



Motor Fuel Casualty Loss Refund Claim

Period _____ to _____

Name of claimant _____ Refund account number _____

Company ID (FEIN/SSN) _____ E-mail _____

Address _____ City _____ State _____ ZIP _____ Update address

Telephone _____ Fax _____

1. State full and complete reasons for this claim including specific location where loss occurred (if additional space is required, use reverse side)

2. Date of loss _____ Gallons lost _____

3. Date you notified Department of Taxation of loss _____

4. Has tax been paid on lost fuel? _____ If yes, attach copy of fuel purchase invoice.

5. Did you notify local police department? _____ If yes, attach copy of police report.

6. Did you notify local fire department? _____ If yes, attach copy of fire report.

7. Was the loss, including tax, covered by insurance? _____ If yes, provide specific details.

8. Provide name and addresses of person(s) having firsthand knowledge of the loss

9. Total amount of claim \$ _____

State of Ohio, _____ county, ss.:

_____, being duly sworn, says he is the claimant aforesaid, or authorized to make this claim in the name of the person named herein, and that all of the foregoing statements are true and that the fuel on which a refund of the motor fuel tax is claimed was lost by the dealer through casualty. I understand if it is subsequently found that a refund was erroneously issued, an assessment, as prescribed by Ohio Revised Code Section 5735.12 may be issued.

Signature

Official capacity

Sworn to and subscribed to me personally this _____ day of _____

Notary public

Pursuant to Section 5735.13 a refund shall be made to any person for the motor fuel tax paid on any motor fuel that is lost or destroyed through leakage, fire, explosion, lightning, flood, tornado, windstorm or any other cause, except theft, evaporation, shrinkage and unaccounted-for-loss. No refund shall be authorized or ordered under this section for any single loss of less than 100 gallons, not except upon notice to the tax commissioner within 30 days from the date of loss or destruction or the discovery thereof, and upon filing with the tax commissioner within 60 days thereafter an application in the form of an affidavit sworn to by the claimant setting forth in full the circumstances of the loss, and upon presentation of supporting evidence satisfactory to the commissioner. Send the original claim to: **The Ohio Department of Taxation, Motor Fuel Refund Unit, P.O. Box 530, Columbus, OH 43216-0530. Contact the Motor Fuel Refund Unit at (855) 466-3921 with any questions.**