

Arkansas Individual Income Tax Request For Vouchers Approval

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

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

Product Name: _____

Contact Name: _____ **Email:** _____

Mail to: Arkansas eFile Group
P.O. Box 8094
Little Rock, AR 72203-8094

OR

Mail to: Arkansas eFile Group
1816 W. 7th Street, Room B440
Little Rock, AR 72201

Check Forms Submitted	State Form ID	Form Name	Approved as submitted	Not Approved (Correct and Resubmit)
	AR1000ES	Estimated Payment Voucher		
	Comments: _____			
	AR1000V	Individual Income Tax Payment Voucher		
	Comments: _____			
	AR1055-IT (Vouchers Only)	Request for Extension of Time (Individual)		
	Comments: _____			
	Comments: _____			
	Comments: _____			
	Comments: _____			

Reviewed By	Signature: _____	Date: _____
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