

ARKANSAS AUDITOR OF STATE
DENNIS MILLIGAN

Josh Wood, Assistant Chief of Staff



2025 | **UNCLAIMED** **Property** **Holder Seminar**

SEPTEMBER 2025

Error in reporting or remitting

Error in reporting or remitting property

A holder may make an error in reporting or remitting property

Holder Request → Reimbursement Form



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auditor.ar.gov/forms-library



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Request a refund

To request a refund due to an error made while filing the unclaimed property report

- The holder must provide the requested information in Part I
- Identify the Report Date and Amount for Reimbursement in Part II
- Explain the error on the line provided
- Complete the holder certification requirement in Part III Body Level

Once completed, the form should be emailed to holders@auditor.ar.gov



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Forms

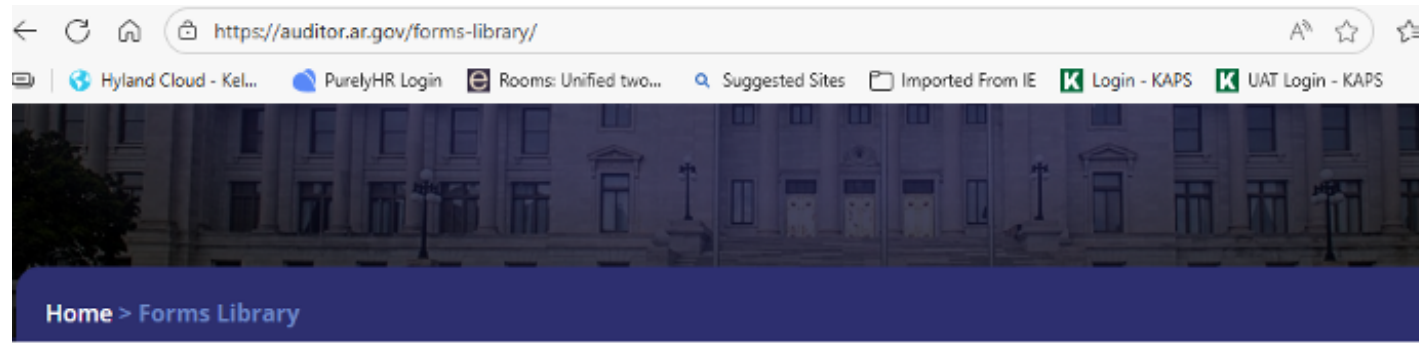
Instructions may be found at
<https://auditor.ar.gov/forms-library>

Once completed, the form should be emailed to claimit@auditor.ar.gov



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List of Forms

Human Resources Forms

Travel Reimbursement Forms

Business Reporting Forms

- Holder Request for Reimbursement Instructions
- Holder Request for Reimbursement Form
- Safe Deposit Box Inventory Form
- Voluntary Compliance Agreement
- Voluntary Disclosure Agreement



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Office of Auditor of State Dennis Milligan
Holder Request for Reimbursement

SUBMIT BY MAIL:

1401 W. Capitol Ave., Ste. #325
LITTLE ROCK, AR 72201

SUBMIT BY EMAIL:

claimit@auditor.ar.gov

PART I: HOLDER INFORMATION

Name of Holder:	Address:	City:	State:	Zip:
Tax ID#:	Telephone #:	Contact Name:	E-mail Address:	

PART II: CLAIM INFORMATION (Note: Use only one form per owner)

Report Date	Property Code	Owner's Name (exactly as listed on)	Owner's Address (exactly as listed on report)	Claimant's Name & Address (if different from owner)	Date Paid to Claimant	Amount for Reimbursement
			Street Address or P.O. Box	Name		\$
			City, State, Zip	Street Address or P.O. Box		
				City, State, Zip		

If amount was remitted in error, please explain:

PART III: HOLDER CERTIFICATION

NOTARIZATION

Sworn to and subscribed before me this

____ day of _____, 20____

Notary: _____

My Commission Expires: _____

PLACE SEAL HERE

I, _____, a duly authorized employee of the holder listed above, do hereby certify that the above-listed funds, or other property which was listed in the unclaimed property report which was filed by the holder, have been paid to the rightful owner(s) or their appointed representative. I agree, upon payment of the above-described property, to indemnify the State of Arkansas and hold it harmless from all claims and losses, demands, costs, and other expenses which the State of Arkansas may sustain by reason of turning over property to the holder and by further reason of its refusal to pay the property to any other person or persons.

Name of Representative (type or print): _____

Signature of Holder Representative: _____ Date: _____



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Holder Request for Reimbursement

- Complete the Holder Request for Reimbursement form in full
- Provide proof that payment has been made to claimant
- Provide Photo ID for signor
 - *Along with proof of authority to act (business card, etc)*
- Mail or email the form and proof of payment

For questions, contact us at 501-682-9174 or claimit@auditor.ar.gov



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Questions?



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