Form REVENUE Non-Highway Use Motor Fuel Refund Claim



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	Business Name			FEIN	 N				Phone Number			
ı.	Fir	st Name	MI	Last Na	ist Name Social Security Number							
Claimant	Sp	Spouse's First Name		Last Na	ame			Spouse's Social Security Number				
Clai	Ma	Mailing Address City			State ZIP Code				Fax Number			
	En	asil Address		Ava Pr	ice Per Gal (Ga	soline) See	Instructions		() Avg Price Per Ga	 al (Clear Diesel a		
	Email Address			Avg Price Per Gal (Gasoline) See Instructions					Kerosene) See Instructions			
The refund claim must be filed within one year of the date of purchase or April 15 following the year of purchase, whichever is later. Form 4924 must be on file with the Department or submitted at the same time as Form 4923, in order to process this claim. Verify proper address above, as refund checks cannot be forwarded. Form 4923 must be accompained with the applicable Form(s) 4923S, Statement of Missouri Fuel Tax Paid for Non-Highway Use. For example, if you purchased fuel that was taxed at \$0.22 per gallon and fuel taxed												
at \$0.245 per gallon, you will need to submit Form 4923; Form 4923S-C to report the purchases at the \$0.22 rate; and Form 4923S-D to report the purchases at the \$0.245 rate.												
	Рι	rposes for which off-road fuel is used. ROUND TOTAL GA NEAREST GA			Gasoline Gallons (\$.22 Receipts)	Gallons	Gallo	ons	Clear Diesel Gallons (\$.22 Receipts)	Clear Diesel Gallons (\$.245 Receipts)	Clear Diesel Gallons (\$.27 Receipts)	
	1	Agricultural use, fuel used in lawn mower, farm equipment, etc.										
	2	Commercial or construction use, fuel used in off-road equi										
	3	Reefer use										
	4	Marine use (Complete Form 4925C, 4925D, or 4925E and att										
	5	Power Take-Off (PTO) use, fuel used in auxiliary equipment (588D, or 588E and attach)										
	6	Home heating, fuel used for heating purposes										
	7	Business heating, fuel used for heating purposes										
	8 Motor fuel used in aircraft engines											
	9	Ingredient or component part of a manufactured product										
	10	Retailer making bulk deliveries to farmers (Complete Forr 5085E and attach)										
age	11	Retailer selling kerosene through barricaded pumps										
ိ	12	Retailer selling kerosene through non-barricaded pumps (21 gallons or less)										
ruel Usage	13	Motor Fuel sold to or purchased by Federal Government										
<u></u>	14	Motor Fuel sold to or purchased by public mass transportation operator										
	15	Other claims not covered by the above options (attach add										
	16	6 Total Gallons (For each column, add lines 1 through 15)										
	17	7 Less eligible purchaser allowance gallons (if applicable)										
	18	8 Total gallons (line 16 minus line 17)										
	19				\$0.22	\$0.24	5 \$0.2	27	\$0.22	\$0.245	\$0.27	
	20											
	_											
	22	Total \$.09 aviation fuel refund claimed (line 21 times \$.09)										
Total refund (line 20, add all column totals plus line 22)												
Office Use ONLY 24 Total motor fuel refund												
Ш	25	Less Applicable sales tax										
	26 Total motor fuel refund approved											
If you would like your refund deposited directly to your checking or covings account, complete haves a larger and a helew									1 o			
	a. Routing Number b. Account Number					o account, complete sexes a, s, and c				c. Checking		
				1	1 1 1						Savings	
	Ur	nder penalties of perjury, I declare that the above inform	nation and a	ny attac	hed suppleme	ent is true,	complete, ar	nd co	rrect. I state tha	t I have prepar	ed or reviewed	
this claim and take full responsibility for the information thereon, that I have made the purchases and used the motor fuel as shown above and paid the tax on to original invoices, that the invoice dates or extensions have not been changed, and that no portion of such motor fuel listed on this form has been or will be used public roads of the state of Missouri, and that I am entitled to the refund amount claimed. Signature Title											ne tax on the	
igna	Signature						Title	Title				
S	Printed Name							Date (MM/DD/YYYY)				

Mail to: Taxation Division

P.O. Box 800

Jefferson City, MO 65105-0800

Phone: (573) 751-7671 **Fax:** (573) 522-1720



E-mail: motorfuelrefunds@dor.mo.gov

Visit dor.mo.gov/taxation/business/tax-types/motor-fuel/ for additional information.

Section 142.824_— (Motor Fuel Tax Law) Provides the following requirements

To claim a refund for motor fuel tax paid on fuel used for exempt non-highway purposes, the ultimate consumer or retailer must file the claim within one year of the date of purchase or April 15th following the year of purchase, whichever is later. Form 4924, Non-Highway Motor Fuel Tax Refund Application, must be on file with the Department in order to process this claim and may be submitted at the same time as Form 4923. Form 4923 must be accompanied with the applicable Form 4923S, Statement of Missouri Fuel Tax Paid for Non-Highway Use. For example, if you purchased fuel that was taxed at \$0.22 per gallon and fuel taxed at \$0.245 per gallon, you will need to submit Form 4923; Form 4923S-C to report the purchases at the \$0.22 rate; and Form 4923S-D to report the purchases at the \$0.245 rate.

Instructions for completing form

Average Price Per Gallon: To calculate the average price per gallon, add the price per gallon for each applicable transaction, from each receipt. Then divide the total dollar amount by the number of applicable transactions on each receipt.

Round all gallons to nearest gallon

- Line 1: Enter total gallons of fuel used in equipment for agricultural purposes or fuel used in residential or personal off-road equipment (residential lawn mowers, ATV's, chain saws, weed eaters, etc.).
- Line 2: Enter total gallons of fuel used in off-road equipment for commercial or construction purposes.
- Line 3: Enter total gallons of fuel used in reefer units.
- Line 4: Enter total gallons of fuel used in watercraft. Attach a completed <u>Form 4925C</u> for \$0.22 receipts, <u>Form 4925D</u> for \$0.245 receipts, and <u>Form 4925E</u> for \$0.27 receipts.
- Line 5: Enter total gallons of fuel used in the operation of PTO equipment. Attach a completed <u>Form 588-C</u> for \$0.11 receipts, <u>Form 588-E</u> for \$0.245 receipts, and <u>Form 588-F</u> for \$0.27 receipts.
- Line 6: Enter total gallons of fuel used for home heating purposes.
- Line 7: Enter total gallons of fuel used for business heating purposes.
- Line 8: Enter total gallons of gasoline used in aircraft.
- Line 9: Enter total gallons of fuel used as an ingredient or component part of the finished product.
- Line 10: Retailers, enter the bulk sales of one hundred gallons or more of gasoline delivered to farmers. Attach a completed Form 5085C for \$0.22 receipts, and Form 5085D for \$0.245 receipts, and Form 5085E for \$0.27.
- Line 11: Retailers, enter the total gallons of kerosene sold through barricaded pumps.
- Line 12: Retailers, enter the total number of gallons of kerosene sold in quantities of 21 gallons or less through non-barricaded pumps.
- Line 13: Enter the total gallons of fuel sold to or purchased by the Federal Government.
- Line 14: Enter the total gallons of fuel sold to or purchased by the public mass transportation operator.
- Line 15: Enter total gallons of fuel used for other off-road purposes. Explain how the fuel is used for off-road purposes.
- Line 16: Enter total gallons.
- Line 17: Enter gallons of eligible purchaser allowance. Motor fuel distributor claimants only.
- Line 18: Enter total gallons subject to a refund (Line 16 less Line 17).
- Line 19: Tax Rate
- Line 20: Enter total tax paid on gallons used for off-road purposes, by tax rate (Line 18 times Line 19).
- Line 21: Enter total \$.09 aviation fuel gallons used for commercial agricultural purposes.
- Line 22: Enter total \$.09 aviation fuel tax paid on gallons used for commercial agricultural purposes (Line 21 multiplied by \$.09).
- Line 23: Enter total refund amount. Add all columns from line 20 plus line 22.
- Line 24: Lines 24 through 26: For office use only. The Department will calculate, if applicable.

Remember to sign and date form. Claims received unsigned will be returned.

If you have questions or need assistance in completing this form, please call this office at (573) 751-7671 (TTY (800) 735-2966) or e-mail this office at: motorfuelrefunds@dor.mo.gov. You may also access a copy of this form on the Department's website: dor.mo.gov/forms.

Ever served on active duty in the United States Armed Forces?

If yes, visit <u>dor.mo.gov/military/</u> to see the services and benefits we offer to all eligible military individuals. A list of all state agency resources and benefits can be found at <u>veteranbenefits.mo.gov/state-benefits/</u>.