

ARKANSAS S-CORPORATION INCOME TAX DECLARATION FOR ELECTRONIC FILING

For calendar year 2019, or	tax year beginning	, 20, e	nding,	20	-		
Name					Federal Employer Identification Number		
Mailing Address (Number and Street, P.O. Box or Rural Route)					Telephone		
City	State or Province	ZIP		_	Check if address is outside U.S. reign Country		
PART I - TAX RETURN INFO	RMATION (Whole Dollars Only)		•				
1. Total Income (Form AR1100	S, Arkansas Column, Line 12)				1	0	00
2. Total Tax (Form AR1100S, Line 30)						(00
3. Estimate Tax Payments (Form AR1100S, Line 31)						(00
4. Overpayment (Form AR1100S, Line 35)					4	(00
5. Tax Due (Form AR1100S, Line 34)					5	(00
PART II - DECLARATION OF	OFFICER (Sign only after Part I	is completed)				-	
form (AR TAX PMT). 6b. I authorize the State o Payment form (AR EST If the corporation is filing a balance corporation will remain liable for the corporation return may also be reject Under penalties of perjury, I declare to transmitter, and/or internet service p 2019 Arkansas income tax return. To transmitter, and/or ISP sending the consent to the State of Arkansas set not the corporation's return is accept I authorize the State of Arkansas to using a computer system and softwa pertaining to my use of the system and Sign	tax liability and all applicable inter- sted. that I am an officer of the above co- rovider (ISP) and the amounts in to the best of my knowledge and I corporation's return, this declarat nding my ERO, transmitter, and/o sted, and, if rejected, the reason(s disclose to my ERO, transmitter, re to prepare and transmit my return and software and to the transmissi	to initiate debit e yment form (AR I ne State of Arkan est and penalties prporation and tha Part I above agre belief, the corpor ion, and accomp r ISP an acknow to for the rejection and/or ISP the re rn electronically, ion of my tax retu	ntries to my accou EXT PMT). sas does not receiv . If the federal corp at the information I h ee with the amounts ation's return is true anying schedules a ledgment of receipt n. If the processing eason(s) for the dela l consent to the disc	nt as india ve full and oration re ave given on the co e, correct, and stater of transm of the cor ay, or whe	cated on th d timely pay turn is reject my electron prrespondin and compl nents to the ission and poration's r en the refun	e Arkansas Estimated ment of its tax liability, ited, I understand the st nic return originator (ER g lines of the corporatic ete. I consent to my EF e State of Arkansas. I a an indication of whethe eturn or refund is delay d was sent. In addition,	the state RO), on's RO, also er or yed, a, by
Here Signature of Officer		Date	Title				_
PART III - DECLARATION OF	ELECTRONIC RETURN OR	IGINATOR (ER	O) AND PAID PR	REPARE	R		
I declare that I have reviewed the about of I am only a collector, I understand data on the return. I have obtained the officer with a copy of all forms and in I have examined the above corporate correct, and complete. This declarate	that I am not responsible for revie ne officer's signature on Form AR8 formation to be filed with the State tions return and accompanying so	ewing the corpora 8453-S before su e of Arkansas. If I hedules and stat all information of	ation's return; I decl bmitting this return am also the Paid P ements, and to the which the preparer	are that F to the Sta reparer, u best of m has know	form AR845 te of Arkans nder penalt y knowledg /ledge.	3-S accurately reflects sas, and have provided ies of perjury I declare t e and belief, they are tr	the the that rue,
ERO'S signature		Date	Check if also paid preparer		eck if Lemployed	ERO's SSN or PTI	IN
Use Firm's name (or yours of self-employed)		•	•••••••	•	EIN		
address and ZIP code					Phone No	. ()	
Under penalties of perjury, I declar best of my knowledge and belief, the				, 0		2	
Preparer's Paid signature			Date	Check if self-emp		Preparer's SSN or PTI	Ν
Preparer's Eirm's name (or vo	nurs		1		EIN		
Use Only if self-employed)							
address and ZIP c AR8453-S (R 5/31/2019)	ode				Phone No	. ()	