Arkansas Composite 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)
	AR1000CRES	Composite Estimated Payment Voucher		
	Comments:			
	AR1000-CRV	Composite Tax Filing Payment Voucher		
	Comments:			
	AR1055-CR	Request for Extension of Time (Composite)		
	Comments:			
	Comments:			
	Comments:			
	Comments:			
	Comments:			
	Comments:			
	Comments:			

Reviewed By	Signature: _____	Date: _____