PRINT FORM CLEAR FORM

AR1055-IT

ITEX251

2025

STATE OF ARKANSAS
REQUEST FOR EXTENSION OF TIME FOR FILING INDIVIDUAL TAX RETURNS

Jan. 1 - Dec. 31, 2025 or fiscal year beginning _____ and ending _____ 20___

Software ID ● DFA WEB

Primary's legal first name	MI	Last name	Primary's social security number
●	●	●	●
Spouse's legal first name	MI	Last name	Spouse's social security number
●	●	●	●
Mailing address **(Number and street, P.O. box or rural route)**			
●			
City	State or province	ZIP	☐ Check if address is outside U.S. Foreign country name
●	●	●	

Filing this Arkansas extension form will extend the date to file your return to November 15th for calendar year filers. Fiscal year filers will have an extension of 210 days from their return due date.

File this request on or before the due date of your return. Keep a copy for your records.

NOTE: Income tax returns must be filed and the tax paid on or before the fifteenth (15th) day of the fourth (4th) month following the close of the tax year (April 15th for calendar year filers). This extension is an agreement by the Commissioner of Revenue to waive the statutory penalty for failure to file timely if the return is filed by the extension due date and the tax is paid by the original due date of the return (April 15th for calendar year filers).

Mail to the following address:

Individual Income Tax Section
P.O. Box 8149
Little Rock, AR 72203-8149

Caution: An extension to file is not an extension to pay. Interest and failure to pay penalty will be assessed if any tax due is not paid by the original due date, April 15th for calendar year filers.

Make check or money order payable in U.S. Dollars to "Dept. of Finance and Administration".

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AR1055-IT — STATE of ARKANSAS — 2025

Individuals Extension Payment

Software ID DFA WEB

Calendar Year 2025 or
Fiscal Year Ending 12/31/2025
(MM/DD/YYYY)

Primary Social Security Number	Spouse's Social Security Number (if applicable)	Due Date
		04/15/2026

Click Here to Print Vouchers

Click Here to Clear Form

Primary Name _____

Spouse Name _____

Address _____

City, State, Zip _____

Telephone # _____

Amount of this Payment $ _____

Include Cents
(ex. 1,234,567.00)

IITSSN000000000001231202 5EXTPYM0000000000000000000000