



ARKANSAS PASS-THROUGH ENTITY TAX DECLARATION FOR ELECTRONIC FILING

For calend	lar year 2023, or ta	ax year begi	inning	_, 20_	, е	nding			_		
Name						Federal	Employer	Identifica	tion Numbe	er or Social security	number
Mailing Addre	ess (Number and Street, P.C). Box or Rural Ro	ute)		I			Telepl	none		
City		State or Province			1			Check if address is outside U.S. Foreign Country			
PART I -	TAX RETURN INFOR	MATION (Who	le Dollars Only)								
ENTITY				Partnersł	air		LC Г	S-Cor	D		
											00
	Income (Form AR1100PI										00
l .	, ,	ne 15)									
	DECLARATION OF C										
5b. If the Pass-The	I authorize the State of Ar form (AR TAX PMT). I authorize the State of A Payment form (AR EST F hrough Entity is filing a ba rough Entity will remain lia the state Pass-Through I ties of perjury, I declare RO), transmitter, and/or in Through Entity's 2023 Ark e. I consent to my ERO, to o the State of Arkansas. to the State of Arkansas ss-Through Entity's return ayed, I authorize the State by using a computer syste	Arkansas Incom PMT) or Arkansa alance due returr able for the tax lia Entity return may that I am an offi nternet service p cansas income ta ransmitter, and/or sending my ERG n is accepted, ar e of Arkansas to of m and software	e Tax Section t is Extension Pay n, I understand the ability and all ap y also be rejected icer of the above provider (ISP) a ax return. To the pr ISP sending the O, transmitter, a nd, if rejected, the disclose to my E to prepare and the to prepare and the the prepare and the prepare and the prepare and the prepare and the the prepare and the prepare and the prepare and the prepare and the the prepare and the pre	to initiate yment for hat if the oplicable i ed. /e Pass- nd the ar e best of he Pass- nd/or ISF ne reason ERO, tran transmit r	debit e rm (AR E State of nterest a Fhrough nounts i my knov Through an ackr (s) for th smitter, a ny return	ntries to EXT PM ⁻ Arkansa and pena Entity a n Part I vledge a Entity's nowledgr he rejecti and/or IS n electro	my accou r). s does not alties. If th above agr nd belief, return, thi ment of rec on. If the p BP the reas nically, I c	unt as ind t receive f he federal he informa ee with th the Pass- s declara ceipt of tra processing son(s) for onsent to	dicated on t full and time Pass-Thro ation I have the amounts Through E tion, and ac ansmission g of the Pas the delay, o the disclos	the Arkansas Estim ely payment of its tay ugh Entity return is n e given my electron s on the correspond ntity's return is true, companying sched and an indication of ss-Through Entity's i or when the refund w	ated Tax cliability, rejected, ic return ing lines correct, ules and whether return or vas sent.
	ition pertaining to my use	or the system a	nd sonware and	a to the tr	ansmiss	sion of m	y tax retur	n electroi	lically.		
Sign Here	Signature of Officer			Date		- >	Title				
	- DECLARATION OF							DEDAD	=D		
I declare that knowledge. I accurately re and have pro perjury I decl	t I have reviewed the above f I am only a collector, I un flects the data on the retun vided the officer with a co lare that I have examined lief, they are true, correct	ve Pass-Through nderstand that I a rn. I have obtaine py of all forms ar the above Pass-	n Entity return a am not responsi ed the officer's s nd information to -Through Entity'	nd that th ible for re ignature o be filed 's return a	e entrie viewing on Form with the and acco	s on For the Pass AR8453 State of ompanyii	m AR8453 s-Through B-PET befc Arkansas. ng schedu	B-PET are Entity's r ore submit If I am als les and s	complete a eturn; I dec tting this ret so the Paid tatements,	lare that Form AR84 urn to the State of A Preparer, under per and to the best of m	453-PET rkansas, nalties of y knowl-
ERU'S	ERO's signature			Date			eck if also d preparer		eck if	ERO's SSN o	r PTIN
0	Firm's name (or yours f self-employed)							EIN			
	ddress and ZIP code							Phone No. ()			
to the best of	ties of perjury, I declare f my knowledge and belie Preparer's								nation of wl		wledge.
Paid	signature								nployed		
Prepare Use Only	Firms name (or you	rs							EIN		
	if self-employed) address and ZIP cod	de							Phone N	o. ()	
AR8453-PET (R 4)									1		