

ARKANSAS PASS-THROUGH ENTITY TAX DECLARATION FOR ELECTRONIC FILING

For calend	dar year 2022, or ta	ax year beginning	, 20, e	ending,	20				
Name				Federal Employer	dentificati	on Numbe	er or Social security r	number	
Mailing Addr	ess (Number and Street, P.O	. Box or Rural Route)			Telepho	one			
City		State or Province	ZIP Check if addres						
PART I -	TAX RETURN INFOR	MATION (Whole Dollars On	nly)						
ENTITY		LLP LP	Partnership	SMLLC	S-Corp				
1. Total	Income (Form AR1100PE					1		00	
	•	DPET, Line 7)				·····-		00	
		ET, Line 12)						00	
		ine 15)				4		00	
PART II - DECLARATION OF OFFICER (Sign only after Part I is completed)									
 I authorize the State of Arkansas Income Tax Section to initiate debit entries to my account as indicated on the Arkansas Income Tax Payment form (AR TAX PMT). I authorize the State of Arkansas Income Tax Section to initiate debit entries to my account as indicated on the Arkansas Estimated Tax Payment form (AR EST PMT) or Arkansas Extension Payment form (AR EXT PMT). 									
the Pass-Th	rough Entity will remain lia	llance due return, I understan able for the tax liability and all Entity return may also be reje	applicable interest						
originator (E of the Pass- and complet	ERO), transmitter, and/or ir Through Entity's 2022 Ark	that I am an officer of the ab nternet service provider (ISP) ansas income tax return. To ransmitter, and/or ISP sending) and the amounts the best of my know	in Part I above agre wledge and belief, tl	ee with the ne Pass-T	e amounts hrough Er	on the correspondin	ng lines correct,	
or not the Pa refund is del In addition, l	ass-Through Entity's return layed, I authorize the State by using a computer syster	sending my ERO, transmitter in is accepted, and, if rejected of Arkansas to disclose to my m and software to prepare ar of the system and software a	, the reason(s) for the y ERO, transmitter, and transmit my retur	ne rejection. If the pl and/or ISP the reason n electronically, I co	rocessing on(s) for th onsent to the	of the Pas ne delay, o ne disclos	s-Through Entity's re r when the refund wa	eturn or as sent.	
Sign 🔪									
Here	Signature of Officer		Date	Title					
PART III - DECLARATION OF ELECTRONIC RETURN ORIGINATOR (ERO) AND PAID PREPARER									
I declare that I have reviewed the above Pass-Through Entity return and that the entries on Form AR8453-PET are complete and correct to the best of my knowledge. If I am only a collector, I understand that I am not responsible for reviewing the Pass-Through Entity's return; I declare that Form AR8453-PET accurately reflects the data on the return. I have obtained the officer's signature on Form AR8453-PET before submitting this return to the State of Arkansas, and have provided the officer with a copy of all forms and information to be filed with the State of Arkansas. If I am also the Paid Preparer, under penalties of perjury I declare that I have examined the above Pass-Through Entity's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. This declaration of Paid Preparer is based on all information of which the preparer has knowledge. Date Check if also Check if ERO's SSN or PTIN Paid Preparer Paid									
Use	signature Firm's name (or yours	1, , , ,					-employed EIN		
	if self-employed)					Phone No. ()			
Under pena	Under penalties of perjury, I declare that I have examined the above Pass-Through Entity's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. This declaration is based on all information of which I have any knowledge. Preparer's Signature Preparer's SSN or PTIN self-employed								
Prepare		ame (or yours				EIN			
Use Onl	y if self-employed) -	if self-employed)					Phone No. (