AR20/40

TAX ACCOUNT UPDATE

Print Form

Use this form to update account information

(ATAP users can update account information online at atap.arkansas.gov)

Submit by Email

Taxpayer and Account Information

FEIN/SSN (Do Not Include Dashes): _____ Legal Name: _____

Account(s) Update (*Check all that apply*)

Select One of the Following: ☐ Account Name Change ☐ Account Address Change ☐ Account Contact Change

Account ID	New Physical Address (Cannot be a PO BOX)	New Mailing Address	Effective Date

Account ID	New Legal Name	New DBA Name	Effective Date

Account ID	Change	Contact Name	Contact Phone Number	Contact Email Address	Effective Date
	◯ Add ◯ Remove				
	◯ Add ◯ Remove				

Account Closure Information and Terms of Sale

Select One of the Following: ☐ Business Sold ☐ Business Closed (Discontinued Operations or Taxable Activity)

Account ID	Effective Date Of Closure	Account ID	Effective Date Of Closure	Account ID	Effective Date Of Closure	Account ID	Effective Date Of Closure

1. Did you make any purchases for your own use with this permit? ◯ Yes ◯ No

   If yes, did you pay the tax to this Department (DFA) ? ◯ Yes ◯ No

2. Are you still operating a business? ◯ Yes ◯ No

   If yes, furnish the account/permit identification and location:

Account/Permit Number: _____ Location Address: _____

Account ID	Name and Address of Purchaser	Selling Price of Inventory and Fixtures	Total Sales Price	Effective Date

Taxpayers must continue to file a report until such time as the taxpayer notifies us, in writing, that the taxpayer is no longer liable for the report.

Authorization

☐ Under penalties of perjury, I declare I am authorized to make these changes. I have examined the information above and to the best of my knowledge and belief, it is true and correct.

_____ Name _____ Title _____ Date