



Financial Management

96-0425 R04/17 azdot.gov

Mail Drop 521M
Fuel Tax Refund Compliance Unit
PO Box 2100
Phoenix AZ 85001-2100
602-712-8727

FOREST PRODUCTS USE FUEL
REFUND APPLICATION

Refund Period Beginning Date, Refund Period Ending Date, Refund Account Number, Federal EIN, Applicant Name, Business Phone, Doing Business As (DBA), Refund Mailing Address, Contact Person Name, Contact Person Phone, Contact Email

This refund is based on actual qualifying fuel consumption. Submit copies of the following (check off documents submitted).

- Legible fuel purchase invoices and/or IFTA reports
Individual Mileage and Fuel Report - Forest Products (form # 96-0425A)
Fuel Refund Equipment List (#96-0161)
Copy of Arizona Commerce Authority (ACA) Certification Letter

Applications must be completed in full and mailed to the address above within 6 months from the date the fuel was purchased or invoiced. If the allowable claim is for less than \$10, only one request may be submitted in a consecutive 6-month period.

Arizona Qualified Project Miles and Gallons Claimed

Table with 6 columns: A (Project Number), B (Total Miles), C (Total On-Road AZ Miles), D (% of AZ On-Road Miles), E (Total Use Class Fuel Gallons), F (Net Gallons Claimed). Includes a Totals row.

Use Fuel Tax Rate Paid \$.26, Net Gallons Claimed, Tax Refund Rate x \$.17, Total Refund Due \$

I certify that the Arizona taxes have been paid on all of the gallons claimed above. The original, unaltered invoices (and supporting documents) for the gallons claimed will be maintained for 3 years. I certify that the tax was paid on all gallons claimed above for fuel purchased in compliance with the ACA Healthy Forest Enterprise Incentives Program.

Printed Name, Title, Date, Original Signature - no copies/stamps, Must be signed by licensee or an authorized officer of the business. All other signatures require a notarized power of attorney.

ADOT Use Only Compliance, Reviewer, Approved Yes/No, Approval Date, Postmark Date, Comments, Receipts, Date Entered, Entered By, Claim Number, Comments