

STATE OF ARKANSAS
FIDUCIARY RETURN

For 2009 or Fiscal Year beginning _____ and ending _____ 20 _____

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

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

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

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

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

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

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

Tax and Payments section table with 12 rows: 26. Arkansas Income Tax Withheld, 27. Estimated Tax Paid or Credit Brought Forward From Last Year, 28. Tax Paid with Extension, 29. Payments Made With or After the Filing of Original Return, 30. Total Payments, 31. Overpayments Received, 32. NET PAYMENTS, 33. Amount of Overpayment, 34. Amount to be Applied to 2010 Estimated Tax, 35. AMOUNT TO BE REFUNDED TO YOU, 36. AMOUNT DUE.

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

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

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

