



ARKANSAS COMPOSITE TAX RETURN DECLARATION FOR ELECTRONIC FILING

For calendar year 2021, or tax year beginning _____, 20____, ending _____, 20____

Name of Entity, Federal Employer Identification Number, Mailing Address, Telephone, City, State or Province, ZIP, Check if address is outside U.S. Foreign Country

PART I - TAX RETURN INFORMATION (Whole Dollars Only)

Table with 3 columns: Line number, Description, Amount. Rows include Taxable Income from Schedule A, Taxable Income from Schedule B, Tax, Arkansas Income Tax Withheld, Amount of Overpayment/Refund, and Amount Due.

PART II - DECLARATION OF OFFICER (Sign only after Part I is completed)

- 6a. I authorize the State of Arkansas Income Tax Section to initiate debit entries to my account as indicated on the Arkansas Income Tax Payment form (AR TAX PMT).
6b. I authorize the State of Arkansas Income Tax Section to initiate debit entries to my account as indicated on the Arkansas Estimated Tax Payment form (AR EST PMT) or Arkansas Extension Payment form (AR EXT PMT).

Under penalties of perjury, I declare that I am an officer, partner or accountant for the above entity and that the information I have given my electronic return originator (ERO), transmitter, and/or internet service provider (ISP) and the amounts in Part I above agree with the corresponding lines on the 2021 Arkansas composite return.

Sign Here Signature of officer, partner or accountant Date Title

PART III - DECLARATION OF ELECTRONIC RETURN ORIGINATOR (ERO) AND PAID PREPARER

I declare that I have reviewed the above composite return and that the entries on Form AR8453-CR are complete and correct to the best of my knowledge. If I am only a collector, I understand that I am not responsible for reviewing the composite return; I declare that Form AR8453-CR accurately reflects the data on the return.

ERO'S Use Only ERO's signature, Date, Check if also paid preparer, Check if self-employed, ERO's SSN or PTIN, Firm's name (or yours if self-employed) address and ZIP code, EIN, Phone No.

Under penalties of perjury, I declare that I have examined the above composite return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. This declaration is based on all information of which I have any knowledge.

Paid Preparer's Use Only Preparer's signature, Date, Check if self-employed, Preparer's SSN or PTIN, Firm's name (or yours if self-employed) address and ZIP code, EIN, Phone No.