Application for Fuel Tax Refund
Mass Transit System Users
For the Quarter Ending

Check here if amending

Mail To:
Florida Department of Revenue
Refunds
P.O. Box 6490
Tallahassee FL 32314-6490
For Help Call: 850-617-8585

Permit #:
FEIN:
Business Partner #:
Mass transit contract effective dates:
From: to:

Part I – Gasoline, Gasohol and Undyed Diesel Fuel

<table>
<thead>
<tr>
<th>Column A</th>
<th>Column B</th>
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<table>
<thead>
<tr>
<th>Gallons purchased</th>
<th>Gallons</th>
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<tr>
<td>(<em>Schedule of Purchases</em> attached)</td>
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| Beginning inventory (Must agree with closing inventory from prior quarter) | |
|--------------------------------------------------------------------------|
| (Use this figure for beginning inventory on next claim) |

Total consumption (Add Lines 1 and 2. Subtract Line 3)

Gallons not eligible for refund (Off-road use)

Gallons claimed for refund (Subtract Line 5 from Line 4)

<table>
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<tr>
<th>Refund (Lines 6A and 6B X )</th>
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See item nine on reverse page if any of the gallons claimed on Line 6 were purchased during the previous calendar year.

Part II – Local Option Tax and State Comprehensive Enhanced Transportation System (SCETS) Tax

This section to be used by those mass transit systems located in counties levying the local option tax as provided in section (s.) 336.025, Florida Statutes (F.S.), and the SCETS tax imposed according to s. 206.41(1)(f) or 206.87(1)(d), F.S. Current local option and SCETS tax rates are available on the Department's website at floridarevenue.com/taxes/rates.

1. Total gallons purchased and used subject to refund (Must not exceed gallons claimed in Part I, Lines 6A & 6B)

2. Rate of tax levied:
   - (A) Gasoline/Gasohol _____________________ Cent(s)
   - (B) Undyed Diesel Fuel _____________________ Cent(s)

3. Amount of tax claimed for refund (Lines 6A X 2A + Lines 6B X 2B)

Net Refund Due (Add Part I, Line 7(A) and 7(B) and Part II, Line 3)

No refund will be issued for less than $5.00.

Under penalty of perjury, I declare that I have read this application and the facts stated in it are true.

Signature of Applicant

Contact Person

Print/Type Applicant Name

Contact Telephone Number

Date

Contact Email Address
1. Permit holders are entitled to a refund of:
   A. The fuel sales tax levied under ss. 206.41(1)(g) and 206.87(1)(e) of Chapter 206, F.S., on Gasoline, Gasohol and Undyed Diesel Fuel.
   B. The total amount of the local option tax levied in applicable counties according to s. 336.025, F.S., and the SCETS tax imposed according to s. 206.41(1)(f) or s. 206.87(1)(d), F.S.
   C. The applicable tax rates are entered by the Department and are published annually in Taxpayer Information Publications and on the Department’s website at floridarevenue.com/taxes/rates.

2. Applications are to be used only for the quarter indicated on the face of this application. Only original refund applications are acceptable. Application forms may be requested from the Refund section at 850-617-8585.

3. Refund permits are renewed on an annual basis only if the permit holder files quarterly claims during the year.

4. Claim must be filed quarterly, no later than the last day of the month immediately following the end of the quarter. The filing date may be extended one additional month when a justified excuse is submitted in writing and the last preceding claim was filed timely.

### Line-by-Line Instructions For Parts I and II


- **Line 1:** Beginning Inventory – Must be the same as your closing inventory from prior quarter. If the prior quarter’s claim was not filed, enter zero.
- **Line 2:** Gallons Purchased – This represents fuel you purchased during the calendar quarter. These purchases must be supported by the Schedule of Purchases (Page 3).
- **Line 3:** Closing Inventory – Actual physical inventory as of the last day of the quarter printed on Page 1. This will be your beginning inventory for the next quarter. If no refund is due but a closing inventory exists, the claim form must be filed.
- **Line 4:** Total consumption – Line 1 plus Line 2 minus Line 3.
- **Line 5:** This line represents fuel purchased which as used in any over-the-road charter service, or fuel used in non-mass-transit vehicles.
- **Line 6:** This line represents fuel purchased and used for any system of mass public transportation authorized to operate within any city, town, municipality, county, or transit authority region in this state.

#### Part II – Local Option Tax.

- **Line 1:** This line represents gallons of fuel purchased and used upon which the local option tax was levied. This tax rate must be separately stated on the invoice.
- **Line 2:** The rate of the local option tax levied according to s. 336.025, F.S., and the SCETS tax imposed according to s. 206.41(1)(f) or s. 206.87(1)(d), F.S.
Florida Department of Revenue
Refund Application Schedule of Purchases
for Tax Paid Purchases Only

Invoices are not required with schedule
Do not include non-tax paid dyed diesel fuel purchased.

**Product Type Codes:**
- 065 - Gasoline
- 124 - Gasohol
- 167 - Low Sulfur Diesel/Undyed/Blended Biodiesel
- B00 – Undyed/Unblended Biodiesel

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<tr>
<th>Supplier Name</th>
<th>Supplier Address</th>
<th>DEP Storage Tank Facility ID Number or FEIN of Seller</th>
<th>Product Type Codes</th>
<th>Invoice Number</th>
<th>Purchase Dates (Must Be Within This Calendar Quarter)</th>
<th>County Where Fuel Was Delivered</th>
<th>Total Price Paid For Fuel Including Taxes and Fees</th>
<th>Number of Gallons</th>
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**General Instructions**

1. When completing the form, type or print clearly in blue or black ink.
2. “Product Type” must be specified using the product type codes listed above. Separate schedules must be used for each product type. **Do not include non-tax paid dyed diesel fuel purchased.**
3. Make additional copies of schedule for each product type.
4. Attach this schedule to the application for refund.

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<th>Total Gallons Purchased</th>
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