PRINT FORM CLEAR FORM

2025 AR1000CR
ARKANSAS INCOME TAX COMPOSITE TAX RETURN

ICCR251

CR1

CHECK BOX IF AMENDED RETURN ☐

Software ID DFA WEB

Jan 1 - Dec 31, 2025 or fiscal year ending _____, 20____

Name of entity	Federal employer identification number
Mailing address	Telephone
City / State or province / ZIP	☐ Check if address is outside U.S. Foreign country name
☐ **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 3.9 percent (0.039)]** 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 4.3 percent (0.043)]** 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 2026: 16 00
17. Amount to be refunded to you: **(Subtract line 16 from line 15)** ..... **REFUND** 17 00
18. Amount due: **(If line 7 is greater than line 14, enter difference)** ..... **TAX DUE** 18 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) and page 3 (CR3) must be completed and attached. If you need more space, see instructions.

PLEASE SIGN HERE

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.

Signature of officer, partner or accountant SIGN HERE	Date	Telephone	May the Arkansas Revenue Agency discuss this return with the preparer? ☐ Yes ☐ No

PAID PREPARER

Paid preparer's signature	PTIN/ID number	
Preparer's name	Address	**For Department Use Only** A
E-mail	City/State/ZIP	Telephone

ICCR252

CR2

FEIN:

SCHEDULE A - NON-CORPORATION MEMBERS SHARES OF INCOME

NAME OF MEMBER	ADDRESS, CITY, STATE, ZIP	SSN OR FEIN	SHARE OF TAXABLE INCOME
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Total Taxable Income: Enter here and on line 2			00

ICCR253

CR3

FEIN:

SCHEDULE B - CORPORATION MEMBERS SHARES OF INCOME

NAME OF MEMBER	ADDRESS, CITY, STATE, ZIP	FEIN	SHARE OF TAXABLE INCOME	
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Total Taxable Income: Enter here and on line 5				00