ARIZONA DEPARTMENT OF TRANSPORTATION

Mail Drop 521M
Fuel Tax Refund Compliance Unit
PO Box 2100
Phoenix, AZ 85001-2100
602.712.8727

96-0158 R05/25   azdot.gov

FOREIGN-BASED IFTA TAX CREDIT REFUND APPLICATION

- Complete online or in black ink
- Mail to the address above
- No refunds made under $50, except if the 3-year statute of limitation is expiring

Checks are now being mailed directly from the Arizona Department of Administration and we are no longer able to attach a copy of the refund application to the check. Please keep a copy of your application for your records

Applicant Name		Federal EIN	Refund Account Number **G –**
Refund Mailing Address ☐ Check if changed	City		State Zip
Base Jurisdiction	IFTA Account Number		Business Phone ( )
Contact Person Name	Contact email address		Contact Person Phone ( )

– This form is for *use fuel* purchased in Arizona by foreign-based IFTA carriers, but consumed in another jurisdiction. **–**

Applicant must:

- Attach a copy of your IFTA report (filed with your base jurisdiction) for **each** reporting period covered on this form
- Attach a copy of your IFTA license for the reporting periods covered on this form
- Have paid all use fuel taxes for both Arizona and the other jurisdictions
- File this form within 3 years after the original base jurisdiction IFTA report was required to be filed

ADOT Use	Reporting Year	Quarter Ending	US Gallons*	Tax Rate	Amount
OS		March		x $0.02	
		June		x $0.02	
		September		x $0.02	
		December		x $0.02	
		Total Gallons		**Total Refund Due**	

* Report only Arizona net taxable gallons.

- Convert liters to gallons (multiply liters by 0.264)
- Round to the whole gallons

I certify that the Arizona taxes have been paid on all of the gallons claimed above. The original, unaltered invoices (and supporting documents) for the gallons claimed will be maintained for three years.

Printed Name	Title
Signature (must be original, wet signature)	Date

Must be signed by licensee or authorized officer of the business. All other signatures require a notarized power of attorney.

ADOT Use

Compliance	Reviewer	Approved ☐ Yes ☐ No	Approval Date	Postmark Date
	Comments			
Receipts	Entered By	Claim Number		
	Comments			