

# Arkansas Pass-Through Entity 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)
1	AR1100ESPET	Pass-through Estimated Payment Voucher		
	Comments:			
	Comments:			
	Comments:			
	Comments:			

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