



STATE OF ARKANSAS Individual Income Tax Penalty and Interest Waiver Request

REVENUE DIVISION
Individual Income Tax
1816 W 7th St., Room 2300
Post Office Box 3628
Little Rock, Arkansas 72203-3628
Phone: (501) 682-1100
Fax: (501) 682-7692
www.dfa.arkansas.gov

Please type or print when filling out this form

SECTION I - TAXPAYER INFORMATION		
<input type="checkbox"/> Individual <input type="checkbox"/> Composite <input type="checkbox"/> Fiduciary		
Please use one form per account.		
1 Primary Legal Name (First Name, MI, and Last Name)/Entity Name	2 Primary Social Security Number/FEIN	
3 Spouse's Legal Name (First Name, MI, and Last Name)	4 Spouse's Social Security Number	
5 Mailing Address, City, State, and Zip Code		
6 Daytime Phone Number		
7 E-mail Address		
SECTION II - PENALTY WAIVER REQUEST		
Check all that apply: <input type="checkbox"/> Failure to File Penalty <input type="checkbox"/> Failure to Pay Penalty <input type="checkbox"/> UEP (Under Estimate Penalty) <input type="checkbox"/> Interest		
For Tax Year(s): _____		
Reason for Request (check all that apply): <input type="checkbox"/> Illness <input type="checkbox"/> Natural Disaster <input type="checkbox"/> Other		
Please explain in detail why your penalty and/or interest should be waived:		
_____ _____ _____ _____ _____		
SECTION III - SIGNATURE		
_____	_____	_____
Primary Signature/Authorized Party	Date	Daytime Phone Number
_____	_____	_____
If Joint Return, Spouse's Signature	Date	Daytime Phone Number

Penalty Waiver (R 12/8/2022)

Mail, Fax, or Email COMPLETED Form To:

MAIL:
ARKANSAS STATE INCOME TAX
PO BOX 3628
LITTLE ROCK, AR 72203

FAX:
501-682-7692

EMAIL:
individual.income@dfa.arkansas.gov