

LITTLE ROCK ADVERTISING & PROMOTION COMMISSION
LODGING & PREPARED FOOD GROSS RECEIPTS TAX ("A&P TAX")
APPLICATION FOR INSTALLMENT PAYMENT AGREEMENT

PLEASE TYPE OR PRINT

1. NAME OF A&P TAX PERMITEE seeking an Installment Payment Agreement:

A&P TAX PERMIT NUMBER: _____

PHYSICAL STREET ADDRESS OF A&P TAX PERMITEE (No P.O. Box): _____

CITY: Little Rock STATE: AR ZIP: _____

MAILING ADDRESS OF A&P TAX PERMITEE (If different from above): _____

CITY: _____ STATE: _____ ZIP: _____

SOCIAL SECURITY NUMBER (only if A&P Tax Permittee is a sole proprietor): _____

EMPLOYER ID NUMBER (EIN): _____

PERMITEE CONTACT PERSON'S TITLE: _____

PERMITEE CONTACT PERSON'S MOBILE PHONE: (_____) _____

PERMITEE CONTACT PERSON'S EMAIL: _____

2. The A&P Tax Permittee submits this application to pay by installment the following A&P Tax liability for the following taxable period(s):

<u>Taxable Period:</u>	<u>Tax Due:</u>	<u>Total Penalty Due:</u>	<u>Total Interest Due:</u>	<u>Total Due Per Period:</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
			TOTAL DUE	_____

3. The A&P Tax Permittee proposes to pay the Commission equal installment payments in the amount of \$ _____ beginning on _____, 20____, and thereafter on the _____ day of each month for the next _____ (cannot exceed 60) months to extinguish the A&P Tax liability stated in section 2 above.

4. The A&P Tax Permittee submits this application for the reason(s) checked below:

- The A&P Tax Permittee is unable to pay its A&P Tax liabilities due to its insolvency as demonstrated by the attached completed IRS Form 433-A or Form 433-B.
 - Other. Please explain why the Commission should permit installment payments of the A&P Tax liability owed by the A&P Tax Permittee. (If necessary, you may provide your response on a separate sheet. Attach a copy of any document(s) referenced in your response that has at any time been provided to you by the Commission or provided to the Commission by you.)
- _____
- _____
- _____
- _____
- _____
- _____
- _____
- _____

5. I DECLARE UNDER PENALTY OF PERJURY THAT THIS APPLICATION (INCLUDING ANY ACCOMPANYING FORMS, SCHEDULES, OR OTHER DOCUMENTS) HAS BEEN EXAMINED BY ME AND, TO THE BEST OF MY KNOWLEDGE AND BELIEF, IS TRUE, ACCURATE, AND COMPLETE.

Original Signature of Permittee or Officer of Permittee Printed Name and Title Date

RETURN COMPLETED FORM TO:

LITTLE ROCK ADVERTISING & PROMOTION COMMISSION
 ATTN: REVENUE DIVISION
 P.O. BOX 1763
 LITTLE ROCK, AR 72203-1763

Phone: 501-255-3317 or 501-370-3205
 Fax: 501-246-8475

OFFICIAL USE ONLY

Date Application Received: ____/____/____
 Application: ____ Approved ____ Denied
 Date denial notice sent: ____/____/____
 Date of Agreement: ____/____/____