

Send Refund to:

- FEIN  
 SSN

Name			Business Type/Occupation		Range of Dates for Fuel Purchased:	
Business Name			Phone		From:	
Mailing Address			Fax		To:	
City	State	ZIP Code	Email			

Exempt Fuel Use	Aviation		Gasoline		Diesel		Gasohol		Refund Total
	A	B	C	D	E	F	G	H	
	Gasoline (Gallons)	Jet Fuel (Gallons)	Highway (Gallons)	Marine (Gallons)	Highway (Gallons)	Marine (Gallons)	8 Cents (Gallons)	2 Cents (Gallons)	
1. Exported . . . . .									
2. U.S. government . . . . .									
3. State and local government . . . . .									
4. Charitable institutions . . . . .									
5. Heating . . . . .									
6. Public utilities . . . . .									
7. Stationary power plants. . . . .									
8. Foreign flights . . . . .									
9. Other (attach explanation) . . . . .									
10. Total gallons (lines 1-9) . . . . .									
Rate . . . . .	0.047	0.032	0.08	0.05	0.08	0.05	0.08	0.02	
11. Refund (line 10 x rate) . . . . .									
12. <b>Total exempt fuel refund</b> (add line 11, columns A through H) . . . . .									\$

Fuel Conversions (to a lower tax rate only)										
13. Highway to marine . . . . .			+	-	+	-				
14. Other (specify) . . . . .			+	-	+	-				
15. Total gallons (lines 13-14) . . . . .			+	+	+	+				
Rate . . . . .	0.047	0.032	0.08	0.05	0.08	0.05	0.08			
16. Refund (line 15 x rate) . . . . .										
17. <b>Total conversion refund</b> (add line 16, columns A through G) . . . . .									\$	

Non-Highway Use (unlicensed vehicles only)										
18. Gallons used. . . . .										
Rate . . . . .	0.027	0.012	0.06	0.03	0.06	0.03	0.06			
19. Refund (line 18 x rate) . . . . .										
20. <b>Total non-highway refund</b> (add line 19, columns A through G) . . . . .									\$	

**You must sign Page 2 for your claim to be processed.**

Refined Fuel Surcharge Exempt Use						I
			Gasoline	Diesel	Gasohol	Refund Total
21. Gallons used . . . . .						
Rate . . . . .	0.0095	0.0095	0.0095			
22. Refund (line 21 x rate) . . . . .						
23. <b>Total refined fuel surcharge exempt fuel refund</b> (add each entry from line 22) . . . . .						\$
24. Total claim for refund (add lines 12, 17, 20 and 23) . . . . .						\$

*I declare under penalty of unsworn falsification that I have examined this claim, and to the best of my knowledge and belief, the fuel was purchased on the dates and in the amounts shown on each invoice, that the fuel was sold or used in the manner set forth, and that none of the fuel for which a non-highway tax refund is claimed was used for operating an internal combustion engine in, or in conjunction with, a motor vehicle licensed to be operated on public ways, and that no part of the tax refund claimed has already been refunded.*

Signature	Printed Name	Title (please print)	Date
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Name	<b>Range of Dates for Fuel Purchased:</b>
FEIN/SSN	From:
	To:

**Schedule A: List of Invoices** (Report all gallons in whole numbers.)

<b>Fuel Type</b>
(Check only one box.)
<input type="checkbox"/> Gasoline
<input type="checkbox"/> Gasohol
<input type="checkbox"/> Aviation Gasoline
<input type="checkbox"/> Jet Fuel
<input type="checkbox"/> Diesel

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| 1. Attach original purchase invoices.                      |
| 2. File a separate Schedule A to report each type of fuel. |

Supplier Name	Invoice Date	Invoice Number	Gallons Purchased at				
			8 Cents	5 Cents	4.7 Cents	3.2 Cents	2 Cents
Totals carried forward from previous pages, if applicable . . . . .							
<b>Total Gallons</b> . . . . .							

