STATE OF ARKANSAS Election By Small Business Corporation

Federal Employer Identification Number (FE	FEIN) Election is to be Effective for AR Tax Year Beginning (MM/DD/YYYY)					NAICS Code				
Name of Corporation (Please print or type)						Date of Incorporation			Date Began Business in AR	
Address						Date of Federal S Election			State of Incorporation	
City	Sta	State Zip Code			Co	Corporation's Telephone Number				
						()				
Name and Title of Officer or Legal Representative who the State may call for Additional Information						Telephone number of Officer or Legal Representative				
						Fax ()				
						Email				
A corporation may elect Subchapter S t income tax purposes for the same tax y Department of Finance and Administrat	ear. The	e Arkansas ele	ection, w	ith each shareho						
Name, Address, City, State and Zip Code of each Shareholder (Please Print or Type) (Required)	Shareholder's signature. For this election to be valid, all shareholders must signify their consent by signing below (Required)						older Informat	Social Security Number of Shareholder or FEIN (if applicable) See instructions		
(Flease Fill of Type) (Required)	consent by signing below (Required)				ares o	famil		8	(ii applicable) See instructions	
Do Not write in shaded areas	Signature Da				# of Shares or % Owned	Check if family member	Date(s) Acquired	State of Residence		
Si				Date						
NOTE: For this election to be valid, the consupplemental consent form or an additional s	sent of ea	ach stockholder	r must be	Shown on this form	n. If add	tional	space is need S AN S-COR	ded atta	ach an AR1103	
Under penalties of perjury, I declare this Electromplete statements.										
Officer's Signature			Officer's Title				Date			
Mail Completes	d Form to			s-Important Notes		1 1441	Pock AP	72202 (0010	