



ARKANSAS PASS-THROUGH ENTITY INCOME TAX REVOCATION FORM

Software ID
DFA WEB

Pass-through entity making the REVOCATION:

- The entity listed below is revoking to be taxed at the entity level for this tax year. By checking this box, I affirm that this revocation has been approved by members holding more than fifty percent of the voting rights.

Revocation of election of pass through entity tax • ____/____/____ Effective date of revocation

Any credits at the time of Revocation will be applied as:

- Refund • Carry-Forward • Income Tax Composite • Pass-Through Withholding

Date of first operations in Arkansas: • _____ NAICS code: • _____

Form with fields: Federal employer identification number, Name, Address, City, State, Zip

Responsible Party:

Form with fields: Name, Title, SSN, Email, Telephone Number

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct and complete.

Signature of authorized partner, shareholder, corporate officer, or member Date

Mail To: Pass-Through Entity Tax P O Box 919 Little Rock, AR 72203-0919

Email: passthrough.entitytax@dfa.arkansas.gov

Instructions:

This form is intended for S-Corps, LLCs, and partnerships that are revoking to be taxed at the entity level under AR §26-65-101 et seq. Complete this form to make the revocation. This revocation is valid for the pass-through entity for the tax year listed at the top of this form and for each tax year after until re-election.