

**State of Arkansas**  
 Department of Finance and Administration  
 Application for Refund for Overpayment of State Tax on Purchases of  
 Natural Gas or Electricity Used or Consumed by Manufacturers

Select Applicable Rate :

1. Name of Business:							
2. Complete Mailing Address:				3. Contact Person:			
				4. Telephone Number:			
5. Sales Tax Permit Number:				6. Certificate Number Applicable to Refund Requested:			
7. Total Time Period Refund Request Covers: _____ through _____				8. Type of Utility Purchased-Natural Gas or Electricity:			
A. Meter #	B. Period Bill Covers (copies of bills must be attached)	C. Date Tax Paid	D. State Tax Amount	E. x Manufacturing Use % =	F. Manufacturing Portion - State Tax	G. Multiplier	H. Refund Amount
	through			x % =			
	through			x % =			
	through			x % =			
	through			x % =			
	through			x % =			
	through			x % =			
	through			x % =			
	through			x % =			
	through			x % =			
	through			x % =			
	through			x % =			
9. Total Amount of Refund Request							

The undersigned purchaser agrees and certifies that this application is true, correct, and complete. This refund request is subject to audit verification.

\_\_\_\_\_  
 Authorized Signature (Owner, Partner, or Officer)

\_\_\_\_\_  
 Date

Mail this request with attachments to:  
**Arkansas Sales and Use Tax Section**  
**P.O. Box 3566**  
**Little Rock, AR 72203-3566**