

ARKANSAS PASS-THROUGH ENTITY INCOME TAX REVOCATION FORM

					Software ID
					<u> </u>
Pass-through entity making the REVOCATION:					
 The entity listed below is revoking to be taxed at has been approved by members holding more th 				ing this box, I	affirm that this revocation
Revocation of election of pass through entity tax	•		_ Effective date o	of revocation	
Any credits at the time of Revocation will be applied ■ □ Refund ■ □ Carry-Forward ■ □ Income Tax		osite • 🔲 Pass-	Through Withhold	ling	
Date of first operations in Arkansas: ●		NAICS code:	•		
Federal employer identification number					
•					
Name					
Address					
•					
City	State Zip			Zip	
•	•		•		
Responsible Party:					
Name		Title			SSN
•		•			•
Email					Telephone Number
•					•
Under penalties of perjury, I declare that I have examined this return and accomplete. Declaration of preparer (other than taxpayer) is based on all information.		•		f my knowledge ar	nd belief, they are true, correct and
				•	
Signature of authorized partner, shareholder, corporate officer, or member					Date
Mail To:					

Instructions:

Pass-Through Entity Tax

Little Rock, AR 72203-0919

P O Box 919

This form is intended for S-Corps, LLCs, and partnerships that are revoking to be taxed at the entity level under AR §26-65-101 et seq. Complete this form to make the revocation. This revocation is valid for the pass-through entity for the tax year listed at the top of this form and for each tax year after until re-election. If the amount of tax required to be paid by the pass-through entity pursuant to the provisions of AR §26-65-101 et seq is not paid when due, the Department of Finance and Administration may assess the individual members of the entity based on each members pro rata share of income in addition to assessing the entity for tax liability. The revocation is due before the due date or extended due date of the entity's tax return for each tax year. For partnerships, this form is to be signed by a partner or member who is authorized to sign and file such income tax return. For S-Corps, this form is to be signed by a corporate officer or a member who is authorized to sign and file such income tax return. For revocation of PET tax, please provide the first date of the tax period after last return filed under PET tax.

passthrough.entitytax@dfa.arkansas.gov