



ARKANSAS FRANCHISE TAX ANNUAL BANK FRANCHISE TAX REPORT

Use blue or black ink only

- Beginning Date, Ending Date, Final Return, Amended Return

3. ALL OF THE INFORMATION IN SECTIONS 4, 5, & 6 HAS BEEN VERIFIED AND HAS BEEN FOUND TO BE EXACTLY THE SAME AS LAST YEAR'S REPORT.

1. Business Information (Required):

Name, Secretary of State (SOS) Filing Number (Required), Federal ID Number, SSN, FEIN

Correct any of the below information, if needed.

2. Tax Contact Information:

Name, Address, City, State, Zip, Phone Number, Email Address

4. NAICS Code

Non Stock Corporation, Authorized Stock

Table 5: TOTAL AUTHORIZED CAPITAL STOCK. Columns: NUMBER OF SHARES, PAR VALUE EACH. Rows a, b, c. Total: NO PAR VALUE = \$25 PER SHARE

Table 6: ISSUED AND OUTSTANDING CAPITAL STOCK. Columns: NUMBER OF SHARES, PAR VALUE EACH, TOTAL. Rows a, b, c, d. Total: NO PAR VALUE = \$25 PER SHARE

7. Arkansas Real & Personal Property / Total Real & Personal Property = Percentage (%) x Amount from Line 6d = Arkansas Capital Stock X .003 = TAX DUE

MINIMUM TAX DUE \$150 • IF LESS THAN \$150 PAY \$150 • BANKS WITHOUT AUTHORIZED STOCK PAY \$300

I declare, under the penalties of perjury, that the foregoing statements are true to the best of my knowledge and belief.

Executed this Day of Month, Year

Print Name

Signature