DR-309641 N. XX/XX Rule 12B-5.150, F.A.C. Effective XX/XX Page 1 of 5

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PO Box 6490 Tallahassee FL 32314-6490 or, Fax to: 850-410-2526																														
NOTE: Your refund application may be delayed if all information is not completed in full.																														
Name of applicant/payee:																														
Mailing street address:																														
Mailing city, state, ZIP:																														
Location street address:																														
Location city, state, ZIP:																														
Email address*:																														
Sales & Use Tax number:															Bu	sine	ess	Part	ner	Nur	nbe	r:								
FEIN:														For	inv	oice	es c	ove	ring		onth	20		ear	thro	ough	mo	2 nth	0	year
Your privacy is important to the Florida Department of Revenue. Email addresses provided to the Department for tax administration purposes are confidential and exempt from disclosure under section 213.053(2), F.S.																														
Florida Law requires you to authorize the Florida Department of Revenue to respond to you using unencrypted email that does not equire additional steps before you can access information in the email. To expedite the processing of your application, you may wish a receive unencrypted email regarding this application. If so, indicate your approval to receive unencrypted email by selecting 'Yes' pelow, otherwise, select 'No.' I Yes. I authorize the Florida Department of Revenue to send information regarding this application using unencrypted email. No. I wish to receive encrypted emails from the Florida Department of Revenue. (The software used to encrypt email requires a one-time passcode or a user account.)																														
Business telephone number (include area code): Fax number (include area code):																														
13. Total Net Refund Requested (From Page 3, Part II, Line 15)											\$,,																			
Under penalty of perjury, I declare that I have read this application and the facts stated in it are true.																														
Signature of Applicant																				D	ate									

Who May Apply for Refunds?

Any person who purchases tax-paid natural gas fuel used by a power take-off unit to turn a concrete mixer, compact solid waste, or unload bulk cargo by pumping, may file a claim for refund. However, a person filing such a claim must pay **use tax** on the average net cost per converted gallon as specified under section 212.05, Florida Statutes (F.S.).

Tax Rates: The state tax rates on fuel, county fuel tax rates, and county discretionary sales surtax rates, are published annually and available at **floridarevenue.com/taxes/rates**. The tax rates used to determine the amount of refund due are provided on this application by the Department as specified in sections 206.9955, 206.41, 212.05, and 212.055, F.S. When computing use tax due, include the applicable surtax rate where the fuel is delivered.

For help in completing this form, please contact:

Printed Name

Contact Person

Refunds Florida Department of Revenue 850-617-8585

Telephone Number (Include area code):



Total Net Refund Requested (Add 14A, 14B, 14C, and 14D)

15

leas heck al applicable boxes. This form may be Category used for more than one category type. Fuel used to turn a concrete mixer drum. Fuel used to compact solid waste. Fuel used for unloading bulk cargo by pumping. A - Compressed B - Compressed C - Liquefied D - Liquefied **Available Units** Part I **Natural Gas Natural Gas Natural Gas Petroleum Gas** by Product Type (Cubic Feet) (Pounds) (Pounds) (Gallons) Beginning Inventory (physically measured on the first day of the refund period) 2 Units Purchased (from Schedule 1A) Ending Inventory (physically measured on 3 the last day of the refund period) 4 Available Units (lines 1 plus 2 minus 3) **Consumption and** Part II Conversion Units Consumed in Motor Vehicles 5. (Trucks) 5 A. Unload Bulk Cargo by Pumping Turn a Concrete Mixer Drum 5 B. Used in the Manufacturing Process 5 C. Compact Solid Waste Units Eligible for Refund (Add Lines 5A, 6 5B, and 5C) Units Consumed for Highway Use (Line 4 7 minus Line 6) 8 Conversion Factor 5.66 126.67 6.06 1.35 Motor Fuel Equivalent Gallons (MFEG) 9 (Divide Line 6 by Line 8) Note - Total Units Eligible for Refund cannot exceed Part 1, Line 4 (Available Units). C - Liquefied Calculation of A - Compressed B - Compressed D - Liquefied Part III **Natural Gas Natural Gas Natural Gas Petroleum Gas Refund Due** (Pounds) (Cubic Feet) (Pounds) (Gallons) Motor Fuel Equivalent Gallons Eligible for 10 Refund (35% of Line 9) MFEG Cost - Line 10 multiplied by 11 Average Cost per Gallon (MFEG) (From Schedule 1B, see instructions) Fuel Tax Eligible for Refund (Line 10 12 multiplied by Sales Tax Due (Line 11 multiplied by 6% + 13 applicable surtax. Rates listed on Schedule 1C) 14 Refund Due (Line 12 minus Line 13)

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	ation must be	notor vehicle.	n the origin II refund clain.	as (pounds)	າ Gas (gallons)	80	Invoiced Price Including Tax					
<u>s</u>	ollowing inform	of a qualifying n	ou must maintai ehicle with your	Liquefied Natural Gas (pounds)	Liquefied Petroleum Gas (gallons)	7	MFEG (Divide Column 5 by Column 6)					
Schedule of Purchases of Tax-Paid Natural Gas Fuels	ication to qualify for the refund. In addition, the following information must bend taxes paid.	the supply tank	or a pipeline, yos fuel for each v			9	Conversion Factor from Units to MFEG (See Instructions)					Totals
f Tax-Paid Na	for the refund. I	ed directly into	om bulk storage t-paid natural ga	(spuno	ubic Feet)	5	Units Invoiced					
Purchases o	ation to qualify d taxes paid.	hased and plac	ying vehicles fr summary of tax	Compressed Natural Gas (pounds)	Compressed Natural Gas (cubic Feet)	4	Invoice Number					
Schedule of	with your applic of purchase and	as fuel was purc	aced into qualify daily withdrawal	Compress	Compress	က	Date Received					
	e this schedule o validate proof	where natural ga	rider. If fuel is pl must include a			2	Supplier FEIN					
Schedule 1A	You must complete and include this schedule with your application to qua made available upon request to validate proof of purchase and taxes paid.	 Invoice from retail station where natural gas fuel was purchased and placed directly into the supply tank of a qualifying motor vehicle. 	 Invoice from bulk fuel provider. If fuel is placed into qualifying vehicles from bulk storage or a pipeline, you must maintain the origin proof of purchase and you must include a daily withdrawal summary of tax-paid natural gas fuel for each vehicle with your refund clai 	Select Product:		_	Supplier Name					



	Schedale 1B	Average cos	Average cost per Motor Fuel Equivalen							
		A - Compressed Natural Gas (Pounds)	B - Compressed Natural Gas (Cubic Feet)	C - Liquefied Natural Gas (Pounds)	D - Liquefied Petroleum Gas (Gallons)					
1	Total State and Local Option Fuel Tax Paid on Natural Gas Fuel Purchases: Total from Column 7, Page 3 Schedule 1A multiplied by \$									
2	Total Cost of Purchased Fuel Less State and Local Option Tax: Total of Column 8 from Schedule 1A minus Line 1 from Schedule 1B									
3	Average Cost per Gallon (MFEG): Total of Line 2 from Schedule 1B divided by Column 5 from Schedule 1A, carried out four decimal places									

Reference

The following document was mentioned in this form and is incorporated by reference in the rule indicated below.

The form is available online at **floridarevenue.com/forms** in the Power of Attorney section.

Form DR-835

Florida Department of Revenue Power of Attorney and Declaration of Representative

Rule 12-6.0015, F.A.C.



Lice	nse No.:		Period:	/	/ to	o /	/							
Nan	Name:													
Use Sch	ect Product: a separate edule for h product	C C Li												
Code	County	Pounds, feet, or gallons, subject to sales tax	Average Cost per Unit	Rate	Sales tax due	Code	County	or g	unds, eet, allons, ject to es tax	Average Cost per Unit	Rate	Sales tax due		
11	ALACHUA					45	LAKE							
12	BAKER					46	LEE							
13	BAY					47	LEON							
14	BRADFORD					48	LEVY							
15	BREVARD					49	LIBERTY							
16	BROWARD					50	MADISON							
17	CALHOUN					51	MANATEE							
18	CHARLOTTE					52	MARION							
19	CITRUS					53	MARTIN							
20	CLAY					54	MONROE							
21	COLLIER					55	NASSAU							
22	COLUMBIA					56	OKALOOSA							
23	DADE (MIAMI-DADE)					57	OKEECHOBE	ΞE						
24	DESOTO					58	ORANGE							
25	DIXIE					59	OSCEOLA							
26	DUVAL					60	PALM BEACH	4						
27	ESCAMBIA					61	PASCO							
28	FLAGLER					62	PINELLAS							
29	FRANKLIN					63	POLK							
30	GADSDEN					64	PUTNAM							
31	GILCHRIST					65	ST. JOHNS							
32	GLADES					66	ST. LUCIE							
33	GULF					67	SANTA ROSA	Α .						
34	HAMILTON					68	SARASOTA							
35	HARDEE					69	SEMINOLE							
36	HENDRY					70	SUMTER							
37	HERNANDO					71	SUWANNEE							
38	HIGHLANDS					72	TAYLOR							
39	HILLSBOROUGH					73	UNION							
40	HOLMES					74	VOLUSIA							
41	INDIAN RIVER					75	WAKULLA							
42	JACKSON					76	WALTON							
43	JEFFERSON					77	WASHINGTO	N						
44	LAFAYETTE					1	,			,		,		