



STATE OF ARKANSAS  
Department of Finance  
And Administration

REVENUE DIVISION  
Miscellaneous Tax Section  
P. O. Box 896 - Room 2340  
1816 W. 7<sup>th</sup> Street  
Little Rock, Arkansas 72203  
Phone: 501-682-7187  
FAX: 501-682-1103  
<http://www.state.ar.us/dfa>

## REAL ESTATE TRANSFER STAMP REGISTRATION & UPDATE

### SECTION 1: OWNER INFORMATION

- 1) Ownership type: ☐ Corporation ☐ Partnership ☐ LLC  
☐ Government ☐ Fiduciary/Trust ☐ Non-profit  
☐ Sole Proprietor
- 2) FEIN: \_\_\_\_\_ 3) Social Security Number: \_\_\_\_\_
- 4) NAICS Code: \_\_\_\_\_
- 5) Legal Name: \_\_\_\_\_
- 6) DBA Name (if different than Legal Name): \_\_\_\_\_
- 7) Contact person: \_\_\_\_\_ Title: \_\_\_\_\_
- Telephone #: \_\_\_\_\_ FAX #: \_\_\_\_\_
- E-Mail Address: \_\_\_\_\_

### SECTION 2: PHYSICAL LOCATION ADDRESS (Not PO Box)

- 8) Street: \_\_\_\_\_ City: \_\_\_\_\_
- State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ County: \_\_\_\_\_

### SECTION 3: MAILING ADDRESS (If different than Physical Location Address)

- 9) Street: \_\_\_\_\_ City: \_\_\_\_\_
- State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

#### **SECTION 4: OWNERS/OFFICERS**

- Complete this for each responsible party who is an owner, partner, member, corporation officer or trustee.
- Attach additional pages if needed.
- In case of limited partnerships, complete this section for each general partner.

10) Owner/Officer Name \_\_\_\_\_ SSN or FEIN: \_\_\_\_\_

Title: \_\_\_\_\_ Telephone #: \_\_\_\_\_

Street: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ E-Mail Address #: \_\_\_\_\_

11) Owner/Officer Name \_\_\_\_\_ SSN or FEIN: \_\_\_\_\_

Title: \_\_\_\_\_ Telephone #: \_\_\_\_\_

Street: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ E-Mail Address #: \_\_\_\_\_

12) Business Start Date: \_\_\_\_\_

13) Brief Description of Business Activity: \_\_\_\_\_

\_\_\_\_\_

#### **SECTION 5: SIGNATURE**

##### **Important – Read Before Signing.**

This registration form must be signed by a responsible party who is authorized to sign on behalf of the organization. The Proprietor must sign for sole proprietorship. I declare under penalties of perjury that the information provided (including any accompanying statements) have been examined by me, and to the best of my knowledge and belief, is true, correct, and complete.

14) Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

Upon completion of this registration form, please mail to:

Miscellaneous Tax Section  
Attn: Real Estate Desk  
PO Box 896  
Little Rock, AR 72203