



Software ID input box

ARKANSAS FRANCHISE TAX ANNUAL CORPORATION FRANCHISE TAX REPORT

Use blue or black ink only

- Beginning Date, Ending Date, Final Return, Amended Return

1. Business Information (Required):

Name, Secretary of State (SOS) Filing Number (Required), SSN, FEIN, Federal ID Number

Correct any of the below information, if needed.

2. Tax Contact Information:

Name, Address, City, State, Zip, Phone Number, Email Address

- ALL OF THE INFORMATION IN SECTIONS 4, 5, 6, 7, & 8 HAS BEEN VERIFIED AND HAS BEEN FOUND TO BE EXACTLY THE SAME AS LAST YEAR'S REPORT.

4. Registered Agent Information:

Name, Address, City, State, Zip

5. Principal Office Information:

Address, City, State, Zip, NAICS Code

6. Current Names of Corporate Governors:

President, Vice President, Secretary, Treasurer, Controller, Tax Preparer

- Non Stock Corporation, Authorized Stock

Table 7: TOTAL AUTHORIZED CAPITAL STOCK (See Instruction 7) with columns for NUMBER OF SHARES and PAR VALUE EACH.

Table 8: ISSUED AND OUTSTANDING CAPITAL STOCK (See Instruction 8) with columns for NUMBER OF SHARES, PAR VALUE EACH, and TOTAL.

9. Arkansas Real & Personal Property / Total Real & Personal Property = Percentage (%) X Amount from Line 8d = Arkansas Capital Stock X .003 = TAX DUE

MINIMUM TAX DUE \$150 • IF LESS THAN \$150 PAY \$150 • CORPORATIONS WITHOUT AUTHORIZED STOCK PAY \$300

I declare, under the penalties of perjury, that the foregoing statements are true to the best of my knowledge and belief.

Executed this Day of Month, Year

Print Name Signature