## FORM 028

## MOTOR FUEL TAX REFUND QUESTIONNAIRE



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ACCOUNT NUMBER

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$\vdash$					
Office Use Only					

This questionnaire is to be completed by all applicants for refund of motor fuel taxes or aviation fuel taxes when submitting an initial claim for refund. Periodic updates of this questionnaire may also be requested. Audits may be conducted for any refund claim, as required. Claims for refund must be received by the Comptroller of Maryland within one year from the date of purchase as indicated on the original invoice. Invoices received after one year from invoice date will be disallowed.

Name of Claimant:	Address:						
Phone Number:	E-Mail Address:						
Federal Employer's Identification Number:	Social Security Number:						
, , , , , , , , , , , , , , , , , , ,	Social Security Hambert						
What classifications of non-taxable fuel usage are included? (Please check the applicable items at right.)							
what classifications of non-taxable rule usage are included: (Flease Check the applicable items at right.)							
☐ Farm ☐ Aircraft	: (Specify reason for exempt qualification)						
Book (Communication and and and and and and and and and an	Oth au (Coasifa)						
Boat (Commercial purposes only) Constru	uction Uther (Specify)						

## A. Fuel Usage

1. List each piece of equipment by type for which a refund is being claimed and specify the type of fuel used by each piece of equipment. Additional pages may be used.

Equipme	Fuel Used				
Туре	Make and Model or Vehicle/Equipment Number	Quantity of this Type	Gasoline	Diesel	Other

## maryland motor fuel tax refund Questionnaire 028



2. Indicate the types of records that you use to arrive at your fuel usage. For each record, indicate whether you have actual or estimated amounts. (Check the appropriate column)

	Estimated		Actual				
Non-taxable gallons							
Taxable gallons							
Gallons per hour							
Miles per gallon							
Other (specify)							
3. Inventories Please check appropriate response.  1. Do you maintain any bulk storage? If so, list all storage tanks showing location, capacity, and the type of fuel stored therein.							
	sical inventories of bulk fuel taken? _						
3. Are metered pump		Regular M					
4. How do you maint	ain accountability for metered use?	By vehicle					
		☐ In total or	only inot at all				
	lease check appropriate response. are you submitting claims?						
2. Is all fuel consume	ed before the refund is claimed?		Yes No				
3. Do you maintain a	record of licensed vehicle mileage?		Yes No				
4. Do you keep unlic	ensed vehicle mileage or hours used?		Yes No				
5. Do you keep aircra	aft hours or consumption?		Yes No				
records (for audit)	ion Part 135 operators, do you maintai ) to substantiate that 70% of fuel used y and/or passengers?		Yes No				
D. Other Claims and R	egulations Please check appropriate r	esponse.					
1. Do you apply for a	a motor fuel tax refund from the federa	I government?	Yes No				
,	es and Use Tax registration in Marylan	d?	Yes No				
If yes, enter accou							
	d as a special fuel user? If yes, enter ac		Account Number				
4. Do you have a Ma	ryland-based IFTA account? If yes, ent	er account num	mber.				
Prepared by (Print name)		Title (Pri	Print title)				
Preparer Signature			e mail to:				

Comptroller of Maryland
Revenue Administration Division
Motor Fuel Refund Unit Room 306B
110 Carroll Street
Annapolis, MD 21411-0001