

Arkansas Fiduciary Income Tax Request For Vouchers Approval

This is... **Original Submission** **OR** **Resubmission**

Company Name: _____ **Software ID:** _____ **Date:** _____

Product Name: _____

Contact Name: _____ **Email:** _____

Mail to: Arkansas eFile Group
P.O. Box 8094
Little Rock, AR 72203-8094

OR

Mail to: Arkansas eFile Group
1816 W. 7th Street, Room B440
Little Rock, AR 72201

Check Forms Submitted	State Form ID	Form Name	Approved as submitted	Not Approved (Correct and Resubmit)
	AR1002ES	Fiduciary Estimated Tax Declaration Vouchers		
Comments:				
	AR1002V	Fiduciary Income Tax Return Payment Voucher		
Comments:				
	AR1055-FE (Vouchers Only)	Request for Extension of Time (Fiduciary)		
Comments:				
Comments:				

Reviewed By	Signature: _____	Date: _____
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