

Arkansas Pass-Through Entity Tax Request For Vouchers Approval

This is... Original Submission ☐ OR Resubmission ☐

Company Name: _____ Software ID: _____ Date: _____

Product Name: _____

Contact Name: _____ Email: _____

Mail to: Arkansas eFile Group
P.O. Box 8094
Little Rock, AR 72203-8094

OR

Mail to: Arkansas eFile Group
1816 W. 7th Street, Room B440
Little Rock, AR 72201

| Check Forms Submitted | State Form ID | Form Name | Approved as submitted | Not Approved (Correct and Resubmit) |
|-----------------------|---|--|-----------------------|-------------------------------------|
| | AR1100ESPET | Pass-Through Entity Estimated Payment Vouchers | | |
| | <input type="checkbox"/> Software does not support fiscal years. | | | |
| | Comments: | | | |
| | AR1100PTV | Pass-Through Entity Tax Payment Voucher | | |
| | <input type="checkbox"/> Software does not support fiscal years. | | | |
| | Comments: | | | |
| | AR1155-PET (Vouchers Only) | Request for Extension of Time (Pass-Through) | | |
| | <input type="checkbox"/> Software does not support fiscal years. | | | |
| | Comments: | | | |

Reviewed By

Signature: _____

Date: _____