

RESCINDED SALE
CLAIM FOR SALES/USE TAX REFUND OR CREDIT

PART A (To be completed by original purchaser)

1. Purchaser(s) name and address: _____

Phone: _____
2. Date tax paid: _____ 3. Amount Tax Claimed: _____
4. Check the statements that apply to this request: **I(We) request:**
a) sales/use tax refund *or*
b) credit to be applied to tax due on replacement vehicle,
c) trade-in voucher to transfer trade from defective vehicle to replacement vehicle
5. Has an Arkansas title been issued on the returned vehicle? Yes No
6. Please attach a legible copy of the Vehicle Registration Certificate/Tax Receipt issued by the Revenue Office for the returned vehicle and sign below.

PART B (To be completed by original seller)

1. Seller(s) name and address: _____

Phone: _____
2. Description of returned vehicle, including VIN: _____
3. Reason vehicle was returned: _____
4. Amount refunded to purchaser: _____ Date of Refund: _____
5. Description of replacement vehicle, including VIN: _____
6. Sales price of replacement vehicle: _____
7. Check one of the following statements:
 a. Seller certifies that it has refunded Purchaser all consideration paid for the purchase of the returned vehicle described in Part B2 that it has retaken possession of that vehicle and that the sale of the vehicle has been rescinded. Any lien, which Seller may have against the returned vehicle, is hereby released.
 b. Seller certifies that possession of the vehicle described in Part B2 has been returned to it by purchaser in exchange for the replacement vehicle described in Part B5, that the sales price stated above is correct and that the sales of the returned vehicle has been rescinded. Any lien, which Seller may have against the returned vehicle, is hereby released.
8. Please attach a copy of the front and back of the title to the returned vehicle evidencing assignment by the purchaser(s) and release of lien, and sign below. Also send all documentation regarding the agreement to rescind the sale, i.e. cancelled Bill of Sale, Copy of Refund Check, Lemon Law Arbitration Documents, etc.

I declare under penalty of perjury that the information, documentation and representations that I have provided are true and correct. I understand that I may be liable for any tax deficiency, which results from submitting false information or documentation on this claim.

PURCHASERS

SELLERS

DATE: _____

DATE: _____

Please return completed form and required documentation to:

DF&A/Revenue Division-Tax Credits/Special Refunds Section

PO Box 8054 – Little Rock, AR 72203

Phone: 501-682-7106

Fax: 501-682-4986