

**Form MFR-44 (Rev. 2/13)**  
**Application for Refund**  
**Non-Highway Clear Diesel/Gasoline**



1307004012

**Mailing Address:**

Motor Fuel Tax Unit  
 Georgia Department of Revenue  
 PO Box 105088  
 Atlanta, GA 30348-5088

Tax Law Information: This form covers Subsection (l) of Section 92-1403 of the Motor Fuel Tax Law (January 26, 1946); and Title 48, Chapter 9-10 (a)(3) Article 1 – The Motor Fuel Tax Law.

1. FEIN	2. SSN	3. PERMIT NUMBER (IF APPLICABLE)

4. PERIOD START	5. PERIOD END

**APPLICANT INFORMATION**

6. NAME

7. DBA

8. LOCATION ADDRESS	CITY	STATE	ZIP CODE

9. MAILING ADDRESS	CITY	STATE	ZIP CODE

10. TELEPHONE NUMBER	11. EMAIL ADDRESS

**Banking Information**

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

Account Type:  Checking  Savings

<b>Routing Number:</b>	<b>Account Number:</b>

**PART 1**

Specify the type of fuel that you are claiming refund for by checking one of the checkboxes below.

Clear Diesel (Use Schedule A)  Gasoline Used for Agriculture Equipment (Use Schedule B)



FEIN: \_\_\_\_\_

**SCHEDULE A PART I**

**CLAIM ON CLEAR DIESEL USE TAX**

Claim may be for the 7 1/2 cents per gallon excise tax on the non - highway use of taxable clear diesel fuel.  
 Refund claim must be filed within 18 months of the taxable clear diesel purchase.

Account below for all clear diesel consumed during the period covered by this claim. Then, use the tables under SCHEDULE B PART III (on page 4) to fill out the necessary information.

12. Quantity of Fuel Purchased during Period (in gallons): ..... (Total of Invoices Listed)	12.	
13. Plus, Bulk Fuel Inventory Brought Forward from Previous Claims (in gallons): .....	13.	
14. Less Quantity of Fuel on Hand at End of Period (in gallons): .....	14.	( )
15. Less Quantity of Fuel Used on Highway (in gallons): .....	15.	( )
16. Total Gallons on which Refund is Claimed: .....	16.	

Reason Clear Diesel Used Off Highway: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**SCHEDULE A PART II**

**SUPPLIER INFORMATION**

List name and address of suppliers from which you purchased the fuel that you are claiming refunds on.

	NAME OF SUPPLIER	STREET ADDRESS	CITY	STATE	ZIP CODE
1.					
2.					
3.					
4.					



**SCHEDULE B PART I**

FEIN: \_\_\_\_\_

**CLAIM ON GASOLINE (AGRICULTURE EQUIPMENT USE) TAX**

Account below for all gasoline consumed during the period covered by this claim. Then, use the tables under SCHEDULE B PART III (on page 4) to fill out the necessary information. Claims must be filed within one year of purchase.

12. Enter total gallons from the Purchased table below: .....	12.	
13. Fuel consumed in trucks, autos, Jeeps and other equipment that <u>IS NOT</u> classified as agricultural field use vehicle .....	13.	
14. Fuel consumed by farm equipment while traveling on highways .....	14.	
15. Fuel consumed performing work on property that is not owned, leased or share-cropped by you .....	15.	
16. Fuel consumed on farm but not connected with farming operations .....	16.	
17. Any other taxable <b>use (Specify)</b>	17a.	
a.	17b.	
b.		
18. Sub-Total Lines 13-17 .....	18.	
19. Quantity refund claimed on Line 12 minus Line 18.....	19.	

(Use the Vehicle/Equipment Used table to show how claimed gallons were consumed)

**SCHEDULE B PART II**

**VEHICLE/EQUIPMENT USED**

List the non-highway/agriculture vehicle(s) or equipment(s) used. Provide all the applicable information.

	EQUIPMENT TYPE	SERIAL NO.	YEAR	TYPE OF WORK PERFORMED
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11.				
12.				

Signature: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_



FEIN: \_\_\_\_\_

**SCHEDULE B PART III**

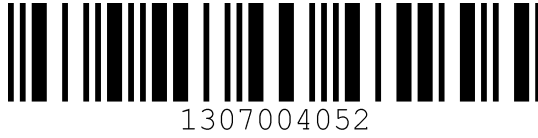
Use the following tables to fill out details relating to purchase, suppliers, and vehicles/equipments used for the gallons claimed during this period.

**PURCHASES**

List invoices below and attach copies to this form. Each invoice must be for a purchase of 25 gallons or more.

NO.	DATE	INVOICE NO	GALLONS	NO.	DATE	INVOICE NO	GALLONS
1.				16.			
2.				17.			
3.				18.			
4.				19.			
5.				20.			
6.				21.			
7.				22.			
8.				23.			
9.				24.			
10.				25.			
11.				26.			
12.				27.			
13.				28.			
14.				29.			
15.				30.			
SUB-TOTALS GALLONS				SUB-TOTALS GALLONS			
				TOTALS GALLONS			

Use this field if you are applying for clear diesel or gasoline used in agriculture equipment/vehicles only.  
 Place zeros in gallons column if bulk fuel storage is not maintained. Electronic fueling receipts are acceptable for use.



FEIN: \_\_\_\_\_

**OATH**

State of \_\_\_\_\_

County of \_\_\_\_\_

The deponent, being duly sworn according to law, deposed and says that this statement is made on my behalf on the taxpayer names, and that the facts given are true and correct.

\_\_\_\_\_  
Signature of Deponent

\_\_\_\_\_  
Title

\_\_\_\_\_  
Phone

Subscribed and sworn to this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_

\_\_\_\_\_  
Notary Public