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STATE OF ARKANSAS INFORMATION RETURN
Report of Income Tax Withheld or Paid on Behalf of Nonresident Member

Tax Year End of Pass-Through Entity _____
mm/dd/yyyy

Part A: Pass - Through Entity Information	Part B: Nonresident Member Information
Name of Entity:	Name:
Type of Ownership: (If other, please provide statement of ownership type) ☐ Partnership ☐ S Corporation ☐ LLC ☐ Trust ☐ Other	Type of Taxpayer: (If other, please provide statement of ownership type) ☐ Individual ☐ Corporation ☐ LLC ☐ Trust ☐ Other
Federal Identification Number:	Social Security Number or Federal Identification Number of Member:
Street Address:	Street Address:
City, State, ZIP:	City, State, ZIP:

Part C: Distribution and Tax Withholding or Payment Information for Nonresident Member			
Amounts Distributed from Arkansas Sources:	Arkansas Income Tax Withheld:	Arkansas Income Tax Paid on AR1000CR:	Arkansas Income Tax Paid on AR1100PET:

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STATE OF ARKANSAS INFORMATION RETURN
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Tax Year End of Pass-Through Entity _____
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