2022 AR1000CR ARKANSAS INCOME TAX COMPOSITE TAX RETURN



CR1

COMPOSITE 1	AX RETURN			CHECK B AMENDED F	-		
Jan 1 - Dec 31, 2022 or fi	iscal year ending	, 20 •				• DFA V	
Name of entity	, , , , , , , , , , , , , , , , , , , ,			Federa	l employer ider	ntification number	ər
Mailing address				• Teleph			
				Teleph	JIIE		
City	State or provinc	e Z	(IP		k if address is ou country name	tside U.S.	
•	•)		-		
• Check this be	ox if you have filed Arkansas	extension Form AR	1055-CR	Locatio	n of records fo	r audit	
COMPUT	ATION OF TAX ON ARE	ANSAS TAXA	BLE INC	COME (Round	to neare	st dollar)	
NON CORPOR	ATION MEMBERS SHAR		1				
1. INUMBER OF NOM	NRESIDENT MEMBERS!		1	•			
2 ITAXABLE INCOM	E FROM SCHEDULE A: (Non Corp	oration members)			2		00
	2 by 4.9 percent (0.049)]						00
	· · · · · · · · · · · · · · · · · · ·						
CORPORATIO	N MEMBERS SHARES O	F INCOME					
4. NUMBER OF NOM	NRESIDENT MEMBERS		4	•			
5. TAXABLE INCOM	E FROM SCHEDULE B: (Corporation	on members)			!5! •		00
	e 5 by 5.9 percent (0.059)]						00
7. TOTAL TAX: (Add	lines 3 and 6)				7 •		00
8. Arkansas income t	tax withheld: [Attach copies of AR10	99PT Form(s)]	8 🔹		00		
9. Estimated tax paid	and/or credit carried forward:		9 🗕		00		
	th extension:				00		
11. AMENDED RETU	RNS ONLY - Enter previous paymer	nts:	11 🕒		00		
	S: (Add lines 8 through 11)						00
	RNS ONLY - Enter previous overpay						00
14. ADJUSTED TOTA	L PAYMENTS: (Subtract line 13 from	n line 12)					00
15. AMOUNT OF OVE	ERPAYMENT/REFUND: (If line 14 is	greater than line 7, ent	er differenc	e)	15 •		00
16. Amount of overpay	yment to be applied to 2023:				16 •		00
17. AMOUNT TO BE F	REFUNDED TO YOU: (Subtract line	16 from line 15)		RE	FUND 17		00
18. AMOUNT DUE: (If	line 7 is greater than line 14, enter o	difference)		TA)	(DUE 18 •		00
	sit our secure website ATAP (Arkansas				allows taxpayers	or their represen	ntatives to
U	ake payments and manage their accou		ble 24 hours				
	PAY BY CREDIT CARD: (See instruct	ctions)		PAY BY MAIL: (S	ee instructions	<u>)</u>	
Note: The AR10	00CR, page 2 (CR2) mus	t be completed	and atta	ched.			
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,						
PLEASE SIGN H	HERE: Under penalties of per and to the best of my knowle						
and statements, (other than taxpa Signature of officer,	ayer) is based on all information	on of which prepare	r has any	knowledge.	inpiete. Det		reparei
Signature of officer,	partner or accountant	Date		Telephone	N	lay the Arkansas R	Revenue
	UN ПЕК				A	Agency discuss this	
Paid preparer's sign	ature	PTI	N/ID numbe	r		with the prepar	
ж		•					
Preparer's name		Address				or Department Us	se Only
Preparer's name							•
🚨 E-mail		City/State/ZIP			fel	ephone	



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					