

## ARKANSAS CORPORATION INCOME TAX DECLARATION FOR ELECTRONIC FILING

For calendar year 2020, or t	ax year beginning	, <b>20</b> , e	ending,	20	=	
Name				Federa	l Employer	Identification Number
Mailing Address (Number and Street, P.	O. Box or Rural Route)			Telepho	one	
City	State or Province ZIP				address is outside U.S. untry	
PART I - TAX RETURN INFOR	RMATION (Whole Dollars Only	<u> </u>	L			
Total Income (Form AR11000)	CT, Line 15)				1	00
Net Taxable Income (Form AR1100CT, Line 30)						00
3. Total Tax Liability (Form AR1100CT, Line 33)						00
4. Overpayment (Form AR1100CT, Line 38)					4	00
5. Tax Due (Form AR1100CT, Line 42)					5	00
PART II - DECLARATION OF	OFFICER (Sign only after Part	I is completed)				
	ax liability and all applicable interested.  The analysis and all applicable interested.  The analysis and the amounts in the best of my knowledge and orporation's return, this declaration is sending my ERO, transmitter, a speed, and, if rejected, the reason disclose to my ERO, transmitter, are to prepare and transmit my return software and to the transmissing.	he State of Arkan rest and penalties orporation and tha Part I above agre belief, the corpor ion, and accompa and/or ISP an ack n(s) for the rejectic and/or ISP the re urn electronically,	exact PMT).  Is as does not receive.  If the federal corporate the information I have with the amounts action's return is true anying schedules are nowledgment of receive. If the processing eason(s) for the delicent of the delicent to the disconsent to the discons	ve full and oration re ave given son the coe, correct, and statement of trarely of the coeay, or whe	d timely pa eturn is rejector orresponding, and compents to the ensmission of rporation's en the refundance	yment of its tax liability, the octed, I understand the state onic return originator (ERO) ng lines of the corporation's olete. I consent to my ERO State of Arkansas. and an indication of whether return or refund is delayed nd was sent. In addition, by
PART III - DECLARATION OF				DEDADE	D	
I declare that I have reviewed the about If I am only a collector, I understand to data on the return. I have obtained the officer with a copy of all forms and inf I have examined the above corporatic correct, and complete. This declaration	ove corporation return and that the that I am not responsible for revieue officer's signature on Form AR formation to be filed with the Stateon's return and accompanying se	ne entries on Forniewing the corpora 8453-C before sure of Arkansas. If I chedules and sta	n AR8453-C are con ation's return; I declude in Area and I also the Paid P tements, and to the which the preparer	mplete an are that F to the Sta reparer, u best of m has know	d correct to form AR84 te of Arkar inder pena by knowled vledge.	53-C accurately reflects the sas, and have provided the lites of perjury I declare that ge and belief, they are true
Use signature Firm's name (or yours			paid preparer	self	employed	
Only if self-employed)					EIN	
address and ZIP code					Phone No	0. ( )
Under penalties of perjury, I declare best of my knowledge and belief, the Preparer's signature		•		, ,	of which I h	*
Preparer's Use Only    Firm's name (or yours   firself-employed)   firself-employed)					EIN	
if self-employed) address and ZIP code					Phone No. (	