2021 AR1000CR ARKANSAS INCOME TAX

COMPOSITE TAX RETURN



CR1

CHECK BOX IF AMENDED RETURN

					A	MENDED R	ETUR	1	Soft	tware ID
Jan [•]	1 - Dec 31, 2021 or fiscal year ending $_$		20 •			•				WEB
Nan	ne of entity					Federal	employe	r identi	fication nun	nber
•						•				
Mai	ling address					Telepho	one			
City		State or province		ZIP		☐ Chec	k if addres:	s is outsi	dellS	
•		•		•			country na		uo 0.0.	
• [Check this box if you have fi	led Arkansas extens	sion Form A	R1055-	-CR	Locatio	n of reco	ds for a	udit	
	COMPUTATION OF TA	AX ON ARKANS	AS TAXA	BLE	INCON	IE (Round	to ne	ares	t dollar)
_	NON CORPORATION MEM	BERS SHARES O	F INCOM	E						
1	I. NUMBER OF NONRESIDENT MEME	BERS			1•					
	2. TAXABLE INCOME FROM SCHEDU									00
3	3. TAX: [Multiply line 2 by 5.9 percent (0).59)]						3 •		00
	CORPORATION MEMBERS	SHARES OF INC	OME							
4	4. NUMBER OF NONRESIDENT MEME	BERS			4 <u>•</u>					
,	5. TAXABLE INCOME FROM SCHEDUI	I F D. (0	h \							00
										00
	6. TAX: [Multiply line 5 by 6.2 percent (0							0 🛡		100
7	7. TOTAL TAX: (Add lines 3 and 6)							7		00
2	Arkansas income tax withheld: [Attacle]	h coning of AP1000PT E	rm(e)]	ρ			00			
	Estimated tax paid and/or credit carrie						00			
	Payment made with extension:						00			
	AMENDED RETURNS ONLY - Enter						00			
							1	مام		00
	2. TOTAL PAYMENTS: (Add lines 8 thro									00
	B. AMENDED RETURNS ONLY - Enter									00
	4. ADJUSTED TOTAL PAYMENTS: (Sul									00
	5. AMOUNT OF OVERPAYMENT/REFU				-					00
	6. Amount of overpayment to be applied									
	7. AMOUNT TO BE REFUNDED TO YO									00
	3. AMOUNT DUE: (If line 7 is greater the		-							00
PAY	Y ONLINE: Please visit our secure site AT log on, make payments and m					s.gov. ATAP allo	ws taxpay	ers or t	neir represe	ntatives to
		ARD: (See instructions)	0.711711 IS GVGI	IUDIO Z+ I		Y BY MAIL: (Se	ee instrud	tions)		
No	ote: The AR1000CR, page 2	? (CR2) must be c	ompleted	and a	attache	d.				
	PLEASE SIGN HERE: Under po and statements, and to the best (other than taxpayer) is based on	of my knowledge an	d belief, the	ey are t	true, cor	rect and co	rn and a mplete.	Declar Declar	panying s aration of	schedules preparer
PLEASE SIGN HERE	Signature of officer, partner or accounta	ERE	Date	Э	Tele	phone			the Arkansa ency discuss with the pre	this return
	Paid preparer's signature		PT	IN/ID nu	<u> </u>			1	Yes	No No
ER .	· · · · · ·		•					For	Department	t Use Only
PAID	Preparer's name		City/State/ZI	P				- A		•
P2 I	E-mail		'					Telep	hone	



FEIN	-	
	-	

SCHEDULE A - NON CORPORATION MEMBERS SHARES OF INCOME				
NAME OF MEMBER	ADDRESS, CITY, STATE, ZIP	SSN OR FEIN	SHARE OF TAXABLE INCOME	
			00	
			00	
			00	
			00	
			00	
			00	
			00	
			00	
			00	
Total Taxable Income: Enter he	00			

SCHEDULE B - CORPORATION MEMBERS SHARES OF INCOME				
NAME OF MEMBER	ADDRESS, CITY, STATE, ZIP	FEIN	SHARE OF TAXABLE INCOME	
			00	
			00	
			00	
			00	
			00	
			00	
			00	
			00	
			00	
Total Taxable Income: Enter he	00			