

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> | 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| ___ Rescinded Sale → | ← Must attached completed Rescinded Motor Vehicle Sale form with documents listed on that form.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):

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

| | |
|-----------|------|
| Signature | 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: \$ |
| | | Local Name/Code: Amt:\$ |
| | | Local Name/Code: Amt:\$ |
| Examined by: _____ Date: _____ | Post by: _____ Date: _____ | |
| Verified by: _____ Date: _____ | | |