

# 2018 AR1000CR

## ARKANSAS INCOME TAX COMPOSITE TAX RETURN



# CR1

CHECK BOX IF  
AMENDED RETURN

Software ID

**DFA WEB**

Jan 1 - Dec 31, 2018 or fiscal year ending \_\_\_\_\_, 20\_\_\_\_

Name of entity			Federal Employer Identification Number	
Mailing address			Telephone	
City	State or Province	Zip	<input type="checkbox"/> Check if address is outside U.S. Foreign Country Name	
<input type="checkbox"/> <b>Check this box if you have filed Arkansas extension Form AR1055-CR</b>			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 6.9 percent (.069)] .....	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 6.5 percent (.065)] .....	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 2019: .....	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

Attach Form AR1000CRV to check or money order payable in U.S. Dollars to "Dept. of Finance and Administration". Include FEIN on payment. To pay by credit card, see instructions.

**Note: The AR1000CR, Page 2 (CR2) must be completed and attached.**

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	Date	Telephone
PAID PREPARER	Paid Preparer's Signature		May the Arkansas Revenue Agency discuss this return with the preparer of the return? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Preparer's Name		For Department Use Only
	E-mail	City/State/Zip	A <input type="checkbox"/> Telephone <input type="checkbox"/>
		ID Number/Social Security Number	



FEIN:

SCHEDULE A - NON CORPORATION MEMBERS SHARES OF INCOME			
NAME OF MEMBER	ADDRESS, CITY, STATE, ZIP	SSN OR FEIN	SHARE OF TAXABLE INCOME
			00
			00
			00
			00
			00
			00
			00
			00
			00
			00
<b>Total Taxable Income:</b> Enter here and on Line 2 .....			00

SCHEDULE B - CORPORATION MEMBERS SHARES OF INCOME			
NAME OF MEMBER	ADDRESS, CITY, STATE, ZIP	FEIN	SHARE OF TAXABLE INCOME
			00
			00
			00
			00
			00
			00
			00
			00
			00
			00
<b>Total Taxable Income:</b> Enter here and on Line 5 .....			00