

# Arkansas Composite Income Tax Request For Forms Approval

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

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

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

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

**Email to: ARForms@dfa.arkansas.gov**

Check Forms Submitted	State Form ID	Form Name	Approved as submitted	Not Approved (Correct and Resubmit)
	AR1000CR	CompositeTax Income Tax Return		
	Comments:			
	AR1055-CR (Form Only)	Request for Extension of Time (Composite)		
	Comments:			
	AR8453-CR	Declaration for Electronic Filing		
	Comments:			
	AR K-1	Arkansas Schedule K-1 For Tax Type Composite Only		
	Comments:			
	AR K-1FE	Arkansas Schedule K-1 (Fiduciary) For Tax Type Composite Only		
	Comments:			
	AR EST PMT	Arkansas Estimated Payment For Tax Type Composite Only		
	Comments:			

<b>Reviewed By</b>	Signature: _____	Date: _____
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Check Forms Submitted	State Form ID	Form Name	Approved as submitted	Not Approved (Correct and Resubmit)
	AR EXT PMT	Arkansas Extension Payment For Tax Type Composite Only		
	Comments:			
	AR TAX PMT	Arkansas Tax Payment For Tax Type Composite Only		
	Comments:			
	AR1099PT	Report of Income Tax Withheld or Paid on Behalf of Nonresident Member		
	Comments:			
	Comments:			
	Comments:			
	Comments:			

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