State of Arkansas AR1100CTX AMENDED



CORPORATION INCOME TAX RETURN

Ame	nding Tax \	∕ear beginning ●// and end	ding 🕳/_	/_						
+	NAME					FEIN				
Ë	•					•				
Δ	ADDRES	ADDRESS								
Please Type or Print	•									
ø										
Ž	CITY				Zip Code	TELEPHONE Number				
_	•		•		•					
ISE	ENTER N	IAME AND ADDRESS USED ON ORIGINAL RET	URN (If differen	nt from a	bove)					
<u>6</u>										
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			AND USE DA	DT 11 T		NIV CLIAN	050			
		FILL IN APPLICABLE ITEMS Attach copy of completed Fe				_	GES			
		,,	PAR ²							
				Ι.	(A)	(1	B)		(C)	
					ginally Reported	Net C	hange	Co	orrect Amount	
				or	as Adjusted	(Increase or Decrease - Explain in Part II)				
		INCOME (Round to whole dollars)				=xpia				
1.	Total Income (Line 17, AR1100CT)									
2.	Total Deductions (Line 29, AR1100CT)									
3.	Net Operating Losses (Line 31, AR1100CT)									
4.	Taxable Income (Line 1 less Lines 2 and 3)									
5. 6.	Apportioned/Allocated Income (Scri. A, C4 AR 1100C1, Page 2)									
0.		TS AND CREDITS (Round to whole dollars)	0.							
7.		Tax Payments								
7.		•	7			Ī				
8.	(Include Estimate Credit Carryforward and Extension Payments)									
9.										
10.										
11.										
12.		Add Lines 6 and 11, Subtract Line 10).								
		ck payable to "Department of Finance and Administrati	on")12.							
13.	Interest on Tax Due (Refer to General Instructions on back)									
14.	′									
15.										
		at applied to Credit Carryforward for Tax Year								
			15a.							
	b. Issue <u>F</u>	Refund in Amount of (Line 15 less Line 15a)	15b.							
		Under penalties of perjury, I declare that I have	examined this r	eturn, in	cluding accomp	anying sch	edules, state	ments	and documents,	
	lease	I all information of which preparer has any knowledge							yer) is based on	
	Sign	Signature of Officer			Date		Title			
	Preparer's Signature				Check if Self-Employed		Preparer's FEIN/SSN/PIN May the Arkansas Revenue Agency			
	Paid	Preparer's Name (or yours, if self-employed) and Address								
	parer's						discuss this return with the preparer			
	Use				Zip Code		shown to the left?			
(Only				Yes Yes		No			
		Mail completed form to: Corporation	Income Tax.	P. O. Bo	ox 919, Little	Rock, AR	72203-09	19		

PART II								
	hanges to Income, Deductions, Credits, etc. ence from page 1 for which a change is reported, and give reason for each change. Attach supporting schedules.)							
GENERAL	INSTRUCTIONS							
	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.							
Requirements:	You must explain any changes to income, deductions, credits, etc. in Part II of Form AR1100CTX. To expedite processing of the AR1100CTX you must attach any and all supporting schedules or documentation to support the changes made on the amended return. If multistate, attach amended apportionment schedule. If consolidated, attach separate company schedule of changes.							
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.							