



John Thurston, Arkansas Secretary of State

Filing Number: \_\_\_\_\_

# AMENDED CORPORATION FRANCHISE TAX REPORT 2021

For the year ending 12/31/2020

Sign in **black ink** and mail to the address listed below.

### 1. Business Name and Address:

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_

### 2. Correct any of the below information, if needed:

Tax Contact Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Address 2: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Phone # of Tax Contact: \_\_\_\_\_  
E-mail Address: \_\_\_\_\_

### Required Information:

Federal Tax ID#: \_\_\_\_\_

3. **ALL OF THE INFORMATION IN SECTIONS 4, 5, 6, 7, 8 & 9 HAS BEEN VERIFIED AND HAS BEEN FOUND TO BE EXACTLY THE SAME AS LAST YEAR'S REPORT.**

### 4. Registered Agent Information:

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Address 2: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_

### 5. Principal Office Information (in Arkansas):

Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_

### 6. Current Names of Corporate Governors:

President: \_\_\_\_\_  
Vice President: \_\_\_\_\_  
Secretary: \_\_\_\_\_  
Treasurer: \_\_\_\_\_  
Controller: \_\_\_\_\_  
Tax Preparer: \_\_\_\_\_

### 7. Date of Qualification: \_\_\_\_\_

State of Incorporation: \_\_\_\_\_

Nature of Business: \_\_\_\_\_

TOTAL AUTHORIZED CAPITAL STOCK (See Instruction 8)	
NUMBER OF SHARES	PAR VALUE EACH
a)	\$
b)	\$
c)	\$
<b>NO PAR VALUE = \$25 PER SHARE</b>	

ISSUED AND OUTSTANDING CAPITAL STOCK (See Instruction 9)		
NUMBER OF SHARES	PAR VALUE EACH	TOTAL
a)	X \$	= \$
b)	X \$	= \$
c)	X \$	= \$
d)	(Add 9a + 9b + 9c) TOTAL:	= \$
<b>NO PAR VALUE = \$25 PER SHARE</b>		

10. \_\_\_\_\_ ÷ \_\_\_\_\_ = \_\_\_\_\_ X \_\_\_\_\_ = \_\_\_\_\_ = \_\_\_\_\_ TAX DUE

Arkansas Real & Personal Property      Total Real & Personal Property      Percentage (%)      Amount from Line 9d      Arkansas Capital Stock X .003

**MINIMUM TAX DUE \$150 • IF LESS THAN \$150 PAY \$150 • CORPORATIONS WITHOUT AUTHORIZED STOCK PAY \$300**

I declare, under the penalties of perjury, that the foregoing statements are true to the best of my knowledge and belief.

Executed this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_

Print Name \_\_\_\_\_ Signature \_\_\_\_\_

Must be printed in black ink by: Pres., Vice Pres., Sec., Treas., Cont., or Tax Preparer

Must be signed in black ink by: Pres., Vice Pres., Sec., Treas., Cont., or Tax Preparer

Phone: 501-682-3409 or Toll Free: 888-233-0325  
Mail to: Business and Commercial Services Division • P.O. Box 8014 • Little Rock, Arkansas 72203-8014