

# Arkansas Corporation 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)
	AR1100ESCT	Corporation Estimated Payment Voucher		
	Comments:			
	AR1100CTV	Corporation Tax Payment Voucher		
	Comments:			
	AR1155 (Vouchers Only)	Request for Extension Of Time (Corporation)		
	Comments:			
	Comments:			

Reviewed  
By

Signature: \_\_\_\_\_

Date: \_\_\_\_\_