



ARKANSAS INDIVIDUAL INCOME TAX DECLARATION FOR ELECTRONIC FILING

Primary's Legal First Name and Middle Initial, Last Name, Primary's Social Security Number, Spouse's Legal First Name and Middle Initial, Last Name, Spouse's Social Security Number, Mailing Address, Telephone, City, State or Province, ZIP, Check if address is outside U.S. Foreign Country

PART I - TAX RETURN INFORMATION (Whole Dollars Only)

Table with 3 columns: Line number, Description (Total Income, Net Tax, State Income Tax Withheld, Refund, Tax Due), and Amount (00, 00, 00, 00, 00)

PART II - DECLARATION OF TAXPAYER

- 6a. I consent that my refund be direct deposited as designated in the electronic portion of my 2023 Arkansas income tax return.
6b. I do not want direct deposit of my refund or I am not receiving a refund.
6c. I authorize the State of Arkansas Income Tax Section to initiate debit entries to my account as indicated on the Arkansas Income Tax Payment form (AR TAX PMT).
6d. I authorize the State of Arkansas Income Tax Section to initiate debit entries to my account as indicated on the Arkansas Estimated Tax Payment form (AR EST PMT) or Arkansas Extension Payment form (AR EXT PMT).

If I have filed a balance due return, I understand that if the State of Arkansas does not receive full and timely payment of my tax liability, I will remain liable for the tax liability and all applicable interest and penalties.

Under penalties of perjury, I declare that the information I have given my ERO and the amounts in Part I above agree with the amounts on the corresponding lines of the electronic portion of my 2023 Arkansas income tax return.

Sign Here Primary's Signature Date Spouse's Signature Date

PART III - DECLARATION OF ELECTRONIC RETURN ORIGINATOR (ERO) AND PAID PREPARER

I declare that I have reviewed the above taxpayer's return and that the entries on Form AR8453 are complete and correct to the best of my knowledge.

ERO'S Use Only ERO'S Signature Date Check if paid preparer Check if self-employed Your SSN or PTIN Firm's name and address FEIN

Under penalties of perjury, I declare that I have examined the above taxpayer's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete.

Paid Preparer's Use Only Preparer's Signature Date Check if self-employed Preparer's SSN or PTIN Firm's name and address FEIN