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ARKANSAS FRANCHISE TAX
ANNUAL LLC FRANCHISE TAX REPORT

Use blue or black ink only

Beginning Date: January 1, 2020

Ending Date: December 31, 2020

• Final Return • Amended Return

1. Business Information (Required):

• _____
Name

• _____
Secretary of State (SOS) Filing Number (Required)

• _____ • SSN • FEIN
Federal ID Number

2. Correct any of the information below, if needed:

• _____
Tax Contact Name

• _____
Address

• _____ • _____ • _____
City State Zip

• _____
Phone Number of Tax Contact

• _____
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. Registered Agent Information:

• _____
Name

• _____
Address

• _____ • _____ • _____
City State Zip

5. Principal Office Information:

• _____
Address

• _____ • _____ • _____
City State Zip

• _____
NAICS Code

6. Limited Liability Company Management is (Select One):

• MEMBER(S) • MANAGER(S)

Please provide current names:

• _____
Member/Manager

• _____
Member/Manager

• _____
Member/Manager

• _____
Member/Manager

• _____
Member/Manager

• _____
Tax Preparer

ALL LIMITED LIABILITY COMPANIES PAY \$150.00	TOTAL DUE	\$150.00
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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 _____, _____
Day Month Year

Print Name _____

Signature _____