



ARKANSAS PASS-THROUGH ENTITY TAX
REQUEST FOR ARKANSAS EXTENSION OF TIME FOR
FILING INCOME TAX RETURNS

Tax year beginning _____, 20____ and ending _____, 20____.
(Tax year beginning and ending dates are required fields)

Software ID

Name, Federal Employer Identification Number, Mailing Address (Number and Street, P.O. Box or Rural Route), City, State or Province, Zip, Check if address is outside U.S. Foreign Country Name

STOP File only if you are requesting a 60 or 180 day Arkansas extension as referenced in Item 2 below
(See Instructions for additional information)

NAICS Code, Date of Incorporation, Type of Entity (Domestic/Foreign)

1. INDICATE TYPE OF ENTITY FOR WHICH EXTENSION IS BEING REQUESTED:

- S CORPORATION - Electing Pass-Through Entity Status - If the entity is the Parent Corporation, the Parent must request the extension, include a schedule of Q Subs under the Parent and the Parent must file the Arkansas Return.
Partnerships - Electing Pass-Through Entity Status
LIMITED LIABILITY COMPANY (LLC) THAT DOES NOT FILE A FEDERAL SUB S OR PARTNERSHIP RETURN

2. CHECK ONLY ONE BOX BELOW (BOX A OR BOX B) TO REQUEST AN ARKANSAS EXTENSION:

- A Check this box if requesting an additional 60 day extension from the Federal Extended return due date to file the Arkansas return.
B Check this box if requesting an additional 180 day extension from the Arkansas original return due date to file the Arkansas return.

File this request by the original due date or, if applicable, the extended due date of the Arkansas return. A request for an extension which is postmarked AFTER the due date of the tax return will NOT be considered. (This also applies to an additional extension).

Please mail the Pass-through Entity Tax Extensions to the following address: CORPORATION INCOME TAX SECTION
P.O. Box 919
Little Rock, AR 72203-0919

APPROVED BY: _____ DENIED: Extension request not filed on time.

Make check or money order payable in U.S. Dollars to "Dept. of Finance and Administration" cut here

AR1155-PET STATE of ARKANSAS Voucher 5
Pass-through Extension Tax Payment

Software ID _____ Fiscal Year Ending _____ (MM/DD/YYYY)

Employer Identification Number Due Date

Mail To: Department of Finance and Administration
Pass-through Entity Tax
P.O. Box 919
Little Rock, AR 72203-919

Name
Address
City, State, Zip
Telephone #

Amount of this Payment \$ _____

Include Cents (ex. 1,234,567.00)