



**Montana Department of Transportation  
PTO Refund of Montana  
Diesel and/or Gas Tax Application**

PO Box 8019  
Helena, MT 59604-8019  
Phone: (406) 444-7664  
Fax (406) 444-5411  
TTY: (406) 444-7696  
[mdtfueltaxrefund@mt.gov](mailto:mdtfueltaxrefund@mt.gov)  
[www.mdt.mt.gov](http://www.mdt.mt.gov)

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Time period for Refund:  To:

- S-Corp   
  General Partnership   
  Individual   
  Sole Proprietorship   
  Estate/Trust  
 C-Corp   
  Limited Partnership   
  Individual LLC   
  Partnership LLC   
  Corp LLC

**Applicant Information**

**IFTA License Number (Required for Non-Residents)**

**Name (Last, First, MI) or Trade Name:**

**Tax ID#:**

**-OR-**

**SSN:**

**Mailing Address:**

**Occupation:**

**City:**

**State:**

**Zip + 4:**

**Phone:**

**Requested Amount**

	Gasoline		Diesel		Total Refund	
		+		=		

**Preparer's Information**

Preparer's Name \_\_\_\_\_

Preparer Address \_\_\_\_\_

Phone \_\_\_\_\_

Preparer Signature \_\_\_\_\_

Date \_\_\_\_\_

Check the box if you do not want the Department of Transportation to discuss this return with the preparer above

*I/We hereby declare and represent that the above and foregoing is a true and correct statement showing diesel and/or gasoline purchased and entirely consumed by the applicant; that the invoices 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.*

Applicant Signature \_\_\_\_\_

Date \_\_\_\_\_

**FOR OFFICE USE ONLY**

File Location: \_\_\_\_\_ Date Entered: \_\_\_\_\_ Date Processed: \_\_\_\_\_

Date Approved: \_\_\_\_\_ Postmark Date: \_\_\_\_\_







