

STATE OF ARKANSAS
CHANGE OF NAME OR ADDRESS FORM
WITHHOLDING TAX

This form is to be used for the following changes. Please check one or more of the following boxes:

- A change in the name of your business
- A change in your mailing address
- A change in the physical location of your business

Please type or print the information below:

Federal Identification Number

Previous Name

New Name

Previous Address/Location

New Address/Location

____/____/____
Effective Date of change

Signature

Title

Typed or Printed Name of Individual Above

Date

Phone Number

MAIL FORM TO:

Withholding Tax Branch
P. O. Box 8055
Little Rock, AR 72203-8055
(501) 682-7290 Telephone
(501) 683-1036 Fax

NOTE: A change in your FEIN requires a new registration, Form AR-4ER, to be completed. If you need a new registration, log on to www.accessarkansas.org/dfa/income_tax/tax_wh_forms.html or check the box below and a form will be mailed to the new address.