

State of Delaware
Division of Motor Vehicles
Financial Services Section
P O Drawer E
Dover Delaware 19903
302-744-2711

Agency Use Only – Date Received

APPLICATION FOR MOTOR FUEL (GASOLINE) TAX REFUND

Applicants Soc. Sec. No. Or Fed. E.I. No.: _____ Telephone Number: () _____

Application is hereby made by: _____
First Name Middle Name Last Name

Address: _____
City State Zip

For refund of the tax paid on motor fuel (gasoline) purchased and used for a purpose other than a motor vehicle licensed to operate in whole or in part upon a public highway in accordance 30 Del C c. 51 § 5120, and Section G of the Promulgated Regulation.

****Please submit Form W-9 online prior to mailing in your off highway refund application to ensure refund request is processed <https://w9.accounting.delaware.gov/>

IF FUEL WAS PURCHASED IN BULK, PLEASE GO TO PAGE TWO FIRST.

PURCHASES

- 1) Gallons purchased for **agricultural** purposes (tractors, unlicensed trucks, etc.) _____
- 2) Gallons purchased for **commercial** purposes (tractors, shovels, bulldozers, etc.) _____
- 3) Gallons purchased for use in **watercraft**..... _____

Watercraft Registration Number(s)

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- 4) Gallons purchased for use in **aircraft**..... _____

Tail Number(s)

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REFUND COMPUTATIONS

Total gallons on which refund is claimed
(Line 1 + Line 2+ Line 3+ Line 4) _____ x 23 cents..... \$ _____

I hereby swear or affirm that these statements are true and correct, that the tax has been paid and the refund due is in accordance with 30 Del C c. 51 § 5120, and Section G of the Promulgated Regulation.

Print Name Signature Date

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- Complete the following section **ONLY** if either of the following applies:
 1. *Bulk fuel was purchased by you, placed in a bulk supply tank owned/controlled by you, then placed into the supply tank of licensed vehicles which have no other verifiable fuel source, OR*
 2. *Bulk fuel was purchased by you, placed in a bulk supply tank owned/controlled by you, then placed into licensed vehicles, which also received fuel purchased at retail stations. Submit retail receipts indicating the vehicles for which fuel was purchased.*
- Complete all columns below with the licensed gasoline vehicles which you own or use, (cars, trucks, farm trucks, pick-ups, etc.), and any other vehicles which fueled from the bulk tank during the claim period.
- Farm Truck (FT) plates are considered licensed vehicles and you may not claim a refund on any gasoline used by those vehicles.
- If you sell or trade a vehicle within the reporting period please list the beginning and ending odometer reading of the sold/traded vehicle as well as the new vehicle.
- Odometer readings of all licensed vehicles are required in order for this claim to be processed.
- It is your responsibility to keep track of odometer mileage. This office will not supply that information. Inconsistencies identified through verification of odometer readings may result in adjustments or claim disallowance.

YEAR	MAKE	BODY TYPE	TAG NUMBER	STATE	ODOMETER (BEGINNING OF CLAIM PERIOD) (A)	ODOMETER (END OF CLAIM PERIOD) (B)	TOTAL MILES TRAVELED (B-A)	AVERAGE MILES PER GALLON	GALLONS USED

Total gallons used in licensed vehicles _____

Gallons Purchased in **Bulk** _____

Gallons Purchased from **Retail** _____

TOTAL GALLONS PURCHASED (bulk + retail) _____

Gallons used in licensed vehicles from above _____

TOTAL GALLONS REQUESTED FOR REFUND _____

(bulk + retail – licensed vehicles gasoline)

**Carry total gallons requested for refund to the appropriate line on Page One
(Line 1, Agricultural; Line 2, Commercial; Line 3, Watercraft; and Line 4, Aircraft)**