



STATE OF ARKANSAS  
REQUEST FOR EXTENSION OF TIME FOR FILING  
COMPOSITE TAX RETURNS

Jan. 1 - Dec. 31, 2020 or fiscal year beginning _____ and ending _____ 20 _____			Software ID ● <input style="width: 100px;" type="text"/>
Name of entity ● <input style="width: 90%; height: 20px;" type="text"/>		Federal employer identification number ● <input style="width: 90%; height: 20px;" type="text"/>	
Mailing address (Number and street, P.O. box or rural route) ● <input style="width: 95%; height: 20px;" type="text"/>			
City ● <input style="width: 20%; height: 20px;" type="text"/>	State or province ● <input style="width: 15%; height: 20px;" type="text"/>	ZIP ● <input style="width: 10%; height: 20px;" type="text"/>	<input type="checkbox"/> Check if address is outside U.S. Foreign country name
			Dept. Use Only <input type="checkbox"/> APPROVED <input type="checkbox"/> DENIED: Extension request not postmarked by deadline <input type="checkbox"/> DENIED: Other _____

Filing this Arkansas extension form will extend the date to file your return to October 15<sup>th</sup> for calendar year filers. Fiscal year filers will have an extension of 180 days from their return due date.

File this request on or before the due date of your return. Keep a copy for your records.

NOTE: Income tax returns must be filed and the tax paid on or before the fifteenth (15<sup>th</sup>) day of the fourth (4<sup>th</sup>) month following the close of the tax year (April 15<sup>th</sup> for calendar year filers). This extension is an agreement by the Commissioner of Revenue to waive the statutory penalty for failure to file timely if the return is filed by the extension due date and the tax is paid by the original due date of the return (April 15<sup>th</sup> for calendar year filers).

Mail to the following address:    Individual Income Tax Section  
P.O. Box 8149  
Little Rock, AR 72203-8149

**Caution:** An extension to file is not an extension to pay. Interest and failure to pay penalty will be assessed if any tax due is not paid by the original due date, April 15<sup>th</sup> for calendar year filers.

Make check or money order payable in U.S. Dollars to "Dept. of Finance and Administration".  
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AR1055-CR	STATE of ARKANSAS <b>Composite Extension Payment</b>	2020
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Software ID <input style="width: 100%;" type="text"/>	Calendar Year 2020 or Fiscal Year Ending _____ (MM/DD/YYYY)	Tax Year <input style="width: 100%;" type="text"/>
Federal Identification Number <input style="width: 100%;" type="text"/>	Due Date <input style="width: 100%;" type="text"/>	
Name <input style="width: 100%;" type="text"/>		Amount of this Payment \$ <input style="width: 150px;" type="text"/> <small>Include Cents (ex. 1,234,567.00)</small>
Address <input style="width: 100%;" type="text"/>		
City, State, Zip <input style="width: 100%;" type="text"/>		
Telephone # <input style="width: 100%;" type="text"/>		