

# AR4506

STATE OF ARKANSAS  
**REQUEST FOR COPY  
OF ARKANSAS TAX RETURNS**



**Mail To:**

State of Arkansas  
Individual Income Tax  
P.O. Box 3628  
Little Rock, AR 72203-3628

**Or Bring To:**

Joel Y. Ledbetter Building  
Room 2300  
7th & Wolfe St.  
Little Rock, AR 72201  
(501) 682-1100 or  
(800) 882-9275

<b>PRINT OR TYPE</b>	Primary Name On Return	SSN, FEIN, or ID Number
	Secondary Name On Return (If Applicable)	SSN or ID Number
	Current Mailing Address (City, State, & Zip)	Daytime Phone Number
	Tax Year for Return(s) Requested	

**NOTE** - You may be able to get your tax return or return information from other sources. If you had your tax return completed by a paid preparer, he/she should be able to provide you a copy of the return.

### INSTRUCTIONS

1. Print or type your name, mailing information, SSN, FEIN (if applicable), Account ID, spouse's information (if applicable), and the tax year(s) you are requesting.
2. Copies are **\$2.00 per return**. Attach a check or money order. **DO NOT SEND CASH.**
3. Enclose this form with your payment in an envelope and return to the mailing address or deliver to the physical address at the top of this form. In order to process your request, signatures are required below. For entities other than individuals, you must attach an authorization document.

**Signature of taxpayer(s).** I declare that I am either the taxpayer whose name is shown above, or a person authorized to obtain the tax return(s) requested. If the request applies to a joint return, either husband or wife must sign. If signed by a corporate officer, partner, guardian, tax matters partner, executor, receiver, administrator, trustee, or party other than the taxpayer, I certify that I have the authority to execute Form AR4506 on behalf of the taxpayer.

\_\_\_\_\_  
Primary Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Secondary Signature (If Applicable)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Title (if primary name is a partnership or trust)