

## ARKANSAS PASS-THROUGH ENTITY TAX REQUEST FOR ARKANSAS EXTENSION OF TIME FOR FILING INCOME TAX RETURNS

Tax year beginning	, 20	and ending		•		Software ID	
	ax year beginning	and ending dates ar	e required fields)		•	<b>DFA WEB</b>	
Name				Feder	al Employer Identific	cation Number	
•				•			
Mailing Address (Number and S	itreet, P.O. Box or Rura	al Route)		<u> </u>			
• ` `	,	,					
City	State or F	Province	Zin	ПСы	eck if address is outsi	do II S	
City	State or Province		Zip ●		Foreign Country Name		
						_	
File only if you	_	ng a 60 or 180 da Instructions for addi	_		referenced in	Item 2 below	
NAICS Code		Date of Incorporation			Type of Entity		
•		•				Check only one box	
		•			□ Dom	estic (in state)	
					Fore	ign (out of state)	
	of Q Subs under the ag Pass-Through Entice COMPANY (LLC) THE COX BELOW (BOX equesting an additional date or, if applicable, the cough Entity Tax I	A OR BOX B) TO RECTAL A STATE OF THE	DERAL SUB S OR PARTIEST AN ARKANS The Federal Extends The Markansas original Arkansas return. A requestion of filed on time.  The partiest and Administration of the markansas return.	ARTNERSHIP RETURNSION  SAS EXTENSION  Led return due da  Liminal return due de  est for an extension w  CORPORATION  P.O. Box 919  Little Rock, AR	URN  N:  Interprete to file the Arkans  Interprete to file the Arkans  Income the Arkans  INCOME TAX SI	as return. sas return. TER the due date of	
AR1155-PET		STATE of	of ARKANSAS		Voucher		
/((\(\)\)	Pa	ss-through Ex	tension Tax l	Payment	5		
Software ID DFA W Employer Identifica	ЕВ	Fiscal Year Endin		_	<b>Mail 1</b> epartment of Finance Pass-through P.O. Boy	and Administration Entity Tax ( 919	
Name					Little Rock, AR	72203-919	
Address				Amount of this	\$		
City, State, Zip				Payment	Include (		
Telephone #					(ex. 1,234,	567.00)	