



ARKANSAS CORPORATION INCOME 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, Date Began Business, Type of Corporation (Domestic/Foreign), LIMITED LIABILITY COMPANY, PARTNERSHIP

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

- S CORPORATION (AR1100S) - 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.
C CORPORATION (AR1100CT) - If requesting for (a) member(s) of a group filing an Arkansas consolidated return, request extension for the parent corporation and list the subsidiaries in the federal group eligible to file in the Arkansas consolidated group.
COOPERATIVE ASSOCIATION (AR1100CT)
EXEMPT ORGANIZATION (AR1100CT)

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 Corporation Income Tax Extensions to the following address: CORPORATION INCOME TAX SECTION
P.O. Box 919
Little Rock, AR 72203-0919
E-mail To: corporation.income@dfa.arkansas.gov

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

AR1155 STATE OF ARKANSAS Corporation Extension Payment

Software ID

Tax Year Ending (MM/DD/YYYY)

Federal Employer Identification Number

Due Date

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

Name of Corporation, Address, City, State, Zip, Telephone #

Amount of this Payment \$

Enter Whole Dollars (ex. 1,234,567.00)