



Software ID input box

ARKANSAS FRANCHISE TAX ANNUAL INSURANCE ENTITIES FRANCHISE TAX REPORT AUTHORIZED CAPITAL STOCK

Use blue or black ink only

Beginning Date: January 1, 2020

Ending Date: December 31, 2020

Final Return / Amended Return checkboxes

1. Business Information (Required):

Business information fields: 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:

Tax contact information fields: Name, Address, City, State, Zip, Phone Number, Email Address

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

4. Principal Office Information:

Principal office information fields: Address, City, State, Zip, NAICS Code

Table 5: TOTAL AUTHORIZED CAPITAL STOCK (See Instruction 5). Columns: NUMBER OF SHARES, PAR VALUE EACH. Rows a, b, c. Total: NO PAR VALUE = \$25 PER SHARE

Table 6: ISSUED AND OUTSTANDING CAPITAL STOCK (See Instruction 6). Columns: NUMBER OF SHARES, PAR VALUE EACH, TOTAL. Rows a, b, c, d. Total: NO PAR VALUE = \$25 PER SHARE

Table 7: Franchise Tax is based on the Issued and Outstanding Capital Stock. Text: If the total in 6d is less than \$500,000 your total tax is \$300. If the total in 6d is \$500,000 or more your total tax is \$400. Total Due: \$

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 _____