

# 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 _____<br><small>mm/dd/yyyy</small> |
|--|

| Part A: Pass - Through Entity Information  |
|--|
| Name of Entity:  |
| Type of Ownership:<br><input type="checkbox"/> Partnership <input type="checkbox"/> S Corporation <input type="checkbox"/> LLC <input type="checkbox"/> Trust <input type="checkbox"/> Other (Specify) _____ |
| Federal Identification Number:   |
| Street Address:  |
| City, State, ZIP:  |

| Part B: Nonresident Member Information   |
|--|
| Name:  |
| Type of Taxpayer:<br><input type="checkbox"/> Individual <input type="checkbox"/> Corporation <input type="checkbox"/> LLC <input type="checkbox"/> Trust <input type="checkbox"/> Other (Specify) _____ |
| Social Security Number or Federal Identification Number of Member:   |
| Street Address:  |
| City, State, ZIP:  |

| Part C: Distribution and Tax Withholding or Payment Information for Nonresident Member |                               |                                       |
|--|-------------------------------|---------------------------------------|
| Total Amounts Distributed from Arkansas Sources:                                       | Arkansas Income Tax Withheld: | Arkansas Income Tax Paid on AR1000CR: |

# 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 _____<br><small>mm/dd/yyyy</small> |
|--|

| Part A: Pass - Through Entity Information  |
|--|
| Name of Entity:  |
| Type of Ownership:<br><input type="checkbox"/> Partnership <input type="checkbox"/> S Corporation <input type="checkbox"/> LLC <input type="checkbox"/> Trust <input type="checkbox"/> Other (Specify) _____ |
| Federal Identification Number:   |
| Street Address:  |
| City, State, ZIP:  |

| Part B: Nonresident Member Information   |
|--|
| Name:  |
| Type of Taxpayer:<br><input type="checkbox"/> Individual <input type="checkbox"/> Corporation <input type="checkbox"/> LLC <input type="checkbox"/> Trust <input type="checkbox"/> Other (Specify) _____ |
| Social Security Number or Federal Identification Number of Member:   |
| Street Address:  |
| City, State, ZIP:  |

| Part C: Distribution and Tax Withholding or Payment Information for Nonresident Member |                               |                                       |
|--|-------------------------------|---------------------------------------|
| Total Amounts Distributed from Arkansas Sources:                                       | Arkansas Income Tax Withheld: | Arkansas Income Tax Paid on AR1000CR: |

# Instructions for AR1099PT

## **PASS THROUGH ENTITY**

WHO MUST FILE AN AR1099PT:

Any pass through entity that withholds Arkansas income tax from a distribution to a nonresident member and/or files a Composite Return (AR1000CR) on behalf of its nonresident members. The amount reported on the AR1099PT must equal the amounts reported on the AR1000CR and AR941PT. Attach a copy to the AR1000CR if necessary to substantiate withholding.

WHERE DO YOU SEND THE AR1099PT:

Send two (2) copies to the nonresident member and retain one (1) for your records. Do not remit a copy to the Individual Income Tax Section unless requested.

WHEN DO YOU FILE THE AR1099PT:

You must send two (2) copies to the nonresident member by the 15th day of the third month of the close of your tax year (March 15 for calendar year filers).

## **NONRESIDENT MEMBER**

Include the AR1099PT with your Arkansas income tax return to substantiate the tax withheld or paid on your behalf.

---

# Instructions for AR1099PT

## **PASS THROUGH ENTITY**

WHO MUST FILE AN AR1099PT:

Any pass through entity that withholds Arkansas income tax from a distribution to a nonresident member and/or files a Composite Return (AR1000CR) on behalf of its nonresident members. The amount reported on the AR1099PT must equal the amounts reported on the AR1000CR and AR941PT. Attach a copy to the AR1000CR if necessary to substantiate withholding.

WHERE DO YOU SEND THE AR1099PT:

Send two (2) copies to the nonresident member and retain one (1) for your records. Do not remit a copy to the Individual Income Tax Section unless requested.

WHEN DO YOU FILE THE AR1099PT:

You must send two (2) copies to the nonresident member by the 15th day of the third month of the close of your tax year (March 15 for calendar year filers).

## **NONRESIDENT MEMBER**

Include the AR1099PT with your Arkansas income tax return to substantiate the tax withheld or paid on your behalf.