



**ARKANSAS COMPOSITE TAX RETURN
DECLARATION FOR ELECTRONIC FILING**

For calendar year 2020, or tax year beginning _____, 20____, ending _____, 20____

Name of Entity			Federal Employer Identification Number		
Mailing Address (Number and Street, P.O. Box or Rural Route)			Telephone		
City	State or Province	ZIP	<input type="checkbox"/> Check if address is outside U.S. Foreign Country		

PART I - TAX RETURN INFORMATION (Whole Dollars Only)		
1. Taxable Income from Schedule A (Form AR1000CR, Line 2)	1	00
2. Taxable Income from Schedule B (Form AR1000CR, Line 5)	2	00
3. Tax (Form AR1000CR, Line 7)	3	00
4. Arkansas Income Tax Withheld (Form AR1000CR, Line 8)	4	00
5. Amount of Overpayment/Refund (Form AR1000CR, Line 15)	5	00
6. Amount Due (Form AR1000CR, Line 18)	6	00

PART II - DECLARATION OF OFFICER (Sign only after Part I is completed)

- 6a. I authorize the State of Arkansas Income Tax Section to initiate debit entries to my account as indicated on the Arkansas Income Tax Payment form (AR TAX PMT).
- 6b. I authorize the State of Arkansas Income Tax Section to initiate debit entries to my account as indicated on the Arkansas Estimated Tax Payment form (AR EST PMT) or Arkansas Extension Payment form (AR EXT PMT).

Under penalties of perjury, I declare that I am an officer, partner or accountant for the above entity and that the information I have given my electronic return originator (ERO), transmitter, and/or internet service provider (ISP) and the amounts in Part I above agree with the corresponding lines on the 2020 Arkansas composite return. To the best of my knowledge and belief, the composite return is true, correct, and complete. I consent to my ERO, transmitter, and/or ISP sending the composite return, this declaration, and accompanying schedules and statements to the State of Arkansas. I also consent to the State of Arkansas sending my ERO, transmitter, and/or ISP an acknowledgment of receipt of transmission and an indication of whether or not the composite return is accepted, and, if rejected, the reason(s) for the rejection. If the processing of the composite return is delayed, I authorize the State of Arkansas to disclose to my ERO, transmitter, and/or ISP the reason(s) for the delay, or when the refund was sent. In addition, by using a computer system and software to prepare and transmit my return electronically, I consent to the disclosure to the State of Arkansas of all information pertaining to my use of the system and software and to the transmission of my tax return electronically.

Sign Here ▶ _____ | _____ ▶ _____
 Signature of officer, partner or accountant Date Title

PART III - DECLARATION OF ELECTRONIC RETURN ORIGINATOR (ERO) AND PAID PREPARER

I declare that I have reviewed the above composite return and that the entries on Form AR8453-CR are complete and correct to the best of my knowledge. If I am only a collector, I understand that I am not responsible for reviewing the composite return; I declare that Form AR8453-CR accurately reflects the data on the return. I have obtained the officer, partner or accountant's signature on Form AR8453-CR before submitting this return to the State of Arkansas, and have provided the officer, partner or accountant with a copy of all forms and information to be filed with the State of Arkansas. If I am also the Paid Preparer, under penalties of perjury I declare that I have examined the above composite return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. This declaration of Paid Preparer is based on all information of which the preparer has knowledge.

ERO'S Use Only	ERO's signature	Date	<input type="checkbox"/> Check if also paid preparer	<input type="checkbox"/> Check if self-employed	ERO's SSN or PTIN
	Firm's name (or yours if self-employed)	EIN			
	address and ZIP code	Phone No. ()			

Under penalties of perjury, I declare that I have examined the above composite return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. This declaration is based on all information of which I have any knowledge.

Paid Preparer's Use Only	Preparer's signature	Date	<input type="checkbox"/> Check if self-employed	Preparer's SSN or PTIN
	Firm's name (or yours if self-employed)	EIN		
	address and ZIP code	Phone No. ()		