



**Department of
Taxation**

P.O. Box 530
Columbus, OH 43216-0530

Permit number assigned

MVF 31
Rev. 12/08

Motor Fuel Refund Permit Application

Pursuant to Ohio Revised Code Section 5735.16, I/we hereby apply for a motor fuel refund permit. The applicant understands that this permit may be revoked by the tax commissioner if it is found that the permit holder has made a false or fraudulent application for refund of tax or when the permit holder fails to furnish information required by law.

Under penalties of prosecution, no person shall make a false or fraudulent statement on this application.

1. Name of applicant _____
(If you are a corporation, **DO NOT** use your name, use the corporation name.)

FEIN _____ SSN _____ Ohio charter number _____

Telephone _____ Fax _____ E-mail _____

2. Trade name if other than above _____

3. Check whether applicant operates as: Sole owner Partnership Corporation LLC LLP
 Association Other (list) _____

4. If a corporation, date of qualification _____

List name, address and SSN of all corporate officers and directors (attach separate sheet, if necessary)

5. If partnership, list name, address and SSN of all partners. If LLC or LLP, list name, address and SSN of all members (attach separate sheet, if necessary).

6. Business address (P.O. boxes not acceptable)

7. County in which business is located _____

8. Mailing address (if other than that shown on line 6) _____

9. Explain how this fuel is being used in a refundable manner. Be specific.

10. Please provide a detailed list of the type of equipment that is using fuel in a refundable manner. Also provide us with the quantity of each type of equipment operated. (Attach a separate sheet if necessary.)

11. Are you subject to sales tax? Yes No If no, you must state a statutory reason. Be specific.

You are required to maintain all records relating to fuel purchases and usage for a period of four years from the date of the purchase of the fuel. This application will not be processed unless all lines are completed and the application is signed and dated.

Federal Privacy Act Notice

Because we require you to provide us with a Social Security number, the *Federal Privacy Act of 1974* requires us to inform you that providing us with your Social Security number is mandatory. Ohio Revised Code sections 5703.05,

5703.057 and 5747.08 authorize us to request this information. We need your Social Security number in order to administer this tax.

I declare under penalties of perjury that this application (including any accompanying statements) has been examined by me and to the best of knowledge is a true, correct and complete application

Signature _____ Title _____

Date _____

Return completed application to the: **Ohio Department of Taxation**
Motor Fuel Tax Refund Unit
P.O. Box 530
Columbus, OH 43216-0530.

Retain a copy of application. Direct any questions to (855) 466-3921 or fax (206) 350-6722.