		This is Origin	nal Submission OR Resubmission		
Co	mpany N	ame:	Software ID:	Date:	
Pro	oduct Na	me:			
Co	ntact Na	me:	Email:		
		Em	ail to: ARForms@dfa.arkansas.gov		
Check Forms Submitted	State Form ID		Form Name	Approved as submitted	Not Approved (Correct and Resubmit)
		AR1000F	Full Year Resident Income Tax Return		
	Comment	ts:			
		AR1000NR	Nonresident and Part Year Resident Income Tax Return		
	Comment	'S:			
	AR4		Interest and Dividend Income Schedule		
	Comment	is:			
	AR1000D		Capital Gains Schedule		
	Comment		T		
	AR-OI		Other Income/Loss and Depreciation Differences		
	Comment	is:			
	AR1000DC		Certificate for Individuals with Disabilities		
	Comment	s:			
Reviewed Signature:			Date:		_

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		This is Origin	nal Submission OR Resubmission					
Co	Company Name: Software ID: Date:							
Pro	Product Name:							
Co	ntact Na	me:	Email:					
		Ema	ail to: ARForms@dfa.arkansas.gov					
Check Forms Submitted	State Form ID		Form Name	Approved as submitted	Not Approved (Correct and Resubmit)			
		AR1000ADJ	Schedule of Adjustments					
	Comment	s:						
		1000ADJ (Inst.)	Schedule of Adjustments (Inst.)					
	Comment	s:						
	AR1000-OD		Organ Donor Deduction					
	Comment	s:						
	AR3		Itemized Deduction Schedule					
	Comment	S:						
	AR1075		Deduction for Tuition Pd to Post-Secondary Educational Institutions					
	Comment	ss:						
	AR1113		Phenylketonuria Disorder and Other Metabolic Disorders Credit					
	Comment	s:						
Reviewed Signature:			Date:					

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This is Original Submission OR Resubmission								
Co	mpany N	ame:	Software ID:	Date:				
Pro	oduct Na	me:						
Co	ntact Na	me:	Email:					
	Email to: ARForms@dfa.arkansas.gov							
Check Forms Submitted	State Form ID		Form Name	Approved as submitted	Not Approved (Correct and Resubmit)			
		AR1000TC	Schedule of Tax Credits					
	Commen	ts:						
		R1000TC (Inst.)	Schedule of Tax Credits (Inst.)					
Comments:					Г			
		AR1000RC5	Certificate for Individuals with Developmental Disabilities					
	Comments:							
		AR1000TD	Lump-Sum Distribution Averaging	um Distribution Averaging				
	Comments:							
` '			Lump-Sum Distribution Averaging (Inst.)					
	Comment	ts:						
	AR1000CE Teacher's Qu		Teacher's Qualified Classroom Investment Expense					
	Commen	ds:						
Reviewed By Signature:			Date:		_			

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		This is Origin	nal Submission OR Resubmission		
Co	mpany N	ame:	Software ID:	Date:	
Pro	oduct Na	me:			
Co	ntact Na	me:	Email:		
		Ema	ail to: ARForms@dfa.arkansas.gov		
Check Forms Submitted	State Form ID		Form Name	Approved as submitted	Not Approved (Correct and Resubmit)
		AR1000-CO	Schedule of Check-Off Contributions		
	Comment	s:			
		1000-CO (Inst.)	Schedule of Check-Off Contributions (Inst.)		
	Comment	s:			
	AR2210		Penalty for Underpayment of Estimated Tax For Tax Type Individual Only		
	Comment	s:			
	AR2210 (Inst.)		Penalty for Underpayment of Estimated Tax (Inst.) For Tax Type Individual Only		
	Comment	S:			
	AR2210A		Annualized Penalty for Underpayment of Estimated Income Tax For Tax Type Individual Only		
	Comment	s:			
	AR-MS T		Tax Exemption Certificate for Military Spouse		
	Comment	s:			
Reviewed Signature:		Signature:	Date:		_

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		This is Origin	nal Submission OR Resubmission						
Co	Company Name: Date:								
Pro	Product Name:								
Co	ntact Na	me:	Email:						
		Em	ail to: ARForms@dfa.arkansas.gov						
Check Forms Submitted	Sta	te Form ID	Form Name	Approved as submitted	Not Approved (Correct and Resubmit)				
		055-IT (Form Only)	Request for Extension of Time (Individual)						
	Comment	s:							
		R1055-IT (Inst.)	Request for Extension of Time (Individual) (Inst.)						
	Comment	·s:			ı				
	AR8453		Declaration for Electronic Filing						
	Comment	s:							
	AR8453 (Inst.)		Declaration for Electronic Filing (Inst.)						
	Comment	S:							
	AR8453-OL		Declaration for Electronic Filing (On-Line)						
	Comment	SS:							
	AR8453-OL (Inst.)		Declaration for Electronic Filing (On-Line) (Inst.)						
	Comment	s:							
Reviewed By Signature: Date:					_				

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		This is Origin	al Submission	OR Resi	ubmission			
Co	mpany N	ame:	Soft	ware ID:		Date:		
Pro	Product Name:							
Co	ntact Na	me:	Email:					
		Em	ail to: ARForms@c	dfa.arkan	sas.gov			
Check Forms Submitted	State Form ID		For	m Nam	ıe	Approved as submitted	Not Approved (Correct and Resubmit)	
		AR2106	Arkansas Emplo	oyee Busines	ss Expenses			
	Comment	s:						
		R2106 (Inst.)	Arkansas Employe	e Business E	Expenses (Inst.)			
	Comment	·s:					Γ	
	AR3903		Arkansas Moving Expenses					
	Comment	'S:						
	AR3903 (Inst.)		Arkansas Mo	oving Expens	ses (Inst.)			
	Comment							
	AR4684		Arkansas C	asualties and	d Thefts			
	Comment	s:						
	AR4684 (Inst.) Arkan		Arkansas Cası	ualties and TI	hefts (Inst.)			
	Comment	s:						
Reviewed Signature:					Date:		_	

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		This is Origin	nal Submission	OR	Resubmission	on		
Co	mpany N	ame:		Software	ID:		_ Date:	
Pro	Product Name:							
Co	ntact Na	me:	Emai	l:				
		Ema	ail to: ARFor	ms@dfa.a	ırkansas.go	V		
Check Forms Submitted	State Form ID			Form N	orm Name Approve as submitte			Not Approved (Correct and Resubmit)
		AR1000NOL	Sche	dule of Net C	Operating Loss			
	Comment	s:						
	AR ²	1000NOL (Inst.)	Schedul	e of Net Ope	rating Loss (Ins	t.)		
	Comment		Γ				Г	Γ
				rly Childhoo	d Certificate			
	Comments: Does Not Require Approval							
	AR TAX PMT			Arkansas Tax Payment For Tax Type Individual Only				
	Comment	AR EXT PMT	Arka	ansas Extens	sion Payment			
	Comment			or Tax Type Inc				
			ansas Estima For Tax Type Inc	ated Payment				
	Comment	s:						
Reviewed Signature:					_ Date:_			_

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