



## ARKANSAS FIDUCIARY INCOME TAX DECLARATION FOR ELECTRONIC FILING

For calenda	r year 2019, or ta	x year beginning_	, 2	0, e	ending		_, 20				
								eral Identification Number			
•								•			
Name and Title	of Fiduciary										
Mailing Address	(Number and Street, P.O	Box or Rural Route)									
City State or Province ZIP Check if addre							if address	ss is outside U.S.			
Foreign Country											
		<b>IATION</b> (Whole Dollars									
1. Net Taxable Income (Form AR1002F or AR1002NR, Line 19)									1		00
2. Net Tax (Form AR1002F or AR1002NR, Arkansas Column, Line 25)									•	00	
3. State Income Tax Withheld (Form AR1002F or AR1002NR, Line 26)									$\rightarrow$	•	00
4. Refund (Form AR1002F or AR1002NR, Arkansas Column, Line 35)									4		00
5. Tax Due (Form AR1002F or AR1002NR, Arkansas Column, Line 36) PART II - DECLARATION OF FIDUCIARY									5		00
	uthorize the State of Arl rm (AR TAX PMT).	ansas Income Tax Section	on to initiate	debit entr	es to my	account	as indicat	ed on th	ne Ai	rkansas Income Tax F	aymen
		rkansas Income Tax Se					ount as ir	ndicated	on	the Arkansas Estima	ted Tax
Pa	lyment form (AR EST P	MT) or Arkansas Extensi	on Payment	IOIM (AR	EXTPIN	I).					
for the tax liabil		derstand that if the State erest and penalties. If I h lso.									
and complete. consent to the my return is act to disclose to m to prepare and	I consent to my ERO s State of Arkansas sendi cepted, and if rejected, t by ERO and/or transmitt transmit my return elec	of my 2019 Arkansas Fide ending my return, this de ng my ERO and/or trans he reason(s) for the reject er the reason(s) for the c tronically, I consent to the f my tax return electronic	eclaration, a mitter an ac ction. If the delay, or who e disclosure	nd accom knowledge processing en the refu	panying s ement of g of my re and was s	schedules receipt o eturn or re sent. In ac	s and stat f transmis efund is d ddition, by	tements ssion an elayed, y using s	to t d ar l au a co	the State of Arkansas n indication of whethe thorize the State of Ar omputer system and s	. I also er or not kansas oftware
	duciary's Signature									Date	
1.1				ATOR (E	RO) ANI	DPAID	PREPAR	ER		Date	
If I am only a c data on the retu the Fiduciary w declare that I h are true, correct ERO'S Use Only	ollector, I understand th Irn. I have obtained the ith a copy of all forms a ave examined the above	e Fiduciary's return and th at I am not responsible for Fiduciary's signature on F and information to be file Fiduciary's return and a eclaration of Paid Prepar Date	or reviewing Form AR845 ed with the S ccompanyin	the Fiduc 3-FE befo State of Ar g schedul on all infor ck id	iary's reti re submit kansas. I es and st	urn; I dec tting this i If I am als atements f which th	clare that l return to t so the Pa s, and to th	Form Af he State id Prep he best er has k	R84 e of / arer of m now	53-FE accurately refle Arkansas, and have p ; under penalties of p ny knowledge and beli	ects the rovided erjury I
FI	mis name and address										
		at I have examined the al , correct, and complete.		tion is bas Check			0				est of
Preparer's Use Only	Preparer's Signature	Da	ate	if self- employe	ed L			Prep	arer	r's SSN or PTIN	
	Firm's name and addr	ess								FEIN	
AR8453-FE (R 5/31/2	019)										