State of Arkansas AR1100CTX AMENDED

CORPORATION INCOME TAX RETURN

Amending Tax Year beginning \bullet / and ending \bullet /												
t.	NAME						FEIN					
Print	•											
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or	•	•										
é			Ctata		Zin Cada			-				
Type			State		Zip Code	TELEPHO	ONE Numbe	r				
لە س	-		•		•							
Please	ENTER N	IAME AND ADDRESS USED ON ORIGINAL RET	URN (If differen	nt from a	above)							
Ö												
4												
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. Or	(A) ginally Reported	(E Net Cl		(C)				
					as Adjusted	(Increase o		Correct Amount				
	INCOME	(Round to whole dollars)				- Explain	in Part II)					
1.	Total Incom	ne (Line 17, AR1100CT)	1.									
2.		ctions (Line 29, AR1100CT)										
3.		ing Losses (Line 31, AR1100CT)										
4.		come (Line 1 less Lines 2 and 3)										
5.		d/Allocated Income (Sch. A, C4 AR1100CT, Page 2)										
6.		ine 33, AR1100CT)	6.									
		FS AND CREDITS (Round to whole dollars)										
7.		Tax Payments				1						
_		timate Credit Carryforward and Extension Payments).		-								
8.		nd Incentive Tax Credits (Line 34, AR1100CT)										
9.	Tax Paid with (or after) Original Return											
10.	Total Payments and Credits (Add Lines 7 through 9)10. Overpayment shown on Original Return or as Later Adjusted											
11. 12.		dd Lines 6 and 11, Subtract Line 10).										
12.			(on") 10									
13.	(Make check payable to "Department of Finance and Administration")											
14.												
15.												
		t applied to <u>Credit Carryforward</u> for Tax Year										
	Ending / /15a.											
	-	 Refund in Amount of <i>(Line 15 less Line 15a)</i>										
	Please Under penalties of perjury, I declare that I have examined this return, including accompanying schedules, statem and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than all information of which preparer has any knowledge.											
	Sign	Signature of Officer			Date		Title					
	Preparer's Signature				Check if		Preparer's FEIN/SSN/PIN					
1	Paid				Self-Employed							
Pre	parer's	Preparer's Name (or yours, if self-employed) and Address			FEIN		May the Arkansas Revenue Agency					
	Use						discuss this return with the preparer shown to the left?					
	Only				Zip Code		Yes No					
		Mail completed form to: Corporation	Income Tax.	P. O. B	ox 919, Little	Rock, AR	72203-09	19				

FORM AR1100CTX

	PART II				
Explanation of Changes to Income, Deductions, Credits, etc. (Enter the Line reference from page 1 for which a change is reported, and give reason for each change. Attach supporting schedules.)					
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GENERAL INSTRUCTIONS

Purpose of	Form: Use Form AR1100CTX for tax years 2009 and prior only to correct Form AR1100CT as previously filed or adjusted. You may file an AR1100CTX only after the corporation has filed its original return. AR1100CTX must be filed within 3 years after the date the original return was due or 3 years after the date the corporation filed the original return, whichever is later, except in the case of an IRS audit. A completed copy of the Federal Amended return or IRS Revenue Agent's Report must be attached to Form AR1100CTX. For tax years beginning on or after 2010 use Arkansas Form AR1100CT and mark the return as Amended in the box provided.
Requireme	The set of the and the the
Interest:	Interest at 10% per annum will be computed on a daily rate of .00027397 from original due date, to date amended return is filed and the tax is paid. For tax years beginning on or after January 1, 2003 the due date is the 15 th day of the 3 rd month after the close of the tax year.