



ARKANSAS S-CORPORATION INCOME TAX DECLARATION FOR ELECTRONIC FILING

For calendar year 2020, or ta	x year beginning	<u>,</u> 20, e	nding,	20			
Name				Federa	l Employer	Identification Numbe	er
Mailing Address (Number and Street, P.O. Box or Rural Route)				Telephone			
City	State or Province	ZIP		Check if a oreign Cou	ddress is outs ntry	side U.S.	
PART I - TAX RETURN INFORMATION (Whole Dollars Only)							
	Arkansas Column, Line 12)						00
	e 30)						00
•	AR1100S, Line 31)						00
	Line 35)						00
	34)				5		00
PART II - DECLARATION OF OFFICER (Sign only after Part I is completed)							
 6a. I authorize the State of Arkansas Income Tax Section to initiate debit entries to my account as indicated on the Arkansas Income Tax Payment form (AR TAX PMT). 6b. I authorize the State of Arkansas Income Tax Section to initiate debit entries to my account as indicated on the Arkansas Estimated Tax 							
Payment form (AR EST PMT) or Arkansas Extension Payment form (AR EXT PMT). If the corporation is filing a balance due return, I understand that if the State of Arkansas does not receive full and timely payment of its tax liability, the corporation will remain liable for the tax liability and all applicable interest and penalties. If the federal corporation return is rejected, I understand the state corporation return may also be rejected.							
transmitter, and/or internet service prov 2020 Arkansas income tax return. To the transmitter, and/or ISP sending the con- consent to the State of Arkansas sending the corporation's return is accepted I authorize the State of Arkansas to dis using a computer system and software to pertaining to my use of the system and	he best of my knowledge and be rporation's return, this declaratio ng my ERO, transmitter, and/or I d, and, if rejected, the reason(s) is aclose to my ERO, transmitter, ar to prepare and transmit my return	elief, the corpora n, and accomp SP an acknowl for the rejection nd/or ISP the re electronically, I	ation's return is true anying schedules a edgment of receipt . If the processing ason(s) for the dela consent to the disc	e, correct, and stater of transm of the cor ay, or whe	and comp nents to th ission and poration's en the refur	blete. I consent to my ble State of Arkansas. an indication of whe return or refund is de nd was sent. In additi	erection ERO, I also ther or alayed, ion, by
Sign			_ >				
Here Signature of Officer	Da	ate	Title				
PART III - DECLARATION OF ELECTRONIC RETURN ORIGINATOR (ERO) AND PAID PREPARER							
I declare that I have reviewed the above S-Corporation return and that the entries on Form AR8453-S 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 corporation's return; I declare that Form AR8453-S accurately reflects the data on the return. I have obtained the officer's signature on Form AR8453-S before submitting this return to the State of Arkansas, and have provided the officer 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 corporation'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 Eirm's name (or yours		Date	Check if also paid preparer		eck if -employed	ERO's SSN or I	PTIN
Only if self-employed)					EIN		
address and ZIP code					Phone No. ()		
Under penalties of perjury, I declare that I have examined the above corporation'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. Preparer's Paid signature Preparer's SSN or PTIN							
Preparer's Firm's name (or yours	s				EIN		
Use Only if self-employed)address and ZIP code					Phone No. ()		