

State of Delaware  
Division of Motor Vehicles  
Financial Services Section  
P O Drawer E  
Dover Delaware 19903  
302-744-2711

Agency Use Only – Date Received

APPLICATION FOR MOTOR FUEL (GASOLINE) TAX REFUND

Applicants Soc. Sec. No. Or Fed. E.I. No.: \_\_\_\_\_ Telephone Number: ( ) \_\_\_\_\_

Application is hereby made by: \_\_\_\_\_  
First Name Middle Name Last Name

Address: \_\_\_\_\_  
City State Zip

For refund of the tax paid on motor fuel (gasoline) purchased and used for a purpose other than a motor vehicle licensed to operate in whole or in part upon a public highway in accordance 30 Del C c. 51 § 5120, and Section G of the Promulgated Regulation.

\*\*\*\*Please submit Form W-9 online prior to mailing in your off highway refund application to ensure refund request is processed  
<https://accounting.delaware.gov/suppliers/>

**IF FUEL WAS PURCHASED IN BULK, PLEASE GO TO PAGE TWO FIRST.**

**PURCHASES**

- 1) Gallons purchased for **agricultural** purposes (tractors, unlicensed trucks, etc.) \_\_\_\_\_
- 2) Gallons purchased for **commercial** purposes (tractors, shovels, bulldozers, etc.) \_\_\_\_\_
- 3) Gallons purchased for use in **watercraft**..... \_\_\_\_\_

Watercraft Registration Number(s)

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- 4) Gallons purchased for use in **aircraft**..... \_\_\_\_\_

Tail Number(s)

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**REFUND COMPUTATIONS**

Total gallons on which refund is claimed  
(Line 1 + Line 2+ Line 3+ Line 4) \_\_\_\_\_ x 23 cents..... \$ \_\_\_\_\_

I hereby swear or affirm that these statements are true and correct, that the tax has been paid and the refund due is in accordance with 30 Del C c. 51 § 5120, and Section G of the Promulgated Regulation.

Print Name Signature Date

Agency Use Only
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## APPLICATION FOR MOTOR FUEL (GASOLINE) TAX REFUND

- Complete the following section **ONLY** if either of the following applies:
  1. *Bulk fuel was purchased by you, placed in a bulk supply tank owned/controlled by you, then placed into the supply tank of licensed vehicles which have no other verifiable fuel source, OR*
  2. *Bulk fuel was purchased by you, placed in a bulk supply tank owned/controlled by you, then placed into licensed vehicles, which also received fuel purchased at retail stations. Submit retail receipts indicating the vehicles for which fuel was purchased.*
- Complete all columns below with the licensed gasoline vehicles which you own or use, (cars, trucks, farm trucks, pick-ups, etc.), and any other vehicles which fueled from the bulk tank during the claim period.
- Farm Truck (FT) plates are considered licensed vehicles and you may not claim a refund on any gasoline used by those vehicles.
- If you sell or trade a vehicle within the reporting period please list the beginning and ending odometer reading of the sold/traded vehicle as well as the new vehicle.
- Odometer readings of all licensed vehicles are required in order for this claim to be processed.
- It is your responsibility to keep track of odometer mileage. This office will not supply that information. Inconsistencies identified through verification of odometer readings may result in adjustments or claim disallowance.

YEAR	MAKE	BODY TYPE	TAG NUMBER	STATE	ODOMETER (BEGINNING OF CLAIM PERIOD) (A)	ODOMETER (END OF CLAIM PERIOD) (B)	TOTAL MILES TRAVELED (B-A)	AVERAGE MILES PER GALLON	GALLONS USED

Total gallons used in licensed vehicles \_\_\_\_\_

Gallons Purchased in **Bulk** \_\_\_\_\_

Gallons Purchased from **Retail** \_\_\_\_\_

TOTAL GALLONS PURCHASED (bulk + retail) \_\_\_\_\_

Gallons used in licensed vehicles from above \_\_\_\_\_

TOTAL GALLONS REQUESTED FOR REFUND \_\_\_\_\_

(bulk + retail – licensed vehicles gasoline)

**Carry total gallons requested for refund to the appropriate line on Page One  
(Line 1, Agricultural; Line 2, Commercial; Line 3, Watercraft; and Line 4, Aircraft)**