



STATE OF ARKANSAS
Corporation/Pass-Through Entity
Penalty and Interest Waiver
Request

REVENUE DIVISION
Corporation Income Tax
1816 W 7th St., Room 2250
Post Office Box 919
Little Rock, Arkansas 72203
Phone: (501) 682-4775
Fax: (501) 682-7114
www.dfa.arkansas.gov

Please type or print when filling out this form

SECTION I - TAXPAYER INFORMATION

☐ C-Corporation ☐ S-Corporation ☐ Pass-Through Entity ☐ Withholding Pass-Through ☐ Composite

Please use one form per account.

1 Corporation/Entity Name:

2 FEIN:

3 Mailing Address, City, State, and Zip Code:

4 Daytime Phone Number

5 E-mail Address

SECTION II - WAIVER REQUEST

Check all that apply: ☐ Failure to File Penalty ☐ Failure to Pay Penalty ☐ UEP (Under Estimate Penalty) ☐ Interest
☐ EFT Penalty ☐ Negligence Penalty ☐ Failure to Comply Penalty

For Tax Year(s): _____

Reason for Request: ☐ Insolvent/Bankrupt ☐ Intent to Dissolve ☐ Reasonable Cause ☐ Federal or State Disaster Declaration

Please explain in detail why your penalty and/or interest should be waived: if additional space is needed, attach separate pages to this form

SECTION III - SIGNATURE

Primary Signature/Authorized Party

Date

Daytime Phone Number

Mail Completed Form To:

Arkansas Corporation Income Tax
PO Box 919
Little Rock, AR 72203

Fax Completed Form To:

501-682-7114

Email Completed Form To:

passthrough.entitytax@dfa.arkansas.gov
corporation.income@dfa.arkansas.gov