

2017 AR1000CR

ARKANSAS INCOME TAX COMPOSITE TAX RETURN



CR1

**CHECK BOX IF
AMENDED RETURN**

Dept. Use Only

Software ID

Jan 1 - Dec 31, 2017 or fiscal year ending _____, 20____			Federal Employer Identification Number	
Name of entity			Telephone	
Mailing address			☐ Check if address is outside U.S. Foreign Country	
City	State or Province	Zip		
☐ Check this box if you have filed Arkansas extension Form AR1055-CR			Location of records for audit	

COMPUTATION OF TAX ON ARKANSAS TAXABLE INCOME (Round to nearest dollar)

MEMBERS SHARES OF INCOME

1. NUMBER OF NONRESIDENT MEMBERS	1	
2. TAXABLE INCOME FROM SCHEDULE A:	2	00
3. TAX: [Multiply Line 2 by 6.9 percent (.069)]	3	00
4. Arkansas income tax withheld: [Attach copies of AR1099PT Form(s)]	4	00
5. Estimated tax paid and/or credit carried forward:	5	00
6. Payment made with extension:	6	00
7. AMENDED RETURNS ONLY - Enter previous payments:	7	00
8. TOTAL PAYMENTS: (Add Lines 4 through 7)	8	00
9. AMENDED RETURNS ONLY - Enter previous overpayments:	9	00
10. ADJUSTED TOTAL PAYMENTS: (Subtract Line 9 from Line 8)	10	00
11. AMOUNT OF OVERPAYMENT/REFUND: (If Line 10 is greater than Line 3, enter difference)	11	00
12. Amount of overpayment to be applied to 2018:	12	00
13. AMOUNT TO BE REFUNDED TO YOU: (Subtract Line 12 from Line 11)	13	00
14. AMOUNT DUE: (If Line 3 is greater than Line 10, enter difference)	14	00

Attach Form AR1000CRV to check or money order payable in U.S. Dollars to "Dept. of Finance and Administration". Include FEIN on payment. To pay by credit card, see instructions.

Note: The AR1000CR, Page 2 (CR2) must be completed and attached.

PLEASE SIGN HERE	PLEASE SIGN HERE: Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.		
	Signature of officer, partner or accountant	Date	Telephone
PAID PREPARER	Paid Preparer's Signature	ID Number/Social Security Number	May the Arkansas Revenue Agency discuss this return with the preparer of the return? ☐ Yes ☐ No
	Preparer's Name	City/State/Zip	For Department Use Only
	E-mail		Telephone



FEIN:

SCHEDULE A - MEMBERS SHARES OF INCOME				
NAME OF MEMBER	ADDRESS, CITY, STATE, ZIP	SSN OR FEIN	SHARE OF TAXABLE INCOME	
				00
				00
				00
				00
				00
				00
				00
				00
				00
Total Taxable Income: Enter here and on Line 2				00