

**AR941P**  
**Monthly Pension and Annuity 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 15<sup>th</sup> of the following month. There is no quarterly filing.

**ID NUMBER:**

Enter your Federal Identification Number. Include fifty (50) on the end of your FEIN (ex: 12-3456789-50).

**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](http://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. ↓

**AR941P**  
(R 1/17/08)

State of Arkansas  
Monthly Pension and Annuity Withholding Report

**2008**

**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

Period Covered

Due Date

A

B

REF ID

-50

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 \_\_\_\_\_