



STATE OF ARKANSAS
Nonresident Member Withholding
Exemption Affidavit

PART A: Pass-Through Entity Information
Name of Entity, Address, City, State, Zip, FEIN, Type of Pass-Through Entity (S-Corporation, Partnership, Limited Liability Co., Trust, Other)
PART B: Nonresident Member Information
Name of Member, Address, City, State, Zip, SSN or FEIN
PART C: Withholding Tax Exemption

I, _____, as a nonresident member of the above named pass-through entity, request to be exempt from Arkansas income tax withholding per Arkansas Code Annotated 26-51-919(b)(1)(A) for tax year ● _____, and all subsequent years, until I notify the Arkansas Department of Finance and Administration of a change in this election (see Part D.)

By signing this affidavit I agree to be subject to the personal jurisdiction of the Arkansas Department of Finance and Administration in the courts of this state for the purpose of determining and collecting any Arkansas taxes, including estimated tax payments, together with any related interest and penalties.

I agree to timely file appropriate income tax returns, or be included in the pass-through entity's income tax return, and make payment of all Arkansas taxes as required by law.

If I fail to abide by the terms of this affidavit I understand that the Arkansas Department of Finance and Administration may revoke at any time the withholding exemption granted under Arkansas Code Annotated 26-51-919(c)(5)(B).

PART D: Withholding Tax Exemption Revocation

I, _____, as a nonresident member of the above named pass-through entity, hereby revoke my previous withholding election dated _____.

At this time, I request to be subject to income tax withholding on my share of distributed Arkansas income of the above named pass-through entity for tax year ● _____, and all subsequent years, until I notify the Arkansas Department of Finance and Administration of a change of this election.

PART E: Signature

Signature of Nonresident Member Date

Daytime Telephone Number (____) _____