

ARKANSAS COMPOSITE TAX RETURN DECLARATION FOR ELECTRONIC FILING

For calendar	year 2024, or ta	ax year beginning	, 20, e	nding	, 20	_		
Name of Entity					Federa	al Employer	Identification Number	
Mailing Address (I	Number and Street, P.O	. Box or Rural Route)			Teleph	none		
City	Sity State or Province ZIP Check if Foreign Co						address is outside U.S. untry	
PART I - TAX	RETURN INFOR	I MATION (Whole Dollars Only)	I					
						1	00	
Taxable Income from Schedule A (Form AR1000CR, Line 2) Taxable Income from Schedule B (Form AR1000CR, Line 5)							00	
3. Tax (Form AR1000CR, Line 7)							00	
4. Arkansas Income Tax Withheld (Form AR1000CR, Line 8)							00	
5. Amount of Overpayment/Refund (Form AR1000CR, Line 15)							00	
6. Amount Due (Form AR1000CR, Line 18)							00	
PART II - DE	CLARATION OF O	FFICER (Sign only after Part	l is completed)					
	thorize the State of Ar (AR TAX PMT).	kansas Income Tax Section to i	nitiate debit entrie	es to my account a	s indicated	d on the Arka	ansas Income Tax Paymen	
		Arkansas Income Tax Section to PMT) or Arkansas Extension Pa			unt as ind	icated on th	ne Arkansas Estimated Tax	
return is accepted disclose to my EF to prepare and tra and software and	d, and, if rejected, the RO, transmitter, and/o ansmit my return elec	ansmitter, and/or ISP an acknown reason(s) for the rejection. If the resident in ISP the reason(s) for the delay ctronically, I consent to the disconfined for my tax return electronically.	ne processing of the processin	ne composite retur and was sent. In ac	n is delay Idition, by	ed, I authori: using a com	ze the State of Arkansas to puter system and software	
Sign Sign	nature of officer na	rtner or accountant	Date	- Title				
Sigi	lature or officer, pa	Title of accountant	Date	ride				
PART III - DE	CLARATION OF I	ELECTRONIC RETURN OR	RIGINATOR (EF	O) AND PAID P	REPARE	R		
If I am only a coll data on the return and have provide Preparer, under p	ector, I understand the I have obtained the did the officer, partner benalties of perjury I cedge and belief, they	re composite return and that the nat I am not responsible for revionater, partner or accountant's or accountant with a copy of a declare that I have examined that are true, correct, and complete	iewing the compo signature on Forn Il forms and infor e above composi	site return; I declar AR8453-CR beformation to be filed te return and according of Paid Preparer Check if also	re that Fo re submitt with the S mpanying is based o	orm AR8453- cing this return state of Arka a schedules a on all informates	-CR accurately reflects the rn to the State of Arkansas, nsas. If I am also the Paid and statements, and to the	
	ture s name (or yours			paid preparer	self	f-employed		
Only if self	employed)					EIN		
code	ess and ZIP					Phone No	. ()	
		that I have examined the abovirue, correct, and complete. This						
Paid	Preparer's signature			Date	Check		Preparer's SSN or PTIN	
Preparer's Use Only	Firm's name (or you	rs		<u> </u>	1 2	EIN		
Jac Only	if self-employed) address and ZIP code					Phone No. ()		