

AR4RR

STATE OF ARKANSAS Withholding Tax Refund Request

Business Name:	FEIN:
Mailing Address:	
City, State, and Zip:	

INSTRUCTIONS

This form must be completed in order for a business to receive a refund of Arkansas withholding tax. **A detailed explanation of any changes must be attached to this form.** List the proper amount of taxes withheld, paid, and the difference for each reporting period. Total the **TAX WITHHELD** and the **TAX PAID** columns below. If the total tax paid is greater than the total tax withheld, subtract the total tax withheld from the total tax paid and enter the result on the **REFUND** line at the bottom of this form.

TAX YEAR _____

PERIOD	TAX WITHHELD	TAX PAID	DIFFERENCE
JAN	_____	_____	_____
FEB	_____	_____	_____
MAR	_____	_____	_____
APR	_____	_____	_____
MAY	_____	_____	_____
JUN	_____	_____	_____
JUL	_____	_____	_____
AUG	_____	_____	_____
SEP	_____	_____	_____
OCT	_____	_____	_____
NOV	_____	_____	_____
DEC	_____	_____	_____
	TOTAL TAX WITHHELD	TOTAL TAX PAID	TOTAL REFUND

Signature

Date

Telephone Number

Mail this form to:
Arkansas Individual Income Tax Section
Withholding Branch
P. O. Box 8055
Little Rock, AR 72203-8055
(501) 682-7290