

ARKANSAS S-CORPORATION INCOME TAX DECLARATION FOR ELECTRONIC FILING

For calendar	year 2023, or t	ax year beginning_	, 20,	ending,	20	_			
Name					Federa	ıl Employe	r Identification Number		
Mailing Address (Number and Street, P.	O. Box or Rural Route)			Teleph	one			
City State or Province			ZIP		Theck if address is outside U.S. oreign Country				
PART I - TAX	(RETURN INFOR	MATION (Whole Dollars (Only)	L					
		,	• • • • • • • • • • • • • • • • • • • •			1	00		
Total Income (Form AR1100S, Arkansas Column, Line 12) Total Tax (Form AR1100S, Line 30)							00		
3. Estimate Tax Payments (Form AR1100S, Line 31)							00		
4. Overpayment (Form AR1100S, Line 35)							00		
5. Tax Due (Form AR1100S, Lin	e 34)				5	00		
PART II - DE	CLARATION OF	OFFICER (Sign only after I	Part I is completed)						
Pay If the corporation will r corporation retur Under penalties transmitter, and/2023 Arkansas it transmitter, and/consent to the S not the corporati I authorize the S using a compute pertaining to my Sign	ment form (AR EST in is filing a balance of the transport of perjury, I declare the prince of perjury, I declare the prince of the transport of the transport of the transport of ISP sending the country of the transport of Arkansas so the properties of Arkansas to consider a system and softwar use of the system are	Arkansas Income Tax Sec PMT) or Arkansas Extension Illue return, I understand that ax liability and all applicable ed. In at I am an officer of the about ovider (ISP) and the amount the best of my knowledge orporation's return, this deding my ERO, transmitter, and, and, if rejected, the reast isclose to my ERO, transmiter to prepare and transmit my and software and to the transmit my and the software and the softw	n Payment form (AR It if the State of Arka interest and penaltie It in Part I above ag and belief, the corpo claration, and accom and/or ISP an acknow son(s) for the rejectic itter, and/or ISP the It return electronically mission of my tax re	EXT PMT). Insas does not receive the federal corporate the information I have with the amounts the panying schedules and ledgment of receiption. If the processing reason(s) for the delay I consent to the disconsent to the disco	we full and coration re- nave given s on the co- e, correct and stater of transm of the cor ay, or who	d timely pa eturn is reje n my electro orrespondi , and comp ments to the nission and poration's en the refu	nyment of its tax liability, the cted, I understand the state onic return originator (ERO) ng lines of the corporation olete. I consent to my ERC ne State of Arkansas. I also I an indication of whether coreturn or refund is delayed nd was sent. In addition, b		
Here Sign	nature of Officer		Date	Title					
PART III - DI	CLARATION OF	ELECTRONIC RETURN	ORIGINATOR (E	RO) AND PAID PI	REPARE	R			
If I am only a col data on the retur officer with a cop I have examined correct, and com	lector, I understand to n. I have obtained the y of all forms and infective above corporation the above the above corporation of the control of the section	ve S-Corporation return and hat I am not responsible for e officer's signature on Forrormation to be filed with the on's return and accompanyion of Paid Preparer is based	reviewing the corpon AR8453-S before s State of Arkansas. If ng schedules and st	ration's return; I dec ubmitting this return I am also the Paid P atements, and to the	lare that F to the Sta reparer, u best of m has know	Form AR84 ate of Arkar under pena ny knowled vledge.	53-S accurately reflects the sas, and have provided the lites of perjury I declare that ge and belief, they are true. RRO's SSN or PTIN		
Use Firm	's name (or yours					EIN			
1 50	f-employed) ess and ZIP code					Phone No. ()			
		e that I have examined the a			, ,	of which I h	*		
Preparer's Use Only	Firm's name (or you					EIN			
Jae Only	if self-employed) address and ZIP code						Phone No. (