| | This is Origin | nal Submission OR Resubmission | | | | | |
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| Co | mpany Name: | Software ID: | Software ID: Date: | | | | |
| Pro | oduct Name: | | | | | | |
| Co | ntact Name: | Email: | | | | | |
| | | ail to: ARForms@dfa.arkansas.gov | | | | | |
| Check Forms Submitted | State Form ID | Form Name | Approved as submitted | Not Approved (Correct and Resubmit) | | | |
| | AR362 | AR362 Arkansas Pass-Through Entity Income Tax Election or Revocation Form | | | | | |
| | Comments: | | | | | | |
| | AR1100PET | Arkansas Pass-Through Entity Tax Reurn | | | | | |
| | Comments: | | | | | | |
| | AR1100PET (Inst.) | Arkansas Pass-Through Entity Tax Reurn (Inst.) | | | | | |
| | Comments: | | | | | | |
| | AR1155-PET | Request for Extension Of Time (Pass-Through Entity) For Tax Type Pass-Through Entity Only | | | | | |
| | Comments: | | | | | | |
| | AR1155-PET (Inst.) | Request for Extension Of Time (Pass-Through Entity) (Inst.) For Tax Type Pass-Through Entity Only | | | | | |
| | Comments: | | | | | | |
| | AR1100BIC | Schedule of Business Incentive Tax Credits | _ | | | | |
| | Comments: | | | | | | |
| R | Reviewed Signature: | Date: | | | | | |

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| | | This is Origi | inal Submission OR Resubmission | | |
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| Co | mpany N | ame: | Software ID: | | |
| Pro | oduct Na | me: | | | |
| Co | ntact Na | me: | Email: | | |
| | | | nail to: ARForms@dfa.arkansas.gov | | |
| Check Forms Submitted | Sta | nte Form ID | Form Name | Approved as submitted | Not Approved (Correct and Resubmit) |
| | 1 | AR1100NOL | Schedule of Net Operating Loss | | |
| | Comment | | Cabadula of Nat On anting Logo (Inst.) | | Ι |
| | Comment | 1100NOL (Inst.) | Schedule of Net Operating Loss (Inst.) | | |
| | | | | | T |
| | | AR1100REC | Reconciliation Schedule | | |
| | Comment | is: | | | |
| | AR | 1100REC (Inst.) | Reconciliation Schedule (Inst.) | | |
| | Comment | ts: | | | |
| | | AR1100-WH | Withholding Summary | | |
| | Comment | ts: | | | |
| | | AR2220 | Underpayment Of Estimated Tax By Pass-Through Entity | | |
| | Comment | ts: | | | |
| | Reviewed By | Signature: | Date: | | |
| (R 5/3 | /2022) | | Page 2 of 4 | | |

| | | This is Origi | nal Submission OR Resubmission | | | | | | | |
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| Co | mpany N | ame: | Software ID: | Date: | | | | | | |
| Pro | oduct Na | me: | | | | | | | | |
| Co | ntact Na | me: | Email: | | | | | | | |
| | Email to: ARForms@dfa.arkansas.gov | | | | | | | | | |
| Check Forms Submitted | Sta | te Form ID | Form Name | Approved as submitted | Not Approved (Correct and Resubmit) | | | | | |
| | | AR2220 Inst. | | | | | | | | |
| | Comment | s: | | | | | | | | |
| | | AR2220A | Annualized Income of Estimated Tax By Pass-Through Entity | | | | | | | |
| | Comment | 's: | | | | | | | | |
| | | R2220A (Inst.) | Annualized Income of Estimated Tax By Pass-Through Entity (Inst.) | | | | | | | |
| | Comment | S: | | | | | | | | |
| | | AR K-1 | Arkansas Schedule K-1 For Tax Type Pass-Through Entity Only | Arkansas Schedule K-1 For Tax Type Pass-Through Entity Only | | | | | | |
| | Comment | S: | | | | | | | | |
| | A | AR K-1 (Inst.) | Arkansas Schedule K-1 (Inst.) For Tax Type Pass-Through Entity Only | | | | | | | |
| | Comment | S: | | | | | | | | |
| | | AR8453-PET | Declaration for Electronic Filing | | | | | | | |
| | Comment | s: | | | | | | | | |
| Reviewed Signature: | | | Date: | | | | | | | |

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| This is Original Submission OR Resubmission | | | | | | | | |
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| Company Name: | | | | Software | Date: | | | |
| Pro | oduct Na | me: | | | | | | |
| Co | ntact Na | me: | Emai | l: | | | | |
| | | Ema | ail to: ARFor | ms@dfa.a | rkansas.ç | jov | | |
| Check Forms Submitted | State Form ID | | Form Name | | | Approved as submitted | Not Approved (Correct and Resubmit) | |
| | | 3453-PET (Inst.) | Declarat | ion for Electi | ronic Filing (I | nst.) | | |
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