



**STATE OF ARKANSAS  
Transmittal of Nonresident Member Withholding  
Exemption Affidavit**

Name of Entity	FEIN
Address	Name of Contact Person
City, State and ZIP	Contact Person's Telephone Number
Type of Media (check one) <input type="checkbox"/> USB <input type="checkbox"/> CD <input type="checkbox"/> Paper	

To assist us in processing your information accurately, please use this form as a cover for the transmittal of the USB(s) or CD(s) containing the affidavit information or for the transmittal of the paper copies of Form(s) AR4PT.

Please label the USB or CD with the name of the pass-through entity, the Federal Identification Number and the number of records. If your information resides on more than one USB or CD, each must be labeled: 1 of \_\_\_\_, 2 of \_\_\_\_, etc.

Attach the USB, CD or Form(s) AR4PT to this form and mail to the address below on or before the due date of the pass-through entity's income tax return, including extensions.

For those taxpayers that have received a waiver from the filing of the nonresident member information by CD or USB, copies of all Nonresident Member Withholding Exemption Affidavits (Form AR4PT) must be filed with this form and mailed to the address below on or before the due date of the pass-through entity's income tax return, including extensions.

**Note: This form must not be included or attached to any other documents or tax forms being mailed to the Arkansas Department of Finance and Administration. Please mail independently of other report or form filings.**

**Mailing Address:**  
Pass-Through Entity Tax  
Withholding Pass-Through  
Post Office Box 919  
Little Rock, AR 72203-0919

**Email:**  
withholding.passthrough@dfa.arkansas.gov

**Phone:**  
501-371-7692

**Fax:**  
501-682-6678