

**Claim for Refund of Excise Taxes**

▶ See separate instructions.

Please type or print	Name of claimant	Employer identification number :
	Address (number, street, and room or suite no.)	Social security number : :
	City or town, state, and ZIP code	Daytime telephone number ( )

Name and address shown on Form 720, 730, or 2290 if different from above

<b>1</b> Type of return filed, if any (see instructions) <input type="checkbox"/> 720 <input type="checkbox"/> 730 <input type="checkbox"/> 2290	<b>2</b> Amount to be refunded \$
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**3 Gasoline Wholesale Distributors** (See instructions.)

Claimant bought gasoline or a gasohol mixture at a price that included the excise tax and (a) sold it directly to a state or local government for its exclusive use, (b) sold it directly to a nonprofit educational organization for its exclusive use, (c) used or sold it as supplies for vessels or aircraft, or (d) sold it for export. Claimant qualifies as a gasoline wholesale distributor, sold the fuel at a tax-excluded price, and obtained a certificate of ultimate purchaser or proof of export from the buyer.

Period of claim ▶ From , 19 , to , 19 .				
CRN	Type of fuel	Rate	Gallons of fuel	Amount of refund
301	Gasoline	\$.184		
312	Gasohol containing at least 10% alcohol	.13		
312	Gasohol containing at least 7.7% alcohol but less than 10% alcohol	.1424		
312	Gasohol containing at least 5.7% alcohol but less than 7.7% alcohol	.1532		

**4 Gasohol Blenders** (See instructions.)

Claimant bought gasoline taxed at the full rate (\$.184) and blended it with alcohol to make gasohol. The gasohol was used or sold for use in a trade or business.

Period of claim ▶ From , 19 , to , 19 .				
CRN	Percentage of alcohol in the gasohol	Rate	Gallons of gasoline	Amount of refund
302	At least 10% alcohol	\$.0396		
302	At least 7.7% alcohol but less than 10% alcohol	.0298		
302	At least 5.7% alcohol but less than 7.7% alcohol	.0216		

**5 Off-Highway Business Use of Gasoline** (See instructions.)

Claimant used gasoline for an off-highway business use.

Period of claim ▶ From , 19 , to , 19 . Income Tax Year ▶				
CRN		Rate	Gallons	Amount of refund
301	Gasoline, off-highway business use	\$.184		

**6 Registered Ultimate Vendors of Diesel Fuel** (claims for fuel sold to a buyer for the buyer's use on a farm for farming purposes or to a state or local government for its exclusive use) (See instructions.)

Claimant sold undyed diesel fuel (a) to a state or local government for its exclusive use or (b) for use on the buyer's farm for farming purposes. Claimant qualifies as a registered ultimate vendor, sold the fuel at a tax-excluded price, certifies that the diesel fuel did not contain visible evidence of dye, and obtained the required certificate from the buyer and has no reason to believe any information in the certificate is false.

Period of claim ▶ From , 19 , to , 19 .				
CRN		Rate	Gallons	Amount of refund
303	Diesel fuel	\$.244		

**7 Nontaxable Use of Undyed Diesel Fuel** (except for use on a farm for farming purposes or the exclusive use of a state or local government) (See instructions.)

Claimant bought undyed diesel fuel, certifies that the diesel fuel did not contain visible evidence of dye, and used that diesel fuel for a nontaxable use.

Period of claim ▶ From		, 19	, to	, 19	. Income Tax Year ▶	
CRN	Nontaxable use			Rate	Gallons	Amount of refund
303				\$ .244		

**8 Train and Intercity Bus Use of Undyed Diesel Fuel** (See instructions.)

Claimant bought undyed diesel fuel, certifies that the diesel fuel did not contain visible evidence of dye, and used the diesel fuel in an engine that propels a diesel-powered train or an automobile bus.

Period of claim ▶ From		, 19	, to	, 19	. Income Tax Year ▶
CRN		Rate	Gallons	Amount of refund	
305	Diesel-powered trains	\$ .175			
305	Certain buses	\$ .17			

**9 Explanations and additional claims.** Explain why you believe this claim should be allowed, and show computation of amount to be refunded. Also include claims for fuel not covered on lines 3–8.

**Signature.** Claims filed by corporations must be signed by a corporate officer authorized to sign, and the signature must be accompanied by the officer's title.

Under penalties of perjury, I declare that I have examined this claim, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete.

Director's Stamp  
(Date received)

Signature (Title, if applicable. Claims by corporations must be signed by an officer.)

Date