DRAFT 07/21/26

FLORIDA DEPARTMENT OF REVENUE

Application for Fuel Tax Refund
Municipalities, Counties and School Districts

For the Quarter Ending

DR-189
R. XX/XX ~~01/20~~
Rule 12B-5.150, F.A.C.
Effective XX/XX ~~01/20~~

☐ Check here if amending

Mail To:
Florida Department of Revenue
Refunds
P.O. Box 6490
Tallahassee FL 32314-6490
~~For Help Call:~~ (850) ~~850-~~617-8585

Permit #:

FEIN:

Business Partner #:

Gasoline, Gasohol and Undyed Diesel Fuel

	Column A	Column B
	Gallons	
	Gasoline/Gasohol	Undyed Diesel
1. **Beginning Iinventory** (Must agree with closing inventory from prior quarter)	,,.	,,.
2. **Gallons Ppurchased** ("Schedule of Purchases" attached)	,,.	,,.
3. **Closing Iinventory** (Use this figure for beginning inventory on next claim)	,,.	,,.
4. **Total Ceonsumption** (Add Lines 1 and 2. Subtract Line 3)	,,.	,,.
5. **Gallons Not ~~not~~ Eeligible for Rrefund** (Off-road use)	,,.	,,.
6. **Gallons Cclaimed for Rrefund** (Subtract Line 5 from Line 4)	,,.	,,.
7. **Refund** (Lines 6A and 6B X)	$,,.	$,,.

See item 8~~eight~~ on reverse page if any of the gallons claimed on Line 6 were purchased during the previous calendar year.

Net Refund Due (Add Lines 7A and 7B) $,,.

No refund will be issued for less than $5.~~00.~~

Under penalty of perjury, I declare that I have read this application and that the facts stated in it are true.

Signature of Applicant

Contact Person

Print/Type Applicant Name

Contact Telephone Number

Date

Contact Email Address

Important Information Concerning Application for Fuel Tax Refund Municipalities, Counties and School Districts

A *Florida Department of Revenue Power of Attorney and Declaration of Representative* (Form DR-835) ~~Power of Attorney, Florida Department of Revenue Form DR-835,~~ must be properly executed and included if this application is prepared by your representative.

1. Permit holders are entitled to a refund of the fuel sales tax levied under sections ~~(ss.)~~ 206.41(1)(b) and (g) and 206.87(1)(a) and (e) of c~~C~~hapter 206, Florida Statutes (F.S.), on gasoline, gasohol and diesel fuel purchased. The applicable tax rates are entered by the Department and are published annually in Taxpayer Information Publications and on the Department's website at **floridarevenue.com/taxes/rates**.
2. Applications are to be used only for the quarter indicated on the face of this application. Only original refund applications are acceptable. Application forms may be requested from the Department's Refund section at (850) ~~850-~~617-8585.
3. Refund permits are renewed on an annual basis only if the permit holder files quarterly claims during the year.
4. The claim ~~Claim~~ must be filed quarterly, no later than the last day of the month immediately following the end of the quarter. The filing date may be extended one additional month when a justified excuse is submitted in writing and the **last preceding claim** was filed timely.

Purchases Made During	Claims Must Be Filed By *	With A Written Excuse - No Later Than
January, February, and March	April 30	May 31
April, May, and June	July 31	August 31
July, August, and September	October 31	November 30
October, November, and December	January 31	February 28

*Amended application for prior quarter must be received by current quarter's deadline. Example: You must submit an amended March quarterly application by July 31.

5. Each permit holder must maintain records to substantiate:
   - Fuel was used by a qualified applicant
   - Fuel taxes were paid on the refundable gallons
   - Gallons reported as Beginning and Ending Inventory
   - Fuel was used in an eligible manner

   When copies of your records are required to determine the amount of refund due, the Florida Department of Revenue will issue a written request to you within 30 days of the receipt of your application. ~~Your application for a refund is not complete until the requested records are received by the Department.~~
6. The Schedule of Purchases (p~~P~~age 3), detailing the information listed below, may be submitted instead of original invoices. Include only one product type listed at the top of the Schedule of Purchases. Separate schedules must be used for each product type. However, first-time filers of this form must submit tax paid invoices with their initial refund request.

   A. Name and address of supplier that you purchased motor fuel from.

   B. Florida Department of Environmental Protection storage tank facility identification number of the tank where the motor fuel was stored prior to purchase or the Federal Employer Identification Number ~~federal employee identification number~~ of the seller.

   C. Type of motor fuel you purchased using the product types listed at the top of the schedules.

   D. Sales invoice number.

   E. Date that you took possession of the motor fuel from the supplier (must be within this calendar quarter).

   F. County in which you took possession of the motor fuel from the supplier.

   G. Total price you paid for the motor fuel purchased.

   H. Number of gallons of motor fuel you purchased.
7. In the event of overpayment of any refund, the Department of Revenue will refuse to make further refunds and advise the payee of the amount to be reimbursed.
8. Gallons that you purchased during the previous year and consumed during the current quarter will not be eligible for the full refundable rate for the current year. Instead, these gallons should be multiplied by the previous ~~last~~ year's rate. This adjustment will compensate for any inventory that was assessed at the previous ~~last~~ year's rate and carried forward to the current calendar year.

Line-by-Line Instructions

Purchases of Gasoline, Gasohol, and Undyed Diesel Fuel

Line 1. Beginning Inventory – Must be the same as your closing inventory from prior quarter. If the prior quarter's claim was not filed, enter zero.

Line 2. Gallons Purchased – This represents fuel you purchased during the calendar quarter. These purchases must be supported by the Schedule of Purchases (p~~P~~age 3).

Line 3. Closing Inventory – Actual physical inventory as of the last day of the quarter printed on p~~P~~age 1. This will be your beginning inventory for the next quarter. If no refund is due but a closing inventory exists, the claim form must be filed.

Line 4. Total C~~c~~onsumption – Line 1 plus Line 2 minus Line 3.

Line 5. Gallons N~~n~~ot C~~c~~laimed for R~~r~~efund – This represents fuel purchased that~~which~~ was not used in motor vehicles (used for "off-road" purposes).

Line 6. Gallons C~~c~~laimed for R~~r~~efund – This represents fuel used in a motor vehicle operated by the permit holder.

Florida Department of Revenue
Refund Application Schedule of
Purchases for Tax-Paid Purchases Only

Invoices are not required with schedule

Do not include non-tax-paid dyed diesel fuel purchased.

Product Type Codes:
065 - Gasoline 167 - Low Sulfur Diesel/Undyed/Blended Biodiesel B00 – Undyed/Unblended Biodiesel

Company Name	License Number	Quarter Ending

Supplier Name	Supplier Address	DEP Storage Tank Facility ID Number or FEIN of Seller	Product Type Codes	Invoice Number	Purchase Dates (Must Be Within This Calendar Quarter)	County Where Fuel Was Delivered	Total Price Paid For Fuel Including Taxes and Fees	Number of Gallons
							Total Gallons Purchased	

General Instructions

1. When completing the form, type or print clearly in blue or black ink.
2. "Product Type" must be specified using the product type codes listed above. Separate schedules must be used for each product type. **Do not include non-tax-paid dyed diesel fuel purchased.**
3. Make additional copies of schedule for each product type.
4. Attach this schedule to the application for refund.