

## ARKANSAS CLAIMS COMMISSION

(501)682-1619  
(501)682-2823 FAX



Questions? Send an email to  
ascc.new.claims@arkansas.go

101 EAST CAPITOL AVENUE, SUITE 410  
LITTLE ROCK, ARKANSAS 72201-3823

### CLAIM FORM

- 1. Claimant.** If a claim involves more than one claimant, additional pages may be attached with the other claimant name(s) and contact information.

Barclays Bank PLC

(title) last name/compan first name (email)

745 7th Avenue

(address)

New York

NY

10019-

(city)

(state)

(zip)

(primary phone)

- 2. Claimant's Legal Counsel.** An individual claimant may act as his or her own attorney (which is known as proceeding pro se). Please review Ark. Code Ann. § 19-10-222 for information about when a business entity may file a pro se claim. If a claimant is proceeding pro se, this section may be left blank.

(title)

(last name)

(first name)

(email)

(address)

AR bar number

(city)

(state) (zip)

(primary phone)

- 3. State Agency Involved.** The Commission can only receive claims against agencies of the State of Arkansas. Please review the Commission's jurisdictional statutes, including Ark. Code Ann. § 19-10-204 and Ark. Code Ann. § 21-5-701, for more information. This information is required for any claim filed at the Commission.

Arkansas Department of Finance and Administration

- 4. Incident Date** 3/6/2023

- 5. Location of Incident**

- 6. CHECK HERE if this claim involves damage to a motor vehicle.**

☐

- 7. CHECK HERE if this claim involves damage to property other than a motor vehicle.**

☐

- 8. Explanation of Incident** Please provide an explanation of your claim, including why you believe the above-listed state agency is liable for your damages under Arkansas law. You may attach additional pages to this form.

This claim is being filed for the reissuance of warrant # [REDACTED] date 03-06-2023 payable to Barclays Bank PLC the amount of \$447,267.00 payable from the Arkansas Department of Finance and Administration. This warrant was not presented to the state treasurer for redemption during the legal redemption period.

Warrant or necessary papers for reissuing lost warrant(s)/check(s) is/are attached to and made a part of this complaint.

Completed paperwork for reissuance of this warrant was received in this office on August 8, 2024.

- 9. Insurance Coverage.** For a claim involving damage to a vehicle or other property, you must submit a copy of your insurance declarations in effect at the time of the incident. This is not the same as an insurance card. You can obtain a copy of your insurance declarations from your insurer or insurance agent. Please review Ark. Code Ann. § 19-10-302 for more information.

**\*\*If you did NOT have insurance covering the damaged property or motor vehicle at the time of incident, CHECK HERE** ☐

**10. Additional Required Documents for Property Damage Claim**

You must submit (1) invoice(s) documenting the repair costs, (2) three estimates for repair, OR (3) an explanation why this documentation cannot be provided.

**11. If a state vehicle was involved, please provide the following information**

---

(type of state vehicle involved)

(license number)

(driver)

- 12. If your claim involves personal injuries, please CHECK HERE** ☐

- 13. Health insurance coverage.** All personal injury claims require a copy of your health insurance information in place at the time of the incident. Please review Ark. Code Ann. § 19-10-302 for more information.

**\*\*If you did NOT have health insurance on the date of the incident, CLICK HERE** ☐

- 14. Amount of Damages, if known:** \$447,267.00
- 

**IMPORTANT!**

A claim filed at the Commission is a lawsuit against a state agency. The Commission is the courthouse for these lawsuits. Please note that Commission staff can answer general questions about the claim process but cannot give legal advice. The Commission rules and a non-exhaustive list of statutes that relate to the Commission can be found on the Commission website ([arclaimscommission.arkansas.gov](http://arclaimscommission.arkansas.gov)). The Arkansas Rules of Civil Procedure can be found online ([arcourts.gov](http://arcourts.gov)) under "Info Resources."

**STOP!**

This signature page must be completed in the presence of a Notary Public. Do not sign until you are directed to do so by the Notary Public. If there is more than one claimant involved in this claim, each claimant must complete a separate signature page.

If you are an ARKANSAS-LICENSED ATTORNEY submitting a claim on behalf of your client, there is a different signature page that must be used. Please call (501)682-1619 and ask for an attorney signature page.

If a BUSINESS OR CORPORATE ENTITY is filing a claim without an attorney (and meets the requirements of Ark. Code Ann. § 19-10-222 for doing so), there is a different signature page that must be used. Please call (501)682-1619 and ask for a corporate signature page.

The undersigned certifies that to the best of my knowledge, information, and belief, this claim is not being presented for any improper purpose; this claim is warranted by existing law or by a non-frivolous argument for extending, modifying, or reversing existing law or for establishing new law; and the factual contentions have evidentiary support of, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery.

\_\_\_\_\_  
Claimant Signature

**ACKNOWLEDGEMENT**

State of \_\_\_\_\_

County of \_\_\_\_\_

On this the \_\_ day of \_\_\_\_\_, 20\_\_, before me, the undersigned notary, personally appeared \_\_\_\_\_ known to me (or satisfactorily proven) to be the person whose name is subscribed to this instrument and acknowledged that he/she executed the same for the purposes therein contained.

In witness whereof I hereunto set my hand and official seal.

\_\_\_\_\_  
Signature of Notary Public

[seal of office]

My Commission Expires: \_\_\_\_\_

Arkansas  
State Claims Commission

AUG 08 2024

RECEIVED

**ARKANSAS STATE CLAIMS COMMISSION**  
**Phone #682-1619 – Fax #682-2823**  
**NOTICE OF LOST OUTDATED WARRANT(S)**

**Part I** Arkansas Department of Finance & Admin/  
**The records of the** Corporate Income Tax **of Arkansas, Phone #** 501-682-4775

**Agency**  
**Agency Address** 1816 W. 7th Street- Room 2250, Little Rock, AR 72201

**Reflect that** Barkclays Bank PLC,  
**Payee/Payees**  
745 7th Avenue, New York,  
**Payee's Address** **City**  
New York, 10019-6801, **was/were issued**  
**State** **Zip Code**

**State Warrant number** [REDACTED], **dated** 3/6/2023,

**in the amount of \$** 447,267.00, **the same being in payment**

**of Voucher No.** [REDACTED], **Agency No.** [REDACTED],

**Appropriation No.** [REDACTED], **Character Code** [REDACTED],

**Fund Code** [REDACTED], **Social Security No.** [REDACTED], **or**

**if corporation-Federal Tax ID No.** [REDACTED],

**Also, please furnish your current Business Area** [REDACTED] **Fund Code** [REDACTED] **Cost Center**

**Group** [REDACTED] **& Fund Center** [REDACTED]

Tommy Burns

Agency Disbursing Officer's Full Name (please print)

[Signature]  
 Agency Disbursing Officer's Signature

**Part II**

**STATEMENT OF FORGERY**  
**(FORGED WARRANTS ONLY)**

**I/We** [REDACTED], **state that:**

1. I/we received and lost.
2. I/we did not receive, endorse nor cash.
3. I/we have not authorized another person to sign my/our name(s) to the warrant.
4. I/we have no knowledge of the whereabouts of the warrant or of any other Person having received, cashed or endorsed the warrant.
5. When this warrant was cashed, the endorsement was a forgery.

Revised 4/27/06

# AFFIDAVIT OF FORGED WARRANT

The records of the CORPORATE INCOME TAX SECTION of Arkansas reflect that

BARCLAYS BANK PLC was issued Warrant number [REDACTED]

Dated 03/2023 in the amount of \$ 447,267.00, the same being in payment of

[REDACTED]

Invoice #	Agency #	Fund Center	Commitment Item	Fund
<u>[REDACTED]</u>	<u>[REDACTED]</u>	<u>[REDACTED]</u>	<u>[REDACTED]</u>	<u>[REDACTED]</u>

Federal Identification # [REDACTED] Gross Pay \$0.00 Withholding \$0.00

Address- Payroll Only  
501-682-4775  
Daytime Telephone #

[Signature]  
Disbursing Officer

I/We, Barclays Bank PLC, state that:

Payee (s)  
CHECK APPROPRIATELY -- ALL THAT APPLY

- 1 1. I received and lost.
- X 2. I did not receive, endorse, nor cash.
- X 3. I have not authorized another person to sign my name to the warrant.
- X 4. I have no knowledge of the whereabouts of the warrant or of any other person having received, cashed, or endorsed the warrant.
- X 5. If this warrant is presented for payment, the endorsement is a forgery.
- 6 6. The endorsement on same is a forgery.

[Signature]  
Payee Signature  
745 7th Ave  
Address  
New York, NY 10019  
City, State, Zip Code

Daytime Telephone # 212-320-6732

Payee Signature  
Address  
City, State, Zip Code

Daytime Telephone #                     

ON THIS THE 11 DAY OF June, 2024, before me personally appeared Barry O'Brien to me known to be the persons described in and who executed the foregoing instrument and acknowledged that they signed, sealed, executed and delivered the same as their free act and deed for the purpose therein mentioned.



(SEAL)

[Signature]  
NOTARY PUBLIC

WESTCHESTER NY  
County State

My commission expires 6/23/2026



Bond No. [REDACTED]

**State of Arkansas****Bond for Reissuing Warrant**

Warrant Number to be Reissued [REDACTED]

Amount \$447,267.00

Paying State Agency CORPORATE INCOME TAX

Phone (501) 682-4775

Agency Contact SECTION  
Jarett Lamb

Know by all men by these presents that we the undersigned, BARCLAYS BANK PLC

as payee(s) and Hartford Fire Insurance Company as the surety are held and

firmly bound unto the State of Arkansas in the sum of:

\$894,534.00 (amount must be double the sum of the warrant)

The condition of this obligation is that the said payee, BARCLAYS BANK PLC

has (check one): \_\_\_\_\_ lost ☒ failed to receive \_\_\_\_\_ stolen

a certain Arkansas State Warrant number as listed below by the Paying State Agency

Witness Our Hands on this 10th day of June, 20 24

First Payee Name:

Signature:

BARCLAYS BANK PLC

First Payee Taxpayer Identification Number (SSN or Federal ID): [REDACTED]

Second Payee Name:

Signature:

Second Payee Taxpayer Identification Number (SSN or Federal ID): \_\_\_\_\_

Payee  
Mailing Address 745 Seventh Avenue - 14th Floor  
New York, NY 10019Payee  
Phone Number 212-320-6732**Surety must be 18 years of age or older and must be someone other than the payee(s) and not the person notarizing the form**Surety  
Mailing Address One Hartford Plaza  
Hartford, CT 06155-0001Surety  
Phone Number 860-547-5000Surety  
Name Hartford Fire Insurance Company  
(Printed or Typed Name)Surety  
Signature Babette Ward  
Babette Ward; Attorney-in-Fact

Surety, after first being duly sworn, states that their real and personal property is sufficient to meet the requirements for the bonded amount.

Subscribed and sworn before this

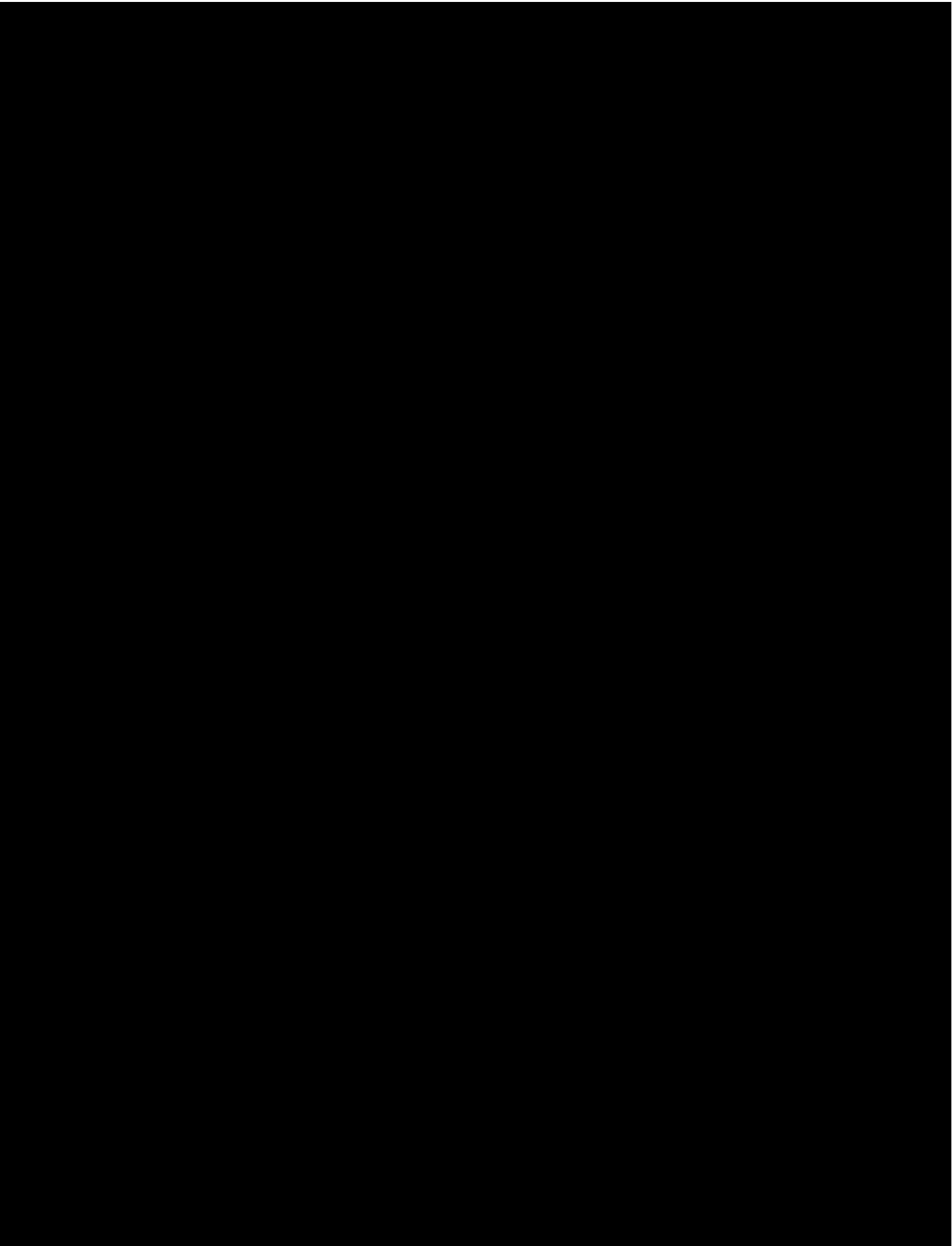
10th day of June, 20 24

Kimberly Sherrod  
Notary Public, State of Ohio  
My Commission Expires:  
05/07/2028Kimberly Sherrod  
Notary Public Signature Kimberly Sherrod

My Commission Expires

7th day of May, 20 28

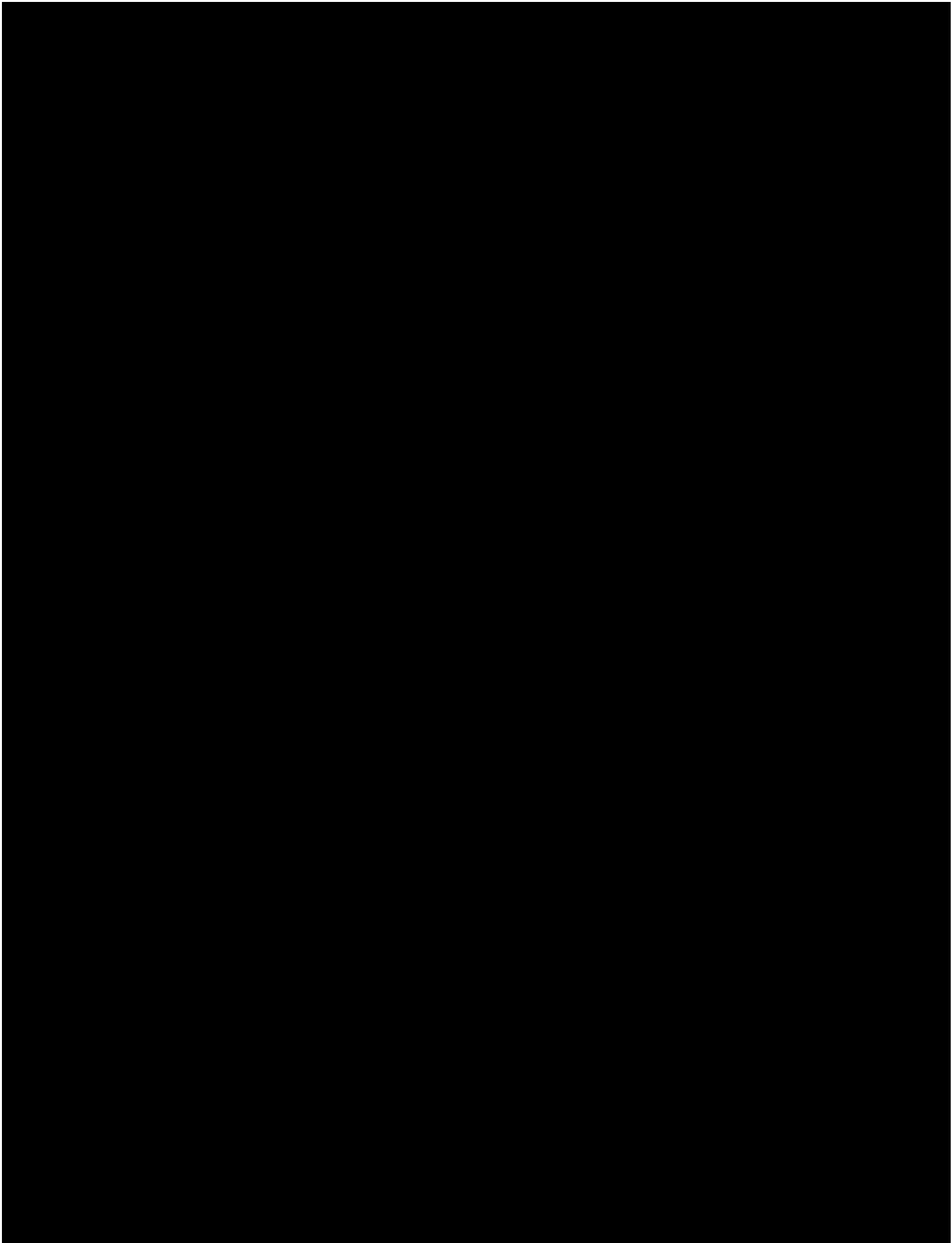




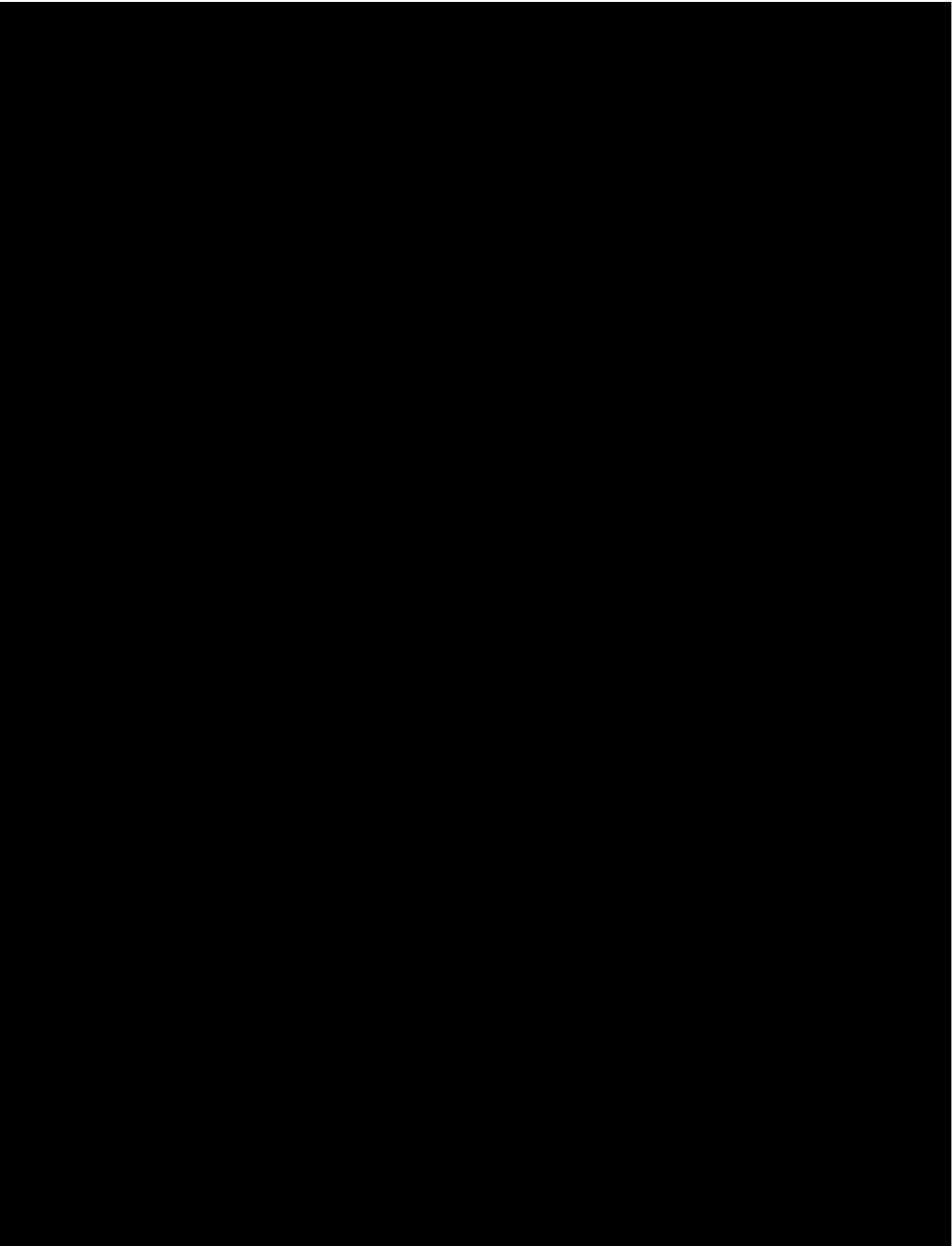


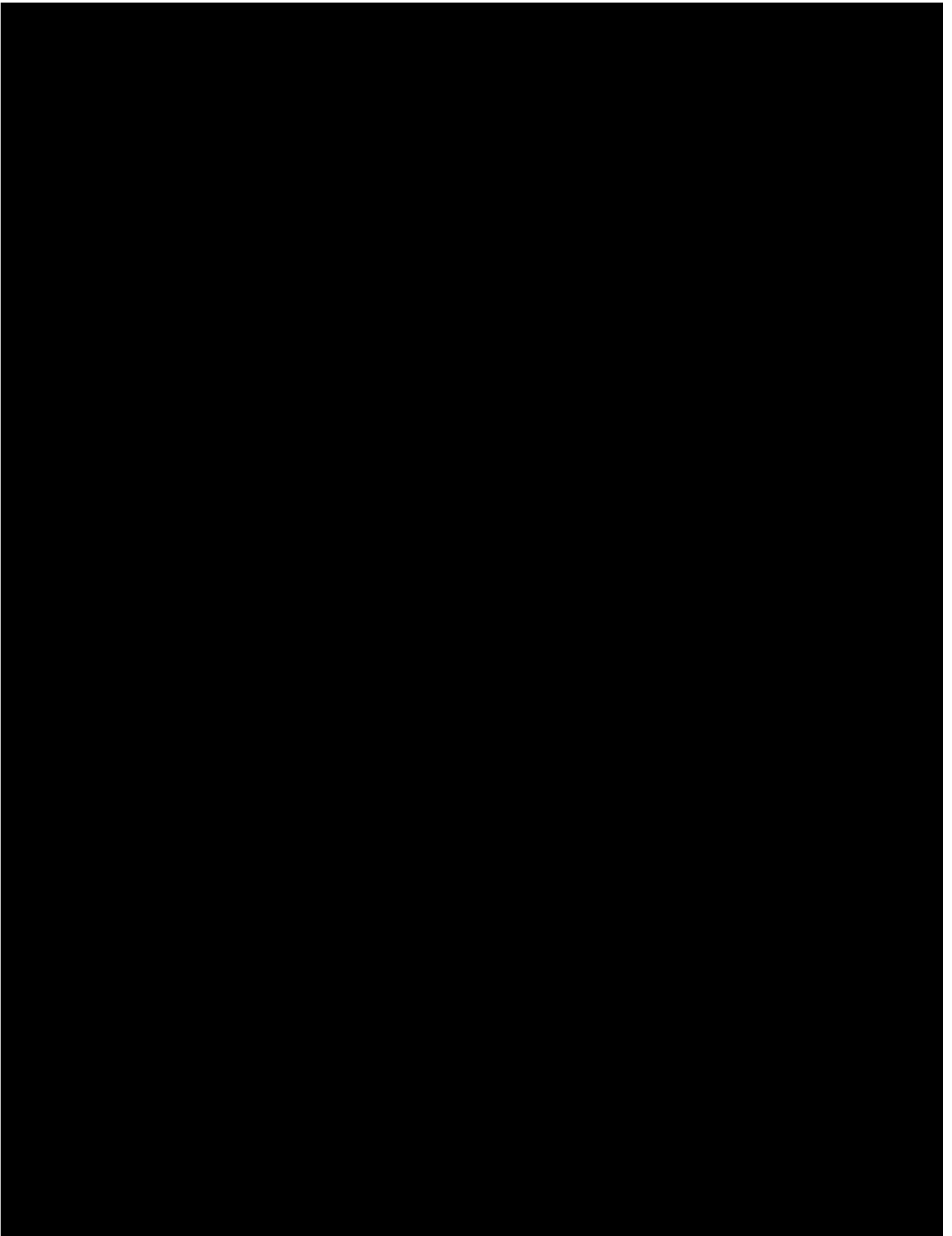














**PRIORITY  
MAIL  
EXPRESS®**



EI 533 377 632 US

**CUSTOMER USE ONLY**

FROM: (PLEASE PRINT)

PHONE ( )

Barclays  
Tax Department – 14<sup>th</sup> Floor  
745 7<sup>th</sup> Avenue  
New York, NY 10019

**DELIVERY OPTIONS (Customer Use Only)**

☐ **SIGNATURE REQUIRED** *Note: The mailer must check the "Signature Required" box if the mailer: 1) Requires the addressee's signature; OR 2) Purchases additional insurance; OR 3) Purchases COD service; OR 4) Purchases Return Receipt service. If the box is not checked, the Postal Service will leave the item in the addressee's mail receptacle or other secure location without attempting to obtain the addressee's signature on delivery.*

**Delivery Options**

- ☐ No Saturday Delivery (delivered next business day)  
☐ Sunday/Holiday Delivery Required (additional fee, where available)  
\*Refer to USPS.com® or local Post Office® for availability.

TO:

STATE OF ARKANSAS  
CORPORATE INCOME TAX SECTION  
Attn: Jarett Lamb, Revenue Division  
P.O. BOX 919  
LITTLE ROCK, AR 72203-0919

ZIP + 4® (U.S. ADDRESSES ONLY)

7 2 2 0 3 - 0 9 1 9

- For pickup or USPS Tracking™, visit USPS.com or call 800-222-1811.  
■ \$100.00 insurance included.

**PAYMENT BY ACCOUNT (if applicable)**

USPS® Corporate Acct. No.

Federal Agency Acct. No. or Postal Service™ Acct. No.

**ORIGIN (POSTAL SERVICE USE ONLY)**

<input type="checkbox"/> 1-Day	<input type="checkbox"/> 2-Day	<input type="checkbox"/> Military	<input type="checkbox"/> DPO
PO ZIP Code	Scheduled Delivery Date (MM/DD/YY)	Postage \$	
Date Accepted (MM/DD/YY)	Scheduled Delivery Time <input type="checkbox"/> 5:00 PM	Insurance Fee \$	COD Fee \$
Time Accepted <input type="checkbox"/> AM <input type="checkbox"/> PM		Return Receipt Fee \$	Live Animal Transportation Fee \$
Special Handling/Fragile \$	Sunday/Holiday Premium Fee \$	Total Postage & Fees \$	
Weight lbs. ozs. <input type="checkbox"/> Flat Rate	Acceptance Employee Initials		

**DELIVERY (POSTAL SERVICE USE ONLY)**

Delivery Attempt (MM/DD/YY)	Time <input type="checkbox"/> AM <input type="checkbox"/> PM	Employee Signature
Delivery Attempt (MM/DD/YY)	Time <input type="checkbox"/> AM <input type="checkbox"/> PM	Employee Signature

LABEL 11-B, MAY 2021

PSN 7620-02-000-9998

**PEEL FROM THIS CORNER**





STATE OF ARKANSAS  
**Department of Finance and Administration**  
 Office Of Accounting  
**Non-Payroll Warrant Cancellation Form**  
 (Prior and Current Year)

Warrant Number [REDACTED]	Agency Number [REDACTED]	Agency Name: Corporation Income Tax
Reason for Cancellation: <b>Reported Lost</b>		

Void Reason:	<input type="checkbox"/> 05 Printed incorrectly	<input type="checkbox"/> 06 Destroyed/Unusable	<input checked="" type="checkbox"/> 10 Check voided after printing
	<input checked="" type="checkbox"/> 13 Reported lost	<input type="checkbox"/> 16 Undeliverable	

Is the Warrant to be reissued? ☒ Yes ☐ No

Mark "A" Hold for Pickup? ☒ Yes

If no, what are the corresponding document numbers? If it is a MIRO document, provide both document number. The invoice number provided will be used to reverse the invoice, if the invoice is reversed.

Original AASIS Document Numbers:

Office of Accounting Use Only:



Is this a multi-payee document? ☐ Yes ☒ No

Fund: [REDACTED]	GL: [REDACTED]	Vendor: [REDACTED]
Cost Center: [REDACTED]	Amount: 447,267.00	IO/WBS:

Completed by: Jarett Lamb	Phone: 5016824775	Date: 05/07/2024
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**Remit form to:**

Office of Accounting, 1509 w 7th, Suite 200, Little Rock, AR  
 72201 Telephone: (501) 682-1675 | Fax: (501) 683-0823

**\*Must be original warrant or affidavit / bond**



745 Seventh Avenue  
New York, NY 10019  
United States

Tel 212-320-6732  
Fax 646-885-9213

barclays.com

June 11, 2024

Via USPS Priority Express Mail: EI 533 377 632 US

STATE OF ARKANSAS  
CORPORATE INCOME TAX SECTION  
Attn: Jarett Lamb, Revenue Division  
P.O. BOX 919  
LITTLE ROCK, AR 72203-0919

Re: Barclays Bank PLC  
FEIN: [REDACTED]  
Account ID: [REDACTED]  
Letter ID: [REDACTED]  
Reissue warrant (refund check)  
warrant #: [REDACTED] issued 03/06/2023 in the amount of \$447,267.00

Dear Jarett Lamb,

Attached is the Affidavit of Forged Warrant & Bond for Reissuing Warrant. This is in regard to the attached letter dated May 24, 2024, with instructions for a replacement refund check (warrant) that Barclays Bank PLC never received.

Please let me know if there are any further questions.

Sincerely,

Barry J. O'Brien  
Director, Tax  
Barclays  
745 Seventh Avenue – 14<sup>th</sup> floor  
New York, New York 10019  
[Barry.obrien@barclays.com](mailto:Barry.obrien@barclays.com)  
Phone: (212) 320-6732  
Fax: (646) 885-9213

Restricted - External

**Konkola, Alec: Group Tax (NYK)**

---

**From:** O'Brien, Barry J: Group Tax (NYK)  
**Sent:** Wednesday, June 5, 2024 11:09 AM  
**To:** Konkola, Alec: Group Tax (NYK)  
**Subject:** FW: Barclays Bank PLC - 2021 Tax Refund  
**Attachments:** BARCLAYS BANK PLC.pdf

Barry J. O'Brien  
 Director, Tax  
 Barclays  
 745 Seventh Avenue  
 New York, NY 10019  
 barry.obrien@barclays.com  
 Phone (212) 320-6732  
 Fax (646) 885-9213

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**From:** Bawla, Sarim : Finance <sarim.bawla@barclays.com>  
**Sent:** Tuesday, June 4, 2024 3:21 PM  
**To:** O'Brien, Barry J: Group Tax (NYK) <barry.obrien@barclays.com>; Avilkin, Irina: Group Tax (NYK) <irina.avilkin@barclays.com>  
**Cc:** Velu, Artan: Group Tax (NYK) <artan.velu@barclays.com>  
**Subject:** FW: Barclays Bank PLC - 2021 Tax Refund

Hello Barry and Irina,

I hope you both are well. I had reached out to the state of Arkansas earlier, in relation to a PY refund of about \$450k. The state mentioned that they sent the refund check in March of 2023, but it doesn't look like we ever got it. The states representative (see email below) sent me the attached form to fill out and send back to the state to process a replacement check.

The form looks fairly straightforward, however the last section related to the surety made me want to confirm with you guys if you've seen this before in this context. The information in relation to the surety can be found in page 5 of the attached PDF. It looks like from the email I received, that this has to be a third party? If that is the case, are you aware of anyone who usually acts as a surety for Barclays in situations like this?

Any thoughts/guidance welcome.

Thank you,

Sarim

Restricted - External



**From:** Jarett Lamb <[Jarett.Lamb@dfa.arkansas.gov](mailto:Jarett.Lamb@dfa.arkansas.gov)>  
**Sent:** Thursday, May 23, 2024 3:25 PM  
**To:** Bawla, Sarim : Finance <[sarim.bawla@barclays.com](mailto:sarim.bawla@barclays.com)>  
**Subject:** RE: Barclays Bank PLC - 2021 Tax Refund

CAUTION: This email originated from outside our organisation - [Jarett.Lamb@dfa.arkansas.gov](mailto:Jarett.Lamb@dfa.arkansas.gov) Do not click on links, open attachments, or respond unless you recognize the sender and can validate the content is safe.

Sarim Bawla,

In order to initiate a reissue, DFA Corporate Income Tax will/is sending two (2) sets of documents: **(AFFIDAVIT OF FORGED WARRANT & BOND FOR REISSUING WARRANT)** to be completed and notarized and returned to our office. **(documents attached)**

Once the documents are returned to DFA Corporate Income Tax, the Affidavit and Bond will be transferred to our Accounting Department for processing. **(Please mail documents back – Attention Jarett Lamb)**

Please note of the following;

1. Please complete the documents thoroughly and have them notarized where directed.
2. Please return the original documents to the office. **Accounting will not accept digital copies.**
3. The Bond for Reissuing Warrant document requires a **Surety**. The **Surety** must be a person 18 years or older, and **cannot be the same person as the payee or payee representative.**

If you have any questions or concerns related, just let me know.



**Jarett Lamb**  
 Arkansas Department of Finance and Administration  
 Revenue Division – Corporation Income Tax Administration  
 Division Manager II  
 Office: 501-682-4779 | Fax: 501-682-7114  
[Jarett.lamb@dfa.arkansas.gov](mailto:Jarett.lamb@dfa.arkansas.gov)  
<https://www.dfa.arkansas.gov/>

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**From:** [sarim.bawla@barclays.com](mailto:sarim.bawla@barclays.com) <[sarim.bawla@barclays.com](mailto:sarim.bawla@barclays.com)>  
**Sent:** Thursday, May 23, 2024 1:32 PM  
**To:** Jarett Lamb <[Jarett.Lamb@dfa.arkansas.gov](mailto:Jarett.Lamb@dfa.arkansas.gov)>  
**Cc:** [artan.veliu@barclays.com](mailto:artan.veliu@barclays.com); [barry.obrien@barclays.com](mailto:barry.obrien@barclays.com); [irina.avilkin@barclays.com](mailto:irina.avilkin@barclays.com); [summer.tang@barclays.com](mailto:summer.tang@barclays.com)  
**Subject:** Barclays Bank PLC - 2021 Tax Refund

This message originated **outside DFA**. Please use proper judgment and caution when opening attachments, clicking links, or responding to this email.

Hello Jarett,

I hope all is well on your end.

We reached out earlier to the Corporate Income Tax office of the Arkansas DFA (501-682-4775), in relation to an outstanding refund claim for the tax year 2021. The representative mentioned to us, that a refund check was mailed in March of 2023 for the amount of refund claimed on the return, however our records don't show us having received this check. The representative then mentioned that the check was never cashed, and advised that we should reach out to your office to have a replacement check sent to us as soon as possible.

All relevant related information can be found below, but please let us know if any further information is needed from our end.

**Taxpayer Name** – Barclays Bank PLC

**Federal EIN** – [REDACTED]

**Arkansas Form** – [REDACTED]

**Tax Period** – 01/01/2021 to 12/31/2021

**Refund Amount** – \$ 447,267

**Mailing Address** – 745 7<sup>th</sup> Avenue

14<sup>th</sup> Floor

New York, NY 10019

Thank you,

**Sarim Bawla**

Assistant Vice President – Tax

Desk: (212) 526-7291

Mobile: (516) 974-1832

Email: [sarim.bawla@barclays.com](mailto:sarim.bawla@barclays.com)

745 7th Avenue, 14th Floor

New York, NY 10019



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For important disclosures, please see: <https://www.ib.barclays/disclosures/sales-and-trading-disclaimer.html> regarding marketing commentary from Barclays Sales and/or Trading desks, who are active market participants; <https://www.ib.barclays/disclosures/barclays-global-markets-disclosures.html> regarding our standard terms for Barclays Investment Bank where we trade with you in principal-to-principal wholesale markets transactions; and in respect to Barclays Research, including disclosures relating to specific issuers, see: <http://publicresearch.barclays.com>.

If you are incorporated or operating in Australia, read these important disclosures:

<https://www.ib.barclays/disclosures/important-disclosures-asia-pacific.html>.

For more details about how we use personal information, see our privacy notice:

<https://www.ib.barclays/disclosures/personal-information-use.html>.

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STATE OF ARKANSAS  
DEPARTMENT OF FINANCE AND ADMINISTRATION  
Corporation Income Tax Section  
1816 W 7TH ST, # 2250, LITTLE ROCK, AR 72203-0000

May 24, 2024

Corporation Income Tax

BARCLAYS BANK PLC  
745 7TH AVE  
NEW YORK NY 10019-6801

Letter ID: [REDACTED]  
Account ID: [REDACTED]  
Period Ending: December 31, 2023

RE: WARRANT REPLACEMENT

DEAR BARCLAYS BANK PLC:

This letter is in regard to your request for the Department of Finance and Administration (DFA) to reissue the warrant (refund check) that you have lost or not received concerning:  
warrant #: [REDACTED] issued 03/06/2023 in the amount of \$447,267.00.

Attached is the Affidavit of Forged Warrant. The form must be completed in order for DFA to reissue the warrant. Please provide a daytime telephone number, complete the bottom half of the form, and have it notarized. **Return the original notarized copy to:**

CORPORATE INCOME TAX SECTION  
P.O. BOX 919, LITTLE ROCK, AR 72203-0919

Also, you must complete the attached form, Bond for Reissuing Warrant. Please have it notarized as well and return it to the above address. Surety Information must be completed on the Bond. The surety can be provided by any person age 18 or older, who is not the payee on the check, and not the person notarizing the form.

If you have questions, please contact a customer service representative at (501) 682-4775. Provide your Account ID and Letter ID shown above when you call or write about this letter.

Sincerely,

Jarett Lamb  
DFA Division Manager I



**ARKANSAS STATE CLAIMS COMMISSION  
Reissuance of Out-Dated Warrants**

**Date:** 8/19/2024

**Warrant:**



**Name of Payee:** Barclays Bank PLC

**Amount:** \$447,267.00

Upon checking with Hunter of AOS/Data Processing Division, I was informed that this warrant was voided, and no duplicate warrant had been issued. We also checked our (Claims Commission) records to verify that there has been no reissuance by this office and there was none.

---

CM

**ARKANSAS STATE CLAIMS COMMISSION**

(501) 682-1619  
FAX (501) 682-2823



KATHRYN IRBY  
DIRECTOR

101 EAST CAPITOL AVENUE  
SUITE 410  
LITTLE ROCK, ARKANSAS  
72201-3823

August 28, 2024

Barclays Bank PLC  
c/o Barry O'Brien  
745 7<sup>th</sup> Avenue  
New York, New York 10019-6801

RE: **Claim No. 250249** – Reissuance of Check No. [REDACTED]

---

Dear Mr. O'Brien,

The Claims Commission received notification from the Arkansas Department of Finance and Administration that a check issued to you by the State of Arkansas was not deposited within 180 days of issuance. That check is now considered stale or out-of-date.

The Claims Commission processes the reissuance of out-of-date checks for the State of Arkansas.

To have the above-referenced check reissued, we need you to complete the enclosed form. Please review the enclosed form for correctness and, once you approve it, sign the complaint in the presence of a Notary Public and return it to our office to be processed.

It generally takes six to eight weeks for a new check to be reissued once we receive the enclosed form.

If you have any questions, please call and ask to speak with Caitlin McDaniel or me.

Sincerely,

Kathryn Irby

ES: cmedaniel

Enclosure



Via USPS Priority Mail Express EI 533 377 734 US

September 4, 2024

Arkansas State Claims Commission  
101 East Capitol Avenue  
Suite 410  
Little Rock, AR 72201-3823  
Attn: Kathryn Irby/Caitlin McDaniel

Taxpayer: Barclays Bank PLC  
Claim No. 250249  
Amount Sought: \$447,267.00  
Reissuance of Check No. [REDACTED]  
Request for forms dated August 28, 2024

Dear Ms. Irby/Ms. McDaniel:

The taxpayer, Barclays Bank PLC, received the attached documents and has had them signed and notarized for your review.

Please let the taxpayer know if you require any further information before a replacement check can be issued for \$447,267. Thank you for your prompt assistance in this matter.

Sincerely,

Barry J. O'Brien  
Director, Tax  
Barclays  
745 Seventh Avenue  
New York, NY 10019  
[barry.obrien@barclays.com](mailto:barry.obrien@barclays.com)  
Phone (212) 320-6732  
Fax (646) 885-9213

745 Seventh Avenue  
New York, NY 10019, USA

[barclays.com/ib](http://barclays.com/ib)

Arkansas  
State Claims Commission

SEP 07 2024

RECEIVED

# ARKANSAS CLAIMS COMMISSION

(501)682-1619  
(501)682-2823 FAX



arclaimscommission.arkansas.gov  
ascc.new.claims@arkansas.gov

101 EAST CAPITOL AVENUE, SUITE 410  
LITTLE ROCK, ARKANSAS 72201-3823

Arkansas  
State Claims Commission

SEP 07 2024

RECEIVED

## COMPLAINT

### 1. Claimant

Barclays Bank PLC

(title/last name/first name)

(email)

745 7th Avenue

(address)

New York

NY 10019-

(city)

(state) (zip)

(primary phone)

### 2. State Agency Involved

Arkansas Department of Finance and Administration

(state agency involved)

### 3. Claim Type

Reissuance of Warrant

This claim is being filed for the reissuance of warrant # [REDACTED] date 03-06-2023 payable to Barclays Bank PLC the amount of \$447,267.00 payable from the Arkansas Department of Finance and Administration. This warrant was not presented to the state treasurer for redemption during the legal redemption period.

Warrant or necessary papers for reissuing lost warrant(s)/check(s) is/are attached to and made a part of this complaint.

Completed paperwork for reissuance of this warrant was received in this office on August 8, 2024.

**4. Amount Sought:** \$447,267.00

**STOP!**

**The following section MUST be completed in the presence of a Notary Public.**

The undersigned certifies that to the best of my knowledge, information, and belief, I am authorized by Bancorp Bank PLC (name of business entity) to file this claim on its behalf. The undersigned also certifies that this claim is not being presented for any improper purpose; this claim is warranted by existing law or by a nonfrivolous argument for extending, modifying, or reversing existing law or for establishing new law; and the factual contentions have evidentiary support or, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery.

**Barry J O'Brien**  
**Director**

\_\_\_\_\_  
Name of Representative of Business Entity  
(must be printed legibly)

Barry J O'Brien  
\_\_\_\_\_  
Signature of Representative

**ACKNOWLEDGEMENT**

State of New York

County of New York

On this the 4 day of September, 2024, before me, the undersigned notary, personally appeared Barry O'Brien known to me (or satisfactorily proven) to be the person whose name is subscribed to this instrument and acknowledged that he/she executed the same for the purposes therein contained.

In witness whereof I hereunto set my hand and official seal.

Alec Konkola

Signature of Notary Public

[seal of office]

My Commission Expires: 6/23/2026







ARKANSAS STATE CLAIMS COMMISSION  
101 E. CAPITOL AVE., SUITE 410  
LITTLE ROCK, ARKANSAS 72201-3823

LITTLE ROCK AR 720  
28 AUG 2024 PM 3 L



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08/28/2024 ZIP 72201  
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Barclays Bank PLC  
c/o Barry O'Brien  
745 7th Avenue  
New York, New York 10019-6801

10019-680145





PRIORITY  
MAIL  
EXPRESS®

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FROM: PLEASE PRINT

PHONE (212) 320-6312

BARRY S. O'BRIEN  
BARCLAYS BANK PLC  
715 7TH AVE  
NEW YORK, NY 10019

DELIVERY OPTIONS (Customer Use Only)

☐ SIGNATURE REQUIRED Note: The mailer must check the "Signature Required" box if the mailer: 1) Requires the addressee's signature; OR 2) Purchases additional insurance; OR 3) Purchases COD service; OR 4) Purchases Registered Mail service. If the box is not checked, the Postal Service will leave the item in the addressee's mailbox or other secure location without attempting to obtain the addressee's signature on delivery.

Delivery Options

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☐ Sunday/Holiday Delivery Required (additional fee, where available)  
\*Refer to USPS.com or local Post Office for availability.

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PHONE (501) 682-1619  
ARKANSAS STATE CLERKS COMMISSION  
101 EAST CAPITOL AVENUE SUITE 410  
LITTLE ROCK, AR

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ORIGIN (POSTAL SERVICE USE ONLY)	
<input type="checkbox"/> 1-Day PO ZIP Code	<input type="checkbox"/> 2-Day Scheduled Delivery Date (MMDDYY)
Date Accepted (MMDDYY)	Scheduled Delivery Time <input type="checkbox"/> 8:00 PM
Time Accepted <input type="checkbox"/> AM <input type="checkbox"/> PM	Insurance Fee \$
Special Handling/Fragile	Return Receipt Fee \$
Weight lbs. ozs. <input type="checkbox"/> Flat Rate <input type="checkbox"/> Fragile	Live Animal Transportation Fee \$
Ins. ozs.	Total Postage & Fees \$
DELIVERY (POSTAL SERVICE USE ONLY)	
Delivery Attempt (MMDDYY)	Employee Signature
Time <input type="checkbox"/> AM <input type="checkbox"/> PM	
Delivery Attempt (MMDDYY)	Employee Signature
Time <input type="checkbox"/> AM <input type="checkbox"/> PM	

LABEL 11-B, MAY 2021 PSN 7890-02-000-9996



SN HEL 22E EES 13



**BEFORE THE ARKANSAS STATE CLAIMS COMMISSION****BARCLAYS BANK PLC****CLAIMANT****V.****CLAIM NO. 250249****ARKANSAS DEPARTMENT OF  
FINANCE AND ADMINISTRATION-  
CORPORATE INCOME TAX****RESPONDENT****ORDER**

This claim was filed by Barclays Bank PLC (the “Claimant”) requesting reissuance of outdated warrant no. [REDACTED] (the “Warrant”) in the amount of \$447,267.00 payable from Arkansas Department of Finance and Administration-Corporate Income Tax Division.

The Arkansas State Claims Commission unanimously allows this claim in the amount of \$447,267.00 and refers this claim to the General Assembly for review and placement on an appropriation bill pursuant to Ark. Code Ann. § 19-10-215(b).

IT IS SO ORDERED.



ARKANSAS STATE CLAIMS COMMISSION  
Dee Holcomb



ARKANSAS STATE CLAIMS COMMISSION  
Paul Morris, Chair



ARKANSAS STATE CLAIMS COMMISSION  
Sylvester Smith

DATE: September 20, 2024

**Notice(s) which may apply to your claim**

- (1) A party has forty (40) days from transmission of this Order to file a Motion for Reconsideration or a Notice of Appeal with the Claims Commission. Ark. Code Ann. § 19-10-211(a)(1). If a Motion for Reconsideration is denied, that party then has twenty (20) days from the transmission of the denial of the Motion for Reconsideration to file a Notice of Appeal with the Claims Commission. Ark. Code Ann. § 19-10-211(a)(1)(B)(ii). A decision of the Claims Commission may only be appealed to the General Assembly. Ark. Code Ann. § 19-10-211(a)(3).
- (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(a). 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).