



Arkansas Pass Through Entity Report for Income Tax Withheld

Software ID

Tax Year beginning •/	/ and ending ●//	●	NAL Return •	INITIAL Return	AMENDED Return
FEIN	Name				
NAICS Code	Address				
Date Began Business in AR ●	City ●	State •	or Province	Zip •	
Note: The tax paid field is for taxpayer use only. Payments previously received will be used to determine additional tax due or					
overpayment. Go to atap.arkansas.gov for free filing and payment options.					
Total number of non-resident members: •					
1. Total income reported to	non-resident members:			1. •	00
2. Total tax withholding required:					00
3. Arkansas tax paid by Pass-Through Entity: (Withholding Pass-Through Claim)					00
4. Arkansas tax withheld fr	om non-resident members: (Lir	ne 2 less Line 3)	TAX DUE 4. •	00
Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge. Officer's Signature Date Title Telephone Number					
Preparer's Signature		Date	Preparer's FE ●	IN/ Check if Self-Employed	
Preparer's Printed Name			May the Arkansas Revenue Agency discuss		For Department Use Only
Area Code and Telephone Number of Preparer			this return with the	e preparer shown at left?	A •
	iniber of Frepater		Yes	No	В •
MAIL RETURN TO: Corporation Income Tax, P O Box 919, Little Rock, AR 72203-0919					c
AR941PT (R 8/19/2024) DO NOT STAPLE RETURNS, SCHEDULES OR ATTACHMENTS					