

2006 AR1000CR

CR

ARKANSAS INCOME TAX COMPOSITE TAX RETURN

Dept. Use Only

Jan 1 - Dec 31, 2006 or fiscal year ending _____, 20____ ● ●

NAME OF ENTITY ●	Federal Employer Identification Number ●
MAILING ADDRESS ●	Telephone
CITY, STATE AND ZIP ●	Location of Records for Audit

COMPUTATION OF TAX ON ARKANSAS TAXABLE INCOME (Round to Nearest Dollar)

1. TAXABLE INCOME FROM SCHEDULE A:	1	●	00
2. TAX: [Multiply Line 1 by 7 percent (.07)]	2	●	00
3. Arkansas income tax withheld: <i>[Attach State copies of AR99NRM Form(s)]</i>	3	●	00
4. Estimated tax paid and/or credit brought forward from last year:	4	●	00
5. Payment made with extension: <i>(See Instructions)</i>	5	●	00
6. TOTAL PAYMENTS: <i>(Add Lines 3 through 5)</i>	6	●	00
7. AMOUNT OF OVERPAYMENT/REFUND: <i>(If Line 6 is greater than Line 2, enter difference)</i>	7	●	00
8. Amount of overpayment to be applied to 2007 estimated tax:	8	●	00
9. AMOUNT TO BE REFUNDED TO YOU: <i>(Subtract Line 8 from Line 7)</i>	9	●	00
10. AMOUNT DUE: <i>(If Line 2 is greater than Line 6, enter difference)</i>	10	●	00

PLEASE SIGN HERE: Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Signature of Officer, Partner or Accountant	Date	May the Arkansas Revenue Agency discuss this return with the preparer shown below? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Telephone Number:	
Preparer's Signature	ID Number/Social Security Number ●	For Department Use Only
Preparer's Name	City/State/Zip	A ● <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Address	Telephone Number	B ● <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
		C ● <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
		D ● <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
		E ● <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
		F ● <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

SCHEDULE A - MEMBER'S SHARE OF INCOME			NUMBER OF NONRESIDENT MEMBERS _____
NAME OF MEMBER	ADDRESS, CITY, STATE, ZIP	SSN OR FEIN	SHARE OF TAXABLE INCOME
			00
			00
			00
			00
			00
			00
			00
			00
			00
			00
			00
		Total Taxable Income	00

Please Note: DUE DATE IS APRIL 15, 2007 FOR CALENDAR YEAR FILERS

INSTRUCTIONS FOR AR1000CR

Act 1982 of 2005 allows pass-through entities to file composite returns for the nonresident members that elect to be included in the composite filing. The pass-through entity must report its distributive share of an income or other gain that is passed through to the members included on this return and which is subject to Arkansas income tax.

Pass-through entities include an S-Corporation, a general partnership, a limited partnership, a limited liability partnership, a trust, or a limited liability company. A pass-through entity does not include any entity listed above that is taxed as a corporation or is a disregarded entity for federal income tax purposes.

The pass through entity must agree to the conditions listed below:

1. Each composite return must be filed in the name of the pass-through entity and the member that signs the return will be responsible for any assessments or deficiencies incurred by the return. This requirement does not relieve any of the members from their personal liability in any way.
2. The Revenue division must be provided with the names of all non-resident members included in this return.

If there are ten (10) or less nonresident members represented by the return, complete schedule A.

If there are more than ten (10) nonresident members represented by the return, the nonresident information must be submitted by magnetic media (3.5 floppy or CD). The format for filing the diskette or CD will be in either a spreadsheet format (such as Excel), a database format (such as Access) or a Delimited Text File and should include the name of each member included in this return along with the address, FEIN or SSN, share of income and tax paid.

3. The total taxable income from doing business in or deriving income from sources within this state **and** distributed to a member electing to be included on this tax return must be reported on form AR1000CR, Line 1. The amount must equal the total on Schedule A. The tax will be computed at a flat 7% tax rate. No deductions or credits are allowed.
4. Members who are Arkansas residents, become Arkansas residents during the year, or who have income/losses from Arkansas sources other than from pass-through entities, will be excluded from the composite return. Only those members who must file Arkansas non-resident individual income tax returns as a result of their interest in a pass-through entity will be included in the composite return.
5. The due date for filing the 2006 AR1000CR is April 15, 2007 for calendar year entities. If an extension is required, Form AR1055 should be completed and must be postmarked by April 15, 2007.

If additional tax is owed, the amount must be paid by the original due date. Attach the payment to the completed AR1055 and mail to the address specified on the AR1055.

6. Complete an AR99NRM information return for each nonresident member included in this return. The amount(s) reported on the AR99NRM must equal the amount(s) reported on the AR1000CR. Send two copies of the AR99NRM to the nonresident member and retain one copy for your records. Do not remit copies of the AR99NRM to the Individual Income Tax Section unless requested.
7. Mail the completed AR1000CR and the required information to:

**Individual Income Tax Section
Composite Return
P.O. Box 3628
Little Rock, Arkansas 72203-3628**

To access additional information on the requirements of Act 1982 of 2005, including but not limited to, withholding requirements on nonresident members and the Nonresident Member Withholding Exemption Affidavit (AR4PT), click on the [Pass-Through Entity Withholding](#) and the [Composite Filing Information](#) links on the S-Corporation, Fiduciary or Partnership websites.