

941PT
Pass-Through Entity Withholding Report
INSTRUCTIONS

This form is used to report the tax withheld on nonresident members of a pass through entity. A CD or 3.5" diskette should be included with this report and should include the following information: The entity's name and federal employer identification number, to whom the distribution was paid, the non-resident member's address, the non-resident member's social security number or federal employer identification number, the amount of taxable income distributed and the amount of Arkansas income tax withheld and paid on the member's behalf. The magnetic media should be labeled with the form number "AR941PT", the pass-through entity's name, federal employer identification number and the number of records contained on the disk or CD.

PERIOD COVERED AND DUE DATE: The reporting period for this report is December 2006 (12/2006). The report is due on February 28, 2007 (02/28/2007).

ID NUMBER: Enter your Federal Identification Number. Include seventy (70) on the end of your FEIN (ex: 12-3456789-70).

TAX WITHHELD: Enter the total amount of Arkansas Income Tax withheld for this annual reporting period only.

AMOUNT PAID: Enter the amount paid for this annual 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
Pass-Through Entity
Post Office Box 3628
Little Rock, Arkansas 72203-3628

INFORMATION RETURNS (AR99NRM): Complete a form AR99NRM for each nonresident member whose income tax was withheld and reported on this return. The amount(s) reported on the AR99NRM must equal the amount(s) reported on this AR941PT. You must send two (2) copies of the AR99NRM to the nonresident member by the 15th day of the third month of the close of your tax year (March 15 for calendar year filers). Keep one copy of the AR99NRM for your records. Do not send a copy of the AR99NRM to the Individual Income Tax Section unless requested.

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.

AR941PT Instructions (R12/19/06)

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

AR941PT
(R12/15/06)

State of Arkansas
 Pass Through Entity Withholding Report

2006

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	FOR OFFICE USE ONLY		
			A	B	REF ID
- 70	12/2006	02/28/2007			

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

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

Name of Entity

Attn

Address

City, State, Zip

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