2021

AR1055-FE



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

an. 1 - Dec. 31, 2021 or fiscal year beginn	ning and ending	20	Software ID	
Name of estate or trust			ederal identification number	
•		•	•	
Name and title of fiduciary or trustee				
•				
Mailing address (Number and street, P.O. bo	ox or rural route)			
	To: .	- I = i =	<u> </u>	
City	State or province	ZIP	☐ Check if address is outside U.S. Foreign country name	
	•	•		
iling this Arkansas extension form ear filers will have an extension of	of 210 days from their return o	due date.	th for calendar year filers. Fiscal	
ile this request on or before the du	ue date of your return. Keep a	copy for your records.		
			enth (15th) day of the fourth (4th xtension is an agreement by the	
commissioner of Revenue to wa lue date and the tax is paid by	aive the statutory penalty fo the original due date of the	or failure to file timely if th return (April 15 th for cale	e return is filed by the extension ndar year filers).	
But all the tile of the section				
Mail to the following	address: Individual II P.O. Box 814	ncome Tax Section 49		
	Little Rock,	AR 72203-8149		
Caution: An extension to file is a	not an extension to pay. Into	erest and failure to pay pe	enalty will be assessed if any ta	
lue is not paid by the original d			onany wiii so accocca ii any ta	
lake check or money order payable i	n U.S. Dollars to "Dept. of Finance	ce and Administration"		
	STATE of AF	RKANSAS		
AR1055-FE	Fiduciary Exten		2021	
	Calendar Yea	•	Tax Year	
Software ID	Fiscal Year Ending	MM/DD/YYYY)	Tax Teal	
	(11	nivi/DD/1111)		
Federal Identification Number	Due Date			
Name				
Address		Amount	\$	
City, State, Zip		of this Payment	Ψ	
Telephone #		•	Include Cents (ex. 1,234,567.00)	
			, , , , , , , , , , , , , , , , , , , ,	