



(ex. 1,234,567.00)

ARKANSAS PASS-THROUGH ENTITY TAX REQUEST FOR ARKANSAS EXTENSION OF TIME FOR FILING INCOME TAX RETURNS

(Tax year beginning and ending dates are required fields) • Name Federal Employer Identification Nu • • Malling Address (Number and Street, Ro. Box or Rural Rovte) • • • • • • • • • • • • • • • • • • • • • • • • • • •		FI			UKNS		
Mailing Address (Number and Street, RO. Box or Rural Route) City State or Province Zip Check if address is outside U.S. Frile only if you are requesting a 60 or 180 day Arkansas extension as referenced in Item 2 (See Instructions for additional information) NAICS Code Date of Incorporation Store of Entity FOR WHICH EXTENSION IS BEING REQUESTED: S CORPORATION - Electing Pass-Through Entity Status - If the ontity is the Parent Corporation, the Parent must request the extension includes a schedule of Q subs under the Parent and the Parent and the Parent and the Parent must file the Arkansas Return. Patherships - Electing Pass-Through Entity Status - If the entity is the Parent Corporation, the Parent must request the extension includes a schedule of Q subs under the Parent and the Parent Arkansas Return. CHECK ONLY ONE BOX BELOW (BOX A QR BOX B) TO REQUEST AN ARKANSAS EXTENSION: A Check this box if requesting an additional 60 day extension from the Arkansas return. Arequest for an extension which is postmarked AFTER the file the tarkansas return. Please mail the Pass-through Entity Tax Extensions to the following address: CORPORATION INCOME TAX SECTION KO. Box 919 Little Rock, AR 72203-0919 E-mail To: passthrough Entity Tax Extension request not filed on time. Little Rock, AR 72203-0919 E-mail To: Pass-through Entity Tax Extension request not filed on time. Little Rock, AR 72203-0919 E-mail To: Department of Finance and Administration" Cut here Make check or money order payable in U.S. Dollars to "Dept of Finance and Administration" Cut pass-through Entity Tax Extension Tax Payment Fiscal Year Ending (MMDDYYYY) Employer Identificati						Software ID	
City State or Province Zip City State or Province Zip City State or Province Zip City See Instructions for additional information See Instructions include a schedule of Q Subs under the Parent and the Parent corporation, the Parent must request the extens include a schedule of Q Subs under the Parent and the Parent must file the Arkansas Return. Citect KonLY on EDX BELOW (BOX A OR BOX B) To REQUEST AN ARKANSA EXTENSION See CoRPORATION - Electing Pass-Through Entity Status Citect KonLY ONE EDX BELOW (BOX A OR BOX B) TO REQUEST AN ARKANSA EXTENSION: A Check this box if requesting an additional 50 day extension from the Arkansas return Arequest for an extension which is postmarked AFTER the other has return will NO be considered. (This also applicate, the extension). Peass attrough Entity Tax Extensions to the following address: CORPORATION INCOME TAX SECTION PAPROVED BY:	Name ●					I Employer Identification Number	
File only if you are requesting a 60 or 180 day Arkansas extension as referenced in item 2 (see instructions for additional information) NAICS Code Date of incorporation • • • • Provide a schedule of Q Subs under the Parent and the Parent must file the Arkansas Return. • • • • • • Partnerships - Electing Pass-Through Entity Status • • Partnerships - Electing Pass-Through Entity Status • • Partnerships - Electing Pass-Through Entity Status • • • • Partnerships - Electing Pass-Through Entity Status • • Partnerships - Electing Pass-Through Entity Status • • Partnerships - Electing Pass-Through Entity Status • • Partnerships - Electing Pass-Through Entity Status • • Partnerships - Electing Pass-Through Entity Status • • Partnerships - Electing Pass-Through Entity Tables - Bederal Extended return due date to file the Arkansas return • • • • • • • • • • • •	Mailing Address (Number and St •	reet, P.O. Box or Rura	al Route)		•		
(See Instructions for additional information) NAICS Code Date of Incorporation Type of Enf. •	City •						
	STOP File only if you			-		eferenced in Item 2 below	
1. INDICATE TYPE OF ENTITY FOR WHICH EXTENSION IS BEING REQUESTED:	NAICS Code			1		Type of Entity Check only one box Domestic (in state) Foreign (out of state)	
 IMITED LIABILITY COMPANY (LLC) THAT DOES NOT FILE A FEDERAL SUB S OR PARTNERSHIP RETURN CHECK ONLY ONE BOX BELOW (BOX A OR BOX B) TO REQUEST AN ARKANSAS EXTENSION: A Check this box if requesting an additional 60 day extension from the Federal Extended return due date to file the Arkansas return. B Check this box if requesting an additional 180 day extension from the Arkansas original return due date to file the Arkansas return. Check this box if requesting an additional 180 day extension from the Arkansas original return due date to file the Arkansas return. Check this box if requesting an additional 180 day extension. File this request by the original due date or, if applicable, the extended due date of the Arkansas return. A request for an extension which is postmarked AFTER the of the tax return WINOT be considered. (This also applies to an additional extension). Prove D BY: D DENIED: Extension request not file on time. Little Rock, AR 72203-0919 E-mail To: passthrough.entitytax@dfa.arkansas.gov Make check or money order payable in U.S. Dollars to "Dept. of Finance and Administration" cut here StatE of ARKANSAS Pass-through Extension Tax Payment Fiscal Year Ending (MM/DD/YYYY) Employer Identification Number Due Date Mail To: Department of Finance and Adm Pass-through Entity To: Department of Finance and Adm Po. Box 919 Little Rock, AR 72203- Name Adress Adress Adress Amount of this \$	• S CORPORATION - E	lecting Pass-Throug	h Entity Status - If the	entity is the Parent Cor			
2. CHECK ONLY ONE BOX BELOW (BOX A OR BOX B) TO REQUEST AN ARKANSAS EXTENSION: A Check this box if requesting an additional <u>60 day</u> extension from the <u>Federal Extended return due date</u> to file the Arkansas return. B Check this box if requesting an additional <u>180 day</u> extension from the <u>Arkansas original return due date</u> to file the Arkansas return. B Check this box if requesting an additional <u>180 day</u> extension from the <u>Arkansas original return due date</u> to file the Arkansas return. B Check this box if requesting an additional <u>180 day</u> extension from the <u>Arkansas original return due date</u> to file the Arkansas return. B Check this box if requesting an additional <u>180 day</u> extension from the <u>Arkansas original return due date</u> to file the Arkansas return. B Check this box if requesting an additional <u>180 day</u> extension from the <u>Arkansas original return due date</u> to file the Arkansas return. B Check this box if requesting an additional <u>180 day</u> extension from the <u>Arkansas original return due date</u> to file the Arkansas return. B Check this box if requesting an additional <u>extensions to the following address:</u> CORPORATION INCOME TAX SECTION PLOBE box <u>919</u> CHECK DBY: CHECK DBY: D DENIED: Extension request not file on time. D Department of Finance and Administration Cut here CHECK OF ARKANSAS Pass-through Extension Tax Payment Fiscal Year Ending (MM/DD/YYYY) Employer Identification Number D Due Date Mail To: D Department of Finance and Administration PO.B Dox 919 Little Rock, AR 72203- Neme Address Amount of this \$	 Partnerships - Electing 	g Pass-Through Ent	ty Status				
• A _ Check this box if requesting an additional 60 day extension from the Federal Extended return due date to file the Arkansas return. • B _ Check this box if requesting an additional 180 day extension from the Arkansas original return due date to file the Arkansas return. • B _ Check this box if requesting an additional 180 day extension from the Arkansas original return due date to file the Arkansas return. • B _ Check this box if requesting an additional 180 day extension from the Arkansas original return due date to file the Arkansas return. • B _ Check this box if requesting an additional 180 day extension from the Arkansas original return due date to file the Arkansas return. • B _ Check this box if requesting an additional 180 day extension from the Arkansas original return due date to file the Arkansas return. • B _ Check this box if requesting an additional 180 day extension from the Arkansas original return due date to file the Arkansas return. • B _ Check this box if requesting an additional 180 day extension from the Arkansas original return due date to file the Arkansas return. • A _ Check this box if requesting an additional 180 day extension. • P = State or a extension which is postmarked AFTER the original the Pass-through Extension . • ART155-PET • STATE of ARKANSAS • Pass-through Extension Tax Payment • Fiscal Year Ending	• 🔲 LIMITED LIABILITY C	OMPANY (LLC) TH	AT DOES NOT FILE A	FEDERAL SUB S OR PA	RTNERSHIP RETU	IRN	
P.O. Box 919	 A Check this box if rec B Check this box if rec File this request by the original due of 	uesting an addition uesting an addition	al <u>60 day</u> extension <u>fra</u> al <u>180 day</u> extension ; ne extended due date of t	om the Federal Extend from the Arkansas origi he Arkansas return. A reque	ed return due dat inal return due da	te to file the Arkansas return. ate to file the Arkansas return.	
cut here STATE of ARKANSAS Pass-through Extension Tax Payment Software ID Fiscal Year Ending (MM/DD/YYYY) Employer Identification Number Due Date Mail To: Department of Finance and Adm Pass-through Entity T P.O. Box 919 Name Address Amount Amount				not filed on time.	O. Box 919 ittle Rock, AR 7	2203-0919	
ART155-PET Pass-through Extension Tax Payment Software ID Fiscal Year Ending (MM/DD/YYYY) Employer Identification Number Due Date Mail To: Department of Finance and Adm Pass-through Entity T P.O. Box 919 Little Rock, AR 72203- Address	Make check or money order	payable in U.S. [Dollars to "Dept. of F	inance and Administra	ation"		
Software ID (MM/DD/YYYY) Employer Identification Number Due Date Mail To: Department of Finance and Adm Pass-through Entity T P.O. Box 919 Name Address Amount of this	AR1155-PET	Pa			Payment		
Mail To: Department of Finance and Adm Pass-through Entity T P.O. Box 919 Little Rock, AR 72203- Address Address	Software ID		Fiscal Year En	ding(MM/DD/YYYY)	-		
of this \$		ion Number	Due Date		Dej	partment of Finance and Administration Pass-through Entity Tax	
Include Cents	Address City, State, Zip						

Telephone #