

FUELS TAX GROUP
DEPT OF TRANSPORTATION
550 CAPITOL ST NE
SALEM OR 97301
PHONE: (503) 378-8150
FAX: (503) 378-3060
www.oregon.gov/odot/cs/ftg

FUELS TAX REFUND CLAIM

CITY OF ASTORIA

Special Refund Program Pursuant to Section 8.138(2 - 3) of the City of Astoria Municipal Code



- 1. Name of Claimant _____ SOCIAL SECURITY OR EIN NUMBER _____
- 2. Address _____
STREET OR ROUTE AND BOX # _____ CITY _____ STATE _____ ZIP _____
- 3. Principal Business _____ Do you sell fuel to others? _____
- 4. Contact Information _____
AREA CODE & TELEPHONE NUMBER _____ FAX NUMBER _____ E-MAIL ADDRESS _____
- 5. Period Covered by this Claim - From _____ To _____ Date of Last Claim _____

READ INSTRUCTIONS ON PAGE 2 BEFORE PREPARING CLAIM

- 6. CITY OF ASTORIA CERTIFICATE NUMBER
(Include copy of the Certificate with this claim.)
- 7. TOTAL REFUNDABLE ON-ROAD DIESEL DELIVERED TO THE ADDRESS ON THE
CERTIFICATE INCLUDED WITH THIS CLAIM GALLONS
(Include original purchase invoices for all gallons claimed - see instructions)
- 8. ASTORIA ON-ROAD DIESEL TAX REFUND CLAIMED (See instructions for line 8)\$ _____

STATEMENT: I hereby certify that I have full knowledge of this claim, that the fuel was purchased on the dates and in the amounts shown on each invoice, and that the fuel was delivered to the address as described on the attached City of Astoria Special Refund Program Certificate. I further certify that I have not or will not claim City of Astoria Motor Vehicle Fuel Tax refund under Section 8.138 (2-3) for as long as I hold a valid Special Refund Program Certificate issued by the City.

PERSON OTHER THAN CLAIMANT PREPARING CLAIM

SIGNATURE _____	CLAIMANT SIGNATURE _____
PRINT NAME _____	PRINT NAME _____
ADDRESS _____	DATE _____
PHONE _____	TITLE _____

Note: Signature of Claimant must appear above even if signed by preparer at left

DO NOT WRITE BELOW THIS LINE

Audit Remarks:

Approved for payment: Director, Dept of Transportation By: _____
Date: _____

INSTRUCTIONS

THE CITY OF ASTORIA AUTHORIZES REFUNDS OF ASTORIA MOTOR VEHICLE FUEL TAX UNDER A SPECIAL REFUND PROGRAM DESCRIBED IN SECTION 8.138 (2)THRU (3) OF THE ASTORIA MUNICIPAL CODE.

REFUNDS ARE APPLICABLE UNDER THIS PROGRAM ONLY UNDER THE FOLLOWING CONDITIONS:

- 1. The fuel being claimed for refund is on-road diesel and previously taxed by the City of Astoria.**
- 2. The claimant has been certified by the City of Astoria as qualifying for this special refund program.**
- 3. The claimant may not claim or receive standard refunds of Astoria Motor Vehicle Fuel Tax pursuant to Section 8.138 (1) for any claim periods for which the claimant holds a valid Certification for refund under Section 8.138(2)-(3).**

Claimant must provide claimant Social Security Number or Federal Employer Identification Number to be used only for administration of state, federal and local tax laws.

INSTRUCTIONS FOR THE CITY OF ASTORIA FUELS TAX REFUND CLAIM FORM 1214A

CLAIM PERIOD: A refund claim must be filed within 15 months of the fuel purchase or invoice date. Refund claims may not be filed more frequently than quarterly. The minimum amount for which a claim may be filed is \$25.

RECORDS are required to substantiate the accuracy of the claim. Failure to maintain records or refusal to make them available for examination constitutes a waiver of all rights to the refund. A detailed record of all bulk storage purchases and withdrawals must be kept.

SIGNATURE - Individuals must personally sign claims. Partnership claims must be signed by a partner. Claims by firms or corporations must be signed by an officer or authorized agent.

DETAILED INSTRUCTIONS BY LINE NUMBER

- Line 1: Enter your name the way the check is to be drawn. Also enter your Social Security or EIN number.
- Line 2: Enter the complete mailing address to which the check is to be sent.
- Line 3: Enter the principal business activity, and indicate whether or not you sell fuel to others.
- Line 4: Enter contact information - daytime phone number, and fax and/or e-mail if available.
- Line 5: Enter period covered by this claim - include the beginning and ending dates, and provide the date of the last claim or indicate "first claim".
- Line 6: Enter the certificate number from your City of Astoria Refund Certificate for participation in this special refund program. **You must also include a copy of this certificate with the refund claim.**
- Line 7: Enter the total refundable on-road diesel fuel in gallons delivered to the delivery address listed on your Astoria Refund Certificate. **You must include original purchase invoices for all gallons claimed for refund. These invoices must clearly show the following:**
- (a) Name of purchaser. (Only the purchaser may claim the refund.)
 - (b) Name and location of the seller, including city and state.
 - (c) Complete date of the sale (month / day / year)
 - (d) Clear identification that the product sold / delivered was on-road diesel.
 - (e) Clear indication that the product was delivered to the delivery address described on the refund certificate.
 - (f) Quantity of refundable fuel sold, expressed in gallons.
 - (g) Price extension of the fuel sold, including clear indication that Astoria taxes were included in the price.
- CUMMULATIVE INVOICES / STATEMENTS OR RECEIPTS ARE NOT ACCEPTABLE UNLESS ISSUED BY THE SELLER AND ALL OF THE ABOVE INFORMATION (a through g) IS INCLUDED. INVOICES WITHOUT ALL OF THE ITEMS ABOVE ARE NOT VALID TO SUPPORT A CLAIM FOR REFUND. ANY ALTERATION OF AN INVOICE MAY CAUSE THE ENTIRE CLAIM TO BE INVALIDATED.**
- Line 8: Multiply the refundable gallons on Line 7 times \$0.03 cents per gallon, then multiply the result by 80%.