

ARKANSAS COMPOSITE TAX RETURN DECLARATION FOR ELECTRONIC FILING

For calenda	ar year 2021, or ta	ax year beginning_	, 20,	ending	, 20	_		
Name of Entity					Federa	al Employer	Identification Number	
Mailing Addres	S (Number and Street, P.C). Box or Rural Route)			Teleph	ione		
City		State or Province	ZIP		Check if a	address is outsi	de U.S.	
PART I - T	AX RETURN INFOR	MATION (Whole Dollars	Only)					
Taxable Income from Schedule A (Form AR1000CR, Line 2)							00	
Taxable Income from Schedule B (Form AR1000CR, Line 5)							00	
3. Tax (Form AR1000CR, Line 7)							00	
4. Arkansas Income Tax Withheld (Form AR1000CR, Line 8)							00	
5. Amount of Overpayment/Refund (Form AR1000CR, Line 15)							00	
		R, Line 18)				6	00	
PART II - I	DECLARATION OF O	FFICER (Sign only after	Part I is completed)					
	authorize the State of Ar orm (AR TAX PMT).	kansas Income Tax Sectio	n to initiate debit enti	ies to my account a	s indicated	d on the Arka	ansas Income Tax Payment	
		Arkansas Income Tax Sec PMT) or Arkansas Extensio			unt as indi	icated on th	e Arkansas Estimated Tax	
State of Arkans return is accept disclose to my to prepare and	sas sending my ERO, tra oted, and, if rejected, the ERO, transmitter, and/o d transmit my return elec	ansmitter, and/or ISP an ac reason(s) for the rejection or ISP the reason(s) for the	knowledgment of rec I. If the processing of delay, or when the re disclosure to the Sta	eipt of transmission the composite retu fund was sent. In a	and an ind rn is delaye ddition, by	lication of whed, I authorized asing a com	nsas. I also consent to the nether or not the composite ze the State of Arkansas to puter system and software ng to my use of the system	
Sign 🔪								
Here 5	ignature of officer, pa	rtner or accountant	Date	Title				
PART III -	DECLARATION OF I	ELECTRONIC RETURN	I ORIGINATOR (E	RO) AND PAID I	PREPARE	R		
If I am only a of data on the ret and have proven Preparer, under best of my known has knowledge ERO'S EFO'S	collector, I understand the urn. I have obtained the rided the officer, partner er penalties of perjury I o owledge and belief, they	nat I am not responsible fo officer, partner or accounta or accountant with a copy declare that I have examin	r reviewing the comp ant's signature on For of all forms and info ed the above compo	posite return; I declar om AR8453-CR beformation to be filed site return and acco	are that Fo ore submitti with the S ompanying is based o	rm AR8453- ing this retur tate of Arkar schedules a	the best of my knowledge. CR accurately reflects the rot to the State of Arkansas, nsas. If I am also the Paid and statements, and to the ation of which the preparer [] ERO's SSN or PTIN	
Use Fir	m's name (or yours self-employed)		I	Tpala propare	3011	EIN		
ad	Idress and ZIP					Phone No. ()		
		that I have examined the crue, correct, and complete		, ,	0		•	
Paid	Preparer's signature			Date	Check self-em		Preparer's SSN or PTIN	
Preparer' Use Only	Firm's name (or you	rs			•	EIN		
	if self-employed) address and ZIP code					Phone No.	()	