

ARKANSAS PARTNERSHIP RETURN DECLARATION FOR ELECTRONIC FILING

rui ca	ienuar	year 2025, or ta	ax year beginning	_, zu, e	nuing,	20	-		
Name Federal							l Identification Number		
Mailing Address (Number and Street, P.O. Box or Rural Route) Telephol							one		
City			State or Province	ZIP			Check if address is outside U.S. eign Country		
PAR	Г	RETURN INFOR	MATION (Whole Dollars Only)		•				
1.	Gross Receipts or Sales (Form AR1050, Line 4, Arkansas Column)								00
2.									00
3.									00
									00
5.									00
PART II - DECLARATION OF OFFICER (Sign only after Part I is completed)									
If my federal partnership return is rejected, I understand my state partnership return may also be rejected.									
I have given my electronic return originator (ERO), transmitter, and/or internet service provider (ISP) and the amounts in Part I above agree with the amounts on the corresponding lines of the partnership's 2023 Arkansas income tax return. To the best of my knowledge and belief, the partnership's return is true, correct, and complete. I consent to my ERO, transmitter, and/or ISP sending the partnership's return, this declaration, and accompanying schedules and statements to the State of Arkansas. I also consent to the State of Arkansas sending my ERO, transmitter, and/or ISP an acknowledgment of receipt of transmission and an indication of whether or not the partnership's return is accepted, and, if rejected, the reason(s) for the rejection. If the processing of the partnership's return is delayed, I authorize the State of Arkansas to disclose to my ERO, transmitter, and/or ISP the reason(s) for the delay, or when the refund was sent. In addition, by using a computer system and software to prepare and transmit my return electronically, I consent to the disclosure to the State of Arkansas of all information pertaining to my use of the system and software and to the transmission of my tax return electronically. Sign Signature of General Partner or Limited Liability Date Title									
PART III - DECLARATION OF ELECTRONIC RETURN ORIGINATOR (ERO) AND PAID PREPARER									
I declare that I have reviewed the above Partnership return and that the entries on Form AR8453-PE are complete and correct to the best of my knowledge. If I am only a collector, I understand that I am not responsible for reviewing the partnership's return; I declare that Form AR8453-PE accurately reflects the data on the return. I have obtained the general partner or limited liability company member manager signature on Form AR8453-PE before submitting this return to the State of Arkansas, and have provided the general partner or limited liability company member manager with a copy of all forms and information to be filed with the State of Arkansas. If I am also the Paid Preparer, under penalties of perjury I declare that I have examined the above partnership's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. This declaration of Paid Preparer is based on all information of which the preparer has knowledge. ERO's Signature Date Check if also Check if SSSN or PTIN self-employed									
Use Only	Firm's name (or yours if self-employed)						EIN	EIN	
	address and ZIP						Phone No	Phone No. (
		es of perjury, I declare that I have examined the above partnership's return and accompanying wledge and belief, they are true, correct, and complete. This declaration is based on all information Preparer's Signature Date Solution Solution Date Solution S					of which I have any knowledge.		
Preparer's Use Only		Films hame (or yours					EIN	EIN	
		if self-employed) address and ZIP code Pho					Phone No	Phone No. ()	