

Arkansas Partnership 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)
0	AR1050	Partnership Income Tax Return			
	Comments: Resubmit by: <input type="checkbox"/> Fax <input type="checkbox"/> Email <input type="checkbox"/> Mail				
0	ARK-1	Arkansas Schedule K-1			
	Comments: Resubmit by: <input type="checkbox"/> Fax <input type="checkbox"/> Email <input type="checkbox"/> Mail				
0	AR-AIS	Arkansas Additional Information Schedule			
	Comments: Resubmit by: <input type="checkbox"/> Fax <input type="checkbox"/> Email <input type="checkbox"/> Mail Does Not Require Approval				
0	AR8453-PE	Declaration for Electronic Filing			
	Comments: Resubmit by: <input type="checkbox"/> Fax <input type="checkbox"/> Email <input type="checkbox"/> Mail				
0					
	Comments: Resubmit by: <input type="checkbox"/> Fax <input type="checkbox"/> Email <input type="checkbox"/> Mail				
0					
	Comments: Resubmit by: <input type="checkbox"/> Fax <input type="checkbox"/> Email <input type="checkbox"/> Mail				
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	Comments: Resubmit by: <input type="checkbox"/> Fax <input type="checkbox"/> Email <input type="checkbox"/> Mail				
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	Comments: Resubmit by: <input type="checkbox"/> Fax <input type="checkbox"/> Email <input type="checkbox"/> Mail				

Reviewer Information	Signature: _____	Title: _____	Date: _____
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