Arkansas Fiduciary Income Tax Request For Vouchers Approval

Company Name:_____ **Software ID:**_____ **Date:**_____

Contact Name:_____ **Email:**_____

This is... **Original Submisson** ☐ **OR** **Resubmission** ☐

Check Forms Submitted	State Form ID	Form Name	Approved as submitted	Not Approved (Correct and Resubmit)
	AR1002ES	Fiduciary Estimated Tax Declaration Vouchers		
	Comments:			
	AR1002V	Fiduciary Income Tax Return Payment Voucher		
	Comments:			
	AR1055-FE	Request for Extension of Time (Fiduciary)		
	Comments:			
	Comments:			
	Comments:			
	Comments:			
	Comments:			
	Comments:			
	Comments:			
	Comments:			

Reviewed By	Signature: _____	Date: _____