

Arkansas Fiduciary Income Tax Request For Forms Approval

Company Name: _____ **Software ID:** _____ **Date:** _____

Contact Name: _____

Email: _____

| Check Forms Submitted | State Form ID | Form Name | Approved as submitted | Approved with Corrections | Not Approved (Correct and Resubmit) |
|-----------------------|---|--|-----------------------|---------------------------|-------------------------------------|
| | AR1002F | Fiduciary Income Tax Return | | | |
| | Comments: Resubmit by: <input type="checkbox"/> Fax <input type="checkbox"/> Email <input type="checkbox"/> Mail | | | | |
| | AR1002NR | Nonresident Fiduciary Income Tax Return | | | |
| | Comments: Resubmit by: <input type="checkbox"/> Fax <input type="checkbox"/> Email <input type="checkbox"/> Mail | | | | |
| | Fid.Capt. Gains Wkst | Worksheet for 1002F/AR1002NR Only | | | |
| | Comments: Resubmit by: <input type="checkbox"/> Fax <input type="checkbox"/> Email <input type="checkbox"/> Mail | | | | |
| | AR4-FID | Fiduciary Interest and Dividend Income Schedule | | | |
| | Comments: Resubmit by: <input type="checkbox"/> Fax <input type="checkbox"/> Email <input type="checkbox"/> Mail | | | | |
| | AR2210 | Penalty for Underpayment of Estimated Tax | | | |
| | Comments: Resubmit by: <input type="checkbox"/> Fax <input type="checkbox"/> Email <input type="checkbox"/> Mail | | | | |
| | AR2210A | Annualized Penalty for Underpayment of Estimated Income Tax | | | |
| | Comments: Resubmit by: <input type="checkbox"/> Fax <input type="checkbox"/> Email <input type="checkbox"/> Mail | | | | |
| | ARK-1 | Arkansas Schedule K-1 | | | |
| | Comments: Resubmit by: <input type="checkbox"/> Fax <input type="checkbox"/> Email <input type="checkbox"/> Mail | | | | |
| | AR1055 | Extension of Time to File Request | | | |
| | Comments: Resubmit by: <input type="checkbox"/> Fax <input type="checkbox"/> Email <input type="checkbox"/> Mail | | | | |
| | AR-AIS | Arkansas Additional Information Schedule | | | |
| | Comments: Resubmit by: <input type="checkbox"/> Fax <input type="checkbox"/> Email <input type="checkbox"/> Mail Does Not Require Approval | | | | |

| | |
|-----------------------------|---|
| Reviewer Information | Signature: _____ Title: _____ Date: _____ |
|-----------------------------|---|

Arkansas Fiduciary Income Tax Request For Forms Approval

Company Name: _____ **Software ID:** _____ **Date:** _____

Contact Name: _____

Email: _____

| Check Forms Submitted | State Form ID | Form Name | Approved as submitted | Approved with Corrections | Not Approved (Correct and Resubmit) |
|-----------------------|---|--|-----------------------|---------------------------|-------------------------------------|
| | 8453-FE | Declaration for Electronic Filing | | | |
| | Comments: Resubmit by: <input type="checkbox"/> Fax <input type="checkbox"/> Email <input type="checkbox"/> Mail | | | | |
| | AR TAX PMT | Arkansas Tax Payment | | | |
| | Comments: Resubmit by: <input type="checkbox"/> Fax <input type="checkbox"/> Email <input type="checkbox"/> Mail | | | | |
| | AR EXT PMT | Arkansas Extension Payment | | | |
| | Comments: Resubmit by: <input type="checkbox"/> Fax <input type="checkbox"/> Email <input type="checkbox"/> Mail | | | | |
| | AR EST PMT | Arkansas Estimated Payment | | | |
| | Comments: Resubmit by: <input type="checkbox"/> Fax <input type="checkbox"/> Email <input type="checkbox"/> Mail | | | | |
| | | | | | |
| | Comments: Resubmit by: <input type="checkbox"/> Fax <input type="checkbox"/> Email <input type="checkbox"/> Mail | | | | |
| | | | | | |
| | Comments: Resubmit by: <input type="checkbox"/> Fax <input type="checkbox"/> Email <input type="checkbox"/> Mail | | | | |
| | | | | | |
| | Comments: Resubmit by: <input type="checkbox"/> Fax <input type="checkbox"/> Email <input type="checkbox"/> Mail | | | | |
| | | | | | |
| | Comments: Resubmit by: <input type="checkbox"/> Fax <input type="checkbox"/> Email <input type="checkbox"/> Mail | | | | |
| | | | | | |
| | Comments: Resubmit by: <input type="checkbox"/> Fax <input type="checkbox"/> Email <input type="checkbox"/> Mail | | | | |

| | | | |
|-----------------------------|------------------|--------------|-------------|
| Reviewer Information | Signature: _____ | Title: _____ | Date: _____ |
|-----------------------------|------------------|--------------|-------------|