Arkansas Composite Income Tax Request For Forms 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)
	AR1000CR	CompositeTax Income Tax Return		
	Comments:			
	ARK-1	Arkansas Schedule K-1		
	Comments:			
	AR8453-CR	Declaration for Electronic Filing		
	Comments:			
	AR TAX PMT	Arkansas Tax Payment		
	Comments:			
	AR EXT PMT	Arkansas Extension Payment		
	Comments:			
	AR EST PMT	Arkansas Estimated Payment		
	Comments:			
	AR1055-CR	Request for Extension of Time (Composite)		
	Comments:			
	Comments:			
	Comments:			

Reviewed By	Signature: _____	Date: _____