FLORIDA DEPARTMENT OF REVENUE

Application for Fuel Tax Refund
Non-Public Schools

DR-190
R. 01/13

Rule 12B-5.150
Florida Administrative Code
Effective 01/13

For the Quarter Ending

☐ **Check here if amending**

Mail To:
Florida Department of Revenue
Refunds
P.O. Box 6490
Tallahassee FL 32314-6490
For Help Call: 850-617-8585

Permit #:

FEIN:

Business Partner #:

Gasoline, Gasohol, and Undyed Diesel Fuel

	Column A	Column B
	Gallons	
	Gasoline/Gasohol	Undyed Diesel
1. Beginning inventory (Must agree with closing inventory from prior quarter).....	☐☐☐,☐☐☐,☐☐☐.☐☐	☐☐☐,☐☐☐,☐☐☐.☐☐
2. Gallons purchased ("Schedule of Purchases" attached)..........................	☐☐☐,☐☐☐,☐☐☐.☐☐	☐☐☐,☐☐☐,☐☐☐.☐☐
3. Closing inventory (Use this figure for beginning inventory on next claim).......	☐☐☐,☐☐☐,☐☐☐.☐☐	☐☐☐,☐☐☐,☐☐☐.☐☐
4. Total consumption (Add Lines 1 and 2. Subtract Line 3).................................	☐☐☐,☐☐☐,☐☐☐.☐☐	☐☐☐,☐☐☐,☐☐☐.☐☐
5. Gallons not eligible for refund (Off-road use)	☐☐☐,☐☐☐,☐☐☐.☐☐	☐☐☐,☐☐☐,☐☐☐.☐☐
6. Gallons claimed for refund (Subtract Line 5 from Line 4)	☐☐☐,☐☐☐,☐☐☐.☐☐	☐☐☐,☐☐☐,☐☐☐.☐☐
7. Refund (Lines 6A and 6B X .)	$☐☐☐,☐☐☐,☐☐☐.☐☐	$☐☐☐,☐☐☐,☐☐☐.☐☐

See item eight on reverse page if any of the gallons claimed on Line 6 were purchased during the previous calendar year.

Computed Refund (Add Lines 7A and 7B) $☐☐☐,☐☐☐,☐☐☐.☐☐

Less refund processing fee $ _____-2.00_____

Net Refund Due (No refund issued under $5.00) $☐☐☐,☐☐☐,☐☐☐.☐☐

Under penalty of perjury, I declare that I have read this application and the facts stated in it are true.

_____
Signature of Applicant

_____
Contact Person

_____
Print/Type Applicant Name

_____
Contact Telephone Number

_____
Date

_____
Contact Email address

A *Power of Attorney,* Florida Department of Revenue Form DR-835, must be properly
executed and included if this application is prepared by your representative.

1. Permit holders are entitled to a refund of the fuel sales tax levied under ss. 206.41 (1) (g) and 206.87 (1)(e) of Chapter 206, F.S., on gasoline, gasohol, and undyed diesel fuel purchased. The applicable tax rates are entered by the Department and are published annually in Tax Information Publications on the Department's website at **www.myflorida.com/dor**.

2. Applications are to be used only for the quarter indicated on the face of this application. Only original refund applications are acceptable. Application forms may be requested from the Department of Revenue, Refunds.

3. Refund permits are renewed on an annual basis only if the permit holder files quarterly claims during the year.

4. Applications must be filed quarterly, no later than the last day of the month immediately following the quarter. The filing date may be extended one additional month only if a justified, written excuse is submitted with the claim and only if the prior quarter's claim was filed on time.

Purchases Made During	Claims Must Be Filed By *	With A Written Excuse - No Later Than
January, February, and March	April 30	May 31
April, May, and June	July 31	August 31
July, August, and September	October 31	November 30
October, November, and December	January 31	February 28

*Amended application for prior quarter must be received by current quarter's deadline. Example: You must submit an amended March quarterly application by July 31.

5. All applications for refund must contain sufficient information and documentation for the Department to determine the amount of the refund claim due. This information and documentation must also be maintained at your place of business. Your request for refund must be supported by documentation to establish that the tax requested to be refunded has been paid. If your application does not contain the information and documentation required for the Department to determine the amount of refund due, the Department will issue a written request to you for the additional information or documentation required to determine the amount of refund due. The written request will be issued within 30 days of receipt of your application.

The Schedule of Purchases (Page 3), detailing the information listed below, may be submitted instead of original invoices. Include only one product type listed at the top of the Schedule of Purchases. Separate schedules must be used for each product type. However, first time filers of this form must submit tax paid invoices with their initial refund request.

A. Name and address of supplier that you purchased motor fuel from.

B. Department of Environmental Protection storage tank facility identification number of the tank where the motor fuel was stored prior to purchase or the federal employee identification number of the seller.

C. Type of motor fuel you purchased using the product types listed at the top of the schedules.

D. Sales invoice number.

E. Date that you took possession of the motor fuel from the supplier (must be within this calendar quarter).

F. County in which you took possession of the motor fuel from the supplier.

G. Total price you paid for the motor fuel purchased.

H. Number of gallons of motor fuel you purchased.

6. In the event of overpayment of any refund the Department of Revenue will refuse to make further refunds and advise the payee of the amount to be reimbursed.

7. A fee of $2.00 will be deducted from each claim.

8. Gallons that you purchased during the previous year and consumed during the current quarter will not be eligible for the full refundable rate for the current year. Instead, these gallons should be multiplied by last year's rate. This adjustment will compensate for any inventory that was assessed at last year's rate and carried forward to the current calendar year.

Line-by-Line Instructions

Purchases of Gasoline, Gasohol, and Undyed Diesel Fuel.

Line 1. Beginning Inventory – Must be the same as your closing inventory from the prior quarter. If the prior quarter's claim was not filed, enter zero.

Line 2. Gallons Purchased – This represents fuel you purchased during the calendar quarter. These purchases must be supported by the Schedule of Purchases (Page 3).

Line 3. Closing Inventory – Actual physical inventory as of the last day of the quarter printed on Page 1. This will be your beginning inventory for the next quarter. If no refund is due but a closing inventory exists, the claim form must be filed.

Line 4. Total Consumption – Line 1 plus Line 2 minus Line 3.

Line 5. Gallons not eligible for refund – This represents fuel purchased which was used for "off-road" purposes.

Line 6. Gallons claimed for refund – This represents fuel used in a motor vehicle operated by the permit holder.

Product Type Codes:

065 - Gasoline
124 - Gasohol
167 - Low Sulfur Diesel/Undyed/Blended Biodiesel
B00 – Undyed/Unblended Biodiesel

Florida Department of Revenue
Refund Application Schedule of Purchases
for Tax Paid Purchases Only

INVOICES ARE NOT REQUIRED WITH SCHEDULE

Do not include non-tax paid dyed diesel fuel purchased.

Company Name | License Number | Quarter Ending

Supplier Name	Supplier Address	DEP Storage Tank Facility ID Number or FEIN of Seller	Product Type Codes	Invoice Number	Purchase Dates (Must Be Within This Calendar Quarter)	County Where Fuel Was Delivered	Total Price Paid For Fuel Including Taxes and Fees	Number of Gallons

Total Gallons Purchased

General Instructions

1. When completing the form, type or print clearly in blue or black ink.
2. "Product Type" must be specified using the product type codes listed above. Separate schedules must be used for each product type. **Do not include non-tax-paid dyed diesel fuel purchased.**
3. Make additional copies of schedule for each product type.
4. Attach this schedule to the application for refund.