

# Arkansas Individual Income Tax Request For Forms Approval

This is...    **Original Submission**     **OR**    **Resubmission**

**Company Name:** \_\_\_\_\_    **Software ID:** \_\_\_\_\_    **Date:** \_\_\_\_\_

**Product Name:** \_\_\_\_\_

**Contact Name:** \_\_\_\_\_    **Email:** \_\_\_\_\_

**Email to: ARForms@dfa.arkansas.gov**

Check Forms Submitted	State Form ID	Form Name	Approved as submitted	Not Approved (Correct and Resubmit)
	AR1000F	Full Year Resident Income Tax Return		
	Comments:			
	AR1000NR	Nonresident and Part Year Resident Income Tax Return		
	Comments:			
	AR4	Interest and Dividend Income Schedule		
	Comments:			
	AR1000D	Capital Gains Schedule		
	Comments:			
	AR-OI	Other Income/Loss and Depreciation Differences		
	Comments:			
	AR1000ADJ	Schedule of Adjustments		
	Comments:			
	AR1000ADJ (Inst.)	Schedule of Adjustments (Inst.)		
	Comments:			
	AR1000DC	Certificate for Individuals with Disabilities		
	Comments:			

<b>Reviewed By</b>	Signature: _____	Date: _____
--------------------	------------------	-------------

# Arkansas Individual Income Tax Request For Forms Approval

This is...    **Original Submission**     **OR**    **Resubmission**

**Company Name:** \_\_\_\_\_    **Software ID:** \_\_\_\_\_    **Date:** \_\_\_\_\_

**Product Name:** \_\_\_\_\_

**Contact Name:** \_\_\_\_\_    **Email:** \_\_\_\_\_

**Email to: ARForms@dfa.arkansas.gov**

Check Forms Submitted	State Form ID	Form Name	Approved as submitted	Not Approved (Correct and Resubmit)
	AR1000-OD	Organ Donor Deduction		
	Comments:			
	AR3	Itemized Deduction Schedule		
	Comments:			
	AR1075	Deduction for Tuition Pd to Post-Secondary Educational Institutions		
	Comments:			
	AR1000TC	Schedule of Tax Credits		
	Comments:			
	AR1000TC (Inst.)	Schedule of Tax Credits (Inst.)		
	Comments:			
	AR1113	Phenylketonuria Disorder and Other Metabolic Disorders Credit		
	Comments:			
	AR1000RC5	Certificate for Individuals with Developmental Disabilities		
	Comments:			
	AR1000TD	Lump-Sum Distribution Averaging		
	Comments:			

<b>Reviewed By</b>	Signature: _____	Date: _____
--------------------	------------------	-------------

# Arkansas Individual Income Tax Request For Forms Approval

This is...    **Original Submission**     **OR**    **Resubmission**

**Company Name:** \_\_\_\_\_    **Software ID:** \_\_\_\_\_    **Date:** \_\_\_\_\_

**Product Name:** \_\_\_\_\_

**Contact Name:** \_\_\_\_\_    **Email:** \_\_\_\_\_

**Email to: ARForms@dfa.arkansas.gov**

Check Forms Submitted	State Form ID	Form Name	Approved as submitted	Not Approved (Correct and Resubmit)
	AR1000TD (Inst.)	Lump-Sum Distribution Averaging (Inst.)		
	Comments:			
	AR1000-CO	Schedule of Check-Off Contributions		
	Comments:			
	AR1000-CO (Inst.)	Schedule of Check-Off Contributions (Inst.)		
	Comments:			
	AR2210	Penalty for Underpayment of Estimated Tax		
	Comments:			
	AR2210 (Inst.)	Penalty for Underpayment of Estimated Tax (Inst.)		
	Comments:			
	AR2210A	Annualized Penalty for Underpayment of Estimated Income Tax		
	Comments:			
	AR-MS	Tax Exemption Certificate for Military Spouse		
	Comments:			
	AR1000CE	Teacher's Qualified Classroom Investment Expense		
	Comments:			

<b>Reviewed By</b>	Signature: _____	Date: _____
--------------------	------------------	-------------

# Arkansas Individual Income Tax Request For Forms Approval

This is...    **Original Submission**     **OR**    **Resubmission**

**Company Name:** \_\_\_\_\_    **Software ID:** \_\_\_\_\_    **Date:** \_\_\_\_\_

**Product Name:** \_\_\_\_\_

**Contact Name:** \_\_\_\_\_    **Email:** \_\_\_\_\_

**Email to: ARForms@dfa.arkansas.gov**

Check Forms Submitted	State Form ID	Form Name	Approved as submitted	Not Approved (Correct and Resubmit)
	AR1055-IT (Form Only)	Request for Extension of Time (Individual)		
	Comments:			
	AR1055-IT (Inst.)	Request for Extension of Time (Individual) (Inst.)		
	Comments:			
	AR8453	Declaration for Electronic Filing		
	Comments:			
	AR8453 (Inst.)	Declaration for Electronic Filing (Inst.)		
	Comments:			
	AR8453-OL	Declaration for Electronic Filing (On-Line)		
	Comments:			
	AR8453-OL (Inst.)	Declaration for Electronic Filing (On-Line) (Inst.)		
	Comments:			
	AR2106	Arkansas Employee Business Expenses		
	Comments:			
	AR2106 (Inst.)	Arkansas Employee Business Expenses (Inst.)		
	Comments:			
<b>Reviewed By</b>	Signature: _____		Date: _____	

# Arkansas Individual Income Tax Request For Forms Approval

This is...    **Original Submission**     **OR**    **Resubmission**

**Company Name:** \_\_\_\_\_    **Software ID:** \_\_\_\_\_    **Date:** \_\_\_\_\_

**Product Name:** \_\_\_\_\_

**Contact Name:** \_\_\_\_\_    **Email:** \_\_\_\_\_

**Email to: ARForms@dfa.arkansas.gov**

Check Forms Submitted	State Form ID	Form Name	Approved as submitted	Not Approved (Correct and Resubmit)
	AR3903	Arkansas Moving Expenses		
	Comments:			
	AR3903 (Inst.)	Arkansas Moving Expenses (Inst.)		
	Comments:			
	AR4684	Arkansas Casualties and Thefts		
	Comments:			
	AR4684 (Inst.)	Arkansas Casualties and Thefts (Inst.)		
	Comments:			
	AR1000EC	Early Childhood Certificate		
	Comments: Does Not Require Approval			
	AR TAX PMT	Arkansas Tax Payment		
	Comments:			
	AR EXT PMT	Arkansas Extension Payment		
	Comments:			
	AR EST PMT	Arkansas Estimated Payment		
	Comments:			

<b>Reviewed By</b>	Signature: _____	Date: _____
--------------------	------------------	-------------