

State of Arkansas

Department of Finance and Administration
 Application for Refund for Overpayment of State Tax on Purchases of
 Natural Gas, Electricity, or Coal 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, Electricity, or Coal:			
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