



ARKANSAS WITHHOLDING PASS-THROUGH ENTITY REPORT DECLARATION FOR ELECTRONIC FILING

For cale	ndar year 2024,	or tax year beginni	ng, 2	20, end	ling,	20	_			
Name						Federa	l Identifica	tion Number		
Mailing Add	dress (Number and Stre	eet, P.O. Box or Rural Route)				Telepho	one			
City		State or Province ZIP Check if addr Foreign Country						ldress is outside U.S. try		
PART I	- TAX RETURN IN	IFORMATION (Whole Do	llars Only)	I	I					
1. Total Income (Form AR941PT, Line 1)							1	0	0	
								0	0	
3. Arkansas Tax Paid by Pass-Through Entity (Form AR941PT, Line 3)						3	0	0		
4. Arkansas Tax Withheld (Form AR941PT, Line 4)							4	0	0	
PART I	I - DECLARATION	OF OFFICER (Sign only	after Part I is co	mpleted)						
information with the ar To the bes or ISP sen consent to not the ent withholding using a con pertaining Sign Here	n I have given my ele mounts on the corresp t of my knowledge an ding the entity's withh the State of Arkansas tity's pass-through wit g report is delayed, I a mputer system and so to my use of the syste Signature of Genera Company Member	lare that I am a general part ctronic return originator (Ef bonding lines of the pass-th olding pass-through e olding pass-through report, s sending my ERO, transm thholding report is accepted authorize the State of Arkar ftware to prepare and trans em and software and to the al Partner or Limited Liabilit Manager	RO), transmitter, rough entity's 20 entity's withholdin this declaration itter, and/or ISP d, and, if rejected sass to disclose mit my return ele transmission of	and/or interne 24 Arkansas of ng report is tru , and accompa an acknowled d, the reason(s to my ERO, tr ectronically, I co my tax return	et service provide withholding pass- e, correct, and co anying schedules gment of receipt s) for the rejection ansmitter, and/or onsent to the disc electronically.	er (ISP) a through r omplete. I and state of transm n. If the p ISP the losure to	nd the am return. I consent to ements to to nission and processing reason(s) the State o	ounts in Part I above agro o my ERO, transmitter, ar the State of Arkansas. I al I an indication of whether of the entity's pass-throug for the delay. In addition,	ee Id/ so or gh by	
of my know AR8453-W member m proprietor, If I am also schedules on all inform	wledge. If I am only a /HT accurately reflect anager's signature or general partner or lin o the Paid Preparer, u and statements, and	e above pass-through with collector, I understand tha s the data on the report. I h n Form AR8453-WHT befor nited liability company men under penalties of perjury I to the best of my knowledg reparer has knowledge.	It I am not response ave obtained the submitting this ber manager w declare that I h	onsible for revi e S-Corp office a return to the s rith a copy of a ave examined ey are true, co	ewing the pass-t er, or sole proprie State of Arkansas all forms and info the above pass-	hrough w tor, gene s, and hav rmation t through v ete. This	vithholding ral partner ve provide to be filed withholding declaration	report; I declare that For r or limited liability compared d the S-Corp officer, or so with the State of Arkansa g report and accompanying	m ny le s. ng	
ERO'S Use	signature		Dai	.c	paid preparer		employed			
Only	Firm's name (or you if self-employed)	n's name (or yours elf-employed)					EIN	EIN		
	address and ZIP code	ress and ZIP					Phone N	Phone No. ()		
		eclare that I have examined f, they are true, correct, and				, 0		,		
Paid	Preparer's signature				late	Check i self-em		Preparer's SSN or PTIN	1	
Prepar Use Or	Firms name (EIN			
	if self-employe address and Z code						Phone No). ()		