

ARKANSAS PASS-THROUGH ENTITY TAX  
DECLARATION FOR ELECTRONIC FILING

For calendar year 2025, or tax year beginning \_\_\_\_\_, 20\_\_\_\_, ending \_\_\_\_\_, 20\_\_\_\_

Name			Federal Employer Identification Number <b>or</b> Social security number		
Mailing Address (Number and Street, P.O. Box or Rural Route)				Telephone	
City	State or Province	ZIP	<input type="checkbox"/> 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

1. Total Income (Form AR1100PET, Line 1).....	1	00
2. Total Liability Tax (Form AR1100PET, Line 9).....	2	00
3. Overpayment (Form AR1100PET, Line 14).....	3	00
4. Tax Due (Form AR1100PET, Line 17).....	4	00

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. If the federal Pass-Through Entity return is rejected, I understand the state Pass-Through Entity return may also be rejected.

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 2025 Arkansas income tax return. To the best of my knowledge and belief, the Pass-Through Entity's return is true, correct, and complete. I consent to my ERO, transmitter, and/or ISP sending the Pass-Through Entity's return, this declaration, and accompanying schedules and statements to the State of Arkansas.

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. If the processing of the Pass-Through Entity's return or refund is delayed, I authorize the State of Arkansas to disclose to my ERO, transmitter, and/or ISP the reason(s) for the delay, or when the refund was sent. In addition, by using a computer system and software to prepare and transmit my return electronically, I consent to the disclosure to the State of Arkansas of all information pertaining to my use of the system and software and to the transmission of my tax return electronically.

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. I have obtained the officer's signature on Form AR8453-PET before submitting this return to the State of Arkansas, and have provided the officer with a copy of all forms and information to be filed with the State of Arkansas. If I am also the Paid Preparer, 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 of Paid Preparer is based on all information of which the preparer has knowledge.

ERO'S Use Only

ERO's signature

Firm's name (or yours if self-employed)

address and ZIP code

Date

Check if also paid preparer ☐

Check if self-employed ☐

ERO's SSN or PTIN

EIN

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

Firm's name (or yours if self-employed)

address and ZIP code

Date

Check if self-employed ☐

Preparer's SSN or PTIN

EIN

Phone No. ( )