



ARKANSAS DEPARTMENT OF FINANCE AND ADMINISTRATION
**CLAIM FOR LOW-INCOME ELECTRICITY CUSTOMERS
SALES TAX EXEMPTION**

Print Form

Reset Form

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

Address

City

State

Zip Code

If you are eligible for the exemption, complete the income information below and return to your electricity provider. If you have been receiving this exemption and are no longer eligible, please check the box below and return to your electricity provider.

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-employment		
Railroad retirement benefits *		
Interest income		
Dividends		
Rent and royalties income		
Income from sale of realty, stocks, bonds		
Arkansas Teachers, Public Employees, State Employees, State Police and Highway Department Employees retirement benefits or pension *		
Federal retirement and pensions *		
Cash public assistance and relief (SSI, etc.)		
Miscellaneous Income (Alimony, support money, workers' compensation, loss of time insurance, or any other pension/annuity)		
Totals		
Totals of Both Incomes		

*** These sources are not reportable for World War 1 Veterans or their widows**

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