

Receipts

Comments

Mail Drop 521M Fuel Tax Refund Compliance Unit PO Box 2100 Phoenix AZ 85001-2100 602-712-8727

EXPORTER REFUND APPLICATION

· Complete online or in black ink

• Mail to the address above

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

efund Period Beginning Date Refund Period End Date ADOT Accou			ount Numl	per F	Federal EIN		Refund Account Number			
A self-seed Moses							G -			
Applicant Name				Business Phone		ess Phone				
Doing Business As (DBA)						1				
Refund Mailing Address	eck if change	d City	City				Zip			
Contact Person Name		Contact Person Pho		ne LCo		Contact email	<u> </u>			
Contact i croon iname	()		·	Contact cinali						
		_								
All of the following completed Fuel Tax Refund Compliance U			ubmitted	with this	арр	lication. For alterna	ate docu	ıments contact t		
• Fuel purchase invoice copies										
• Fuel sales invoice copies										
Bill of lading										
• Fuel tax report for the destina	tion state									
Exporter Refund Summary So	chedule, form # 96-	0159A								
• Exporter Refund Worksheet,	96-0159B									
		Callena Olaimad Tax								
	ADOT Use	Gallons Cla	aimed	Rate		Refund Amount				
Motor Vehicle Fuel (MVF	EG EG			x \$0.18	3					
Use Fuel (UF) EH			x \$0.26	6					
Aviation Fuel (AV) EA			x \$0.05	5					
		Total Refund D								
					L					
I certify that the Arizona taxes	have been paid on	all of the g	allons cla	aimed abo	ve. I	further certify that	all des	tination state tax		
have been paid and that the	original, unaltered in	nvoices (and	d suppor	ting docu	ment	ts) for the gallons	claimed	will be maintain		
for three years.		1						_		
Printed Name			Title							
Signature (must be original, wet signature)			Date							
g	3									
Monthly simond by the same		41 1	- 411 -41-					£		
Must be signed by licensee or a	authorized officer of	the busines	ss. All oth	ier signatt	resi	require a notarized p	ower o	i attorney.		
ADOT Use										
Reviewer	r			Approved		Approval Date	Pc	Postmark Date		
Compliance				☐ Yes 〔	⊐No					
Comments			•							
In . F .	I Francis D	LOTDED :	/	LOTDES		Sad Data IOU : N	- In			
Date Entered	Date Entered					QTRFR Verified Date Claim Number				