





## ARKANSAS PASS-THROUGH ENTITY TAX REQUEST FOR ARKANSAS EXTENSION OF TIME FOR FILING INCOME TAX RETURNS

Tax year beginning	, 20 and ending	, 20		Software ID	
(Tax	year beginning and ending da	tes are required fields)		DFA WEB	
Name				ployer Identification Number	
•			•		
Mailing Address (Number and Str •	eet, P.O. Box or Rural Route)				
City	State or Province	Zip	Check if address is outside U.S.		
•	•	•	Foreign Co	Foreign Country Name	
STOP File only if you	are requesting a 60 or 1 (See Instructions fo	<b>80 day Arkansas exten</b> r additional information)	ision as refe	renced in Item 2 belov	
NAICS Code	ICS Code Date of Incorporation			Type of Entity	
•	<b>•</b>			Check only one box	
				• Foreign (out of state)	
	Pass-Through Entity Status OMPANY (LLC) THAT DOES NOT FIL	E A FEDERAL SUB S OR PARTN	ERSHIP RETURN		
	<b>X BELOW (BOX A <u>OR</u> BOX B) T</b> uesting an additional <u>60 day</u> extensi			file the Arkansas return	
	uesting an additional <b>180 day</b> extension				
File this request by the original due d	ate or, if applicable, the extended due dat I. (This also applies to an additional exter	e of the Arkansas return. A request for			
Please mail the Pass-throu	ugh Entity Tax Extensions to t	-		OME TAX SECTION	
	DENIED: Extension r	roquest not filed on time	Box 919 e Rock, AR 722	03-0919	
Make check or money order	payable in U.S. Dollars to "Dept.	of Finance and Administration	]"		
AR1155-PET	ST	ATE of ARKANSAS			
	Pass-through	Extension Tax Pay	ment	5	

	Pass-through Extension	Tax Payment	5
Software ID DFA WEB	Fiscal Year Ending(MM/D	D/YYYY)	
Employer Identification Number	Due Date		<b>Mail To:</b> Irtment of Finance and Administration Pass-through Entity Tax P.O. Box 919 Little Rock, AR 72203-919
Name Address City, State, Zip		Amount of this \$ Payment	
Telephone #		- A aymone	Include Cents (ex. 1,234,567.00)