

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

**IMPORTANT:** 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)

Claimant's Name	Social Security Number or FEIN
Address	City, State, ZIP
Telephone Number (with area code)	

<i>Check Below the Reason for Refund</i>	<b>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.</b>	
<input type="checkbox"/> Trade-in not allowed	→	← Copy of Invoice/Bill of Sale which shows that a vehicle was traded in.
<input type="checkbox"/> Calculation error	→	← Copy of Invoice/Bill of Sale.
<input type="checkbox"/> Extended Warranty Canceled	→	← Copies of warranty cancellation and evidence showing refund received or applied to loan.
<input type="checkbox"/> Error in Paperwork	→	← Copy of corrected paperwork.
<input type="checkbox"/> Local Tax Collected in Error	→	← Copy of Personal Property Assessment showing you live outside city or county for the local tax you were overcharged.
<input type="checkbox"/> Disabled Veteran Exemption	→	← Letter of financial assistance under U.S.C. Title 38 from Department of Veterans Affairs.
<input type="checkbox"/> Act 551 Tractor/Semi-trailer Exemption	→	← Written explanation regarding exemption (For trailers, include VIN of truck tractor pulling it).
<input type="checkbox"/> Exempt from Tax	→	← Copy of Exemption Certificate or written explanation regarding exemption.
<input type="checkbox"/> 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.
<input type="checkbox"/> Rescinded Sale	→	← Must attached completed Rescinded Motor Vehicle Sale form with documents listed on that form.
<input type="checkbox"/> 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):

Under penalties of law, I declare that the above information and enclosed documentation are true and correct.

Signature	Date
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**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](mailto:lisa.watts@dfa.arkansas.gov)

**Do not Complete, For Office Use Only**

Date Rcvd:	Date Tax Paid:	Title/Receipt #:
Status:	Total Refund Due:\$	State: \$
		Local Name/Code: Amt:\$
		Local Name/Code: Amt:\$
Examined by: _____ Date: _____	Post by: _____ Date: _____	
Verified by: _____ Date: _____		