

b. ■

TEXAS CLAIM FOR REFUND OF GASOLINE OR DIESEL FUEL TAXES

d. Fuel type (Check appropriate type(s))	e. Is this your first claim?
<input type="checkbox"/> GASOLINE (06) <input type="checkbox"/> DIESEL FUEL (07)	<input type="checkbox"/> YES <input type="checkbox"/> NO

c. Claimant social security or FEI number

■

f. Period of claim

Begin date ■ End date ■

g. Claimant name and mailing address

Black in this box if your address has changed. → FM ■ 1

For Comptroller's use only

INV ■ 2 SD ■ 3

Maintain complete records to support all claims filed. Documentation is required for first time claims. You will be contacted when the information is needed. (If documentation is needed on subsequent claims, you will be notified.)

a. T Code ■ 58600
GASOLINE

PLEASE REFER TO MOTOR FUEL TAX RULES 3.173, 3.176, 3.183, AND 3.193 FOR METHODS USED TO DETERMINE AMOUNT OF REFUND CLAIMED

a. T Code ■ 58700
DIESEL FUEL

FOR EACH METHOD ENTER ACTUAL WHOLE GALLONS USED FOR WHICH REFUND IS CLAIMED

FOR DEALERS ONLY - Diesel sold for off-highway use _____ 1. ■ _____

1. ■ _____ Fuel exported from Texas _____ 2. ■ _____

2. ■ XXXXXXXXXXXXXXXXXXXX Fuel used by qualified passenger commercial motor vehicle on fixed routed miles traveled in Texas _____ 3. ■ _____

3. ■ _____ Fuel used by or sold to the U.S. Government _____ 4. ■ _____

4. ■ _____ Fuel lost by fire, theft, or accident _____ 5. ■ _____

5. ■ _____ Fuel used in off-highway equipment _____ 6. ■ _____

6. ■ _____ Incidental highway travel (4MPG) _____ 7. ■ _____

7. ■ _____ Fuel used in power take-off/auxiliary power units (Indicate type of unit: cement, solid waste truck, etc.) _____ 8. ■ _____

8. ■ _____ Fuel sold to or used by a public school district or commercial transportation company providing public school transportation services _____ 9. ■ _____

9. ■ _____ Other claims not covered by above methods (Explain fully) _____ 10. ■ _____

10. ■ _____ TOTAL REFUND GALLONS CLAIMED (Gasoline: total Items 1-9; Diesel Fuel: total Items 1-10) _____ 11. ■ _____

h. PM date

h. PM date

12. Texas location (if different from the address in Item g) where records can be examined or where fuel is stored. Street or meaningful directions, city and state (Do not use P.O. Box) _____ ZIP Code _____

Complete this claim and mail to:
CAROLE KEETON RYLANDER
Comptroller of Public Accounts
111 E. 17th Street
Austin, Texas 78774-0100

ENFORCEMENT OFFICE NO. _____
DATE _____
E.O. Name _____

I declare that the information in this document and any attachments is true and correct to the best of my knowledge and belief.
Claimant or Duly Authorized Agent

sign here →

Daytime phone (Area code and number) _____ Date _____

INSTRUCTIONS FOR COMPLETING TEXAS CLAIM FOR REFUND OF GASOLINE OR DIESEL FUEL TAXES

NOTE: If you are filing a claim for both gasoline and diesel fuel tax refund for the same period, you may file both claims on one form.

- The amount of your gasoline and/or diesel fuel claims will be paid less deductions of 2% of the gallonage claimed and \$1.50 filing fee(s). Qualified passenger commercial motor vehicle refunds will be paid less the 25% School Fund Benefit Fee.
- You are not required to file any documentation with this claim, but you must keep complete records to support all items on the claim. If supporting documentation is needed to verify your claim, you will be contacted.

WHO MAY FILE:

A person who meets the qualifications specified in the Motor Fuel Tax Rules 3.173, 3.176, 3.183, and 3.193 may file a claim for refund of the state tax paid on gasoline or diesel fuel.

WHEN TO FILE:

Claim for refund of fuels tax paid must be filed and postmarked ON OR BEFORE ONE YEAR from the FIRST DAY OF THE CALENDAR MONTH following:

- the purchase,
- the tax exempt sale, and/or
- the use if withdrawn from storage for own use.

FOR ASSISTANCE:

For assistance with any Texas Fuels Tax question please contact the Texas State Comptroller's Office at 1-800-252-1383 toll free nationwide, or call 512/463-4600. (From a Telecommunication Device for the Deaf (TDD) ONLY call 1-800-248-4099 toll free, or call 512/463-4621.)

GENERAL INSTRUCTIONS:

- Do not write in shaded areas.
- TYPE or PRINT.
- Complete all applicable items that are not preprinted.
- If any preprinted information is incorrect, mark through it and write in the correct information.
- ROUND ALL GALLONAGE FIGURES TO WHOLE GALLONS.

SPECIFIC INSTRUCTIONS:

Item c - Sole owner - Enter your Social Security Number.

Corporation or other business - Enter your Federal Employer's Identification (FEI) Number.

Item f - Begin date - Enter the date of the earliest invoice or the date that the beginning inventory was taken.

End date - Enter the date of the most recent invoice or the date that the ending inventory was taken.

Items 1-11 - Refer to the Motor Fuels Tax Rules 3.173, 3.176, 3.183, and 3.193 for the correct method of determining the amount of your refund claim and the documentation that you must have to support your claim. (Do not file any of the documentation with this claim.)