



ARKANSAS FIDUCIARY INCOME TAX DECLARATION FOR ELECTRONIC FILING

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

Name of Estate or Trust ●			Federal Identification Number ●		
Name and Title of Fiduciary					
Mailing Address (Number and Street, P.O. Box or Rural Route)					
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. Net Taxable Income (Form AR1002F or AR1002NR, Line 19).....				1	00
2. Net Tax (Form AR1002F, Line 24B or AR1002NR, Line 24).....				2	00
3. State Income Tax Withheld (Form AR1002F or AR1002NR, Line 25).....				3 ●	00
4. Refund (Form AR1002F or AR1002NR, Line 34).....				4	00
5. Tax Due (Form AR1002F or AR1002NR, Line 35).....				5	00
PART II - DECLARATION OF FIDUCIARY					
6a. <input type="checkbox"/> 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. <input type="checkbox"/> 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).					
If I have filed a balance due return, I understand that if the State of Arkansas does not receive full and timely payment of my tax liability, I will remain liable for the tax liability and all applicable interest and penalties. If I have filed a joint federal and state return and the federal return is rejected, I understand the Fiduciary state return will be rejected also.					
Under the penalties of perjury, I declare that the information I have given my ERO and the amounts in Part I above agree with the amounts on the corresponding lines of the electronic portion of my 2020 Arkansas Fiduciary income tax return. To the best of my knowledge and belief, my return is true, correct, and complete. I consent to my ERO sending my return, this declaration, and accompanying schedules and statements to the State of Arkansas. I also consent to the State of Arkansas sending my ERO and/or transmitter an acknowledgement of receipt of transmission and an indication of whether or not my return is accepted, and if rejected, the reason(s) for the rejection. If the processing of my return or refund is delayed, I authorize the State of Arkansas to disclose to my ERO and/or transmitter 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 _____ Date _____ Fiduciary's Signature					
PART III - DECLARATION OF ELECTRONIC RETURN ORIGINATOR (ERO) AND PAID PREPARER					
I declare that I have reviewed the above Fiduciary's return and that the entries on Form AR8453-FE 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 Fiduciary's return; I declare that Form AR8453-FE accurately reflects the data on the return. I have obtained the Fiduciary's signature on Form AR8453-FE before submitting this return to the State of Arkansas, and have provided the Fiduciary 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 Fiduciary's 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 _____		Check if paid preparer <input type="checkbox"/> Check if self-employed <input type="checkbox"/> Your SSN or PTIN _____	
		Firm's name and address _____		FEIN _____	
Under penalties of perjury, I declare that I have examined the above Fiduciary's 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 _____		Check if self-employed <input type="checkbox"/> Preparer's SSN or PTIN _____	
		Firm's name and address _____		FEIN _____	