

ARKANSAS INDIVIDUAL INCOME TAX DECLARATION FOR ELECTRONIC FILING

Primary's Legal First Name and Middle Initial					Last Name			Primary's Social Security Number		
Spouse's Legal First Name and Middle Initial Last N					ame			Spouse's Social Security Number		
Mailing	Addres	SS (Number and Street, P.O. Box		Telephone						
City			State or Province	ZIP				if addres	s is outside U.S.	
							Foreign C	ountry		
			MATION (Whole Dollars C						. [
	Total Income (Form AR1000F or AR1000NR, Line 23)								1	00
	Net Tax (Form AR1000F or AR1000NR, Line 38) State Income Tax Withheld (Form AR1000F or AR1000NR, Line 39)								2 3 •	00
							4	00		
									5	00
		DECLARATION OF TA							<u> </u>	00
for the state results of Arka and if read and/or return of the state o	6c. 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).									
Sign		of my tax return electronic	oany.							
Here	●	Primary's Signature	Date	e	Sp	oouse's Signat	ure		Date	
PAR	T III -	DECLARATION OF E	LECTRONIC RETURN	ORIGIN	ATOR (ERO)	AND PAID P	REPARE	R		
am onl the retu with a examin	ly a col urn. I ha copy of ned the	lector, I understand that I ave obtained the taxpayer all forms and information above taxpayer's return	ve taxpayer's return and that am not responsible for rev r's signature on Form AR84 in to be filed with the State of and accompanying schedul I Preparer is based on all in	iewing the 53 before f Arkansa ules and s	e taxpayer's retu submitting this s. If I am also the statements, and	urn; I declare the return to the St e Paid Prepare to the best of	nat Form A ate of Ark er, under p my knowle	AR8453 ansas, penaltie	B accurately reflects and have provided s of perjury I declar	the data on the taxpayer te that I have
ERO	'S -	TDO/C Clare - true	F :		if paid	if self-] _	•	Cour COM DTIM	
Use Only		ERO'S Signature	Date	e 	preparer	employed		Y	our SSN or PTIN	
	F	irm's name and address							FEIN	
	owledg	e and belief, they are true	at I have examined the abo e, correct, and complete. Th							the best of
Prep	arer Only		Date	е	employed		Pre	parer's	SSN or PTIN	
_	,	Firm's name and add	ress						FEIN	