



ARKANSAS COMPOSITE TAX RETURN DECLARATION FOR ELECTRONIC FILING

For caler	ndar	year 2023, or ta	x year beginning	,ź	20 <u>,</u> ei	nding,	20	_		
Name of Er	ntity						Federa	al Employer I	dentification N	umber
Mailing Add	lress (I	Number and Street, P.O.	. Box or Rural Route)				Teleph	ione		
City							Check if a oreign Cou	address is outside U.S. untry		
PART I	- TAX		MATION (Whole Dollars	s Only)	1	I				
1. Taxable Income from Schedule A (Form AR1000CR, Line 2)								1		00
 Taxable Income from Schedule B (Form AR1000CR, Line 5) 								2		00
3. Tax (Form AR1000CR, Line 7)								3		00
4. Arkansas Income Tax Withheld (Form AR1000CR, Line 8)								4		00
5. Amount of Overpayment/Refund (Form AR1000CR, Line 15)										00
6. Amount Due (Form AR1000CR, Line 18)								6		00
			FFICER (Sign only afte							
6a. 🗌		horize the State of Arl (AR TAX PMT).	kansas Income Tax Sect	ion to initiat	e debit entrie	s to my account as	indicated	d on the Arka	insas Income T	ax Payment
6b.			rkansas Income Tax Se MT) or Arkansas Extens				nt as ind	icated on the	e Arkansas Es	timated Tax
return is ac disclose to to prepare and softwa	my EF and tra are and	d, and, if rejected, the RO, transmitter, and/o ansmit my return elec to the transmission o	nsmitter, and/or ISP an a reason(s) for the rejection r ISP the reason(s) for the tronically, I consent to the of my tax return electron ther or accountant	on. If the pro e delay, or v ne disclosur	ocessing of th vhen the refu e to the State	e composite return nd was sent. In ad	n is delaye dition, by	ed, I authoriz using a com	te the State of <i>i</i> puter system a	Arkansas to nd software
								B		
If I am only data on the and have p Preparer, u	v a coll e return provide inder p knowle edge ERO'	ector, I understand th I have obtained the d the officer, partner penalties of perjury I d edge and belief, they s	e composite return and t at I am not responsible officer, partner or accour or accountant with a co eclare that I have exam are true, correct, and co	for reviewin Itant's signa py of all forr ined the abo	g the compositure on Form ns and inform ove composit s declaration	site return; I declar AR8453-CR befor nation to be filed v e return and accor of Paid Preparer is Check if also	e that Fo e submitt vith the S npanying s based c	rm AR8453- ing this return tate of Arkar schedules a on all informa eck if □	CR accurately n to the State o nsas. If I am al and statements ttion of which th	reflects the of Arkansas, so the Paid a, and to the he preparer
Use Only	Firm's	m's name (or yours						employed EIN		
		dress and ZIP						Phone No. ()		
		and belief, they are the	that I have examined the rue, correct, and comple				tion of wh	iich I have ar	ny knowledge.	
Paid		Preparer's signature				Date	Check self-em		Preparer's SS	N or PTIN
Prepar Use On		Firm's name (or your if self-employed)	S					EIN		
		address and ZIP code						Phone No.	()	
AR8453-CR (R	4/10/202	23)								