

AR941M
Monthly Wage Withholding Report
INSTRUCTIONS

PERIOD COVERED AND DUE DATE:

Enter the reporting period and due date for this coupon. You can only report one period per coupon. All new accounts are reported and paid on the 15th of the following month. There is no quarterly filing.

ID NUMBER:

Enter your Federal Identification Number. Include two zeros (00) on the end of your FEIN (ex: 12-3456789-00).

TAX WITHHELD:

Enter the total amount of Arkansas Income Tax withheld for this monthly reporting period only.

AMOUNT PAID:

Enter the amount paid for this monthly reporting period only.

ADJUSTMENTS:

Do not make any adjustments for prior periods on this form. You must file an amended report, Form AR941X, for any prior period changes and include a detailed explanation of any prior period adjustment.

MAKE YOUR CHECK OR MONEY ORDER PAYABLE TO:

Department of Finance and Administration

MAIL TO:

Individual Income Tax Section
Withholding Branch
P.O. Box 9941
Little Rock, Arkansas 72203-9941

ADDITIONAL INFORMATION:

To CHANGE YOUR ADDRESS or to CLOSE YOUR BUSINESS for Withholding purposes, please complete and submit the appropriate forms. These forms can be found on our website at www.arkansas.gov/dfa or they will be mailed to you by contacting (501) 682-7290.

↓ **You must cut along the dotted line or the processing of your payment will be delayed.** ↓

AR941M
(R 9/12/08)

State of Arkansas
Monthly Wage Withholding Report

2009

1811

I declare under penalties of perjury that I have examined this return and to the best of my knowledge and belief, it is a true, correct and complete return.

Signature _____ Date _____ Phone _____

Federal Employer Identification Number
(99-9999999)

Period Covered

Due Date

A

FOR OFFICE USE ONLY

B

REF ID

- 00

Tax Withheld \$ _____
Include Cents (ex. 1,234,567.89)

Tax Paid \$ _____
Include Cents (ex. 1,234,567.89)

Name of Corporation _____
Attn _____
Address _____
City, State, Zip _____

L