



**STATE OF ARKANSAS  
Individual Income Tax  
Penalty 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  
<http://www.dfa.arkansas.gov>

**Please type or print when filling out this form**

<b>SECTION I - TAXPAYER INFORMATION</b>		
<b>1</b> Your Name (First Name, MI, and Last Name)	<b>2</b> Your Social Security Number	
<b>3</b> Spouse's Name (First Name, MI, and Last Name)	<b>4</b> Spouse's Social Security Number	
<b>5</b> Mailing Address, City, State, and Zip Code		
<b>6</b> Daytime Phone Number		
<b>7</b> E-mail Address		
<b>SECTION II - PENALTY WAIVER REQUEST</b>		
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)		
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 should be waived:  _____  _____  _____  _____  _____  _____		
<b>SECTION III - SIGNATURE</b>		
_____ Your Signature	_____ Date	_____ Daytime Phone Number
_____ If Joint Return, Spouse's Signature	_____ Date	_____ Daytime Phone Number

Penalty Waiver (R 8/25/2017)

**MAIL COMPLETED FORM TO:**  
  
**ARKANSAS STATE INCOME TAX  
PO BOX 3628  
LITTLE ROCK, AR 72203**

**OR**

**FAX COMPLETED FORM TO:**  
  
**501-682-7692**