

# 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 from the total tax paid 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    | _____                     | _____                 | _____               |
|        | <b>TOTAL TAX WITHHELD</b> | <b>TOTAL TAX PAID</b> | <b>TOTAL REFUND</b> |

\_\_\_\_\_  
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