

Arkansas Composite Income Tax Request For Vouchers 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)
	AR1000CRES	Composite Estimated Payment Voucher			
	Comments: Resubmit by: <input type="checkbox"/> Fax <input type="checkbox"/> Email <input type="checkbox"/> Mail				
	AR1000-CRV	Composite Tax Filing Payment Voucher			
	Comments: Resubmit by: <input type="checkbox"/> Fax <input type="checkbox"/> Email <input type="checkbox"/> Mail				
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Reviewer Information	Signature: _____	Title: _____	Date: _____
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