

**DIESEL FUEL TAX  
CLAIM FOR REFUND QUESTIONNAIRE**

ACCOUNT NUMBER:

DU MT 57-

BUSINESS NAME

1. Type of business? Please provide a brief description of what you do (for example, electrical contractor performing underground cable work).
2. How many business locations are involved in the claim? \_\_\_\_\_ Do not list job sites. **List only the permanent locations where you normally conduct business, including equipment yards.** List the address of each location.
3. Description of Nontaxable Use. Please be specific (for example, loaders and scraper used off-highway and PTO on winch truck). **Please indicate if refrigerated units have separate fuel tanks.**

Do you have any on-highway use of diesel? \* YES \_\_\_\_\_ \*\* NO \_\_\_\_\_

\* If YES, please indicate the frequency and duration of on-highway usage.

\*\* If NO, please indicate (if appropriate) how off-highway equipment is transported

4. **Please attach a list of all of your equipment and vehicles using the format below.**

Equipment/Vehicle Description	On-hwy/Off-hwy	Type of Fuel Used*
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\* gasoline, diesel, LPG, electric, etc.

5. Describe how your off-highway equipment and vehicles are fueled (for example, **bulk, cardlock, service station, fuel wagon, or tanks attached to vehicles**). If more than one means of fueling is used, please describe use of each.

6. Do you purchase dyed diesel?  Yes  No If yes, please explain how the dyed fuel is used and how you account for it.

7. Do you sell or otherwise provide clear diesel to other users?  Yes  No If yes, please attach a summary of the number of gallons sold or provided, customers' names and dates of sale with your claims for refund.

8. If you have bulk storage, please provide the following information:

Above ground tanks?  Yes  No  
Number of Tanks Capacity per tank (gallons)  
Type of Fuel Stored

Underground tanks?  Yes  No  
Number of Tanks Capacity per tank (gallons)  
Type of Fuel Stored

If underground tanks:

Tank account number - **TK MT 44-**

Who is the owner of the tanks?

Site address of underground tanks:

9. **How did you arrive at the gallons you are claiming as being used in a nontaxable manner?** Please attach a detailed description for each nontaxable use claimed on the Diesel Fuel Claim for Refund on Nontaxable Uses.

a. Actual: Based on data from a log or card key coded for each specific type of equipment claimed on actual basis. Please provide representative sample (monthly/quarterly) as it relates to the claim. If the sample is not for the entire claim period, you will need to break down your nontaxable gallons claimed to correspond with the sample.

b. Percentage: How did you calculate the percent used? Also, please provide a copy of text documents, if applicable, and a description of how the test was performed. When was the test performed? How is the percentage being applied (for example, total purchases, usage, usage of only specific equipment)?

c. Other: Explain in detail. (Attach worksheets or schedules if necessary.)

10. List all diesel fuel accounts and all other licenses and permits issued for your company by the Board of Equalization.

11. **Are you an IFTA carrier?**  Yes  No If yes, please record your IFTA account number here.

and IFTA jurisdiction

Include with your claim(s) for refund the following information relating to your operations only if gallons being claimed are of diesel fuel used in non-IFTA vehicles operated off-highway or of fuel used in power take-off equipment or refrigerated units:

- a. **Total California** purchases of diesel fuel. Identify IFTA fuel, non-IFTA fuel, and reefer fuel.
- b. **Total California** miles driven for entire fleet. Separately state IFTA and non-IFTA miles.
- c. Miles per gallon (mpg) of entire diesel fleet. Separately state IFTA mpg and non-IFTA mpg.

**In addition, please provide a copy of your IFTA 101, IFTA Quarterly Fuel Use Tax Schedule.**

12. **Business/Company Information:**

TYPE OF ENTITY (*individual, partnership, corporation, limited partnership, etc.*)

OWNER NAME (*list names of general partners and partnership name if applicable*)

OWNER'S SOCIAL SECURITY NUMBER (SSN)/FEDERAL EMPLOYER IDENTIFICATION NUMBER (FEIN)

NAME AND TITLE OF PERSON PREPARING THIS FORM (*please print*)

SIGNATURE OF PERSON PREPARING THIS FORM	DATE
TELEPHONE NUMBER	FAX NUMBER
NAME AND TITLE OF CONTACT PERSON ( <i>if different from preparer</i> )	TELEPHONE NUMBER ( <i>if different from preparer</i> )