



ARKANSAS PARTNERSHIP RETURN
DECLARATION FOR ELECTRONIC FILING

For calendar year 2019, or tax year beginning _____, 20____, ending _____, 20____

Name			Federal Identification Number		
Mailing Address (Number and Street, P.O. Box or Rural Route)				Telephone	
City	State or Province	ZIP	<input type="checkbox"/> Check if address is outside U.S. Foreign Country		

PART I - TAX RETURN INFORMATION (Whole Dollars Only)

1. Gross Receipts or Sales (Form AR1050, Line 4, Arkansas Column)	1		00
2. Cost of Goods Sold (Form AR1050, Line 5, Arkansas Column)	2		00
3. Total Income (Form AR1050, Line 11, Arkansas Column)	3		00
4. Total Deductions (Form AR1050, Line 23, Arkansas Column)	4		00
5. Net Income or Loss (Form AR1050, Line 24, Arkansas Column)	5		00

PART II - DECLARATION OF OFFICER (Sign only after Part I is completed)

If my federal partnership return is rejected, I understand my state partnership return may also be rejected.

Under penalties of perjury, I declare that I am a general partner or limited liability company member manager of the above partnership and that the information I have given my electronic return originator (ERO), transmitter, and/or internet service provider (ISP) and the amounts in Part I above agree with the amounts on the corresponding lines of the partnership's 2019 Arkansas income tax return. To the best of my knowledge and belief, the partnership's return is true, correct, and complete. I consent to my ERO, transmitter, and/or ISP sending the partnership's return, this declaration, and accompanying schedules and statements to the State of Arkansas. I also consent to the State of Arkansas sending my ERO, transmitter, and/or ISP an acknowledgment of receipt of transmission and an indication of whether or not the partnership's return is accepted, and, if rejected, the reason(s) for the rejection. If the processing of the partnership's return is delayed, I authorize the State of Arkansas to disclose to my ERO, transmitter, and/or ISP the reason(s) for the delay, or when the refund was sent. In addition, by using a computer system and software to prepare and transmit my return electronically, I consent to the disclosure to the State of Arkansas of all information pertaining to my use of the system and software and to the transmission of my tax return electronically.

Sign Here	<div style="display: flex; justify-content: space-between;"> ▶ Signature of General Partner or Limited Liability Company Member Manager </div>	<div style="display: flex; justify-content: center;"> ▶ Date </div>	<div style="display: flex; justify-content: center;"> ▶ Title </div>
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PART III - DECLARATION OF ELECTRONIC RETURN ORIGINATOR (ERO) AND PAID PREPARER

I declare that I have reviewed the above Partnership return and that the entries on Form AR8453-PE are complete and correct to the best of my knowledge. If I am only a collector, I understand that I am not responsible for reviewing the partnership's return; I declare that Form AR8453-PE accurately reflects the data on the return. I have obtained the general partner or limited liability company member manager signature on Form AR8453-PE before submitting this return to the State of Arkansas, and have provided the general partner or limited liability company member manager with a copy of all forms and information to be filed with the State of Arkansas. If I am also the Paid Preparer, under penalties of perjury I declare that I have examined the above partnership's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. This declaration of Paid Preparer is based on all information of which the preparer has knowledge.

ERO'S Use Only	ERO's signature	Date	Check if also <input type="checkbox"/> paid preparer	Check if <input type="checkbox"/> self-employed	ERO's SSN or PTIN
	Firm's name (or yours if self-employed) address and ZIP code				EIN
					Phone No. ()

Under penalties of perjury, I declare that I have examined the above partnership's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. This declaration is based on all information of which I have any knowledge.

Paid Preparer's Use Only	Preparer's signature	Date	Check if <input type="checkbox"/> self-employed	Preparer's SSN or PTIN
	Firm's name (or yours if self-employed) address and ZIP code			EIN
				Phone No. ()