Form MFR-21 (Rev. 2/13)
Application for Refund
Licensed Retail Dealer

|||||||| 1327604012
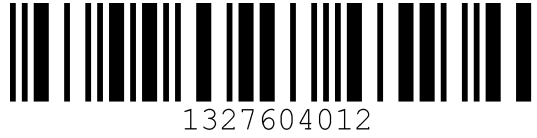
Mailing Address:
Motor Fuel Tax Unit
Georgia Department of Revenue
PO Box 105088
Atlanta, GA 30348-5088

1. PERMIT NUMBER	2. SALES TAX NUMBER OR STI

3. PERIOD START	4. PERIOD END

5. NAME OF APPLICANT

6. DBA

7. LOCATION ADDRESS	CITY	STATE	ZIP CODE

8. MAILING ADDRESS	CITY	STATE	ZIP CODE

9. TELEPHONE NUMBER	10. EMAIL ADDRESS

11. Quantity of Motor Fuel purchased during period: (Total of invoices listed on page 2)	11.	_____
12. Plus inventory of Motor Fuel brought from previous claims………………....	12.	_____
13. Less quantity of Motor Fuel on hand at end of period. (If no ending inventory is shown, attach statement explaining reason or omission.)	13.	_____
14. Total gallons of Motor Fuel on which refund is claimed……………….…..	14.	_____

Banking Information

☐ **Direct Deposit (**Check ONLY if you would like your refund to be directly deposited into your bank account)

Account Type: ☐ Checking   ☐ Savings

Routing Number: _____

Account Number: _____

STATE OF GEORGIA, _____
                                         (County)

_____ personally appeared before me who, being by me first duly sworn
         (Claimant)

deposes and says on oath that he has been issued the above permit number applying to a retail motor fuel station he

operate at _____
                    (R.F.D or Street)   (City)   (State)
that he is a licensed dealer engaged in the business of selling motor fuel to the general public, that he is not a licensed distributor of Motor Fuels for which refund is claimed and that the above statement is made for the purpose obtaining a refund of 2% of the first 5 ½ per gallon of tax imposed by the State of Georgia on Motor Fuel and is true and correct and that all of the above stated motor fuel is claimed was sold by him as a licensed retail motor fuel dealer to the general public.

Claimant Signature: _____ Title: _____ Date: _____

CLAIM MUST BE PRESENTED WITHIN SIX (6) MONTHS OF THE DATE OF FUEL PURCHASE
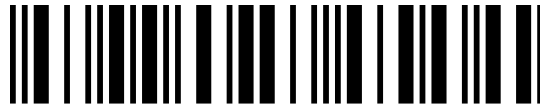
1327604022

PERMIT NUMBER:_____

INVOICES MUST BE ATTACHED TO CLAIM

INSTRUCTIONS

List below all invoices for purchases during period covered by this claim. Enter the name of your supplier below

_____. If you purchase from more than
one source during any period skip one line and list other suppliers. If additional space is needed attach supplemental listing.

	DATE	INVOICE NO.	GALLONS		DATE	INVOICE NO.	GALLONS
1.				21.			
2.				22.			
3.				23.			
4.				24.			
5.				25.			
6.				26.			
7.				27.			
8.				28.			
9.				29.			
10.				30.			
11.				31.			
12.				32.			
13.				33.			
14.				34.			
15.				35.			
16.				36.			
17.				37.			
18.				38.			
19.				39.			
20.				40.			