

# Arkansas Fiduciary Income Tax Request For Vouchers Approval

This is...    **Original Submission**     **OR**    **Resubmission**

**Company Name:** \_\_\_\_\_    **Software ID:** \_\_\_\_\_    **Date:** \_\_\_\_\_

**Product Name:** \_\_\_\_\_

**Contact Name:** \_\_\_\_\_    **Email:** \_\_\_\_\_

**Mail to: Arkansas eFile Group**  
**P.O. Box 8094**  
**Little Rock, AR 72203-8094**

**OR**

**Mail to: Arkansas eFile Group**  
**1816 W. 7th Street, Room B440**  
**Little Rock, AR 72201**

| Check Forms<br>Submitted | State Form ID             | Form Name                                    | Approved<br>as<br>submitted | Not<br>Approved<br>(Correct and<br>Resubmit) |
|--------------------------|---------------------------|--|-----------------------------|--|
|                          | AR1002ES                  | Fiduciary Estimated Tax Declaration Vouchers |                             |  |
| Comments:                |                           |  |                             |  |
|                          | AR1002V                   | Fiduciary Income Tax Return Payment Voucher  |                             |  |
| Comments:                |                           |  |                             |  |
|                          | AR1055-FE (Vouchers Only) | Request for Extension of Time (Fiduciary)    |                             |  |
| Comments:                |                           |  |                             |  |
|                          |                           |  |                             |  |
| Comments:                |                           |  |                             |  |

|                        |                  |             |
|------------------------|------------------|-------------|
| <b>Reviewed<br/>By</b> | Signature: _____ | Date: _____ |
|------------------------|------------------|-------------|