



## STATE OF ARKANSAS CORPORATION INCOME TAX SECTION Application for Income Tax Exempt Status

<b>PART I Identification of Applicant</b>		
<b>1a</b> Full Name of Organization (As shown in organizing document)	<b>2</b> FEIN	
<b>1b</b> C/O Name (if applicable)	<b>3</b> Name and telephone number of person to be contacted if additional information is needed	
<b>1c</b> Address (Number, Street and Room or Suite Number)		
<b>1d</b> City or Town, State and ZIP Code	<b>4</b> Tax Year (Month/Year)	
<b>5</b> Date Incorporated or Formed	<b>6</b> Activity Codes (See Instructions)	<b>7</b> Arkansas Code Section applying under
<b>8</b> Date began activity in Arkansas	<b>9</b> Domestic or Foreign	<b>10</b> IRC Exempt Under
<b>11</b> IRS Approval Date	<b>12</b> IRS Expiration Date	
<b>13</b> Has the organization filed Arkansas Corporation Income Tax Returns? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No (If "Yes", state the tax years filed)		
<b>14</b> Check the box for your type of organization. <b>BE SURE TO ATTACH A COMPLETE COPY OF THE CORRESPONDING DOCUMENTS TO THE APPLICATION BEFORE MAILING.</b>		
<b>01</b> <input type="checkbox"/> <b>Corporation:</b> Attach a copy of your Articles of Incorporation (including amendments and restatements) showing approval by the appropriate State official; also include a copy of your Bylaws.		
<b>02</b> <input type="checkbox"/> <b>Trust:</b> Attach a copy of your Trust Indenture or Agreement, including all appropriate signatures and dates.		
<b>03</b> <input type="checkbox"/> <b>Cooperative:</b> Attach a copy of your creating documents and a copy of your Bylaws, Rules and Regulations.		
<b>04</b> <input type="checkbox"/> <b>Partnership:</b> Attach a copy of your Partnership Agreement and Bylaws if any.		
<b>05</b> <input type="checkbox"/> <b>Association:</b> Attach a copy of your Articles of Association, Constitution, or other creating documents, with a declaration or other evidence the organization was formed by adoption of the document by more than one person; also include a copy of your Bylaws.		
If you are a corporation or an unincorporated association that has not yet adopted Bylaws, check here ..... <input type="checkbox"/>		
I declare under the penalties of perjury that I am authorized to sign this application on behalf of the organization and that I have examined this application, including the accompanying schedules and attachments, and to the best of my knowledge, it is true, correct and complete.		
<b>Please Sign Here</b>	_____	_____
	Signature	Title or Authority Signer
		_____
		Date
<b>Mail To:</b> Corporation Income Tax P O Box 919 Little Rock, AR 72203		



**PART II Activities and Operational Information**

**1** Provide a detailed narrative description of all the activities of the organization - past, present and planned. Do not merely refer to or repeat the language in your organizational document. Describe each activity separately in the order of importance. Each description should include, as a minimum, the following: (a) a detailed description of the activity including its purpose; (b) when the activity was or will be initiated; and (c) when and by whom the activity will be conducted.

**2** Will any of the organization's income be credited to surplus or inure to the benefit of any private stockholder or individual?  Yes  No  
(If "Yes", explain below.)

**3** What are or will be the organization's sources of financial support? List in order of size.

**4** Describe the organization's fundraising program, both actual and planned, and explain to what extent it has been put into effect. Include details of fundraising activities such as selective mailings, formation of fundraising committees, use of volunteers or professional fundraisers, etc. Attach representative copies of solicitations for financial support.

**5** Attach a copy of the latest financial statement showing the assets, liabilities, receipts and disbursements of the organization.

**Note:** If the above spaces are insufficient for response, you may attach additional pages as necessary.