

Arkansas Partnership Income Tax Request For Forms Approval

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

Company Name: _____ **Software ID:** _____ **Date:** _____

Product Name: _____

Contact Name: _____ **Email:** _____

Email to: ARForms@dfa.arkansas.gov

Check Forms Submitted	State Form ID	Form Name	Approved as submitted	Not Approved (Correct and Resubmit)
	AR1050	Partnership Income Tax Return		
	Comments:			
	AR K-1	Arkansas Schedule K-1 For Tax Type Partnership Only		
	Comments:			
	AR K-1 (Inst.)	Arkansas Schedule K-1 (Inst.) For Tax Type Partnership Only		
	Comments:			
	AR1055-PE	Request for Extension of Time (Partnership)		
	Comments:			
	AR1055-PE (Inst.)	Request for Extension of Time (Partnership) (Inst.)		
	Comments:			
	AR-AIS	Arkansas Additional Information Schedule		
	Comments: Does Not Require Approval			

Reviewed By	Signature: _____	Date: _____
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Check Forms Submitted	State Form ID	Form Name	Approved as submitted	Not Approved (Correct and Resubmit)
1	AR8453-PE	Declaration for Electronic Filing For Tax Type Partnership Only		
	Comments:			
2	AR8453-PE (Inst.)	Declaration for Electronic Filing (Inst.) For Tax Type Partnership Only		
	Comments:			
3				
	Comments:			
4				
	Comments:			
5				
	Comments:			
6				
	Comments:			

Reviewed By	Signature: _____	Date: _____
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