

# Arkansas Composite Income Tax Request For Vouchers Approval

This is...    Original Submission     **OR**    Resubmission

**Company Name:** \_\_\_\_\_    **Software ID:** \_\_\_\_\_    **Date:** \_\_\_\_\_

**Product Name:** \_\_\_\_\_

**Contact Name:** \_\_\_\_\_    **Email:** \_\_\_\_\_

**Mail to: Arkansas eFile Group**  
**P.O. Box 8094**  
**Little Rock, AR 72203-8094**

**OR**

**Mail to: Arkansas eFile Group**  
**1816 W. 7th Street, Room B440**  
**Little Rock, AR 72201**

Check Forms Submitted	State Form ID	Form Name	Approved as submitted	Not Approved (Correct and Resubmit)
	AR1000CRES	Composite Estimated Payment Voucher		
	Comments:			
	AR1000CRV	Composite Tax Filing Payment Voucher		
	Comments:			
	AR1055-CR (Vouchers Only)	Request for Extension of Time (Composite)		
	Comments:			
	Comments:			

<b>Reviewed By</b>	Signature: _____	Date: _____
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