

## ARKANSAS PARTNERSHIP RETURN DECLARATION FOR ELECTRONIC FILING

| For ca  | lendar   | year 2024, or t  | ax year beginning   | , :  | 20, e  | nding  | _, 20   | _  |   |  |
|---|--|--|---|--|--|--|---|--|---|--|
| Name  |  |  |   |  |  |  | Federa  | al Identifica  | tion Number   |  |
| Mailing   | Address  | (Number and Street, P.   | O. Box or Rural Route)  |  |  |  | Teleph  | none   |   |  |
| City State or Province  |  |  |   |  |  | ☐ Check if address is outside U.S. Foreign Country   |   |  |   |  |
| PAR   | T I - TA   | X RETURN INFOR   | MATION (Whole Dollars On  | ly)  |  |  |   |  |   |  |
| 1.  | Gross Re   | eceipts or Sales (Forn   | n AR1050, Line 4, Arkansas  | Colum  | n)   |  |   | 1  |   | 00   |
|   |  |  |   |  |  |  |   |  |   | 00   |
| 3.  | ·  |  |   |  |  |  |   |  |   | 00   |
|   |  |  |   |  |  |  |   |  |   | 00   |
| 5. Net Income or Loss (Form AR1050, Line 24, Arkansas Column)   |  |  |   |  |  |  |   | 4<br>5   |   | 00   |
|   |  |  | <b>DFFICER</b> (Sign only after Par   |  |  |  |   |  |   |  |
| If my fe  | ederal pa  | rtnership return is reje   | ected, I understand my state p  | artners  | hip return m   | ay also be reject  | ed.   |  |   |  |
| statem<br>transm<br>the pai<br>the refi   | ents to the ission and the the ission and the individual was attentional to the individual to the individual to the individual to the ission and individual to the individual to t | ne State of Arkansas. d an indication of whe s return is delayed, I sent. In addition, by u ansas of all informatio                                      | y ERO, transmitter, and/or ISI I also consent to the State of ether or not the partnership's i authorize the State of Arkansa sing a computer system and s on pertaining to my use of the   | Arkans<br>return is<br>as to dis<br>software             | sas sending<br>s accepted,<br>sclose to my<br>e to prepare<br>and softwar    | my ERO, transm<br>and, if rejected, t<br>r ERO, transmitte<br>and transmit my  | nitter, and/o<br>he reason(<br>er, and/or IS<br>return elec   | r ISP an ac<br>s) for the re<br>SP the reas<br>tronically, I | cknowledgment of respection. If the proceson(s) for the delay, consent to the disclosure.     | eceipt of<br>essing of<br>or when                        |
|   |  | mpany Member Mana  | -   |  |  |  |   |  |   |  |
| PAR   | T III - D  | ECLARATION OF  | ELECTRONIC RETURN O   | RIGIN  | IATOR (ER  | (O) AND PAID   | PREPARE   | ER   |   |  |
| If I am of data or return to be fill and according to the second | only a col<br>the return<br>the Stared with the<br>company<br>er is base   | lector, I understand them. I have obtained them to of Arkansas, and have State of Arkansas. I ing schedules and stated on all information of the object. | ve Partnership return and that in at I am not responsible for revergeneral partner or limited liable provided the general partner of I am also the Paid Preparer, attements, and to the best of more which the preparer has known | viewing<br>pility cor<br>er or lim<br>under p<br>ny know | the partners<br>mpany mem<br>nited liability<br>enalties of p<br>ledge and b | hip's return; I de<br>ber manager sig<br>company membe<br>erjury I declare the<br>elief, they are tru<br>Check if also | clare that Fenature on Fer manager nat I have en le, correct, | orm AR845: Form AR845 with a copy xamined the and comple     | 3-PE accurately refle<br>i3-PE before submitt<br>of all forms and info<br>a above partnership | ects the<br>ting this<br>rmation<br>'s return<br>of Paid |
| Use   | sign   | ature<br>i's name (or yours  |   |  |  | paid prepare   | er sei  | f-employed   |   |  |
| Only  | if se  | if self-employed)  |   |  |  |  |   | EIN  |   |  |
|   | address and ZIP code   |  |   |  |  |  |   | Phone No. ( )  |   |  |
|   |  |  |   |  |  |  |   | 1  |   |  |
|   |  |  | that I have examined the about are true, correct, and completed   |  |  |  |   |  |   |  |
| Paid  |  | Preparer's signature   |   |  |  | Date   | Check   | if   | Preparer's SSN or   | r PTIN   |
|   | arer's   | . —  |   |  |  |  | 3611-611  | <del>i ´</del>   | <u> </u>  |  |
|   | Only   | <ul><li>Firm's name (or you<br/>if self-employed)</li></ul>  |   |  |  |  |   | EIN  |   |  |
|   |  | address and ZIP  |   |  |  |  |   | Phone No   | o. ( )  |  |
|   |  | code   |   |  |  |  |   | 1  |   |  |