



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

|  |                        |   |   |
|--|------------------------|---|---|
| Jan. 1 - Dec. 31, 2021 or fiscal year beginning _____ and ending _____ 20_____ |                        |   | Software ID   |
| Name of entity<br>●  |                        | Federal employer identification number<br>● |   |
| Mailing address (Number and street, P.O. box or rural route)<br>●              |                        |   |   |
| City<br>●  | State or province<br>● | ZIP<br>●                                    | <input type="checkbox"/> Check if address is outside U.S.<br>Foreign country name |

Filing this Arkansas extension form will extend the date to file your return to November 15<sup>th</sup> for calendar year filers. Fiscal year filers will have an extension of 210 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 (15<sup>th</sup>) day of the fourth (4<sup>th</sup>) month following the close of the tax year (April 15<sup>th</sup> 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 15<sup>th</sup> 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 15<sup>th</sup> 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-CR

STATE of ARKANSAS  
Composite Extension Payment

2021

Software ID 

Calendar Year 2021 or  
Fiscal Year Ending \_\_\_\_\_  
(MM/DD/YYYY)

Federal Identification Number

Due Date

Name Address City, State, Zip Telephone # 

Amount  
of this  
Payment

\$

Include Cents  
(ex. 1,234,567.00)