## STATE OF ARKANSAS Election By Small Business Corporation

Federal Employer Identification Number (FE	FEIN) Election is to be Effective for AR Tax Year Beginning (MM/DD/YYYY)						NAICS Code				
Name of Corporation (Please print or type)							Date of Incorporation				Date Began Business in AR
Address							Date of Federal S Election				State of Incorporation
City	State Zip Code						Corporation's Telephone Number				
Name and Title of Officer or Legal Representative who the State may call for Additional Information							Telephone number of Officer or Legal Representative				
							Fax ( )				
							Email				
A corporation may elect Subchapter S t income tax purposes for the same tax y Department of Finance and Administrat	ear. Tr	ne Arkans	as ele	ction, w	ith each share						
Name, Address, City, State and Zip Code of each Shareholder (Please Print or Type) (Required)	State and Zip Shareholder's signature. For this election to older be valid, all shareholders must signify their						Shareholder Information				Social Security Number of Shareholder or FEIN
(Flease Fillit of Type) (Required)	consent by signing below (Required)					# of Shares or	family		Date(s) Acquired	State of Residence	(if applicable) See instructions
Do Not write in shaded areas							% Owned Check if family	member			
Si	Signature				Date						
NOTE: For this election to be valid, the consupplemental consent form or an additional s	sent of e	each stockh	holder	must be	shown on this fo	orm. If a	ddition	als	pace is need	ded att	ach an AR1103
Under penalties of perjury, I declare this Electromplete statements.											
Officer's Signature			Officer's Title				Date				
Mail Completes	d Form				s-Important Not		)10 J:	ttle.	Pock AP 3	72202	0010