Arkansas Individual 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)
	AR1000F	Full Year Resident Income Tax Return		
	Comments:			
	AR1000NR	Nonresident and Part Year Resident Income Tax Return		
	Comments:			
	AR1000S	Full Year Resident /Short Form Income Tax Return		
	Comments:			
	AR4	Interest and Dividend Income Schedule		
	Comments:			
	AR1000D	Capital Gains Schedule		
	Comments:			
	AR-OI	Other Income/Loss and Depreciation Differences		
	Comments:			
	AR1000ADJ	Schedule of Adjustments		
	Comments:			
	AR1000DC	Certificate for Individuals with Disabilities		
	Comments:			
	AR1000-OD	Organ Donor Deduction		
	Comments:			

Reviewed By	Signature: _____	Date: _____

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Check Forms Submitted	State Form ID	Form Name	Approved as submitted	Not Approved (Correct and Resubmit)
	AR3	Itemized Deduction Schedule		
	Comments:			
	AR1075	Deduction for Tuition Pd to Post-Secondary Educational Institutions		
	Comments:			
	AR1000TC	Schedule of Tax Credits		
	Comments:			
	AR1113	Phenylketonuria Disorder and Other Metabolic Disorders Credit		
	Comments:			
	AR1000TD	Lump-Sum Distribution Averaging		
	Comments:			
	AR1000-CO	Schedule of Check-Off Contributions		
	Comments:			
	AR1000RC5	Certificate for Individuals with Developmental Disabilities		
	Comments:			
	AR2210	Penalty for Underpayment of Estimated Tax		
	Comments:			
	AR2210A	Annualized Penalty for Underpayment of Estimated Income Tax		
	Comments:			

Reviewed By	Signature: _____	Date: _____

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Check Forms Submitted	State Form ID	Form Name	Approved as submitted	Not Approved (Correct and Resubmit)
	AR1055	Request for Extension of Time (Individual)		
	Comments:			
	AR-MS	Tax Exemption Certificate for Military Spouse		
	Comments:			
	AR8453	Declaration for Electronic Filing		
	Comments:			
	AR8453-OL	Declaration for Electronic Filing (On-Line)		
	Comments:			
	AR-RET	Arkansas Retirement Exclusion Worksheet		
	Comments:			
	AR1000CE	Teacher's Qualified Classroom Investment Expense		
	Comments:			
	AR-AIS	Arkansas Additional Information Schedule		
	Comments: Does Not Require Approval			
	AR1000EC	Early Childhood Certificate		
	Comments: Does Not Require Approval			
	AR TAX PMT	Arkansas Tax Payment		
	Comments:			

Reviewed By	Signature: _____	Date: _____

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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)
	AR EXT PMT	Arkansas Extension Payment		
	Comments:			
	AR EST PMT	Arkansas Estimated Payment		
	Comments:			
	Comments:			
	Comments:			
	Comments:			
	Comments:			
	Comments:			
	Comments:			
	Comments:			

Reviewed By	Signature: _____	Date: _____