

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

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

Arkansas Individual 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)
	AR3	Itemized Deduction Schedule			
	Comments: Resubmit by: <input type="checkbox"/> Fax <input type="checkbox"/> Email <input type="checkbox"/> Mail				
	AR1075	Deduction for Tuition Pd to Post-Secondary Educational Institutions			
	Comments: Resubmit by: <input type="checkbox"/> Fax <input type="checkbox"/> Email <input type="checkbox"/> Mail				
	AR1000TC	Schedule of Tax Credits			
	Comments: Resubmit by: <input type="checkbox"/> Fax <input type="checkbox"/> Email <input type="checkbox"/> Mail				
	AR1113	Phenylketonuria Disorder and Other Metabolic Disorders Credit			
	Comments: Resubmit by: <input type="checkbox"/> Fax <input type="checkbox"/> Email <input type="checkbox"/> Mail				
	AR1000TD	Lump-Sum Distribution Averaging			
	Comments: Resubmit by: <input type="checkbox"/> Fax <input type="checkbox"/> Email <input type="checkbox"/> Mail				
	AR1000-CO	Schedule of Check-Off Contributions			
	Comments: Resubmit by: <input type="checkbox"/> Fax <input type="checkbox"/> Email <input type="checkbox"/> Mail				
	AR1000RC5	Certificate for Individuals with Developmental Disabilities			
	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				

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

Arkansas Individual 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)
	AR1055	Request for Extension of Time			
	Comments: Resubmit by: <input type="checkbox"/> Fax <input type="checkbox"/> Email <input type="checkbox"/> Mail				
	AR-MS	Tax Exemption Certificate for Military Spouse			
	Comments: Resubmit by: <input type="checkbox"/> Fax <input type="checkbox"/> Email <input type="checkbox"/> Mail				
	AR8453	Declaration for Electronic Filing			
	Comments: Resubmit by: <input type="checkbox"/> Fax <input type="checkbox"/> Email <input type="checkbox"/> Mail				
	AR8453-OL	Declaration for Electronic Filing (On-Line)			
	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				
	AR-RET	Arkansas Retirement Exclusion Worksheet			
	Comments: Resubmit by: <input type="checkbox"/> Fax <input type="checkbox"/> Email <input type="checkbox"/> Mail Does Not Require Approval				
	AR1000EC	Early Childhood Certificate			
	Comments: Resubmit by: <input type="checkbox"/> Fax <input type="checkbox"/> Email <input type="checkbox"/> Mail Does Not Require Approval				
	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				

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

Arkansas Individual 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)
	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				
	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: _____
-----------------------------	--