

## 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 Number	r		d
Address	City	Sta	te	Zip Code
If you are eligible for the exemption, compl been receiving this exemption and are no				
Please itemize below all household income for previous calendar year:		_ [	I am no longer eligible for this exemption	
			Income of Claimant	Income of Spouse
Social Security Payments of all types *				
Veterans' pensions and disability payments *				
Salaries or income from farm or self-employme	nt			
Railroad retirement benefits *			,	
Interest income				
Dividends				
Rent and royalties income				
Income from sale of realty, stocks, bonds				
Arkansas Teachers, Public Employees, State Em Police and Highway Department Employees re benefits or pension *			4	
Federal retirement and pensions *				
Cash public assistance and relief (SSI, etc.)				
Miscellaneous Income (Alimony, support mone compensation, loss of time insurance, or any ot				
		Totals	4,	
	Totals of Both I	ncomes		
* These sources are not reportable for World	War 1 Veterans or their widows			
Signature	·		Date	
I certify, under penalties of false swe	aring that the above information	a ic tuun n	ad complete and I be	rahy claim tha

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