		This is Origin	nal Submission OR Resubmission					
Co	mpany N	ame:	Software ID:	Date:				
Pro	duct Na	me:						
Co	ntact Na	me:	Email:					
	Email to: ARForms@dfa.arkansas.gov							
Check Forms Submitted	State Form ID		Form Name	Approved as submitted	Not Approved (Correct and Resubmit)			
		AR1000F	Full Year Resident Income Tax Return					
	Comment	s:						
		AR1000NR	Nonresident and Part Year Resident Income Tax Return					
	Comment	s:						
		AR3	Itemized Deduction Schedule					
	Comment	'S:						
	AR4		Interest and Dividend Income Schedule					
	Comment	SS:						
	AR1000ADJ		Schedule of Adjustments					
	Comment	s:						
	AR1000CE		Teacher's Qualified Classroom Investment Expense					
	Comment	s:						
Reviewed By Signature:		Signature:	Date:					

(R 7/11/2024)

		This is Origi	nal Submission OR Resubmission					
Co	mpany N	ame:	Software ID:	Date:				
Pro	duct Na	me:						
Co	ntact Na	me:	Email:					
	Email to: ARForms@dfa.arkansas.gov							
Check Forms Submitted	State Form ID		Form Name	Approved as submitted	Not Approved (Correct and Resubmit)			
		AR1000CO	Schedule of Check-Off Contributions					
	Comment	s:						
		AR1000D	Capital Gains Schedule					
	Comment				Г			
	AR1000DC		Certificate for Individuals with Disabilities					
	Comment	.s:						
	AR1000-DD		Certificate for Individuals with Developmental Disabilities					
	Comment	s:						
	AR1000NOL		Schedule of Net Operating Loss					
	Comment	S:						
	AR1000-OD Organ Donor Deduction		Organ Donor Deduction					
	Comment	s:						
Reviewed By Signature:		Signature:	Date:		_			

(R 7/11/2024) Page 2 of 5

This is Original Submission OR Resubmission							
Co	mpany N	ame:	Software ID:	Date:			
Pro	oduct Na	me:					
Co	ntact Na	me:	Email:				
	Email to: ARForms@dfa.arkansas.gov						
Check Forms Submitted	State Form ID		Form Name	Approved as submitted	Not Approved (Correct and Resubmit)		
		AR1000TC	Schedule of Tax Credits				
	Comment	s:					
		AR1000TD	Lump-Sum Distribution Averaging				
	Comments:		1				
	` *		Request for Extension of Time (Individual)				
Comments:							
	AR1075		Deduction for Tuition Pd to Post-Secondary Educational Institutions				
	Comments:						
	AR1113		Phenylketonuria Disorder and Other Metabolic Disorders Credit				
	Comment	'S:					
	AR2106		Arkansas Employee Business Expenses				
	Comment	s:					
Reviewed Signature:			Date:		_		

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		This is Origi	nal Submission OR Resubmission					
Co	mpany N	ame:	Software ID:	_ Date:				
Pro	duct Na	me:						
Co	ntact Na	me:	Email:					
	Email to: ARForms@dfa.arkansas.gov							
Check Forms Submitted	State Form ID		Form Name	Approved as submitted	Not Approved (Correct and Resubmit)			
<u> </u>		AR2210	Penalty for Underpayment of Estimated Tax For Tax Type Individual Only					
	Comment	s:						
		AR2210A	Annualized Penalty for Underpayment of Estimated Income Tax For Tax Type Individual Only					
	Comment	s:						
	AR2441		Child and Dependent Care Expenses					
	Comment	s: 						
	AR3903		Arkansas Moving Expenses					
	Comment	s:						
	AR4684		Arkansas Casualties and Thefts					
	Comment	s:						
	AR-MS		Tax Exemption Certificate for Military Spouse					
	Comment	s:						
Reviewed By Signature:			Date:		_			

(R 7/11/2024) Page 4 of 5

This is Original Submission OR Resubmission						
Co	mpany N	ame:	Softwa	are ID:	Date:	
Pro	duct Na	me:				
Co	ntact Na	me:	Email:			
		Em	ail to: ARForms@dfa	a.arkansas.gov		
Check Forms Submitted	State Form ID		Form Name		Approved as submitted	Not Approved (Correct and Resubmit)
		AR-OI	Other Income/Loss and	d Depreciation Differences		
	Comment	is:				
		AR8453	Declaration fo	or Electronic Filing		
	Comment	:s: 				ı
		AR8453-OL	Declaration for Electronic Filing (On-Line)			
	Comment	'S:				
	AR EST PMT		Arkansas Estimated Payment For Tax Type Individual Only			
	Comment		Arkansas Ex	xtension Payment		I
	AR EXT PMT Comments:			pe Individual Only		
	AR TAX PMT		Arkansas Tax Payment For Tax Type Individual Only			
	Comment	s:				
Reviewed Signature:				Date:		_

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