in AR \_\_\_\_\_

**Note: Attach completed copy of Federal Return and Sign Arkansas Return. (See Important Reminders)**

		ARKANSAS	
INCOME	7. Gross Sales: (Less returns and allowances).....	7. ●	00
	8. Less Cost of Goods Sold:.....	8. ●	00
	9. Gross Profit: (Line 7 less Line 8).....	9. ●	00
	10. Dividends: (See Instructions).....	10. ●	00
	11. Taxable Interest: (Attach AR1100REC).....	11. ●	00
	12. Gross Rents/Gross Royalties: (See Instructions).....	12. ●	00
13. Gains or Losses:.....	13. ●	00	
14. Other Income:.....	14. ●	00	
15. TOTAL INCOME: (Add Lines 9 through 14).....	15. ●	00	
DEDUCTIONS	16. Compensation of Officers/Other Salaries and Wages: (See Instructions).....	16. ●	00
	17. Repairs:.....	17. ●	00
	18. Bad Debts:.....	18. ●	00
	19. Rent on Business Property:.....	19. ●	00
	20. Taxes: (Attach AR1100REC).....	20. ●	00
	21. Interest:.....	21. ●	00
	22. Contributions:.....	22. ●	00
	23. Depreciation: (Attach AR1100REC).....	23. ●	00
	24. Depletion:.....	24. ●	00
	25. Advertising:.....	25. ●	00
	26. Other Deductions: (Attach schedule).....	26. ●	19,393
	27. TOTAL DEDUCTIONS: (Add Lines 16 through 26).....	27. ●	19,393
	28. Taxable Income Before Net Operating Losses: (Line 15 less Line 27).....	28. ●	(19,393)
29. Net Operating Losses: (Adjust for Non-taxable Income).....	29. ●	(57,325)	
TAX COMPUTATION	30. Net Taxable Income: (Line 28 less Line 29 or Schedule A C4 page 2) (If Amended Return Box Checked, Enter Amended Net Taxable Income).....	30. ●	(76,718)
	31. Tax from Table: (See C. Instructions).....	31. ●	00
	32. Business Incentive Credits: (Attach all original certificates and Schedule AR1100BIC).....	32. ●	00
	33. Tax Liability: (If Amended Return Box Checked, Enter Amended Tax Liability).....	33. ●	00
	34. Estimated Tax Paid: (Including estimate carryforward from prior year).....	34. ●	00
	35. Payment with Extension Request:.....	35. ●	00
	36. Withholding Payment: (Attach AR1100-WH).....	36. ●	00
	37. Amended Return Only: (Enter Net tax paid (or refunded) on previous returns(s) for this tax year).....	37. ●	00
	38. Overpayment: (Line 34 plus Line 35 plus Line 36 plus or minus Line 37; less Line 33).....	38. ●	00
	39. Amount Applied to 2020 Estimated Tax.....	39. ●	00
	40. Amount Applied to Check Off Contributions: (Attach AR1100CO).....	40. ●	00
	41. Amount to be Refunded: (Line 38 less Lines 39 and 40).....	41. ●	00
	42. Tax Due: (Line 33 less Line 34 and 35 and Line 36, plus or minus Line 37).....	42. ●	00
	43. Interest on Tax Due:.....	43. ●	00
	44. Penalty for Late Filing or Payment: (See Instructions).....	44. ●	00
	45. Penalty for Underpayment of Estimated Tax: (Attach AR2220) Enter exception checked in Part 3 <input type="checkbox"/> .....	45. ●	00
	46. Amount Due: (Add Lines 42 through 45).....	46. ●	00

SCHEDULE A  
Apportionment of Income  
for Multistate Corporation



FEIN: 00-0000003

A. INCOME TO APPORTION:

1. Income per Federal Return: (Federal Form 1120, Line 28).....1.		00
2. Add Adjustments: (Attach schedule).....2.		00
3. Deduct Adjustments: (Attach schedule).....3.		00
4. TOTAL APPORTIONABLE INCOME:.....4.		00

NOTE: If all factors in Section B are 100%, do not complete Columns (A), (B), or (C). The return should be filed as a status 1, CORPORATION OPERATING ONLY IN ARKANSAS and complete all appropriate lines on page 1 of Form AR1100CT.

B. APPORTIONMENT FACTOR:

	(A) Amounts in Arkansas	(B) Total Amounts	(C) Percentage (A) ÷ (B)
<b>1. Property Used in Business:</b>			
<b>a. Tangible Assets Used in Business and Inventories</b>			
Less Construction in Progress:			
1. Amount Beginning of Year:.....1.	00	00	<i>(Calculate to 6 places to the right of the decimal. Fill in all spaces.)</i>
2. Amount End of Year:.....2.	00	00	
3. Total: (Add Lines a1 and a2).....3.	00	00	
4. Average Tangible Assets: (Line 3 ÷ 2).....4.	00	00	
b. Rental Property: (8 times annual rent).....b.	00	00	999.999999 %
<i>(EXAMPLE)</i>			
c. Average Value of Intangible Property:.....c. (For Financial Institutions Only - Attach schedule)	00	00	
d. TOTAL PROPERTY: (Add Lines a4, b, and c).....d.	00	00	%
<b>2. Salaries, Wages, Commissions and Other Compensation Related to the Production of Business Income:</b>			
a. TOTAL:.....a.	00	00	%
<b>3. Sales/Receipts:</b>			
a. Destination Shipped From Within Arkansas:.....a.	00		
b. Destination Shipped From Without Arkansas:.....b.	00		
c. Origin Shipped From Within Arkansas to U.S. Govt:.....c.	00		
d. Origin Shipped From Within Arkansas to Other Non-taxable Jurisdictions:.....d.	00		
e. Other Gross Receipts: (Attach schedule).....e.	00		
f. TOTAL SALES / RECEIPTS: (Add Lines 3a through 3e).....f.	00	00	%
g. DOUBLE WEIGHTED: (Financial Institutions must use Single Weighted Factor) (Column C, Line 3f x 2).....g.			%
<b>4. Sum of Percentages:(Single Weighted: Add Column C, Lines 1d, 2a and 3f) (Double Weighted: Add Column C, Lines 1d, 2a and 3g).....4.</b>			
*5. Percentage Attributable to Arkansas: .....Line 4	%	Divided By*	= 5. %
*For Part B, Line 5, Divide Line 4 by number of entries other than zero which you make on Part B, Column B, Lines (1d), (2a), and (3f). NOTE: An entry other than zero in Part B, Column B, Line (3f), counts as two (2) entries unless using Single Weighted Factor.			

C. ARKANSAS TAXABLE INCOME:

1. Income Apportioned to Arkansas: (Part A, Line 4) x (Part B, Line 5, Column C).....1.		00
2. Add: Direct Income Allocated to Arkansas: (Attach schedule).....2.		00
3. Less: Apportioned NOL to Arkansas: (See NOL Instructions, Attach AR1100NOL form).....3.		00
4. TOTAL INCOME TAXABLE TO ARKANSAS: (Enter here and on Line 30, page 1).....4.		00

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules, statements and documents, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

SIGNATURE OF OFFICER	DATE	TITLE	Telephone Number
PREPARER'S SIGNATURE	DATE	PREPARER'S FEIN/PTIN	
PREPARER'S PRINTED NAME	May the Arkansas Revenue Agency discuss this return with the preparer shown above?		For Department Use Only
AREA CODE AND TELEPHONE NUMBER OF PREPARER (501) 537-5744	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		A ●
Mail completed form to: Corporation Income Tax, P O Box 919, Little Rock, AR 72203-0919			B ●
			C

2019 AR1100CT  
 ARKANSAS CORPORATION  
 INCOME TAX RETURN



Software ID

Tax Year beginning  /  /  and ending  /  /

INITIAL Return     AMENDED Return     FINAL Arkansas Return (Going Out of Business)     Cooperative Association

FEIN ● 00-0000013	<input type="checkbox"/> Check this box if Automatic Federal Extension Form 7004 filed <input type="checkbox"/> Check this box if Arkansas Extension Form AR1155 filed (See Instructions)	<input type="checkbox"/> Check if Filing as Financial Institution <input type="checkbox"/> Check if Federal Subchapter S
NAICS Code ● 238900	Name <input type="checkbox"/> Check this box if name has changed from prior year ● EAST END INDUSTRIES	Type of Corporation Check only one box ● 5 <input type="checkbox"/> Domestic (in state) ● 6 <input type="checkbox"/> Foreign (out of state)
Date of Incorporation ● 12/21/1984	Address <input type="checkbox"/> Check this box if address has changed from prior year ● 21 EAST END RD.	
Date Began Business in AR ● 12/21/1984	City ● EAST END	State or Province ● AR
		Zip ● 72206
		<input type="checkbox"/> Check if address is outside U.S. Foreign Country

If you are a pass-through entity and are electing the "Check the Box" provision for state income tax purposes, check the type of entity and check one of the filing status boxes below:  
 LIMITED LIABILITY COMPANY     PARTNERSHIP

FILING STATUS: (CHECK ONLY ONE BOX)  
 ● 1  Corporation Operating only in Arkansas    ● 3  Multistate Corporation - Direct Accounting (Prior written approval required for Direct Accounting)  
 ● 2  Multistate Corporation - Apportionment    ● 4  Consolidated return: # of corp. entities in AR \_\_\_\_\_

**Note: Attach completed copy of Federal Return and Sign Arkansas Return. (See Important Reminders)**

		ARKANSAS	
INCOME	7. Gross Sales: (Less returns and allowances).....	7. ●	00
	8. Less Cost of Goods Sold:.....	8. ●	00
	9. Gross Profit: (Line 7 less Line 8).....	9. ●	00
	10. Dividends: (See Instructions).....	10. ●	00
	11. Taxable Interest: (Attach AR1100REC).....	11. ●	00
	12. Gross Rents/Gross Royalties: (See Instructions).....	12. ●	00
13. Gains or Losses:.....	13. ●	00	
14. Other Income:.....	14. ●	00	
15. TOTAL INCOME: (Add Lines 9 through 14).....	15. ●	00	
DEDUCTIONS	16. Compensation of Officers/Other Salaries and Wages: (See Instructions).....	16. ●	00
	17. Repairs:.....	17. ●	00
	18. Bad Debts:.....	18. ●	00
	19. Rent on Business Property:.....	19. ●	00
	20. Taxes: (Attach AR1100REC).....	20. ●	00
	21. Interest:.....	21. ●	00
	22. Contributions:.....	22. ●	00
	23. Depreciation: (Attach AR1100REC).....	23. ●	00
	24. Depletion:.....	24. ●	00
	25. Advertising:.....	25. ●	00
	26. Other Deductions: (Attach schedule).....	26. ●	00
	27. TOTAL DEDUCTIONS: (Add Lines 16 through 26).....	27. ●	00
	28. Taxable Income Before Net Operating Losses: (Line 15 less Line 27).....	28. ●	00
	29. Net Operating Losses: (Adjust for Non-taxable Income).....	29. ●	00
TAX COMPUTATION	30. Net Taxable Income: (Line 28 less Line 29 or Schedule A C4 page 2) (If Amended Return Box Checked, Enter Amended Net Taxable Income).....	30. ●	86,645 00
	31. Tax from Table: (See C. Instructions).....	31. ●	00
	32. Business Incentive Credits: (Attach all original certificates and Schedule AR1100BIC).....	32. ●	00
	33. Tax Liability: (If Amended Return Box Checked, Enter Amended Tax Liability).....	33. ●	00
	34. Estimated Tax Paid: (Including estimate carryforward from prior year).....	34. ●	00
	35. Payment with Extension Request:.....	35. ●	00
	36. Withholding Payment: (Attach AR1100-WH).....	36. ●	00
	37. Amended Return Only: (Enter Net tax paid (or refunded) on previous returns(s) for this tax year).....	37. ●	00
	38. Overpayment: (Line 34 plus Line 35 plus Line 36 plus or minus Line 37; less Line 33).....	38. ●	00
	39. Amount Applied to 2020 Estimated Tax.....	39. ●	00
	40. Amount Applied to Check Off Contributions: (Attach AR1100CO).....	40. ●	00
	41. Amount to be Refunded: (Line 38 less Lines 39 and 40).....	41. ●	00
	42. Tax Due: (Line 33 less Line 34 and 35 and Line 36, plus or minus Line 37).....	42. ●	00
	43. Interest on Tax Due:.....	43. ●	00
	44. Penalty for Late Filing or Payment: (See Instructions).....	44. ●	00
	45. Penalty for Underpayment of Estimated Tax: (Attach AR2220) Enter exception checked in Part 3 <input type="checkbox"/> .....	45. ●	00
	46. Amount Due: (Add Lines 42 through 45).....	46. ●	00

SCHEDULE A  
Apportionment of Income  
for Multistate Corporation



FEIN: 00-0000013

A. INCOME TO APPORTION:

1. Income per Federal Return: (Federal Form 1120, Line 28).....1.			27,779	00
2. Add Adjustments: (Attach schedule).....2.			85,630	00
3. Deduct Adjustments: (Attach schedule).....3.			12,753	00
4. TOTAL APPORTIONABLE INCOME:.....4.			100,656	00

NOTE: If all factors in Section B are 100%, do not complete Columns (A), (B), or (C). The return should be filed as a status 1, CORPORATION OPERATING ONLY IN ARKANSAS and complete all appropriate lines on page 1 of Form AR1100CT.

B. APPORTIONMENT FACTOR:

	(A) Amounts in Arkansas	(B) Total Amounts	(C) Percentage (A) ÷ (B)
<b>1. Property Used in Business:</b>			
<b>a. Tangible Assets Used in Business and Inventories</b>			
Less Construction in Progress:			
1. Amount Beginning of Year:.....1.	761,039 00	3,322,454 00	(Calculate to 6 places to the right of the decimal. Fill in all spaces.)
2. Amount End of Year:.....2.	872,525 00	3,346,820 00	
3. Total: (Add Lines a1 and a2).....3.	1,633,564 00	6,669,274 00	
4. Average Tangible Assets: (Line 3 ÷ 2).....4.	816,782 00	3,334,637 00	
b. Rental Property: (8 times annual rent).....b.	1,203,672 00	1,203,672 00	999.999999 %
(EXAMPLE)			
c. Average Value of Intangible Property:.....c.			
(For Financial Institutions Only - Attach schedule)			
d. TOTAL PROPERTY: (Add Lines a4, b, and c).....d.	2,020,454 00	4,538,309 00	44.519974 %
<b>2. Salaries, Wages, Commissions and Other Compensation Related to the Production of Business Income:</b>			
a. TOTAL:.....a.	6,032,991 00	6,044,975 00	99.801753 %
<b>3. Sales/Receipts:</b>			
a. Destination Shipped From Within Arkansas:.....a.	16,474,279 00		
b. Destination Shipped From Without Arkansas:.....b.			
c. Origin Shipped From Within Arkansas to U.S. Govt:.....c.			
d. Origin Shipped From Within Arkansas to Other Non-taxable Jurisdictions:.....d.			
e. Other Gross Receipts: (Attach schedule).....e.	77,231 00		
f. TOTAL SALES / RECEIPTS: (Add Lines 3a through 3e).....f.	16,551,510 00	16,551,510 00	100.000000 %
g. DOUBLE WEIGHTED: (Financial Institutions must use Single Weighted Factor) (Column C, Line 3f x 2).....g.			200.000000 %
4. Sum of Percentages:(Single Weighted: Add Column C, Lines 1d, 2a and 3f) (Double Weighted: Add Column C, Lines 1d, 2a and 3g).....4.			344.321727 %
*5. Percentage Attributable to Arkansas: .....Line 4	344.321727 %	Divided By* 4	= 5. 86.080432 %

\*For Part B, Line 5, Divide Line 4 by number of entries other than zero which you make on Part B, Column B, Lines (1d), (2a), and (3f).

NOTE: An entry other than zero in Part B, Column B, Line (3f), counts as two (2) entries unless using Single Weighted Factor.

C. ARKANSAS TAXABLE INCOME:

1. Income Apportioned to Arkansas: (Part A, Line 4) x (Part B, Line 5, Column C).....1.		86,645	00
2. Add: Direct Income Allocated to Arkansas: (Attach schedule).....2.			00
3. Less: Apportioned NOL to Arkansas: (See NOL Instructions, Attach AR1100NOL form).....3.			00
4. TOTAL INCOME TAXABLE TO ARKANSAS: (Enter here and on Line 30, page 1).....4.		86,645	00

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules, statements and documents, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

SIGNATURE OF OFFICER	DATE	TITLE	Telephone Number
PREPARER'S SIGNATURE	DATE	PREPARER'S FEIN/PTIN	
PREPARER'S PRINTED NAME	May the Arkansas Revenue Agency discuss this return with the preparer shown above?		For Department Use Only
AREA CODE AND TELEPHONE NUMBER OF PREPARER	<input type="checkbox"/> Yes <input type="checkbox"/> No		A ●
Mail completed form to: Corporation Income Tax, P O Box 919, Little Rock, AR 72203-0919			B ●
			C



ARKANSAS CORPORATION INCOME TAX  
RECONCILIATION SCHEDULE

NAME EAST END INDUSTRIES

FEIN 00-000013

PART A: INTEREST INCOME

1. FEDERAL FORM 1120 LINE 5 INTEREST INCOME.....	1.		00
2. ADD: NON-ARKANSAS MUNICIPAL INTEREST INCOME.....	2.		00
3. LESS: U.S. OBLIGATION INTEREST INCOME (Attach Schedule).....	3.		00
4. ARKANSAS TAXABLE INTEREST INCOME: (Enter here and on Line 11, Form AR1100CT).....	4.		00

PART B: TAXES DEDUCTION

1. FEDERAL FORM 1120 LINE 17 TAXES AND LICENSE DEDUCTION.....	1.	248,962	00
2. ADD: FOREIGN TAXES NOT INCLUDED ON FORM 1120 LINE 17.....	2.		00
3. LESS: ARKANSAS CORPORATION INCOME TAXES.....	3.		00
4. ARKANSAS DEDUCTION FOR TAXES (Enter here and on Line 20, Form AR1100CT).....	4.	248,962	00

PART C: DEPRECIATION DEDUCTION

1. FEDERAL FORM 1120 LINE 20 DEPRECIATION DEDUCTION.....	1.	330,579	00
2. PLUS: FEDERAL DEPRECIATION INCLUDED IN COST OF GOODS SOLD OR ELSEWHERE....	2.		00
3. TOTAL FEDERAL DEPRECIATION (Line 22 of Form 4562).....	3.	330,579	00
4. LESS: FEDERAL FORM 4562 LINE 12 SECTION 179 DEDUCTION.....	4.		00
5. LESS: FEDERAL FORM 4562 LINE 14 BONUS DEPRECIATION.....	5.	33,082	00
6. LESS: FEDERAL FORM 4562 LINE 25 BONUS DEPRECIATION.....	6.	143,748	00
7. ADD: ARKANSAS ALLOWABLE SECTION 179 DEDUCTION.....	7.		00
8. ADD OR SUBTRACT ARKANSAS DEPRECIATION ADJUSTMENT (Attach Schedule).....	8.	91,200	00
9. ARKANSAS TOTAL DEPRECIATION DEDUCTION.....	9.	244,949	00
10. LESS: ARKANSAS DEPRECIATION IN COST OF GOODS SOLD OR ELSEWHERE.....	10.		00
11. ARKANSAS DEPRECIATION DEDUCTION (Enter here and on Line 23, Form AR1100CT).....	11.	244,949	00

**This schedule is to be attached to the Arkansas AR1100CT Corporate Income Tax form to reconcile Federal and Arkansas Interest Income on Line 11, Tax Expense Deduction on Line 20 and Depreciation Expense Deduction on Line 23. Refer to Instructions in the 2019 Corporation Income Tax Instructions.**



## Arkansas Test Case 4

### AMENDED INCOME TAX RETURN

**Required Forms:** AR1100CT, AR1100REC, AR1100NOL & AR-AIS

**Company Name:** Outdoor World

**FEIN:** 00-\*\*\*\*\*04

**AR Tax Payment:**

**Routing Number:** 265270413

**Account Number:** 6695427

**Requested Payment Date:** 04/15/20

**Amount Debited:** \$888.00

2019 AR1100CT  
 ARKANSAS CORPORATION  
 INCOME TAX RETURN



Software ID

Tax Year beginning **04 / 01 / 2019** and ending **03 / 31 / 2020**

INITIAL Return  AMENDED Return  FINAL Arkansas Return (Going Out of Business)  Cooperative Association

FEIN <b>00-****04</b>	<input type="checkbox"/> Check this box if Automatic Federal Extension Form 7004 filed <input type="checkbox"/> Check this box if Arkansas Extension Form AR1155 filed (See Instructions)	<input type="checkbox"/> Check if Filing as Financial Institution <input type="checkbox"/> Check if Federal Subchapter S
NAICS Code <b>561790</b>	Name <input type="checkbox"/> Check this box if name has changed from prior year <b>OUTDOOR WORLD</b>	Type of Corporation Check only one box 5 <input type="checkbox"/> Domestic (in state) 6 <input type="checkbox"/> Foreign (out of state)
Date of Incorporation <b>04/17/2000</b>	Address <input type="checkbox"/> Check this box if address has changed from prior year <b>11 SUNS ST</b>	
Date Began Business in AR <b>04/17/2000</b>	City <b>LITTLE ROCK</b>	State or Province <b>AR</b>
		Zip <b>72201</b>
		<input type="checkbox"/> Check if address is outside U.S. Foreign Country

If you are a pass-through entity and are electing the "Check the Box" provision for state income tax purposes, check the type of entity and check one of the filing status boxes below:  
 LIMITED LIABILITY COMPANY  PARTNERSHIP

FILING STATUS: (CHECK ONLY ONE BOX)  
 1  Corporation Operating only in Arkansas  
 2  Multistate Corporation - Apportionment  
 3  Multistate Corporation - Direct Accounting (Prior written approval required for Direct Accounting)  
 4  Consolidated return: # of corp. entities in AR

**Note: Attach completed copy of Federal Return and Sign Arkansas Return. (See Important Reminders)**

		ARKANSAS	
INCOME	7. Gross Sales: (Less returns and allowances).....	7.	<b>1,509,843</b> 00
	8. Less Cost of Goods Sold:.....	8.	<b>794,914</b> 00
	9. Gross Profit: (Line 7 less Line 8).....	9.	<b>714,929</b> 00
	10. Dividends: (See Instructions).....	10.	00
	11. Taxable Interest: (Attach AR1100REC).....	11.	00
	12. Gross Rents/Gross Royalties: (See Instructions).....	12.	00
13. Gains or Losses:.....	13.	<b>14,594</b> 00	
14. Other Income:.....	14.	00	
15. TOTAL INCOME: (Add Lines 9 through 14).....	15.	<b>729,523</b> 00	
DEDUCTIONS	16. Compensation of Officers/Other Salaries and Wages: (See Instructions).....	16.	<b>176,148</b> 00
	17. Repairs:.....	17.	<b>108,027</b> 00
	18. Bad Debts:.....	18.	00
	19. Rent on Business Property:.....	19.	<b>12,000</b> 00
	20. Taxes: (Attach AR1100REC).....	20.	<b>46,377</b> 00
	21. Interest:.....	21.	<b>7,482</b> 00
	22. Contributions:.....	22.	00
	23. Depreciation: (Attach AR1100REC).....	23.	<b>129,356</b> 00
	24. Depletion:.....	24.	00
	25. Advertising:.....	25.	<b>990</b> 00
	26. Other Deductions: (Attach schedule).....	26.	<b>213,073</b> 00
	27. TOTAL DEDUCTIONS: (Add Lines 16 through 26).....	27.	<b>693,453</b> 00
	28. Taxable Income Before Net Operating Losses: (Line 15 less Line 27).....	28.	<b>36,070</b> 00
	29. Net Operating Losses: (Adjust for Non-taxable Income).....	29.	<b>(12,135)</b> 00
TAX COMPUTATION	30. Net Taxable Income: (Line 28 less Line 29 or Schedule A C4 page 2) (If Amended Return Box Checked, Enter Amended Net Taxable Income).....	30.	<b>23,935</b> 00
	31. Tax from Table: (See C. Instructions).....	31.	<b>888</b> 00
	32. Business Incentive Credits: (Attach all original certificates and Schedule AR1100BIC).....	32.	00
	33. Tax Liability: (If Amended Return Box Checked, Enter Amended Tax Liability).....	33.	<b>888</b> 00
	34. Estimated Tax Paid: (Including estimate carryforward from prior year).....	34.	00
	35. Payment with Extension Request:.....	35.	00
	36. Withholding Payment: (Attach AR1100-WH).....	36.	00
	37. Amended Return Only: (Enter Net tax paid (or refunded) on previous returns(s) for this tax year).....	37.	00
	38. Overpayment: (Line 34 plus Line 35 plus Line 36 plus or minus Line 37; less Line 33).....	38.	00
	39. Amount Applied to 2020 Estimated Tax.....	39.	00
	40. Amount Applied to Check Off Contributions: (Attach AR1100CO).....	40.	00
	41. Amount to be Refunded: (Line 38 less Lines 39 and 40).....	41.	00
	42. Tax Due: (Line 33 less Line 34 and 35 and Line 36, plus or minus Line 37).....	42.	<b>888</b> 00
43. Interest on Tax Due:.....	43.	00	
44. Penalty for Late Filing or Payment: (See Instructions).....	44.	00	
45. Penalty for Underpayment of Estimated Tax: (Attach AR2220) Enter exception checked in Part 3 <input type="checkbox"/> .....	45.	00	
46. Amount Due: (Add Lines 42 through 45).....	46.	<b>888</b> 00	

SCHEDULE A  
Apportionment of Income  
for Multistate Corporation



FEIN: 00-\*\*\*\*04

A. INCOME TO APPORTION:

1. Income per Federal Return: (Federal Form 1120, Line 28).....1.		00
2. Add Adjustments: (Attach schedule).....2.		00
3. Deduct Adjustments: (Attach schedule).....3.		00
4. TOTAL APPORTIONABLE INCOME:.....4.		00

NOTE: If all factors in Section B are 100%, do not complete Columns (A), (B), or (C). The return should be filed as a status 1, CORPORATION OPERATING ONLY IN ARKANSAS and complete all appropriate lines on page 1 of Form AR1100CT.

B. APPORTIONMENT FACTOR:

	(A) Amounts in Arkansas	(B) Total Amounts	(C) Percentage (A) ÷ (B)
<b>1. Property Used in Business:</b>			
<b>a. Tangible Assets Used in Business and Inventories</b>			
Less Construction in Progress:			
1. Amount Beginning of Year:.....1.	00	00	<i>(Calculate to 6 places to the right of the decimal. Fill in all spaces.)</i>
2. Amount End of Year:.....2.	00	00	
3. Total: (Add Lines a1 and a2).....3.	00	00	
4. Average Tangible Assets: (Line 3 ÷ 2).....4.	00	00	
b. Rental Property: (8 times annual rent).....b.	00	00	999.999999 %
<i>(EXAMPLE)</i>			
c. Average Value of Intangible Property:.....c.	00	00	
<i>(For Financial Institutions Only - Attach schedule)</i>			
d. TOTAL PROPERTY: (Add Lines a4, b, and c).....d.	00	00	

2. Salaries, Wages, Commissions and Other Compensation Related to the Production of Business Income:

a. TOTAL:.....a.	00	00	%
------------------	----	----	---

3. Sales/Receipts:

a. Destination Shipped From Within Arkansas:.....a.	00		
b. Destination Shipped From Without Arkansas:.....b.	00		
c. Origin Shipped From Within Arkansas to U.S. Govt:.....c.	00		
d. Origin Shipped From Within Arkansas to Other Non-taxable Jurisdictions:.....d.	00		
e. Other Gross Receipts: (Attach schedule).....e.	00		
f. TOTAL SALES / RECEIPTS: (Add Lines 3a through 3e).....f.	00	00	%

g. DOUBLE WEIGHTED: (Financial Institutions must use Single Weighted Factor) (Column C, Line 3f x 2).....g.			%
---	--	--	---

4. Sum of Percentages: (Single Weighted: Add Column C, Lines 1d, 2a and 3f)

(Double Weighted: Add Column C, Lines 1d, 2a and 3g).....4.		%
---	--	---

\*5. Percentage Attributable to Arkansas: .....Line 4  % Divided By\*  = 5.  %

\*For Part B, Line 5, Divide Line 4 by number of entries other than zero which you make on Part B, Column B, Lines (1d), (2a), and (3f).

NOTE: An entry other than zero in Part B, Column B, Line (3f), counts as two (2) entries unless using Single Weighted Factor.

C. ARKANSAS TAXABLE INCOME:

1. Income Apportioned to Arkansas: (Part A, Line 4) x (Part B, Line 5, Column C).....1.		00
2. Add: Direct Income Allocated to Arkansas: (Attach schedule).....2.		00
3. Less: Apportioned NOL to Arkansas: (See NOL Instructions, Attach AR1100NOL form).....3.		00
4. TOTAL INCOME TAXABLE TO ARKANSAS: (Enter here and on Line 30, page 1).....4.		00

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules, statements and documents, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

SIGNATURE OF OFFICER	DATE	TITLE	Telephone Number
PREPARER'S SIGNATURE	DATE	PREPARER'S FEIN/PTIN ● 44-4444444	
PREPARER'S PRINTED NAME	May the Arkansas Revenue Agency discuss this return with the preparer shown above?		For Department Use Only
AREA CODE AND TELEPHONE NUMBER OF PREPARER (501) 537-5744	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		A ●
Mail completed form to: Corporation Income Tax, P O Box 919, Little Rock, AR 72203-0919			B ●
			C



ARKANSAS CORPORATION INCOME TAX  
RECONCILIATION SCHEDULE

NAME OUTDOOR WORLD

FEIN 00-\*\*\*\*04

PART A: INTEREST INCOME

1. FEDERAL FORM 1120 LINE 5 INTEREST INCOME.....	1.		00
2. ADD: NON-ARKANSAS MUNICIPAL INTEREST INCOME.....	2.		00
3. LESS: U.S. OBLIGATION INTEREST INCOME (Attach Schedule).....	3.		00
4. ARKANSAS TAXABLE INTEREST INCOME: (Enter here and on Line 11, Form AR1100CT).....	4.		00

PART B: TAXES DEDUCTION

1. FEDERAL FORM 1120 LINE 17 TAXES AND LICENSE DEDUCTION.....	1.	46,635	00
2. ADD: FOREIGN TAXES NOT INCLUDED ON FORM 1120 LINE 17.....	2.		00
3. LESS: ARKANSAS CORPORATION INCOME TAXES.....	3.	258	00
4. ARKANSAS DEDUCTION FOR TAXES (Enter here and on Line 20, Form AR1100CT).....	4.	46,377	00

PART C: DEPRECIATION DEDUCTION

1. FEDERAL FORM 1120 LINE 20 DEPRECIATION DEDUCTION.....	1.	143,048	00
2. PLUS: FEDERAL DEPRECIATION INCLUDED IN COST OF GOODS SOLD OR ELSEWHERE....	2.		00
3. TOTAL FEDERAL DEPRECIATION (Line 22 of Form 4562).....	3.	143,048	00
4. LESS: FEDERAL FORM 4562 LINE 12 SECTION 179 DEDUCTION.....	4.	39,200	00
5. LESS: FEDERAL FORM 4562 LINE 14 BONUS DEPRECIATION.....	5.		00
6. LESS: FEDERAL FORM 4562 LINE 25 BONUS DEPRECIATION.....	6.		00
7. ADD: ARKANSAS ALLOWABLE SECTION 179 DEDUCTION.....	7.	25,000	00
8. ADD OR SUBTRACT ARKANSAS DEPRECIATION ADJUSTMENT (Attach Schedule).....	8.	508	00
9. ARKANSAS TOTAL DEPRECIATION DEDUCTION.....	9.	129,356	00
10. LESS: ARKANSAS DEPRECIATION IN COST OF GOODS SOLD OR ELSEWHERE.....	10.		00
11. ARKANSAS DEPRECIATION DEDUCTION (Enter here and on Line 23, Form AR1100CT).....	11.	129,356	00

**This schedule is to be attached to the Arkansas AR1100CT Corporate Income Tax form to reconcile Federal and Arkansas Interest Income on Line 11, Tax Expense Deduction on Line 20 and Depreciation Expense Deduction on Line 23. Refer to Instructions in the 2019 Corporation Income Tax Instructions.**



Arkansas Corporation Income Tax  
Schedule of Net Operating Loss

Corporation Name <b>OUTDOOR WORLD</b>	FEIN <b>00-*****04</b>
--	---------------------------

This form should be used to calculate Net Operating Loss (NOL) amounts to enter on Line 29 or Schedule A, Line C3 on Form AR1100CT.

<b>Tax Year:</b>	<b>03/31/2014</b>	<b>NOL Amt:</b>	<b>6,274</b>	<b>Yr Expires:</b>	<b>03/31/2019</b>
Tax Year 1:	03/31/2015	Claim Amt 1:	0	Balance 1:	6,274
Tax Year 2:	03/31/2016	Claim Amt 2:	0	Balance 2:	6,274
Tax Year 3:	03/31/2017	Claim Amt 3:	6,274	Balance 3:	0
Tax Year 4:		Claim Amt 4:		Balance 4:	
Tax Year 5:		Claim Amt 5:		Balance 5:	
		Amt Expired:			

<b>Tax Year:</b>	<b>03/31/2015</b>	<b>NOL Amt:</b>	<b>10,437</b>	<b>Yr Expires:</b>	<b>03/31/2020</b>
Tax Year 1:	03/31/2016	Claim Amt 1:	0	Balance 1:	10,437
Tax Year 2:	03/31/2017	Claim Amt 2:	10,437	Balance 2:	0
Tax Year 3:		Claim Amt 3:		Balance 3:	
Tax Year 4:		Claim Amt 4:		Balance 4:	
Tax Year 5:		Claim Amt 5:		Balance 5:	
		Amt Expired:			

<b>Tax Year:</b>	<b>03/31/2016</b>	<b>NOL Amt:</b>	<b>16,251</b>	<b>Yr Expires:</b>	<b>03/31/2021</b>
Tax Year 1:	03/31/2017	Claim Amt 1:	1,738	Balance 1:	14,513
Tax Year 2:	03/31/2018	Claim Amt 2:	2,378	Balance 2:	12,135
Tax Year 3:	03/31/2019	Claim Amt 3:	12,135	Balance 3:	0
Tax Year 4:		Claim Amt 4:		Balance 4:	
Tax Year 5:		Claim Amt 5:		Balance 5:	
		Amt Expired:			

<b>Tax Year:</b>		<b>NOL Amt:</b>		<b>Yr Expires:</b>	
Tax Year 1:		Claim Amt 1:		Balance 1:	
Tax Year 2:		Claim Amt 2:		Balance 2:	
Tax Year 3:		Claim Amt 3:		Balance 3:	
Tax Year 4:		Claim Amt 4:		Balance 4:	
Tax Year 5:		Claim Amt 5:		Balance 5:	
		Amt Expired:			

<b>Tax Year:</b>		<b>NOL Amt:</b>		<b>Yr Expires:</b>	
Tax Year 1:		Claim Amt 1:		Balance 1:	
Tax Year 2:		Claim Amt 2:		Balance 2:	
Tax Year 3:		Claim Amt 3:		Balance 3:	
Tax Year 4:		Claim Amt 4:		Balance 4:	
Tax Year 5:		Claim Amt 5:		Balance 5:	
		Amt Expired:			

1.

<b>Name:</b> OUTDOOR WORLD		
<b>SSN/FEIN:</b> 00-****04		
<b>Arkansas Form or Schedule:</b> AR1100CT		
<b>Ownership Type:</b> OTHER DEDUCTIONS		
<b>Description:</b> FUEL		
<b>Tax Year:</b> 2019		
1. Amount	108,343	00

2.

<b>Name:</b> OUTDOOR WORLD		
<b>SSN/FEIN:</b> 00-****04		
<b>Arkansas Form or Schedule:</b> AR1100CT		
<b>Ownership Type:</b> OTHER DEDUCTIONS		
<b>Description:</b> INSURANCE		
<b>Tax Year:</b> 2019		
2. Amount	50,050	00

3.

<b>Name:</b> OUTDOOR WORLD		
<b>SSN/FEIN:</b> 00-****04		
<b>Arkansas Form or Schedule:</b> AR1100CT		
<b>Ownership Type:</b> OTHER DEDUCTIONS		
<b>Description:</b> LEGAL FEES		
<b>Tax Year:</b> 2019		
3. Amount	9,428	00

4.

<b>Name:</b> OUTDOOR WORLD		
<b>SSN/FEIN:</b> 00-****04		
<b>Arkansas Form or Schedule:</b> AR1100CT		
<b>Ownership Type:</b> OTHER DEDUCTIONS		
<b>Description:</b> TOOLS		
<b>Tax Year:</b> 2019		
4. Amount	16,233	00

5.

<b>Name:</b> OUTDOOR WORLD		
<b>SSN/FEIN:</b> 00-****04		
<b>Arkansas Form or Schedule:</b> AR1100CT		
<b>Ownership Type:</b> OTHER DEDUCTIONS		
<b>Description:</b> UNIFORMS		
<b>Tax Year:</b> 2019		
5. Amount	2,727	00

6.

<b>Name:</b> OUTDOOR WORLD		
<b>SSN/FEIN:</b> 00-****04		
<b>Arkansas Form or Schedule:</b> AR1100CT		
<b>Ownership Type:</b> OTHER DEDUCTIONS		
<b>Description:</b> SUPPLIES		
<b>Tax Year:</b> 2019		
6. Amount	10,863	00

7.

<b>Name:</b> OUTDOOR WORLD		
<b>SSN/FEIN:</b> 00-****04		
<b>Arkansas Form or Schedule:</b> AR1100CT		
<b>Ownership Type:</b> OTHER DEDUCTIONS		
<b>Description:</b> TELEPHONE		
<b>Tax Year:</b> 2019		
7. Amount	9,355	00

1.

<b>Name:</b> OUTDOOR WORLD	
<b>SSN/FEIN:</b> 00-****04	
<b>Arkansas Form or Schedule:</b> AR1100CT	
<b>Ownership Type:</b> OTHER DEDUCTIONS	
<b>Description:</b> UTILITIES	
<b>Tax Year:</b> 2019	
1. Amount	6,074 00

2.

<b>Name:</b>	
<b>SSN/FEIN:</b>	
<b>Arkansas Form or Schedule:</b>	
<b>Ownership Type:</b>	
<b>Description:</b>	
<b>Tax Year:</b>	
2. Amount	00

3.

<b>Name:</b>	
<b>SSN/FEIN:</b>	
<b>Arkansas Form or Schedule:</b>	
<b>Ownership Type:</b>	
<b>Description:</b>	
<b>Tax Year:</b>	
3. Amount	00

4.

<b>Name:</b>	
<b>SSN/FEIN:</b>	
<b>Arkansas Form or Schedule:</b>	
<b>Ownership Type:</b>	
<b>Description:</b>	
<b>Tax Year:</b>	
4. Amount	00

5.

<b>Name:</b>	
<b>SSN/FEIN:</b>	
<b>Arkansas Form or Schedule:</b>	
<b>Ownership Type:</b>	
<b>Description:</b>	
<b>Tax Year:</b>	
5. Amount	00

6.

<b>Name:</b>	
<b>SSN/FEIN:</b>	
<b>Arkansas Form or Schedule:</b>	
<b>Ownership Type:</b>	
<b>Description:</b>	
<b>Tax Year:</b>	
6. Amount	00

7.

<b>Name:</b>	
<b>SSN/FEIN:</b>	
<b>Arkansas Form or Schedule:</b>	
<b>Ownership Type:</b>	
<b>Description:</b>	
<b>Tax Year:</b>	
7. Amount	00

# S-Corporation Income Tax Returns



## Arkansas Test Case 5

**Required Forms:** AR1100S, AR-AIS & AR K-1

**Company Name:** Glover Law Firm

**FEIN:** 00-\*\*\*\*\*05

### AR Tax Payment:

**Routing Number:** 265270413

**Account Number:** 6695427

**Requested Payment Date:** 04/15/20

**Amount Debited:** \$260.00

### Estimated Tax Payments:

**Routing Number:** 265270413

**Account Number:** 6695427

#### Voucher 1:

**Requested Payment Date:** 04/15/20

**Amount Debited:** \$100.00

#### Voucher 2:

**Requested Payment Date:** 06/15/20

**Amount Debited:** \$75.00

#### Voucher 3:

**Requested Payment Date:** 09/15/20

**Amount Debited:** \$125.00

#### Voucher 4:

**Requested Payment Date:** 01/15/21

**Amount Debited:** \$50.00

2019 AR1100S  
 ARKANSAS S CORPORATION  
 INCOME TAX RETURN



Software ID

Tax Year beginning  /  /  and ending  /  /   Check If Filing as a Financial Institution  
 INITIAL Return  AMENDED Return  FINAL Arkansas Return(Going Out of Business)  Check if Cooperative Association

FEIN ● 00-****05	<input type="checkbox"/> Check this box if Automatic Federal Extension Form 7004 filed (See Instructions) <input type="checkbox"/> Check this box if Arkansas Extension Form AR1155 filed			Type of Corporation Check only one box below
NAICS Code ● 236110	Name <input type="checkbox"/> Check this box if name has changed from prior year ● GLOVER LAW FIRM			● 5 <input checked="" type="checkbox"/> Domestic (in state)
Date of Incorporation ● 02/25/2008	Address <input type="checkbox"/> Check this box if address has changed from prior year ● 1 CAMPBELL TRAIL			● 6 <input type="checkbox"/> Foreign (out of state)
Date Began Business in AR ● 02/25/2008	City ● ALEXANDER	State or Province ● AR	Zip ● 72002	<input type="checkbox"/> Check if address is outside U.S. Foreign Country

FILING STATUS: ● 1  S Corporation operating only in Arkansas ● 3  Multistate S Corporation - Direct Accounting (Prior written approval required for Direct Accounting)  
 (CHECK ONLY ONE BOX) ● 2  Multistate S Corporation - Apportionment ● 4  S Corporation with QSSS Entities (Attach schedule of QSSS entities)

Note: Attach completed copy of Federal Return and Sign Arkansas Return		TOTAL		ARKANSAS	
7. Gross Sales: (Less returns and allowances) .....	7	89,336	00	7	89,336 00
8. Cost of goods sold and/or operations: (Attach schedule) .....	8	58,974	00	8	58,974 00
9. Gross profit: (Subtract Line 8 from Line 7) .....	9	30,362	00	9	30,362 00
10. Net gain (or loss) from Federal Form 4797: .....	10		00	10	00
11. Other income: (Attach schedule) .....	11	29,525	00	11	29,525 00
12. TOTAL INCOME (LOSS): (Add Lines 9 through 11 and enter here) .....	12	59,887	00	12	59,887 00
13. Compensation of officers: .....	13	18,000	00	13	18,000 00
14. Salaries and wages: (See Instructions) .....	14		00	14	00
15. Repairs: .....	15		00	15	00
16. Bad Debts: (Attach schedule) .....	16		00	16	00
17. Rent: .....	17		00	17	00
18. Taxes: (See Instructions) .....	18	1,732	00	18	1,732 00
19. Deductible interest expense not claimed or reported elsewhere: .....	19	3,771	00	19	3,771 00
20. Depreciation: (Attach Federal Form 4562) .....	20	14,200	00	20	6,200 00
21. Depletion: (Do not deduct oil and gas depletion) .....	21		00	21	00
22. Advertising: .....	22		00	22	00
23. Pension, profit-sharing, plans, etc .....	23		00	23	00
24. Employee benefit programs: .....	24		00	24	00
25. Other deductions: (Attach schedule) .....	25	25,435	00	25	25,435 00
26. TOTAL DEDUCTIONS: (Add Lines 13 through 25 and enter here) .....	26	63,138	00	26	55,138 00
27. NET INCOME (LOSS) (Subtr. Line 26 from Line 12 or Schedule A, C3 if multistate)..	27	(3,251)	00	27	4,749 00

ATTACH ALL AR K-1 FORMS

28. Excess net passive income tax: (See Instructions).....	28	260	00
29. Income tax on Capital gains/Built in gains: (from Schedule D, page 2, A7+B6).....	29		00
30. Total Tax: (Add Lines 28 and 29) (If Amended Return Checked, Enter Amended Total Tax).....	30	260	00
31. Payments: (2019 estimated tax payments and amount applied from 2018 return).....	31		00
32. Withholding Payment: (Attach AR1100-WH).....	32		00
33. Amended Return Only: (Enter Net Tax paid (or refunded) on previous returns for this tax year).....	33		00
34. Tax Due: (If Line 31 plus Line 32 is less than Line 30, enter the amount due).....	34	260	00
35. Overpayment: (If Line 31 plus Line 32 is greater than Line 30, enter the difference).....	35		00
36. Amount of refund to be credited to 2020 estimated tax:.....	36		00
37. Refund: (Line 35 less Line 36).....	37		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 taxpayer) is based on all information of which preparer has any knowledge.

Officer's Signature	Date	Title	Telephone Number
Preparer's Signature	Date	Preparer's FEIN/PTIN	Check if Self-Employed <input type="checkbox"/>
Preparer's Printed Name	May the Arkansas Revenue Agency discuss this return with the preparer shown at left?		For Department Use Only
Area Code and Telephone Number of Preparer	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		A ●
MAIL RETURN TO: Corporation Income Tax, P O Box 919, Little Rock, AR 72203-0919			B ●
			C

**SCHEDULE A**  
**Apportionment Of Income**  
**For Multistate Corporation**



FEIN: 00-\*\*\*\*05

**A. INCOME TO APPORTIONMENT:**

1. Income: (Enter amount from page 1, Line 27, Total Column) .....	1		00
2. Interest Income: (Attach schedule) .....	2		00
3. Dividend Income: (Attach schedule) .....	3		00
4. Net Income (loss) from rental activities and Royalties: (Attach schedule) .....	4		00
5. Net capital gain (loss) not listed on page 1: (Attach schedule) .....	5		00
6. Other income (loss): (Attach schedule) .....	6		00
7. Total Income: (Add Lines 1 through 6 and enter here) .....	7		00
8. Charitable Contributions: (Attach schedule) .....	8		00
9. Section 179 expense deduction: (Attach schedule) .....	9		00
10. Other expenses (adjustments) not included elsewhere: (Attach schedule) .....	10		00
11. Total deductions: (Add Lines 8 through 10 and enter here) .....	11		00
12. TOTAL APPORTIONABLE INCOME: (Subtract Line 11 from Line 7) .....	12		00

**B. APPORTIONMENT FACTOR:**

	(A) Amounts in Arkansas	(B) Total Amounts	(C) Percentage (A)+(B)
1. Property used in the Production of Business Income:			
a. Tangible Assets used in Business and Inventories			
Less Construction in Progress			
1. Amount at the Beginning of Year .....	1	1	(Calculate to 6 places to the right of decimal. Fill in all spaces)
2. Amount at the End of Year .....	2	2	
3. Total: (Add Lines a1 and a2) .....	3	3	
4. Average Tangible Assets: (Line a3 divided by 2) .....	4	4	
b. Rented Property: (8 X net annual rent) .....	b	b	999.999999 %
c. Average Value of Intangible Property: .....	c	c	(EXAMPLE)
d. TOTAL PROPERTY: (Add Lines a4, b and c) .....	d	d	
2. Salaries, Wages, Commissions and Other Compensation Related to the Production of Income:			
a. TOTAL: .....	a	a	
3. Sales / Receipts:			
a. Destination Shipped From Within Arkansas: .....	a		
b. Destination Shipped From Without Arkansas: .....	b		
c. Origin Shipped From Within Arkansas to U. S. Govt: .....	c		
d. Origin Shipped From Within Arkansas to			
Other Non-taxable Jurisdictions: .....	d		
e. Other Business Gross Receipts: .....	e		
(Interest, Dividends, Rents, Gains, etc. Attach Schedule)			
f. TOTAL SALES: (Add Lines 3a through 3e) .....	f	f	
g. Multiply Column C, Line 3f by 2 to Doubleweight the Sales Factor (Financial Institutions must use Single Weighted Factor) .....			
4. Sum of the Percentages: (Add Column C, Lines 1d, 2a, and 3g) .....			
*5. Percentage Attributable to Arkansas: .....	Line 4	%	Divided by <input type="text"/> = 5

\*For Part B, Line 5, divide Line 4 by the number of entries other than zero which you make on Part B, Column B, Lines (1d), (2a), and (3f).  
 Note: An entry other than zero in Part B, Column B, Line 3f, counts as two (2) entries.

**C. ARKANSAS TAXABLE INCOME:**

1. Income Apportioned to Arkansas: (Multiply Part A, Line 12 by Part B, Line 5) .....	1		00
2. Add: Direct Income Allocated to Arkansas: (Attach schedule) .....	2		00
3. TOTAL INCOME TAXABLE TO ARKANSAS:(Enter here and on page 1, line 27, Arkansas Column) .....	3		00

**SCHEDULE D - Capital Gains Tax**

**A. TAX IMPOSED ON CERTAIN CAPITAL GAINS:**

1. Taxable Income: (See Instructions; Attach computation schedule) .....	1		00
2. Enter tax on Line 1 amount: (See Instructions for computation of tax) .....	2		00
3. Net long-term capital gain reduced by net short-term capital loss: (If Multistate, multiply by apportionment factor, Part B, Line 5 above) .....	3		00
4. Statutory minimum: .....	4	\$25,000	00
5. Subtract Line 4 from Line 3: .....	5		00
6. Tax: (Enter 6.5% of Line 5) .....	6		00
7. Compare Line 2 and Line 6: (Enter the smaller amount here and on Line 29, page 1, Form AR1100S) .....	7		00

**B. TAX IMPOSED ON CERTAIN BUILT-IN GAINS:**

1. Taxable Income: (See Instructions; Attach computation schedule) .....	1		00
2. Recognized built-in gain: (If Multistate, multiply by apportionment factor, Part B, Line 5 above) .....	2		00
3. Enter smaller of Line 1 or 2: .....	3		00
4. Section 1374(b)(2) deduction: .....	4		00
5. Subtract Line 4 from Line 3: (If zero or less, enter zero here and on Line 6 below) .....	5		00
6. Enter 6.5% of Line 5: (Enter here and on Line 29, page 1, Form AR1100S) .....	6		00

1.

<b>Name:</b> GLOVER LAW FIRM		
<b>SSN/FEIN:</b> 00-****05		
<b>Arkansas Form or Schedule:</b> AR1100S		
<b>Ownership Type:</b> COST OF GOODS SOLD		
<b>Description:</b> PURCHASES		
<b>Tax Year:</b> 2019		
1. Amount	58,974	00

2.

<b>Name:</b> GLOVER LAW FIRM		
<b>SSN/FEIN:</b> 00-****05		
<b>Arkansas Form or Schedule:</b> AR1100S		
<b>Ownership Type:</b> OTHER DEDUCTIONS		
<b>Description:</b> TRAVEL		
<b>Tax Year:</b> 2019		
2. Amount	25,435	00

3.

<b>Name:</b> GLOVER LAW FIRM		
<b>SSN/FEIN:</b> 00-****05		
<b>Arkansas Form or Schedule:</b> AR1100S		
<b>Ownership Type:</b> OTHER INCOME		
<b>Description:</b> FEES		
<b>Tax Year:</b> 2019		
3. Amount	29,525	00

4.

<b>Name:</b>		
<b>SSN/FEIN:</b>		
<b>Arkansas Form or Schedule:</b>		
<b>Ownership Type:</b>		
<b>Description:</b>		
<b>Tax Year:</b>		
4. Amount		00

5.

<b>Name:</b>		
<b>SSN/FEIN:</b>		
<b>Arkansas Form or Schedule:</b>		
<b>Ownership Type:</b>		
<b>Description:</b>		
<b>Tax Year:</b>		
5. Amount		00

6.

<b>Name:</b>		
<b>SSN/FEIN:</b>		
<b>Arkansas Form or Schedule:</b>		
<b>Ownership Type:</b>		
<b>Description:</b>		
<b>Tax Year:</b>		
6. Amount		00

7.

<b>Name:</b>		
<b>SSN/FEIN:</b>		
<b>Arkansas Form or Schedule:</b>		
<b>Ownership Type:</b>		
<b>Description:</b>		
<b>Tax Year:</b>		
7. Amount		00



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

Software ID

Tax year beginning \_\_\_\_\_, 20\_\_\_\_ and ending \_\_\_\_\_, 20\_\_\_\_

<input checked="" type="checkbox"/> Final K-1 <input type="checkbox"/> Amended K-1		<b>Part III</b> Arkansas Shareholder or Partner's Share of Current Year Income, Deductions, Credits, and Other Items																	
<input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Partnership																			
<b>Part I</b> Information About the Corporation or Partnership		<b>Distributive share allocated and apportioned to Arkansas</b>	<b>Distributive share to be reported by Arkansas Residents</b>																
A Identification Number  <b>00-****05</b>		1a Ordinary income (loss) <b>4,749</b>	1b Ordinary income (loss) <b>4,749</b>																
B Name, Address, City, State, Zip Code  <b>GLOVER LAW FIRM 1 CAMPBELL TRAIL ALEXANDER, AR 72002</b>		2a Net rental real estate income (loss) <b>368</b>	2b Net rental real estate income (loss) <b>368</b>																
		3a Other net rental income (loss)	3b Other net rental income (loss)																
		4a Interest income <b>1,011</b>	4b Interest income <b>1,011</b>																
		5a Dividends	5b Dividends																
<b>Part II</b> Information About the Shareholder or Partner		6a Royalties	6b Royalties																
C Identification Number  <b>400-00-5501</b>		7a Net short-term capital gain (loss)	7b Net short-term capital gain (loss)																
D Name, Address, City, State, Zip Code  <b>D. POWELL RT. 1 BEEBE, AR 72112</b>		8a Net long-term capital gain (loss)	8b Net long-term capital gain (loss)																
		9a Unrecaptured Section 1250 gain	9b Unrecaptured Section 1250 gain																
		10a Net Section 1231 gain (loss)	10b Net Section 1231 gain (loss)																
		11a Other income (loss)* <b>8,000</b>	11b Other income (loss)* <b>8,000</b>																
E Arkansas resident <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No  If a nonresident, provide state of legal residence. _____		12a Guaranteed payments	12b Guaranteed payments																
F Shareholder's Percentage of Stock Ownership for Tax Year _____ <b>100.000000</b> %		13a Section 179 deduction	13b Section 179 deduction																
G Partner's Share of Profit, Loss, and Capital:		14a Other deductions*	14b Other deductions*																
<table border="1"> <thead> <tr> <th colspan="2">Beginning</th> <th colspan="2">Ending</th> </tr> </thead> <tbody> <tr> <td>Profit</td> <td>%</td> <td></td> <td>%</td> </tr> <tr> <td>Loss</td> <td>%</td> <td></td> <td>%</td> </tr> <tr> <td>Capital</td> <td>%</td> <td></td> <td>%</td> </tr> </tbody> </table>		Beginning		Ending		Profit	%		%	Loss	%		%	Capital	%		%	15a Credits	15b Credits
Beginning		Ending																	
Profit	%		%																
Loss	%		%																
Capital	%		%																
H Arkansas Apportionment Percentage:  _____ <b>100.000000</b> %		16a Items affecting shareholder basis <b>C 43</b>	16b Items affecting shareholder basis <b>C 43</b>																
* Attach statement with additional information		17a Other information* <b>A 1,011</b>	17b Other information* <b>A 1,011</b>																
		18a Tax-exempt income and nondeductible expenses	18b Tax-exempt income and nondeductible expenses																
		19a Distributions	19b Distributions																
		20a Arkansas withholding or other payments																	

## Arkansas Test Case 6

**Required Forms:** AR1100S, AR1100-WH, AR-AIS, AR K-1  
& AR1099-PT

**Company Name:** Associates Inc

**FEIN:** 00-\*\*\*\*\*06

**52/53 Week Return**

2019 AR1100S  
 ARKANSAS S CORPORATION  
 INCOME TAX RETURN



52/53 Wk

Software ID

Tax Year beginning **12 / 30 / 2018** and ending **12 / 28 / 2019**  Check If Filing as a Financial Institution  
 INITIAL Return  AMENDED Return  FINAL Arkansas Return(Going Out of Business)  Check if Cooperative Association

FEIN ● 00-*****06	<input type="checkbox"/> Check this box if Automatic Federal Extension Form 7004 filed (See Instructions) <input type="checkbox"/> Check this box if Arkansas Extension Form AR1155 filed			Type of Corporation Check only one box below
NAICS Code ● 562000	Name <input type="checkbox"/> Check this box if name has changed from prior year ● ASSOCIATES INC			● 5 <input checked="" type="checkbox"/> Domestic (in state)
Date of Incorporation ● 02/21/1986	Address <input type="checkbox"/> Check this box if address has changed from prior year ● 28 CABOT TRAIL			● 6 <input type="checkbox"/> Foreign (out of state)
Date Began Business in AR ● 02/23/2000	City ● CABOT	State or Province ● AR	Zip ● 72023	<input type="checkbox"/> Check if address is outside U.S. Foreign Country

FILING STATUS: ● 1  S Corporation operating only in Arkansas ● 3  Multistate S Corporation - Direct Accounting (Prior written approval required for Direct Accounting)  
 (CHECK ONLY ONE BOX) ● 2  Multistate S Corporation - Apportionment ● 4  S Corporation with QSSS Entities (Attach schedule of QSSS entities)

Note: Attach completed copy of Federal Return and Sign Arkansas Return		TOTAL	ARKANSAS
7. Gross Sales: (Less returns and allowances) .....	7	21,320,154 00	7 00
8. Cost of goods sold and/or operations: (Attach schedule) .....	8	12,524,249 00	8 00
9. Gross profit: (Subtract Line 8 from Line 7) .....	9	8,795,905 00	9 00
10. Net gain (or loss) from Federal Form 4797: .....	10		10 00
11. Other income: (Attach schedule) .....	11	22,021 00	11 00
12. TOTAL INCOME (LOSS): (Add Lines 9 through 11 and enter here) .....	12	8,817,926 00	12 00
13. Compensation of officers: .....	13	205,546 00	13 00
14. Salaries and wages: (See Instructions) .....	14	2,744,396 00	14 00
15. Repairs: .....	15	4,888 00	15 00
16. Bad Debts: (Attach schedule) .....	16	7,059 00	16 00
17. Rent: .....	17	801,527 00	17 00
18. Taxes: (See Instructions) .....	18	655,886 00	18 00
19. Deductible interest expense not claimed or reported elsewhere: .....	19	28,452 00	19 00
20. Depreciation: (Attach Federal Form 4562) .....	20	5,012 00	20 00
21. Depletion: (Do not deduct oil and gas depletion) .....	21		21 00
22. Advertising: .....	22	29,516 00	22 00
23. Pension, profit-sharing, plans, etc .....	23		23 00
24. Employee benefit programs: .....	24	1,032,700 00	24 00
25. Other deductions: (Attach schedule) .....	25	2,944,525 00	25 00
26. TOTAL DEDUCTIONS: (Add Lines 13 through 25 and enter here) .....	26	8,459,507 00	26 00
27. NET INCOME (LOSS) (Subtr. Line 26 from Line 12 or Schedule A, C3 if multistate)..	27	358,419 00	27 1,138 00

ATTACH ALL AR K-1 FORMS

28. Excess net passive income tax: (See Instructions).....	28	00
29. Income tax on Capital gains/Built in gains: (from Schedule D, page 2, A7+B6).....	29	00
30. Total Tax: (Add Lines 28 and 29) (If Amended Return Checked, Enter Amended Total Tax).....	30	00
31. Payments: (2019 estimated tax payments and amount applied from 2018 return).....	31	00
32. Withholding Payment: (Attach AR1100-WH).....	32	200 00
33. Amended Return Only: (Enter Net Tax paid (or refunded) on previous returns for this tax year).....	33	00
34. Tax Due: (If Line 31 plus Line 32 is less than Line 30, enter the amount due).....	34	00
35. Overpayment: (If Line 31 plus Line 32 is greater than Line 30, enter the difference).....	35	200 00
36. Amount of refund to be credited to 2020 estimated tax:.....	36	00
37. Refund: (Line 35 less Line 36).....	37	200 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 taxpayer) is based on all information of which preparer has any knowledge.

Officer's Signature ●	Date	Title OWNER	Telephone Number (501) 682-7925
Preparer's Signature	Date	Preparer's FEIN/PTIN ●	Check if Self-Employed <input type="checkbox"/>
Preparer's Printed Name	May the Arkansas Revenue Agency discuss this return with the preparer shown at left?		For Department Use Only
Area Code and Telephone Number of Preparer	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		A ●
MAIL RETURN TO: Corporation Income Tax, P O Box 919, Little Rock, AR 72203-0919			B ●
			C

**SCHEDULE A**  
**Apportionment Of Income**  
**For Multistate Corporation**



FEIN: 00-\*\*\*\*06

A. INCOME TO APPORTIONMENT:	
1. Income: (Enter amount from page 1, Line 27, Total Column) .....	1 <b>358,419</b> 00
2. Interest Income: (Attach schedule) .....	2 <b>2</b> 00
3. Dividend Income: (Attach schedule) .....	3 00
4. Net Income (loss) from rental activities and Royalties: (Attach schedule) .....	4 00
5. Net capital gain (loss) not listed on page 1: (Attach schedule) .....	5 <b>(13,149)</b> 00
6. Other income (loss): (Attach schedule) .....	6 00
7. Total Income: (Add Lines 1 through 6 and enter here) .....	7 <b>345,272</b> 00
8. Charitable Contributions: (Attach schedule) .....	8 <b>5,370</b> 00
9. Section 179 expense deduction: (Attach schedule) .....	9 00
10. Other expenses (adjustments) not included elsewhere: (Attach schedule) .....	10 <b>22,664</b> 00
11. Total deductions: (Add Lines 8 through 10 and enter here) .....	11 <b>28,034</b> 00
12. TOTAL APPORTIONABLE INCOME: (Subtract Line 11 from Line 7) .....	12 <b>317,238</b> 00

B. APPORTIONMENT FACTOR:		(A)	(B)	(C)
		Amounts in Arkansas	Total Amounts	Percentage (A)+(B)
1. Property used in the Production of Business Income:				
a. Tangible Assets used in Business and Inventories				
Less Construction in Progress				
1. Amount at the Beginning of Year .....	1	00	<b>1,234,744</b> 00	(Calculate to 6 places to the right of decimal. Fill in all spaces) 999.999999 % (EXAMPLE)
2. Amount at the End of Year .....	2	00	<b>1,287,819</b> 00	
3. Total: (Add Lines a1 and a2) .....	3	00	<b>2,522,563</b> 00	
4. Average Tangible Assets: (Line a3 divided by 2) .....	4	00	<b>1,261,282</b> 00	
b. Rented Property: (8 X net annual rent) .....	b	00	<b>4,871,632</b> 00	
c. Average Value of Intangible Property: (For Financial Institutions Only - Attach schedule) .....	c	00	00	
d. TOTAL PROPERTY: (Add Lines a4, b and c) .....	d	00	<b>6,132,914</b> 00	
2. Salaries, Wages, Commissions and Other Compensation Related to the Production of Income:				
a. TOTAL: .....	a	<b>78,288</b> 00	<b>7,073,310</b> 00	<b>1.106809</b> %
3. Sales / Receipts:				
a. Destination Shipped From Within Arkansas: .....	a	00		
b. Destination Shipped From Without Arkansas: .....	b	00		
c. Origin Shipped From Within Arkansas to U. S. Govt: .....	c	00		
d. Origin Shipped From Within Arkansas to Other Non-taxable Jurisdictions: .....	d	00		
e. Other Business Gross Receipts: (Interest, Dividends, Rents, Gains, etc. Attach Schedule) .....	e	<b>34,970</b> 00		
f. TOTAL SALES: (Add Lines 3a through 3e) .....	f	<b>34,970</b> 00	<b>21,320,153</b> 00	<b>0.164023</b> %
g. Multiply Column C, Line 3f by 2 to Doubleweight the Sales Factor (Financial Institutions must use Single Weighted Factor) .....	g			<b>0.328046</b> %
4. Sum of the Percentages: (Add Column C, Lines 1d, 2a, and 3g) .....	4			<b>1.434855</b> %
*5. Percentage Attributable to Arkansas: .....	Line 4	<b>1.434855</b> %	Divided by <b>4</b>	= 5 <b>0.358714</b> %

\*For Part B, Line 5, divide Line 4 by the number of entries other than zero which you make on Part B, Column B, Lines (1d), (2a), and (3f).  
 Note: An entry other than zero in Part B, Column B, Line 3f, counts as two (2) entries.

C. ARKANSAS TAXABLE INCOME:	
1. Income Apportioned to Arkansas: (Multiply Part A, Line 12 by Part B, Line 5) .....	1 <b>1,138</b> 00
2. Add: Direct Income Allocated to Arkansas: (Attach schedule) .....	2 00
3. TOTAL INCOME TAXABLE TO ARKANSAS: (Enter here and on page 1, line 27, Arkansas Column) .....	3 <b>1,138</b> 00

**SCHEDULE D - Capital Gains Tax**

A. TAX IMPOSED ON CERTAIN CAPITAL GAINS:	
1. Taxable Income: (See Instructions; Attach computation schedule) .....	1 00
2. Enter tax on Line 1 amount: (See Instructions for computation of tax) .....	2 00
3. Net long-term capital gain reduced by net short-term capital loss: (If Multistate, multiply by apportionment factor, Part B, Line 5 above) .....	3 00
4. Statutory minimum: .....	4 \$25,000 00
5. Subtract Line 4 from Line 3: .....	5 00
6. Tax: (Enter 6.5% of Line 5) .....	6 00
7. Compare Line 2 and Line 6: (Enter the smaller amount here and on Line 29, page 1, Form AR1100S) .....	7 00
B. TAX IMPOSED ON CERTAIN BUILT-IN GAINS:	
1. Taxable Income: (See Instructions; Attach computation schedule) .....	1 00
2. Recognized built-in gain: (If Multistate, multiply by apportionment factor, Part B, Line 5 above) .....	2 00
3. Enter smaller of Line 1 or 2: .....	3 00
4. Section 1374(b)(2) deduction: .....	4 00
5. Subtract Line 4 from Line 3: (If zero or less, enter zero here and on Line 6 below) .....	5 00
6. Enter 6.5% of Line 5: (Enter here and on Line 29, page 1, Form AR1100S) .....	6 00





## ARKANSAS CORPORATION INCOME TAX Withholding Summary

Tax Year beginning ● \_\_\_\_/\_\_\_\_/\_\_\_\_ and ending ● \_\_\_\_/\_\_\_\_/\_\_\_\_

Corporation Name ● ASSOCIATES INC			FEIN ● 00-*****06		
Federal Employer Identification Number	Partnership Name	Arkansas Taxable Income	Arkansas Withholding Amount		
1. ● 00-0000116	PARTNERS INC	2,000	00	1 ●	200
2. ●			00	2 ●	00
3. ●			00	3 ●	00
4. ●			00	4 ●	00
5. ●			00	5 ●	00
6. ●			00	6 ●	00
7. ●			00	7 ●	00
8. ●			00	8 ●	00
9. ●			00	9 ●	00
10. ●			00	10 ●	00
<b>TOTAL ARKANSAS TAXABLE INCOME:</b> .....		<b>2,000</b>	00		
<b>TOTAL ARKANSAS WITHHOLDING AMOUNT:</b> (Enter here and on the AR1100CT, Line 36 or AR1100S, Line 32).....					<b>200</b>
					00

**INSTRUCTIONS:**

For tax years beginning on or after January 1, 2018, pass-through entities will be required to withhold Arkansas income tax on corporate members in addition to the current requirement to withhold for individual members. Use Form AR1100WH if the corporation has withholding tax paid on its behalf by an entity taxed as a partnership. Withholding is deemed to have been made on behalf of a corporation if an entity taxed as a partnership has filed a pass-through entity withholding return on Form AR941PT, or a composite return on Form AR1000CR and issued the corporation a withholding statement on Form AR1099PT for a tax year ending during the tax year for which the corporation is filing a corporation income tax return. Credit for withholding payments claimed will only be credited to the corporation if the partnership has actually paid the withholding tax reported.

To complete Form AR1100WH, the tax year beginning and ending and the corporation name and Federal Employer Identification Number (FEIN) should be provided in the appropriate portions of the Form. On lines 1 through 10, the FEIN and name of the partnership which has withheld income tax on behalf of the corporation should be provided along with the amount of Arkansas taxable income allocated to the corporation and the amount of Arkansas income tax withheld by each partnership that withheld income tax on behalf of the corporation. On the bottom of the form are spaces to provide the total partnership income allocated to the corporation by partnerships that withheld income tax and the total amount of income tax withheld by partnerships on behalf of the corporation.

For corporations which have a fiscal year end that is different from the fiscal year end of the pass-through entity, withholding payments made for the fiscal period that ends during the fiscal year of the corporation may be claimed on the corporation's income tax return. Withholding payments will be divided equally to each quarter for purposes of determining Underpayment of Estimated Tax Penalties.

1.

<b>Name:</b> ASSOCIATES INC		
<b>SSN/FEIN:</b> 00-****06		
<b>Arkansas Form or Schedule:</b> AR1100S - SCH A		
<b>Ownership Type:</b> OTHER GROSS RECEIPTS		
<b>Description:</b> SERVICE INCOME		
<b>Tax Year:</b> 2019		
1. Amount	34,970	00

2.

<b>Name:</b> ASSOCIATES INC		
<b>SSN/FEIN:</b> 00-****06		
<b>Arkansas Form or Schedule:</b> AR1100S - SCH A		
<b>Ownership Type:</b> CAPITAL GAIN LOSS		
<b>Description:</b> NET SECTION 1231 GAIN (LOSS)		
<b>Tax Year:</b> 2019		
2. Amount	-13,149	00

3.

<b>Name:</b> ASSOCIATES INC		
<b>SSN/FEIN:</b> 00-****06		
<b>Arkansas Form or Schedule:</b> AR1100S - SCH A		
<b>Ownership Type:</b> INTEREST		
<b>Description:</b> INTEREST FROM REMEDIATION & ENVIRONMENTAL SERVICES		
<b>Tax Year:</b> 2019		
3. Amount	2	00

4.

<b>Name:</b> ASSOCIATES INC		
<b>SSN/FEIN:</b> 00-****06		
<b>Arkansas Form or Schedule:</b> AR1100S - SCH A		
<b>Ownership Type:</b> OTHER EXPENSES		
<b>Description:</b> AR DEPRECIATION DIFFERENCE		
<b>Tax Year:</b> 2019		
4. Amount	22,664	00

5.

<b>Name:</b>		
<b>SSN/FEIN:</b>		
<b>Arkansas Form or Schedule:</b>		
<b>Ownership Type:</b>		
<b>Description:</b>		
<b>Tax Year:</b>		
5. Amount		00

6.

<b>Name:</b>		
<b>SSN/FEIN:</b>		
<b>Arkansas Form or Schedule:</b>		
<b>Ownership Type:</b>		
<b>Description:</b>		
<b>Tax Year:</b>		
6. Amount		00

7.

<b>Name:</b>		
<b>SSN/FEIN:</b>		
<b>Arkansas Form or Schedule:</b>		
<b>Ownership Type:</b>		
<b>Description:</b>		
<b>Tax Year:</b>		
7. Amount		00



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

Software ID

Tax year beginning \_\_\_\_\_, 20\_\_\_\_ and ending \_\_\_\_\_, 20\_\_\_\_

<input type="checkbox"/> Final K-1 <input type="checkbox"/> Amended K-1		<b>Part III</b> Arkansas Shareholder or Partner's Share of Current Year Income, Deductions, Credits, and Other Items																	
<input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Partnership		<b>Distributive share allocated and apportioned to Arkansas</b>	<b>Distributive share to be reported by Arkansas Residents</b>																
<b>Part I</b> Information About the Corporation or Partnership		1a Ordinary income (loss) <b>1,175</b>	1b Ordinary income (loss)																
A Identification Number  <b>00-****06</b>		2a Net rental real estate income (loss)	2b Net rental real estate income (loss)																
B Name, Address, City, State, Zip Code  <b>ASSOCIATES INC 28 CABOT TRAIL CABOT, AR 72023</b>		3a Other net rental income (loss)	3b Other net rental income (loss)																
		4a Interest income	4b Interest income																
		5a Dividends	5b Dividends																
		6a Royalties	6b Royalties																
		7a Net short-term capital gain (loss)	7b Net short-term capital gain (loss)																
		8a Net long-term capital gain (loss)	8b Net long-term capital gain (loss)																
<b>Part II</b> Information About the Shareholder or Partner		9a Unrecaptured Section 1250 gain	9b Unrecaptured Section 1250 gain																
C Identification Number  <b>400-00-5501</b>		10a Net Section 1231 gain (loss)	10b Net Section 1231 gain (loss)																
D Name, Address, City, State, Zip Code  <b>JOE SMITH 1 HAPPY TRAIL DALLAS, TX 75001</b>		11a Other income (loss)*	11b Other income (loss)*																
		12a Guaranteed payments	12b Guaranteed payments																
		13a Section 179 deduction	13b Section 179 deduction																
		14a Other deductions*	14b Other deductions*																
E Arkansas resident <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No  If a nonresident, provide state of legal residence. _____		15a Credits	15b Credits																
F Shareholder's Percentage of Stock Ownership for  Tax Year _____ <b>0.975800 %</b>		16a Items affecting shareholder basis	16b Items affecting shareholder basis																
G Partner's Share of Profit, Loss, and Capital:  <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th colspan="2" style="text-align: left;">Beginning</th> <th colspan="2" style="text-align: right;">Ending</th> </tr> </thead> <tbody> <tr> <td style="width: 50%;">Profit</td> <td style="width: 50%; text-align: right;">%</td> <td style="width: 50%;"></td> <td style="width: 50%; text-align: right;">%</td> </tr> <tr> <td>Loss</td> <td style="text-align: right;">%</td> <td></td> <td style="text-align: right;">%</td> </tr> <tr> <td>Capital</td> <td style="text-align: right;">%</td> <td></td> <td style="text-align: right;">%</td> </tr> </tbody> </table>		Beginning		Ending		Profit	%		%	Loss	%		%	Capital	%		%	17a Other information*	17b Other information*
		Beginning		Ending															
		Profit	%		%														
Loss	%		%																
Capital	%		%																
18a Tax-exempt income and nondeductible expenses	18b Tax-exempt income and nondeductible expenses																		
H Arkansas Apportionment Percentage:  _____ <b>0.003587 %</b>		19a Distributions	19b Distributions																
* Attach statement with additional information		20a Arkansas withholding or other payments																	



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

Software ID

Tax year beginning \_\_\_\_\_, 20\_\_\_\_ and ending \_\_\_\_\_, 20\_\_\_\_

<input type="checkbox"/> Final K-1 <input type="checkbox"/> Amended K-1		<b>Part III</b> Arkansas Shareholder or Partner's Share of Current Year Income, Deductions, Credits, and Other Items																	
<input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Partnership		<b>Distributive share allocated and apportioned to Arkansas</b>	<b>Distributive share to be reported by Arkansas Residents</b>																
<b>Part I</b> Information About the Corporation or Partnership		1a Ordinary income (loss) <b>29</b>	1b Ordinary income (loss)																
A Identification Number  <b>00-****06</b>		2a Net rental real estate income (loss)	2b Net rental real estate income (loss)																
B Name, Address, City, State, Zip Code  <b>ASSOCIATES INC 28 CABOT TRAIL CABOT, AR 72023</b>		3a Other net rental income (loss)	3b Other net rental income (loss)																
		4a Interest income	4b Interest income																
		5a Dividends	5b Dividends																
		6a Royalties	6b Royalties																
		7a Net short-term capital gain (loss)	7b Net short-term capital gain (loss)																
		8a Net long-term capital gain (loss)	8b Net long-term capital gain (loss)																
<b>Part II</b> Information About the Shareholder or Partner		9a Unrecaptured Section 1250 gain	9b Unrecaptured Section 1250 gain																
C Identification Number  <b>400-00-5502</b>		10a Net Section 1231 gain (loss)	10b Net Section 1231 gain (loss)																
D Name, Address, City, State, Zip Code  <b>SANDY REYNOLDS 354 REYNOLDS RD EULESS, TX 75062</b>		11a Other income (loss)*	11b Other income (loss)*																
		12a Guaranteed payments	12b Guaranteed payments																
		13a Section 179 deduction	13b Section 179 deduction																
		14a Other deductions*	14b Other deductions*																
		15a Credits	15b Credits																
E Arkansas resident <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No  If a nonresident, provide state of legal residence. _____		16a Items affecting shareholder basis	16b Items affecting shareholder basis																
F Shareholder's Percentage of Stock Ownership for  Tax Year _____ <b>0.024200</b> %		17a Other information*	17b Other information*																
G Partner's Share of Profit, Loss, and Capital:  <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 50%;"></th> <th style="width: 25%; text-align: center;">Beginning</th> <th style="width: 25%;"></th> <th style="width: 25%; text-align: center;">Ending</th> </tr> </thead> <tbody> <tr> <td>Profit</td> <td style="text-align: center;">%</td> <td style="border-left: 1px solid black;"></td> <td style="text-align: center;">%</td> </tr> <tr> <td>Loss</td> <td style="text-align: center;">%</td> <td style="border-left: 1px solid black;"></td> <td style="text-align: center;">%</td> </tr> <tr> <td>Capital</td> <td style="text-align: center;">%</td> <td style="border-left: 1px solid black;"></td> <td style="text-align: center;">%</td> </tr> </tbody> </table>			Beginning		Ending	Profit	%		%	Loss	%		%	Capital	%		%	18a Tax-exempt income and nondeductible expenses	18b Tax-exempt income and nondeductible expenses
			Beginning		Ending														
		Profit	%		%														
Loss	%		%																
Capital	%		%																
H Arkansas Apportionment Percentage:  _____ <b>0.003587</b> %		19a Distributions	19b Distributions																
* Attach statement with additional information		20a Arkansas withholding or other payments																	

AR1099PT

STATE OF ARKANSAS  
INFORMATION RETURN  
Report of Income Tax Withheld or Paid  
on Behalf of Nonresident Member



Tax Year End of Pass Through Entity 12/28/2019  
mm/dd/yyyy

Part A: Pass - Through Entity Information		Part B: Nonresident Member Information	
Name of Entity: Associates Inc		Name: Joe Smith	
Type of Ownership: (if other, please provide statement of ownership type) <input type="checkbox"/> Partnership <input type="checkbox"/> C Corp. <input checked="" type="checkbox"/> S Corp. <input type="checkbox"/> LLC <input type="checkbox"/> Trust <input type="checkbox"/> Other		Type of Ownership: (if other, please provide statement of ownership type) <input type="checkbox"/> Partnership <input type="checkbox"/> C Corp. <input type="checkbox"/> S Corp. <input type="checkbox"/> LLC <input type="checkbox"/> Trust <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Other	
Federal Identification Number: 00-*****06		Social Security Number or Federal Identification Number of Member: 400-00-5501	
Street Address: 28 Cabot Trail		Street Address: 1 Happy Trail	
City, State, ZIP: Cabot, AR 72023		City, State, ZIP: Dallas, TX 75001	
Part C: Distribution and Tax Withholding or Payment Information for Nonresident Member			
Total Amounts Distributed from Arkansas Sources: 1100.00	Arkansas Income Tax Withheld:	Arkansas Income Tax Paid on AR1000CR: 77.00	

AR1099PT

STATE OF ARKANSAS  
INFORMATION RETURN  
Report of Income Tax Withheld or Paid  
on Behalf of Nonresident Member



Tax Year End of Pass Through Entity 12/28/2019  
mm/dd/yyyy

Part A: Pass - Through Entity Information		Part B: Nonresident Member Information	
Name of Entity: Associates Inc		Name: Sandy Reynolds	
Type of Ownership: (if other, please provide statement of ownership type) <input type="checkbox"/> Partnership <input type="checkbox"/> C Corp. <input checked="" type="checkbox"/> S Corp. <input type="checkbox"/> LLC <input type="checkbox"/> Trust <input type="checkbox"/> Other		Type of Ownership: (if other, please provide statement of ownership type) <input type="checkbox"/> Partnership <input type="checkbox"/> C Corp. <input type="checkbox"/> S Corp. <input type="checkbox"/> LLC <input type="checkbox"/> Trust <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Other	
Federal Identification Number: 00-*****06		Social Security Number or Federal Identification Number of Member: 400-00-5502	
Street Address: 28 Cabot Trail		Street Address: 354 Reynolds Rd	
City, State, ZIP: Cabot, AR 72023		City, State, ZIP: Euleless, TX 75062	
Part C: Distribution and Tax Withholding or Payment Information for Nonresident Member			
Total Amounts Distributed from Arkansas Sources: 28.00	Arkansas Income Tax Withheld:	Arkansas Income Tax Paid on AR1000CR: 2.00	

## Arkansas Test Case 7

**Required Forms:** AR1100S, AR-AIS & AR K-1

**Company Name:** Lakeside Shares Inc

**FEIN:** 00-\*\*\*\*\*07

### QSSS

**Company Name:** Lakeside Shares Inc

**FEIN:** 00-\*\*\*\*\*07

**Company Name:** Lake Shares

**FEIN:** 00-0000082

**Company Name:** Bass Mortgage

**FEIN:** 00-0000083

**Company Name:** Woodpecker Developments

**FEIN:** 00-0000084

2019 AR1100S  
 ARKANSAS S CORPORATION  
 INCOME TAX RETURN



Software ID  
 [ ]

Tax Year beginning [ ] / [ ] / [ ] and ending [ ] / [ ] / [ ]  
 INITIAL Return     AMENDED Return     FINAL Arkansas Return (Going Out of Business)     Check If Filing as a Financial Institution     Check if Cooperative Association

FEIN ● 00-****07	<input type="checkbox"/> Check this box if Automatic Federal Extension Form 7004 filed (See Instructions) <input type="checkbox"/> Check this box if Arkansas Extension Form AR1155 filed			Type of Corporation Check only one box below
NAICS Code ● 522110	Name <input type="checkbox"/> Check this box if name has changed from prior year ● LAKESIDE SHORES INC			● 5 <input checked="" type="checkbox"/> Domestic (in state)
Date of Incorporation ● 12/10/1993	Address <input type="checkbox"/> Check this box if address has changed from prior year ● 10 DENBY POINT DR.			● 6 <input type="checkbox"/> Foreign (out of state)
Date Began Business in AR ● 12/10/1993	City ● MT. IDA	State or Province ● AR	Zip ● 71957	<input type="checkbox"/> Check if address is outside U.S. Foreign Country

FILING STATUS: (CHECK ONLY ONE BOX)  
 1 S Corporation operating only in Arkansas     3 Multistate S Corporation - Direct Accounting (Prior written approval required for Direct Accounting)  
 2 Multistate S Corporation - Apportionment     4 S Corporation with QSSS Entities (Attach schedule of QSSS entities)

Note: Attach completed copy of Federal Return and Sign Arkansas Return		TOTAL	ARKANSAS
7. Gross Sales: (Less returns and allowances) .....	7	15,030,695 00	15,025,935 00
8. Cost of goods sold and/or operations: (Attach schedule) .....	8	11,227,136 00	11,227,136 00
9. Gross profit: (Subtract Line 8 from Line 7) .....	9	3,803,559 00	3,798,799 00
10. Net gain (or loss) from Federal Form 4797: .....	10		
11. Other income: (Attach schedule) .....	11	598,449 00	598,449 00
12. TOTAL INCOME (LOSS): (Add Lines 9 through 11 and enter here) .....	12	4,402,008 00	4,397,248 00
13. Compensation of officers: .....	13	412,783 00	412,783 00
14. Salaries and wages: (See Instructions) .....	14	468,030 00	471,030 00
15. Repairs: .....	15	25,826 00	25,826 00
16. Bad Debts: (Attach schedule) .....	16	15,385 00	15,385 00
17. Rent: .....	17	15,540 00	15,540 00
18. Taxes: (See Instructions) .....	18	71,483 00	71,483 00
19. Deductible interest expense not claimed or reported elsewhere: .....	19	828,464 00	828,464 00
20. Depreciation: (Attach Federal Form 4562) .....	20	101,996 00	121,755 00
21. Depletion: (Do not deduct oil and gas depletion) .....	21		
22. Advertising: .....	22	16,493 00	16,493 00
23. Pension, profit-sharing, plans, etc .....	23		
24. Employee benefit programs: .....	24	83,794 00	83,794 00
25. Other deductions: (Attach schedule) .....	25	912,819 00	912,819 00
26. TOTAL DEDUCTIONS: (Add Lines 13 through 25 and enter here) .....	26	2,952,613 00	2,975,372 00
27. NET INCOME (LOSS) (Subtr. Line 26 from Line 12 or Schedule A, C3 if multistate)..	27	1,449,395 00	1,421,876 00

ATTACH ALL AR K-1 FORMS

28. Excess net passive income tax: (See Instructions).....	28		00
29. Income tax on Capital gains/Built in gains: (from Schedule D, page 2, A7+B6).....	29		00
30. Total Tax: (Add Lines 28 and 29) (If Amended Return Checked, Enter Amended Total Tax).....	30		00
31. Payments: (2019 estimated tax payments and amount applied from 2018 return).....	31		00
32. Withholding Payment: (Attach AR1100-WH).....	32		00
33. Amended Return Only: (Enter Net Tax paid (or refunded) on previous returns for this tax year).....	33		00
34. Tax Due: (If Line 31 plus Line 32 is less than Line 30, enter the amount due).....	34		00
35. Overpayment: (If Line 31 plus Line 32 is greater than Line 30, enter the difference).....	35		00
36. Amount of refund to be credited to 2020 estimated tax:.....	36		00
37. Refund: (Line 35 less Line 36).....	37		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 taxpayer) is based on all information of which preparer has any knowledge.

Officer's Signature ●	Date	Title	Telephone Number
Preparer's Signature	Date	Preparer's FEIN/PTIN ● 44-4444444	Check if Self-Employed <input type="checkbox"/>
Preparer's Printed Name		May the Arkansas Revenue Agency discuss this return with the preparer shown at left?	
Area Code and Telephone Number of Preparer (501) 537-5744		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
MAIL RETURN TO: Corporation Income Tax, P O Box 919, Little Rock, AR 72203-0919			For Department Use Only A ● B ● C

DO NOT STAPLE RETURNS, SCHEDULES OR ATTACHMENTS



**SCHEDULE A**  
**Apportionment Of Income**  
**For Multistate Corporation**



FEIN: 00-\*\*\*\*07

<b>A. INCOME TO APPORTIONMENT:</b>	
1. Income: (Enter amount from page 1, Line 27, Total Column) .....	1 00
2. Interest Income: (Attach schedule) .....	2 00
3. Dividend Income: (Attach schedule) .....	3 00
4. Net Income (loss) from rental activities and Royalties: (Attach schedule) .....	4 00
5. Net capital gain (loss) not listed on page 1: (Attach schedule) .....	5 00
6. Other income (loss): (Attach schedule) .....	6 00
7. Total Income: (Add Lines 1 through 6 and enter here) .....	7 00
8. Charitable Contributions: (Attach schedule) .....	8 00
9. Section 179 expense deduction: (Attach schedule) .....	9 00
10. Other expenses (adjustments) not included elsewhere: (Attach schedule) .....	10 00
11. Total deductions: (Add Lines 8 through 10 and enter here) .....	11 00
12. TOTAL APPORTIONABLE INCOME: (Subtract Line 11 from Line 7) .....	12 00

<b>B. APPORTIONMENT FACTOR:</b>		(A)	(B)	(C)
		Amounts in Arkansas	Total Amounts	Percentage (A)+(B)
1. Property used in the Production of Business Income:				
a. Tangible Assets used in Business and Inventories				
Less Construction in Progress				
1. Amount at the Beginning of Year .....	1	00	1 00	(Calculate to 6 places to the right of decimal. Fill in all spaces)
2. Amount at the End of Year .....	2	00	2 00	
3. Total: (Add Lines a1 and a2) .....	3	00	3 00	
4. Average Tangible Assets: (Line a3 divided by 2) .....	4	00	4 00	
b. Rented Property: (8 X net annual rent) .....	b	00	b 00	999.999999 %
c. Average Value of Intangible Property: .....	c	00	c 00	(EXAMPLE)
(For Financial Institutions Only - Attach schedule)				
d. TOTAL PROPERTY: (Add Lines a4, b and c) .....	d	00	d 00	%
2. Salaries, Wages, Commissions and Other Compensation Related to the Production of Income:				
a. TOTAL: .....	a	00	a 00	%
3. Sales / Receipts:				
a. Destination Shipped From Within Arkansas: .....	a	00		
b. Destination Shipped From Without Arkansas: .....	b	00		
c. Origin Shipped From Within Arkansas to U. S. Govt: .....	c	00		
d. Origin Shipped From Within Arkansas to				
Other Non-taxable Jurisdictions: .....	d	00		
e. Other Business Gross Receipts: .....	e	00		
(Interest, Dividends, Rents, Gains, etc. Attach Schedule)				
f. TOTAL SALES: (Add Lines 3a through 3e) .....	f	00	f 00	%
g. Multiply Column C, Line 3f by 2 to Doubleweight the Sales Factor (Financial Institutions must use Single Weighted Factor) .....	g			%
4. Sum of the Percentages: (Add Column C, Lines 1d, 2a, and 3g) .....	4			%
*5. Percentage Attributable to Arkansas: .....	Line 4	%	Divided by	= 5 %

\*For Part B, Line 5, divide Line 4 by the number of entries other than zero which you make on Part B, Column B, Lines (1d), (2a), and (3f).  
 Note: An entry other than zero in Part B, Column B, Line 3f, counts as two (2) entries.

<b>C. ARKANSAS TAXABLE INCOME:</b>	
1. Income Apportioned to Arkansas: (Multiply Part A, Line 12 by Part B, Line 5) .....	1 00
2. Add: Direct Income Allocated to Arkansas: (Attach schedule) .....	2 00
3. TOTAL INCOME TAXABLE TO ARKANSAS:(Enter here and on page 1, line 27, Arkansas Column) .....	3 00

**SCHEDULE D - Capital Gains Tax**

<b>A. TAX IMPOSED ON CERTAIN CAPITAL GAINS:</b>	
1. Taxable Income: (See Instructions; Attach computation schedule) .....	1 00
2. Enter tax on Line 1 amount: (See Instructions for computation of tax) .....	2 00
3. Net long-term capital gain reduced by net short-term capital loss: (If Multistate, multiply by apportionment factor, Part B, Line 5 above) .....	3 00
4. Statutory minimum: .....	4 \$25,000 00
5. Subtract Line 4 from Line 3: .....	5 00
6. Tax: (Enter 6.5% of Line 5) .....	6 00
7. Compare Line 2 and Line 6: (Enter the smaller amount here and on Line 29, page 1, Form AR1100S) .....	7 00
<b>B. TAX IMPOSED ON CERTAIN BUILT-IN GAINS:</b>	
1. Taxable Income: (See Instructions; Attach computation schedule) .....	1 00
2. Recognized built-in gain: (If Multistate, multiply by apportionment factor, Part B, Line 5 above) .....	2 00
3. Enter smaller of Line 1 or 2: .....	3 00
4. Section 1374(b)(2) deduction: .....	4 00
5. Subtract Line 4 from Line 3: (If zero or less, enter zero here and on Line 6 below) .....	5 00
6. Enter 6.5% of Line 5: (Enter here and on Line 29, page 1, Form AR1100S) .....	6 00

1.

<b>Name:</b> LAKESIDE SHORES INC		
<b>SSN/FEIN:</b> 00-****07		
<b>Arkansas Form or Schedule:</b> AR1100S		
<b>Ownership Type:</b> BAD DEBTS		
<b>Description:</b> INVESTMENT		
<b>Tax Year:</b> 2019		
1. Amount	15,385	00

2.

<b>Name:</b> LAKESIDE SHORES INC		
<b>SSN/FEIN:</b> 00-****07		
<b>Arkansas Form or Schedule:</b> AR1100S		
<b>Ownership Type:</b> OTHER INCOME		
<b>Description:</b> CONSULTANT FEES		
<b>Tax Year:</b> 2019		
2. Amount	596,449	00

3.

<b>Name:</b> LAKESIDE SHORES INC		
<b>SSN/FEIN:</b> 00-****07		
<b>Arkansas Form or Schedule:</b> AR1100S		
<b>Ownership Type:</b> OTHER DEDUCTIONS		
<b>Description:</b> LEGAL FEES		
<b>Tax Year:</b> 2019		
3. Amount	912,819	00

4.

<b>Name:</b> LAKESIDE SHORES INC		
<b>SSN/FEIN:</b> 00-****07		
<b>Arkansas Form or Schedule:</b> AR1100S		
<b>Ownership Type:</b> COST OF GOODS SOLD		
<b>Description:</b> PURCHASES		
<b>Tax Year:</b> 2019		
4. Amount	11,227,136	00

5.

<b>Name:</b>		
<b>SSN/FEIN:</b>		
<b>Arkansas Form or Schedule:</b>		
<b>Ownership Type:</b>		
<b>Description:</b>		
<b>Tax Year:</b>		
5. Amount		00

6.

<b>Name:</b>		
<b>SSN/FEIN:</b>		
<b>Arkansas Form or Schedule:</b>		
<b>Ownership Type:</b>		
<b>Description:</b>		
<b>Tax Year:</b>		
6. Amount		00

7.

<b>Name:</b>		
<b>SSN/FEIN:</b>		
<b>Arkansas Form or Schedule:</b>		
<b>Ownership Type:</b>		
<b>Description:</b>		
<b>Tax Year:</b>		
7. Amount		00



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

Software ID

Tax year beginning \_\_\_\_\_, 20\_\_\_\_ and ending \_\_\_\_\_, 20\_\_\_\_

<input type="checkbox"/> Final K-1 <input type="checkbox"/> Amended K-1	<b>Part III Arkansas Shareholder or Partner's Share of Current Year Income, Deductions, Credits, and Other Items</b>																	
<input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Partnership	<b>Distributive share allocated and apportioned to Arkansas</b>	<b>Distributive share to be reported by Arkansas Residents</b>																
<b>Part I Information About the Corporation or Partnership</b>	1a Ordinary income (loss) <b>710,938</b>	1b Ordinary income (loss) <b>710,938</b>																
A Identification Number <b>00-****07</b>	2a Net rental real estate income (loss) <b>10,603</b>	2b Net rental real estate income (loss) <b>10,603</b>																
B Name, Address, City, State, Zip Code <b>LAKESIDE SHORES INC 15 DENBY POINT DR MT. IDA, AR 71959</b>	3a Other net rental income (loss)	3b Other net rental income (loss)																
	4a Interest income	4b Interest income																
	5a Dividends <b>1,038</b>	5b Dividends <b>1,038</b>																
	6a Royalties	6b Royalties																
	7a Net short-term capital gain (loss)	7b Net short-term capital gain (loss)																
	7a Net short-term capital gain (loss)	7b Net short-term capital gain (loss)																
<b>Part II Information About the Shareholder or Partner</b>	8a Net long-term capital gain (loss)	8b Net long-term capital gain (loss)																
C Identification Number <b>00-000067</b>	9a Unrecaptured Section 1250 gain	9b Unrecaptured Section 1250 gain																
D Name, Address, City, State, Zip Code <b>ANTHONY FALLS P O BOX 15 MT. IDA, AR 71959</b>	10a Net Section 1231 gain (loss)	10b Net Section 1231 gain (loss)																
	11a Other income (loss)*	11b Other income (loss)*																
	12a Guaranteed payments	12b Guaranteed payments																
	13a Section 179 deduction	13b Section 179 deduction																
	14a Other deductions* <b>1,205</b>	14b Other deductions* <b>1,205</b>																
	15a Credits	15b Credits																
E Arkansas resident <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If a nonresident, provide state of legal residence. _____	16a Items affecting shareholder basis	16b Items affecting shareholder basis <b>636,107</b>																
F Shareholder's Percentage of Stock Ownership for Tax Year <b>50.000000 %</b>	17a Other information* <b>1,038</b>	17b Other information* <b>1,038</b>																
G Partner's Share of Profit, Loss, and Capital: <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%;"></td> <td style="text-align: center;"><b>Beginning</b></td> <td style="width:10%;"></td> <td style="text-align: center;"><b>Ending</b></td> </tr> <tr> <td>Profit</td> <td style="text-align: right;">%</td> <td style="border-left: 1px solid black;"></td> <td style="text-align: right;">%</td> </tr> <tr> <td>Loss</td> <td style="text-align: right;">%</td> <td style="border-left: 1px solid black;"></td> <td style="text-align: right;">%</td> </tr> <tr> <td>Capital</td> <td style="text-align: right;">%</td> <td style="border-left: 1px solid black;"></td> <td style="text-align: right;">%</td> </tr> </table>		<b>Beginning</b>		<b>Ending</b>	Profit	%		%	Loss	%		%	Capital	%		%	18a Tax-exempt income and nondeductible expenses	18b Tax-exempt income and nondeductible expenses
		<b>Beginning</b>		<b>Ending</b>														
	Profit	%		%														
Loss	%		%															
Capital	%		%															
H Arkansas Apportionment Percentage:  <b>100.000000 %</b>	19a Distributions	19b Distributions																
* Attach statement with additional information	20a Arkansas withholding or other payments																	



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

Software ID

Tax year beginning \_\_\_\_\_, 20\_\_\_\_ and ending \_\_\_\_\_, 20\_\_\_\_

<input type="checkbox"/> Final K-1 <input type="checkbox"/> Amended K-1		<b>Part III</b> Arkansas Shareholder or Partner's Share of Current Year Income, Deductions, Credits, and Other Items																	
<input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Partnership																			
<b>Part I</b> Information About the Corporation or Partnership		Distributive share allocated and apportioned to Arkansas	Distributive share to be reported by Arkansas Residents																
A Identification Number  <b>00-****07</b>		1a Ordinary income (loss) <b>668,282</b>	1b Ordinary income (loss) <b>668,282</b>																
B Name, Address, City, State, Zip Code  <b>LAKESIDE SHORES INC 15 DENBY POINT DR MT. IDA, AR 71959</b>		2a Net rental real estate income (loss) <b>9,967</b>	2b Net rental real estate income (loss) <b>9,967</b>																
		3a Other net rental income (loss)	3b Other net rental income (loss)																
		4a Interest income	4b Interest income																
		5a Dividends <b>976</b>	5b Dividends <b>976</b>																
		6a Royalties	6b Royalties																
		7a Net short-term capital gain (loss)	7b Net short-term capital gain (loss)																
<b>Part II</b> Information About the Shareholder or Partner		8a Net long-term capital gain (loss)	8b Net long-term capital gain (loss)																
C Identification Number  <b>00-000068</b>		9a Unrecaptured Section 1250 gain	9b Unrecaptured Section 1250 gain																
D Name, Address, City, State, Zip Code  <b>MICHAEL TROUT 47 DEER LANE MT. IDA, AR 71959</b>		10a Net Section 1231 gain (loss)	10b Net Section 1231 gain (loss)																
		11a Other income (loss)*	11b Other income (loss)*																
		12a Guaranteed payments	12b Guaranteed payments																
		13a Section 179 deduction	13b Section 179 deduction																
		14a Other deductions* <b>1,133</b>	14b Other deductions* <b>1,133</b>																
		15a Credits	15b Credits																
E Arkansas resident <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No  If a nonresident, provide state of legal residence. _____		16a Items affecting shareholder basis <b>597,941</b>	16b Items affecting shareholder basis <b>597,941</b>																
F Shareholder's Percentage of Stock Ownership for  Tax Year <b>47.000000 %</b>		17a Other information* <b>976</b>	17b Other information* <b>976</b>																
G Partner's Share of Profit, Loss, and Capital:		18a Tax-exempt income and nondeductible expenses	18b Tax-exempt income and nondeductible expenses																
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:50%;"></th> <th style="width:25%; text-align: center;">Beginning</th> <th style="width:25%;"></th> <th style="width:25%; text-align: center;">Ending</th> </tr> </thead> <tbody> <tr> <td>Profit</td> <td style="text-align: center;">%</td> <td style="border-left: 1px solid black;"></td> <td style="text-align: center;">%</td> </tr> <tr> <td>Loss</td> <td style="text-align: center;">%</td> <td style="border-left: 1px solid black;"></td> <td style="text-align: center;">%</td> </tr> <tr> <td>Capital</td> <td style="text-align: center;">%</td> <td style="border-left: 1px solid black;"></td> <td style="text-align: center;">%</td> </tr> </tbody> </table>			Beginning		Ending	Profit	%		%	Loss	%		%	Capital	%		%	19a Distributions	19b Distributions
	Beginning		Ending																
Profit	%		%																
Loss	%		%																
Capital	%		%																
H Arkansas Apportionment Percentage:  <b>100.000000 %</b>		20a Arkansas withholding or other payments																	
* Attach statement with additional information																			



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

Software ID

Tax year beginning \_\_\_\_\_, 20\_\_\_\_ and ending \_\_\_\_\_, 20\_\_\_\_

<input type="checkbox"/> Final K-1 <input type="checkbox"/> Amended K-1		<b>Part III</b> Arkansas Shareholder or Partner's Share of Current Year Income, Deductions, Credits, and Other Items																	
<input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Partnership		<b>Distributive share allocated and apportioned to Arkansas</b>	<b>Distributive share to be reported by Arkansas Residents</b>																
<b>Part I</b> Information About the Corporation or Partnership		1a Ordinary income (loss) <b>42,656</b>	1b Ordinary income (loss) <b>42,656</b>																
A Identification Number  <b>00-****07</b>		2a Net rental real estate income (loss)	2b Net rental real estate income (loss)																
B Name, Address, City, State, Zip Code  <b>LAKESIDE SHORES INC 15 DENBY POINT DR MT. IDA, AR 71959</b>		3a Other net rental income (loss) <b>636</b>	3b Other net rental income (loss)																
		4a Interest income	4b Interest income																
		5a Dividends <b>62</b>	5b Dividends <b>62</b>																
		6a Royalties	6b Royalties																
		7a Net short-term capital gain (loss)	7b Net short-term capital gain (loss)																
		8a Net long-term capital gain (loss)	8b Net long-term capital gain (loss)																
<b>Part II</b> Information About the Shareholder or Partner		9a Unrecaptured Section 1250 gain	9b Unrecaptured Section 1250 gain																
C Identification Number  <b>00-000065</b>		10a Net Section 1231 gain (loss)	10b Net Section 1231 gain (loss)																
D Name, Address, City, State, Zip Code  <b>ANTHONY FALLS P O BOX 15 MT. IDA, AR 71959</b>		11a Other income (loss)*	11b Other income (loss)*																
		12a Guaranteed payments	12b Guaranteed payments																
		13a Section 179 deduction	13b Section 179 deduction																
		14a Other deductions* <b>72</b>	14b Other deductions* <b>72</b>																
		15a Credits	15b Credits																
E Arkansas resident <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No  If a nonresident, provide state of legal residence. _____		16a Items affecting shareholder basis	16b Items affecting shareholder basis <b>38,166</b>																
F Shareholder's Percentage of Stock Ownership for Tax Year _____ <b>3.000000</b> %		17a Other information* <b>62</b>	17b Other information* <b>62</b>																
G Partner's Share of Profit, Loss, and Capital:  <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 50%;"></th> <th style="width: 25%; text-align: center;">Beginning</th> <th style="width: 25%;"></th> <th style="width: 25%; text-align: center;">Ending</th> </tr> </thead> <tbody> <tr> <td>Profit</td> <td style="text-align: center;">%</td> <td style="border-left: 1px solid black;"></td> <td style="text-align: center;">%</td> </tr> <tr> <td>Loss</td> <td style="text-align: center;">%</td> <td style="border-left: 1px solid black;"></td> <td style="text-align: center;">%</td> </tr> <tr> <td>Capital</td> <td style="text-align: center;">%</td> <td style="border-left: 1px solid black;"></td> <td style="text-align: center;">%</td> </tr> </tbody> </table>			Beginning		Ending	Profit	%		%	Loss	%		%	Capital	%		%	18a Tax-exempt income and nondeductible expenses	18b Tax-exempt income and nondeductible expenses
			Beginning		Ending														
		Profit	%		%														
Loss	%		%																
Capital	%		%																
H Arkansas Apportionment Percentage:  _____ <b>100.000000</b> %		19a Distributions	19b Distributions																
* Attach statement with additional information		20a Arkansas withholding or other payments																	

## Arkansas Test Case 8

### AMENDED INCOME TAX RETURN

**Required Forms:** AR1100S, AR-AIS & AR K-1

**Company Name:** Glover Law Firm

**FEIN:** 00-\*\*\*\*\*08

2019 AR1100S  
 ARKANSAS S CORPORATION  
 INCOME TAX RETURN



Software ID  
 [ ]

Tax Year beginning [ ] / [ ] / [ ] and ending [ ] / [ ] / [ ]  
 INITIAL Return  AMENDED Return  FINAL Arkansas Return (Going Out of Business)  Check If Filing as a Financial Institution  Check if Cooperative Association

FEIN ● 00-****08	<input type="checkbox"/> Check this box if Automatic Federal Extension Form 7004 filed (See Instructions) <input type="checkbox"/> Check this box if Arkansas Extension Form AR1155 filed			Type of Corporation Check only one box below
NAICS Code ● 236110	Name <input type="checkbox"/> Check this box if name has changed from prior year ● GLOVER LAW FIRM			● 5 <input checked="" type="checkbox"/> Domestic (in state)
Date of Incorporation ● 02/25/2008	Address <input type="checkbox"/> Check this box if address has changed from prior year ● 1 CAMPBELL TRAIL			● 6 <input type="checkbox"/> Foreign (out of state)
Date Began Business in AR ● 02/25/2008	City ● ALEXANDER	State or Province ● AR	Zip ● 72002	<input type="checkbox"/> Check if address is outside U.S. Foreign Country

FILING STATUS: ● 1  S Corporation operating only in Arkansas ● 3  Multistate S Corporation - Direct Accounting (Prior written approval required for Direct Accounting)  
 (CHECK ONLY ONE BOX) ● 2  Multistate S Corporation - Apportionment ● 4  S Corporation with QSSS Entities (Attach schedule of QSSS entities)

Note: Attach completed copy of Federal Return and Sign Arkansas Return		TOTAL	ARKANSAS
7. Gross Sales: (Less returns and allowances) .....	7	89,336 00	89,336 00
8. Cost of goods sold and/or operations: (Attach schedule) .....	8	58,974 00	58,974 00
9. Gross profit: (Subtract Line 8 from Line 7) .....	9	30,362 00	30,362 00
10. Net gain (or loss) from Federal Form 4797: .....	10		
11. Other income: (Attach schedule) .....	11	29,525 00	29,525 00
12. TOTAL INCOME (LOSS): (Add Lines 9 through 11 and enter here) .....	12	59,887 00	59,887 00
13. Compensation of officers: .....	13	18,000 00	18,000 00
14. Salaries and wages: (See Instructions) .....	14		
15. Repairs: .....	15		
16. Bad Debts: (Attach schedule) .....	16		
17. Rent: .....	17		
18. Taxes: (See Instructions) .....	18	1,732 00	1,732 00
19. Deductible interest expense not claimed or reported elsewhere: .....	19	3,771 00	3,771 00
20. Depreciation: (Attach Federal Form 4562) .....	20	14,200 00	6,200 00
21. Depletion: (Do not deduct oil and gas depletion) .....	21		
22. Advertising: .....	22		
23. Pension, profit-sharing, plans, etc .....	23		
24. Employee benefit programs: .....	24		
25. Other deductions: (Attach schedule) .....	25	25,435 00	25,435 00
26. TOTAL DEDUCTIONS: (Add Lines 13 through 25 and enter here) .....	26	63,138 00	55,138 00
27. NET INCOME (LOSS) (Subtr. Line 26 from Line 12 or Schedule A, C3 if multistate)..	27	(3,251) 00	4,749 00

ATTACH ALL AR K-1 FORMS		
28. Excess net passive income tax: (See Instructions).....	28	260 00
29. Income tax on Capital gains/Built in gains: (from Schedule D, page 2, A7+B6).....	29	00
30. Total Tax: (Add Lines 28 and 29) (If Amended Return Checked, Enter Amended Total Tax).....	30	260 00
31. Payments: (2019 estimated tax payments and amount applied from 2018 return).....	31	00
32. Withholding Payment: (Attach AR1100-WH).....	32	00
33. Amended Return Only: (Enter Net Tax paid (or refunded) on previous returns for this tax year).....	33	260 00
34. Tax Due: (If Line 31 plus Line 32 is less than Line 30, enter the amount due).....	34	0 00
35. Overpayment: (If Line 31 plus Line 32 is greater than Line 30, enter the difference).....	35	00
36. Amount of refund to be credited to 2020 estimated tax:.....	36	00
37. Refund: (Line 35 less Line 36).....	37	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 taxpayer) is based on all information of which preparer has any knowledge.

Officer's Signature ●	Date	Title	Telephone Number
Preparer's Signature	Date	Preparer's FEIN/PTIN ●	Check if Self-Employed <input type="checkbox"/>
Preparer's Printed Name	May the Arkansas Revenue Agency discuss this return with the preparer shown at left?		For Department Use Only
Area Code and Telephone Number of Preparer	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		A ●
MAIL RETURN TO: Corporation Income Tax, P O Box 919, Little Rock, AR 72203-0919			B ●
			C

**DO NOT STAPLE RETURNS, SCHEDULES OR ATTACHMENTS**

**SCHEDULE A**  
**Apportionment Of Income**  
**For Multistate Corporation**



FEIN: 00-\*\*\*\*08

**A. INCOME TO APPORTIONMENT:**

1. Income: (Enter amount from page 1, Line 27, Total Column) .....	1		00
2. Interest Income: (Attach schedule) .....	2		00
3. Dividend Income: (Attach schedule) .....	3		00
4. Net Income (loss) from rental activities and Royalties: (Attach schedule) .....	4		00
5. Net capital gain (loss) not listed on page 1: (Attach schedule) .....	5		00
6. Other income (loss): (Attach schedule) .....	6		00
7. Total Income: (Add Lines 1 through 6 and enter here) .....	7		00
8. Charitable Contributions: (Attach schedule) .....	8		00
9. Section 179 expense deduction: (Attach schedule) .....	9		00
10. Other expenses (adjustments) not included elsewhere: (Attach schedule) .....	10		00
11. Total deductions: (Add Lines 8 through 10 and enter here) .....	11		00
12. TOTAL APPORTIONABLE INCOME: (Subtract Line 11 from Line 7) .....	12		00

**B. APPORTIONMENT FACTOR:**

	(A) Amounts in Arkansas	(B) Total Amounts	(C) Percentage (A)+(B)
1. Property used in the Production of Business Income:			
a. Tangible Assets used in Business and Inventories			
Less Construction in Progress			
1. Amount at the Beginning of Year .....	1	1	
2. Amount at the End of Year .....	2	2	
3. Total: (Add Lines a1 and a2) .....	3	3	
4. Average Tangible Assets: (Line a3 divided by 2) .....	4	4	
b. Rented Property: (8 X net annual rent) .....	b	b	
c. Average Value of Intangible Property: .....	c	c	
(For Financial Institutions Only - Attach schedule)			
d. TOTAL PROPERTY: (Add Lines a4, b and c) .....	d	d	
2. Salaries, Wages, Commissions and Other Compensation Related to the Production of Income:			
a. TOTAL: .....	a	a	
3. Sales / Receipts:			
a. Destination Shipped From Within Arkansas: .....	a		
b. Destination Shipped From Without Arkansas: .....	b		
c. Origin Shipped From Within Arkansas to U. S. Govt: .....	c		
d. Origin Shipped From Within Arkansas to			
Other Non-taxable Jurisdictions: .....	d		
e. Other Business Gross Receipts: .....	e		
(Interest, Dividends, Rents, Gains, etc. Attach Schedule)			
f. TOTAL SALES: (Add Lines 3a through 3e) .....	f	f	
g. Multiply Column C, Line 3f by 2 to Doubleweight the Sales Factor (Financial Institutions must use Single Weighted Factor) .....	g		
4. Sum of the Percentages: (Add Column C, Lines 1d, 2a, and 3g) .....	4		
*5. Percentage Attributable to Arkansas: .....	Line 4	%	Divided by
*For Part B, Line 5, divide Line 4 by the number of entries other than zero which you make on Part B, Column B, Lines (1d), (2a), and (3f).			= 5
Note: An entry other than zero in Part B, Column B, Line 3f, counts as two (2) entries.			

**C. ARKANSAS TAXABLE INCOME:**

1. Income Apportioned to Arkansas: (Multiply Part A, Line 12 by Part B, Line 5) .....	1		00
2. Add: Direct Income Allocated to Arkansas: (Attach schedule) .....	2		00
3. TOTAL INCOME TAXABLE TO ARKANSAS:(Enter here and on page 1, line 27, Arkansas Column) .....	3		00

**SCHEDULE D - Capital Gains Tax**

**A. TAX IMPOSED ON CERTAIN CAPITAL GAINS:**

1. Taxable Income: (See Instructions; Attach computation schedule) .....	1		00
2. Enter tax on Line 1 amount: (See Instructions for computation of tax) .....	2		00
3. Net long-term capital gain reduced by net short-term capital loss: (If Multistate, multiply by apportionment factor, Part B, Line 5 above) .....	3		00
4. Statutory minimum: .....	4	\$25,000	00
5. Subtract Line 4 from Line 3: .....	5		00
6. Tax: (Enter 6.5% of Line 5) .....	6		00
7. Compare Line 2 and Line 6: (Enter the smaller amount here and on Line 29, page 1, Form AR1100S) .....	7		00

**B. TAX IMPOSED ON CERTAIN BUILT-IN GAINS:**

1. Taxable Income: (See Instructions; Attach computation schedule) .....	1		00
2. Recognized built-in gain: (If Multistate, multiply by apportionment factor, Part B, Line 5 above) .....	2		00
3. Enter smaller of Line 1 or 2: .....	3		00
4. Section 1374(b)(2) deduction: .....	4		00
5. Subtract Line 4 from Line 3: (If zero or less, enter zero here and on Line 6 below) .....	5		00
6. Enter 6.5% of Line 5: (Enter here and on Line 29, page 1, Form AR1100S) .....	6		00



Additional Information Schedule

1.

<b>Name:</b> GLOVER LAW FIRM		
<b>SSN/FEIN:</b> 00-****08		
<b>Arkansas Form or Schedule:</b> AR1100S		
<b>Ownership Type:</b> COST OF GOODS SOLD		
<b>Description:</b> PURCHASES		
<b>Tax Year:</b> 2019		
1. Amount	58,974	00

2.

<b>Name:</b> GLOVER LAW FIRM		
<b>SSN/FEIN:</b> 00-****08		
<b>Arkansas Form or Schedule:</b> AR1100S		
<b>Ownership Type:</b> OTHER DEDUCTIONS		
<b>Description:</b> TRAVEL		
<b>Tax Year:</b> 2019		
2. Amount	25,435	00

3.

<b>Name:</b> GLOVER LAW FIRM		
<b>SSN/FEIN:</b> 00-****08		
<b>Arkansas Form or Schedule:</b> AR1100S		
<b>Ownership Type:</b> OTHER INCOME		
<b>Description:</b> FEES		
<b>Tax Year:</b> 2019		
3. Amount	29,525	00

4.

<b>Name:</b>		
<b>SSN/FEIN:</b>		
<b>Arkansas Form or Schedule:</b>		
<b>Ownership Type:</b>		
<b>Description:</b>		
<b>Tax Year:</b>		
4. Amount		00

5.

<b>Name:</b>		
<b>SSN/FEIN:</b>		
<b>Arkansas Form or Schedule:</b>		
<b>Ownership Type:</b>		
<b>Description:</b>		
<b>Tax Year:</b>		
5. Amount		00

6.

<b>Name:</b>		
<b>SSN/FEIN:</b>		
<b>Arkansas Form or Schedule:</b>		
<b>Ownership Type:</b>		
<b>Description:</b>		
<b>Tax Year:</b>		
6. Amount		00

7.

<b>Name:</b>		
<b>SSN/FEIN:</b>		
<b>Arkansas Form or Schedule:</b>		
<b>Ownership Type:</b>		
<b>Description:</b>		
<b>Tax Year:</b>		
7. Amount		00



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

Software ID

Tax year beginning \_\_\_\_\_, 20\_\_\_\_ and ending \_\_\_\_\_, 20\_\_\_\_

<input checked="" type="checkbox"/> Final K-1 <input type="checkbox"/> Amended K-1		<b>Part III</b> Arkansas Shareholder or Partner's Share of Current Year Income, Deductions, Credits, and Other Items																	
<input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Partnership		<b>Distributive share allocated and apportioned to Arkansas</b>	<b>Distributive share to be reported by Arkansas Residents</b>																
<b>Part I</b> Information About the Corporation or Partnership		1a Ordinary income (loss) <b>4,749</b>	1b Ordinary income (loss) <b>4,749</b>																
A Identification Number  <b>00-****08</b>		2a Net rental real estate income (loss) <b>368</b>	2b Net rental real estate income (loss) <b>368</b>																
B Name, Address, City, State, Zip Code  <b>GLOVER LAW FIRM 1 CAMPBELL TRAIL ALEXANDER, AR 72002</b>		3a Other net rental income (loss)	3b Other net rental income (loss)																
		4a Interest income <b>1,011</b>	4b Interest income <b>1,011</b>																
		5a Dividends	5b Dividends																
		6a Royalties	6b Royalties																
<b>Part II</b> Information About the Shareholder or Partner		7a Net short-term capital gain (loss)	7b Net short-term capital gain (loss)																
C Identification Number  <b>400-00-5501</b>		8a Net long-term capital gain (loss)	8b Net long-term capital gain (loss)																
D Name, Address, City, State, Zip Code  <b>D. POWELL RT. 1 BEEBE, AR 72112</b>		9a Unrecaptured Section 1250 gain	9b Unrecaptured Section 1250 gain																
		10a Net Section 1231 gain (loss)	10b Net Section 1231 gain (loss)																
		11a Other income (loss)* <b>8,000</b>	11b Other income (loss)* <b>8,000</b>																
		12a Guaranteed payments	12b Guaranteed payments																
E Arkansas resident <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No  If a nonresident, provide state of legal residence. _____		13a Section 179 deduction	13b Section 179 deduction																
F Shareholder's Percentage of Stock Ownership for Tax Year _____ <b>100.000000 %</b>		14a Other deductions*	14b Other deductions*																
G Partner's Share of Profit, Loss, and Capital:  <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th colspan="2" style="text-align: left;">Beginning</th> <th colspan="2" style="text-align: right;">Ending</th> </tr> </thead> <tbody> <tr> <td style="width: 50%;">Profit</td> <td style="width: 50%; text-align: right;">%</td> <td style="width: 50%;"></td> <td style="width: 50%; text-align: right;">%</td> </tr> <tr> <td>Loss</td> <td style="text-align: right;">%</td> <td></td> <td style="text-align: right;">%</td> </tr> <tr> <td>Capital</td> <td style="text-align: right;">%</td> <td></td> <td style="text-align: right;">%</td> </tr> </tbody> </table>		Beginning		Ending		Profit	%		%	Loss	%		%	Capital	%		%	15a Credits	15b Credits
		Beginning		Ending															
		Profit	%		%														
Loss	%		%																
Capital	%		%																
16a Items affecting shareholder basis <b>C 43</b>	16b Items affecting shareholder basis <b>C 43</b>																		
17a Other information* <b>A 1,011</b>	17b Other information* <b>A 1,011</b>																		
H Arkansas Apportionment Percentage:  _____ <b>100.000000 %</b>		18a Tax-exempt income and nondeductible expenses	18b Tax-exempt income and nondeductible expenses																
* Attach statement with additional information		19a Distributions	19b Distributions																
		20a Arkansas withholding or other payments																	

# Partnership Income Tax Returns

## Arkansas Test Case 9

**Required Forms:** AR1050 & AR K-1

**Company Name:** Easy Corp, LLC

**FEIN:** 00-\*\*\*\*\*09

# 2019 AR1050

## ARKANSAS PARTNERSHIP INCOME TAX RETURN



P1

Software ID

Jan. 1 - Dec. 31, 2019 or fiscal year beginning \_\_\_\_\_ and ending \_\_\_\_\_ 20\_\_

Name ● <b>EASY CORP, LLC</b>			Federal identification number ● <b>00-****09</b>	
Address ● <b>1357 COOPER STREET</b>			Type of business	
City ● <b>LITTLE ROCK</b>	State or province ● <b>AR</b>	ZIP ● <b>72203</b>	<input type="checkbox"/> Check if address is outside U.S. Foreign country name	Number of partners ● <b>2</b>

FILING STATUS: (CHECK ONLY ONE BOX)

1. Partnership operating only in Arkansas  
 2. Multistate Partnership - Apportionment  
 3. Multistate Partnership  
 Direct Accounting (Prior written approval required)  
 Non-Business Allocation Only

Type of entity

General Partnership  
 Limited Partnership  
 Limited Liability Company  
 Limited Liability Partnership  
 Other \_\_\_\_\_

Check applicable box

Initial Return  
 Amended Return  
 Final Return  
 Check this box if you have filed a state extension or an automatic federal extension

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

INCOME	(A) Total		(B) Arkansas
4. Gross receipts or sales: ..... 4	100,000	00	100,000
5. Cost of goods sold: ..... 5	20,000	00	20,000
6. Gross profit from business: ..... 6	80,000	00	80,000
7. Income from other partnerships or fiduciaries: (Attach schedule) ..... 7		00	00
8. Farm income: (Attach schedule) ..... 8		00	00
9. Net gain (or loss) from Form 4797: (Attach schedule) ..... 9		00	00
10. Other income: (Attach schedule) ..... 10		00	00
11. Total Income: (Add lines 6 through 10) ..... 11	80,000	00	80,000

DEDUCTIONS	(A) Total		(B) Arkansas
12. Salaries of employees: ..... 12	20,000	00	20,000
13. Guaranteed payments to partners: ..... 13	10,000	00	10,000
14. Rent on business property: ..... 14		00	00
15. Interest expense: ..... 15		00	00
16. Taxes: ..... 16		00	00
17. Bad debts: (Attach schedule) ..... 17		00	00
18. Repairs: ..... 18		00	00
19. Depreciation: (Attach schedule A part I) ..... 19	10,000	00	10,000
20. Depletion: (Attach schedule) ..... 20		00	00
21. Retirement plan, etc.: (Attach schedule) ..... 21		00	00
22. Other deductions: (Attach schedule) ..... 22		00	00
23. Total Deductions: (Add lines 12 through 22) ..... 23	40,000	00	40,000
24. Net Income or loss: (Subtract line 23 from line 11 or Schedule A part III, line 9) ..... 24	40,000	00	40,000

PARTNERS' SHARES OF INCOME							
NAME OF PARTNER	ADDRESS	CITY	STATE	ZIP	SSN / FEIN	INCOME	
A. JOE COOPER	123 MAIN STREET, LITTLE ROCK, AR		AR	72203	400-00-9917	20,000	00
B. JACK BOWER	125 2ND STREET, DALLAS, TX		TX	75001	400-00-9927	20,000	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		
	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	PTIN/ID number
Paid Preparer's use only	Firm's name (or yours if self-employed) and address	EIN	May the Arkansas Revenue Agency discuss this return with the preparer? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
		Telephone		



FEIN: 00-\*\*\*\*\*09

**PART I: DEPRECIATION RECONCILIATION**

1. Total federal depreciation (Line 22 of federal Form 4562 and depreciation included elsewhere) .....	1	●	5,000	00
2. Less: Federal Form 4562, line 25 and line 14 bonus depreciation.....	2	●		00
3. Add or subtract Arkansas depreciation adjustment (Attach schedule).....	3	●	5,000	00
4. Arkansas total depreciation deduction.....	4	●	10,000	00
5. Less: Arkansas depreciation in cost of goods sold or elsewhere.....	5	●		00
6. Arkansas depreciation deduction (Enter here and on line 19, Form AR1050).....	6	●	10,000	00

**PART II: INCOME TO APPORTION**

1. Income (Enter amount from page 1, line 24, Total column).....	1	●	0	00
2. Add adjustments (Attach schedule).....	2	●		00
3. Deduct adjustments (Attach schedule).....	3	●		00
4. TOTAL APPORTIONABLE INCOME (Enter here and continue to part III).....	4	●	0	00



FEIN: 00-\*\*\*\*09

**PART III: APPORTIONMENT FACTOR**

NOTE: If all factors in Part III are 100%, do not complete Columns (A), (B), or (C). The return should be filed as a status 1, PARTNERSHIP OPERATING ONLY IN ARKANSAS and complete all appropriate lines on page 1 of Form AR1050.

	(A) Amounts in Arkansas	(B) Total Amounts	(C) Percentage (A)÷(B)
<b>1. Property used in the production of business income:</b>			
<b>a. Tangible assets used in business and inventories</b>			
Less construction in progress			
1. Amount at the beginning of year..... 1	00	1 00	(Calculate to 6 places to the right of decimal. Fill in all spaces)
2. Amount at the end of year..... 2	00	2 00	
3. Total: (Add lines a1 and a2)..... 3	00	3 00	
4. Average tangible assets: (Line a3 divided by 2)..... 4	00	4 00	
b. Rented property: (8 X net annual rent)..... b	00	b 00	999.999999 %
c. Average value of intangible property:..... c	00	c 00	(EXAMPLE)
<b>(For financial institutions only - attach schedule)</b>			
d. TOTAL PROPERTY: (Add Lines a4, b and c)..... d	00	d 00	%
<b>2. Salaries, wages, commissions and other compensation related to the production of income:</b>			
a. TOTAL: ..... a	00	a 00	%
<b>3. Sales / receipts:</b>			
a. Destination shipped from within Arkansas: ..... a	00		
b. Destination shipped from without Arkansas: ..... b	00		
c. Origin shipped from within Arkansas to U. S. Govt: ..... c	00		
d. Origin shipped from within Arkansas to Other non-taxable jurisdictions: ..... d	00		
e. Other business gross receipts: ..... e	00		
<b>(Interest, dividends, rents, gains, etc. Attach schedule)</b>			
f. TOTAL SALES: (Add lines 3a through 3e)..... f	00	f 00	%
g. Multiply column C, line 3f by 2 to doubleweight the sales factor (Financial Institutions must use single weighted factor)..... g			%
4. Sum of the percentages: (Single weighted: Add column C, lines 1d, 2a and 3f) (Double weighted: Add column C, lines 1d, 2a and 3g)..... 4			%
*5. Percentage attributable to Arkansas: ..... Line 4	%	Divided by* <input type="text"/>	= 5 <input type="text"/> %
*For Part III, line 5, divide line 4 by the number of entries other than zero which you make on Part III, column B, lines (1d), (2a), and (3f). Note: An entry other than zero in part III, column B, line 3f, counts as two (2) entries.			
6. Income apportioned to Arkansas: (Multiply part II, line 4 by line 5) ..... 6			00
7. Add adjustments: (Attach schedule) ..... 7			00
8. Deduct adjustments: (Attach schedule) ..... 8			00
9. Income: (Enter here and on page 1, line 24, Arkansas column) ..... 9			00



FEIN: 00-\*\*\*\*09

**PART I: INCOME (LOSS)**

	Total			Arkansas	
1. Ordinary business income (loss) (Page 1, line 24).....	1	40,000 00	1	40,000 00	
2. Net rental real estate income (loss) (Attach federal Form 8825).....	2	10,000 00	2	10,000 00	
3a. Other gross rental income (loss).....	3a	00	3a	00	
b. Expenses from other rental activities (Attach statement).....	3b	00	3b	00	
c. Other net rental income (loss) (Subtract line 3b from line 3a).....	3c	00	3c	00	
4. Interest income.....	4	5,000 00	4	5,000 00	
5. Dividends:.....	5	5,000 00	5	5,000 00	
6. Royalties.....	6	00	6	00	
7. Net short-term capital gain (loss) (Attach federal Schedule D (Form 1065)).....	7	00	7	00	
8. Net long-term capital gain (loss) (Attach federal Schedule D (Form 1065)).....	8	00	8	00	
9. Unrecaptured section 1250 gain (Attach statement).....	9	00	9	00	
10. Net section 1231 gain (loss) (Attach federal Form 4797).....	10	00	10	00	
11. Other income (loss) (See Instructions) Type.....	11	00	11	00	
12. Guaranteed Payments.....	12	10,000 00	12	10,000 00	

**PART II: DEDUCTIONS**

13. Section 179 deduction (Attach federal Form 4562).....	13	00	13	00
14. Cash charitable contributions.....	14	00	14	00
15. Non-cash charitable contributions.....	15	00	15	00
16. Other deductions (See instructions) Type.....	16	00	16	00

**PART III: OTHER INFORMATION**

17a. Tax-exempt interest income.....	17a	00	17a	00
b. Other tax-exempt income.....	17b	00	17b	00
c. Nondeductible expenses.....	17c	00	17c	00
18a. Distributions of cash and marketable securities.....	18a	00	18a	00
b. Distributions of other property.....	18b	00	18b	00
19a. Investment income.....	19a	00	19a	00
b. Investment expenses.....	19b	00	19b	00
c. Other items and amounts (Attach statement).....	19c		19c	

**ANALYSIS OF NET INCOME (LOSS)**

1. Net income (loss) (Combine Schedule K, lines 1 through 12. From the result, subtract the sum of Schedule K, lines 13 through 16).....	1	70,000 00	1	70,000 00
--	---	-----------	---	-----------

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





FEIN: 00-\*\*\*\*\*09

- 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 page 1, line 5): .....	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. ....				
<b>TOTAL ASSETS. ....</b>				
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. ....				
<b>TOTAL LIABILITIES AND CAPITAL. ....</b>				

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



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

Software ID

Tax year beginning \_\_\_\_\_, 20\_\_\_\_ and ending \_\_\_\_\_, 20\_\_\_\_

<input type="checkbox"/> Final K-1 <input type="checkbox"/> Amended K-1	<b>Part III Arkansas Shareholder or Partner's Share of Current Year Income, Deductions, Credits, and Other Items</b>													
<input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Partnership	<b>Distributive share allocated and apportioned to Arkansas</b>	<b>Distributive share to be reported by Arkansas Residents</b>												
<b>Part I Information About the Corporation or Partnership</b>	1a Ordinary income (loss) <b>20,000</b>	1b Ordinary income (loss) <b>20,000</b>												
A Identification Number  <b>00-****09</b>	2a Net rental real estate income (loss) <b>5,000</b>	2b Net rental real estate income (loss) <b>5,000</b>												
B Name, Address, City, State, Zip Code  <b>EASY CORP, LLC 1357 COOPER STREET LITTLE ROCK, AR 72203</b>	3a Other net rental income (loss)	3b Other net rental income (loss)												
	4a Interest income <b>2,500</b>	4b Interest income <b>2,500</b>												
	5a Dividends <b>2,500</b>	5b Dividends <b>2,500</b>												
	6a Royalties	6b Royalties												
	7a Net short-term capital gain (loss)	7b Net short-term capital gain (loss)												
	7a Net short-term capital gain (loss)	7b Net short-term capital gain (loss)												
<b>Part II Information About the Shareholder or Partner</b>	8a Net long-term capital gain (loss)	8b Net long-term capital gain (loss)												
C Identification Number  <b>400-00-9917</b>	9a Unrecaptured Section 1250 gain	9b Unrecaptured Section 1250 gain												
D Name, Address, City, State, Zip Code  <b>JOE COOPER 123 MAIN STREET LITTLE ROCK, AR 72203</b>	10a Net Section 1231 gain (loss)	10b Net Section 1231 gain (loss)												
	11a Other income (loss)*	11b Other income (loss)*												
	12a Guaranteed payments <b>5,000</b>	12b Guaranteed payments <b>5,000</b>												
	13a Section 179 deduction	13b Section 179 deduction												
	14a Other deductions*	14b Other deductions*												
	15a Credits	15b Credits												
E Arkansas resident <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No  If a nonresident, provide state of legal residence. _____	16a Items affecting shareholder basis	16b Items affecting shareholder basis												
F Shareholder's Percentage of Stock Ownership for Tax Year _____ %	17a Other information*	17b Other information*												
G Partner's Share of Profit, Loss, and Capital:  <table style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:30%;"></th> <th style="width:35%; text-align: center;">Beginning</th> <th style="width:35%; text-align: center;">Ending</th> </tr> </thead> <tbody> <tr> <td>Profit</td> <td style="text-align: center;"><b>50.000000 %</b></td> <td style="text-align: center;"><b>50.000000 %</b></td> </tr> <tr> <td>Loss</td> <td style="text-align: center;"><b>50.000000 %</b></td> <td style="text-align: center;"><b>50.000000 %</b></td> </tr> <tr> <td>Capital</td> <td style="text-align: center;"><b>50.000000 %</b></td> <td style="text-align: center;"><b>50.000000 %</b></td> </tr> </tbody> </table>		Beginning	Ending	Profit	<b>50.000000 %</b>	<b>50.000000 %</b>	Loss	<b>50.000000 %</b>	<b>50.000000 %</b>	Capital	<b>50.000000 %</b>	<b>50.000000 %</b>	18a Tax-exempt income and nondeductible expenses	18b Tax-exempt income and nondeductible expenses
		Beginning	Ending											
	Profit	<b>50.000000 %</b>	<b>50.000000 %</b>											
Loss	<b>50.000000 %</b>	<b>50.000000 %</b>												
Capital	<b>50.000000 %</b>	<b>50.000000 %</b>												
H Arkansas Apportionment Percentage:  <u>          <b>100.000000 %</b></u>	19a Distributions	19b Distributions												
* Attach statement with additional information	20a Arkansas withholding or other payments													



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

Software ID

Tax year beginning \_\_\_\_\_, 20\_\_\_\_ and ending \_\_\_\_\_, 20\_\_\_\_

<input type="checkbox"/> Final K-1 <input type="checkbox"/> Amended K-1	<b>Part III Arkansas Shareholder or Partner's Share of Current Year Income, Deductions, Credits, and Other Items</b>													
<input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Partnership	<b>Distributive share allocated and apportioned to Arkansas</b>	<b>Distributive share to be reported by Arkansas Residents</b>												
<b>Part I Information About the Corporation or Partnership</b>	1a Ordinary income (loss) <b>20,000</b>	1b Ordinary income (loss)												
A Identification Number  <b>00-****09</b>	2a Net rental real estate income (loss) <b>5,000</b>	2b Net rental real estate income (loss)												
B Name, Address, City, State, Zip Code  <b>EASY CORP, LLC 1357 COOPER STREET LITTLE ROCK, AR 72203</b>	3a Other net rental income (loss)	3b Other net rental income (loss)												
	4a Interest income <b>2,500</b>	4b Interest income												
	5a Dividends <b>2,500</b>	5b Dividends												
	6a Royalties	6b Royalties												
	7a Net short-term capital gain (loss)	7b Net short-term capital gain (loss)												
	8a Net long-term capital gain (loss)	8b Net long-term capital gain (loss)												
<b>Part II Information About the Shareholder or Partner</b>														
C Identification Number  <b>400-00-9927</b>	9a Unrecaptured Section 1250 gain	9b Unrecaptured Section 1250 gain												
D Name, Address, City, State, Zip Code  <b>JACK BOWER 125 2ND STREET DALLAS, TX 75001</b>	10a Net Section 1231 gain (loss)	10b Net Section 1231 gain (loss)												
	11a Other income (loss)*	11b Other income (loss)*												
	12a Guaranteed payments <b>5,000</b>	12b Guaranteed payments												
	13a Section 179 deduction	13b Section 179 deduction												
	14a Other deductions*	14b Other deductions*												
E Arkansas resident <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No  If a nonresident, provide state of legal residence. <u>TX</u>	15a Credits	15b Credits												
F Shareholder's Percentage of Stock Ownership for  Tax Year _____ %	16a Items affecting shareholder basis	16b Items affecting shareholder basis												
G Partner's Share of Profit, Loss, and Capital:  <table style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:10%;"></th> <th style="width:35%; text-align: center;">Beginning</th> <th style="width:35%; text-align: center;">Ending</th> </tr> </thead> <tbody> <tr> <td>Profit</td> <td style="text-align: center;"><b>50.000000 %</b></td> <td style="text-align: center;"><b>50.000000 %</b></td> </tr> <tr> <td>Loss</td> <td style="text-align: center;"><b>50.000000 %</b></td> <td style="text-align: center;"><b>50.000000 %</b></td> </tr> <tr> <td>Capital</td> <td style="text-align: center;"><b>50.000000 %</b></td> <td style="text-align: center;"><b>50.000000 %</b></td> </tr> </tbody> </table>		Beginning	Ending	Profit	<b>50.000000 %</b>	<b>50.000000 %</b>	Loss	<b>50.000000 %</b>	<b>50.000000 %</b>	Capital	<b>50.000000 %</b>	<b>50.000000 %</b>	17a Other information*	17b Other information*
	Beginning	Ending												
Profit	<b>50.000000 %</b>	<b>50.000000 %</b>												
Loss	<b>50.000000 %</b>	<b>50.000000 %</b>												
Capital	<b>50.000000 %</b>	<b>50.000000 %</b>												
H Arkansas Apportionment Percentage:  <u>100.000000 %</u>	18a Tax-exempt income and nondeductible expenses	18b Tax-exempt income and nondeductible expenses												
	19a Distributions	19b Distributions												
	20a Arkansas withholding or other payments													
* Attach statement with additional information														

## Arkansas Test Case 10

**Required Forms:** AR1050 & AR K-1

**Company Name:** Multi Corp, LLC

**FEIN:** 00-\*\*\*\*\*10

# 2019 AR1050

## ARKANSAS PARTNERSHIP INCOME TAX RETURN



P1

Software ID

Jan. 1 - Dec. 31, 2019 or fiscal year beginning \_\_\_\_\_ and ending \_\_\_\_\_ 20\_\_

Name ● <b>MULTI CORP, LLC</b>			Federal identification number ● <b>00-****10</b>	
Address ● <b>1850 STONE</b>			Type of business	
City ● <b>LITTLE ROCK</b>	State or province ● <b>AR</b>	ZIP ● <b>72203</b>	<input type="checkbox"/> Check if address is outside U.S. Foreign country name	Number of partners ● <b>2</b>

FILING STATUS: (CHECK ONLY ONE BOX)

1. Partnership operating only in Arkansas  
 2. Multistate Partnership - Apportionment  
 3. Multistate Partnership  
 Direct Accounting (Prior written approval required)  
 Non-Business Allocation Only

Type of entity

General Partnership   
  Limited Partnership   
  Limited Liability Company   
  Limited Liability Partnership   
  Other \_\_\_\_\_

Check applicable box ●  Initial Return ●  Amended Return ●  Final Return ●  Check this box if you have filed a state extension or an automatic federal extension

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

INCOME	(A) Total	(B) Arkansas
4. Gross receipts or sales: ..... 4	1,000,000 00	00
5. Cost of goods sold: ..... 5	500,000 00	00
6. Gross profit from business: ..... 6	500,000 00	00
7. Income from other partnerships or fiduciaries: (Attach schedule) ..... 7	300,000 00	00
8. Farm income: (Attach schedule) ..... 8	00	00
9. Net gain (or loss) from Form 4797: (Attach schedule) ..... 9	00	00
10. Other income: (Attach schedule) ..... 10	20,000 00	00
11. Total Income: (Add lines 6 through 10) ..... 11	820,000 00	00

DEDUCTIONS	(A) Total	(B) Arkansas
12. Salaries of employees: ..... 12	80,000 00	00
13. Guaranteed payments to partners: ..... 13	100,000 00	00
14. Rent on business property: ..... 14	00	00
15. Interest expense: ..... 15	00	00
16. Taxes: ..... 16	00	00
17. Bad debts: (Attach schedule) ..... 17	00	00
18. Repairs: ..... 18	00	00
19. Depreciation: (Attach schedule A part I) ..... 19	150,000 00	00
20. Depletion: (Attach schedule) ..... 20	00	00
21. Retirement plan, etc.: (Attach schedule) ..... 21	00	00
22. Other deductions: (Attach schedule) ..... 22	25,000 00	00
23. Total Deductions: (Add lines 12 through 22) ..... 23	355,000 00	00
24. Net Income or loss: (Subtract line 23 from line 11 or Schedule A part III, line 9) ..... 24	465,000 00	232,500 00

PARTNERS' SHARES OF INCOME						
NAME OF PARTNER	ADDRESS	CITY	STATE	ZIP	SSN / FEIN	INCOME
A. JACKSON STEWART	159 MAIN STREET, LITTLE ROCK, AR 72223				400-00-8549	116,250 00
B. JOHN PRICE	38 ELVIS STREET, MEMPHIS, TN 37501				400-00-8559	116,250 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	
	Preparer's signature		Date	Check if self-employed <input type="checkbox"/>
Paid Preparer's use only	Firm's name (or yours if self-employed) and address		EIN	PTIN/ID number  May the Arkansas Revenue Agency discuss this return with the preparer? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
			Telephone	



FEIN: 00-\*\*\*\*\*10

**PART I: DEPRECIATION RECONCILIATION**

1. Total federal depreciation (Line 22 of federal Form 4562 and depreciation included elsewhere) .....	1	●	175,000	00
2. Less: Federal Form 4562, line 25 and line 14 bonus depreciation.....	2	●	50,000	00
3. Add or subtract Arkansas depreciation adjustment (Attach schedule).....	3	●	25,000	00
4. Arkansas total depreciation deduction.....	4	●	150,000	00
5. Less: Arkansas depreciation in cost of goods sold or elsewhere.....	5	●		00
6. Arkansas depreciation deduction (Enter here and on line 19, Form AR1050).....	6	●	150,000	00

**PART II: INCOME TO APPORTION**

1. Income (Enter amount from page 1, line 24, Total column).....	1	●	465,000	00
2. Add adjustments (Attach schedule).....	2	●		00
3. Deduct adjustments (Attach schedule).....	3	●		00
4. TOTAL APPORTIONABLE INCOME (Enter here and continue to part III).....	4	●	465,000	00



FEIN: 00-\*\*\*\*10

**PART III: APPORTIONMENT FACTOR**

NOTE: If all factors in Part III are 100%, do not complete Columns (A), (B), or (C). The return should be filed as a status 1, PARTNERSHIP OPERATING ONLY IN ARKANSAS and complete all appropriate lines on page 1 of Form AR1050.

	(A) Amounts in Arkansas	(B) Total Amounts	(C) Percentage (A)÷(B)
<b>1. Property used in the production of business income:</b>			
<b>a. Tangible assets used in business and inventories</b>			
Less construction in progress			
1. Amount at the beginning of year..... 1	00	00	(Calculate to 6 places to the right of decimal. Fill in all spaces)
2. Amount at the end of year..... 2	00	00	
3. Total: (Add lines a1 and a2)..... 3	00	00	
4. Average tangible assets: (Line a3 divided by 2)..... 4	00	00	
b. Rented property: (8 X net annual rent)..... b	00	00	999.999999 %
c. Average value of intangible property:..... c	00	00	(EXAMPLE)
c. (For financial institutions only - attach schedule)			
d. TOTAL PROPERTY: (Add Lines a4, b and c)..... d	5,000,000 00	10,000,000 00	50.000000 %
<b>2. Salaries, wages, commissions and other compensation related to the production of income:</b>			
a. TOTAL: ..... a	40,000 00	80,000 00	50.000000 %
<b>3. Sales / receipts:</b>			
a. Destination shipped from within Arkansas: ..... a	00		
b. Destination shipped from without Arkansas: ..... b	00		
c. Origin shipped from within Arkansas to U. S. Govt: ..... c	00		
d. Origin shipped from within Arkansas to Other non-taxable jurisdictions: ..... d	00		
e. Other business gross receipts: ..... e	00		
e. (Interest, dividends, rents, gains, etc. Attach schedule)			
f. TOTAL SALES: (Add lines 3a through 3e)..... f	500,000 00	1,000,000 00	50.000000 %
g. Multiply column C, line 3f by 2 to doubleweight the sales factor (Financial Institutions must use single weighted factor)..... g			100.000000 %
<b>4. Sum of the percentages: (Single weighted: Add column C, lines 1d, 2a and 3f) (Double weighted: Add column C, lines 1d, 2a and 3g)..... 4</b>			
			200.000000 %
*5. Percentage attributable to Arkansas: ..... Line 4	200.000000 %	Divided by* 4	= 50.000000 %
*For Part III, line 5, divide line 4 by the number of entries other than zero which you make on Part III, column B, lines (1d), (2a), and (3f). Note: An entry other than zero in part III, column B, line 3f, counts as two (2) entries.			
6. Income apportioned to Arkansas: (Multiply part II, line 4 by line 5) ..... 6			232,500 00
7. Add adjustments: (Attach schedule) ..... 7			00
8. Deduct adjustments: (Attach schedule) ..... 8			00
9. Income: (Enter here and on page 1, line 24, Arkansas column) ..... 9			232,500 00



FEIN: 00-\*\*\*\*10

**PART I: INCOME (LOSS)**

	Total			Arkansas	
1. Ordinary business income (loss) (Page 1, line 24).....	1	465,000 00	1	232,500 00	
2. Net rental real estate income (loss) (Attach federal Form 8825).....	2	20,000 00	2	15,000 00	
3a. Other gross rental income (loss).....	3a	00	3a	00	
b. Expenses from other rental activities (Attach statement).....	3b	00	3b	00	
c. Other net rental income (loss) (Subtract line 3b from line 3a).....	3c	00	3c	00	
4. Interest income.....	4	10,000 00	4	00	
5. Dividends:.....	5	5,000 00	5	5,000 00	
6. Royalties.....	6	00	6	00	
7. Net short-term capital gain (loss) (Attach federal Schedule D (Form 1065)).....	7	00	7	00	
8. Net long-term capital gain (loss) (Attach federal Schedule D (Form 1065)).....	8	00	8	00	
9. Unrecaptured section 1250 gain (Attach statement).....	9	00	9	00	
10. Net section 1231 gain (loss) (Attach federal Form 4797).....	10	00	10	00	
11. Other income (loss) (See Instructions) Type _____.....	11	00	11	00	
12. Guaranteed Payments.....	12	100,000 00	12	50,000 00	

**PART II: DEDUCTIONS**

13. Section 179 deduction (Attach federal Form 4562).....	13	25,000 00	13	25,000 00
14. Cash charitable contributions.....	14	00	14	00
15. Non-cash charitable contributions.....	15	00	15	00
16. Other deductions (See instructions) Type _____.....	16	00	16	00

**PART III: OTHER INFORMATION**

17a. Tax-exempt interest income.....	17a	00	17a	00
b. Other tax-exempt income.....	17b	00	17b	00
c. Nondeductible expenses.....	17c	00	17c	00
18a. Distributions of cash and marketable securities.....	18a	00	18a	00
b. Distributions of other property.....	18b	00	18b	00
19a. Investment income.....	19a	00	19a	00
b. Investment expenses.....	19b	00	19b	00
c. Other items and amounts (Attach statement).....	19c		19c	

**ANALYSIS OF NET INCOME (LOSS)**

1. Net income (loss) (Combine Schedule K, lines 1 through 12. From the result, subtract the sum of Schedule K, lines 13 through 16).....	1	● 575,000 00	1	● 277,500 00
--	---	--------------	---	--------------

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





FEIN: 00-\*\*\*\*\*10

- 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 page 1, line 5): .....	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. ....				
<b>TOTAL ASSETS. ....</b>				
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. ....				
<b>TOTAL LIABILITIES AND CAPITAL. ....</b>				

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



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

Software ID

Tax year beginning \_\_\_\_\_, 20\_\_\_\_ and ending \_\_\_\_\_, 20\_\_\_\_

<input type="checkbox"/> Final K-1 <input type="checkbox"/> Amended K-1	<b>Part III Arkansas Shareholder or Partner's Share of Current Year Income, Deductions, Credits, and Other Items</b>													
<input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Partnership	<b>Distributive share allocated and apportioned to Arkansas</b>	<b>Distributive share to be reported by Arkansas Residents</b>												
<b>Part I Information About the Corporation or Partnership</b>	1a Ordinary income (loss) <b>116,250</b>	1b Ordinary income (loss) <b>232,500</b>												
A Identification Number  <b>00-*****10</b>	2a Net rental real estate income (loss) <b>7,500</b>	2b Net rental real estate income (loss) <b>10,000</b>												
B Name, Address, City, State, Zip Code  <b>MULTI CORP, LLC 1850 STONE LITTLE ROCK, AR 72203</b>	3a Other net rental income (loss)	3b Other net rental income (loss)												
	4a Interest income	4b Interest income <b>5,000</b>												
	5a Dividends <b>2,500</b>	5b Dividends <b>2,500</b>												
	6a Royalties	6b Royalties												
	7a Net short-term capital gain (loss)	7b Net short-term capital gain (loss)												
	8a Net long-term capital gain (loss)	8b Net long-term capital gain (loss)												
<b>Part II Information About the Shareholder or Partner</b>														
C Identification Number  <b>400-00-8549</b>	9a Unrecaptured Section 1250 gain	9b Unrecaptured Section 1250 gain												
D Name, Address, City, State, Zip Code  <b>JACKSON STEWART 159 MAIN STREET LITTLE ROCK, AR 72223</b>	10a Net Section 1231 gain (loss)	10b Net Section 1231 gain (loss)												
	11a Other income (loss)*	11b Other income (loss)*												
	12a Guaranteed payments <b>50,000</b>	12b Guaranteed payments <b>50,000</b>												
	13a Section 179 deduction <b>12,500</b>	13b Section 179 deduction <b>12,500</b>												
	14a Other deductions*	14b Other deductions*												
	15a Credits	15b Credits												
E Arkansas resident <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No  If a nonresident, provide state of legal residence. _____	16a Items affecting shareholder basis	16b Items affecting shareholder basis												
F Shareholder's Percentage of Stock Ownership for  Tax Year _____ %	17a Other information*	17b Other information*												
G Partner's Share of Profit, Loss, and Capital:  <table style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:10%;"></th> <th style="width:35%; text-align: center;">Beginning</th> <th style="width:35%; text-align: center;">Ending</th> </tr> </thead> <tbody> <tr> <td>Profit</td> <td style="text-align: center;"><b>50.000000 %</b></td> <td style="text-align: center;"><b>50.000000 %</b></td> </tr> <tr> <td>Loss</td> <td style="text-align: center;"><b>50.000000 %</b></td> <td style="text-align: center;"><b>50.000000 %</b></td> </tr> <tr> <td>Capital</td> <td style="text-align: center;"><b>50.000000 %</b></td> <td style="text-align: center;"><b>50.000000 %</b></td> </tr> </tbody> </table>		Beginning	Ending	Profit	<b>50.000000 %</b>	<b>50.000000 %</b>	Loss	<b>50.000000 %</b>	<b>50.000000 %</b>	Capital	<b>50.000000 %</b>	<b>50.000000 %</b>	18a Tax-exempt income and nondeductible expenses	18b Tax-exempt income and nondeductible expenses
	Beginning	Ending												
Profit	<b>50.000000 %</b>	<b>50.000000 %</b>												
Loss	<b>50.000000 %</b>	<b>50.000000 %</b>												
Capital	<b>50.000000 %</b>	<b>50.000000 %</b>												
H Arkansas Apportionment Percentage:  _____ <b>50.000000 %</b>	19a Distributions	19b Distributions												
* Attach statement with additional information	20a Arkansas withholding or other payments													



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

Software ID

Tax year beginning \_\_\_\_\_, 20\_\_\_\_ and ending \_\_\_\_\_, 20\_\_\_\_

<input type="checkbox"/> Final K-1 <input type="checkbox"/> Amended K-1		<b>Part III</b> Arkansas Shareholder or Partner's Share of Current Year Income, Deductions, Credits, and Other Items													
<input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Partnership		<b>Distributive share allocated and apportioned to Arkansas</b>	<b>Distributive share to be reported by Arkansas Residents</b>												
<b>Part I</b> Information About the Corporation or Partnership		1a Ordinary income (loss) <b>116,250</b>	1b Ordinary income (loss)												
A Identification Number  <b>00-*****10</b>		2a Net rental real estate income (loss) <b>7,500</b>	2b Net rental real estate income (loss)												
B Name, Address, City, State, Zip Code  <b>MULTI CORP, LLC 1850 STONE LITTLE ROCK, AR 72203</b>		3a Other net rental income (loss)	3b Other net rental income (loss)												
		4a Interest income	4b Interest income												
		5a Dividends <b>2,500</b>	5b Dividends												
		6a Royalties	6b Royalties												
<b>Part II</b> Information About the Shareholder or Partner		7a Net short-term capital gain (loss)	7b Net short-term capital gain (loss)												
C Identification Number  <b>400-00-8559</b>		8a Net long-term capital gain (loss)	8b Net long-term capital gain (loss)												
D Name, Address, City, State, Zip Code  <b>JOHN PRICE 38 ELVIS STREET MEMPHIS, TN 37501</b>		9a Unrecaptured Section 1250 gain	9b Unrecaptured Section 1250 gain												
		10a Net Section 1231 gain (loss)	10b Net Section 1231 gain (loss)												
		11a Other income (loss)*	11b Other income (loss)*												
		12a Guaranteed payments <b>50,000</b>	12b Guaranteed payments												
E Arkansas resident <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No  If a nonresident, provide state of legal residence. <u>  TN  </u>		13a Section 179 deduction <b>12,500</b>	13b Section 179 deduction												
F Shareholder's Percentage of Stock Ownership for  Tax Year _____ %		14a Other deductions*	14b Other deductions*												
G Partner's Share of Profit, Loss, and Capital:  <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th style="text-align: center;">Beginning</th> <th style="text-align: center;">Ending</th> </tr> </thead> <tbody> <tr> <td>Profit</td> <td style="text-align: center;">50.000000 %</td> <td style="text-align: center;">50.000000 %</td> </tr> <tr> <td>Loss</td> <td style="text-align: center;">50.000000 %</td> <td style="text-align: center;">50.000000 %</td> </tr> <tr> <td>Capital</td> <td style="text-align: center;">50.000000 %</td> <td style="text-align: center;">50.000000 %</td> </tr> </tbody> </table>			Beginning	Ending	Profit	50.000000 %	50.000000 %	Loss	50.000000 %	50.000000 %	Capital	50.000000 %	50.000000 %	15a Credits	15b Credits
			Beginning	Ending											
		Profit	50.000000 %	50.000000 %											
		Loss	50.000000 %	50.000000 %											
Capital	50.000000 %	50.000000 %													
16a Items affecting shareholder basis	16b Items affecting shareholder basis														
17a Other information*	17b Other information*														
18a Tax-exempt income and nondeductible expenses	18b Tax-exempt income and nondeductible expenses														
H Arkansas Apportionment Percentage:  <u>  50.000000  </u> %		19a Distributions	19b Distributions												
* Attach statement with additional information		20a Arkansas withholding or other payments													

## Arkansas Test Case 11

**Required Forms:** AR1050 & AR K-1

**Company Name:** Limited Corp, LLC

**FEIN:** 00-\*\*\*\*\*11

# 2019 AR1050

## ARKANSAS PARTNERSHIP INCOME TAX RETURN



P1

Software ID

Jan. 1 - Dec. 31, 2019 or fiscal year beginning \_\_\_\_\_ and ending \_\_\_\_\_ 20\_\_

Name ● <b>LIMITED CORP LLC</b>			Federal identification number ● <b>00-****11</b>	
Address ● <b>1458 JOHNSON ST</b>			Type of business	
City ● <b>NEWPORT</b>	State or province ● <b>AR</b>	ZIP ● <b>72112</b>	<input type="checkbox"/> Check if address is outside U.S. Foreign country name	Number of partners ● <b>1</b>

FILING STATUS: (CHECK ONLY ONE BOX)

1. Partnership operating only in Arkansas  
 2. Multistate Partnership - Apportionment  
 3. Multistate Partnership  
 Direct Accounting (Prior written approval required)  
 Non-Business Allocation Only

Type of entity

General Partnership  
  Limited Partnership  
  Limited Liability Company  
  Limited Liability Partnership  
  Other \_\_\_\_\_

Check applicable box

Initial Return  
  Amended Return  
  Final Return  
  Check this box if you have filed a state extension or an automatic federal extension

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

INCOME	(A) Total	(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	100,000	50,000
8. Farm income: (Attach schedule) ..... 8	00	00
9. Net gain (or loss) from Form 4797: (Attach schedule) ..... 9	00	00
10. Other income: (Attach schedule) ..... 10	00	00
11. Total Income: (Add lines 6 through 10) ..... 11	100,000	50,000

DEDUCTIONS	(A) Total	(B) Arkansas
12. Salaries of employees: ..... 12	00	00
13. Guaranteed payments to partners: ..... 13	00	00
14. Rent on business property: ..... 14	00	00
15. Interest expense: ..... 15	00	00
16. Taxes: ..... 16	00	00
17. Bad debts: (Attach schedule) ..... 17	00	00
18. Repairs: ..... 18	00	00
19. Depreciation: (Attach schedule A part I) ..... 19	00	00
20. Depletion: (Attach schedule) ..... 20	00	00
21. Retirement plan, etc.: (Attach schedule) ..... 21	00	00
22. Other deductions: (Attach schedule) ..... 22	00	00
23. Total Deductions: (Add lines 12 through 22) ..... 23	00	00
24. Net Income or loss: (Subtract line 23 from line 11 or Schedule A part III, line 9) ..... 24	100,000	50,000

PARTNERS' SHARES OF INCOME							
NAME OF PARTNER	ADDRESS	CITY	STATE	ZIP	SSN / FEIN	INCOME	
A. <b>JERRY PRICE</b>	<b>1822 CENTRAL, SAVANNAH, TN 38372</b>				<b>400-00-9911</b>	<b>25,000</b>	00
B. <b>JACOB PRICE</b>	<b>1920 PLEASANT DRIVE, BENTON, AR 72015</b>				<b>400-00-9921</b>	<b>25,000</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	
	Preparer's signature			Date	Check if self-employed <input type="checkbox"/>
Paid Preparer's use only	Firm's name (or yours if self-employed) and address			EIN	May the Arkansas Revenue Agency discuss this return with the preparer? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
				Telephone	



FEIN: 00-\*\*\*\*\*11

**PART I: DEPRECIATION RECONCILIATION**

1. Total federal depreciation (Line 22 of federal Form 4562 and depreciation included elsewhere) .....	1	●		00
2. Less: Federal Form 4562, line 25 and line 14 bonus depreciation.....	2	●		00
3. Add or subtract Arkansas depreciation adjustment (Attach schedule).....	3	●		00
4. Arkansas total depreciation deduction.....	4	●		00
5. Less: Arkansas depreciation in cost of goods sold or elsewhere.....	5	●		00
6. Arkansas depreciation deduction (Enter here and on line 19, Form AR1050).....	6	●		00

**PART II: INCOME TO APPORTION**

1. Income (Enter amount from page 1, line 24, Total column).....	1	●	100,000	00
2. Add adjustments (Attach schedule).....	2	●		00
3. Deduct adjustments (Attach schedule).....	3	●	100,000	00
4. TOTAL APPORTIONABLE INCOME (Enter here and continue to part III).....	4	●	0	00



FEIN: 00-\*\*\*\*11

**PART III: APPORTIONMENT FACTOR**

NOTE: If all factors in Part III are 100%, do not complete Columns (A), (B), or (C). The return should be filed as a status 1, PARTNERSHIP OPERATING ONLY IN ARKANSAS and complete all appropriate lines on page 1 of Form AR1050.

	(A) Amounts in Arkansas	(B) Total Amounts	(C) Percentage (A)÷(B)
<b>1. Property used in the production of business income:</b>			
<b>a. Tangible assets used in business and inventories</b>			
Less construction in progress			
1. Amount at the beginning of year..... 1	00	1 00	(Calculate to 6 places to the right of decimal. Fill in all spaces)
2. Amount at the end of year..... 2	00	2 00	
3. Total: (Add lines a1 and a2)..... 3	00	3 00	
4. Average tangible assets: (Line a3 divided by 2)..... 4	00	4 00	
b. Rented property: (8 X net annual rent)..... b	00	b 00	(EXAMPLE)
c. Average value of intangible property: (For financial institutions only - attach schedule)..... c	00	c 00	
d. TOTAL PROPERTY: (Add Lines a4, b and c)..... d	00	d 00	%
<b>2. Salaries, wages, commissions and other compensation related to the production of income:</b>			
a. TOTAL: ..... a	00	a 00	%
<b>3. Sales / receipts:</b>			
a. Destination shipped from within Arkansas: ..... a	00		
b. Destination shipped from without Arkansas: ..... b	00		
c. Origin shipped from within Arkansas to U. S. Govt: ..... c	00		
d. Origin shipped from within Arkansas to Other non-taxable jurisdictions: ..... d	00		
e. Other business gross receipts: ..... e (Interest, dividends, rents, gains, etc. Attach schedule)	00		
f. TOTAL SALES: (Add lines 3a through 3e)..... f	00	f 00	%
g. Multiply column C, line 3f by 2 to doubleweight the sales factor (Financial Institutions must use single weighted factor)..... g			%
4. Sum of the percentages: (Single weighted: Add column C, lines 1d, 2a and 3f) (Double weighted: Add column C, lines 1d, 2a and 3g)..... 4			%
*5. Percentage attributable to Arkansas: ..... Line 4	%	Divided by* <input type="text"/>	= 5 <input type="text"/> %
*For Part III, line 5, divide line 4 by the number of entries other than zero which you make on Part III, column B, lines (1d), (2a), and (3f). Note: An entry other than zero in part III, column B, line 3f, counts as two (2) entries.			
6. Income apportioned to Arkansas: (Multiply part II, line 4 by line 5) ..... 6	0	00	
7. Add adjustments: (Attach schedule) ..... 7	50,000	00	
8. Deduct adjustments: (Attach schedule) ..... 8		00	
9. Income: (Enter here and on page 1, line 24, Arkansas column) ..... 9	50,000	00	



FEIN: 00-\*\*\*\*11

**PART I: INCOME (LOSS)**

	Total			Arkansas	
1. Ordinary business income (loss) (Page 1, line 24).....	1	100,000 00	1	50,000 00	
2. Net rental real estate income (loss) (Attach federal Form 8825).....	2	00	2	00	
3a. Other gross rental income (loss).....	3a	00	3a	00	
b. Expenses from other rental activities (Attach statement).....	3b	00	3b	00	
c. Other net rental income (loss) (Subtract line 3b from line 3a).....	3c	00	3c	00	
4. Interest income.....	4	10,000 00	4	5,000 00	
5. Dividends:.....	5	10,000 00	5	5,000 00	
6. Royalties.....	6	00	6	00	
7. Net short-term capital gain (loss) (Attach federal Schedule D (Form 1065)).....	7	00	7	00	
8. Net long-term capital gain (loss) (Attach federal Schedule D (Form 1065)).....	8	50,000 00	8	50,000 00	
9. Unrecaptured section 1250 gain (Attach statement).....	9	00	9	00	
10. Net section 1231 gain (loss) (Attach federal Form 4797).....	10	00	10	00	
11. Other income (loss) (See Instructions) Type _____.....	11	00	11	00	
12. Guaranteed Payments.....	12	00	12	00	

**PART II: DEDUCTIONS**

13. Section 179 deduction (Attach federal Form 4562).....	13	00	13	00
14. Cash charitable contributions.....	14	00	14	00
15. Non-cash charitable contributions.....	15	00	15	00
16. Other deductions (See instructions) Type _____.....	16	00	16	00

**PART III: OTHER INFORMATION**

17a. Tax-exempt interest income.....	17a	00	17a	00
b. Other tax-exempt income.....	17b	00	17b	00
c. Nondeductible expenses.....	17c	00	17c	00
18a. Distributions of cash and marketable securities.....	18a	00	18a	00
b. Distributions of other property.....	18b	00	18b	00
19a. Investment income.....	19a	00	19a	00
b. Investment expenses.....	19b	00	19b	00
c. Other items and amounts (Attach statement).....	19c		19c	

**ANALYSIS OF NET INCOME (LOSS)**

1. Net income (loss) (Combine Schedule K, lines 1 through 12. From the result, subtract the sum of Schedule K, lines 13 through 16).....	1	170,000 00	1	110,000 00
--	---	------------	---	------------

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





FEIN: 00-\*\*\*\*\*11

- 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 page 1, line 5): .....	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. ....				
<b>TOTAL ASSETS. ....</b>				
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. ....				
<b>TOTAL LIABILITIES AND CAPITAL. ....</b>				

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



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

Software ID

Tax year beginning \_\_\_\_\_, 20\_\_\_\_ and ending \_\_\_\_\_, 20\_\_\_\_

<input type="checkbox"/> Final K-1 <input type="checkbox"/> Amended K-1		Part III Arkansas Shareholder or Partner's Share of Current Year Income, Deductions, Credits, and Other Items																	
<input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Partnership		Distributive share allocated and apportioned to Arkansas	Distributive share to be reported by Arkansas Residents																
Part I Information About the Corporation or Partnership		1a Ordinary income (loss) <b>25,000</b>	1b Ordinary income (loss)																
A Identification Number  <b>00-****11</b>		2a Net rental real estate income (loss)	2b Net rental real estate income (loss)																
B Name, Address, City, State, Zip Code  <b>LIMITED CORP LLC 1458 JOHNSON ST NEWPORT, AR 72112</b>		3a Other net rental income (loss)	3b Other net rental income (loss)																
		4a Interest income <b>2,500</b>	4b Interest income																
		5a Dividends <b>2,500</b>	5b Dividends																
		6a Royalties	6b Royalties																
Part II Information About the Shareholder or Partner		7a Net short-term capital gain (loss)	7b Net short-term capital gain (loss)																
C Identification Number  <b>400-00-9911</b>		8a Net long-term capital gain (loss) <b>25,000</b>	8b Net long-term capital gain (loss)																
D Name, Address, City, State, Zip Code  <b>JERRY PRICE 1822 CENTRAL SAVANNAH, TN 38372</b>		9a Unrecaptured Section 1250 gain	9b Unrecaptured Section 1250 gain																
		10a Net Section 1231 gain (loss)	10b Net Section 1231 gain (loss)																
		11a Other income (loss)*	11b Other income (loss)*																
		12a Guaranteed payments	12b Guaranteed payments																
		13a Section 179 deduction	13b Section 179 deduction																
E Arkansas resident <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No  If a nonresident, provide state of legal residence. <b>TN</b>		14a Other deductions*	14b Other deductions*																
F Shareholder's Percentage of Stock Ownership for Tax Year <b>50.000000</b> %		15a Credits	15b Credits																
G Partner's Share of Profit, Loss, and Capital:  <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 50%;"></th> <th style="width: 25%; text-align: center;">Beginning</th> <th style="width: 25%;"></th> <th style="width: 25%; text-align: center;">Ending</th> </tr> </thead> <tbody> <tr> <td>Profit</td> <td style="text-align: center;">%</td> <td style="border-left: 1px solid black;"></td> <td style="text-align: center;">%</td> </tr> <tr> <td>Loss</td> <td style="text-align: center;">%</td> <td style="border-left: 1px solid black;"></td> <td style="text-align: center;">%</td> </tr> <tr> <td>Capital</td> <td style="text-align: center;">%</td> <td style="border-left: 1px solid black;"></td> <td style="text-align: center;">%</td> </tr> </tbody> </table>			Beginning		Ending	Profit	%		%	Loss	%		%	Capital	%		%	16a Items affecting shareholder basis	16b Items affecting shareholder basis
			Beginning		Ending														
		Profit	%		%														
Loss	%		%																
Capital	%		%																
17a Other information*	17b Other information*																		
H Arkansas Apportionment Percentage:  _____ %		18a Tax-exempt income and nondeductible expenses	18b Tax-exempt income and nondeductible expenses																
		19a Distributions	19b Distributions																
* Attach statement with additional information		20a Arkansas withholding or other payments																	



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

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<b>Part II</b> Information About the Shareholder or Partner		7a Net short-term capital gain (loss)	7b Net short-term capital gain (loss)																
C Identification Number  <b>400-00-9921</b>		8a Net long-term capital gain (loss) <b>25,000</b>	8b Net long-term capital gain (loss) <b>25,000</b>																
D Name, Address, City, State, Zip Code  <b>JACOB PRICE 1920 PLEASANT DRIVE BENTON, AR 72015</b>		9a Unrecaptured Section 1250 gain	9b Unrecaptured Section 1250 gain																
		10a Net Section 1231 gain (loss)	10b Net Section 1231 gain (loss)																
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## Arkansas Test Case 12

**Required Forms:** AR1050 & AR K-1

**Company Name:** General Corp, LLC

**FEIN:** 00-\*\*\*\*\*12

# 2019 AR1050

## ARKANSAS PARTNERSHIP INCOME TAX RETURN



P1

Software ID

Jan. 1 - Dec. 31, 2019 or fiscal year beginning \_\_\_\_\_ and ending \_\_\_\_\_ 20\_\_

Name ● <b>GENERAL CORP, LLC</b>			Federal identification number ● <b>00-****12</b>	
Address ● <b>1818 LOCUST ST</b>			Type of business	
City ● <b>LITTLE ROCK</b>	State or province ● <b>AR</b>	ZIP ● <b>72209</b>	<input type="checkbox"/> Check if address is outside U.S. Foreign country name	Number of partners ● <b>1</b>

FILING STATUS: (CHECK ONLY ONE BOX)

1. Partnership operating only in Arkansas  
 2. Multistate Partnership - Apportionment  
 3. Multistate Partnership  
 Direct Accounting (Prior written approval required)  
 Non-Business Allocation Only

Type of entity

General Partnership  
 Limited Partnership  
 Limited Liability Company  
 Limited Liability Partnership  
 Other \_\_\_\_\_

Check applicable box

Initial Return  
 Amended Return  
 Final Return  
 Check this box if you have filed a state extension or an automatic federal extension

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

INCOME	(A) Total		(B) Arkansas
4. Gross receipts or sales: ..... 4	00	4	00
5. Cost of goods sold: ..... 5	00	5	00
6. Gross profit from business: ..... 6	00	6	00
7. Income from other partnerships or fiduciaries: (Attach schedule) ..... 7	00	7	00
8. Farm income: (Attach schedule) ..... 8	00	8	00
9. Net gain (or loss) from Form 4797: (Attach schedule) ..... 9	00	9	00
10. Other income: (Attach schedule) ..... 10	00	10	00
11. Total Income: (Add lines 6 through 10) ..... 11	00	11	00

DEDUCTIONS	(A) Total		(B) Arkansas
12. Salaries of employees: ..... 12	00	12	00
13. Guaranteed payments to partners: ..... 13	00	13	00
14. Rent on business property: ..... 14	00	14	00
15. Interest expense: ..... 15	00	15	00
16. Taxes: ..... 16	00	16	00
17. Bad debts: (Attach schedule) ..... 17	00	17	00
18. Repairs: ..... 18	00	18	00
19. Depreciation: (Attach schedule A part I) ..... 19	00	19	00
20. Depletion: (Attach schedule) ..... 20	00	20	00
21. Retirement plan, etc.: (Attach schedule) ..... 21	00	21	00
22. Other deductions: (Attach schedule) ..... 22	00	22	00
23. Total Deductions: (Add lines 12 through 22) ..... 23	00	23	00
24. Net Income or loss: (Subtract line 23 from line 11 or Schedule A part III, line 9) ..... 24	0 00	24	0 00

PARTNERS' SHARES OF INCOME						
NAME OF PARTNER	ADDRESS	CITY	STATE	ZIP	SSN / FEIN	INCOME
A. JASON ALLEN	147 JONES DR, LITTLE ROCK, AR			72212	400-00-5512	0 00
B. JEFFERY DANIELS	148 JONES DR, LITTLE ROCK, AR			72212	400-00-5522	0 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		
	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	PTIN/ID number
Paid Preparer's use only	Firm's name (or yours if self-employed) and address	EIN	May the Arkansas Revenue Agency discuss this return with the preparer? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
		Telephone		



FEIN: 00-\*\*\*\*\*12

**PART I: DEPRECIATION RECONCILIATION**

1. Total federal depreciation (Line 22 of federal Form 4562 and depreciation included elsewhere) .....	1	●		00
2. Less: Federal Form 4562, line 25 and line 14 bonus depreciation.....	2	●		00
3. Add or subtract Arkansas depreciation adjustment (Attach schedule).....	3	●		00
4. Arkansas total depreciation deduction.....	4	●		00
5. Less: Arkansas depreciation in cost of goods sold or elsewhere.....	5	●		00
6. Arkansas depreciation deduction (Enter here and on line 19, Form AR1050).....	6	●		00

**PART II: INCOME TO APPORTION**

1. Income (Enter amount from page 1, line 24, Total column).....	1	●		0	00
2. Add adjustments (Attach schedule).....	2	●		00	
3. Deduct adjustments (Attach schedule).....	3	●		00	
4. TOTAL APPORTIONABLE INCOME (Enter here and continue to part III).....	4	●		0	00



FEIN: 00-\*\*\*\*12

**PART III: APPORTIONMENT FACTOR**

NOTE: If all factors in Part III are 100%, do not complete Columns (A), (B), or (C). The return should be filed as a status 1, PARTNERSHIP OPERATING ONLY IN ARKANSAS and complete all appropriate lines on page 1 of Form AR1050.

	(A) Amounts in Arkansas	(B) Total Amounts	(C) Percentage (A)÷(B)
<b>1. Property used in the production of business income:</b>			
<b>a. Tangible assets used in business and inventories</b>			
Less construction in progress			
1. Amount at the beginning of year..... 1	00	1 00	(Calculate to 6 places to the right of decimal. Fill in all spaces)
2. Amount at the end of year..... 2	00	2 00	
3. Total: (Add lines a1 and a2)..... 3	00	3 00	
4. Average tangible assets: (Line a3 divided by 2)..... 4	00	4 00	
b. Rented property: (8 X net annual rent)..... b	00	b 00	999.999999 %
c. Average value of intangible property:..... c	00	c 00	(EXAMPLE)
<b>(For financial institutions only - attach schedule)</b>			
d. TOTAL PROPERTY: (Add Lines a4, b and c)..... d	00	d 00	d %
<b>2. Salaries, wages, commissions and other compensation related to the production of income:</b>			
a. TOTAL: ..... a	00	a 00	a %
<b>3. Sales / receipts:</b>			
a. Destination shipped from within Arkansas: ..... a	00		
b. Destination shipped from without Arkansas: ..... b	00		
c. Origin shipped from within Arkansas to U. S. Govt: ..... c	00		
d. Origin shipped from within Arkansas to Other non-taxable jurisdictions: ..... d	00		
e. Other business gross receipts: ..... e	00		
<b>(Interest, dividends, rents, gains, etc. Attach schedule)</b>			
f. TOTAL SALES: (Add lines 3a through 3e)..... f	00	f 00	f %
g. Multiply column C, line 3f by 2 to doubleweight the sales factor (Financial Institutions must use single weighted factor)..... g			g %
4. Sum of the percentages: (Single weighted: Add column C, lines 1d, 2a and 3f) (Double weighted: Add column C, lines 1d, 2a and 3g)..... 4			4 %
*5. Percentage attributable to Arkansas: ..... Line 4	%	Divided by* <input type="text"/>	= 5 %
*For Part III, line 5, divide line 4 by the number of entries other than zero which you make on Part III, column B, lines (1d), (2a), and (3f). Note: An entry other than zero in part III, column B, line 3f, counts as two (2) entries.			
6. Income apportioned to Arkansas: (Multiply part II, line 4 by line 5) ..... 6	0	00	
7. Add adjustments: (Attach schedule) ..... 7		00	
8. Deduct adjustments: (Attach schedule) ..... 8		00	
9. Income: (Enter here and on page 1, line 24, Arkansas column) ..... 9	0	00	



FEIN: 00-\*\*\*\*12

**PART I: INCOME (LOSS)**

	Total			Arkansas	
1. Ordinary business income (loss) (Page 1, line 24).....	1	00	1	00	
2. Net rental real estate income (loss) (Attach federal Form 8825).....	2	00	2	00	
3a. Other gross rental income (loss).....	3a	00	3a	00	
b. Expenses from other rental activities (Attach statement).....	3b	00	3b	00	
c. Other net rental income (loss) (Subtract line 3b from line 3a).....	3c	00	3c	00	
4. Interest income.....	4	25,000 00	4	4,000 00	
5. Dividends:.....	5	10,000 00	5	10,000 00	
6. Royalties.....	6	30,000 00	6	20,000 00	
7. Net short-term capital gain (loss) (Attach federal Schedule D (Form 1065)).....	7	00	7	00	
8. Net long-term capital gain (loss) (Attach federal Schedule D (Form 1065)).....	8	00	8	00	
9. Unrecaptured section 1250 gain (Attach statement).....	9	00	9	00	
10. Net section 1231 gain (loss) (Attach federal Form 4797).....	10	00	10	00	
11. Other income (loss) (See Instructions) Type _____.....	11	00	11	00	
12. Guaranteed Payments.....	12	00	12	00	

**PART II: DEDUCTIONS**

13. Section 179 deduction (Attach federal Form 4562).....	13	00	13	00
14. Cash charitable contributions.....	14	10,000 00	14	10,000 00
15. Non-cash charitable contributions.....	15	00	15	00
16. Other deductions (See instructions) Type _____.....	16	00	16	00

**PART III: OTHER INFORMATION**

17a. Tax-exempt interest income.....	17a	00	17a	00
b. Other tax-exempt income.....	17b	00	17b	00
c. Nondeductible expenses.....	17c	00	17c	00
18a. Distributions of cash and marketable securities.....	18a	00	18a	00
b. Distributions of other property.....	18b	00	18b	00
19a. Investment income.....	19a	00	19a	00
b. Investment expenses.....	19b	00	19b	00
c. Other items and amounts (Attach statement).....	19c		19c	

**ANALYSIS OF NET INCOME (LOSS)**

1. Net income (loss) (Combine Schedule K, lines 1 through 12. From the result, subtract the sum of Schedule K, lines 13 through 16).....	1	●	55,000 00	1	●	24,000 00
--	---	---	-----------	---	---	-----------

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





FEIN: 00-\*\*\*\*\*12

- 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 page 1, line 5): .....	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. ....				
<b>TOTAL ASSETS. ....</b>				
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. ....				
<b>TOTAL LIABILITIES AND CAPITAL. ....</b>				

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



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

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B Name, Address, City, State, Zip Code  <b>GENERAL CORP, LLC 1818 LOCUST ST LITTLE ROCK, AR 72209</b>	3a Other net rental income (loss)	3b Other net rental income (loss)																
	4a Interest income <b>2,000</b>	4b Interest income <b>12,500</b>																
	5a Dividends <b>5,000</b>	5b Dividends <b>5,000</b>																
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ARKANSAS INCOME TAX  
OWNER'S SHARE OF INCOME, DEDUCTIONS, CREDITS, ETC.

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<input type="checkbox"/> Final K-1 <input type="checkbox"/> Amended K-1		<b>Part III</b> Arkansas Shareholder or Partner's Share of Current Year Income, Deductions, Credits, and Other Items																	
<input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Partnership		<b>Distributive share allocated and apportioned to Arkansas</b>	<b>Distributive share to be reported by Arkansas Residents</b>																
<b>Part I</b> Information About the Corporation or Partnership		1a Ordinary income (loss)	1b Ordinary income (loss)																
A Identification Number  <b>00-*****12</b>		2a Net rental real estate income (loss)	2b Net rental real estate income (loss)																
B Name, Address, City, State, Zip Code  <b>GENERAL CORP, LLC 1818 LOCUST ST LITTLE ROCK, AR 72209</b>		3a Other net rental income (loss)	3b Other net rental income (loss)																
		4a Interest income <b>2,000</b>	4b Interest income <b>12,500</b>																
		5a Dividends <b>5,000</b>	5b Dividends <b>5,000</b>																
		6a Royalties <b>10,000</b>	6b Royalties <b>15,000</b>																
<b>Part II</b> Information About the Shareholder or Partner		7a Net short-term capital gain (loss)	7b Net short-term capital gain (loss)																
C Identification Number  <b>400-00-5522</b>		8a Net long-term capital gain (loss)	8b Net long-term capital gain (loss)																
D Name, Address, City, State, Zip Code  <b>JEFFERY DANIELS 147 JONES DR. LITTLE ROCK, AR 72212</b>		9a Unrecaptured Section 1250 gain	9b Unrecaptured Section 1250 gain																
		10a Net Section 1231 gain (loss)	10b Net Section 1231 gain (loss)																
		11a Other income (loss)*	11b Other income (loss)*																
		12a Guaranteed payments	12b Guaranteed payments																
		13a Section 179 deduction	13b Section 179 deduction																
E Arkansas resident <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No  If a nonresident, provide state of legal residence. _____		14a Other deductions* <b>5,000</b>	14b Other deductions* <b>5,000</b>																
F Shareholder's Percentage of Stock Ownership for Tax Year _____ <b>50.000000</b> %		15a Credits	15b Credits																
G Partner's Share of Profit, Loss, and Capital:  <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 50%;"></th> <th style="width: 25%; text-align: center;">Beginning</th> <th style="width: 25%;"></th> <th style="width: 25%; text-align: center;">Ending</th> </tr> </thead> <tbody> <tr> <td>Profit</td> <td style="text-align: center;">%</td> <td style="border-left: 1px solid black;"></td> <td style="text-align: center;">%</td> </tr> <tr> <td>Loss</td> <td style="text-align: center;">%</td> <td style="border-left: 1px solid black;"></td> <td style="text-align: center;">%</td> </tr> <tr> <td>Capital</td> <td style="text-align: center;">%</td> <td style="border-left: 1px solid black;"></td> <td style="text-align: center;">%</td> </tr> </tbody> </table>			Beginning		Ending	Profit	%		%	Loss	%		%	Capital	%		%	16a Items affecting shareholder basis	16b Items affecting shareholder basis
			Beginning		Ending														
		Profit	%		%														
Loss	%		%																
Capital	%		%																
17a Other information*	17b Other information*																		
H Arkansas Apportionment Percentage:  _____ %		18a Tax-exempt income and nondeductible expenses	18b Tax-exempt income and nondeductible expenses																
		19a Distributions	19b Distributions																
* Attach statement with additional information		20a Arkansas withholding or other payments																	

## Arkansas Test Case 13

### AMENDED INCOME TAX RETURN

**Required Forms:** AR1050 & AR K-1

**Company Name:** Easy Corp, LLC

**FEIN:** 00-\*\*\*\*\*13

# 2019 AR1050

## ARKANSAS PARTNERSHIP INCOME TAX RETURN



P1

Software ID

Jan. 1 - Dec. 31, 2019 or fiscal year beginning \_\_\_\_\_ and ending \_\_\_\_\_ 20\_\_

Name ● <b>EASY CORP, LLC</b>			Federal identification number ● <b>00-****13</b>	
Address ● <b>1357 COOPER STREET</b>			Type of business	
City ● <b>LITTLE ROCK</b>	State or province ● <b>AR</b>	ZIP ● <b>72203</b>	<input type="checkbox"/> Check if address is outside U.S. Foreign country name	Number of partners ● <b>2</b>

FILING STATUS: (CHECK ONLY ONE BOX)

1. Partnership operating only in Arkansas  
 2. Multistate Partnership - Apportionment  
 3. Multistate Partnership  
 Direct Accounting (Prior written approval required)  
 Non-Business Allocation Only

Type of entity

General Partnership  
  Limited Partnership  
  Limited Liability Company  
  Limited Liability Partnership  
  Other \_\_\_\_\_

Check applicable box

Initial Return  
  Amended Return  
  Final Return  
  Check this box if you have filed a state extension or an automatic federal extension

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

INCOME	(A) Total	(B) Arkansas
4. Gross receipts or sales: ..... 4	90,000 00	90,000 00
5. Cost of goods sold: ..... 5	10,000 00	10,000 00
6. Gross profit from business: ..... 6	80,000 00	80,000 00
7. Income from other partnerships or fiduciaries: (Attach schedule) ..... 7	00	00
8. Farm income: (Attach schedule) ..... 8	00	00
9. Net gain (or loss) from Form 4797: (Attach schedule) ..... 9	00	00
10. Other income: (Attach schedule) ..... 10	00	00
11. Total Income: (Add lines 6 through 10) ..... 11	80,000 00	80,000 00

DEDUCTIONS	(A) Total	(B) Arkansas
12. Salaries of employees: ..... 12	20,000 00	20,000 00
13. Guaranteed payments to partners: ..... 13	10,000 00	10,000 00
14. Rent on business property: ..... 14	00	00
15. Interest expense: ..... 15	00	00
16. Taxes: ..... 16	00	00
17. Bad debts: (Attach schedule) ..... 17	00	00
18. Repairs: ..... 18	00	00
19. Depreciation: (Attach schedule A part I) ..... 19	10,000 00	10,000 00
20. Depletion: (Attach schedule) ..... 20	00	00
21. Retirement plan, etc.: (Attach schedule) ..... 21	00	00
22. Other deductions: (Attach schedule) ..... 22	00	00
23. Total Deductions: (Add lines 12 through 22) ..... 23	40,000 00	40,000 00
24. Net Income or loss: (Subtract line 23 from line 11 or Schedule A part III, line 9) ..... 24	40,000 00	40,000 00

PARTNERS' SHARES OF INCOME						
NAME OF PARTNER	ADDRESS	CITY	STATE	ZIP	SSN / FEIN	INCOME
A. JOE COOPER	123 MAIN STREET, LITTLE ROCK, AR 72203				400-00-9917	20,000 00
B. JACK BOWER	125 2ND STREET, DALLAS, TX 75001				400-00-9927	20,000 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	
	Preparer's signature		Date	Check if self-employed <input type="checkbox"/>
Paid Preparer's use only	Firm's name (or yours if self-employed) and address		EIN	PTIN/ID number  May the Arkansas Revenue Agency discuss this return with the preparer? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
			Telephone	



FEIN: 00-\*\*\*\*\*13

**PART I: DEPRECIATION RECONCILIATION**

1. Total federal depreciation (Line 22 of federal Form 4562 and depreciation included elsewhere) .....	1	●	5,000	00
2. Less: Federal Form 4562, line 25 and line 14 bonus depreciation.....	2	●		00
3. Add or subtract Arkansas depreciation adjustment (Attach schedule).....	3	●	5,000	00
4. Arkansas total depreciation deduction.....	4	●	10,000	00
5. Less: Arkansas depreciation in cost of goods sold or elsewhere.....	5	●		00
6. Arkansas depreciation deduction (Enter here and on line 19, Form AR1050).....	6	●	10,000	00

**PART II: INCOME TO APPORTION**

1. Income (Enter amount from page 1, line 24, Total column).....	1	●	0	00
2. Add adjustments (Attach schedule).....	2	●		00
3. Deduct adjustments (Attach schedule).....	3	●		00
4. TOTAL APPORTIONABLE INCOME (Enter here and continue to part III).....	4	●	0	00



FEIN: 00-\*\*\*\*13

**PART III: APPORTIONMENT FACTOR**

NOTE: If all factors in Part III are 100%, do not complete Columns (A), (B), or (C). The return should be filed as a status 1, PARTNERSHIP OPERATING ONLY IN ARKANSAS and complete all appropriate lines on page 1 of Form AR1050.

	(A) Amounts in Arkansas	(B) Total Amounts	(C) Percentage (A)÷(B)
<b>1. Property used in the production of business income:</b>			
<b>a. Tangible assets used in business and inventories</b>			
Less construction in progress			
1. Amount at the beginning of year..... 1	00	1 00	(Calculate to 6 places to the right of decimal. Fill in all spaces)
2. Amount at the end of year..... 2	00	2 00	
3. Total: (Add lines a1 and a2)..... 3	00	3 00	
4. Average tangible assets: (Line a3 divided by 2)..... 4	00	4 00	
b. Rented property: (8 X net annual rent)..... b	00	b 00	(EXAMPLE)
c. Average value of intangible property: (For financial institutions only - attach schedule)..... c	00	c 00	
d. TOTAL PROPERTY: (Add Lines a4, b and c)..... d	00	d 00	%
<b>2. Salaries, wages, commissions and other compensation related to the production of income:</b>			
a. TOTAL: .....	00	a 00	%
<b>3. Sales / receipts:</b>			
a. Destination shipped from within Arkansas: .....	00		
b. Destination shipped from without Arkansas: .....	00		
c. Origin shipped from within Arkansas to U. S. Govt: .....	00		
d. Origin shipped from within Arkansas to Other non-taxable jurisdictions: .....	00		
e. Other business gross receipts: .....	00		
(Interest, dividends, rents, gains, etc. Attach schedule)			
f. TOTAL SALES: (Add lines 3a through 3e)..... f	00	f 00	%
g. Multiply column C, line 3f by 2 to doubleweight the sales factor (Financial Institutions must use single weighted factor)..... g			%
4. Sum of the percentages: (Single weighted: Add column C, lines 1d, 2a and 3f) (Double weighted: Add column C, lines 1d, 2a and 3g)..... 4			%
*5. Percentage attributable to Arkansas: ..... Line 4	%	Divided by* <input type="text"/>	= 5 <input type="text"/> %
*For Part III, line 5, divide line 4 by the number of entries other than zero which you make on Part III, column B, lines (1d), (2a), and (3f). Note: An entry other than zero in part III, column B, line 3f, counts as two (2) entries.			
6. Income apportioned to Arkansas: (Multiply part II, line 4 by line 5) .....			00
7. Add adjustments: (Attach schedule) .....			00
8. Deduct adjustments: (Attach schedule) .....			00
9. Income: (Enter here and on page 1, line 24, Arkansas column) .....			00



FEIN: 00-\*\*\*\*13

**PART I: INCOME (LOSS)**

	Total			Arkansas	
1. Ordinary business income (loss) (Page 1, line 24).....	1	40,000 00	1	40,000 00	
2. Net rental real estate income (loss) (Attach federal Form 8825).....	2	10,000 00	2	10,000 00	
3a. Other gross rental income (loss).....	3a	00	3a	00	
b. Expenses from other rental activities (Attach statement).....	3b	00	3b	00	
c. Other net rental income (loss) (Subtract line 3b from line 3a).....	3c	00	3c	00	
4. Interest income.....	4	5,000 00	4	5,000 00	
5. Dividends:.....	5	5,000 00	5	5,000 00	
6. Royalties.....	6	00	6	00	
7. Net short-term capital gain (loss) (Attach federal Schedule D (Form 1065)).....	7	00	7	00	
8. Net long-term capital gain (loss) (Attach federal Schedule D (Form 1065)).....	8	00	8	00	
9. Unrecaptured section 1250 gain (Attach statement).....	9	00	9	00	
10. Net section 1231 gain (loss) (Attach federal Form 4797).....	10	00	10	00	
11. Other income (loss) (See Instructions) Type _____.....	11	00	11	00	
12. Guaranteed Payments.....	12	10,000 00	12	10,000 00	

**PART II: DEDUCTIONS**

13. Section 179 deduction (Attach federal Form 4562).....	13	00	13	00
14. Cash charitable contributions.....	14	00	14	00
15. Non-cash charitable contributions.....	15	00	15	00
16. Other deductions (See instructions) Type _____.....	16	00	16	00

**PART III: OTHER INFORMATION**

17a. Tax-exempt interest income.....	17a	00	17a	00
b. Other tax-exempt income.....	17b	00	17b	00
c. Nondeductible expenses.....	17c	00	17c	00
18a. Distributions of cash and marketable securities.....	18a	00	18a	00
b. Distributions of other property.....	18b	00	18b	00
19a. Investment income.....	19a	00	19a	00
b. Investment expenses.....	19b	00	19b	00
c. Other items and amounts (Attach statement).....	19c		19c	

**ANALYSIS OF NET INCOME (LOSS)**

1. Net income (loss) (Combine Schedule K, lines 1 through 12. From the result, subtract the sum of Schedule K, lines 13 through 16).....	1	70,000 00	1	70,000 00
--	---	-----------	---	-----------

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





FEIN: 00-\*\*\*\*\*13

- 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 page 1, line 5): .....	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. ....				
<b>TOTAL ASSETS. ....</b>				
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. ....				
<b>TOTAL LIABILITIES AND CAPITAL. ....</b>				

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



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

Software ID

Tax year beginning \_\_\_\_\_, 20\_\_\_\_ and ending \_\_\_\_\_, 20\_\_\_\_

<input type="checkbox"/> Final K-1 <input type="checkbox"/> Amended K-1	<b>Part III Arkansas Shareholder or Partner's Share of Current Year Income, Deductions, Credits, and Other Items</b>																	
<input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Partnership	<b>Distributive share allocated and apportioned to Arkansas</b>	<b>Distributive share to be reported by Arkansas Residents</b>																
<b>Part I Information About the Corporation or Partnership</b>	1a Ordinary income (loss) <b>20,000</b>	1b Ordinary income (loss) <b>20,000</b>																
A Identification Number  <b>00-*****13</b>	2a Net rental real estate income (loss) <b>5,000</b>	2b Net rental real estate income (loss) <b>5,000</b>																
B Name, Address, City, State, Zip Code  <b>EASY CORP, LLC 1357 COOPER STREET LITTLE ROCK, AR 72203</b>	3a Other net rental income (loss)	3b Other net rental income (loss)																
	4a Interest income <b>2,500</b>	4b Interest income <b>2,500</b>																
	5a Dividends <b>2,500</b>	5b Dividends <b>2,500</b>																
	6a Royalties	6b Royalties																
<b>Part II Information About the Shareholder or Partner</b>	7a Net short-term capital gain (loss)	7b Net short-term capital gain (loss)																
C Identification Number  <b>400-00-9917</b>	8a Net long-term capital gain (loss)	8b Net long-term capital gain (loss)																
D Name, Address, City, State, Zip Code  <b>JOE COOPER 123 MAIN STREET LITTLE ROCK, AR 72203</b>	9a Unrecaptured Section 1250 gain	9b Unrecaptured Section 1250 gain																
	10a Net Section 1231 gain (loss)	10b Net Section 1231 gain (loss)																
	11a Other income (loss)*	11b Other income (loss)*																
	12a Guaranteed payments <b>5,000</b>	12b Guaranteed payments <b>5,000</b>																
E Arkansas resident <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No  If a nonresident, provide state of legal residence. _____	13a Section 179 deduction	13b Section 179 deduction																
F Shareholder's Percentage of Stock Ownership for Tax Year _____ %	14a Other deductions*	14b Other deductions*																
G Partner's Share of Profit, Loss, and Capital:  <table style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:10%;"></th> <th style="width:30%; text-align: center;">Beginning</th> <th style="width:30%; text-align: center;">Ending</th> <th style="width:30%;"></th> </tr> </thead> <tbody> <tr> <td>Profit</td> <td style="text-align: right;">50.000000 %</td> <td style="text-align: right;">50.000000 %</td> <td></td> </tr> <tr> <td>Loss</td> <td style="text-align: right;">50.000000 %</td> <td style="text-align: right;">50.000000 %</td> <td></td> </tr> <tr> <td>Capital</td> <td style="text-align: right;">50.000000 %</td> <td style="text-align: right;">50.000000 %</td> <td></td> </tr> </tbody> </table>		Beginning	Ending		Profit	50.000000 %	50.000000 %		Loss	50.000000 %	50.000000 %		Capital	50.000000 %	50.000000 %		15a Credits	15b Credits
		Beginning	Ending															
	Profit	50.000000 %	50.000000 %															
Loss	50.000000 %	50.000000 %																
Capital	50.000000 %	50.000000 %																
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ARKANSAS INCOME TAX  
OWNER'S SHARE OF INCOME, DEDUCTIONS, CREDITS, ETC.

Software ID

Tax year beginning \_\_\_\_\_, 20\_\_\_\_ and ending \_\_\_\_\_, 20\_\_\_\_

<input type="checkbox"/> Final K-1 <input type="checkbox"/> Amended K-1	<b>Part III Arkansas Shareholder or Partner's Share of Current Year Income, Deductions, Credits, and Other Items</b>																	
<input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Partnership	<b>Distributive share allocated and apportioned to Arkansas</b>	<b>Distributive share to be reported by Arkansas Residents</b>																
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A Identification Number <b>00-****13</b>	2a Net rental real estate income (loss) <b>5,000</b>	2b Net rental real estate income (loss)																
B Name, Address, City, State, Zip Code <b>EASY CORP, LLC 1357 COOPER STREET LITTLE ROCK, AR 72203</b>	3a Other net rental income (loss)	3b Other net rental income (loss)																
	4a Interest income <b>2,500</b>	4b Interest income																
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<b>Part II Information About the Shareholder or Partner</b>	8a Net long-term capital gain (loss)	8b Net long-term capital gain (loss)																
C Identification Number <b>400-00-9927</b>	9a Unrecaptured Section 1250 gain	9b Unrecaptured Section 1250 gain																
D Name, Address, City, State, Zip Code <b>JACK BOWER 125 2ND STREET DALLAS, TX 75001</b>	10a Net Section 1231 gain (loss)	10b Net Section 1231 gain (loss)																
	11a Other income (loss)*	11b Other income (loss)*																
	12a Guaranteed payments <b>5,000</b>	12b Guaranteed payments																
	13a Section 179 deduction	13b Section 179 deduction																
	14a Other deductions*	14b Other deductions*																
	15a Credits	15b Credits																
E Arkansas resident <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If a nonresident, provide state of legal residence. <b>TX</b>	16a Items affecting shareholder basis	16b Items affecting shareholder basis																
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		Beginning		Ending														
	Profit	50.000000 %		50.000000 %														
Loss	50.000000 %		50.000000 %															
Capital	50.000000 %		50.000000 %															
H Arkansas Apportionment Percentage:  <b>100.000000 %</b>	19a Distributions	19b Distributions																
* Attach statement with additional information	20a Arkansas withholding or other payments																	

# Fiduciary Income Tax Returns

## Arkansas Test Case 14

**Required Forms:** AR1002F, AR4FID, AR1002-TC, AR K-1FE & AR1099-PT

**Name of estate or trust:** Savannah's Trust

**FEIN:** 00-\*\*\*\*\*14

**AR Tax Payment:**

**Routing Number:** 265270413

**Account Number:** 6695427

**Requested Payment Date:** 04/15/20

**Amount Debited:** \$68.00

**Estimated Tax Payments:**

**Routing Number:** 265270413

**Account Number:** 6695427

**Voucher 1:**

**Requested Payment Date:** 04/15/20

**Amount Debited:** \$500.00

**Voucher 2:**

**Requested Payment Date:** 06/15/20

**Amount Debited:** \$300.00

**Voucher 3:**

**Requested Payment Date:** 09/15/20

**Amount Debited:** \$800.00

**Voucher 4:**

**Requested Payment Date:** 01/15/21

**Amount Debited:** \$600.00

# 2019 AR1002F



• 2019

## ARKANSAS FIDUCIARY INCOME TAX RETURN

Software ID

For 2019 or fiscal year beginning \_\_\_\_\_ and ending \_\_\_\_\_ 20 \_\_\_\_\_

Name of estate or trust <b>• SAVANNAH'S TRUST</b>			Federal identification number <b>• 00-****14</b>		Type of entity: Decedent's estate <input type="checkbox"/> Simple trust <input type="checkbox"/> Complex trust <input checked="" 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 <b>• ANTONIO COOK</b>			Date trust created <b>01/01/2006</b>		
Mailing address <b>• P O BOX 267</b>			<input checked="" type="checkbox"/> State or federal extension filed		
City <b>• SCOTT</b>	State or province <b>• AR</b>	ZIP <b>• 72142</b>	<input type="checkbox"/> Check if address is outside U.S. Foreign country		

<input checked="" type="checkbox"/> INITIAL RETURN		<input type="checkbox"/> AMENDED RETURN		<input type="checkbox"/> FINAL RETURN		<b>A. ALL INCOME</b>		<b>B. ARKANSAS INCOME</b>	
Income	1. Interest income: .....	1	14	00	1	14	00		
	2. Ordinary dividends: .....	2	16,493	00	2	16,493	00		
	3. Net profit from trade or business: (Attach schedule) .....	3		00	3		00		
	4. Capital gains: (See instructions) .....	4	15,543	00	4	15,543	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	32,050	00	8	32,050	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	6,759	00	13	6,759	00		
	14. Total deductions: (Add lines 9 through 13) .....	14	6,759	00	14	6,759	00		
	15. Adjusted income before distributions: (Subtract line 14 from line 8) .....	15	25,291	00	15	25,291	00		
16. Amounts to be distributed to beneficiaries: .....	16	9,003	00	16	9,003	00			
17. Adjusted income after distributions: (Subtract line 16 from line 15) .....	17	16,288	00	17	16,288	00			
18. Standard deduction: .....	18			18	\$2,200	00			
19. NET TAXABLE INCOME: (Subtract line 18 from line 17) .....	19			19	14,088	00			
20. TOTAL TAX: Enter tax from REGULAR TAX TABLE using the amount on line 19, column B: .....	20			20	240	00			
21. Personal tax credit: .....	21	\$26	00						
22. Other tax credit: (Attach AR1002-TC) .....	22	134	00						
23. TOTAL CREDITS: (Add lines 21 through 22) .....	23			23	160	00			
24. NON ESBT NET TAX: (Subtract line 23 from line 20) .....	24			24	80	00			
24A. ESBT NET TAX: (Attach schedule) .....	24A			24A		00			
24B. TOTAL NET TAX: (Add lines 24 and 24A) .....	24B			24B	80	00			
Tax and Payments	25. Arkansas income tax withheld: (Attach AR1099PT and/or 1099R) .....	25	12	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	12	00					
	30. Overpayments received: (See instructions) .....	30		00					
	31. NET PAYMENTS: (Subtract line 30 from line 29) .....	31			31	12	00		
	32. Amount of overpayment: (If line 31 is greater than line 24B, enter difference) .....	32			32		00		
	33. Amount to be applied to 2020 estimated tax: .....	33		00					
	34. AMOUNT TO BE REFUNDED TO YOU: (Subtract line 33 from line 32) .....	34			34		00		
35. AMOUNT DUE: (If line 31 is less than line 24B, enter difference) .....	35			35	68	00			
36. Attach Form AR2210 or AR2210A. If required, enter exception in box 36A <input type="checkbox"/> Penalty 36B <input type="checkbox"/> .....						00			
<b>Pay Online: Please visit our secure site ATAP (Arkansas Taxpayer Access Point) at <a href="http://www.atap.arkansas.gov">www.atap.arkansas.gov</a></b>						36C	68	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 checked="" 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	28,971	00	28,971	00	28,971	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			28,971	00	28,971	00
4. Enter federal net short-term capital loss, if any, reported on line 7, federal Schedule D, Form 1041 .....4		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			28,971	00	28,971	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			28,971	00	28,971	00
8. Arkansas taxable amount, if a gain multiply line 7b by 50 percent (.50), otherwise enter loss.....8			14,486	00	14,486	00
9. Enter federal short-term capital gain, if any, reported on line 7, federal Schedule D, Form 1041.....9	1,058	00	1,058	00	1,058	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			1,058	00	1,058	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			15,543	00	15,543	00

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

Beneficiaries' share of income: <b>9,003</b>				Number of beneficiaries who received distributions: <b>1</b>		
FIRST AND LAST NAME or NAME OF ESTATE OR TRUST	SSN/FEIN	ADDRESS	ST	ZIP	AMOUNT	
<b>ETHEL BLUE</b>	<b>400-00-9910</b>	<b>23 ARKANSAS LANE</b>	<b>AR</b>	<b>71901</b>	<b>9,003</b>	<b>00</b>
						00
						00
						00
						00
<b>Refund:</b>		Arkansas State Income Tax P.O. Box 1000 Little Rock, AR 72203-1000		<b>Tax Due/No Tax:</b>		Arkansas State Income Tax P.O. Box 2144 Little Rock, AR 72203-2144



ARKANSAS FIDUCIARY INCOME TAX  
INTEREST AND DIVIDENDS

Name of estate or trust <b>SAVANNAH'S TRUST</b>	Federal identification number <b>00-*****14</b>
--	--

PART I - TAXABLE INTEREST

Interest on bank deposits, notes, mortgages from individuals, corporation bonds, savings and loan deposits, and credit union deposits are taxable. Interest on obligations of other states and subdivisions are fully taxable.

NAME OF PAYER	All Income	Arkansas Only
<b>BLOSSOM LLC</b>	<b>14</b> 00	<b>14</b> 00
	00	00
	00	00
	00	00
	00	00
	00	00
	00	00
	00	00
	00	00
	00	00
	00	00
Add the amounts listed and enter the total here and on line 1, Form AR1002F/ AR1002NR.	<b>14</b> 00	<b>14</b> 00

PART II - TAXABLE DIVIDENDS

Dividends and other distributions on stock are fully taxable. There is no dividend exclusion applicable to Arkansas.

NAME OF PAYER	All Income	Arkansas Only
<b>WELLS SERVICES INC</b>	<b>8,000</b> 00	<b>8,000</b> 00
<b>SPRINGDALE LTD</b>	<b>8,493</b> 00	<b>8,493</b> 00
	00	00
	00	00
	00	00
	00	00
	00	00
	00	00
	00	00
	00	00
Add the amounts listed and enter the total here and on line 2, Form AR1002F/ AR1002NR.	<b>16,493</b> 00	<b>16,493</b> 00





ARKANSAS FIDUCIARY INCOME TAX TAX CREDITS

Primary taxpayer's name/ trust (fiduciary) SAVANNAH'S TRUST
Primary's social security number/ FEIN (fiduciary) 00-\*\*\*\*14

IMPORTANT: SEE INSTRUCTIONS ON REVERSE SIDE OF THIS FORM

1. Other state tax credit: [Attach copy of other state tax return(s)] 1 • 59 00

If certificate is issued to an individual, leave FEIN box below blank.

2A. BIC Code 0048 FEIN Amount 75 00
2B. BIC Code FEIN Amount 00
2C. BIC Code FEIN Amount 00

2. Business incentive tax credit(s): (Add amounts from 2A to 2C) 2 • 75 00

3. TOTAL CREDITS: Add lines 1 through 2. Enter total on line 22, Form AR1002F/AR1002NR 3 134 00

BUSINESS INCENTIVE CREDIT TYPES

- Code Credit Type
0001...Advantage Arkansas
0002...Affordable Housing
0003...AR Plus
0004...AR Plus 50% Technology-Based
0005...AR Plus 75% Technology-Based
0006...AR Plus 100% Technology-Based
0008...Capital Development Company
0009...Child Care Facility
0010...Coal Mining Producing and Extracting
0011...Delta Geotourism
0013...Enterprise Zone
0014...Equipment Donation/Sale
0015...Equity Investment Incentive
0016...Existing Workforce Training
0017...Family Savings Initiative Act
0018...Historic Rehabilitation
0019...Low Income Housing
0020...Public Roads Incentive
0021...Research Park Authority
0022...Research and Development with Universities
0023...In-House Research Income Tax Credit
0024...In-House Research by Targeted Business Income Tax Credit
0025...In-House Research Area of Strategic Value Income Tax Credit
0026...Qualified Research
0028...Tourism Development
0029...Tuition Reimbursement Program
0030...Targeted Business Payroll
0031...Venture Capital Investment
0032...Youth Apprenticeship
0033...Youth Apprenticeship Work Base Learning
0034...Waste Reduction, Reuse or Recycle Equipment
0035...Water Impounded Outside Critical
0036...Water Impounded Within Critical
0037...Water Surface Outside Critical
0038...Water Surface Inside Critical
0039...Water Surface Inside Critical-Industrial or Commercial
0040...Water Land Leveling
0041...Wetland Riparian Zone Creation/Restoration
0042...Wetland Riparian Zone Conservation
0043...Central Business Improvement District Rehab and Dev
0044...Biodiesel Incentive Credit
0045...Recycle Equipment for Steel Manufacturer
0046...Recycle-Steel Manufacturer Amendment 82 Project Act 862
0047...Recycle-Expansion Project Act 1046
0048...Recycle-Steel Manufacturing Specialty Products Facility \$4M Act 1046
0049...Recycle-Steel Manufacturing Specialty Products Facility \$5M Act 1046
0050...Recycle-Steel Manufacturing Specialty Products Facility \$6.5M Act 1046
0051...Apprenticeship Program
0052...Major Historic Rehabilitation
0053...Delta Music Trail



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

Software ID

Tax year beginning \_\_\_\_\_, 20\_\_\_\_ and ending \_\_\_\_\_, 20\_\_\_\_

<input type="checkbox"/> Final K-1FE <input type="checkbox"/> Amended K-1FE	<b>Part III Beneficiary's Share of Current Year Income, Deductions, Credits, and Other Items</b>	
<input type="checkbox"/> Estate <input checked="" type="checkbox"/> Trust	<b>Distributive share allocated and apportioned to Arkansas</b>	<b>Distributive share to be reported by Arkansas Residents</b>
<b>Part I Information About the Estate or Trust</b>	1a Interest income	1b Interest income
A Identification Number	<b>7</b>	<b>7</b>
A Identification Number	2a Ordinary dividends	2b Ordinary dividends
<b>00-****14</b>	<b>8,996</b>	<b>8,996</b>
B Name, Address, City, State, Zip Code	3a Business income	3b Business income
<b>SAVANNAH'S TRUST P O BOX 267 SCOTT, AR 72142</b>	4a Rents, royalties, partnerships, S corps, estates and trusts, etc.	4b Rents, royalties, partnerships, S corps, estates and trusts, etc.
<b>Part II Information About the Beneficiary</b>	5a Farm income	5b Farm income
C Identification Number	6a Net short-term capital gain (loss)	6b Net short-term capital gain (loss)
<b>400-00-9910</b>	7a Net long-term capital gain (loss)	7b Net long-term capital gain (loss)
D Name, Address, City, State, Zip Code	8a Unrecaptured Section 1250 gain	8b Unrecaptured Section 1250 gain
<b>ETHEL BLUE 23 ARKANSAS LANE HOT SPRINGS, AR 71903</b>	9a Net Section 1231 gain (loss)	9b Net Section 1231 gain (loss)
E Arkansas resident <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	10a Other income (loss)*	10b Other income (loss)*
If a nonresident, provide state of legal residence. _____	11a Depreciation	11b Depreciation
F Beneficiary's Percentage of Allocated Income for	12a Other deductions*	12b Other deductions*
Tax Year <u>100.00000</u> %	13a Other information*	13b Other information*
	14a Credits	14b Credits
	15a Tax-exempt income and nondeductible expenses	15b Tax-exempt income and nondeductible expenses
	16a Distributions	16b Distributions
	17 Arkansas withholding and other payments	
* Attach statement with additional information		

AR1099PT

STATE OF ARKANSAS  
INFORMATION RETURN  
Report of Income Tax Withheld or Paid  
on Behalf of Nonresident Member



Tax Year End of Pass Through Entity 12/31/2019  
mm/dd/yyyy

Part A: Pass - Through Entity Information		Part B: Nonresident Member Information	
Name of Entity: FIDUCIARY PARTNERS		Name: SAVANNAH'S TRUST	
Type of Ownership: (if other, please provide statement of ownership type) <input type="checkbox"/> Partnership <input type="checkbox"/> C Corp. <input checked="" type="checkbox"/> S Corp. <input type="checkbox"/> LLC <input type="checkbox"/> Trust <input type="checkbox"/> Other		Type of Ownership: (if other, please provide statement of ownership type) <input type="checkbox"/> Partnership <input type="checkbox"/> C Corp. <input type="checkbox"/> S Corp. <input type="checkbox"/> LLC <input checked="" type="checkbox"/> Trust <input type="checkbox"/> Individual <input type="checkbox"/> Other	
Federal Identification Number: 00-****125		Social Security Number or Federal Identification Number of Member: 00-*****14	
Street Address: 2210 ARKANSAS DRIVE		Street Address: P O BOX 267	
City, State, ZIP: RUSSELLVILLE, AR 71802		City, State, ZIP: SCOTT, AR 72142	
Part C: Distribution and Tax Withholding or Payment Information for Nonresident Member			
Total Amounts Distributed from Arkansas Sources: \$5,000	Arkansas Income Tax Withheld: \$12	Arkansas Income Tax Paid on AR1000CR:	

## Arkansas Test Case 15

**Required Forms:** AR1002F & AR4FID

**Name of estate or trust:** Don and Mary Horseshoe Trust

**FEIN:** 00-\*\*\*\*\*15

# 2019 AR1002F



# •2019

## ARKANSAS FIDUCIARY INCOME TAX RETURN

Software ID

For 2019 or fiscal year beginning \_\_\_\_\_ and ending \_\_\_\_\_ 20 \_\_\_\_\_

Name of estate or trust • <b>DON AND MARY HORSESHOE TRUST</b>			Federal identification number • <b>00-****15</b>		Type of entity: Decedent's estate <input type="checkbox"/> Simple trust <input type="checkbox"/> Complex trust <input checked="" 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 • <b>JOHN SADDLEBACK</b>			Date trust created <b>01/01/2006</b>		
Mailing address • <b>P O BOX 9645</b>			<input type="checkbox"/> State or federal extension filed <input type="checkbox"/> Check if address is outside U.S. Foreign country		
City • <b>BENTON</b>	State or province • <b>AR</b>	ZIP • <b>72015</b>			

<input checked="" type="checkbox"/> INITIAL RETURN    • <input type="checkbox"/> AMENDED RETURN    • <input type="checkbox"/> FINAL RETURN			<b>A. ALL INCOME</b>		<b>B. ARKANSAS INCOME</b>		
Income	1. Interest income: .....	1	119	00	1	119	00
	2. Ordinary dividends: .....	2	5,616	00	2	5,616	00
	3. Net profit from trade or business: (Attach schedule) .....	3		00	3		00
	4. Capital gains: (See instructions) .....	4	9,905	00	4	9,905	00
	5. Rents, royalties, partnerships, other estates and trusts, etc: (Attach schedule) .....	5	61	00	5	61	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	15,701	00	8	15,701	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	760	00	12	760	00
	13. Other deductions: .....	13		00	13		00
	14. Total deductions: (Add lines 9 through 13) .....	14	760	00	14	760	00
	15. Adjusted income before distributions: (Subtract line 14 from line 8) .....	15	14,941	00	15	14,941	00
16. Amounts to be distributed to beneficiaries: .....	16		00	16		00	
17. Adjusted income after distributions: (Subtract line 16 from line 15) .....	17	14,941	00	17	14,941	00	
18. Standard deduction: .....	18			18	2,200	00	
19. NET TAXABLE INCOME: (Subtract line 18 from line 17) .....	19			19	12,741	00	
20. TOTAL TAX: Enter tax from REGULAR TAX TABLE using the amount on line 19, column B: .....	20			20	200	00	
21. Personal tax credit: .....	21		26	00			
22. Other tax credit: (Attach AR1002-TC) .....	22			00			
23. TOTAL CREDITS: (Add lines 21 through 22) .....	23			23	26	00	
24. NON ESBT NET TAX: (Subtract line 23 from line 20) .....	24			24	174	00	
24A. ESBT NET TAX: (Attach schedule) .....	24A			24A		00	
24B. TOTAL NET TAX: (Add lines 24 and 24A) .....	24B			24B	174	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	1,000	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	1,000	00			
	30. Overpayments received: (See instructions) .....	30		00			
	31. NET PAYMENTS: (Subtract line 30 from line 29) .....	31			31	1,000	00
	32. Amount of overpayment: (If line 31 is greater than line 24B, enter difference) .....	32			32	826	00
	33. Amount to be applied to 2020 estimated tax: .....	33		75	00		
	34. AMOUNT TO BE REFUNDED TO YOU: (Subtract line 33 from line 32) .....	34			34	751	00
	35. AMOUNT DUE: (If line 31 is less than line 24B, enter difference) .....	35			35		00
36. Attach Form AR2210 or AR2210A. If required, enter exception in box 36A • <input type="checkbox"/> Penalty 36B • <input type="checkbox"/>						00	
<b>Pay Online: Please visit our secure site ATAP (Arkansas Taxpayer Access Point) at <a href="http://www.atap.arkansas.gov">www.atap.arkansas.gov</a></b>					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.			May the Arkansas Revenue Agency discuss this return with the preparer? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Fiduciary/trustee's signature _____		Date _____		For Department Use Only A _____
Preparer's signature _____		Date _____		
Name _____		PTIN/ID number • _____		
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	20,851	00	20,851	00	20,851	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			20,851	00	20,851	00
4. Enter federal net short-term capital loss, if any, reported on line 7, federal Schedule D, Form 1041 .....4	-1,041	00	-1,041	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			-1,041	00	-1,041	00
7a. Arkansas net capital gain or loss (Combine lines 3 and 6).....7a			19,810	00	19,810	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			19,810	00	19,810	00
8. Arkansas taxable amount, if a gain multiply line 7b by 50 percent (.50), otherwise enter loss.....8			9,905	00	9,905	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			9,905	00	9,905	00

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

Beneficiaries' share of income: <b>0</b>				Number of beneficiaries who received distributions: <b>0</b>			
FIRST AND LAST NAME or NAME OF ESTATE OR TRUST	SSN/FEIN	ADDRESS	ST	ZIP	AMOUNT		
						00	
						00	
						00	
						00	
						00	

<b>Refund:</b> Arkansas State Income Tax P.O. Box 1000 Little Rock, AR 72203-1000	<b>Tax Due/No Tax:</b> Arkansas State Income Tax P.O. Box 2144 Little Rock, AR 72203-2144
--	--



ARKANSAS FIDUCIARY INCOME TAX  
INTEREST AND DIVIDENDS

Name of estate or trust <b>DON AND MARY HORSESHOE TRUST</b>	Federal identification number <b>00-*****15</b>
--	--

PART I - TAXABLE INTEREST

Interest on bank deposits, notes, mortgages from individuals, corporation bonds, savings and loan deposits, and credit union deposits are taxable. Interest on obligations of other states and subdivisions are fully taxable.

NAME OF PAYER	All Income	Arkansas Only
<b>GOLD COIN</b>	<b>17</b> 00	<b>17</b> 00
<b>REICH IDEA</b>	<b>71</b> 00	<b>71</b> 00
<b>SIM FIR</b>	<b>31</b> 00	<b>31</b> 00
	00	00
	00	00
	00	00
	00	00
	00	00
	00	00
	00	00
Add the amounts listed and enter the total here and on line 1, Form AR1002F/ AR1002NR.	<b>119</b> 00	<b>119</b> 00

PART II - TAXABLE DIVIDENDS

Dividends and other distributions on stock are fully taxable. There is no dividend exclusion applicable to Arkansas.

NAME OF PAYER	All Income	Arkansas Only
<b>SIM FIR</b>	<b>5,616</b> 00	<b>5,616</b> 00
	00	00
	00	00
	00	00
	00	00
	00	00
	00	00
	00	00
	00	00
	00	00
Add the amounts listed and enter the total here and on line 2, Form AR1002F/ AR1002NR.	<b>5,616</b> 00	<b>5,616</b> 00

## Arkansas Test Case 16

**Required Forms:** AR1002F, AR1002-TC & AR4FID

**Name of estate or trust:** Bella Rosa Trust

**FEIN:** 00-\*\*\*\*\*16



# 2019 AR1002F



# •2019

## ARKANSAS FIDUCIARY INCOME TAX RETURN

Software ID

For 2019 or fiscal year beginning \_\_\_\_\_ and ending \_\_\_\_\_ 20 \_\_\_\_\_

Name of estate or trust ● <b>BELLA ROSA TRUST</b>			Federal identification number ● <b>00-****16</b>		Type of entity: Decedent's estate <input type="checkbox"/> Simple trust <input type="checkbox"/> Complex trust <input checked="" type="checkbox"/> ESBT <input checked="" 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 ● <b>TIFFANY SMITH</b>			Date trust created <b>01/01/2015</b>		
Mailing address ● <b>P O BOX 1072</b>			<input type="checkbox"/> State or federal extension filed <input type="checkbox"/> Check if address is outside U.S. Foreign country		
City ● <b>SCOTT</b>	State or province ● <b>AR</b>	ZIP ● <b>72142</b>			

<input type="checkbox"/> INITIAL RETURN    ● <input type="checkbox"/> AMENDED RETURN    ● <input type="checkbox"/> FINAL RETURN			<b>A. ALL INCOME</b>		<b>B. ARKANSAS INCOME</b>	
Income	1. Interest income: ..... 1	<b>10,000</b>	00	1	<b>10,000</b>	00
	2. Ordinary dividends: ..... 2	<b>5,000</b>	00	2	<b>5,000</b>	00
	3. Net profit from trade or business: (Attach schedule) ..... 3		00	3		00
	4. Capital gains: (See instructions) ..... 4	<b>-3,000</b>	00	4	<b>-3,000</b>	00
	5. Rents, royalties, partnerships, other estates and trusts, etc: (Attach schedule) ..... 5	<b>20,000</b>	00	5	<b>20,000</b>	00
	6. Farm income: (Attach schedule) ..... 6		00	6		00
	7. Other income: ..... 7	<b>5,000</b>	00	7	<b>5,000</b>	00
	8. TOTAL INCOME: (Add lines 1 through 7) ..... 8	<b>37,000</b>	00	8	● <b>37,000</b>	00
Deductions	9. Taxes: ..... 9	<b>4,000</b>	00	9	<b>4,000</b>	00
	10. Interest: ..... 10		00	10		00
	11. Charitable contributions: ..... 11	<b>5,000</b>	00	11	<b>5,000</b>	00
	12. Fees: (Fiduciary/attorney/accountant/preparer) ..... 12	<b>3,000</b>	00	12	<b>3,000</b>	00
	13. Other deductions: ..... 13		00	13		00
	14. Total deductions: (Add lines 9 through 13) ..... 14	<b>12,000</b>	00	14	● <b>12,000</b>	00
	15. Adjusted income before distributions: (Subtract line 14 from line 8) ..... 15	<b>25,000</b>	00	15	<b>25,000</b>	00
	16. Amounts to be distributed to beneficiaries: ..... 16		00	16	●	00
	17. Adjusted income after distributions: (Subtract line 16 from line 15) ..... 17	<b>25,000</b>	00	17	<b>25,000</b>	00
18. Standard deduction: ..... 18			18	<b>\$2,200</b>	00	
19. NET TAXABLE INCOME: (Subtract line 18 from line 17) ..... 19			19	<b>22,800</b>	00	
20. TOTAL TAX: Enter tax from REGULAR TAX TABLE using the amount on line 19, column B: ..... 20			20	<b>721</b>	00	
21. Personal tax credit: ..... 21	<b>\$26</b>	00				
22. Other tax credit: (Attach AR1002-TC) ..... 22	● <b>100</b>	00				
23. TOTAL CREDITS: (Add lines 21 through 22) ..... 23			23	● <b>126</b>	00	
24. NON ESBT NET TAX: (Subtract line 23 from line 20) ..... 24			24	● <b>595</b>	00	
24A. ESBT NET TAX: (Attach schedule) ..... 24A			24A	● <b>3,000</b>	00	
24B. TOTAL NET TAX: (Add lines 24 and 24A) ..... 24B			24B	● <b>3,595</b>	00	
Tax and Payments	25. Arkansas income tax withheld: (Attach AR1099PT and/or 1099R) ..... 25	● <b>100</b>	00			
	26. Estimated tax paid or credit brought forward from last year: ..... 26	● <b>4,000</b>	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	<b>4,100</b>	00			
	30. Overpayments received: (See instructions) ..... 30	●	00			
	31. NET PAYMENTS: (Subtract line 30 from line 29) ..... 31			31	● <b>4,100</b>	00
	32. Amount of overpayment: (If line 31 is greater than line 24B, enter difference) ..... 32			32	● <b>505</b>	00
	33. Amount to be applied to 2020 estimated tax: ..... 33	● <b>100</b>	00			
	34. AMOUNT TO BE REFUNDED TO YOU: (Subtract line 33 from line 32) ..... 34			34	● <b>405</b>	00
	35. AMOUNT DUE: (If line 31 is less than line 24B, enter difference) ..... 35			35	●	00
	36. Attach Form AR2210 or AR2210A. If required, enter exception in box 36A ● <input type="checkbox"/> Penalty 36B ● <input type="checkbox"/>					
<b>Pay Online: Please visit our secure site ATAP (Arkansas Taxpayer Access Point) at www.atap.arkansas.gov</b>					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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Preparer's signature _____	Date _____	
Name _____	PTIN/ID number ● _____	For Department Use Only A <input type="checkbox"/>
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	-10,000	00	-10,000	00	-10,000	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			-10,000	00	-10,000	00
4. Enter federal net short-term capital loss, if any, reported on line 7, federal Schedule D, Form 1041 .....4		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			0	00	0	00
7a. Arkansas net capital gain or loss (Combine lines 3 and 6).....7a			-10,000	00	-10,000	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			-10,000	00	-10,000	00
8. Arkansas taxable amount, if a gain multiply line 7b by 50 percent (.50), otherwise enter loss.....8			-10,000	00	-10,000	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			0	00	0	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			-3,000	00	-3,000	00

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

Beneficiaries' share of income: <b>0</b>				Number of beneficiaries who received distributions: <b>0</b>			
FIRST AND LAST NAME or NAME OF ESTATE OR TRUST	SSN/FEIN	ADDRESS	ST	ZIP	AMOUNT		
						00	
						00	
						00	
						00	
						00	

<b>Refund:</b> Arkansas State Income Tax P.O. Box 1000 Little Rock, AR 72203-1000	<b>Tax Due/No Tax:</b> Arkansas State Income Tax P.O. Box 2144 Little Rock, AR 72203-2144
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ARKANSAS FIDUCIARY INCOME TAX TAX CREDITS

Primary taxpayer's name/ trust (fiduciary) BELLA ROSA TRUST Primary's social security number/ FEIN (fiduciary) 00-\*\*\*\*16

IMPORTANT: SEE INSTRUCTIONS ON REVERSE SIDE OF THIS FORM

1. Other state tax credit: [Attach copy of other state tax return(s)] 1 • 100 00

If certificate is issued to an individual, leave FEIN box below blank.

2A. BIC Code FEIN Amount 00
2B. BIC Code FEIN Amount 00
2C. BIC Code FEIN Amount 00

2. Business incentive tax credit(s): (Add amounts from 2A to 2C) 2 • 00

3. TOTAL CREDITS: Add lines 1 through 2. Enter total on line 22, Form AR1002F/AR1002NR 3 100 00

BUSINESS INCENTIVE CREDIT TYPES

- Code Credit Type
0001...Advantage Arkansas
0002...Affordable Housing
0003...AR Plus
0004...AR Plus 50% Technology-Based
0005...AR Plus 75% Technology-Based
0006...AR Plus 100% Technology-Based
0008...Capital Development Company
0009...Child Care Facility
0010...Coal Mining Producing and Extracting
0011...Delta Geotourism
0013...Enterprise Zone
0014...Equipment Donation/Sale
0015...Equity Investment Incentive
0016...Existing Workforce Training
0017...Family Savings Initiative Act
0018...Historic Rehabilitation
0019...Low Income Housing
0020...Public Roads Incentive
0021...Research Park Authority
0022...Research and Development with Universities
0023...In-House Research Income Tax Credit
0024...In-House Research by Targeted Business Income Tax Credit
0025...In-House Research Area of Strategic Value Income Tax Credit
0026...Qualified Research
0028...Tourism Development
0029...Tuition Reimbursement Program
0030...Targeted Business Payroll
0031...Venture Capital Investment
0032...Youth Apprenticeship
0033...Youth Apprenticeship Work Base Learning
0034...Waste Reduction, Reuse or Recycle Equipment
0035...Water Impounded Outside Critical
0036...Water Impounded Within Critical
0037...Water Surface Outside Critical
0038...Water Surface Inside Critical
0039...Water Surface Inside Critical-Industrial or Commercial
0040...Water Land Leveling
0041...Wetland Riparian Zone Creation/Restoration
0042...Wetland Riparian Zone Conservation
0043...Central Business Improvement District Rehab and Dev
0044...Biodiesel Incentive Credit
0045...Recycle Equipment for Steel Manufacturer
0046...Recycle-Steel Manufacturer Amendment 82 Project Act 862
0047...Recycle-Expansion Project Act 1046
0048...Recycle-Steel Manufacturing Specialty Products Facility \$4M Act 1046
0049...Recycle-Steel Manufacturing Specialty Products Facility \$5M Act 1046
0050...Recycle-Steel Manufacturing Specialty Products Facility \$6.5M Act 1046
0051...Apprenticeship Program
0052...Major Historic Rehabilitation
0053...Delta Music Trail



ARKANSAS FIDUCIARY INCOME TAX  
INTEREST AND DIVIDENDS

Name of estate or trust <b>BELLA ROSA TRUST</b>	Federal identification number <b>00-*****16</b>
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PART I - TAXABLE INTEREST

Interest on bank deposits, notes, mortgages from individuals, corporation bonds, savings and loan deposits, and credit union deposits are taxable. Interest on obligations of other states and subdivisions are fully taxable.

NAME OF PAYER	All Income	Arkansas Only
<b>ONE SOURCE</b>	<b>10,000</b> 00	<b>10,000</b> 00
Add the amounts listed and enter the total here and on line 1, Form AR1002F/AR1002NR.	<b>10,000</b> 00	<b>10,000</b> 00

PART II - TAXABLE DIVIDENDS

Dividends and other distributions on stock are fully taxable. There is no dividend exclusion applicable to Arkansas.

NAME OF PAYER	All Income	Arkansas Only
<b>VENUE LLC</b>	<b>5,000</b> 00	<b>5,000</b> 00
Add the amounts listed and enter the total here and on line 2, Form AR1002F/AR1002NR.	<b>5,000</b> 00	<b>5,000</b> 00

## Arkansas Test Case 17

**Required Forms:** AR1002NR & AR4FID  
**Name of estate or trust:** The Planters Row Trust  
**FEIN:** 00-\*\*\*\*\*17

2019 AR1002NR



2019

ARKANSAS FIDUCIARY

Nonresident INCOME TAX RETURN

For 2019 or fiscal year beginning and ending 20

Software ID

Name of estate or trust: THE PLANTERS ROW TRUST
Federal identification number: 00-\*\*\*\*17
Type of entity: Complex trust (checked)
Name and title of fiduciary or trustee: ROSE BUSH
Date trust created: 01/01/2016
Mailing address: 68 AZALEA DRIVE
City: LITTLE ROCK, State: AR, ZIP: 72110

Initial return (checked), Amended return, Final return
A. ALL INCOME, B. ARKANSAS INCOME

Table with 8 rows for Income. Columns: Description, A. ALL INCOME, B. ARKANSAS INCOME. Totals: 42,000 (A), 20,000 (B)

Table with 9 rows for Deductions. Columns: Description, A. ALL INCOME, B. ARKANSAS INCOME. Totals: 11,000 (A), 3,000 (B)

Table with 2 rows for Taxable Income. Line 18: Standard deduction \$2,200. Line 19: NET TAXABLE INCOME 28,800

Table with 5 rows for Tax and Credits. Line 20: TOTAL TAX 1,021. Line 21: Personal tax credit \$26. Line 22: Other tax credit. Line 23: TOTAL CREDITS 26. Line 24: NON ESBT NET TAX 995

Table with 6 rows for Apportioned Tax. Line 24A: 17,000. Line 24B: 31,000. Line 24C: 0.548380%. Line 24D: 546. Line 24E: 1,305. Line 24F: 1,851

Table with 12 rows for Tax and Payments. Line 25: Arkansas income tax withheld. Line 26: Estimated tax paid 500. Line 27: Tax paid with extension 1,000. Line 28: Payments made. Line 29: Total payments 1,500. Line 30: Overpayments received. Line 31: NET PAYMENTS 1,500. Line 32: Amount of overpayment. Line 33: Amount to be applied to 2020 estimated tax. Line 34: AMOUNT TO BE REFUNDED TO YOU. Line 35: AMOUNT DUE 351. Line 36: Attach Form AR2210 or AR2210A. Penalty 36B. Pay Online: Please visit our secure site ATAP (Arkansas Taxpayer Access Point) at www.atap.arkansas.gov TOTAL DUE 36C 351

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, Preparer's signature, Date, Name, Address, City, state, and ZIP, PTIN/ID number, May the Arkansas Revenue Agency discuss this return with the preparer? Yes/No, For Department Use Only



## 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 1041 ..... 4	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: <b>0</b>			Number of beneficiaries who received distributions: <b>0</b>		
FIRST AND LAST NAME or NAME OF ESTATE OR TRUST	SSN/FEIN	ADDRESS	ST	ZIP	AMOUNT
					00
					00
					00
					00
					00
<b>Refund:</b>		<b>Tax Due/No Tax:</b>			
Arkansas State Income Tax P.O. Box 1000 Little Rock, AR 72203-1000		Arkansas State Income Tax P.O. Box 2144 Little Rock, AR 72203-2144			



ARKANSAS FIDUCIARY INCOME TAX  
INTEREST AND DIVIDENDS

Name of estate or trust <b>THE PLANTERS ROW TRUST</b>	Federal identification number <b>00-****17</b>
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PART I - TAXABLE INTEREST

Interest on bank deposits, notes, mortgages from individuals, corporation bonds, savings and loan deposits, and credit union deposits are taxable. Interest on obligations of other states and subdivisions are fully taxable.

NAME OF PAYER	All Income	Arkansas Only
<b>HORSESHOE LLC</b>	<b>1,000</b> 00	00
	00	00
	00	00
	00	00
	00	00
	00	00
	00	00
	00	00
	00	00
	00	00
	00	00
Add the amounts listed and enter the total here and on line 1, Form AR1002F/ AR1002NR.	<b>1,000</b> 00	00

PART II - TAXABLE DIVIDENDS

Dividends and other distributions on stock are fully taxable. There is no dividend exclusion applicable to Arkansas.

NAME OF PAYER	All Income	Arkansas Only
<b>LAKEVIEW LLC</b>	<b>3,000</b> 00	00
	00	00
	00	00
	00	00
	00	00
	00	00
	00	00
	00	00
	00	00
	00	00
Add the amounts listed and enter the total here and on line 2, Form AR1002F/ AR1002NR.	<b>3,000</b> 00	00



## Arkansas Test Case 18

**Required Forms:** AR1002NR, AR4FID & AR1099-PT

**Name of estate or trust:** Joplin Kids Trust

**FEIN:** 00-\*\*\*\*\*18

### AR Tax Payment:

**Routing Number:** 265270413

**Account Number:** 6695427

**Requested Payment Date:** 04/15/20

**Amount Debited:** \$173.00

### Estimated Tax Payments:

**Routing Number:** 265270413

**Account Number:** 6695427

#### Voucher 1:

**Requested Payment Date:** 04/15/20

**Amount Debited:** \$50.00

#### Voucher 2:

**Requested Payment Date:** 06/15/20

**Amount Debited:** \$75.00

#### Voucher 3:

**Requested Payment Date:** 09/15/20

**Amount Debited:** \$100.00

#### Voucher 4:

**Requested Payment Date:** 01/15/21

**Amount Debited:** \$40.00

2019 AR1002NR



2019

ARKANSAS FIDUCIARY

Nonresident INCOME TAX RETURN

For 2019 or fiscal year beginning and ending 20

Software ID

Name of estate or trust: JOPLIN KIDS TRUST
Federal identification number: 00-\*\*\*\*18
Name and title of fiduciary or trustee: CHRISTOPHER COOK
Date trust created: 01/01/2016
Mailing address: 59 DIAMOND LANE
City: JOPLIN, State: MO, ZIP: 64803

Initial Return [X] Amended Return [ ] Final Return [ ]
A. ALL INCOME B. ARKANSAS INCOME

Table with 8 rows for Income. Line 1: Interest income 6,632.00. Line 2: Ordinary dividends 5,055.00. Line 4: Capital gains 99,689.00. Line 5: Rents, royalties, etc -12,005.00. Line 7: Other income 132.00. Line 8: TOTAL INCOME 99,503.00.

Table with 9 rows for Deductions. Line 9: Taxes 2,460.00. Line 10: Interest 10,840.00. Line 11: Charitable contributions 4,222.00. Line 12: Fees 1,200.00. Line 13: Other deductions 3,375.00. Line 14: Total deductions 22,097.00. Line 15: Adjusted income before distributions 77,406.00. Line 17: Adjusted income after distributions 77,406.00.

Line 18: Standard deduction \$2,200.00. Line 19: NET TAXABLE INCOME 75,206.00.

Line 20: TOTAL TAX 3,715.00. Line 21: Personal tax credit \$26.00. Line 22: Other tax credit 0.00. Line 23: TOTAL CREDITS 26.00. Line 24: NON ESBT NET TAX 3,689.00.

Line 24A: 4,150.00. Line 24B: 77,406.00. Line 24C: 0.053613%. Line 24D: APPORTIONED NON ESBT NET TAX 198.00. Line 24E: APPORTIONED ESBT NET TAX 0.00. Line 24F: TOTAL APPORTIONED NET TAX 198.00.

Line 25: Arkansas income tax withheld 25.00. Line 26: Estimated tax paid or credit brought forward 0.00. Line 27: Tax paid with extension 0.00. Line 28: Payments made with or after the filing of original return 0.00. Line 29: Total payments 0.00. Line 30: Overpayments received 0.00. Line 31: NET PAYMENTS 25.00. Line 32: Amount of overpayment 0.00. Line 33: Amount to be applied to 2020 estimated tax 0.00. Line 34: AMOUNT TO BE REFUNDED TO YOU 0.00. Line 35: AMOUNT DUE 173.00. Line 36: Attach Form AR2210 or AR2210A. Penalty 36B 0.00. Pay Online: Please visit our secure site ATAP (Arkansas Taxpayer Access Point) at www.atap.arkansas.gov TOTAL DUE 36C 173.00.

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
Preparer's signature Date
Name PTIN/ID number
Address City, state, and ZIP
May the Arkansas Revenue Agency discuss this return with the preparer? [X] Yes [ ] No
For Department Use Only



## 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	175,878	00	175,878	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			175,878	00	00
4. Enter federal net short-term capital loss, if any, reported on line 7, federal Schedule D, Form 1041 ..... 4		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			175,878	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			175,878	00	00
8. Arkansas taxable amount, if a gain multiply line 7b by 50 percent (.50), otherwise enter loss ..... 8			87,939	00	00
9. Enter federal short-term capital gain, if any, reported on line 7, federal Schedule D, Form 1041 ..... 9	11,750	00	11,750	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			11,750	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			99,689	00	00

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

Beneficiaries' share of income: <b>0</b>				Number of beneficiaries who received distributions: <b>0</b>		
FIRST AND LAST NAME or NAME OF ESTATE OR TRUST	SSN/FEIN	ADDRESS	ST	ZIP	AMOUNT	
					00	
					00	
					00	
					00	
					00	
<b>Refund:</b>		Arkansas State Income Tax P.O. Box 1000 Little Rock, AR 72203-1000		<b>Tax Due/No Tax:</b>		
				Arkansas State Income Tax P.O. Box 2144 Little Rock, AR 72203-2144		



ARKANSAS FIDUCIARY INCOME TAX  
INTEREST AND DIVIDENDS

Name of estate or trust <b>JOPLIN KIDS TRUST</b>	Federal identification number <b>00-*****18</b>
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PART I - TAXABLE INTEREST

Interest on bank deposits, notes, mortgages from individuals, corporation bonds, savings and loan deposits, and credit union deposits are taxable. Interest on obligations of other states and subdivisions are fully taxable.

NAME OF PAYER	All Income	Arkansas Only
<b>PT CAP - ORD INT</b>	<b>2,922</b> 00	00
<b>MY CAPITAL - INTEREST</b>	<b>3,337</b> 00	00
<b>SUN LP</b>	<b>373</b> 00	00
	00	00
	00	00
	00	00
	00	00
	00	00
	00	00
	00	00
Add the amounts listed and enter the total here and on line 1, Form AR1002F/AR1002NR.	<b>6,632</b> 00	00

PART II - TAXABLE DIVIDENDS

Dividends and other distributions on stock are fully taxable. There is no dividend exclusion applicable to Arkansas.

NAME OF PAYER	All Income	Arkansas Only
<b>PT CAP</b>	<b>1,088</b> 00	00
<b>MY CAPITAL</b>	<b>3,967</b> 00	00
	00	00
	00	00
	00	00
	00	00
	00	00
	00	00
	00	00
	00	00
Add the amounts listed and enter the total here and on line 2, Form AR1002F/AR1002NR.	<b>5,055</b> 00	00

AR1099PT

STATE OF ARKANSAS  
INFORMATION RETURN  
Report of Income Tax Withheld or Paid  
on Behalf of Nonresident Member



Tax Year End of Pass Through Entity 12/31/2019  
mm/dd/yyyy

Part A: Pass - Through Entity Information		Part B: Nonresident Member Information	
Name of Entity: FIDUCIARY		Name: JOPLIN KIDS TRUST	
Type of Ownership: (if other, please provide statement of ownership type) <input type="checkbox"/> Partnership <input type="checkbox"/> C Corp. <input checked="" type="checkbox"/> S Corp. <input type="checkbox"/> LLC <input type="checkbox"/> Trust <input type="checkbox"/> Other		Type of Ownership: (if other, please provide statement of ownership type) <input type="checkbox"/> Partnership <input type="checkbox"/> C Corp. <input type="checkbox"/> S Corp. <input type="checkbox"/> LLC <input checked="" type="checkbox"/> Trust <input type="checkbox"/> Individual <input type="checkbox"/> Other	
Federal Identification Number: 00-*****99		Social Security Number or Federal Identification Number of Member: 00-*****18	
Street Address: 539 PLANTATION		Street Address: 59 DIAMOND LANE	
City, State, ZIP: SCOTT, AR 72142		City, State, ZIP: JOPLIN, MO 64803	
Part C: Distribution and Tax Withholding or Payment Information for Nonresident Member			
Total Amounts Distributed from Arkansas Sources: \$3,500	Arkansas Income Tax Withheld: \$25	Arkansas Income Tax Paid on AR1000CR:	

## Arkansas Test Case 19

### AMENDED INCOME TAX RETURN

**Required Forms:** AR1002F & AR4FID

**Name of estate or trust:** Don and Mary Horseshoe Trust

**FEIN:** 00-\*\*\*\*\*19

2019 AR1002F



•2019

ARKANSAS FIDUCIARY INCOME TAX RETURN

Software ID

For 2019 or fiscal year beginning and ending 20

Name of estate or trust: DON AND MARY HORSESHOE TRUST
Federal identification number: 00-\*\*\*\*19
Name and title of fiduciary or trustee: JOHN SADDLEBACK
Date trust created: 01/01/2006
Mailing address: P O BOX 9645
City: BENTON
State or province: AR
ZIP: 72015
Type of entity: Complex trust (checked)

Table with columns for Income, Deductions, Tax and Payments, and Arkansas Income. Rows include interest income (119), dividends (5,616), capital gains (9,905), taxes (600), and total net tax (174).

Signature and information section including fiduciary/trustee's signature, preparer's signature, name, address, and PIN/ID number.



## 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	20,851	00	20,851	00	20,851	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			20,851	00	20,851	00
4. Enter federal net short-term capital loss, if any, reported on line 7, federal Schedule D, Form 1041 .....4	-1,041	00	-1,041	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			-1,041	00	-1,041	00
7a. Arkansas net capital gain or loss (Combine lines 3 and 6).....7a			19,810	00	19,810	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			19,810	00	19,810	00
8. Arkansas taxable amount, if a gain multiply line 7b by 50 percent (.50), otherwise enter loss.....8			9,905	00	9,905	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			9,905	00	9,905	00

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

Beneficiaries' share of income: <b>0</b>				Number of beneficiaries who received distributions: <b>0</b>			
FIRST AND LAST NAME or NAME OF ESTATE OR TRUST	SSN/FEIN	ADDRESS	ST	ZIP	AMOUNT		
						00	
						00	
						00	
						00	
						00	

**Refund:**

Arkansas State Income Tax  
P.O. Box 1000  
Little Rock, AR 72203-1000

**Tax Due/No Tax:**

Arkansas State Income Tax  
P.O. Box 2144  
Little Rock, AR 72203-2144





ARKANSAS FIDUCIARY INCOME TAX  
INTEREST AND DIVIDENDS

Name of estate or trust <b>DON AND MARY HORSESHOE TRUST</b>	Federal identification number <b>00-*****19</b>
--	--

PART I - TAXABLE INTEREST

Interest on bank deposits, notes, mortgages from individuals, corporation bonds, savings and loan deposits, and credit union deposits are taxable. Interest on obligations of other states and subdivisions are fully taxable.

NAME OF PAYER	All Income	Arkansas Only
<b>GOLD COIN</b>	<b>17</b> 00	<b>17</b> 00
<b>REICH IDEA</b>	<b>71</b> 00	<b>71</b> 00
<b>SIM FIR</b>	<b>31</b> 00	<b>31</b> 00
	00	00
	00	00
	00	00
	00	00
	00	00
	00	00
	00	00
Add the amounts listed and enter the total here and on line 1, Form AR1002F/ AR1002NR.	<b>119</b> 00	<b>119</b> 00

PART II - TAXABLE DIVIDENDS

Dividends and other distributions on stock are fully taxable. There is no dividend exclusion applicable to Arkansas.

NAME OF PAYER	All Income	Arkansas Only
<b>SIM FIR</b>	<b>5,616</b> 00	<b>5,616</b> 00
	00	00
	00	00
	00	00
	00	00
	00	00
	00	00
	00	00
	00	00
	00	00
Add the amounts listed and enter the total here and on line 2, Form AR1002F/ AR1002NR.	<b>5,616</b> 00	<b>5,616</b> 00

## Arkansas Test Case 20

### AMENDED INCOME TAX RETURN

**Required Forms:** AR1002NR, AR4FID & AR1099-PT

**Name of estate or trust:** Joplin Kids Trust

**FEIN:** 00-\*\*\*\*\*20

**AR Tax Payment:**

**Routing Number:** 265270413

**Account Number:** 6695427

**Requested Payment Date:** 04/15/20

**Amount Debited:** \$423.00

2019 AR1002NR



2019

ARKANSAS FIDUCIARY

Nonresident INCOME TAX RETURN

For 2019 or fiscal year beginning and ending 20

Software ID

Name of estate or trust: JOPLIN KIDS TRUST
Federal identification number: 00-\*\*\*\*20
Name and title of fiduciary or trustee: CHRISTOPHER COOK
Date trust created: 01/01/2016
Mailing address: 59 DIAMOND LANE
City: JOPLIN, State: MO, ZIP: 64803

Initial Return [ ] Amended Return [X] Final Return [ ]
A. ALL INCOME
B. ARKANSAS INCOME

Table with 2 columns: Description and Amount. Rows 1-8: Interest income (6,632), Ordinary dividends (5,055), Net profit from trade or business, Capital gains (99,689), Rents, royalties, partnerships, other estates and trusts, etc. (-12,005), Farm income, Other income (132), TOTAL INCOME (99,503).

Table with 2 columns: Description and Amount. Rows 9-17: Taxes (2,460), Interest (10,840), Charitable contributions (4,222), Fees (1,200), Other deductions (3,375), Total deductions (22,097), Adjusted income before distributions (77,406), Amounts to be distributed to beneficiaries, Adjusted income after distributions (77,406).

Table with 2 columns: Description and Amount. Rows 18-19: Standard deduction (\$2,200), NET TAXABLE INCOME (75,206).

Table with 2 columns: Description and Amount. Rows 20-24: TOTAL TAX (3,715), Personal tax credit (\$26), Other tax credit, TOTAL CREDITS (26), NON ESBT NET TAX (3,689).

Table with 2 columns: Description and Amount. Rows 24A-24F: 24A (11,497), 24B (77,406), 24C (0.148529%), 24D (548), 24E, 24F (548).

Table with 2 columns: Description and Amount. Rows 25-36: Arkansas income tax withheld (25), Estimated tax paid or credit brought forward from last year, Tax paid with extension, Payments made with or after the filing of original return (100), Total payments (125), Overpayments received, NET PAYMENTS (125), Amount of overpayment, Amount to be applied to 2020 estimated tax, AMOUNT TO BE REFUNDED TO YOU, AMOUNT DUE (423), Attach Form AR2210 or AR2210A. Penalty 36B, Pay Online: Please visit our secure site ATAP (Arkansas Taxpayer Access Point) at www.atap.arkansas.gov TOTAL DUE 36C (423).

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, Preparer's signature, Date, Name, Address, City, state, and ZIP, PTIN/ID number, May the Arkansas Revenue Agency discuss this return with the preparer? [X] Yes [ ] No, For Department Use Only.



## 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	175,878	00	175,878	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			175,878	00	00
4. Enter federal net short-term capital loss, if any, reported on line 7, federal Schedule D, Form 1041 ..... 4		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			175,878	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			175,878	00	00
8. Arkansas taxable amount, if a gain multiply line 7b by 50 percent (.50), otherwise enter loss ..... 8			87,939	00	00
9. Enter federal short-term capital gain, if any, reported on line 7, federal Schedule D, Form 1041 ..... 9	11,750	00	11,750	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			11,750	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			99,689	00	00

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

Beneficiaries' share of income: <b>0</b>			Number of beneficiaries who received distributions: <b>0</b>			
FIRST AND LAST NAME or NAME OF ESTATE OR TRUST	SSN/FEIN	ADDRESS	ST	ZIP	AMOUNT	
					00	
					00	
					00	
					00	
					00	
<b>Refund:</b>		Arkansas State Income Tax P.O. Box 1000 Little Rock, AR 72203-1000		<b>Tax Due/No Tax:</b>		
				Arkansas State Income Tax P.O. Box 2144 Little Rock, AR 72203-2144		



ARKANSAS FIDUCIARY INCOME TAX  
INTEREST AND DIVIDENDS

Name of estate or trust <b>JOPLIN KIDS TRUST</b>	Federal identification number <b>00-****20</b>
---	---

PART I - TAXABLE INTEREST

Interest on bank deposits, notes, mortgages from individuals, corporation bonds, savings and loan deposits, and credit union deposits are taxable. Interest on obligations of other states and subdivisions are fully taxable.

NAME OF PAYER	All Income		Arkansas Only	
<b>PT CAP - ORD INT</b>	<b>2,922</b>	00	<b>2,922</b>	00
<b>MY CAPITAL - INTEREST</b>	<b>3,337</b>	00	<b>3,337</b>	00
<b>SUN LP</b>	<b>373</b>	00		00
		00		00
		00		00
		00		00
		00		00
		00		00
		00		00
		00		00
Add the amounts listed and enter the total here and on line 1, Form AR1002F/AR1002NR.	<b>6,632</b>	00	<b>6,259</b>	00

PART II - TAXABLE DIVIDENDS

Dividends and other distributions on stock are fully taxable. There is no dividend exclusion applicable to Arkansas.

NAME OF PAYER	All Income		Arkansas Only	
<b>PT CAP</b>	<b>1,088</b>	00	<b>1,088</b>	00
<b>MY CAPITAL</b>	<b>3,967</b>	00		00
		00		00
		00		00
		00		00
		00		00
		00		00
		00		00
		00		00
		00		00
Add the amounts listed and enter the total here and on line 2, Form AR1002F/AR1002NR.	<b>5,055</b>	00	<b>1,088</b>	00

AR1099PT

STATE OF ARKANSAS  
INFORMATION RETURN  
Report of Income Tax Withheld or Paid  
on Behalf of Nonresident Member



Tax Year End of Pass Through Entity 12/31/2019  
mm/dd/yyyy

Part A: Pass - Through Entity Information		Part B: Nonresident Member Information	
Name of Entity: FIDUCIARY		Name: JOPLIN KIDS TRUST	
Type of Ownership: (if other, please provide statement of ownership type) <input type="checkbox"/> Partnership <input type="checkbox"/> C Corp. <input checked="" type="checkbox"/> S Corp. <input type="checkbox"/> LLC <input type="checkbox"/> Trust <input type="checkbox"/> Other		Type of Ownership: (if other, please provide statement of ownership type) <input type="checkbox"/> Partnership <input type="checkbox"/> C Corp. <input type="checkbox"/> S Corp. <input type="checkbox"/> LLC <input checked="" type="checkbox"/> Trust <input type="checkbox"/> Individual <input type="checkbox"/> Other	
Federal Identification Number: 00-*****99		Social Security Number or Federal Identification Number of Member: 00-*****20	
Street Address: 539 PLANTATION		Street Address: 59 DIAMOND LANE	
City, State, ZIP: SCOTT, AR 72142		City, State, ZIP: JOPLIN, MO 64803	
Part C: Distribution and Tax Withholding or Payment Information for Nonresident Member			
Total Amounts Distributed from Arkansas Sources: \$3,500	Arkansas Income Tax Withheld: \$25	Arkansas Income Tax Paid on AR1000CR:	

# Composite Income Tax Returns

## Arkansas Test Case 21

**Required Forms:** AR1000CR & AR1099-PT  
**Name of estate or trust:** Joe's Construction Company  
**FEIN:** 00-\*\*\*\*\*21



# 2019 AR1000CR

## ARKANSAS INCOME TAX COMPOSITE TAX RETURN



# CR1

CHECK BOX IF  
AMENDED RETURN

Software ID

Jan 1 - Dec 31, 2019 or fiscal year ending \_\_\_\_\_, 20\_\_\_\_

Name of entity ● <b>JOE'S CONSTRUCTION COMPANY</b>		Federal employer identification number ● <b>00-****21</b>	
Mailing address ● <b>P O BOX 3628</b>		Telephone <b>(501) 682-7925</b>	
City ● <b>LITTLE ROCK</b>	State or province ● <b>AR</b>	ZIP ● <b>72203</b>	<input type="checkbox"/> Check if address is outside U.S. Foreign country name
<input type="checkbox"/> <b>Check this box if you have filed Arkansas extension Form AR1055-CR</b>		Location of records for audit <b>1816 W. 7TH ST., LITTLE ROCK, AR</b>	

### COMPUTATION OF TAX ON ARKANSAS TAXABLE INCOME (Round to nearest dollar)

#### NON CORPORATION MEMBERS SHARES OF INCOME

1. NUMBER OF NONRESIDENT MEMBERS	1 ● <b>2</b>	
2. TAXABLE INCOME FROM SCHEDULE A: (Non Corporation members)	2 ● <b>95,968</b>	00
3. TAX: [Multiply line 2 by 6.9 percent (.069)]	3 ● <b>6,622</b>	00

#### CORPORATION MEMBERS SHARES OF INCOME

4. NUMBER OF NONRESIDENT MEMBERS	4 ● <b>1</b>	
5. TAXABLE INCOME FROM SCHEDULE B: (Corporation members)	5 ● <b>16,315</b>	00
6. TAX: [Multiply line 5 by 6.5 percent (.065)]	6 ● <b>1,060</b>	00

7. TOTAL TAX: (Add lines 3 and 6)	7 ● <b>7,682</b>	00
8. Arkansas income tax withheld: [Attach copies of AR1099PT Form(s)]	8 ● <b>7,682</b>	00
9. Estimated tax paid and/or credit carried forward:	9 ●	00
10. Payment made with extension:	10 ●	00
11. AMENDED RETURNS ONLY - Enter previous payments:	11 ●	00
12. TOTAL PAYMENTS: (Add lines 8 through 11)	12 ● <b>7,682</b>	00
13. AMENDED RETURNS ONLY - Enter previous overpayments:	13 ●	00
14. ADJUSTED TOTAL PAYMENTS: (Subtract line 13 from line 12)	14 ● <b>7,682</b>	00
15. AMOUNT OF OVERPAYMENT/REFUND: (If line 14 is greater than line 7, enter difference)	15 ●	00
16. Amount of overpayment to be applied to 2020:	16 ●	00
17. AMOUNT TO BE REFUNDED TO YOU: (Subtract line 16 from line 15)	17 ●	00
18. AMOUNT DUE: (If line 7 is greater than line 14, enter difference)	18 ● <b>0</b>	00

PAY ONLINE: Please visit our secure site ATAP (Arkansas Taxpayer Access Point) at [www.atap.arkansas.gov](http://www.atap.arkansas.gov). ATAP allows taxpayers or their representatives to log on, make payments and manage their account online. ATAP is available 24 hours.

**PAY BY CREDIT CARD: (See instructions)**

**PAY BY MAIL: (See instructions)**

**Note: The AR1000CR, page 2 (CR2) must be completed and attached.**

PLEASE SIGN HERE	PLEASE SIGN HERE: 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 taxpayer) is based on all information of which preparer has any knowledge.		
	Signature of officer, partner or accountant <b>SIGN HERE</b>	Date <b>03/03/2020</b>	Telephone <b>(501) 682-2194</b>
PAID PREPARER	Paid preparer's signature	PTIN/ID number ● <b>P00*****</b>	May the Arkansas Revenue Agency discuss this return with the preparer? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	Preparer's name	City/State/ZIP <b>LITTLE ROCK, AR 72203</b>	For Department Use Only A <input type="checkbox"/> <input type="checkbox"/> ●
	E-mail <b>taxpreparer@yahoo.com</b>		Telephone



FEIN: 00-\*\*\*\*21

SCHEDULE A - NON CORPORATION MEMBERS SHARES OF INCOME			
NAME OF MEMBER	ADDRESS, CITY, STATE, ZIP	SSN OR FEIN	SHARE OF TAXABLE INCOME
ALICE MEMBER	123 MAIN ST., FORT WORTH, TX 76123	400-00-5501	39,685 00
BRANDON MEMBER	124 MAIN ST., GREENVILLE, MS 38704	400-00-5502	56,283 00
			00
			00
			00
			00
			00
			00
			00
<b>Total Taxable Income:</b> Enter here and on line 2 .....			<b>95,968 00</b>

SCHEDULE B - CORPORATION MEMBERS SHARES OF INCOME			
NAME OF MEMBER	ADDRESS, CITY, STATE, ZIP	FEIN	SHARE OF TAXABLE INCOME
CHASE MEMBER	125 MAIN ST., LANDISVILLE, PA 15538	400-00-5503	16,315 00
			00
			00
			00
			00
			00
			00
			00
			00
<b>Total Taxable Income:</b> Enter here and on line 5 .....			<b>16,315 00</b>

AR1099PT

STATE OF ARKANSAS  
INFORMATION RETURN  
Report of Income Tax Withheld or Paid  
on Behalf of Nonresident Member



Tax Year End of Pass Through Entity 12/31/2019  
mm/dd/yyyy

Part A: Pass - Through Entity Information		Part B: Nonresident Member Information	
Name of Entity: JOE'S CONSTRUCTION COMPANY		Name: ALICE MEMBER	
Type of Ownership: (if other, please provide statement of ownership type) <input type="checkbox"/> Partnership <input type="checkbox"/> C Corp. <input checked="" type="checkbox"/> S Corp. <input type="checkbox"/> LLC <input type="checkbox"/> Trust <input type="checkbox"/> Other		Type of Ownership: (if other, please provide statement of ownership type) <input type="checkbox"/> Partnership <input type="checkbox"/> C Corp. <input type="checkbox"/> S Corp. <input type="checkbox"/> LLC <input type="checkbox"/> Trust <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Other	
Federal Identification Number: 00-*****21		Social Security Number or Federal Identification Number of Member: 400-00-5501	
Street Address: P O BOX 3628		Street Address: 123 MAIN ST	
City, State, ZIP: LITTLE ROCK, AR 72203		City, State, ZIP: FORT WORTH, TX 76123	
Part C: Distribution and Tax Withholding or Payment Information for Nonresident Member			
Total Amounts Distributed from Arkansas Sources: \$39,685	Arkansas Income Tax Withheld: \$2,738	Arkansas Income Tax Paid on AR1000CR:	

AR1099PT

STATE OF ARKANSAS  
INFORMATION RETURN  
Report of Income Tax Withheld or Paid  
on Behalf of Nonresident Member



Tax Year End of Pass Through Entity 12/31/2019  
mm/dd/yyyy

Part A: Pass - Through Entity Information		Part B: Nonresident Member Information	
Name of Entity: JOE'S CONSTRUCTION COMPANY		Name: BRANDON MEMBER	
Type of Ownership: (if other, please provide statement of ownership type) <input type="checkbox"/> Partnership <input type="checkbox"/> C Corp. <input checked="" type="checkbox"/> S Corp. <input type="checkbox"/> LLC <input type="checkbox"/> Trust <input type="checkbox"/> Other		Type of Ownership: (if other, please provide statement of ownership type) <input type="checkbox"/> Partnership <input type="checkbox"/> C Corp. <input type="checkbox"/> S Corp. <input type="checkbox"/> LLC <input type="checkbox"/> Trust <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Other	
Federal Identification Number: 00-*****21		Social Security Number or Federal Identification Number of Member: 400-00-5502	
Street Address: P O BOX 3628		Street Address: 124 MAIN ST.	
City, State, ZIP: LITTLE ROCK, AR 72203		City, State, ZIP: GREENVILLE, MS 38704	
Part C: Distribution and Tax Withholding or Payment Information for Nonresident Member			
Total Amounts Distributed from Arkansas Sources: \$56,283	Arkansas Income Tax Withheld: \$3,884	Arkansas Income Tax Paid on AR1000CR:	

AR1099PT

STATE OF ARKANSAS  
INFORMATION RETURN  
Report of Income Tax Withheld or Paid  
on Behalf of Nonresident Member



Tax Year End of Pass Through Entity 12/31/2019  
mm/dd/yyyy

Part A: Pass - Through Entity Information		Part B: Nonresident Member Information	
Name of Entity: JOE'S CONSTRUCTION COMPANY		Name: CHASE MEMBER	
Type of Ownership: (if other, please provide statement of ownership type) <input type="checkbox"/> Partnership <input type="checkbox"/> C Corp. <input checked="" type="checkbox"/> S Corp. <input type="checkbox"/> LLC <input type="checkbox"/> Trust <input type="checkbox"/> Other		Type of Ownership: (if other, please provide statement of ownership type) <input type="checkbox"/> Partnership <input type="checkbox"/> C Corp. <input type="checkbox"/> S Corp. <input type="checkbox"/> LLC <input type="checkbox"/> Trust <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Other	
Federal Identification Number: 00-*****21		Social Security Number or Federal Identification Number of Member: 400-00-5503	
Street Address: P O BOX 3628		Street Address: 125 MAIN ST.	
City, State, ZIP: LITTLE ROCK, AR 72203		City, State, ZIP: LANDISVILLE, PA 15538	
Part C: Distribution and Tax Withholding or Payment Information for Nonresident Member			
Total Amounts Distributed from Arkansas Sources: \$16,315	Arkansas Income Tax Withheld: \$1,060	Arkansas Income Tax Paid on AR1000CR:	

## Arkansas Test Case 22

**Required Forms:** AR1000CR & AR1099-PT

**Name of estate or trust:** TREK AG, Inc

**FEIN:** 00-\*\*\*\*\*22

### AR Tax Payment:

**Routing Number:** 265270413

**Account Number:** 6695427

**Requested Payment Date:** 04/15/20

**Amount Debited:** \$182.00

### Estimated Tax Payments:

**Routing Number:** 265270413

**Account Number:** 6695427

#### Voucher 1:

**Requested Payment Date:** 04/15/20

**Amount Debited:** \$50.00

#### Voucher 2:

**Requested Payment Date:** 06/15/20

**Amount Debited:** \$75.00

#### Voucher 3:

**Requested Payment Date:** 09/15/20

**Amount Debited:** \$100.00

#### Voucher 4:

**Requested Payment Date:** 01/15/21

**Amount Debited:** \$40.00

# 2019 AR1000CR

## ARKANSAS INCOME TAX COMPOSITE TAX RETURN



# CR1

CHECK BOX IF  
AMENDED RETURN

Software ID

Jan 1 - Dec 31, 2019 or fiscal year ending \_\_\_\_\_, 20\_\_\_\_

Name of entity ● <b>TREK AG, INC</b>		Federal employer identification number ● <b>00-****22</b>	
Mailing address ● <b>10125 TAX WAY</b>		Telephone <b>(501) 682-7925</b>	
City ● <b>SACRAMENTO</b>	State or province ● <b>CA</b>	ZIP ● <b>95864</b>	<input type="checkbox"/> Check if address is outside U.S. Foreign country name
● <input type="checkbox"/> <b>Check this box if you have filed Arkansas extension Form AR1055-CR</b>		Location of records for audit <b>10125 TAX WAY, SACRAMENTO, CA</b>	

### COMPUTATION OF TAX ON ARKANSAS TAXABLE INCOME (Round to nearest dollar)

#### NON CORPORATION MEMBERS SHARES OF INCOME

1. NUMBER OF NONRESIDENT MEMBERS	1 ● <b>2</b>	
2. TAXABLE INCOME FROM SCHEDULE A: (Non Corporation members)	2 ● <b>1,790</b>	00
3. TAX: [Multiply line 2 by 6.9 percent (.069)]	3 ● <b>124</b>	00

#### CORPORATION MEMBERS SHARES OF INCOME

4. NUMBER OF NONRESIDENT MEMBERS	4 ● <b>1</b>	
5. TAXABLE INCOME FROM SCHEDULE B: (Corporation members)	5 ● <b>895</b>	00
6. TAX: [Multiply line 5 by 6.5 percent (.065)]	6 ● <b>58</b>	00

7. TOTAL TAX: (Add lines 3 and 6)	7 ● <b>182</b>	00
8. Arkansas income tax withheld: [Attach copies of AR1099PT Form(s)]	8 ●	00
9. Estimated tax paid and/or credit carried forward:	9 ●	00
10. Payment made with extension:	10 ●	00
11. AMENDED RETURNS ONLY - Enter previous payments:	11 ●	00
12. TOTAL PAYMENTS: (Add lines 8 through 11)	12 ●	0 00
13. AMENDED RETURNS ONLY - Enter previous overpayments:	13 ●	00
14. ADJUSTED TOTAL PAYMENTS: (Subtract line 13 from line 12)	14 ●	0 00
15. AMOUNT OF OVERPAYMENT/REFUND: (If line 14 is greater than line 7, enter difference)	15 ●	00
16. Amount of overpayment to be applied to 2020:	16 ●	00
17. AMOUNT TO BE REFUNDED TO YOU: (Subtract line 16 from line 15)	17 ●	00
18. AMOUNT DUE: (If line 7 is greater than line 14, enter difference)	18 ●	182 00

PAY ONLINE: Please visit our secure site ATAP (Arkansas Taxpayer Access Point) at [www.atap.arkansas.gov](http://www.atap.arkansas.gov). ATAP allows taxpayers or their representatives to log on, make payments and manage their account online. ATAP is available 24 hours.

**PAY BY CREDIT CARD: (See instructions)**

**PAY BY MAIL: (See instructions)**

**Note: The AR1000CR, page 2 (CR2) must be completed and attached.**

PLEASE SIGN HERE	PLEASE SIGN HERE: 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 taxpayer) is based on all information of which preparer has any knowledge.		
	Signature of officer, partner or accountant <b>SIGN HERE</b>	Date <b>03/03/2020</b>	Telephone <b>(501) 682-7229</b>
PAID PREPARER	Paid preparer's signature	PTIN/ID number ● <b>00-*****</b>	May the Arkansas Revenue Agency discuss this return with the preparer? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	Preparer's name	City/State/ZIP <b>SACRAMENTO, CA 95864</b>	For Department Use Only A <input type="checkbox"/>
	E-mail <b>JANPREPARER@YAHOO.COM</b>		Telephone <b>(501) 682-2194</b>



FEIN: 00-\*\*\*\*22

SCHEDULE A - NON CORPORATION MEMBERS SHARES OF INCOME			
NAME OF MEMBER	ADDRESS, CITY, STATE, ZIP	SSN OR FEIN	SHARE OF TAXABLE INCOME
ZACK SMITH	321 BLOCK ST., SACRAMENTO, CA 95864	400-00-5510	895 00
YOLANDA SANDERS	322 BLOCK ST., SACRAMENTO, CA 95864	400-00-5511	895 00
			00
			00
			00
			00
			00
			00
			00
			00
<b>Total Taxable Income:</b> Enter here and on line 2 .....			<b>1,790 00</b>

SCHEDULE B - CORPORATION MEMBERS SHARES OF INCOME			
NAME OF MEMBER	ADDRESS, CITY, STATE, ZIP	FEIN	SHARE OF TAXABLE INCOME
XAVIER SWANSON	323 BLOCK ST., SACRAMENTO, CA 98564	400-00-5512	895 00
			00
			00
			00
			00
			00
			00
			00
			00
			00
<b>Total Taxable Income:</b> Enter here and on line 5 .....			<b>895 00</b>



AR1099PT

STATE OF ARKANSAS  
INFORMATION RETURN  
Report of Income Tax Withheld or Paid  
on Behalf of Nonresident Member



Tax Year End of Pass Through Entity 12/31/2019  
mm/dd/yyyy

Part A: Pass - Through Entity Information		Part B: Nonresident Member Information	
Name of Entity: TREK AG, INC.		Name: ZACK SMITH	
Type of Ownership: (if other, please provide statement of ownership type) <input type="checkbox"/> Partnership <input type="checkbox"/> C Corp. <input checked="" type="checkbox"/> S Corp. <input type="checkbox"/> LLC <input type="checkbox"/> Trust <input type="checkbox"/> Other		Type of Ownership: (if other, please provide statement of ownership type) <input type="checkbox"/> Partnership <input type="checkbox"/> C Corp. <input type="checkbox"/> S Corp. <input type="checkbox"/> LLC <input type="checkbox"/> Trust <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Other	
Federal Identification Number: 00-*****22		Social Security Number or Federal Identification Number of Member: 400-00-5510	
Street Address: 10125 TAX WAY		Street Address: 321 BLOCK ST.	
City, State, ZIP: SACRAMENTO, CA 95864		City, State, ZIP: SACRAMENTO, CA 95864	
Part C: Distribution and Tax Withholding or Payment Information for Nonresident Member			
Total Amounts Distributed from Arkansas Sources: \$895		Arkansas Income Tax Withheld:	Arkansas Income Tax Paid on AR1000CR: \$62

AR1099PT

STATE OF ARKANSAS  
INFORMATION RETURN  
Report of Income Tax Withheld or Paid  
on Behalf of Nonresident Member



Tax Year End of Pass Through Entity 12/31/2019  
mm/dd/yyyy

Part A: Pass - Through Entity Information		Part B: Nonresident Member Information	
Name of Entity: TREK AG, INC.		Name: YOLANDA SANDERS	
Type of Ownership: (if other, please provide statement of ownership type) <input type="checkbox"/> Partnership <input type="checkbox"/> C Corp. <input checked="" type="checkbox"/> S Corp. <input type="checkbox"/> LLC <input type="checkbox"/> Trust <input type="checkbox"/> Other		Type of Ownership: (if other, please provide statement of ownership type) <input type="checkbox"/> Partnership <input type="checkbox"/> C Corp. <input type="checkbox"/> S Corp. <input type="checkbox"/> LLC <input type="checkbox"/> Trust <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Other	
Federal Identification Number: 00-*****22		Social Security Number or Federal Identification Number of Member: 400-00-5511	
Street Address: 10125 TAX WAY		Street Address: 322 BLOCK ST.	
City, State, ZIP: SACRAMENTO, CA 95864		City, State, ZIP: SACRAMENTO, CA 95864	
Part C: Distribution and Tax Withholding or Payment Information for Nonresident Member			
Total Amounts Distributed from Arkansas Sources: \$895	Arkansas Income Tax Withheld:	Arkansas Income Tax Paid on AR1000CR: \$62	

AR1099PT

STATE OF ARKANSAS  
INFORMATION RETURN  
Report of Income Tax Withheld or Paid  
on Behalf of Nonresident Member



Tax Year End of Pass Through Entity 12/31/2019  
mm/dd/yyyy

Part A: Pass - Through Entity Information		Part B: Nonresident Member Information	
Name of Entity: TREK AG, INC.		Name: XAVIER SWANSON	
Type of Ownership: (if other, please provide statement of ownership type) <input type="checkbox"/> Partnership <input type="checkbox"/> C Corp. <input checked="" type="checkbox"/> S Corp. <input type="checkbox"/> LLC <input type="checkbox"/> Trust <input type="checkbox"/> Other		Type of Ownership: (if other, please provide statement of ownership type) <input type="checkbox"/> Partnership <input type="checkbox"/> C Corp. <input type="checkbox"/> S Corp. <input type="checkbox"/> LLC <input type="checkbox"/> Trust <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Other	
Federal Identification Number: 00-*****22		Social Security Number or Federal Identification Number of Member: 400-00-5512	
Street Address: 10125 TAX WAY		Street Address: 323 BLOCK ST.	
City, State, ZIP: SACRAMENTO, CA 95864		City, State, ZIP: SACRAMENTO, CA 95864	
Part C: Distribution and Tax Withholding or Payment Information for Nonresident Member			
Total Amounts Distributed from Arkansas Sources: \$895	Arkansas Income Tax Withheld:	Arkansas Income Tax Paid on AR1000CR: \$58	

## Arkansas Test Case 23

**Required Forms:** AR1000CR & AR1099-PT

**Name of estate or trust:** Herman Smith Company

**FEIN:** 00-\*\*\*\*\*23

# 2019 AR1000CR

## ARKANSAS INCOME TAX COMPOSITE TAX RETURN



# CR1

CHECK BOX IF  
AMENDED RETURN

Software ID

Jan 1 - Dec 31, 2019 or fiscal year ending \_\_\_\_\_, 20\_\_\_\_

Name of entity ● <b>HERMAN SMITH COMPANY</b>		Federal employer identification number ● <b>00-****23</b>	
Mailing address ● <b>3 SCOTT COURT</b>		Telephone <b>(501) 682-7925</b>	
City ● <b>ST. LOUIS</b>	State or province ● <b>MO</b>	ZIP ● <b>63146</b>	<input type="checkbox"/> Check if address is outside U.S. Foreign country name
● <input type="checkbox"/> <b>Check this box if you have filed Arkansas extension Form AR1055-CR</b>		Location of records for audit <b>3 SCOTT COURT, ST. LOUIS, MO</b>	

### COMPUTATION OF TAX ON ARKANSAS TAXABLE INCOME (Round to nearest dollar)

#### NON CORPORATION MEMBERS SHARES OF INCOME

1. NUMBER OF NONRESIDENT MEMBERS	1 ● <b>2</b>	
2. TAXABLE INCOME FROM SCHEDULE A: (Non Corporation members)	2 ● <b>272,363</b>	00
3. TAX: [Multiply line 2 by 6.9 percent (.069)]	3 ● <b>18,793</b>	00

#### CORPORATION MEMBERS SHARES OF INCOME

4. NUMBER OF NONRESIDENT MEMBERS	4 ● <b>1</b>	
5. TAXABLE INCOME FROM SCHEDULE B: (Corporation members)	5 ● <b>116,726</b>	00
6. TAX: [Multiply line 5 by 6.5 percent (.065)]	6 ● <b>7,587</b>	00

7. TOTAL TAX: (Add lines 3 and 6)	7 ● <b>26,380</b>	00
8. Arkansas income tax withheld: [Attach copies of AR1099PT Form(s)]	8 ● <b>30,000</b>	00
9. Estimated tax paid and/or credit carried forward:	9 ●	00
10. Payment made with extension:	10 ●	00
11. AMENDED RETURNS ONLY - Enter previous payments:	11 ●	00
12. TOTAL PAYMENTS: (Add lines 8 through 11)	12 ● <b>30,000</b>	00
13. AMENDED RETURNS ONLY - Enter previous overpayments:	13 ●	00
14. ADJUSTED TOTAL PAYMENTS: (Subtract line 13 from line 12)	14 ● <b>30,000</b>	00
15. AMOUNT OF OVERPAYMENT/REFUND: (If line 14 is greater than line 7, enter difference)	15 ● <b>3,620</b>	00
16. Amount of overpayment to be applied to 2020:	16 ●	00
17. AMOUNT TO BE REFUNDED TO YOU: (Subtract line 16 from line 15)	17 ● <b>3,620</b>	00
18. AMOUNT DUE: (If line 7 is greater than line 14, enter difference)	18 ●	00

PAY ONLINE: Please visit our secure site ATAP (Arkansas Taxpayer Access Point) at [www.atap.arkansas.gov](http://www.atap.arkansas.gov). ATAP allows taxpayers or their representatives to log on, make payments and manage their account online. ATAP is available 24 hours.

**PAY BY CREDIT CARD: (See instructions)**

**PAY BY MAIL: (See instructions)**

**Note: The AR1000CR, page 2 (CR2) must be completed and attached.**

PLEASE SIGN HERE	PLEASE SIGN HERE: 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 taxpayer) is based on all information of which preparer has any knowledge.		
	Signature of officer, partner or accountant <b>SIGN HERE</b>	Date <b>03/03/2019</b>	Telephone <b>(501) 682-7229</b>
PAID PREPARER	Paid preparer's signature	PTIN/ID number ● <b>00-*****</b>	May the Arkansas Revenue Agency discuss this return with the preparer? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	Preparer's name	City/State/ZIP <b>ST. LOUIS, MO 63141</b>	For Department Use Only A <input type="checkbox"/> <input type="checkbox"/> ●
	E-mail <b>JPREPARER@YAHOO.COM</b>		Telephone



FEIN: 00-\*\*\*\*23

SCHEDULE A - NON CORPORATION MEMBERS SHARES OF INCOME			
NAME OF MEMBER	ADDRESS, CITY, STATE, ZIP	SSN OR FEIN	SHARE OF TAXABLE INCOME
JAMES SCOTT	540 NORTH ST., ST. LOUIS, MO 63141	400-00-5515	77,818 00
JIM SCOTT	541 NORTH ST., ST. LOUIS, MO 63141	400-00-5516	194,545 00
			00
			00
			00
			00
			00
			00
			00
<b>Total Taxable Income:</b> Enter here and on line 2 .....			<b>272,363 00</b>

SCHEDULE B - CORPORATION MEMBERS SHARES OF INCOME			
NAME OF MEMBER	ADDRESS, CITY, STATE, ZIP	FEIN	SHARE OF TAXABLE INCOME
JANET SCOTT	542 NORTH ST., ST. LOUIS, MO 63141	400-00-5517	116,726 00
			00
			00
			00
			00
			00
			00
			00
			00
<b>Total Taxable Income:</b> Enter here and on line 5 .....			<b>116,726 00</b>

AR1099PT

STATE OF ARKANSAS  
INFORMATION RETURN  
Report of Income Tax Withheld or Paid  
on Behalf of Nonresident Member



Tax Year End of Pass Through Entity 12/31/2019  
mm/dd/yyyy

Part A: Pass - Through Entity Information		Part B: Nonresident Member Information	
Name of Entity: Herman Smith Company		Name: James Scott	
Type of Ownership: (if other, please provide statement of ownership type) <input checked="" type="checkbox"/> Partnership <input type="checkbox"/> C Corp. <input type="checkbox"/> S Corp. <input type="checkbox"/> LLC <input type="checkbox"/> Trust <input type="checkbox"/> Other		Type of Ownership: (if other, please provide statement of ownership type) <input type="checkbox"/> Partnership <input type="checkbox"/> C Corp. <input type="checkbox"/> S Corp. <input type="checkbox"/> LLC <input type="checkbox"/> Trust <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Other	
Federal Identification Number: 00-*****23		Social Security Number or Federal Identification Number of Member: 400-00-5515	
Street Address: 3 Scott Ct.		Street Address: 540 North St.	
City, State, ZIP: St. Louis, MO 63146		City, State, ZIP: St. Louis, MO 63141	
Part C: Distribution and Tax Withholding or Payment Information for Nonresident Member			
Total Amounts Distributed from Arkansas Sources: \$77,818	Arkansas Income Tax Withheld: \$10,000	Arkansas Income Tax Paid on AR1000CR:	

AR1099PT

STATE OF ARKANSAS  
INFORMATION RETURN  
Report of Income Tax Withheld or Paid  
on Behalf of Nonresident Member



Tax Year End of Pass Through Entity 12/31/2019  
mm/dd/yyyy

Part A: Pass - Through Entity Information		Part B: Nonresident Member Information	
Name of Entity: Herman Smith Company		Name: Jim Scott	
Type of Ownership: (if other, please provide statement of ownership type) <input checked="" type="checkbox"/> Partnership <input type="checkbox"/> C Corp. <input type="checkbox"/> S Corp. <input type="checkbox"/> LLC <input type="checkbox"/> Trust <input type="checkbox"/> Other		Type of Ownership: (if other, please provide statement of ownership type) <input type="checkbox"/> Partnership <input type="checkbox"/> C Corp. <input type="checkbox"/> S Corp. <input type="checkbox"/> LLC <input type="checkbox"/> Trust <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Other	
Federal Identification Number: 00-*****23		Social Security Number or Federal Identification Number of Member: 400-00-5516	
Street Address: 3 Scott Ct.		Street Address: 541 North St.	
City, State, ZIP: St. Louis, MO 63146		City, State, ZIP: St. Louis, MO 63141	
Part C: Distribution and Tax Withholding or Payment Information for Nonresident Member			
Total Amounts Distributed from Arkansas Sources: \$194,545	Arkansas Income Tax Withheld: \$10,000	Arkansas Income Tax Paid on AR1000CR:	



AR1099PT

STATE OF ARKANSAS  
INFORMATION RETURN  
Report of Income Tax Withheld or Paid  
on Behalf of Nonresident Member



Tax Year End of Pass Through Entity 12/31/2019  
mm/dd/yyyy

Part A: Pass - Through Entity Information		Part B: Nonresident Member Information	
Name of Entity: Herman Smith Company		Name: Janet Scott	
Type of Ownership: (if other, please provide statement of ownership type) <input checked="" type="checkbox"/> Partnership <input type="checkbox"/> C Corp. <input type="checkbox"/> S Corp. <input type="checkbox"/> LLC <input type="checkbox"/> Trust <input type="checkbox"/> Other		Type of Ownership: (if other, please provide statement of ownership type) <input type="checkbox"/> Partnership <input type="checkbox"/> C Corp. <input type="checkbox"/> S Corp. <input type="checkbox"/> LLC <input type="checkbox"/> Trust <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Other	
Federal Identification Number: 00-*****23		Social Security Number or Federal Identification Number of Member: 400-00-5517	
Street Address: 3 Scott Ct.		Street Address: 542 North St.	
City, State, ZIP: St. Louis, MO 63146		City, State, ZIP: St. Louis, MO 63141	
Part C: Distribution and Tax Withholding or Payment Information for Nonresident Member			
Total Amounts Distributed from Arkansas Sources: \$116,726	Arkansas Income Tax Withheld: \$10,000	Arkansas Income Tax Paid on AR1000CR:	

## Arkansas Test Case 24

### AMENDED INCOME TAX RETURN

**Required Forms:** AR1000CR & AR1099-PT  
**Name of estate or trust:** Joe's Construction Company  
**FEIN:** 00-\*\*\*\*\*24

# 2019 AR1000CR

## ARKANSAS INCOME TAX COMPOSITE TAX RETURN



# CR1

CHECK BOX IF  
AMENDED RETURN

Software ID

Jan 1 - Dec 31, 2019 or fiscal year ending \_\_\_\_\_, 20\_\_\_\_ ●

\_\_\_\_\_

Name of entity ● <b>JOE'S CONSTRUCTION COMPANY</b>			Federal employer identification number ● <b>00-****24</b>		
Mailing address ● <b>P O BOX 3628</b>			Telephone <b>(501) 682-7925</b>		
City ● <b>LITTLE ROCK</b>	State or province ● <b>AR</b>	ZIP ● <b>72203</b>	<input type="checkbox"/> Check if address is outside U.S. Foreign country name		
● <input type="checkbox"/> <b>Check this box if you have filed Arkansas extension Form AR1055-CR</b>			Location of records for audit <b>1816 W. 7TH ST., LITTLE ROCK, AR</b>		

### COMPUTATION OF TAX ON ARKANSAS TAXABLE INCOME (Round to nearest dollar)

#### NON CORPORATION MEMBERS SHARES OF INCOME

1. NUMBER OF NONRESIDENT MEMBERS .....	1 ● 2		
2. TAXABLE INCOME FROM SCHEDULE A: (Non Corporation members) .....	2 ●	95,968	00
3. TAX: [Multiply line 2 by 6.9 percent (.069)] .....	3 ●	6,622	00

#### CORPORATION MEMBERS SHARES OF INCOME

4. NUMBER OF NONRESIDENT MEMBERS .....	4 ● 1		
5. TAXABLE INCOME FROM SCHEDULE B: (Corporation members) .....	5 ●	19,835	00
6. TAX: [Multiply line 5 by 6.5 percent (.065)] .....	6 ●	1,289	00

7. TOTAL TAX: (Add lines 3 and 6) .....	7 ●	7,911	00
8. Arkansas income tax withheld: [Attach copies of AR1099PT Form(s)] .....	8 ●	8,000	00
9. Estimated tax paid and/or credit carried forward: .....	9 ●		00
10. Payment made with extension: .....	10 ●		00
11. AMENDED RETURNS ONLY - Enter previous payments: .....	11 ●		00
12. TOTAL PAYMENTS: (Add lines 8 through 11) .....	12 ●	8,000	00
13. AMENDED RETURNS ONLY - Enter previous overpayments: .....	13 ●		00
14. ADJUSTED TOTAL PAYMENTS: (Subtract line 13 from line 12) .....	14 ●	8,000	00
15. AMOUNT OF OVERPAYMENT/REFUND: (If line 14 is greater than line 7, enter difference) .....	15 ●	89	00
16. Amount of overpayment to be applied to 2020: .....	16 ●		00
17. AMOUNT TO BE REFUNDED TO YOU: (Subtract line 16 from line 15) .....	17 ●	89	00
18. AMOUNT DUE: (If line 7 is greater than line 14, enter difference) .....	18 ●		00

PAY ONLINE: Please visit our secure site ATAP (Arkansas Taxpayer Access Point) at [www.atap.arkansas.gov](http://www.atap.arkansas.gov). ATAP allows taxpayers or their representatives to log on, make payments and manage their account online. ATAP is available 24 hours.

PAY BY CREDIT CARD: (See instructions)

PAY BY MAIL: (See instructions)

Note: **The AR1000CR, page 2 (CR2) must be completed and attached.**

PLEASE SIGN HERE	PLEASE SIGN HERE: 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 taxpayer) is based on all information of which preparer has any knowledge.		
	Signature of officer, partner or accountant <b>SIGN HERE</b>	Date <b>03/03/2020</b>	Telephone <b>(501) 682-2194</b>
PAID PREPARER	Paid preparer's signature	PTIN/ID number ● <b>P00*****</b>	May the Arkansas Revenue Agency discuss this return with the preparer? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	Preparer's name	City/State/ZIP <b>LITTLE ROCK, AR 72203</b>	For Department Use Only A _____ ●
	E-mail <b>taxpreparer@yahoo.com</b>		Telephone



FEIN: 00-\*\*\*\*24

SCHEDULE A - NON CORPORATION MEMBERS SHARES OF INCOME			
NAME OF MEMBER	ADDRESS, CITY, STATE, ZIP	SSN OR FEIN	SHARE OF TAXABLE INCOME
ALICE MEMBER	123 MAIN ST., FORT WORTH, TX 76123	400-00-5501	39,685 00
BRANDON MEMBER	124 MAIN ST., GREENVILLE, MS 38704	400-00-5502	56,283 00
			00
			00
			00
			00
			00
			00
			00
<b>Total Taxable Income:</b> Enter here and on line 2 .....			<b>95,968 00</b>

SCHEDULE B - CORPORATION MEMBERS SHARES OF INCOME			
NAME OF MEMBER	ADDRESS, CITY, STATE, ZIP	FEIN	SHARE OF TAXABLE INCOME
CHASE MEMBER	125 MAIN ST., LANDISVILLE, PA 15538	400-00-5503	19,835 00
			00
			00
			00
			00
			00
			00
			00
			00
<b>Total Taxable Income:</b> Enter here and on line 5 .....			<b>19,835 00</b>

AR1099PT

STATE OF ARKANSAS  
INFORMATION RETURN  
Report of Income Tax Withheld or Paid  
on Behalf of Nonresident Member



Tax Year End of Pass Through Entity 12/31/2019  
mm/dd/yyyy

Part A: Pass - Through Entity Information		Part B: Nonresident Member Information	
Name of Entity: JOE'S CONSTRUCTION COMPANY		Name: ALICE MEMBER	
Type of Ownership: (if other, please provide statement of ownership type) <input type="checkbox"/> Partnership <input type="checkbox"/> C Corp. <input checked="" type="checkbox"/> S Corp. <input type="checkbox"/> LLC <input type="checkbox"/> Trust <input type="checkbox"/> Other		Type of Ownership: (if other, please provide statement of ownership type) <input type="checkbox"/> Partnership <input type="checkbox"/> C Corp. <input type="checkbox"/> S Corp. <input type="checkbox"/> LLC <input type="checkbox"/> Trust <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Other	
Federal Identification Number: 00-*****24		Social Security Number or Federal Identification Number of Member: 400-00-5501	
Street Address: P O BOX 3628		Street Address: 123 MAIN ST	
City, State, ZIP: LITTLE ROCK, AR 72203		City, State, ZIP: FORT WORTH, TX 76123	
Part C: Distribution and Tax Withholding or Payment Information for Nonresident Member			
Total Amounts Distributed from Arkansas Sources: \$39,685	Arkansas Income Tax Withheld: \$2,738	Arkansas Income Tax Paid on AR1000CR:	

AR1099PT

STATE OF ARKANSAS  
INFORMATION RETURN  
Report of Income Tax Withheld or Paid  
on Behalf of Nonresident Member



Tax Year End of Pass Through Entity 12/31/2019  
mm/dd/yyyy

Part A: Pass - Through Entity Information		Part B: Nonresident Member Information	
Name of Entity: JOE'S CONSTRUCTION COMPANY		Name: BRANDON MEMBER	
Type of Ownership: (if other, please provide statement of ownership type) <input type="checkbox"/> Partnership <input type="checkbox"/> C Corp. <input checked="" type="checkbox"/> S Corp. <input type="checkbox"/> LLC <input type="checkbox"/> Trust <input type="checkbox"/> Other		Type of Ownership: (if other, please provide statement of ownership type) <input type="checkbox"/> Partnership <input type="checkbox"/> C Corp. <input type="checkbox"/> S Corp. <input type="checkbox"/> LLC <input type="checkbox"/> Trust <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Other	
Federal Identification Number: 00-*****24		Social Security Number or Federal Identification Number of Member: 400-00-5502	
Street Address: P O BOX 3628		Street Address: 124 MAIN ST.	
City, State, ZIP: LITTLE ROCK, AR 72203		City, State, ZIP: GREENVILLE, MS 38704	
Part C: Distribution and Tax Withholding or Payment Information for Nonresident Member			
Total Amounts Distributed from Arkansas Sources: \$56,283	Arkansas Income Tax Withheld: \$3,884	Arkansas Income Tax Paid on AR1000CR:	

AR1099PT

STATE OF ARKANSAS  
INFORMATION RETURN  
Report of Income Tax Withheld or Paid  
on Behalf of Nonresident Member



Tax Year End of Pass Through Entity 12/31/2019  
mm/dd/yyyy

Part A: Pass - Through Entity Information		Part B: Nonresident Member Information	
Name of Entity: JOE'S CONSTRUCTION COMPANY		Name: CHASE MEMBER	
Type of Ownership: (if other, please provide statement of ownership type) <input type="checkbox"/> Partnership <input type="checkbox"/> C Corp. <input checked="" type="checkbox"/> S Corp. <input type="checkbox"/> LLC <input type="checkbox"/> Trust <input type="checkbox"/> Other		Type of Ownership: (if other, please provide statement of ownership type) <input type="checkbox"/> Partnership <input type="checkbox"/> C Corp. <input type="checkbox"/> S Corp. <input type="checkbox"/> LLC <input type="checkbox"/> Trust <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Other	
Federal Identification Number: 00-*****24		Social Security Number or Federal Identification Number of Member: 400-00-5503	
Street Address: P O BOX 3628		Street Address: 125 MAIN ST.	
City, State, ZIP: LITTLE ROCK, AR 72203		City, State, ZIP: LANDISVILLE, PA 15538	
Part C: Distribution and Tax Withholding or Payment Information for Nonresident Member			
Total Amounts Distributed from Arkansas Sources: \$19835	Arkansas Income Tax Withheld: \$1,378	Arkansas Income Tax Paid on AR1000CR:	

Request For  
Extension Of  
Time For  
Filing



## Arkansas Test Case 25

**Required Forms:** AR1155

**Name of estate or trust:** Thermo Stat Corp

**FEIN:** 00-\*\*\*\*\*25

**Extension Payment:**

**Routing Number:** 265270413

**Account Number:** 6695427

**Extension Amount:** \$100.00



ARKANSAS CORPORATION INCOME TAX
REQUEST FOR ARKANSAS EXTENSION OF TIME FOR
FILING INCOME TAX RETURNS

Tax year beginning JANUARY 1, 20 19 and ending DECEMBER 31, 20 19
(Tax year beginning and ending dates are required fields)

Software ID

Name: THERMO STAT CORP
Federal Employer Identification Number: 00-\*\*\*\*25
Mailing Address: 1 AIR CONDITION WAY
City: ENGLAND, State: AR, Zip: 72046

STOP File only if you are requesting a 60 or 180 day Arkansas extension as referenced in Item 2 below
(See Instructions for additional information)

NAICS Code: 561790, Date of Incorporation: 04/17/2000
Type of Corporation: Domestic (in state)
Filing status boxes: LIMITED LIABILITY COMPANY, PARTNERSHIP

- 1. INDICATE TYPE OF RETURN FOR WHICH EXTENSION IS BEING REQUESTED:
S CORPORATION, C CORPORATION (checked), COOPERATIVE ASSOCIATION, EXEMPT ORGANIZATION
2. CHECK ONLY ONE BOX BELOW (BOX A OR BOX B) TO REQUEST AN ARKANSAS EXTENSION:
A (checked) Check this box if requesting an additional 60 day extension from the Federal Extended return due date to file the Arkansas return.
B Check this box if requesting an additional 180 day extension from the Arkansas original return due date to file the Arkansas return.

File this request by the original due date or, if applicable, the extended due date of the Arkansas return. A copy of the approved request must be attached to the face of the return when filed.

Please mail the Corporation Income Tax Extensions to the following address: CORPORATION INCOME TAX SECTION
P.O. Box 919
Little Rock, AR 72203-0919

Make check or money order payable in U.S. Dollars to "Dept. of Finance and Administration" cut here

AR1155 STATE OF ARKANSAS Corporation Extension Payment

Software ID [ ] Tax Year Ending [ ] (MM/DD/YYYY)

Federal Employer Identification Number [ ] Due Date [ ]

Name of Corporation [ ]
Address [ ]
City, State, Zip [ ]
Telephone # [ ]

Amount of this Payment \$ [ ]
Enter Whole Dollars (ex. 1,234,567.00)

## Arkansas Test Case 26

**Required Forms:** AR1155

**Name of estate or trust:** Sand Tart Inc

**FEIN:** 00-\*\*\*\*\*26

**Extension Payment:**

**Routing Number:** 265270413

**Account Number:** 6695427

**Extension Amount:** \$200.00



ARKANSAS CORPORATION INCOME TAX
REQUEST FOR ARKANSAS EXTENSION OF TIME FOR
FILING INCOME TAX RETURNS

Tax year beginning JANUARY 1, 20 19 and ending DECEMBER 31, 20 19
(Tax year beginning and ending dates are required fields)

Software ID

Name: SAND TART INC; Federal Employer Identification Number: 00-\*\*\*\*26; Mailing Address: 25 PECAN WAY; City: CAVE CITY; State: AR; Zip: 72521

STOP File only if you are requesting a 60 or 180 day Arkansas extension as referenced in Item 2 below
(See Instructions for additional information)

NAICS Code: 561790; Date of Incorporation: 12/01/2015; Type of Corporation: Domestic (in state)

1. INDICATE TYPE OF RETURN FOR WHICH EXTENSION IS BEING REQUESTED:

- S CORPORATION (AR1100S) - If the entity is the Parent Corporation, the Parent must request the extension, include a schedule of Q Subs under the Parent and the Parent must file the Arkansas Return.
C CORPORATION (AR1100CT) - If requesting for (a) member(s) of a group filing an Arkansas consolidated return, request extension for the parent corporation and list the subsidiaries in the federal group eligible to file in the Arkansas consolidated group.
COOPERATIVE ASSOCIATION (AR1100CT)
EXEMPT ORGANIZATION (AR1100CT)

2. CHECK ONLY ONE BOX BELOW (BOX A OR BOX B) TO REQUEST AN ARKANSAS EXTENSION:

- A Check this box if requesting an additional 60 day extension from the Federal Extended return due date to file the Arkansas return.
B Check this box if requesting an additional 180 day extension from the Arkansas original return due date to file the Arkansas return.

File this request by the original due date or, if applicable, the extended due date of the Arkansas return. A copy of the approved request must be attached to the face of the return when filed.

Please mail the Corporation Income Tax Extensions to the following address: CORPORATION INCOME TAX SECTION
P.O. Box 919
Little Rock, AR 72203-0919

Make check or money order payable in U.S. Dollars to "Dept. of Finance and Administration" cut here

AR1155 STATE OF ARKANSAS Corporation Extension Payment

Software ID [ ] Tax Year Ending [ ] (MM/DD/YYYY)

Federal Employer Identification Number [ ] Due Date [ ]

Name of Corporation [ ]
Address [ ]
City, State, Zip [ ]
Telephone # [ ]

Amount of this Payment \$ [ ]

Enter Whole Dollars (ex. 1,234,567.00)

## Arkansas Test Case 27

**Required Forms:** AR1055-PE  
**Name of estate or trust:** Curtain Partnership  
**FEIN:** 00-\*\*\*\*\*27



STATE OF ARKANSAS  
REQUEST FOR EXTENSION OF TIME FOR FILING  
PARTNERSHIP TAX RETURNS

Jan. 1 - Dec. 31, 2019 or fiscal year beginning _____ and ending _____ 20 ____			Software ID ● _____
Name of entity ● <b>CURTAIN PARTNERSHIP</b>		Federal employer identification number ● <b>00-*****27</b>	
Mailing address (Number and street, P.O. box or rural route) ● <b>86 PLAID COURT</b>			
City ● <b>MT HOLLY</b>	State or province ● <b>AR</b>	ZIP ● <b>71757</b>	<input type="checkbox"/> Check if address is outside U.S. Foreign country name _____
			Dept. Use Only <input type="checkbox"/> APPROVED <input type="checkbox"/> DENIED: Extension request not approved on time <input type="checkbox"/> DENIED: Other _____

Filing this Arkansas extension form will extend the date to file your return to October 15<sup>th</sup> for calendar year filers. Fiscal year filers will have an extension of 180 days from their return due date.

File this request on or before the due date of your return. Keep a copy for your records.

NOTE: Income tax returns must be filed and the tax paid on or before the fifteenth (15<sup>th</sup>) day of the fourth (4<sup>th</sup>) month following the close of the tax year (April 15<sup>th</sup> for calendar year filers). This extension is an agreement by the Commissioner of Revenue to waive the statutory penalty for failure to file timely if the return is filed by the extension due date and the tax is paid by the original due date of the return (April 15<sup>th</sup> for calendar year filers).

Mail to the following address: Individual Income Tax Section  
P.O. Box 8149  
Little Rock, AR 72203-8149

**Caution:** An extension to file is not an extension to pay. Interest and failure to pay penalty will be assessed if any tax due is not paid by the original due date, April 15<sup>th</sup> for calendar year filers.

## Arkansas Test Case 28

**Required Forms:** AR1055-FE

**Name of estate or trust:** Peach Trust

**FEIN:** 00-\*\*\*\*\*28

**Extension Payment:**

**Routing Number:** 265270413

**Account Number:** 6695427

**Extension Amount:** \$300.00



STATE OF ARKANSAS  
 REQUEST FOR EXTENSION OF TIME FOR FILING  
 FIDUCIARY TAX RETURNS

Jan. 1 - Dec. 31, 2019 or fiscal year beginning \_\_\_\_\_ and ending \_\_\_\_\_ 20\_\_

Software ID

Name of estate or trust ● PEACH TRUST		Federal identification number ● 00-*****28		Dept. Use Only  <input type="checkbox"/> APPROVED  <input type="checkbox"/> DENIED: Extension request not approved on time  <input type="checkbox"/> DENIED: Other _____  _____
Name and title of fiduciary or trustee ● ARKANSAS PEACH				
Mailing address (Number and street, P.O. box or rural route) ● 1 COBBLER DR				
City ● HOPE	State or province ● AR	ZIP ● 71801	<input type="checkbox"/> Check if address is outside U.S. Foreign country name	

Filing this Arkansas extension form will extend the date to file your return to October 15<sup>th</sup> for calendar year filers. Fiscal year filers will have an extension of 180 days from their return due date.

File this request on or before the due date of your return. Keep a copy for your records.

**NOTE: Income tax returns must be filed and the tax paid on or before the fifteenth (15<sup>th</sup>) day of the fourth (4<sup>th</sup>) month following the close of the tax year (April 15<sup>th</sup> for calendar year filers). This extension is an agreement by the Commissioner of Revenue to waive the statutory penalty for failure to file timely if the return is filed by the extension due date and the tax is paid by the original due date of the return (April 15<sup>th</sup> for calendar year filers).**

Mail to the following address: Individual Income Tax Section  
 P.O. Box 8149  
 Little Rock, AR 72203-8149

**Caution: An extension to file is not an extension to pay. Interest and failure to pay penalty will be assessed if any tax due is not paid by the original due date, April 15<sup>th</sup> for calendar year filers.**

Make check or money order payable in U.S. Dollars to "Dept. of Finance and Administration" cut here

AR1055-FE	STATE of ARKANSAS Fiduciary Extension Payment	2019
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Software ID   
 Calendar Year 2019 or  
 Fiscal Year Ending \_\_\_\_\_  
 (MM/DD/YYYY)

Federal Identification Number   
 Due Date

Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 City, State, Zip \_\_\_\_\_  
 Telephone # \_\_\_\_\_

Amount of this Payment \$   
 Include Cents (ex. 1,234,567.00)



## Arkansas Test Case 29

**Required Forms:** AR1055-CR

**Name of estate or trust:** Pencil Inc

**FEIN:** 00-\*\*\*\*\*29

**Extension Payment:**

**Routing Number:** 265270413

**Account Number:** 6695427

**Extension Amount:** \$400.00



STATE OF ARKANSAS  
REQUEST FOR EXTENSION OF TIME FOR FILING  
COMPOSITE TAX RETURNS

Jan. 1 - Dec. 31, 2019 or fiscal year beginning \_\_\_\_\_ and ending \_\_\_\_\_ 20 \_\_\_\_\_

Name of entity ● <b>PENCIL INC</b>		Federal employer identification number ● <b>00-****29</b>		Software ID ● <input type="text"/>
Mailing address (Number and street, P.O. box or rural route) ● <b>44 LEAD ST</b>				
City ● <b>PENCIL BLUFF</b>	State or province ● <b>AR</b>	ZIP ● <b>71965</b>	<input type="checkbox"/> Check if address is outside U.S. Foreign country name	
				Dept. Use Only <input type="checkbox"/> APPROVED <input type="checkbox"/> DENIED: Extension request not approved on time <input type="checkbox"/> DENIED: Other _____

Filing this Arkansas extension form will extend the date to file your return to October 15<sup>th</sup> for calendar year filers. Fiscal year filers will have an extension of 180 days from their return due date.

File this request on or before the due date of your return. Keep a copy for your records.

NOTE: Income tax returns must be filed and the tax paid on or before the fifteenth (15<sup>th</sup>) day of the fourth (4<sup>th</sup>) month following the close of the tax year (April 15<sup>th</sup> for calendar year filers). This extension is an agreement by the Commissioner of Revenue to waive the statutory penalty for failure to file timely if the return is filed by the extension due date and the tax is paid by the original due date of the return (April 15<sup>th</sup> for calendar year filers).

Mail to the following address: Individual Income Tax Section  
P.O. Box 8149  
Little Rock, AR 72203-8149

**Caution:** An extension to file is not an extension to pay. Interest and failure to pay penalty will be assessed if any tax due is not paid by the original due date, April 15<sup>th</sup> for calendar year filers.

Make check or money order payable in U.S. Dollars to "Dept. of Finance and Administration".  
----- cut here -----

**AR1055-CR** STATE of ARKANSAS **2019**  
**Composite Extension Payment**

Software ID  Calendar Year 2019 or  
Fiscal Year Ending \_\_\_\_\_  
(MM/DD/YYYY)

Federal Identification Number  Due Date

Name   
Address   
City, State, Zip   
Telephone #

Amount of this Payment \$   
Include Cents (ex. 1,234,567.00)