

ARKANSAS CORPORATION INCOME TAX REQUEST FOR ARKANSAS EXTENSION OF TIME FOR FILING INCOME TAX RETURNS

| ax year beginning, 20, 20, 20, 20 (Tax year beginning and ending dates are required fields) | | | | Software ID | |
|---|--|--|---|--|--|
| Name | ix year beginning and ending d | ates are required neius) | Federal Em | ● DFA WEB ployer Identification Number | |
| Mailing Address (Number and S | treet, P.O. Box or Rural Route) | | | | |
| City • | ty State or Province ● | | Check if address is outside U.S. Foreign Country Name | | |
| File only if you | are requesting a 60 or 1 (See Instructions f | 180 day Arkansas ex | | renced in Item 2 below | |
| NAICS Code | • | Date of Incorporation | | Type of Corporation Check only one box Domestic (in state) | |
| of entity and check one of the fil | and are electing the "Check the Box" ping status boxes: • □ LIMITED L | orovision for state income tax pu LIABILITY COMPANY ● [| PARTNERSHIP | Foreign (out of state) | |
| ■ S CORPORATION (A | RETURN FOR WHICH EXTENSION RETURN FOR WHICH EXTENSION IN THE Parent with the Parent must file the Arket and the Parent must file the Arket Return III and the Parent must file the Arket Return III and the Parent must file the Arket Return III and the Parent must file the Arket Return III and the Parent III and the Pa | Corporation, the Parent mus | | , include a schedule of Q | |
| | R1100CT) - If requesting for (a) me rent corporation and list the subsic | | | | |
| • COOPERATIVE ASS | OCIATION (AR1100CT) | • EXEMPT ORGANIZATIO | N (AR1100CT) | | |
| | OX BELOW (BOX A OR BOX B) | | | | |
| | iesting an additional <u>60 day</u> extensio iesting an additional <u>180 day</u> extens | | | | |
| File this request by the original due | date or, if applicable, the extended due dextension which is postmarked AFTER the | ate of the Arkansas return. A copy | of the approved request m | ust be attached to the face of the | |
| Please mail the Corporation Income Tax Extensions to the following address: COP APPROVED BY: DENIED: Extension request not filed on time. | | | , | OME TAX SECTION | |
| Make check or money orde | r payable in U.S. Dollars to "Depi | t. of Finance and Administra — cut here — — — — | ation" — — — — — — - | | |
| AR1155 | | TATE OF ARKANSAS ion Extension Pay | /ment | | |
| Software ID DFA W | EB Tax Year | Ending 12/31/2019 (MM/DD/YYYY) | - | | |
| Federal Employer Identification | Number Due Date 04/15/2020 | | | | |
| Name of | | | | | |
| Corporation Address | | | Amount of this \$ Payment | | |
| City, State, Zip | | | Enter Whole Dollars | | |