AR8944

ARKANSAS INDIVIDUAL INCOME TAX Preparer e-file Hardship Waiver Request

	Original		Reconsideration	า		
Calendar Year 20			_			
Preparer's Name				Prepar	er Tax Identification Number (PTIN)	
Preparer's street address, apartment number	er or rural route numbe	er				
City or town	State or province		Country		Postal code	
Email					Phone Number	
				1-		
Taxpayer's Name (If multiple clients, attach a supplemental sheet) Taxpayer's social security number / FEIN						
1. Check the box(es) indicating the form(s) for which the waiver is			2. Reason(s) for Hardship Waiver Request. (Check all that apply)			
requested. (Check all that apply)	_	(Pro	ovide vendor company n	ame and	complete line 3)	
a □ AR1000F, AR1000NR e □	☐ AR1100CT	a □ Bankruptcy (Attach court de			mentation)	
b□ AR1002F, AR1002NR f□	f ☐ AR1100S b ☐Software limita			ations (Provide vendor company name below and		
c□ AR1000CR g□	☐ AR1100PET		complete line 3)			
d□ AR1050						
		CL	Other (complete line	: 3)		
3. If you checked box 2b or 2c explain the l	hardship on which this	s waiver red	quest is based.			
Caution: Failure to provide a clear explar	nation of the direct impa	act of the s	tuation on your ability	to e-file	will result in denial of your waiver.	
Under penalties of perjury, I declare that I have e	examined the contents of	of this reque	est and accompanying s	statemen	ts. and to the best of my knowledge	
and belief, they are true, correct, and complete.						
Signature of applicant		Т	îtle		Date	
					Mail:	
Send Completed Request to: Fax: 501-68		Email:)dfa.arkansas.gov	OR	Arkansas E-File	
00100	,		guia.ai Nai isas.yuv		PO Box 8094 Little Rock, AR 72203-8094	