

State of Arkansas
AR1100CTX
AMENDED
CORPORATION INCOME TAX RETURN

Amending Tax Year beginning ● ____/____/____ and ending ● ____/____/____

Please Type or Print	NAME ●			FEIN ●
	ADDRESS ●			
	CITY ●	State ●	Zip Code ●	TELEPHONE Number
	ENTER NAME AND ADDRESS USED ON ORIGINAL RETURN (If different from above)			

FILL IN APPLICABLE ITEMS AND USE PART II TO EXPLAIN ANY CHANGES
Attach copy of completed Federal Form 1120X or IRS Revenue Agent's Report.

PART I

	(A) As Originally Reported or as Adjusted	(B) Net Change (Increase or Decrease - Explain in Part II)	(C) Correct Amount
INCOME (Round to whole dollars)			
1. Total Income (Line 17, AR1100CT).....1.			
2. Total Deductions (Line 29, AR1100CT)2.			
3. Net Operating Losses (Line 31, AR1100CT)3.			
4. Taxable Income (Line 1 less Lines 2 and 3).....4.			
5. Apportioned/Allocated Income (Sch. A, C4 AR1100CT, Page 2).....5.			
6. Total Tax (Line 33, AR1100CT).....6.			
PAYMENTS AND CREDITS (Round to whole dollars)			
7. Estimated Tax Payments (Include Estimate Credit Carryforward and Extension Payments)7.			
8. Business and Incentive Tax Credits (Line 34, AR1100CT).....8.			
9. Tax Paid with (or after) Original Return9.			
10. Total Payments and Credits (Add Lines 7 through 9).....10.			
11. Overpayment shown on Original Return or as Later Adjusted.....11.			
12. Tax Due (Add Lines 6 and 11, Subtract Line 10). (Make check payable to "Department of Finance and Administration").....12.			
13. Interest on Tax Due (Refer to General Instructions on back).....13.			
14. Total Tax and Interest Due (Add Lines 12 and 13).....14.			
15. Overpayment (Line 10 less Lines 6 and 11).....15.			
a. Amount applied to Credit Carryforward for Tax Year Ending ____ / ____ / ____.....15a.			
b. Issue Refund in Amount of (Line 15 less Line 15a).....15b.			

Please Sign	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules, statements and documents, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.		
	Signature of Officer	Date	Title
Paid Preparer's Use Only	Preparer's Signature	Check if Self-Employed <input type="checkbox"/>	Preparer's FEIN/SSN/PIN
	Preparer's Name (or yours, if self-employed) and Address	FEIN	May the Arkansas Revenue Agency discuss this return with the preparer shown to the left? <input type="checkbox"/> Yes <input type="checkbox"/> No
		Zip Code	

Mail completed form to: Corporation Income Tax. P. O. Box 919, Little Rock, AR 72203-0919