

1.

Name:	
SSN/FEIN:	
Arkansas Form or Schedule:	
Ownership Type:	
Description:	
Tax Year:	
<b>1. Amount</b>	<input type="text" value="00"/>

2.

Name:	
SSN/FEIN:	
Arkansas Form or Schedule:	
Ownership Type:	
Description:	
Tax Year:	
<b>2. Amount</b>	<input type="text" value="00"/>

3.

Name:	
SSN/FEIN:	
Arkansas Form or Schedule:	
Ownership Type:	
Description:	
Tax Year:	
<b>3. Amount</b>	<input type="text" value="00"/>

4.

Name:	
SSN/FEIN:	
Arkansas Form or Schedule:	
Ownership Type:	
Description:	
Tax Year:	
<b>4. Amount</b>	<input type="text" value="00"/>

5.

Name:	
SSN/FEIN:	
Arkansas Form or Schedule:	
Ownership Type:	
Description:	
Tax Year:	
<b>5. Amount</b>	<input type="text" value="00"/>

6.

Name:	
SSN/FEIN:	
Arkansas Form or Schedule:	
Ownership Type:	
Description:	
Tax Year:	
<b>6. Amount</b>	<input type="text" value="00"/>

7.

Name:	
SSN/FEIN:	
Arkansas Form or Schedule:	
Ownership Type:	
Description:	
Tax Year:	
<b>7. Amount</b>	<input type="text" value="00"/>