

Arkansas Composite Income Tax Request For Forms Approval

This is... **Original Submission** **OR** **Resubmission**

Company Name: _____ **Software ID:** _____ **Date:** _____

Product Name: _____

Contact Name: _____ **Email:** _____

Email to: ARForms@dfa.arkansas.gov

Check Forms Submitted	State Form ID	Form Name	Approved as submitted	Not Approved (Correct and Resubmit)
	AR1000CR	CompositeTax Income Tax Return		
	Comments:			
	AR K-1	Arkansas Schedule K-1		
	Comments:			
	AR K-1 (Inst.)	Arkansas Schedule K-1 (Inst.)		
	Comments:			
	AR K-1FE	Arkansas Schedule K-1 (Fiduciary)		
	Comments:			
	AR K-1FE (Inst.)	Arkansas Schedule K-1 (Fiduciary) (Inst.)		
	Comments:			
	AR1055-CR (Form Only)	Request for Extension of Time (Composite)		
	Comments:			
	AR1055-CR (Inst.)	Request for Extension of Time (Composite) (Inst.)		
	Comments:			
	Please see next page for additional forms			

Reviewed By	Signature: _____	Date: _____
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1	AR8453-CR	Declaration for Electronic Filing		
	Comments:			
2	AR8453-CR (Inst.)	Declaration for Electronic Filing (Inst.)		
	Comments:			
3	AR TAX PMT	Arkansas Tax Payment		
	Comments:			
4	AR EXT PMT	Arkansas Extension Payment		
	Comments:			
5	AR EST PMT	Arkansas Estimated Payment		
	Comments:			
6				
	Comments:			
7				
	Comments:			
8				
	Comments:			

Reviewed By	Signature: _____	Date: _____
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