

**CLAIM FOR SALES or USE TAX REFUND
CREDIT FOR SALE OF USED VEHICLE**

This form is to be used by persons qualifying under Act 1232 of 1997, as amended. See reverse side for complete instructions.

●Name

●Address

●City ●State ●ZIP

Description of Vehicle Purchased: Year _____, Make _____, Model _____

●Type Veh Purch **A=Car, Passenger Truck, RV, Bus, etc. T=Commercial Truck 1 ton & up S=Trailer M=Hwy Use Motorcycle**

●VIN of Vehicle Purchased

●Date Purchased -- ●Purchase Price ,.

Description of Vehicle Sold: Year _____, Make _____, Model _____

●Type Veh Sold **A=Car, Passenger Truck, RV, Bus, etc. T=Commercial Truck 1 ton & up S=Trailer M=Hwy Use Motorcycle**

●VIN of Vehicle Sold

●Date Sold -- ●Selling Price ,.

As an owner of the vehicles purchased and sold, I hereby swear and affirm that the information provided is true and correct. I understand that if there is a joint ownership shown on the tax receipt, this claim is made on behalf of all owners. Separate claims from joint owners shall not be allowed. I understand that any attempt to evade or defeat the payment of the proper amount of tax by making false statements is a felony under Arkansas law, punishable by fine, imprisonment, or both.

IMPORTANT: To prevent a delay of your refund, the following documents **must** be attached to this form: **1)** A legible copy of the Vehicle Registration Certificate/Tax Receipt issued by the Revenue Office for the vehicle purchased **2)** a copy of the bill of sale for the vehicle purchased and **3)** a copy of the bill of sale for the vehicle sold which includes the sale date, sale amount, names and addresses.

(Signature of Claimant) (Date) (_____) (Telephone #)

●Claimant's SSN or FEIN

Mail this form and required documents to: Tax Credits/Special Refunds Section, PO Box 8054, Little Rock, AR 72203

Do Not Complete, For Office Use Only:

●Date Recd -- ●Date Paid -- ●Receipt#

Car Purchased : _____ - Car Sold : _____ = Taxable Amt : _____

State Tax: ●St Paid <input type="text"/> , <input type="text"/> . <input type="text"/>	Due _____	St Refund _____
_____% ●Local 1 <input type="text"/>	●L1 Paid <input type="text"/> . <input type="text"/>	Due _____ L1 Refund _____
_____% ●Local 2 <input type="text"/>	●L2 Paid <input type="text"/> . <input type="text"/>	Due _____ L2 Refund _____
1 %Texarkana 46-10 ●Tx Paid <input type="text"/> , <input type="text"/> . <input type="text"/>	Due _____	Tx Refund _____

●Rej Code ,,, ●Tx ●Pn ●In Total Refund _____

●Examiner Date ___/___/___ Posted _____