



ARKANSAS WITHHOLDING PASS-THROUGH ENTITY REPORT
DECLARATION FOR ELECTRONIC FILING

For calendar year 2024, or tax year beginning _____, 20____, ending _____, 20____

Name, Federal Identification Number, Mailing Address, Telephone, City, State or Province, ZIP, Check if address is outside U.S. Foreign Country

PART I - TAX RETURN INFORMATION (Whole Dollars Only)

Table with 4 rows: Total Income, Total Tax Withholding, Arkansas Tax Paid by Pass-Through Entity, Arkansas Tax Withheld. Columns include line number, amount, and zeros.

PART II - DECLARATION OF OFFICER (Sign only after Part I is completed)

If my federal withholding pass-through report is rejected, I understand my state withholding pass-through report may also be rejected.

Under penalties of perjury, I declare that I am a general partner or limited liability company member manager of the above pass-through entity and that the information I have given my electronic return originator (ERO), transmitter, and/or internet service provider (ISP) and the amounts in Part I above agree with the amounts on the corresponding lines of the pass-through entity's 2024 Arkansas withholding pass-through return.

To the best of my knowledge and belief, the pass-through entity's withholding report is true, correct, and complete. I consent to my ERO, transmitter, and/or ISP sending the entity's withholding pass-through report, this declaration, and accompanying schedules and statements to the State of Arkansas.

Sign Here section with lines for Signature of General Partner or Limited Liability Company Member Manager, Date, and Title.

PART III - DECLARATION OF ELECTRONIC RETURN ORIGINATOR (ERO) AND PAID PREPARER

I declare that I have reviewed the above pass-through withholding report and that the entries on Form AR8453-WHT are complete and correct to the best of my knowledge. If I am only a collector, I understand that I am not responsible for reviewing the pass-through withholding report; I declare that Form AR8453-WHT accurately reflects the data on the report.

ERO'S Use Only section with fields for signature, Date, Check if also paid preparer, Check if self-employed, ERO's SSN or PTIN, Firm's name, address and ZIP code, EIN, Phone No.

Under penalties of perjury, I declare that I have examined the above partnership's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. This declaration is based on all information of which I have any knowledge.

Paid Preparer's Use Only section with fields for signature, Date, Check if self-employed, Preparer's SSN or PTIN, Firm's name, address and ZIP code, EIN, Phone No.