



Ohio Motor Fuel Tax Refund Claim for School Districts

Period _____ to _____ (must be filed within 365 days)

Name of claimant _____ Refund account number _____

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

Address _____ City _____ State _____ ZIP _____ Update address

Telephone _____ Fax _____

1. Total gallons of tax-paid motor vehicle fuel purchased during the period (see instructions) _____

2. Total gallons of tax-paid motor vehicle fuel sold to others during the period..... _____

3. Total gallons of tax-paid motor vehicle fuel purchased for school district or Educational Service Center operations (line 1 minus line 2) _____

4. Total refund requested (line 3 multiplied by tax rate of \$0.06) \$ _____

I declare under penalties of perjury that this claim (including all accompanying schedules and statements) has been examined by me and to the best of my knowledge and belief is true, correct and complete.

Name (please print) Signature

Title Date Telephone

Motor Fuel Refund Instructions:

Period covered by the claim: Enter both the beginning and ending dates covered by this claim. This refund claim must be filed within 365 days from the date of fuel purchased.

Line 1 – Fuel Purchased: Enter the total number of gallons of tax-paid motor vehicle fuel purchased for school district or Educational Service Center operations during the period covered by this claim. Evidence of fuel purchase, such as invoices, cash receipts, credit card receipts, or any other document that contains the name and address of the sellers, name of the purchaser, date of purchase, type of fuel, the number of gallons purchased and the purchase price, must be submitted with this claim.

Line 2 – Fuel sold to others: Enter the total number of gallons of tax-paid motor vehicle fuel (included in line 1) that was sold from bulk storage to others.

Line 3 – Total refundable gallons purchased: Line 1 minus line 2.

Line 4 – Refund: Enter the amount of this claim, which is line 3 multiplied by the refundable rate per gallon (\$0.06).

Records: You must keep complete and accurate records to support your claim for a period of four years.

Note: No refund shall be authorized under Ohio Revised Code 5735.142 for any single refund claim of less than 100 gallons.

Send claim to the Ohio Department of Taxation, Motor Fuel Tax Refund Unit, P.O. Box 530, Columbus, OH 43216-0530. Contact the Motor Fuel Refund Unit at (855) 466-3921 with any questions.