AR4PT-A

STATE OF ARKANSAS

Transmittal of Nonresident Member Withholding Exemption Affidavit

Name of Entity	FEIN
Address	Name of Contact Person
City, State and ZIP	Contact Person's Telephone Number
Type of Media (check one) ☐ Diskette ☐ CD ☐ Paper	

To assist us in processing your information accurately, please use this form as a cover for the transmittal of the diskette(s) or CD(s) containing the affidavit information or for the transmittal of the paper copies of Form(s) AR4PT.

Please label the diskette or CD with the name of the pass-through entity, the Federal Identification Number and the number of records. If your information resides on more than one diskette or CD, each must be labeled: 1 of ___, 2 of ___, etc.

Attach the diskette, CD or Form(s) AR4PT to this form and mail to the address below on or before the due date of the pass-through entity's income tax return, including extensions.

For those taxpayers that have received a waiver from the filing of the nonresident member information by CD or diskette, copies of all Nonresident Member Withholding Exemption Affidavits (Form AR4PT) must be filed with this form and mailed to the address below on or before the due date of the pass-through entity's income tax return, including extensions.

Note: This form must not be included or attached to any other documents or tax forms being mailed to the Arkansas Department of Finance and Administration. Please mail independently of other report or form filings.

Mail to: Individual Income Tax Section
Pass-Through Entity
Post Office Box 3628
Little Rock, AR 72203-3628

Draft as of 10/29/2009