

ARFRN-V
(R 11/20/2020)

Franchise Tax Payment Voucher

2020

Calendar Year 2020 or

Software ID

Fiscal Year Ending _____
(MM/DD/YYYY)

Federal Id Number

SOS Filing Number
(Required)

Due Date

Tax Year

Name _____

Amount Paid

Address _____

City, State, Zip _____

Include Cents
(ex. 1,234,567.89)

Telephone # _____

Is Payment for an Amended Return?

Yes

No