

**MOTOR FUEL TAX REFUND APPLICATION**

**Public Boat Dock**



*(Motor Fuel Sold Exclusively for Use in Motorboats)*

(KRS 138.445)

Name of Applicant _____  DBA _____  Mailing Address _____ P.O. Box or Number and Street  _____ City                      County                      State                      ZIP Code	Account Number <b>J-</b> _____  For the Period Ending _____  Telephone Number (      ) _____  Social Security Number _____  Federal Employer Identification Number (FEIN) _____
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**INSTRUCTIONS**

• All refund claims must be filed on a calendar quarter or calendar year basis. • Include only Kentucky tax-paid fuel purchased for the purpose of operating or propelling motorboats. • An original invoice for each purchase for which tax refund is claimed must be attached to the application and include the date of purchase, invoice number, name of vendor, number of gallons, Kentucky excise tax **charged** and total price. • Mail completed application to **Kentucky Department of Revenue, Motor Fuels Tax Compliance Section, P.O. Box 1303, Station 63, Frankfort, Kentucky 40602-1303.** • For additional information, call **(502) 564-3853.** • **A refund bond must be on file with the Department of Revenue before tax can be refunded.** • **You will receive a refund of 100 percent of the tax paid.**

	Gasoline	Special Fuels
1. Number of gallons purchased (attach original invoices) .....		
2. Motor fuel tax refund requested (line 1 times rate per gallon shown on invoice) .....	\$	\$

I, the undersigned, a principal officer of the above-named applicant, have examined this application and it is, to the best of my knowledge and belief true, correct and complete.

_____ Signature	_____ Title
_____ Print Name	_____ Date