





## **ARKANSAS FRANCHISE TAX ANNUAL BANK FRANCHISE TAX REPORT**

Use blue or	black ink only				
Beginning Date: January 1, 2020 Ending Date: December 31, 2020	VERI	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.			
Final Return Amended Return			.r okti.		
	4. • NAICS Code				
Business Information (Required): Name	• Non S	Stock Corporation OP do not complete lines 5 & 6	• Aut	horized Stock /UST complete lines 5 & 6	
• Secretary of State (SOS) Filing Number (Required)	5.	TOTAL AUTHORIZED CAPITAL STOCK			
• SSN • FEIN		(See Instruction 5)		VALUE EACH	
Federal ID Number	•a)		•\$		
Correct any of the below information, if needed.	•b)	b) •\$			
2. Tax Contact Information:	• C)		•\$		
● Name		NO PAR VALUE =	= \$25 PER S	HARE	
• Address					
• • •	6. ISS	(See Instruction 6)			
City State Zip		•X \$	LUE EACH	TOTAL	
● Phone Number	●a) ●b)	• × \$ • X \$		• = \$ • = \$	
● Email Address	• C)	• × \$ • × \$		•= \$ •= \$	
	,	Add 6a + 6b + 6c) <b>T(</b>		•= \$	
		NO PAR VALUE = \$25 PER SHARE			
7. •	ount from Line 6d	= <u>●</u> Arkansas Capital Sto	=	= • TAX DUE	
MINIMUM TAX DUE \$150 • IF LESS THAN \$150 PAY \$	150 • BANKS WIT	THOUT AUTHORIZE	D STOCK PA	Y \$300	
I declare, under the penalties of perjury, that the foregoing statemer	nts are true to the	best of my knowledg	ge and belief		
Executed thisday of,,,	Year	_			
Print Name	Signature				

Signature \_\_\_\_\_