

# Arkansas Composite Income Tax Request For Forms Approval

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

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

**Email:** \_\_\_\_\_

Check Forms Submitted	State Form ID	Form Name	Approved as submitted	Approved with Corrections	Not Approved (Correct and Resubmit)
	<b>AR1000CR</b>	Composite Tax Income Tax Return			
	<b>Comments:</b> Resubmit by: <input type="checkbox"/> Fax <input type="checkbox"/> Email <input type="checkbox"/> Mail				
	<b>ARK-1</b>	Arkansas Schedule K-1			
	<b>Comments:</b> Resubmit by: <input type="checkbox"/> Fax <input type="checkbox"/> Email <input type="checkbox"/> Mail				
	<b>AR8453-CR</b>	Declaration for Electronic Filing			
	<b>Comments:</b> Resubmit by: <input type="checkbox"/> Fax <input type="checkbox"/> Email <input type="checkbox"/> Mail				
	<b>AR TAX PMT</b>	Arkansas Tax Payment			
	<b>Comments:</b> Resubmit by: <input type="checkbox"/> Fax <input type="checkbox"/> Email <input type="checkbox"/> Mail				
	<b>AR EXT PMT</b>	Arkansas Extension Payment			
	<b>Comments:</b> Resubmit by: <input type="checkbox"/> Fax <input type="checkbox"/> Email <input type="checkbox"/> Mail				
	<b>AR EST PMT</b>	Arkansas Estimated Payment			
	<b>Comments:</b> Resubmit by: <input type="checkbox"/> Fax <input type="checkbox"/> Email <input type="checkbox"/> Mail				
	<b>AR1055</b>	Request for Extension of Time			
	<b>Comments:</b> Resubmit by: <input type="checkbox"/> Fax <input type="checkbox"/> Email <input type="checkbox"/> Mail				
	<b>Comments:</b> Resubmit by: <input type="checkbox"/> Fax <input type="checkbox"/> Email <input type="checkbox"/> Mail				
	<b>Comments:</b> Resubmit by: <input type="checkbox"/> Fax <input type="checkbox"/> Email <input type="checkbox"/> Mail				

<b>Reviewer Information</b>	Signature: _____	Title: _____	Date: _____
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