

2023 AR1000CR

ARKANSAS INCOME TAX

COMPOSITE TAX RETURN



CR1

CHECK BOX IF AMENDED RETURN

Software ID

Jan 1 - Dec 31, 2023 or fiscal year ending _____, 20____

Name of entity			Federal employer identification number	
Mailing address			Telephone	
City	State or province	ZIP	<input type="checkbox"/> Check if address is outside U.S. Foreign country name	
<input type="checkbox"/> Check this box if you have filed Arkansas extension Form AR1055-CR			Location of records for audit	

COMPUTATION OF TAX ON ARKANSAS TAXABLE INCOME (Round to nearest dollar)

NON CORPORATION MEMBERS SHARES OF INCOME

1. NUMBER OF NONRESIDENT MEMBERS	1		
2. TAXABLE INCOME FROM SCHEDULE A: (Non Corporation members)	2		00
3. TAX: [Multiply line 2 by 4.7 percent (0.047)]	3		00

CORPORATION MEMBERS SHARES OF INCOME

4. NUMBER OF NONRESIDENT MEMBERS	4		
5. TAXABLE INCOME FROM SCHEDULE B: (Corporation members)	5		00
6. TAX: [Multiply line 5 by 5.1 percent (0.051)]	6		00

7. TOTAL TAX: (Add lines 3 and 6)	7		00
8. Arkansas income tax withheld: [Attach copies of AR1099PT Form(s)]	8		00
9. Estimated tax paid and/or credit carried forward:	9		00
10. Payment made with extension:	10		00
11. AMENDED RETURNS ONLY - Enter previous payments:	11		00
12. TOTAL PAYMENTS: (Add lines 8 through 11)	12		00
13. AMENDED RETURNS ONLY - Enter previous overpayments:	13		00
14. ADJUSTED TOTAL PAYMENTS: (Subtract line 13 from line 12)	14		00
15. AMOUNT OF OVERPAYMENT/REFUND: (If line 14 is greater than line 7, enter difference)	15		00
16. Amount of overpayment to be applied to 2024:	16		00
17. AMOUNT TO BE REFUNDED TO YOU: (Subtract line 16 from line 15)	17	REFUND	00
18. AMOUNT DUE: (If line 7 is greater than line 14, enter difference)	18	TAX DUE	00

PAY ONLINE: Please visit our secure website ATAP (Arkansas Taxpayer Access Point) at www.atap.arkansas.gov. ATAP allows taxpayers or their representatives to log on, make payments and manage their account online. ATAP is available 24 hours.

PAY BY CREDIT CARD: (See instructions)

PAY BY MAIL: (See instructions)

Note: The AR1000CR, page 2 (CR2) must be completed and attached.

PLEASE SIGN HERE: Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

PLEASE SIGN HERE	Signature of officer, partner or accountant		Date	Telephone	May the Arkansas Revenue Agency discuss this return with the preparer? <input type="checkbox"/> Yes <input type="checkbox"/> No
	SIGN HERE				
PAID PREPARER	Paid preparer's signature		PTIN/ID number		For Department Use Only
	Preparer's name		Address		
	E-mail		City/State/ZIP		
				Telephone	



FEIN:

SCHEDULE A - NON CORPORATION MEMBERS SHARES OF INCOME			
NAME OF MEMBER	ADDRESS, CITY, STATE, ZIP	SSN OR FEIN	SHARE OF TAXABLE INCOME
			00
			00
			00
			00
			00
			00
			00
			00
			00
			00
Total Taxable Income: Enter here and on line 2			00

SCHEDULE B - CORPORATION MEMBERS SHARES OF INCOME			
NAME OF MEMBER	ADDRESS, CITY, STATE, ZIP	FEIN	SHARE OF TAXABLE INCOME
			00
			00
			00
			00
			00
			00
			00
			00
			00
			00
			00
Total Taxable Income: Enter here and on line 5			00