ARKANSAS DEPARTMENT OF FINANCE AND ADMINISTRATION REFUND CLAIM FOR MOTOR VEHICLE SALES TAX PAID TO REVENUE OFFICE

<u>IMPORTANT</u>: Do not use this form to claim a refund for the sale of a used vehicle. Instead, use Revenue Division Form 10-448 CLAIM FOR SALES OR USE TAX REFUND / CREDIT FOR SALE OF A USED VEHICLE

(Please print legibly)			2000			
Claimant's Name			Social Security Number or FEIN			
Address		City, State, ZIP				
Telephone Number (with area code)						
Check Below the Reason for Refund	Please submit a copy of the Vehicle Registration Certificate which shows the amount of tax you paid to the Revenue Office <u>and</u> the items listed below next to your reason for a refund. You may be contacted if additional information is needed.					
Trade-in not allowed	← Copy of Invoice/Bill of Sale which shows that a vehicle was traded in.					
Calculation error	← Copy of Invoice/Bill of Sale.					
Extended Warranty Canceled	← Copies of warranty cancellation and evidence showing refund received or applied to loan.					
Error in Paperwork	← Copy of corrected paperwork.					
Local Tax Collected in Error	← Copy of Personal Property Assessment showing you live outside city or county for the local tax you were overcharged.					
Disabled Veteran Exemption	← Letter of financial assistance under U.S.C. Title 38 from Department of Veterans Affairs.					
Act 551 Tractor/Semi-trailer Exemption	← Written explanation regarding exemption (For trailers, include VIN of truck tractor pulling it).					
Exempt from Tax	← Copy of Exemption Certificate or written explanation regarding exemption.					
Manufacturer's Lemon Law Claim	← Copy of Invoice/Bill of Sale, Assignment of Tax Refund by Customer, Itemized Settlement showing tax refunded to customer, other related documents.					
Rescinded Sale	← Must attached completed Rescinded Motor Vehicle Sale form with documents listed on that form.					
Other	← Any related documents to support the refund claim.					
Please provide a brief explanation regarding the reason for a refund (attach separate sheet if more space is needed):						
	8					
Under penalties of law, I declare that the above information and enclosed documentation are true and correct. Signature Date						
oignature			Date			
Mail this form and all documents to: Tax Credits/Special Refunds Section, PO Box 8054, Little Rock, AR 72203						
For questions or additional information please call: 501-682-7265 Fax 501-6824986, lisa.watts@dfa.arkansas.gov						
Do not Complete, For Office Use Only						
Date Rcvd:	Date Tax Paid:	Title/Receipt #:				
Status:	Total Refund Due:\$	State: \$				

Status.		Total Refund Due:\$	State: \$	
			Local Name/Code:	Amt:\$
Examined by:	_ Date:	Post by: Date:	Local Name/Code:	Amt:\$
Verified by:	Date:			