



## ARKANSAS CORPORATION INCOME TAX DECLARATION FOR ELECTRONIC FILING

For calen	dar year 2021, or ta	ax year beginning	, 20, e	ending,	20	_			
Name			i		Federa	I Employe	r Identification Numb	ber	
Mailing Addr	ess (Number and Street, P.C	). Box or Rural Route)			Telepho	one			
City		State or Province	ZIP		Check if a oreign Cou	ddress is out ntry	side U.S.		
PART I -	TAX RETURN INFOR	MATION (Whole Dollars C	I Dnly)	I					
1. Total	Income (Form AR1100C	T. Line 15)				1		00	
Total Income (Form AR1100CT, Line 15) Net Taxable Income (Form AR1100CT, Line 30)								00	
3. Total Tax Liability (Form AR1100CT, Line 33)								00	
4. Overpayment (Form AR1100CT, Line 38)						4		00	
5. Tax Due (Form AR1100CT, Line 42)						5		00	
PART II	- DECLARATION OF C	<b>FFICER</b> (Sign only after F	Part I is completed)						
corporation corporation Under penal transmitter, a 2021 Arkans transmitter, a I also conset or not the co I authorize t using a com pertaining to Sign	Payment form (AR EST F ration is filing a balance d will remain liable for the ta return may also be rejected tites of perjury, I declare the and/or internet service pro- sas income tax return. To and/or ISP sending the co- nt to the State of Arkansas proporation's return is accep- he State of Arkansas to di puter system and software	Arkansas Income Tax Sect PMT) or Arkansas Extension ue return, I understand that x liability and all applicable ad. at I am an officer of the abovy wider (ISP) and the amount the best of my knowledge a rporation's return, this decla sending my ERO, transmitt oted, and, if rejected, the real sclose to my ERO, transmit to prepare and transmit my d software and to the transmit	n Payment form (AR t if the State of Arkar interest and penalties ve corporation and tha ts in Part I above agre and belief, the corpor aration, and accompa er, and/or ISP an ack ason(s) for the rejection tter, and/or ISP the re- return electronically,	EXT PMT). asas does not receive s. If the federal corp at the information I h ee with the amounts ration's return is true anying schedules ar nowledgment of rec on. If the processing eason(s) for the dela I consent to the disc	ve full and oration re ave given on the co o, correct, d statemo eipt of tran of the co ay, or whe	d timely pa turn is reje my electro prrespondi , and com ents to the nsmission rporation's en the refu	ayment of its tax liab acted, I understand th onic return originator ing lines of the corpo plete. I consent to m State of Arkansas. and an indication of v s return or refund is d nd was sent. In addi	ility, the he state (ERO), oration's ny ERO, whether lelayed, ition, by	
PART III	- DECLARATION OF	ELECTRONIC RETURN	ORIGINATOR (EI	RO) AND PAID PI	REPARE	R			
If I am only a data on the I officer with a I have exam correct, and	a collector, I understand th return. I have obtained the a copy of all forms and info ined the above corporatio	ve corporation return and th nat I am not responsible for officer's signature on Form rmation to be filed with the n's return and accompanyir n of Paid Preparer is based	reviewing the corport AR8453-C before su State of Arkansas. If l ng schedules and sta	ation's return; I decl Ibmitting this return I am also the Paid P tements, and to the	are that F to the Sta reparer, u best of m has know	orm AR84 te of Arkar nder pena ly knowled	53-C accurately reflenses, and have provi lities of perjury I declinge and belief, they a	ects the ided the are that are true,	
Use	Firm's name (or yours	n's name (or yours			EIN				
	if self-employed)address and ZIP code					Phone No. ( )			
Under pena	Ities of perjury, I declare	that I have examined the a are true, correct, and comp				I edules and of which I h f □	statements, and to		
Prepare		rs		1		EIN			
Use Onl	if self-employed) address and ZIP code						Phone No. ( )		