



Software ID input box

ARKANSAS FRANCHISE TAX ANNUAL LLC FRANCHISE TAX REPORT

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), Federal ID Number, SSN, FEIN

2. Correct any of the information below, if needed:

Tax Contact Name, Address, City, State, Zip, Phone Number of Tax Contact, Email Address

- 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. Registered Agent Information:

Name, Address, City, State, Zip

5. Principal Office Information:

Address, City, State, Zip, NAICS Code

6. Limited Liability Company Management is (Select One):

- MEMBER(S), MANAGER(S)

Please provide current names:

Member/Manager, Member/Manager, Member/Manager, Member/Manager, Member/Manager, Member/Manager, Tax Preparer

Table with 3 columns: ALL LIMITED LIABILITY COMPANIES PAY \$150.00, TOTAL DUE, \$150.00

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