



John Thurston, Arkansas Secretary of State

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

# AMENDED CORPORATION FRANCHISE TAX REPORT 2021

## Non-Stock Corporation

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 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: \_\_\_\_\_

**CORPORATIONS WITHOUT AUTHORIZED STOCK PAY \$300.00**

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 \_\_\_\_\_, \_\_\_\_\_  
(Day) (Month) (Year)

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