



Federal, State, Local Governments and School Districts
Refund of Montana Diesel Tax

Fed ID#: - Time period for Refund: to

Applicants Name: _____

Mailing Address: Phone Number: (406) -

City: State: MT Zip Code + 4: -

INSTRUCTIONS

- 1. All Information requested on this application is required. Failure to complete the form will result in the return of the application and will delay your refund.
2. Based on postmark date of application, invoices must be submitted within thirty six (36) months of date of purchase.
3. Photocopied invoices must be listed on Schedule 3 (page 2) and submitted with application.
4. The name on this application must match the name on all invoices. If the names differ in anyway a signed statement declaring the names on the invoices and the applicant are on in the same.
5. This claim must have an original signature or it will be returned to sender.
6. The fuel placed in the tank must be used exclusively by a government entity and the receipts must show that the fuel purchased was tax paid (undyed).

NOTE: No Refund is allowed for fuel bought for buses under contract.

Schools & Government Only
Online Version

Total Gallons
(from Schedule 3)

Refund Amount
Per Gallon
X \$0.2775 =

Total Refund
Amount
\$

I hereby declare and represent that the above and foregoing is a true and correct statement showing diesel purchased and entirely consumed by the applicant; that the invoices and photocopies included are the original purchase invoices received at the time of purchase and delivery; that said claim against the State of Montana is just and wholly unpaid.

Paid Preparer's Name: _____

Address: Phone: _____

Signature: Date: _____

May the Department of Transportation discuss this application with the preparer above? Yes No

Applicant's Signature: Date: _____

By cooperative agreement, the Montana Department of Transportation exchanges fuel tax information with other tax collecting agencies.

MDT attempts to provide accommodations for any known disability that may interfere with a person participating in any service, program or activity of the Dept. Alternative accessible formats of this information will be provided upon request. For further information call (406) 444-7278 or TTY (800) 335-7592, or by calling Montana Relay at 711

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