



# Motor/Diesel Motor Fuel Tax Refund Application

- Motor fuel tax (gasoline)       Diesel motor fuel tax       Both

Do not use for refund claims of sales and use tax or petroleum business tax.

Read instructions in Form FT-946/1046-I carefully.

Filing period:		Beginning	Ending
Name of claimant		Telephone number (      )	
Street address	City	State	ZIP code
Social Security number	NYS identification number	Employer identification number (EIN)	

For office use only	
Line 9 gallons	_____ x \$.064 = \$ _____
Line 10 gallons	_____ x \$.08 = \$ _____
Total refunds \$ _____	
Audited by: _____	Date: _____
Approved by: _____	Date: _____
Approved by: _____	Date: _____

## Refund claimed

Total refund claimed (from line 13 on page 2) .....

\$	_____
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## Basis for refund

- Mark an **X** in this box if you are filing multiple claims for refunds of motor/diesel motor fuel tax, sales tax, or petroleum business tax for the same period and gallonage. You must file this form and the appropriate sales tax refund claim form and/or petroleum business tax refund claim form together. Attach invoices or other substantiation as required by all forms and mail all forms in *one* envelope.

Mark an **X** in the box under section A, B, C, or D that indicates your type of operation and enter any other requested information.

### A – Nontaxable use (off highway)

- Farmer - number of acres under cultivation \_\_\_\_\_
- Industrial type \_\_\_\_\_
- Contractor - job location \_\_\_\_\_
- Vehicles on rails or tracks
- Commercial boats
- Aircraft
- Refrigerator (reefer) unit
- Other (explain) \_\_\_\_\_

### D – Specific organizations entitled to reimbursement

- Voluntary ambulance service
- Volunteer rescue squad
- Volunteer fire company/department
- Nonpublic school operator
- Exempt hospital (number) \_\_\_\_\_
- New York State and its municipalities
- United States and any of its agencies or instrumentalities
- Indian tribe or nation
- Member of exempt Indian tribe or nation – I hereby certify that I, \_\_\_\_\_, am an enrolled member of the exempt Indian tribe or nation of \_\_\_\_\_, and that the fuel for which this refund is claimed was delivered to me on the \_\_\_\_\_ reservation.

### B – Refund assignment

- Used by snowmobile club members (motor fuel)
- Other (explain) \_\_\_\_\_

### C – Nontaxable sales

- To New York State and its municipalities
- To the United States and any of its agencies or instrumentalities
- To airlines (kero-jet fuel)
- For heating purposes (diesel motor fuel)
- To exempt hospitals (motor fuel)
- For immediate export (motor fuel)
- Sales of E85 to filling stations on or after September 1, 2006
- Made during the suspension of motor/diesel motor fuel tax

For the motor vehicles or equipment you own, indicate how many of each type that uses **motor fuel (MF)** or **diesel motor fuel (DMF)**. If you do not own any of the following types of equipment, enter **N/A** in the box where indicated. If the fuel was used in a commercial motor boat, airplane, snowmobile, or all-terrain vehicle (ATV), list the type of fuel and registration number(s), if applicable, where indicated. Attach additional sheets if necessary.

On-road vehicles	MF	DMF	Off-road equipment	MF	DMF	Commercial motor boat, airplane, snowmobile, or ATV registration number
Automobiles			Motor boats			
Trucks			Airplanes			
Tractors			Snowmobiles/ATV			
Other _____			Pumps/Other			Indicate the types of other machinery.

Enter separately in columns A or B the number of gallons of <b>motor fuel/diesel motor fuel</b> purchased and consumed in New York State on which the excise tax was paid.		A Motor fuel	B Diesel motor fuel
1	Beginning physical inventory ( <i>bulk storage only - others enter 0</i> ) (If no ending inventory was shown on the preceding claim, no beginning inventory should be shown on this claim. Beginning inventory should <b>not</b> include purchases made more than <b>three</b> years prior to date of filing a claim.)		
2	Purchases for this filing period ( <i>do not include purchases over three years old</i> )		
3	Gallons available ( <i>add lines 1 and 2</i> )		
4	Ending physical inventory ( <i>bulk storage only - others enter 0</i> )		
5	Total gallons used ( <i>subtract line 4 from line 3</i> )		
6	Number of <b>taxable</b> gallons used during this filing period ( <i>explain use and type of fuel</i> )		
7	Nontaxable gallons ( <i>subtract line 6 from line 5</i> )		
8	Total amount of nontaxable gallons ( <i>add the amounts on line 7, columns A and B</i> )		
9	Gallons of B20 included in line 8 that were purchased on or after September 1, 2006		
10	Gallons of fuel other than B20 ( <i>subtract line 9 from line 8</i> )		
11	Refund claimed on B20 ( <i>multiply line 9 by \$0.064</i> )		
12	Refund claimed on <b>all</b> other fuel ( <i>multiply line 10 by \$0.08</i> )		
13	Total refund claimed ( <i>add lines 11 and 12</i> )		\$

**Certification:** I certify that this is a true, correct, and complete report.

<b>Authorized person</b>	Signature of authorized person		Official title					
	Email address of authorized person		Telephone number ( )		Date			
<b>Paid preparer use only</b> (see instr.)	Firm's name (or yours if self-employed)			Firm's EIN		Preparer's PTIN or SSN		
	Signature of individual preparing this application		Address		City		State ZIP code	
	Email address of individual preparing this application		Telephone number ( )		Preparer's NYTPRIN		NYTPRIN excl. code	
							Date	

See Form FT-946/1046-I, *Instructions for Form FT-946/1046*, for where to file.