AR1155



2021

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

Tax year beginning	, 20 and ending eginning and ending dates	, 20	_•	Software ID
Name	egiiiiiig and ending dates a	are required fields)	Fodoral Em	DFA WEB ployer Identification Number
•			•	ployer identification Number
Mailing Address (Number and Street, P.O. I	Box or Rural Route)			
[6::	Otata an Danaina	I →·	I = 0 - - - - - - - -	addresse is sustainted III O
City ●	State or Province			nddress is outside U.S. untry Name
File only if you are re	equesting a 60 or 180 ((See Instructions for ad	_	tension as refer	enced in Item 2 below
NAICS Code	Date of Incorporation	Date Bega	n Business	Type of Corporation
•	•			Check only one box
If you are a pass-through entity and are el	. •	· <u> </u>		Domestic (in state)
,			PARTNERSHIP	Foreign (out of state)
1. INDICATE TYPE OF RETURN				
 S CORPORATION (AR1100S) - Subs under the Parent and the 	· If the entity is the Parent Corpo e Parent must file the Arkansas		request the extension	, include a schedule of Q
) - If requesting for (a) member(s oration and list the subsidiaries			
COOPERATIVE ASSOCIATION	I (AR1100CT)	EXEMPT ORGANIZATION	I (AR1100CT)	
_	,		,	
2. CHECK ONLY ONE BOX BELO	,			
	additional <u>60 day</u> extension <u>from</u>			
B Check this box if requesting an a	additional <u>180 day</u> extension <u>fro</u>	<u>m the Arkansas origina</u>	<u>I return due date</u> to fi	le the Arkansas return.
File this request by the original due date or, if a the tax return will NOT be considered. (This al	• •	•	st for an extension which is	postmarked AFTER the due date of
Please mail the Corporation Inco	me Tax Extensions to the f	_		OME TAX SECTION
APPROVED BY:	□ DENIED: Extension reque	st not med on time.	.O. Box 919 ittle Rock, AR 7220	13_0010
 Make check or money order payable	in II S. Dollars to "Dont of E		•	73-03 13
— — — — — — — — — — —		cut here — — — —	- — — — — — -	
AR1155		OF ARKANSAS		
	Corporation I	Extension Pay	ment	
Software ID DFA WEB	Tax Year Ending	g 12/31/2020 (MM/DD/YYYY)		
Federal Employer Identification Number	Due Date			
	04/15/2021			
	04/15/2021			
Name of				
Corporation			Amount	
Address			of this \$	
City, State, Zip			Payment	
Telephone #				Enter Whole Dollars (ex. 1,234,567.00)