



STATE OF ARKANSAS
REQUEST FOR EXTENSION OF TIME FOR FILING
INDIVIDUAL TAX RETURNS

Jan. 1 - Dec. 31, 2020 or fiscal year beginning _____ and ending _____ 20__

Software ID

Primary's legal first name •	MI •	Last name •	Primary's social security number •	Dept. Use Only <input type="checkbox"/> APPROVED <input type="checkbox"/> DENIED: Extension request not postmarked by deadline <input type="checkbox"/> DENIED: Other _____ _____
Spouse's legal first name •	MI •	Last name •	Spouse's social security number •	
Mailing address (Number and street, P.O. box or rural route) •				
City •	State or province •	ZIP •	<input type="checkbox"/> Check if address is outside U.S. Foreign country name _____	

Filing this Arkansas extension form will extend the date to file your return to October 15th for calendar year filers. Fiscal year filers will have an extension of 180 days from their return due date.

File this request on or before the due date of your return. Keep a copy for your records.

NOTE: Income tax returns must be filed and the tax paid on or before the fifteenth (15th) day of the fourth (4th) month following the close of the tax year (April 15th for calendar year filers). This extension is an agreement by the Commissioner of Revenue to waive the statutory penalty for failure to file timely if the return is filed by the extension due date and the tax is paid by the original due date of the return (April 15th for calendar year filers).

Mail to the following address: Individual Income Tax Section
P.O. Box 8149
Little Rock, AR 72203-8149

Caution: An extension to file is not an extension to pay. Interest and failure to pay penalty will be assessed if any tax due is not paid by the original due date, April 15th for calendar year filers.

Make check or money order payable in U.S. Dollars to "Dept. of Finance and Administration".

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AR1055-IT

STATE of ARKANSAS
Individuals Extension Payment

2020

Software ID

Calendar Year 2020 or

Fiscal Year Ending _____
(MM/DD/YYYY)

Primary Social Security Number

Spouse's Social Security Number
(if applicable)

Due Date

04/15/2021

Primary Name

Spouse Name

Address

City, State, Zip

Telephone #

Amount
of this
Payment \$

Include Cents
(ex. 1,234,567.00)