| Mun   | Application for Fuel Tax Refu<br>icipalities, Counties and Schoo   | D 01/00   |
|---|--|---|
|   | For the Quarter Ending   | Page 1 of 3   |
| FLORIDA   |  | Check here if amending  |
|   |  | Mail To:<br>Florida Department of Revenue<br>Refunds<br>P.O. Box 6490<br>Tallahassee FL 32314-6490<br>For Help Call: 850-617-8585 |
|   |  | Permit #:   |
|   |  | FEIN:   |
|   |  | Business Partner #:   |
|   | Column A   | Column B  |
| Gasoline, Gasohol and   |  | llons   |
| Undyed Diesel Fuel  | Gasoline/Gasohol   | Undyed Diesel   |
| 1. Beginning inventory (Must agree with closing inventory from prior quarter) |  |   |
| 2. Gallons purchased ("Schedule of<br>Purchases" attached)                    |  |   |
| 3. Closing inventory (Use this figure for beginning inventory on next claim)  |  |   |
| 4. Total consumption (Add Lines 1 and 2.<br>Subtract Line 3)                  |  |   |
| 5. Gallons not eligible for refund<br>(Off-road use)                          |  |   |
| 6. Gallons claimed for refund (Subtract<br>Line 5 from Line 4)                |  |   |
| 7. Refund (Lines 6A and 6B X )  | \$ 7 7, 7 8 7, 7 7 | \$,   |
| See item eight on reverse page if any of the gal                              | llons claimed on Line 6 were purchased during the previous   | calendar year.  |
| Net Refund Due (Add Lines 7A and  | d 7B)  | \$,,  |
| No refund will be issued for less tha   | an \$5.00.   |   |
| Under penalty of perjury, I d   | leclare that I have read this application and  | the facts stated in it are true.  |
| Signature of Applicant  | Cor  | tact Person   |
| Print/Type Applicant Name   | Cor  | tact Telephone Number   |
| Date  | Cor  | tact Email Address  |



## Important Information Concerning Application for Fuel Tax Refund Municipalities, Counties and School Districts

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 the fuel sales tax levied under sections (ss.) 206.41(1)(b) and (g) and 206.87(1)(a) and (e) of Chapter 206, Florida Statutes (F.S.), on gasoline, gasohol and diesel fuel purchased. 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 Department's 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<br>During           | Claims Must Be<br>Filed By * | With A Written<br>Excuse -<br>No Later Than |
|------------------------------------|------------------------------|---|
| January, February,<br>and March    | April 30                     | May 31                                      |
| April, May, and<br>June            | July 31                      | August 31                                   |
| July, August, and<br>September     | October 31                   | November 30                                 |
| October, November,<br>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. 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.

## Line-by-Line Instructions

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. Gallons not claimed for refund This represents fuel purchased which was not used in motor vehicles (used for "off road" purposes).
- Line 6. Gallons claimed for refund This represents fuel used in a motor vehicle operated by the permit holder.

| Florida Department of Revenue<br>Refund Application Schedule of Purchases<br>for <u>Tax Paid</u> Purchases Only | childred data in the second se | IIIVOICES ARE HOL LEQUILED WILL SCHEDULE | Do not include non-tax paid dyed diesel fuel purchased.                              |
|---|--|--|--|
|   | Product Type Codes:  | 065 - Gasoline                           | 167 - Low Sulfur Diesel/Undyed/Blended Biodiesel<br>800 – Undyed/Unblended Biodiesel |

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|               |                      |   |                       | l                 |  |  |  |                      |
|---------------|----------------------|---|-----------------------|-------------------|--|--|--|----------------------|
| Company Name  |                      | License   | License Number        |                   | Quarter Ending   | Ending   |  |                      |
| Supplier Name | Supplier Address     | DEP Storage Tank<br>Facility ID Number<br>or FEIN of Seller | Product Type<br>Codes | Invoice<br>Number | Purchase Dates<br>(Must Be Within<br>This Calendar<br>Quarter) | County Where Fuel Total Price Paid<br>Was Delivered Taxes and Fees | Total Price Paid<br>For Fuel Including<br>Taxes and Fees | Number of<br>Gallons |
|               |                      |   |                       |                   |  |  |  |                      |
|               |                      |   |                       |                   |  |  |  |                      |
|               |                      |   |                       |                   |  |  |  |                      |
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|               |                      |   |                       |                   |  |  |  |                      |
|               |                      |   |                       |                   |  |  |  |                      |
|               | General Instructions | suo   |                       |                   |  | Total Gall   | Total Gallons Purchased                                  |                      |

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.
"Do not include non-tax-paid dyed diesel fuel purchased.
Make additional copies of schedule for each product type.
Attach this schedule to the application for refund.