AR1155

CTEX201

2020

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

Tax year beginning _____, 20_____ and ending _____, 20_____.
(Tax year beginning and ending dates are required fields)

Software ID ●

Name ●	Federal Employer Identification Number ●
Mailing Address **(Number and Street, P.O. Box or Rural Route)** ●	

City ●	State or Province ●	Zip ●	☐ Check if address is outside U.S. Foreign Country Name

File only if you are requesting a 60 or 180 day Arkansas extension as referenced in Item 2 below
(See Instructions for additional information)

NAICS Code ●	Date of Incorporation ●	**Type of Corporation** Check only one box
If you are a pass-through entity and are electing the **"Check the Box"** provision for state income tax purposes, check the type of entity and check one of the filing status boxes: ● ☐ LIMITED LIABILITY COMPANY ● ☐ PARTNERSHIP		● ☐ Domestic **(in state)** ☐ Foreign **(out of state)**

1. INDICATE TYPE OF RETURN FOR WHICH EXTENSION IS BEING REQUESTED:

- ● ☐ S CORPORATION (AR1100S) - **If the entity is the Parent Corporation, the Parent must request the extension, include a schedule of Q Subs under the Parent and the Parent must file the Arkansas Return.**
- ● ☐ C CORPORATION (AR1100CT) - **If requesting for (a) member(s) of a group filing an Arkansas consolidated return, request extension for the parent corporation and list the subsidiaries in the federal group eligible to file in the Arkansas consolidated group.**
- ● ☐ COOPERATIVE ASSOCIATION (AR1100CT)
- ● ☐ EXEMPT ORGANIZATION (AR1100CT)

2. CHECK ONLY ONE BOX BELOW (BOX A OR BOX B) TO REQUEST AN ARKANSAS EXTENSION:

- ● A ☐ Check this box if requesting an additional **60 day** extension from the **Federal Extended return due date** to file the Arkansas return.
- ● B ☐ Check this box if requesting an additional **180 day** extension from the **Arkansas original return due date** to file the Arkansas return.

File this request by the original due date or, if applicable, the extended due date of the Arkansas return. A copy of the approved request must be attached to the face of the return when filed. A request for an extension which is postmarked AFTER the due date of the tax return will NOT be considered. (This also applies to an additional extension).

Please mail the Corporation Income Tax Extensions to the following address:

CORPORATION INCOME TAX SECTION
P.O. Box 919
Little Rock, AR 72203-0919

☐ APPROVED BY:_____ ☐ DENIED: Extension request not filed on time.

Make check or money order payable in U.S. Dollars to "Dept. of Finance and Administration"

cut here

AR1155

STATE OF ARKANSAS
Corporation Extension Payment

Software ID ☐

Tax Year Ending **12/31/2020** (MM/DD/YYYY)

Federal Employer Identification Number

Due Date **04/15/2021**

Name of Corporation

Address

City, State, Zip

Telephone #

Amount of this Payment $

Enter Whole Dollars (ex. 1,234,567.00)

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