

Arkansas Partnership Income Tax Request For Forms Approval

This is... **Original Submission** **OR** **Resubmission**

Company Name: _____ **Software ID:** _____ **Date:** _____

Product Name: _____

Contact Name: _____ **Email:** _____

Email to: ARForms@dfa.arkansas.gov

Check Forms Submitted	State Form ID	Form Name	Approved as submitted	Not Approved (Correct and Resubmit)
	AR1050	Partnership Income Tax Return		
Comments:				
	AR1055-PE	Request for Extension of Time (Partnership)		
Comments:				
	AR8453-PE	Declaration for Electronic Filing For Tax Type Partnership Only		
Comments:				
	AR K-1	Arkansas Schedule K-1 For Tax Type Partnership Only		
Comments:				
Comments:				
Comments:				

Reviewed By	Signature: _____	Date: _____
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