



ARKANSAS FRANCHISE TAX ANNUAL CORPORATION FRANCHISE TAX REPORT

Use blue or black ink only

Beginning Date: January 1, 2020

Ending Date: December 31, 2020

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

ALL OF THE INFORMATION IN SECTIONS 4, 5, 6, 7, & 8 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. Current Names of Corporate Governors:

President Vice President Secretary Treasurer Controller Tax Preparer

Non Stock Corporation STOP do not complete lines 7 & 8 Authorized Stock MUST complete lines 7 & 8

Table with 2 columns: NUMBER OF SHARES, PAR VALUE EACH. Rows a, b, c. Total: NO PAR VALUE = \$25 PER SHARE

Table with 3 columns: NUMBER OF SHARES, PAR VALUE EACH, TOTAL. Rows a, b, c, d. Total: NO PAR VALUE = \$25 PER SHARE

Arkansas Real & Personal Property / Total Real & Personal Property = Percentage (%) x Amount from Line 8d = Arkansas Capital Stock X .003 = TAX DUE

MINIMUM TAX DUE \$150 • IF LESS THAN \$150 PAY \$150 • CORPORATIONS 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