



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
www.dfa.arkansas.gov

Please type or print when filling out this form

SECTION I - TAXPAYER INFORMATION

☐ Individual ☐ Fiduciary

Please use one form per account.

1 Primary Legal Name (First Name, MI, and Last Name)/Entity Name

2 Primary Social Security Number/FEIN

3 Spouse's Legal 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: ☐ Failure to File Penalty ☐ Failure to Pay Penalty ☐ UEP (Under Estimate Penalty) ☐ Interest

For Tax Year(s): _____

Reason for Request (check all that apply): ☐ Illness ☐ Natural Disaster ☐ Other

Please explain in detail why your penalty and/or interest should be waived: (If necessary, attach additional documentation)

SECTION III - SIGNATURE (NO DIGITAL SIGNATURES)

Primary Signature/Authorized Party

Date

Daytime Phone Number

If Joint Return, Spouse's Signature

Date

Daytime Phone Number

Penalty Waiver (R 5/12/2025)

Mail, Fax, or Email COMPLETED Form To:

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

FAX:
501-682-7692

EMAIL:
PIWaiver@dfa.arkansas.gov