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AR8453 Arkansas Individual Income Tax Declaration for Electronic Filing 2005

For the tax year January 1 - December 31, 2005

USE STATE LABEL OR PRINT

First Name and Initial	Last Name(s)	Your Social Security #
		●
Present Address		Spouse's Social Security #
City, Town or Post Office Box, State and Zip Code		Telephone Number

PART 1 TAX RETURN INFORMATION (Whole Dollars Only)

1.	Total Income (Form AR1000 or AR1000NR, Line 22)	1		00
2.	Net Tax (Form AR1000 or AR1000NR, Line 52)	2		00
3.	State Income Tax Withheld (Form AR1000 or AR1000NR, Line 53)	3		00
4.	Refund (Form AR1000 or AR1000NR, Line 58)	4		00
5.	Tax Due (Form AR1000 or AR1000NR, Line 62)	5		00

PART 2 DECLARATION OF TAXPAYER

6a. ☐ I consent that my refund be directly deposited as designated in the electronic portion of my 2003 Arkansas income tax return. If I have filed a joint return, this is an irrevocable appointment of the other spouse as an agent to receive the refund.

b. ☐ I do not want direct deposit of my refund or I am not receiving a refund.

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. If I have filed a joint Federal and state return and my federal return is rejected, I understand my state return will be rejected also.

Under the penalties of perjury, I declare that if 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 Arkansas income tax return. To the best of my knowledge and belief, my return is true, correct, and complete. I consent to my ERO sending my return, this declaration, and accompanying schedules and statements of the State of Arkansas. I also consent to the State of Arkansas sending my ERO and/or transmitter an acknowledgement of receipt of transmission and an indication of whether or not my return is accepted, and if rejected, the reason(s) for the rejection. If the processing of my return or refund is delayed, I authorize the State of Arkansas to disclose to my ERO and/or transmitter the reason(s) for the delay, or when the refund was sent.

Sign Here

Your Signature _____ Date _____ Spouse's Signature _____ Date _____

PART 3 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. If I am only a collector, I understand that I am not responsible for reviewing the taxpayer's return; I declare that Form AR8453 accurately reflects the data on the return. I have obtained the taxpayer's signature on Form AR8453 before submitting this return to the State of Arkansas, and have provided the taxpayer with a copy of all forms and information to be filed with the State of Arkansas. If I am also the Paid Preparer, 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. This declaration of Paid Preparer is based on all information of which the preparer has knowledge.

ERO'S Use Only

ERO'S Signature _____ Date _____ Check if paid preparer ☐ Check if self-employed ☐ Your SSN or PTIN _____

Express File, Inc. P.O. Box 131007, Ann Arbor, MI 48113 38 2957030

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. This declaration is based on all information of which I have any knowledge.

Paid Preparer's Use Only

Preparer's Signature _____ Date _____ Check if self-employed ☐ Preparer's SSN or PTIN _____

Firm's name and address FEIN

AR8453 (R 09/03)

DO NOT MAIL THIS FORM