

AR1155-PET



2025

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

Tax year beginning _____, 20____ and ending _____, 20____.
(Tax year beginning and ending dates are required fields)

Software ID

Name ●			Federal Employer Identification Number ●
Mailing Address (Number and Street, P.O. Box or Rural Route) ●			
City ●	State or Province ●	Zip ●	<input type="checkbox"/> Check if address is outside U.S. Foreign Country Name

 **File only if you are requesting a 60 or 180 day Arkansas extension as referenced in Item 2 below**
(See Instructions for additional information)

NAICS Code ●	Date of Incorporation ●	Type of Entity Check only one box <input type="checkbox"/> Domestic (in state) <input type="checkbox"/> Foreign (out of state)

1. INDICATE TYPE OF ENTITY FOR WHICH EXTENSION IS BEING REQUESTED:

- ☐ S CORPORATION - Electing Pass-Through Entity Status - If the entity is the Parent Corporation, the Parent must request the extension, include a schedule of Q Subs under the Parent and the Parent must file the Arkansas Return.
- ☐ Partnerships - Electing Pass-Through Entity Status
- ☐ LIMITED LIABILITY COMPANY (LLC) THAT DOES NOT FILE A FEDERAL SUB S OR PARTNERSHIP RETURN

2. 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.

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 due date of the tax return will NOT be considered. (This also applies to an additional extension).

**Please mail the Pass-through Entity Tax Extensions to the following address: CORPORATION INCOME TAX SECTION
P.O. Box 919
Little Rock, AR 72203-0919**

☐ APPROVED BY: _____ ☐ DENIED: Extension request not filed on time.

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

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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 Administration
Pass-through Entity Tax
P.O. Box 919
Little Rock, AR 72203-919

Name

Address

City, State, Zip

Telephone #

Amount
of this
Payment \$

Include Cents
(ex. 1,234,567.00)