

## ARKANSAS DEPARTMENT OF FINANCE AND ADMINISTRATION

## CLAIM FOR LOW-INCOME ELECTRICITY CUSTOMERS SALES TAX EXEMPTION

If your total household income exceeds \$12,000.00, you are not eligible to file this claim. If you are eligible for this exemption, you are exempt only on the tax on the first 500 kilowatt hours per month. A.C.A §26-52-416

Claimant's Name	Claimant's Social Security Number		Electric Service Account Number	
Spouse's Name	Spouse's Social Security Numb	per		
Address	City	Stat	re	Zip Code
If you are eligible for the exemption, been receiving this exemption and	complete the income information bel are no longer eligible, please check th			
Please itemize below all household income for previous calendar year: _		I am no longer eligible for this exemption		
		I	ncome of Claimant	Income of Spouse
Social Security Payments of all types *				
Veterans' pensions and disability payme	nts *			
Salaries or income from farm or self-emp	loyment			
Railroad retirement benefits *				
Interest income				
Dividends				
Rent and royalties income				
Income from sale of realty, stocks, bonds				
Arkansas Teachers, Public Employees, Sta Police and Highway Department Employ benefits or pension *				
Federal retirement and pensions *				
Cash public assistance and relief (SSI, etc	.)			
Miscellaneous Income (Alimony, support compensation, loss of time insurance, or				
		Totals		
	Totals of Both	n Incomes		
* These sources are not reportable for	World War 1 Veterans or their widow	s		
Signature		Date		

I certify, under penalties of false swearing, that the above information is true and complete and I hereby claim the sales tax exemption provided by Act 120 of 1983.

Important Note: This claim form is subject to audit, for tax purposes, by the Dept. of Finance and Administration.

## RETURN THIS FORM TO YOUR ELECTRIC COMPANY