

STATE OF ARKANSAS
NOTICE OF BUSINESS CLOSURE OR SALE OF BUSINESS
WITHHOLDING TAX

Account Information

FEIN: _____

Name of Business: _____

Address: _____

City, State, Zip: _____

Closure Information

Date of Closure: ____ / ____ / ____

Reason for Closing:

- Business Discontinued
- Business Transferred to Successor
- Change in Organization. **Note:** If a **NEW** FEIN is obtained a **NEW** registration, Form AR-4ER, must be completed.
Enter your new FEIN: _____
- Discharged All Employees, but Continuing Business
- Other (Specify) _____

Items To Send With This Form

- Final tax report and any delinquent reports
- AR-3MAR and copies of employees W-2's

Signature

Under penalties of perjury, I declare that I have examined the information above and to the best of my knowledge and belief, they are true and complete.

Signature of Owner

Date

Phone Number