

ARKANSAS FIDUCIARY INCOME TAX DECLARATION FOR ELECTRONIC FILING

Name of Estate or Trust					Federal Identification Number		
Name	and Title of Fiduciary						
Mailing	g Address (Number and Street, P.	D. Box or Rural Route)					
City		State or Province	ZIP	ZIP			
PAF	RT I - TAX RETURN INFOR	MATION (Whole Dollars Onl	ly)	<u> </u>			
1.	Net Taxable Income (Form AR	1002F or AR1002NR, Line 1	9)		1	00	
2. Net Tax (Form AR1002F, Line		24B or AR1002NR, Line 24)			2	00	
3.	State Income Tax Withheld (Fo	orm AR1002F or AR1002NR,	1002F or AR1002NR, Line 25)			00	
4.	Refund (Form AR1002F or AF	R1002NR, Line 34)			4	00	
5.	Tax Due (Form AR1002F or A				5	00	
PAF	RT II - DECLARATION OF F	IDUCIARY					
6a. 6b.	form (AR TAX PMT).						
for the Fiducial Under spondi and co consel my ret to disco to prepand so Sign		terest and penalties. If I have also. re that the information I have of my 2021 Arkansas Fiducia sending my return, this declarding my ERO and/or transmitted the reason(s) for the rejection tter the reason(s) for the delay ctronically, I consent to the disconsistent of the discons	given my ERO and the arry income tax return. To the ration, and accompanying er an acknowledgement on. If the processing of my y, or when the refund was sclosure to the State of Al	ate return and the fed mounts in Part I above ne best of my knowled schedules and state of receipt of transmiss return or refund is del- sent. In addition, by the	e agree with the amorge and belief, my returnents to the State of ion and an indication ayed, I authorize the using a computer sys	unts on the corre- irn is true, correct, Arkansas. I also of whether or not State of Arkansas item and software	
Here	Fiduciary's Signature				Date		
PAR	RT III - DECLARATION OF	ELECTRONIC RETURN O	RIGINATOR (ERO) AI	ND PAID PREPARE	R		
If I am data o the Fid declar are tru	are that I have reviewed the about on only a collector, I understand to the return. I have obtained the duciary with a copy of all forms that I have examined the aboute, correct, and complete. This of the contract of the second of the contract of the second of the sec	hat I am not responsible for re Fiduciary's signature on Forn and information to be filed w re Fiduciary's return and accol	eviewing the Fiduciary's re in AR8453-FE before subn vith the State of Arkansas mpanying schedules and is based on all information Check Check	eturn; I declare that Fo nitting this return to the If I am also the Paid statements, and to the of which the preparer	orm AR8453-FE accu e State of Arkansas, a l Preparer, under per e best of my knowledg	rately reflects the and have provided nalties of perjury I	
Use Only	ERO'S Signature	Date	if paid if self- preparer emplo	yed ———	Your SSN or PTI	N	
	Firm's name and address	S			FEIN		
my kno	penalties of perjury, I declare the owledge and belief, they are true Preparer's Signature	e, correct, and complete. This	declaration is based on a Check if self-			ge.	
	Only	<u> </u>	employed				
	Firm's name and add	lress			FEIN		