



**TENNESSEE DEPARTMENT OF REVENUE
AGRICULTURAL PURPOSES CLAIM FOR REFUND**

1. Name of Claimant _____
Mailing Address _____
City, State, ZIP Code _____
2. _____
Location of Farm _____ County _____
3. SSN/FEIN _____
Account No. _____
4. Claim Period Beginning _____
Ending _____
Amount Claimed \$ _____
Date Of Claim _____
5. Distributor: Name _____ Address _____
6. Number of gallons of gasoline purchased for agricultural purposes. (Must be supported by attached invoices) _____
7. Has this gasoline been, or will it be, used exclusively for your own use? (Check one) Yes No
8. Capacity in gallons of agricultural gasoline storage tank _____
9. Gallons used in tractors on public roads or highways of this state? (Estimated amount - Do not include this amount on Line 12) _____
10. Gallons for use in equipment listed with the Department. (No refund of tax allowed on gasoline used in equipment not listed) _____
11. Has any part of this gasoline been used in a vehicle licensed to use the public roads or highways of this state? (Check one) Yes No
12. Number of gallons on which refund is claimed _____
13. Amount of tax to be refunded at 19¢ per gallon \$ _____ .
14. Use the space provided on the reverse side to list the number, date and gallons of each attached invoice.
15. Remarks: _____

OATH OF TAXPAYER

Under penalties of perjury, I declare that I have examined this claim, and to the best of my knowledge and belief, it is true, correct, and complete.

Name _____ Title _____
(Signature of Taxpayer, Officer, or Authorized Representative)

FOR OFFICE USE ONLY				
CHECKED BY	DATE	<input type="checkbox"/> APPROVED <input type="checkbox"/> REDUCED <input type="checkbox"/> INCREASED	REASON FOR REDUCTION	REFUND NO.
				PROCESS COMPLETION DATE
APPROVAL			Approved Amount \$ _____	
_____ <small>Director or Designate</small>			_____ <small>Commissioner of Revenue or Designate</small>	
			_____ <small>Date</small>	

14. List below Number, Date and Gallons of each attached invoice.

	Invoice No.	Date	Gallons
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____
6.	_____	_____	_____
7.	_____	_____	_____
8.	_____	_____	_____
9.	_____	_____	_____
10.	_____	_____	_____
11.	_____	_____	_____
12.	_____	_____	_____

INSTRUCTIONS

Please follow instructions carefully. Incomplete or improperly completed claims will be returned without action. This could result in denial of claim. These instructions correspond to the line numbers as they appear on the reverse side of this form.

Line 1 **Name and Address.** Enter your complete name and mailing address.

Line 2 **Location of Farm.** Enter the address and county in which your farm is located.

Line 3 **Account Number.** Enter your account number.

Line 4 **Claim Period, Date Filed, and Amount Claimed.** Enter the claim period for which the claim is filed. Claims can be filed either semi-annually or annually. Semi-annual claims may be filed during the following periods: Claim period: January-June; July 1-October 15. Claim period: July-December; January 1-April 15. Annual claims may be filed January 1-April 15, for the immediate twelve (12) months preceding the filing period.
Enter the date this claim was completed and filed. Enter the amount claimed after completing the remaining sections of this claim.

Line 5 **Distributor.** Enter the name and address of your fuel supplier.

Lines 6-12 Complete all questions six (6) through (12). Each question should be self-explanatory.

Line 13 **Amount of tax to be refunded.** Multiply amount on Line 12 by nineteen cents (\$.19) and place amount in space provided. Amount claimed on semi-annual or annual claims must be at least \$25.00.

Line 14 **List of invoices.** List all invoices which support your claim.

Line 15 **Remarks.** Enter any comments you have regarding your claim.

Please sign your name in the space provided on the front and mail to the Tennessee Department of Revenue, Andrew Jackson Building, 500 Deaderick Street, Nashville, Tennessee 37242.