

STATE OF ARKANSAS Withholding Registration

P. O. Box 8055, Little Rock, Arkansas 72203-8055

(Please read instructions on reverse side. Please type or print. Keep one copy for your records)

ALL NEW ACCOUNTS FILE ON A MONTHLY BASIS - THERE IS NO QUARTERLY FILING



1 Type of Withholding (Check all that apply)	<input type="checkbox"/> Wages <input type="checkbox"/> Pension <input type="checkbox"/> Pass Through Entity
2 Employer's Federal Identification Number:	● _____
3 Name of Business: (Trade Name)	● _____ ● () _____ <div style="text-align: right; margin-right: 50px;"><i>Telephone Number</i></div>
4 Business Location: (Physical Address)	● _____ <div style="text-align: right; margin-right: 50px;"><i>Street</i></div> ● _____ ● _____ <div style="display: flex; justify-content: space-between;"><i>City</i><i>State</i><i>Zip</i></div>
5 Mailing or Care of Address:	● _____ <div style="text-align: right; margin-right: 50px;"><i>In Care of</i></div> ● _____ <div style="text-align: right; margin-right: 50px;"><i>Street</i></div> ● _____ ● _____ <div style="display: flex; justify-content: space-between;"><i>City</i><i>State</i><i>Zip</i></div>
6 Name of Owner or Responsible Party: a.	● _____ c. ● () _____ <div style="text-align: right; margin-right: 50px;"><i>Telephone Number</i></div>
Social Security Number: b.	● _____
7 Address of Owner/Responsible Party:	● _____ <div style="text-align: right; margin-right: 50px;"><i>Street</i></div> ● _____ ● _____ <div style="display: flex; justify-content: space-between;"><i>City</i><i>State</i><i>Zip</i></div>
8 Date Arkansas Withholding was Started and/or Required:	● _____ / _____ / _____ <div style="text-align: center;"><i>mm/dd/yy</i></div>
9 Principle Business Activity: (See Instructions)	
10 Type of Organization:	● <input type="checkbox"/> 1. Sole Proprietorship ● <input type="checkbox"/> 2. Partnership ● <input type="checkbox"/> 3. Domestic Corp. / Domestic LLC ● <input type="checkbox"/> 4. Foreign Corp. / Foreign LLC
11 County - Arkansas:	● _____
12 Signature of Owner or Responsible Party	_____ <div style="display: flex; justify-content: space-between;"><i>Signature</i><i>Date</i></div>
13 Federal Business Code:	● _____ <div style="display: flex; justify-content: space-between;">FOR DEPT. USE ONLYExam Code ●</div>

Instructions

WHERE TO FIND COMPLETE INFORMATION: You may find more information in the Department of Finance and Administration publication entitled: "Instructions For Employers-Arkansas Income Tax Withholding."

WHO MUST FILE THIS REGISTRATION: Every employer with one (1) or more employees.

WHERE TO FILE: Department of Finance and Administration, Withholding, P.O. Box 8055, Little Rock, Arkansas 72203-8055.

HOW TO REGISTER: Please print or type. Follow the instructions below which correspond to the numbers used on the front of this form. If you need to make a payment when registering, complete Form AR941M for each month involved.

TYPE OF FILER: ALL NEW ACCOUNTS ARE MONTHLY FILERS. THERE IS NO QUARTERLY FILING METHOD. If your filing status changes, you will be notified by our department.

FORMS: Preprinted forms will be mailed to your business after this registration has been processed. If you have not received your forms, contact our office at (501) 682-7290 for instructions.

PAYMENTS: Payments are due on the 15th of the month following the end of the monthly reporting period. If you do not have forms, you can mail your payment with a letter containing the name of your business, the month and year you are filing, the amount of withholding, your federal identification number, and the name of the contact person in case of a problem.

SPECIFIC

- 1. Indicate the type of withholding:** If you will be withholding from wages, check **Wages**. If you will be withholding from pension distributions or other annuity payments, check **Pension**. If you are a pass through entity and you will be withholding tax from distributions to nonresident members, check **Pass Through Entity**.
- 2.** Enter your Federal Employer's Identification Number. This is the nine digit number the IRS issues. It is used to identify the tax accounts of employers.
- 3.** Enter the complete name of the business or trade name under which this business is operated. Also enter the telephone number with area code.
- 4.** Enter the address where the business is physically located. This will be the street address in most cases. Do not enter a P.O. Box number.
- 5.** If you would like to have your reports mailed to an address other than that of your business, enter the address on this line.
- 6.** Enter the name of the owner or party responsible for assuring the payment of state withholding taxes. This is the individual owner, a general partner, or corporate officer. Also, enter the Social Security Number and phone number of the owner/responsible party.
- 7.** Enter the street address or mailing address where the owner/responsible party may receive notices from the Arkansas State Withholding Tax branch.
- 8.** Enter the date you started withholding Arkansas taxes from your employees' wages. Enter as mm/dd/yy.
- 9.** Describe the type of business carried on by the employer. It is important that you state if the business is for wholesale or retail usage. Some examples of the type of information needed are as follows:

A: MINING & QUARRYING: State principal product (*i.e., mine bauxite, crushed limestone, gravel, etc.*).
B: CONSTRUCTION: State if general or special trade contractor and type of work normally performed (*i.e., general contractor streets and high ways, electrical subcontractor, etc.*).
C: WHOLESALE OR RETAIL TRADE: Specify which (*i.e., wholesale grocery, retail grocery; retail gasoline service station; retail hardware; wholesale petroleum – bulk products; wholesale dairy products, retail drugs, etc.*).
D: MANUFACTURING: State type of establishment operated (*i.e., sawmill, vegetable cannery, etc.*) and state principal products or line of goods sold (*i.e., toy manufacturing, fishing equipment, etc.*).
E: AGRICULTURE: (*Specify*) includes: Farms of all types – livestock, crops, vegetables, cotton gins, nurseries and horticulture, etc.
F: NON-PROFIT ORGANIZATIONS: State purpose for which operated (*i.e., religious, charitable, educational, scientific, etc.*) and principal activity (*i.e., religious organization – hospital; charitable – home for the aged, etc.*).
G: GOVERNMENTAL: Identify further if deemed necessary.
H. OTHER ACTIVITIES: State exact type of business operated (*i.e., advertising agency, dry cleaning plant, motion picture theater, doctor's office or clinic, barber shop, rental of coin-operated machines, etc.*)
- 10.** Mark the box that describes your type of business ownership; Sole Proprietorship, Partnership, Domestic Corporation/LLC (*created in the State of Arkansas*) or Foreign Corporation/LLC (*organized outside the State of Arkansas*).
- 11.** Enter the county in which your business is located.
- 12.** Sign and date registration.
- 13.** Find the Federal Principal of Activity Code that best describes your business and enter the 4-digit code in the space provided.

IMPORTANT

Each corporation of an affiliated group must be treated as a separate employer and must register separately.