

ARKANSAS S-CORPORATION INCOME TAX DECLARATION FOR ELECTRONIC FILING

For calenda	ar year 2024, or t	ax year beginning	, 20,	ending,	20	_			
Name					Federa	Federal Employer Identification Number			
Mailing Addres	SS (Number and Street, P.C	D. Box or Rural Route)			Teleph	one			
City Sta		State or Province	ZIP			Theck if address is outside U.S. preign Country			
PART I - T	AX RETURN INFOR	MATION (Whole Dollars O	nly)	L					
		`	• /			1		00	
Total Income (Form AR1100S, Arkansas Column, Line 12) Total Tax (Form AR1100S, Line 30)									
3. Estimate Tax Payments (Form AR1100S, Line 31)									
4. Overpayment (Form AR1100S, Line 35)									
5. Tax Du	le (Form AR1100S, Lin	e 34)						00	
PART II - I	DECLARATION OF C	PFFICER (Sign only after P	art I is completed)						
If the corporation we corporation we corporation re Under penaltic transmitter, ar 2024 Arkansa transmitter, ar consent to the not the corpor I authorize the using a compupertaining to response.	Payment form (AR EST I tion is filing a balance d ill remain liable for the ta turn may also be rejecte es of perjury, I declare the addor internet service pro- is income tax return. To addor ISP sending the co- es State of Arkansas sending estate of Arkansas to duter system and software my use of the system and	Arkansas Income Tax Section PMT) or Arkansas Extension ue return, I understand that ix liability and all applicable ited. at I am an officer of the above ovider (ISP) and the amount the best of my knowledge a corporation's return, this deciding my ERO, transmitter, all ed, and, if rejected, the reas isclose to my ERO, transmit is to prepare and transmit my disoftware and to the transmit disoftware and to the transmit my disoftware and the transmit my disoftware and to the transmit my disoftware and	n Payment form (AR if the State of Arkai interest and penaltie re corporation and th s in Part I above agr and belief, the corpo laration, and accom and/or ISP an acknow on(s) for the rejection tter, and/or ISP the return electronically.	extr PMT). In sas does not receive. If the federal corporate the information I here with the amounts ration's return is trup panying schedules alledgment of receipt n. If the processing eason(s) for the delations of the delat	ve full and coration re- nave given s on the co- e, correct and states of transm of the co- ay, or who	d timely pa eturn is rejeturn is rejeturn is rejeturn orrespondia, and compenents to the ments to the ission and reporation's en the refu	yment orted, I onic reti ng lines olete. I ne State an ind return nd was	of its tax liability, the understand the state urn originator (ERO) is of the corporation's consent to my ERO is of Arkansas. I also ication of whether or or refund is delayed is sent. In addition, by	
	ignature of Officer		Date	Title					
PART III -	DECLARATION OF	ELECTRONIC RETURN	ORIGINATOR (E	RO) AND PAID PI	REPARE	R			
If I am only a data on the re officer with a c I have examir correct, and c	collector, I understand the turn. I have obtained the copy of all forms and info- led the above corporation omplete. This declaration RO's gnature	ve S-Corporation return and that I am not responsible for enficer's signature on Formormation to be filed with the Son's return and accompanying of Paid Preparer is based	reviewing the corpor AR8453-S before so State of Arkansas. If ng schedules and sta	ration's return; I dec ubmitting this return I am also the Paid P atements, and to the	lare that F to the Sta reparer, u best of m has know	Form AR84 ate of Arkar under pena ny knowled vledge.	53-S and sas, and sas, and sas, and sas, and sand	ccurately reflects the nd have provided the perjury I declare tha	
O	irm's name (or yours self-employed)					EIN			
	address and ZIP code					Phone No. (
best of my kno	owledge and belief, they Preparer's signature	that I have examined the a	•		, ,	of which I h	ave an	,	
Preparer Use Only	, Firm's name (or you	rs				EIN			
	if self-employed) address and ZIP cod	 de				Phone No	o. ()	