



ARKANSAS PASS-THROUGH ENTITY TAX DECLARATION FOR ELECTRONIC FILING

For calendar year 2024, or tax year beginning _____, 20____, ending _____, 20____

Name, Federal Employer Identification Number or Social security number, Mailing Address, Telephone, City, State or Province, ZIP, Check if address is outside U.S. Foreign Country

PART I - TAX RETURN INFORMATION (Whole Dollars Only)

ENTITY TYPE: [] LLC [] LLP [] LP [] Partnership [] SMLLC [] S-Corp

Table with 4 rows: Total Income, Total Liability Tax, Overpayment, Tax Due. Columns for line number, amount, and zeros.

PART II - DECLARATION OF OFFICER (Sign only after Part I is completed)

- 5a. [] I authorize the State of Arkansas Income Tax Section to initiate debit entries to my account as indicated on the Arkansas Income Tax Payment form (AR TAX PMT).
5b. [] I authorize the State of Arkansas Income Tax Section to initiate debit entries to my account as indicated on the Arkansas Estimated Tax Payment form (AR EST PMT) or Arkansas Extension Payment form (AR EXT PMT).

If the Pass-Through Entity is filing a balance due return, I understand that if the State of Arkansas does not receive full and timely payment of its tax liability, the Pass-Through Entity will remain liable for the tax liability and all applicable interest and penalties.

Under penalties of perjury, I declare that I am an officer of the above Pass-Through Entity and that the information I have given my electronic return originator (ERO), transmitter, and/or internet service provider (ISP) and the amounts in Part I above agree with the amounts on the corresponding lines of the Pass-Through Entity's 2024 Arkansas income tax return.

I also consent to the State of Arkansas sending my ERO, transmitter, and/or ISP an acknowledgment of receipt of transmission and an indication of whether or not the Pass-Through Entity's return is accepted, and, if rejected, the reason(s) for the rejection.

Sign Here | Signature of Officer | Date | Title

PART III - DECLARATION OF ELECTRONIC RETURN ORIGINATOR (ERO) AND PAID PREPARER

I declare that I have reviewed the above Pass-Through Entity return and that the entries on Form AR8453-PET are complete and correct to the best of my knowledge. If I am only a collector, I understand that I am not responsible for reviewing the Pass-Through Entity's return; I declare that Form AR8453-PET accurately reflects the data on the return.

ERO'S Use Only: ERO's signature, Date, Check if also paid preparer, Check if self-employed, ERO's SSN or PTIN, Firm's name, EIN, address and ZIP code, Phone No.

Under penalties of perjury, I declare that I have examined the above Pass-Through Entity's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. This declaration is based on all information of which I have any knowledge.

Paid Preparer's Use Only: Preparer's signature, Date, Check if self-employed, Preparer's SSN or PTIN, Firm's name, EIN, address and ZIP code, Phone No.