AR4506

STATE OF ARKANSAS

REQUEST FOR COPIES OF ARKANSAS TAX RETURNS AND W-2(S)

Mail To:
State of Arkansas
Individual Income Tax
P.O. Box 3628
Little Rock, AR 72203-3628

Or Bring To:
Joel Y. Ledbetter Building
1816 W 7th St., Room 2300
Little Rock, AR 72201
(501) 682-1100 or
(800) 882-9275

PRINT OR TYPE	Primary Name On Return	SSN, FEIN, or ID Number
	Secondary Name On Return (If Applicable)	SSN or ID Number
	Current Mailing Address (City, State, & Zip)	Daytime Phone Number
	Tax Year(s) Requested	
	W-2(s) Requested (List Tax Year(s))	

NOTE - You may be able to get your tax information from other sources. If you had your tax return completed by a paid preparer, he/she should be able to provide a copy of the return. Your employer should be able to provide a copy of your W-2.

INSTRUCTIONS

1. Print or type your name, mailing information, SSN, FEIN (if applicable), Account ID, spouse's information (if applicable), tax year(s) and/or W-2(s) you are requesting.

2. Copies are **$2.00 per year.** Attach a check or money order. **DO NOT SEND CASH IN THE MAIL.** (If you make your request in person, you may pay with cash. Bring exact change.)

3. Mail this form with your payment to the mailing address or deliver to the physical address at the top of this form. In order to process your request, signatures are required below. For entities other than individuals, you must attach an authorization document.

Signature of taxpayer(s). I declare that I am either the taxpayer whose name is shown above, or a person authorized to obtain the tax information requested. If the request applies to a joint return, either husband or wife must sign. If signed by a corporate officer, partner, guardian, tax matters partner, executor, receiver, administrator, trustee, or party other than the taxpayer, I certify that I have the authority to execute Form AR4506 on behalf of the taxpayer.

Primary Signature Date

Secondary Signature (If Applicable) Date

Title (if primary name is a partnership or trust)