



ARKANSAS CORPORATION INCOME TAX REQUEST FOR ARKANSAS EXTENSION OF TIME FOR FILING INCOME TAX RETURNS

Tax year beginning (Ta:		and ending and ending dates ar		·	Software II	<u>) </u>
Name •				Federal Employer Identification Number		
Mailing Address (Number and St	reet, P.O. Box or Rural	Route)				
City ●	State or Pro	State or Province			Check if address is outside U.S. Foreign Country Name	
File only if you		g a 60 or 180 da nstructions for addi	•		eferenced in Item 2 belo	wc
NAICS Code If you are a pass-through entity a		Date of Incorporation ● Check the Box" provision	for state income tax pu	urposes, check the ty	Type of Corporation Check only one box Domestic (in state)	1
of entity and check one of the filing status boxes: • LIMITED LIABILITY COMPANY • I				☐ PARTNERSHIP	Foreign (out of state)	_
	R1100S) - If the entity		ation, the Parent mus		nsion, include a schedule of Q	
 C CORPORATION (All extension for the par group. 					nted return, request Arkansas consolidated	
• COOPERATIVE ASSO	,	<i>_</i>	EMPT ORGANIZATIO	,	i:	
_	•				to file the Arkansas return.	
● B ☐ Check this box if reque	esting an additional <u>18</u>	80 day extension from	the Arkansas origin	al return due date	to file the Arkansas return.	
. , ,					est must be attached to the face of the is also applies to an additional extension	1).
Please mail the Corporation APPROVED BY:			not filed on time.	CORPORATION P.O. Box 919 Little Rock, AR		
Make check or money order	payable in U.S. Do	ollars to "Dept. of Find — — — cu		ration"		
AR1155			F ARKANSAS	yment		
Software ID		Tax Year Ending _	(MM/DD/YYYY)	_		
Federal Employer Identification N	lumber D	Due Date				
Name of						
Corporation				Amount of this \$		
City, State, Zip				Payment	Enter Whole Dollars (ex. 1,234,567.00)	
Telephone #					(CA. 1,207,007.00)	