AR4RR

STATE OF ARKANSAS

Withholding Tax Refund Request

Business Name:	FEIN:
Mailing Address:	
City, State, and Zip:	

INSTRUCTIONS

This form must be completed in order for a business to receive a refund of Arkansas withholding tax. **A detailed explanation of any changes must be attached to this form.** List the proper amount of taxes withheld, paid, and the difference for each reporting period. Total the**TAX WITHHELD** and the **TAX PAID** columns below. If the total tax paid is greater than the total tax withheld, subtract the total tax withheld amount from the total tax paid amount and enter the result on the **REFUND** line at the bottom of this form.

TAX YEAR _____

PERIOD	TAX WITHHELD	TAX PAID	DIFFERENCE
JAN			
FEB			
MAR			
APR			
MAY			
JUN			
JUL			
AUG			
SEP			
OCT			
NOV			
DEC			
	TOTAL TAX WITHHELD	TOTAL TAX PAID	TOTAL REFUND

Signature _____ Date _____ Telephone Number _____

Mail this form to:

Arkansas Individual Income Tax Section
Withholding Branch
P. O. Box 8055
Little Rock, AR 72203-8055
(501) 682-7290