REVENUE DIVISION
Corporation Income Tax
1816 W 7th St., Room 2250
Post Office Box 919
Little Rock, Arkansas 72203
Phone: (501) 682-4779
Fax: (501) 682-7114
www.dfa.arkansas.gov

STATE OF ARKANSAS

Corporation/Pass-Through Entity Tax Penalty and Interest Waiver Request

Please type or print when filling out this form

SECTION I - TAXPAYER INFORMATION

☐ C-Corporation ☐ S-Corporation ☐ Pass-Through Entity

Please use one form per account.

1 Corporation/Entity Name:	**2** FEIN:
3 Mailing Address, City, State, and Zip Code:	
4 Daytime Phone Number	
5 E-mail Address	

SECTION II - WAIVER REQUEST

Check all that apply:
☐ **Failure to File Penalty** ☐ **Failure to Pay Penalty** ☐ **UEP (Under Estimate Penalty)** ☐ **Interest**
☐ ***EFT Penalty** ☐ ***Negligence Penalty** ☐ ***Failure to Comply Penalty**

For Tax Year(s):_____

Reason for Request (check all that apply): ☐ **Insolvent/Bankrupt** ☐ **Intent to Dissolve** ☐ **Reasonable Cause**

Please explain in detail why your penalty and/or interest should be waived: if additional space is needed, attach ssparate pages to this form

SECTION III - SIGNATURE

Primary Signature/Authorized Party	Date	Daytime Phone Number

MAIL COMPLETED FORM TO:
ARKANSAS CORPORATION INCOME TAX
PO BOX 919
LITTLE ROCK, AR 72203

OR

FAX COMPLETED FORM TO:
501-682-7114