



TENNESSEE DEPARTMENT OF REVENUE
Agricultural Purposes Claim for Refund

RV-R0008301 Internet (06-17)

PET
353

1. Name of Claimant _____ FEIN/SSN _____ Account No. _____
2. Mailing Address _____
Street City State ZIP Code
3. Farm Location _____
Street City County
4. Claim Period: Beginning _____ Ending _____
5. Amount Claimed \$ _____ Date of Claim _____
6. Distributor _____
Name Address
7. Number of gallons of gasoline purchased for agricultural purposes
(Must be supported by attached invoices.) _____
8. Has the gasoline been, or will it be, used exclusively for your own use? Yes No
9. Capacity in gallons of agricultural gasoline storage tank. _____
10. Gallons used in tractors on public roads or highways of this state?
(Estimated amount - Do not include this amount on Line 13) _____
11. Gallons for use in equipment listed with the Department.
(No refund of tax allowed on gasoline used in equipment not listed.) _____
12. Has any part of this gasoline been used in a vehicle licensed to use the public roads
or highways of this state? Yes No
13. Number of gallons on which refund is claimed _____
14. Amount of tax to be refunded at 23¢ per gallon \$ _____
15. Use the space provided on the reverse side to list the number, date, and gallons of each attached invoice.
16. Remarks _____

Affidavit of Taxpayer

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

Print Name _____ Title _____
Signature _____ Date _____

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 \$ _____	
_____ Director or Designate		_____ Commissioner of Revenue or Designate		_____ Date

15. List below the 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.

Lines 1-2 Enter complete name, mailing address, FEIN/SSN, and account number.

Line 3 Enter the address and county in which your farm is located.

Lines 4-5 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: for claim period January-June – July 1-October 15; for claim period July-December – January 1-April 15.

Line 6 Enter the name and address of your fuel supplier.

Lines 7-13 Complete each question.

Line 14 Multiply the amount on Line 13 by the given rate and place the amount in the space provided. The amount claimed must be at least \$25.

Line 15 List all invoices that support your claim in the spaces at the top of this page.

Line 16 Enter any comment you have regarding your claim.

Please mail claim to:
Tennessee Department of Revenue
Taxpayer Services Division
500 Deaderick Street
Nashville, TN 37242