

FORM AR-3Q-TEX**State of Arkansas****Annual Reconciliation of Texarkana Employee's Exempt Wages**

Employer FEIN _____ Account ID _____ -WHW Tax Year _____

Employer Name _____

Employer Address _____ City _____ State _____ Zip _____

Total number AR-TX forms issued for Texarkana, Arkansas residents _____ Exempt Wages \$ _____

Total number AR-TX forms issued for Texarkana, Texas residents _____ Exempt Wages \$ _____

I declare under penalties of perjury that this return has been examined by me and to the best of my knowledge and belief is a true, direct, and complete return.

Signature _____ Date _____ Phone _____

INSTRUCTIONS FOR EMPLOYER FOR FORMS AR-3Q-TEX AND AR-TX**FORM AR-3Q-TEX**

Enter the total amount of AR-TX forms and exempt wages for Texarkana, Arkansas and Texarkana, Texas residents on the appropriate line above.

FORM AR-TX

The employee's physical address must be entered, post office box or route numbers are not acceptable.

Select either Texarkana, Arkansas or Texarkana, Texas resident and whether the employee is a complete year resident of Texarkana. Enter the exempt wages.

Give the employee two copies. Submit the State Copy of AR-TX with AR-3Q-TEX to Withholding Tax and retain one copy for employer's file.

Due date for filing for AR-3Q-TEX and the State Copy of form AR-TX is February 28th of the following tax year. Mail To:

Withholding Tax
PO BOX 8055
Little Rock, Arkansas 72203-8055

