



# Application for Aviation Fuel Tax Refund Air Carriers

DR-191  
R. 01/13  
Rule 12B-5.150  
Florida Administrative Code  
Effective 01/13



For the Quarter Ending:   /    
M M Y Y

\*\* Your refund application will be rejected if fields in red are not completed in full.

Name of applicant/payee:

Mailing street address:

Mailing city, state, ZIP:

Location street address:

Location city, state, ZIP:

Email address:

Business telephone number (include area code): -- Fax number (include area code optional): --

FAC number <input type="text"/>	Federal employer identification number: <input type="text"/> - <input type="text"/>
RT number: <input type="text"/>	Business partner number: <input type="text"/>

### Computation of Refund

- Total Florida wages paid during the quarter (per Form RT-6) \$ , ,  .
- Multiply Line 1 by .006 \$ , ,  .
- Amount of fuel tax paid in Florida (enter total tax paid for quarter from Schedule 1A) \$ , ,  .
- Amount of refund (enter the smaller amount of Line 2 or Line 3 above) \$ , ,  .

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

Sign and date this form.	Signature of Applicant/representative: <input type="text"/>	Date: <input type="text"/>
	Print Name: <input type="text"/>	Title: <input type="text"/>
	Representative's phone number: <input type="text"/> - <input type="text"/> - <input type="text"/> Area Code Phone number	

Mail application to: Refunds  
Florida Department of Revenue  
PO Box 6490  
Tallahassee FL 32314-6490  
Fax: 850-410-2526





## General Instructions

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.

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### Computation of Refund

- I. Line 1. Total gross wages paid for the quarter as reported on the *Employer's Quarterly Tax Report - Florida Department of Revenue* (Form RT-6). Attach a copy of the RT-6 covering the period stated. If subsequent to the current refund request the RT-6 covering that period is amended, then the taxpayer needs to notify the Fuel Section in Refunds at 850-617-8585.
- Line 2. Section 206.9855, Florida Statutes, provides for a refund not to exceed 0.6 percent of wages paid to employees based in Florida.
- Line 3. Enter the total amount of tax paid on aviation fuel from column six Schedule 1A.
- Line 4. Enter the smaller amount of line 2 or line 3. The refund shall not exceed the amount of tax paid to the state.
- II. Claim must be filed quarterly, no later than the last day of the month immediately following the end of the quarter. The filing date may be extended one additional month **only if a justified excuse is submitted in writing and the prior quarter's application was filed timely.**

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

\*An amended claim for a prior quarter must be received by the current quarter's deadline. Example: An amended March quarterly application must be submitted by July 31.

### Schedule of Purchases of Tax-Paid Aviation Fuel (Schedule 1A)

- III. The Schedule of Purchases provides a detail in support of the amount of fuel purchased. Failure to provide all information required under columns one through six of this detail will result in a reduction or denial of your refund. If additional copies of schedules are necessary, photocopy as many copies as are needed to provide the required information.

A management report from a third party may substitute for the detail required on the Schedule of Purchases (1A). However, the fuel management report must be in the same format and provide the same information as required on the Schedule of Purchases (1A), with the exception of column 2. List all suppliers, date received, invoice number, gallons, and amount of aviation fuel tax paid at 6.9 cents per gallon. Enter total amount of tax paid on Line 3 Part I.

## Contact Us

Information and forms are available on our Internet site at: [www.myflorida.com/dor](http://www.myflorida.com/dor)

To speak with a Department representative, call Taxpayer Services, Monday through Friday, 8 a.m. to 7 p.m., ET, at 800-352-3671.

To find a taxpayer service center near you, go to: [www.myflorida.com/dor/contact.html](http://www.myflorida.com/dor/contact.html)

For written replies to tax questions, write to:

Taxpayer Services - Mail Stop 3-2000  
Florida Department of Revenue  
5050 W Tennessee St  
Tallahassee FL 32399-0112

Subscribe to our tax publications to receive due date reminders or an e-mail when we post:

- Tax Information Publications (TIPs).
- *Facts on Tax*, a quarterly publication.
- Proposed rules, notices of rule development workshops, and more.

Go to: [www.myflorida.com/dor/list](http://www.myflorida.com/dor/list)

