

ARKANSAS CORPORATION INCOME TAX DECLARATION FOR ELECTRONIC FILING

For calendar	year 2019, or ta	ax year beginning	_, 20 , e	nding,	20	_			
Name					Federa	l Employer	Identifica	ation Number	
Mailing Address (Number and Street, P.O). Box or Rural Route)			Teleph	one			
City					Check if a oreign Cou	ck if address is outside U.S. Country			
PART I - TAX	K RETURN INFORI	MATION (Whole Dollars Only)							
Total Inco	me (Form AR1100C)	Γ, Line 15)				1		00	
2. Net Taxable Income (Form AR1100CT, Line 30)									
3. Total Tax Liability (Form AR1100CT, Line 33)								00	
4. Overpayment (Form AR1100CT, Line 38)						4		00	
5. Tax Due (Form AR1100CT, Lin	ne 42)				5		00	
PART II - DE	CLARATION OF O	FFICER (Sign only after Part I i	s completed)						
Pay If the corporation corporation will recorporation retur Under penalties of transmitter, and/of 2019 Arkansas in transmitter, and/of I also consent to or not the corporal authorize the Susing a computer	ment form (AR EST P in is filing a balance du emain liable for the tax in may also be rejecte of perjury, I declare that or internet service pro- income tax return. To the or ISP sending the country the State of Arkansas ation's return is acceptate of Arkansas to dis- r system and software	Arkansas Income Tax Section to PMT) or Arkansas Extension Payruse return, I understand that if the x liability and all applicable interest d. at I am an officer of the above corporation's return, this declaration sending my ERO, transmitter, and ted, and, if rejected, the reason(sections of the propagation of the propagation) and the section of the propagation of the pro	ment form (AR I e State of Arkan st and penalties poration and tha eart I above agre elief, the corpora n, and accompa d/or ISP an ackr s) for the rejection nd/or ISP the re n electronically,	ext PMT). sas does not receive. If the federal corporate the information I have with the amounts action's return is truenying schedules are nowledgment of receive. If the processing ason(s) for the delay consent to the	ve full and oration research given as on the coe, correct, and statement of training of the coeay, or who	I timely pay turn is reje my electro prrespondir , and comp ents to the ensmission a rporation's en the refur	yment of cted, I un nic return ng lines o lete. I co State of And an inc return or nd was se	its tax liability, the derstand the state noriginator (ERO), of the corporation's nsent to my ERO, Arkansas. dication of whether refund is delayed, ent. In addition, by	
Sign Here	ature of Officer		ate	- Title					
		ELECTRONIC RETURN ORI							
I declare that I ha If I am only a coll data on the return officer with a cop I have examined correct, and com	ave reviewed the above lector, I understand the n. I have obtained the y of all forms and infor the above corporation plete. This declaration	re corporation return and that the at I am not responsible for review officer's signature on Form AR84 rmation to be filed with the State ins return and accompanying school of Paid Preparer is based on all	entries on Form wing the corpora 453-C before su of Arkansas. If I edules and stat	n AR8453-C are contion's return; I decl bmitting this return am also the Paid P ements, and to the	mplete an are that F to the Sta reparer, u best of m has know	d correct to form AR84s te of Arkan Inder penal y knowledo	53-C accu sas, and ties of pe ge and be	urately reflects the have provided the rjury I declare that	
ERO'S signa	ature		Date	paid preparer	_	employed		75 33N 01 F 11N	
Omlar	's name (or yours f-employed)					EIN			
addr	ess and ZIP code					Phone No). ()	
		that I have examined the above are true, correct, and complete.				of which I h	ave any k		
Preparer's	Firm's name (or your	s name (or yours					EIN		
Use Only	if self-employed) - address and ZIP cod	if self-employed) address and ZIP code					Phone No. ()		