

## ARKANSAS INDIVIDUAL INCOME TAX DECLARATION FOR ELECTRONIC FILING

Primary's Legal First Name and Middle Initial					Last Name				Primary's Social Security Number  •		
Spouse's Legal First Name and Middle Initial					Last Name			Spouse's Social Security Number			
Mailing Address (Number and Street, P.O. Box or Rural Route)					1			Telephone			
City			State or Province		ZIP		Check		s is outside U.	.S.	
PAF	RT I - T	AX RETURN INFORM	NATION (Whole Dollars Or	nly)							
1.	Total Income (Form AR1000F or AR1000NR, Line 23)								1	00	
2.	Net Tax	ax (Form AR1000F or AR1000NR, Line 38)							2	00	
3.	State Ir	ome Tax Withheld (Form AR1000F or AR1000NR, Line 39)							3 •	00	
4.	Refund	(Form AR1000F or AR	1000NR, Line 47)						4	00	
5.	Tax Du	e (Form AR1000F or Al					5	00			
PAF	RT II - D	ECLARATION OF TA	AXPAYER								
Under lines of Arka and if and/or return	a the state of the electron electron at the state of the electron will electron elec	ioint return, this is an irreve bank account(s) show do not want direct depose authorize the State of Arkm (AR TAX PMT).  authorize the State of Arkmynent form (AR EST Plant balance due return, I unlity and all applicable into I be rejected also.  s of perjury, I declare that ctronic portion of my 202 ERO sending my return, nding my ERO and/or trathe reason(s) for the rejecter the respective the respective the rejecter the respective the rejecter the respective the rejecter the re	the direct deposited as designated appointment of the own on page 1 of the Form AR and the fit of my refund or I am not research and assist of my refund or I am not research and assist of my refund or I am not research and assist of the state of the st	ther spout 1000F/A ecceiving to initiate on the payment of the panying ent of remy returns sent. In	use as an agent to recurrence as an agent to recurrence as an agent to recurrence as a refund.  The debit entries to my debit entries to the form (AR EXT PMT) as does not receive full form the dest of my knowles and the amounts in the best of my knowles and state of the following and the agent of transmission or refund is delayer addition, by using a second of the following as addition, by using a second of the following as a second of the followi	account as my account n).  all and timel re return and redge and be rements to the n and an ind red, I authorize a computer s	indicated that as income y paymed my fed we agree ellief, my e State of lication of the Signature of the Sig	e refund  d on the  licated of many control of many control of many control of Arkan of Arkan of Wheth control of Arkan	e Arkansas on the Arka y tax liability urn is reject e amounts of s true, corn sas. I also er or not m urkansas to ware to prep	Income Tax Payment ansas Estimated Taxy, I will remain liable ted, I understand my enthe corresponding tect, and complete. It consent to the State by return is accepted disclose to my ERC pare and transmit my	
Sigr											
Her		rimary's Signature	Date		<u>.</u>	e's Signatu				Date	
I declar am or the re- with a exami	are that I nly a colle turn. I ha copy of ined the	have reviewed the abovector, I understand that I ve obtained the taxpaye all forms and information above taxpayer's return	re taxpayer's return and that am not responsible for revier's signature on Form AR845 to to be filed with the State of and accompanying schedul Preparer is based on all info	the entrewing the 53 before Arkansa	ies on Form AR8453 e taxpayer's return; e submitting this return s. If I am also the Pa statements, and to the of which the prepar	are completed ar	ete and of at Form a ate of Ark r, under p ny knowl	correct t AR8453 ansas, cenaltie	accurately and have p s of perjury	reflects the data or rovided the taxpayer I declare that I have	
ERC	)'S _	DO'S Signature	Data		if paid if	self-	] _		our SSN or	DTIN	
Use Only	,	RO'S Signature	Date	•	preparer er	mployed		Υ	our SSN or	PTIN	
	Firm's name and address							FEIN			
	owledge		at I have examined the aboute, correct, and complete. Th		,	. , .					
Pre	parer' Only	S Preparer's Signature	Date	•	employed		Pre	eparer's	SSN or PT	'IN	
	y	Firm's name and add	ress						FEIN		