



STATE OF ARKANSAS REQUEST FOR EXTENSION OF TIME FOR FILING FIDUCIARY TAX RETURNS

					Software ID
Jan. 1 - Dec. 31, 2020 or fiscal year	beginning	and	ending	_ 20	•
Name of estate or trust		Fed	eral identification number		Dept. Use Only
•		•			APPROVED
Name and title of fiduciary or trustee					DENIED: Extension request not postmarked by deadline
•					
Mailing address (Number and street, P.O. box or rural route)					
•					DENIED: Other
City	State or province	ZIP	Check if address is outsid Foreign country name	le U.S.	
•	•	•			

Filing this Arkansas extension form will extend the date to file your return to October 15th for calendar year filers. Fiscal year filers will have an extension of 180 days from their return due date.

File this request on or before the due date of your return. Keep a copy for your records.

NOTE: Income tax returns must be filed and the tax paid on or before the fifteenth (15th) day of the fourth (4th) month following the close of the tax year (April 15th for calendar year filers). This extension is an agreement by the Commissioner of Revenue to waive the statutory penalty for failure to file timely if the return is filed by the extension due date and the tax is paid by the original due date of the return (April 15th for calendar year filers).

Mail to the following address:

Individual Income Tax Section P.O. Box 8149 Little Rock, AR 72203-8149

Caution: An extension to file is not an extension to pay. Interest and failure to pay penalty will be assessed if any tax due is not paid by the original due date, April 15th for calendar year filers.

Make check or money order payable in U.S. Dollars to "Dept. of Finance and Administration"

AR1055-FE	STATE of ARKANSAS Fiduciary Extension Payment	2020
Software ID Federal Identification Number	Calendar Year 2020 or Fiscal Year Ending (MM/DD/YYYY) Due Date	
Address City, State, Zip	Amouni of this Paymen	\$
Telephone #		Include Cents (ex. 1,234,567.00)