

ARKANSAS CORPORATION INCOME TAX DECLARATION FOR ELECTRONIC FILING

For calenda	ar year 2024, or	tax year beginning_	, 20,	ending,	20	_		
Name Fed						al Employer Identification Number		
Mailing Addres	SS (Number and Street,	P.O. Box or Rural Route)			Teleph	one		
City	State or Province ZIP					if address is outside U.S.		
PART I - 1	AX RETURN INFO	RMATION (Whole Dollars	Only)	I				
1. Total Ir	ncome (Form AR1100	OCT, Line 11)				1		00
		AR1100CT, Line 29)						00
3. Tax Liability (Form AR1100CT, Sch B4)								00
4. Overpayment (Form AR1100CT, Sch B9)								00
•	•	Line 31)						00
PART II -	DECLARATION OF	OFFICER (Sign only after	Part I is completed)					•
corporation we corporation recorporation rec	ill remain liable for the sturn may also be rejecturn may also be rejecturn may also be rejected of the state of the state of Arkans of t	e due return, I understand the tax liability and all applicable cted. that I am an officer of the aborovider (ISP) and the amou To the best of my knowledge corporation's return, this decas sending my ERO, transmove the corporation of the best of rejected, the reported, and, if rejected, the reported of the prepare and transmit mand software and to the transmit mand software and transmit mand software a	ove corporation and the street and penaltic ove corporation and the street and belief, the corporation, and accompliter, and/or ISP an accesson(s) for the reject on the street and/or ISP the street	nat the information I have with the amount oration's return is true panying schedules alknowledgment of rection. If the processing reason(s) for the delay, I consent to the disconservation of the delay, I consent to the disconservation.	nave given s on the co e, correct nd statem eipt of trai g of the co ay, or who	eturn is reje n my electrorresponding, and complents to the nsmission or poration's	onic returng lines of other state of and an ingreturn of ond was s	on originator (ERO of the corporation) onsent to my ERC Arkansas. Idication of whether refund is delayed the firm of the delayed the firm of the firm
	<u> </u>							
I declare that If I am only a data on the re officer with a c I have examin	I have reviewed the all collector, I understand turn. I have obtained topy of all forms and inded the above corpora	pove corporation return and that I am not responsible for the officer's signature on Fornformation to be filed with the tion's return and accompany tion of Paid Preparer is base	that the entries on Fo or reviewing the corpo m AR8453-C before s e State of Arkansas. I ring schedules and st	rm AR8453-C are co rration's return; I dec submitting this return I am also the Paid F atements, and to the	mplete an lare that F to the Sta Preparer, u	nd correct to Form AR84 ate of Arkan under pena ny knowled	53-C acc nsas, and lities of po	curately reflects the I have provided the erjury I declare tha
ERU'S	RO's gnature		Date	Check if also paid preparer		eck if [— 1	O's SSN or PTIN
01	irm's name (or yours self-employed)					EIN		
	address and ZIP code					Phone No. (
best of my kno	owledge and belief, th Preparer's signature	are that I have examined the ey are true, correct, and con				of which I h	nave any	
Preparer		ours		-	1	EIN		
Use Only	if self-employed) address and ZIP of					Phone N	o. ()