

ALL NEW ACCOUNTS FILE ON A MONTHLY BASIS - THERE IS NO QUARTERLY FILING

State of Arkansas
REVENUE DIVISION**AR4ER****Withholding Registration**

P.O. Box 8055, Little Rock, Arkansas 72203-8055

(Please read instructions. Please type or print. Keep one copy for your records)

1. Employer's Federal Identification Number:	● _____		
2. Name of Business: (Trade Name)	● _____	● _____	Telephone Number
3. Business Location: (Physical Address)	● _____ <i>Street</i> ● _____ ● _____ <i>City State Zip</i>		
4. Mailing or Care of Address:	● _____ <i>In Care of</i> ● _____ <i>Street</i> ● _____ ● _____ <i>City State Zip</i>		
5. Name of Owner or Responsible Party:	a. ● _____	c. ● _____	Telephone Number
Social Security Number:	b. ● _____		
6. Owner/Responsible Party Address:	● _____ <i>Street</i> ● _____ ● _____ <i>City State Zip</i>		
7. Date Arkansas Withholding was Started and/or Required:	● _____ mm/dd/yy		
8. Principle Business Activity:			
9. Type of Organization:	● <input type="checkbox"/> 1. Sole Proprietorship ● <input type="checkbox"/> 2. Partnership ● <input type="checkbox"/> 3. Domestic Corp. / Domestic LLC ● <input type="checkbox"/> 4. Foreign Corp. / Foreign LLC		
10. County - Arkansas:	● _____		
11. Signature of Owner or Responsible Party	_____ <i>Signature Date</i>		
12. Federal Business Code:	● _____	FOR DEPT. USE ONLY	Exam Code ● _____