

Arkansas Franchise Tax Request For Vouchers Approval

This is... Original Submission **OR** Resubmission

Company Name: _____ Software ID: _____ Date: _____

Product Name: _____

Contact Name: _____ Email: _____

Mail to: Arkansas eFile Group
P.O. Box 8094
Little Rock, AR 72203-8094

OR

Mail to: Arkansas eFile Group
1816 W. 7th Street, Room B440
Little Rock, AR 72201

Check Forms Submitted	State Form ID	Form Name	Approved as submitted	Not Approved (Correct and Resubmit)
	ARFRN-V	Franchise Tax Payment Voucher		
	Comments:			
	Comments:			
	Comments:			
	Comments:			

Reviewed By	Signature: _____	Date: _____
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