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)

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 and 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__ Rescinded Sale → ← Must attached completed Rescinded Motor Vehicle Sale form with documents listed on that form.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 8064, Little Rock, AR 72203

For questions or additional information please call: 501-682-7265 Fax 501-6824986, lisa.watson@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: $

Examined by: Date: Post by: Date:

Verified by: Date: