Arkansas Fiduciary Income Tax Request For Forms Approval

		This is O	iginal Submission OR Resubmission						
Co	mpany N	ame:	Software ID:	Date:					
Pro	oduct Na	me:							
Co	ntact Na	me:	Email:						
	Email to: ARForms@dfa.arkansas.gov								
Check Forms Submitted	State Form ID		Form Name	Approved as submitted	Not Approved (Correct and Resubmit)				
		AR1002F	R1002F Fiduciary Income Tax Return						
	Comment	s:							
	AR1002NR		Nonresident Fiduciary Income Tax Return						
	Comment	s:							
		AR4-FID	Fiduciary Interest and Dividend Income Schedule						
	Comment	s:							
	AR1002-TC		Fiduciary Schedule of Tax Credits						
	Comment	s:							
	AR K-1FE		Arkansas Schedule K-1 (Fiduciary) For Tax Type Fiduciary Only						
	Comment	s:		•					
	AR K-1FE (Inst.)		Arkansas Schedule K-1 (Fiduciary) (Inst.) For Tax Type Fiduciary Only						
	Comment	s:							
Reviewed By Signature:		Signature:	Date:		_				

(R 03/20/2020) Page 1 of 3

Arkansas Fiduciary Income Tax Request For Forms Approval

This is Original Submission OR Resubmission									
Co	mpany N	ame:	Software	ID:	_ Date:				
Pro	duct Na	me:							
Contact Name: Email:									
	Email to: ARForms@dfa.arkansas.gov								
Check Forms Submitted	State Form ID		Form N	Form Name		Not Approved (Correct and Resubmit)			
		AR2210 Penalty for Underpayment of Estimated Tax For Tax Type Fiduciary Only							
	Comment	s:							
		AR2210 (Inst.)	Penalty for Underpayment For Tax Type Fig.						
	Comment	S:							
	AR2210A			Annualized Penalty for Underpayment of Estimated Income Tax For Tax Type Fiduciary Only					
	Comment	SS:							
	AR1055-FE (Form Only)		Request for Extension of Time (Fiduciary)						
	Comment	es:							
	AR1055-FE (Inst.)		Request for Extension of	Time (Fiduciary) (Inst.)					
	Comment	s:							
		AR8453-FE	Declaration for El	lectronic Filing					
	Comment	s:							
Reviewed By Signatur		Signature:		Date:		_			

(R 03/20/2020) Page 2 of 3

Arkansas Fiduciary Income Tax Request For Forms Approval

This is Original Submission OR Resubmission									
Co	Company Name:				Software ID:			Date:	
Pro	oduct Na	me:							
Co	ntact Na	me:	Emai	l:					
			ail to: ARFor						
Check Forms Submitted	State Form ID		Form Name			Approved as submitted	Not Approved (Correct and Resubmit)		
		AR8453-FE (Inst.) Declarate		on for Electronic Filing (Inst.)					
	Comment	s:							
	<i>A</i>	AR TAX PMT		Arkansas Tax For Tax Type Fid					
	Comment		Arks	aneae Eytone	sion Payment				
	AR EXT PMT			or Tax Type Fid					
	Comment	s:							
	AR EST PMT			ansas Estima For Tax Type Fid	ated Payment luciary Only				
	Comment	s:	Ι						
	 Comments:								
	Comment	s:							
Reviewed Signature:		Signature:			Date:			_	

(R 03/20/2020)