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ARKANSAS FRANCHISE TAX ANNUAL INSURANCE ENTITIES FRANCHISE TAX REPORT AUTHORIZED CAPITAL STOCK

Use blue or black ink only

- **Beginning Date:** _____
- **Ending Date:** _____
- Final Return • Amended Return

1. Business Information (Required):

• _____
Name

• _____
Secretary of State (SOS) Filing Number (Required)

• _____ • SSN • FEIN
Federal ID Number

Correct any of the below information, if needed.

2. Tax Contact Information:

• _____
Name

• _____
Address

• _____ • _____ • _____
City State Zip

• _____
Phone Number

• _____
Email Address

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.

4. Principal Office Information:

• _____
Address

• _____ • _____ • _____
City State Zip

• _____
NAICS Code

| 5. TOTAL AUTHORIZED CAPITAL STOCK <small>(See Instruction 5)</small> | |
|---|----------------|
| NUMBER OF SHARES | PAR VALUE EACH |
| • a) _____ | • \$ _____ |
| • b) _____ | • \$ _____ |
| • c) _____ | • \$ _____ |
| NO PAR VALUE = \$25 PER SHARE | |

| 6. ISSUED AND OUTSTANDING CAPITAL STOCK <small>(See Instruction 6)</small> | | |
|---|----------------|--------------|
| NUMBER OF SHARES | PAR VALUE EACH | TOTAL |
| • a) _____ | • X \$ _____ | • = \$ _____ |
| • b) _____ | • X \$ _____ | • = \$ _____ |
| • c) _____ | • X \$ _____ | • = \$ _____ |
| d) (Add 6a + 6b + 6c) TOTAL: | | • = \$ _____ |
| NO PAR VALUE = \$25 PER SHARE | | |

| 7. Franchise Tax is based on the Issued and Outstanding Capital Stock | |
|--|------------|
| If the total in 6d is less than \$500,000 your total tax is \$300. If the total in 6d is \$500,000 or more your total tax is \$400. | |
| TOTAL DUE: | • \$ _____ |

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 _____, _____ Year

Day

Month

Year

Print Name _____

Signature _____