

AR1099PT



STATE OF ARKANSAS INFORMATION RETURN Report of Income Tax Withheld or Paid on Behalf of Nonresident Member

Tax Year End of Pass-Through Entity _____
mm/dd/yyyy

Part A: Pass - Through Entity Information		Part B: Nonresident Member Information	
Name of Entity:		Name:	
Type of Ownership: (If other, please provide statement of ownership type) <input type="checkbox"/> Partnership <input type="checkbox"/> S Corporation <input type="checkbox"/> LLC <input type="checkbox"/> Trust <input type="checkbox"/> Other		Type of Taxpayer: (If other, please provide statement of ownership type) <input type="checkbox"/> Individual <input type="checkbox"/> Corporation <input type="checkbox"/> LLC <input type="checkbox"/> Trust <input type="checkbox"/> Other	
Federal Identification Number:		Social Security Number or Federal Identification Number of Member:	
Street Address:		Street Address:	
City, State, ZIP:		City, State, ZIP:	
Part C: Distribution and Tax Withholding or Payment Information for Nonresident Member			
Amounts Distributed from Arkansas Sources:	Arkansas Income Tax Withheld:	Arkansas Income Tax Paid on AR1000CR:	Arkansas Income Tax Paid on AR1100PET:

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