

Arkansas Franchise Tax Request For Forms Approval

This is... **Original Submission** **OR** **Resubmission**

Company Name: _____ **Software ID:** _____ **Date:** _____

Product Name: _____

Contact Name: _____ **Email:** _____

Email to: ARForms@dfa.arkansas.gov

Check Forms Submitted	State Form ID	Form Name	Approved as submitted	Not Approved (Correct and Resubmit)
	AR1200-BK	Annual Bank Franchise Tax Report		
	Comments:			
	AR1200-C	Annual Corporation Franchise Tax Report		
	Comments:			
	AR1200-INS	Annual Insurance Entities Franchise Tax Report Authorized Capital Stock		
	Comments:			
	AR1200-LLC	Annual LLC Franchise Tax Report		
	Comments:			
	AR1250-INS	Annual Insurance Entities Franchise Tax Report Legal Reserve Mutual		
	Comments:			
	Comments:			

Reviewed By	Signature: _____	Date: _____
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