SECTION OF REPENDE	Application for Fuel Tax Refur Mass Transit System Users	I'S Rule 12B-5.150, F.A.C. Effective 01/20							
	For the Quarter Ending	Page 1 of 3							
		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	Column A	Column B							
and Undyed Diesel Fuel	Gal	lons							
	Gasoline/Gasohol	Undyed Diesel							
1. Beginning inventory (Must agree with closing inventory from prior quarter)									
2. Gallons purchased ("Schedule of Purchases" attached)									
3. Closing inventory (Use this figure for beginning inventory on next claim)									
4. Total consumption (Add Lines 1 and 2. Subtract Line 3)									
5. Gallons <u>not</u> eligible for refund (Off-road use)									
6. Gallons claimed for refund (Subtract Line 5 from Line 4)									
7. Refund (Lines 6A and 6B X)		\$22,720,000.00							
	ons claimed on Line 6 were purchased during the previous ca State Comprehensive Enhanced Tran								
This section to be used by those mass tra Florida Statutes (F.S.), and the SCETS tax available on the Department's website at 1. Total gallons purchased and used subj	ansit systems located in counties levying the local imposed according to s. 206.41(1)(f) or 206.87(1)(d) floridarevenue.com/taxes/rates.								
2. Rate of tax levied:	Cent(s)	, ,							
(A) Gasoline/Gasohol (B) Undyed Diesel Fuel	Cent(s)	\$							
3. Amount of tax claimed for re	fund (Lines 6A X 2A + Lines 6B X 2B)	. Ψ [_] [_] [_] [_] [_] [_] [_] [_] [_] [_] [_] [_] [_] [_] [_] [_] [_] [_] [_] [_] [_] [_] [_] [_] [_] [_] [_] [_] [_] [_] [_] [_] [_] [_] [_] [_] [_] [_] [_] [_] [_] [_] [_] [_] [_] [_] [_] [_] [_] [_] [_] [_] [_] [_] [_] [_] [_] [_] [_] [_] [_] [_] [_] [_] [_] [_] [_] [_] [_] [_] [_] [_] [_] [_] [_] [_] [_] [_] [_] [_] [_] [_] [_] [_] [_] [_] [_] [_] [_] [_] [_] [_] [_] [_] [_] [_] [_] [_] [_] [_] [_] [_] [_] [_] [_] [_] [_] [_] [_] [_] [_] [_] [_] [_] [_] [_] [_] [_] [_] [_] [_] [_] [_] [_] [_] [_] [_] [_] [_] [_] [_] [_] [_] [_] [_] [_] [_] [_] [_] [_] [_] [_] [_] [_] [_] [_] [_] [_] [_] [_] [_] [_] [_] [_] [_] [_] [_] [_] [_] [_] [_] [_] [_] [_] [_] [_] [_] [_] [_] [_] [_] [_] [_] [_] [_] [_] [_] [_] [_] [_] [_] [_] [_] [_] [_] [_] [_] [_] [_] [_] [_] [_] [_] [_] [_] [_] [_] [_] [_] [_] [_] [_] [_] [_] [_] [_] [_] [_] [_] [_] [_] [_] [_] [_] [_] [_] [_] [_] [_] [_] [_] [_] [_] [_] [_] [_] [_] [_] [_] [_] [_] [_] [_] [_] [_] [_] [_] [_] [_] [_] [_] [_] [_] [_] [_] [_] [_] [_] [_] [_] [_] [_] [_] [_] [_] [_] [_] [_] [_] [_] [_] [_] [_] [_] [_] [_] [_] [_] [_] [_] [_] [_] [_] [_] [_] [_] [_] [_] [_] [_] [_] [_] [_] [_] [_] [_] [_] [_] [_] [_] [_] [_] [_] [_] [_] [_] [_] [_] [_] [_] [_] [_] [_] [_] [_] [_] [_] [_] [_] [_] [_] [_] [_] [_] [_] [_] [_] [_] [_] [_] [_] [_] [_] [_] [_] [_] [_] [_] [_] [_] [_] [_] [_] [_] [_] [_] [_] [_] [_] [_] []							
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 i	in it are true.							
Signature of Applicant	Сог	ntact Person							

Print/Type Applicant Name

Сс	onta	act	Tel	eph	ione	۹N	lum	nber

Contact Email Address



Important Information Concerning Application For Fuel Tax Refund Mass Transit System Users

A Power of Attorney, Florida Department of Revenue Form DR-835, must be properly executed and included if this application is prepared by your representative.

- 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**.
- 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.

Purchases Made During	Claims Must Be Filed By *	With A Written Excuse - No Later Than					
January, February, and March	April 30	May 31					
April, May, and June	July 31	August 31					
July, August, and September	October 31	November 30					
October, November, and December	January 31	February 28					

*Amended application for prior quarter must be received by current quarter's deadline. Example: You must submit an amended March quarterly application by July 31.

- 5. Each permit holder must maintain records to substantiate:
 - Fuel was used by a qualified applicant
 - Fuel taxes were paid on the refundable gallons
 - Gallons reported as Beginning and Ending
 Inventory
 - Fuel was used in an eligible manner

When copies of your records are required to determine the amount of refund due, the Department will issue a written request to you within 30 days of the receipt of your application. Your application for a refund is not complete until the requested records are received by the Department.

- 6. The Schedule of Purchases (Page 3), detailing the information listed below, may be submitted instead of original invoices. Include only one product type listed at the top of the Schedule of Purchases. Separate schedules must be used for each product type. However, first time filers of this form must submit tax paid invoices with their initial refund request.
 - A. Name and address of supplier that you purchased motor fuel from.
 - B. Department of Environmental Protection storage tank facility identification number of the tank where the motor fuel was stored prior to purchase or the federal employee identification number of the seller.

- C. Type of motor fuel you purchased using the product types listed at the top of the schedules.
- D. Sales invoice number.
- E. Date that you took possession of the motor fuel from the supplier (must be within this calendar quarter).
- F. County in which you took possession of the motor fuel from the supplier.
- G. Total price you paid for the motor fuel purchased.
- H. Number of gallons of motor fuel you purchased.
- 7. In the event of overpayment of any refund, the Department of Revenue will refuse to make further refunds and advise the payee of the amount to be reimbursed.
- 8. Provide Mass Transit effective dates (failure to provide information may deem your application incomplete).
- 9. Gallons that you purchased during the previous year and consumed during the current quarter will not be eligible for the full refundable rate for the current year. Instead, these gallons should be multiplied by last year's rate. This adjustment will compensate for any inventory that was assessed at last year's rate and carried forward to the current calendar year. Prior year rate adjustment also applies to Part II.

Line-by-Line Instructions For Parts I and II

- Part I Purchases of Gasoline, Gasohol and Undyed Diesel Fuel.
 - 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.

Refund Application Schedule of Purchases Florida Department of Revenue for Tax Paid Purchases Only

Product Type Codes:

		guibr	Number of Gallons								
	Total Price Paid For Fuel Including Taxes and Fees									Total Gallons Purchased	
	County Where Fuel Was Delivered									Total Gall	
n schedule	iuel purchased.	Quarter Ending	Purchase Dates (Must Be Within This Calendar Quarter)								
quired witl	d dyed diesel 1		Invoice Number								
Invoices are not required with schedule Do not include non-tax paid dyed diesel fuel purchased.	License Number	Product Type Codes									
	Licens	DEP Storage Tank Facility ID Number or FEIN of Seller								SU	
						5					General Instructions
065 - Gasoline 124 - Gasohol	'Undyed/Blended Blodlesel ed Blodlesel		Supplier Address								Ğ
065 - Gasoline 124 - Gasohol	167 - Low Sultur Diesel/Undyed/Blei B00 – Undyed/Unblended Biodiesel	Company Name	Supplier Name								

When completing the form, type or print clearly in blue or black ink.
 "Product Type" must be specified using the product type codes listed above. Separate schedules must be used for each product type.
 "Product Type" must be specified using the product type.
 Make additional copies of schedule for each product type.
 Attach this schedule to the application for refund.

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