



Motor/Diesel Motor Fuel Tax Refund Application

- Motor fuel tax (gasoline) Diesel motor fuel tax Both

Do not use for refund claims of sales and use tax or petroleum business tax.

Read instructions in Form FT-946/1046-I carefully.

Filing period:		Beginning	Ending
Name of claimant		Telephone number ()	
Street address		City	State ZIP code
Social security number	NYS identification number	Federal employer identification number (EIN)	

For office use only	
Line 9 gallons	_____ x \$.064 = \$ _____
Line 10 gallons	_____ x \$.08 = \$ _____
Total refunds \$ _____	
Audited by: _____	Date: _____
Approved by: _____	Date: _____
Approved by: _____	Date: _____

Refund claimed

Total refund claimed (from line 13 on page 2)

\$	
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Basis for refund

Mark an **X** in this box if you are filing multiple claims for refunds of motor/diesel motor fuel tax, sales tax, or petroleum business tax for the same period and gallonage. You must file this form and the appropriate sales tax refund claim form and/or petroleum business tax refund claim form together. Attach invoices or other substantiation as required by all forms and mail all forms in **one** envelope.

Mark an **X** in the box under section A, B, C, or D that indicates your type of operation and enter any other requested information.

A — Nontaxable use (off highway)

- Farmer - number of acres under cultivation _____
- Industrial type _____
- Contractor - job location _____
- Vehicles on rails or tracks
- Commercial boats
- Aircraft
- Refrigerator (reefer) unit
- Other (explain) _____

D — Specific organizations entitled to reimbursement

- Voluntary ambulance service
- Volunteer rescue squad
- Volunteer fire company/department
- Nonpublic school operator
- Exempt hospital (number) _____
- New York State and its municipalities
- United States and any of its agencies or instrumentalities
- Indian tribe or nation
- Member of exempt Indian tribe or nation – I hereby certify that I, _____, am an enrolled member of the exempt Indian tribe or nation of _____, and that the fuel for which this refund is claimed was delivered to me on the _____ reservation.

B — Refund assignment

- Used by snowmobile club members (motor fuel)
- Other (explain) _____

C — Nontaxable sales

- To New York State and its municipalities
- To the United States and any of its agencies or instrumentalities
- To airlines (kero-jet fuel)
- For heating purposes (diesel motor fuel)
- To exempt hospitals (motor fuel)
- For immediate export (motor fuel)
- Sales of E85 to filling stations on or after September 1, 2006

For the motor vehicles or equipment you own, indicate how many of each type that uses **motor fuel (MF)** or **diesel motor fuel (DMF)**. If you do not own any of the following types of equipment, enter **N/A** in the box where indicated. If the fuel was used in a commercial motor boat, airplane, snowmobile, or all-terrain vehicle (ATV), list the type of fuel and registration number(s), if applicable, where indicated. Attach additional sheets if necessary.

On-road vehicles	MF	DMF	Off-road equipment	MF	DMF	Commercial motor boat, airplane, snowmobile, or ATV registration number		
Automobiles			Motor boats					
Trucks			Airplanes					
Tractors			Snowmobiles/ATV					
Other _____			Pumps/Other			Indicate the types of other machinery.		

Enter separately in columns A or B the number of gallons of motor fuel/diesel motor fuel purchased and consumed in New York State on which the excise tax was paid.		A Motor fuel	B Diesel motor fuel
1	Beginning physical inventory (<i>bulk storage only - others enter 0</i>) (If no ending inventory was shown on the preceding claim, no beginning inventory should be shown on this claim. Beginning inventory should not include purchases made more than three years prior to date of filing a claim.)		
2	Purchases for this filing period (<i>do not include purchases over three years old</i>)		
3	Gallons available (<i>add lines 1 and 2</i>)		
4	Ending physical inventory (<i>bulk storage only - others enter 0</i>)		
5	Total gallons used (<i>subtract line 4 from line 3</i>)		
6	Number of taxable gallons used during this filing period (<i>explain use and type of fuel</i>)		
7	Nontaxable gallons (<i>subtract line 6 from line 5</i>)		
8	Total amount of nontaxable gallons (<i>add the amounts on line 7, columns A and B</i>)		
9	Gallons of B20 included in line 8 that were purchased on or after September 1, 2006		
10	Gallons of fuel other than B20 (<i>subtract line 9 from line 8</i>)		
11	Refund claimed on B20 (<i>multiply line 9 by \$0.064</i>)		
12	Refund claimed on all other fuel (<i>multiply line 10 by \$0.08</i>)		
13	Total refund claimed (<i>add lines 11 and 12</i>)		\$

Certification: I certify that this is a true, correct, and complete report.

Authorized person	Signature of authorized person		Official title		County	
	E-mail address of authorized person			Telephone number ()		Date
Paid preparer use only (see instr.)	Firm's name (<i>or yours if self-employed</i>)			Firm's EIN		Preparer's PTIN or SSN
	Signature of individual preparing this application		Address		City	State ZIP code
	E-mail address of individual preparing this application		Telephone number ()		Preparer's NYTPRIN Date	

See Form FT-946/1046-I, *Instructions for Form FT-946/1046*, for where to file.