



**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
<http://www.dfa.arkansas.gov>

Please type or print when filling out this form

SECTION I - TAXPAYER INFORMATION		
1 Your Name (First Name, MI, and Last Name)	2 Your Social Security Number	
3 Spouse's 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		
_____ Your Signature	_____ Date	_____ Daytime Phone Number
_____ If Joint Return, Spouse's Signature	_____ Date	_____ Daytime Phone Number

Penalty Waiver (R 7/30/2018)

MAIL COMPLETED FORM TO:

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

OR

FAX COMPLETED FORM TO:

501-682-7692