		This is Origin	nal Submission	OR	Resubmission		
Co	mpany N	ame:		Software II	D:	Date:	
Pro	duct Na	me:					
Co	ntact Na	me:	Email	:			
		Em	ail to: ARForr	ns@dfa.ar	kansas.gov		
Check Forms Submitted	State Form ID			Form Name		Approved as submitted	Not Approved (Correct and Resubmit)
		AR1000F	Full Year	Resident Inc	ome Tax Return		
	Comment	s:					
		AR1000NR	Nonresident and	Part Year Resi	ident Income Tax Re	turn	
	Comment	s:					
	AR4		Interest a	nd Dividend I	ncome Schedule		
	Comment	s:					
		AR1000D	С	apital Gains S	Schedule		
	Comment	s:					
		AR-OI	Other Income/	Loss and Dep	preciation Difference	es	
	Comment	s:					
	AR1000DC Cer		Certificate	for Individual	s with Disabilities		
	Comment	s:					
Reviewed Signature:				Date:		-	

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		This is Origin	nal Submission OR Resubmission				
Co	Company Name: Date:						
Pro	oduct Na	me:					
Co	ntact Na	me:	Email:				
		Ema	ail to: ARForms@dfa.arkansas.gov				
Check Forms Submitted	State Form ID		Form Name	Approved as submitted	Not Approved (Correct and Resubmit)		
		AR1000ADJ	Schedule of Adjustments				
	Comment	s:					
		1000ADJ (Inst.)	Schedule of Adjustments (Inst.)				
	Comment	s:					
	AR1000-OD		Organ Donor Deduction				
	Comment	s:					
		AR3	Itemized Deduction Schedule				
	Comment	S:					
		AR1075	Deduction for Tuition Pd to Post-Secondary Educational Institutions				
	Comment	ss:					
	AR1113		Phenylketonuria Disorder and Other Metabolic Disorders Credit				
	Comment	s:					
Reviewed By Signature: Date:							

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		This is Origin	al Submission OR Resubmission				
Co	Company Name: Date:						
Pro	oduct Na	me:					
Co	ntact Na	me:	Email:				
		Ema	ail to: ARForms@dfa.arkansas.gov				
Check Forms Submitted	State Form ID		Form Name	Approved as submitted	Not Approved (Correct and Resubmit)		
		AR1000TC	Schedule of Tax Credits				
	Comment	s:					
		R1000TC (Inst.)	Schedule of Tax Credits (Inst.)				
	Comment				ı		
			Certificate for Individuals with Developmental Disabilities				
	Comment	.s:					
		AR1000TD	Lump-Sum Distribution Averaging				
	Comment	S:					
		21000TD (Inst.)	Lump-Sum Distribution Averaging (Inst.)				
	Comment	s:					
	AR1000CE Teacher's Qu		Teacher's Qualified Classroom Investment Expense				
	Comment	s:					
Reviewed By Signature: Date:							

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		This is Origin	al Submission OR Resu	bmission		
Co	mpany N	ame:	Software ID:		Date:	
Pro	oduct Na	me:				
Co	ntact Na	me:	Email:			
		Ema	il to: ARForms@dfa.arkans	as.gov		
Check Forms Submitted	State Form ID		Form Name		Approved as submitted	Not Approved (Correct and Resubmit)
		AR1000CO	Schedule of Check-Off Cont	ributions		
	Comment	s:				
		1000CO (Inst.)	Schedule of Check-Off Contribu	utions (Inst.)		
	Comment	s:				
	AR2210		Penalty for Underpayment of Es			
	Comment	s:				
	Δ	R2210 (Inst.)	Penalty for Underpayment of Estin For Tax Type Individual O			
	Comment	s:				
	AR2210A		Annualized Penalty for Underpayment of Es For Tax Type Individual O			
	Comment	s:				
	AR-MS Tax Exer		Tax Exemption Certificate for Mi	litary Spouse		
	Comment	s:				
Reviewed Signature:				Date:		_

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		This is Origin	nal Submission OR Resubmission		
Co	mpany N	ame:	Software ID:	Date:	
Pro	oduct Na				
Co	ntact Na	me:	Email:		
		Em	ail to: ARForms@dfa.arkansas.gov		
Check Forms Submitted	State Form ID		Form Name	Approved as submitted	Not Approved (Correct and Resubmit)
		055-IT (Form Only)	Request for Extension of Time (Individual)		
	Comment	s:			
		R1055-IT (Inst.)	Request for Extension of Time (Individual) (Inst.)		
	Comment	s:			
	AR8453		Declaration for Electronic Filing		
	Comment	s:			
	AR8453 (Inst.)		Declaration for Electronic Filing (Inst.)		
	Comment	s:			
		AR8453-OL	Declaration for Electronic Filing (On-Line)		
	Comment	s:			
AR8453-OL (Inst.) Declaration for Electronic Fi		Declaration for Electronic Filing (On-Line) (Inst.)			
	Comment	s:			
Reviewed By Signature: Date:					_

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		This is Origin	al Submission 0	OR Resubmission]	
Co	mpany N	ame:	Softwa	are ID:	Date:	
Pro	oduct Na	me:				
Co	ntact Na	me:	Email:			
		Em	il to: ARForms@dfa	a.arkansas.gov		
Check Forms Submitted	State Form ID		Form	n Name	Approved as submitted	Not Approved (Correct and Resubmit)
		AR2106	Arkansas Employe	ee Business Expenses		
	Comment	s:				
		R2106 (Inst.)	Arkansas Employee E	Business Expenses (Inst.)		
	Comment	·s:				
AR3903		Arkansas M	loving Expenses			
	Comment	'S:				
		AR3903 (Inst.)	Arkansas Movi	ing Expenses (Inst.)		
	Comment					
	Commont	AR4684	Arkansas Cas	sualties and Thefts		
	Comment	s:				
	AR4684 (Inst.) Arkans		Arkansas Casual	lties and Thefts (Inst.)		
	Comment	s:				
Reviewed By Signature: Date:					_	

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		This is Origin	nal Submission OR Resubmission				
Co	Company Name: Date: Software ID: Date:						
Pro	oduct Na	me:					
			Email:				
			ail to: ARForms@dfa.arkansas.gov				
Check Forms Submitted	State Form ID		Form Name	Approved as submitted	Not Approved (Correct and Resubmit)		
		AR1000NOL	Schedule of Net Operating Loss				
	Comment	s:					
	AR [,]	1000NOL (Inst.)	Schedule of Net Operating Loss (Inst.)				
	Comment	.s.	T				
AR2441			Child and Dependent Care Expenses				
	Comment	s:					
	,	AR TAX PMT	Arkansas Tax Payment For Tax Type Individual Only				
	Comment	s:					
		AR EXT PMT	Arkansas Extension Payment For Tax Type Individual Only				
	Comment	is:					
	AR EST PMT		Arkansas Estimated Payment For Tax Type Individual Only				
	Comment	s:					
		AR1000EC	Early Childhood Certificate				
	Comment Doe	s: s Not Require Appr	oval				
Reviewed By Signature: Date:					_		

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