

Arkansas Pass-Through Entity 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)
	AR1100ESPET	Pass-Through Entity Estimated Payment Voucher		
	Comments:			
	AR1100PTV	Pass-Through Entity Tax Payment Voucher		
	Comments:			
	Comments:			
	Comments:			

Reviewed By	Signature: _____	Date: _____
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