

Please Read Instructions on Reverse Side of Yellow copy

Please print in ink or type

BEFORE THE STATE CLAIMS COMMISSION Of the State of Arkansas

□ Mr.		Do Not Write in These Spaces Claim No.			
□ Mrs. □ Ms.	X XX/2				
Miss Ronald L. Winn and Ta			Date Filed		
	, Claims	int	Date Filed (Month)	(Day)	(Year)
VS.			Amount of Claim \$		
			Fund	\$21,160.00	0
State of Arkansas, Respondent			rana	DFA/RD	
AR Dept. of Finance and Adm	00			18192	
Ronald L. Winn and Tammy	L. Winn the above named Claimant, of	23 Ka	(Street or R.F.D. & No.)	agould, AR	(City)
(Name)					
(Part) (7-0-1) (Partin Pl	County of	represe	I easl Counsel	if any for Clai	
(state) (Sup Code) (Daythie rite	Ale 190.)			L ally, for Call	,
(Street and No.)	(City) (State) (Z	Zip Code)	(Phone No.)	(Far	x No.)
				•	722 (4.0.1970). 4 0.
State agency involved:		Amo	unt sought:		
Month, day, year and place of incident or ser	rvice:				
Explanation: This claim is being	g filed for the reissuance of warn	rant #171	0818192 dated 5-	22-17 paya	able
to Ronald L. Win	n and Tammy L. Winn in the	amount c	f \$21,160.00, pay	able from	AR
Dept. of Finance	and Administration. This warr	ant was r	not presented to th	e state trea	isurer
	ring the legal redemption period				
Warrant or necess	ary papers for reissuing lost war	rant(s)/cl	neck(s) is/are attac	hed to and	l
	complaint.				
mate a part sa rice	, wangaman				
					1
	work for reissuance of this warra	int was re	cerved in this offi	ce on Ocio	ber
17, 2018.					
	nsas State Claims Commission				nt
referenced herein	n, Ronald L. Winn and Tamm	y L. Win	n, by execution of	of this	
document, autho	rizes the Arkansas State Claim	ns Comn	nission to pay the	se funds (over
to the Arkansas l	Department of Finance and A	dministr	ation-Individual	Income T	ax to
satisfy any tax de	ebt of the Ronald L. Winn and	Tammy	L. Winn, includ	ing on acc	count
no. 30223359-IIT	, with any remainder issued to	o Ronald	L. Winn and Ta	mmy L. V	Vinn.
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As a state of this count laint the claiment makes the	ne statements, and answers the following questions,	as indicated: (1) Has claim been presented	to any state depa	rtment or officer thereof
	; to whom?				
(Yes of No) (Month)	(Day) (Year)		(Departmen	t)	
	and that the following action was taken there	on:			
and that \$ was p	aid thereon: (2) Has any third person or corporati	on an interest	in this claim?	; if so,	state name and address
	A DED AND	(O't-)	(State)		(Zip Code)
(Name) and that the nature thereof is as follows:	(Street or R.F.D. & No.)	(City)	(Suite)	,	, дър Сове)
and distributed and control to the formation of the first	: and was acquired on				, in the following menne
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THE UNDERSIGNED states on oat	a that he or she is familiar with the matters at	no camiga ser	torur in the above compa	mir4 onto 1000 to	. or the very manner
that they are true.	27		au Tide	in)	
Print Claimant/Representat	tion Name)	arrer.	Signature of Claims	nt/Represent	ntive)
(Print Claimano Representati	Hve Name)		Official or comme	2	
Milling.	SWORN TO and subscribed before me	at PA	RAGOULD		AR
BRITTING	14		(City)	,	(State)
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(SEA)	on this 14 d	lay of			
= MOIARY 8 SO	(Date)		(1)	Month)	(Year)
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SF1-8779C		4.3)4E	16	2025
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		(M	onth)	(Day)	(Year

BEFORE THE ARKANSAS STATE CLAIMS COMMISSION

RONALD L. WINN AND TAMMY L. WINN

CLAIMANTS

V.

CLAIM NO. 190549

ARKANSAS DEPARTMENT OF FINANCE AND ADMINISTRATION

RESPONDENT

ORDER

This claim was filed by Ronald L. Winn and Tammy L. Winn (the "Claimants") requesting reissuance of outdated warrant no. 1710818192 (the "Warrant") in the amount of \$21,160.00 payable from Arkansas Department of Finance and Administration. Claimants asserted in the claim that if reissued, the Warrant should be paid over to Arkansas Department of Finance and Administration–Individual Income Tax (the "Respondent") to be applied to Claimants' unpaid tax bill.

Respondent confirmed that the Warrant is still outstanding and that no duplicate has been issued.

The Arkansas State Claims Commission (the "Claims Commission") unanimously allows this claim in the amount of \$21,160.00 and refers the claim to the Arkansas General Assembly pursuant to Ark. Code Ann. § 19-10-215 for review, approval, and, if approved, an appropriation to pay the award over to Respondent for application to Claimants' tax account.

IT IS SO ORDERED.

Lewy C. Kinslow

ARKANSAS STATE CLAIMS COMMISSION

Dexter Booth Henry Kinslow, Co-Chair Bill Lancaster Sylvester Smith Mica Strother, Co-Chair

DATE: January 4, 2019

Notice(s) which may apply to your claim

- (1) A party has forty (40) days from the date of this Order to file a Motion for Reconsideration or a Notice of Appeal with the Claims Commission. Ark. Code Ann. § 19-10-211(b). If a Motion for Reconsideration is denied, that party then has twenty (20) days from the date of the denial of the Motion for Reconsideration to file a Notice of Appeal with the Claims Commission. Ark. Code Ann. § 19-10-211(b)(3). A decision of the Claims Commission may only be appealed to the General Assembly. Ark. Code Ann. § 19-10-211(a).
- (2) If a Claimant is awarded less than \$15,000.00 by the Claims Commission at hearing, that claim is held forty (40) days from the date of disposition before payment will be processed. See Ark. Code Ann. § 19-10-211(b). Note: This does not apply to agency admissions of liability and negotiated settlement agreements.
- (3) Awards or negotiated settlement agreements of \$15,000.00 or more are referred to the General Assembly for approval and authorization to pay. Ark. Code Ann. § 19-10-215(b).