

ARKANSAS INDIVIDUAL INCOME TAX DECLARATION FOR ELECTRONIC FILING

	First Name and Initial		Veur Coolel Coourity Number					
	First Name and Initial	Last Name(s)	Your Social Security Number					
USE			•					
STATE Mailing Address			Spouse's Social Security Number					
LABEL OR								
PRINT	City, State, and Zip Code		Telephone Number					
PART 1	TAX RETURN INFORMATION (Whole	e Dollars Only)						
	al Income (Form AR1000 or AR1000NR, Line 22)	••		5				
	: Tax (Form AR1000 or AR1000NR, Line 44)		-					
	te Income Tax Withheld <i>(Form AR1000 or AR1000NR, I</i>			-				
	fund (Form AR1000 or AR1000NR, Line 50)	,		-				
	Due (Form AR1000 or AR1000NR, Line 54)			<u> </u>				
PART 2				-				
6a. 🗌	I consent that my refund be directly deposited as desi	anated in the electronic portion of my 2007	Arkansas income tax return. If I have filed	d				
	a joint return, this is an irrevocable appointment of the	other spouse as an agent to receive the re-						
	Routing Number	Checking Savings						
	Account Number							
6b.	I do not want direct deposit of my refund or I am not re	eceiving a refund.						
If I have file	ed a balance due return, I understand that if the state of	Arkansas does not receive full and timely pa	ayment of my tax liability, I will remain liab	ole				
	liability and all applicable interest and penalties. If I have	e filed a joint federal and state return and m	y federal return is rejected, I understand m	ny				
	n will be rejected also.							
	penalties of perjury, I declare that the information I hav g lines of the electronic portion of my 2007 Arkansas inc							
	I consent to my ERO sending my return, this declaration							
	e of Arkansas sending my ERO and/or transmitter an ac							
	d, and if rejected, the reason(s) for the rejection. If the p of and/or transmitter the reason(s) for the delay, or when		I authorize the State of Arkansas to disclos	se				
Sign								
Here	Your Signature Date	Spouse's Signature	Date					
PART 3	DECLARATION OF ELECTRONIC RE	FURN ORIGINATOR (ERO) AND PAID	PREPARER	_				
	nat I have reviewed the above taxpayer's return and that							
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	y of all forms and information to be filed with the State of	Arkansas. If I am also the Paid Preparer, un	der penalties of perjury I declare that I hav	/e				
examined the above taxpayer's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct								
ERO'S	ete. This declaration of Paid Preparer is based on all inf	Check Check	ige.					
Use		_ if paid 🗌 if self- 🗌						
Only	ERO'S Signature Date	preparer employed	Your SSN or PTIN					
	Firm's name and address		FEIN					
Under pen	alties of perjury, I declare that I have examined the above	ve taxpayer's return and accompanying sch		-				
my knowledge and belief, they are true, correct and complete. This declaration is based on all information of which I have any knowledge.								
Paid Check If self-								
Use On	er's Preparer's Signature Date	employed	Preparer's SSN or PTIN					
	Firm's name and address		FEIN					
	DO NO	F MAIL THIS FORM						

Special Information

Direct Deposit will be offered on electronically filed Arkansas Individual Income Tax returns. This is restricted to taxpayers who will receive a Federal refund and are using the Direct Deposit method for their Federal refund. You must use the same account that is being used for the direct deposit of your Federal refund.

Effective January 1, 2000, EROs are **required** to retain the AR8453 forms along with the original W-2, W-2G and 1099-R forms for 3 years from the original due date of the tax return except when forms AR1000RC5 and/or AR1000DC must be submitted to the State of Arkansas.

If the taxpayer is claiming the Disabled Individual Adjustment (AR1000DC), the Developmentally Disabled Credit (AR1000RC5), or the Organ Donor Deduction (AR1000-OD) these schedules and a copy of Form AR8453 should be mailed or faxed to the E-File Office immediately after the Federal acknowledgment is received. These schedules are required in order to complete processing of the Arkansas Individual Income Tax return. EROs should retain the original Form AR8453 with the W-2, W-2G and 1099-R forms and other special form(*s*).

When And Where To File

Only the Austin Service Center will accept electronically filed returns beginning January 11, 2008. For addresses and complete instructions, refer to Federal Publication 1345, Handbook for Electronic Filers of Individual Income Tax Returns, and the Arkansas Handbook, AR1345 for Electronic Filers.

Line Instructions

Declaration Control Number (DCN)

The DCN is a 14 digit number assigned to your return by your on-line service provider and/or transmitter. It is included in your acknowledgment message. Clearly type or print the DCN in the top left corner of Form AR8453. The first two digits are always "00". The next six digits are the electronic filer identification number (*EFIN*). The next five digits are the batch number and serial number. The "8" represents the year the return is filed (2008).

B	oxes	Entry	
	~	 1 CC C 1 / 1	

- 1-2 File identification number (always "00")
 3-8 Electronic Filer Identification Number (EFIN) assigned by the IRS
- 9-11 Batch number (000 to 999) assigned by the ERO
- 12-13 Serial number (00 to 99) assigned by the ERO
- 14 Year digit (for 2007 the digit is "8")

Example: The EFIN is 710001. The batch number is 000. The serial number is 56. The DCN is 00-710001-00056-8. AR8453 Instructions (R 10/23/07)

Name, Address, and Social Security Number: If the taxpayer received a mailing label from the State of Arkansas, place the label in the name area. If the information on the label is incorrect or the taxpayer did not receive a mailing label, print or type the information in the spaces provided. Please verify that the social security number *(SSN)* is clear and correct. An incorrect or missing SSN may delay any refund. If filing a joint return, be sure the names and SSNs are listed in the same order.

P. O. Box: If the Post Office does not deliver mail to the taxpayer's home and he/she has a P. O. Box, enter the box number instead of the home address.

Note: The address must match the address shown on the electronically filed Form AR1000.

Part I – Tax Return Information

Line 3. Enter the total State of Arkansas withholding from Form(*s*) W-2 and/or 1099.

Part II – Declaration of Taxpayer

The taxpayer's signature allows the State of Arkansas to disclose to the ERO and/or the transmitter the reason(*s*) for delays in the processing of the return.

If the ERO makes changes to the electronic return after Form AR8453 has been signed by the taxpayer but before it is transmitted, the ERO must have the taxpayer complete and sign a corrected Form AR8453 if either of the following apply:

- 1) The total income on line 1 differs from the amount on the electronic return by more than \$25, or
- 2) The total tax on Line 2, the refund on Line 4, or tax due on Line 5 differs from the amount on the electronic return by more than \$7.

Part III – Declaration of Electronic Return Originator *(ERO)* and Paid Preparer

The State of Arkansas requires the EROs signature.

A paid preparer must sign Form AR8453 in the space for **Paid Preparer's Use Only.** Only handwritten signatures are acceptable. If the paid preparer is also the ERO, he/she should not complete the paid preparer's section. Instead, the box labeled "Check if paid preparer" should be checked.

Refunds: After the State of Arkansas has accepted your electronically filed return, the refund should be issued within 7 to 10 business days.