



MONTANA DEPARTMENT OF TRANSPORTATION

Refrigerator Fuel Refund Application

Refund of Montana Diesel Tax

PO BOX 5895

HELENA MT 59604-5895

Phone: (406) 444-7270 Fax: (406) 444-5411 TTY: (406) 444-7696

www.mdt.mt.gov

This form may be filed electronically by e-mail to mdpreferrefunds@mt.gov

Please read Important Refund Information on Page 2.

Time Period for Refund:		to	
Applicant's Name (Last, First, MI) or Trade Name:			
SSN or Tax ID #:		Occupation:	
Mailing Address:		Phone #	
City:		State:	Zip + 4

Tax Rate: .2775

REQUESTED AMOUNTS

510222 Diesel

Total Refund Request: \$ _____

Original Signature required for processing application *

If filing your application for refund electronically (via e-mail), please certify the following statement by checking this box. I/we hereby declare and represent that the above and foregoing is a true and correct statement showing all Montana tax paid diesel purchased and entirely consumed in a refrigeration (reefer) unit by the applicant; that the invoices included are the original purchase invoices received at the time of purchase and delivery; that said claim against the State of Montana is just and wholly unpaid.

Paid Preparer's Name:			
Address:		Phone:	
Signature:		Date:	

Check the box if you do not want the Department of Transportation to discuss this return with the preparer above?

Applicant's Signature: _____ Date: _____

*A claim for a refund that is filed electronically does not require a signature or the original invoices.

FOR OFFICE USE ONLY			
File Location:	_____ - _____	Entered:	____/____/____ - _____
Processed:	____/____/____ - _____	Pre-Approved:	____/____/____ - _____
Approved:	____/____/____ - _____	Postmark Date:	____/____/____ - _____

