**Software ID** 

• DFA WEB

Jan. 1 - Dec. 31, 2022 or fiscal year beginning



## STATE OF ARKANSAS REQUEST FOR EXTENSION OF TIME FOR FILING COMPOSITE TAX RETURNS

20

and ending\_

•		Federal	Tederal employer identification number		
		•			
Mailing address (Number and street, P.O. box o	or rural route)	•			
•					
City	State or province	ZIP		☐ Check if address is outside U.S. Foreign country name	
•	•	•	T Orcių		
Filing this Arkansas extension form year filers will have an extension of			r 15 <sup>th</sup> for calei	ndar year filers. Fiscal	
File this request on or before the due	date of your return. Keep a c	opy for your records.			
<b>NOTE:</b> Income tax returns must be file of the tax year (April 15 <sup>th</sup> for calendar year penalty for failure to file timely if the return 15 <sup>th</sup> for calendar year filers).	ar filers). This extension is an a	greement by the Comn	nissioner of Re	venue to waive the statutory	
Mail to the following a	P.O. Box 8149 Little Rock, A	AR 72203-8149			
<b>Caution:</b> An extension to file is not not paid by the original due date, Ap			enalty will be a	assessed if any tax due is	
Make check or money order payable in	•				
AR1055-CR	STATE of ARKANSAS  Composite Extension Payment			2022	
Software ID DFA WEB	Calendar Year Fiscal Year Ending (MN	2022 or M/DD/YYYY)			
Federal Identification Number	Due Date				
Name					
Address		of th	Amount of this \$		
City, State, Zip		Paym	nent	Include Cente	
Telephone #				Include Cents (ex. 1,234,567.00)	