



**STATE OF ARKANSAS**  
**Individual Income Tax**  
**Penalty and Interest Waiver Request**

**REVENUE DIVISION**  
**Individual Income Tax**  
 1816 W 7th St., Room 2300  
 Post Office Box 3628  
 Little Rock, Arkansas 72203-3628  
 Phone: (501) 682-1100  
 Fax: (501) 682-7692  
<http://www.arkansas.gov/dfa>

Please type or print when filling out this form

<b>SECTION I - TAXPAYER INFORMATION</b>		
1 Your Name (first name, initial, and last name)	2 Your Social Security Number	
3 Spouse's Name (first name, initial, and last name)	4 Spouse's Social Security Number	
5 Mailing Address, City, State, and Zip Code		
6 Daytime Phone Number		
7 E-mail Address		
<b>SECTION II - PENALTY AND INTEREST WAIVER REQUEST</b>		
Check all that apply: <input type="checkbox"/> Failure to File Penalty <input type="checkbox"/> Failure to Pay Penalty <input type="checkbox"/> UEP (Under Estimate Penalty) <input type="checkbox"/> Interest		
For Tax Year(s): _____		
Reason for Request (check all that apply): <input type="checkbox"/> Illness <input type="checkbox"/> Natural Disaster <input type="checkbox"/> Other		
Please explain in detail why your penalty and/or interest should be waived:		
_____		
_____		
_____		
_____		
_____		
_____		
<b>SECTION III - SIGNATURE</b>		
_____ Your Signature	_____ Date	_____ Daytime Phone Number
_____ If Joint Return, Spouse's Signature	_____ Date	_____ Daytime Phone Number

Penalty Waiver (R 9/18/15)

<p><b>MAIL COMPLETED FORM TO:</b></p> <p><b>ARKANSAS STATE INCOME TAX</b></p> <p><b>PO BOX 3628</b></p> <p><b>LITTLE ROCK, AR 72203</b></p>	<p><b>OR</b></p>	<p><b>FAX COMPLETED FORM TO:</b></p> <p><b>501-682-7692</b></p>
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