



**TENNESSEE DEPARTMENT OF REVENUE
SPECIALIZED EQUIPMENT CLAIM FOR REFUND**

1. Name of Claimant _____ 2. SSN/FEIN _____
 Location Address _____ Account No. _____
 City, State, ZIP _____ 3. Date of Claim _____
 Mailing Address _____ 4. Claim Period: _____
 City, State, ZIP _____ Semi-Annual Period Ending _____

DIESEL	GASOLINE

5. Total gallons from tax-paid bulk storage
 6. Total gallons purchased from service stations (tax paid)
 7. TOTAL GALLONS

8. DIESEL REFUND

a. Separate Aux. Motors GAL. _____ X 20¢..... (Truck Refrig. or Concrete Mixers) = \$ _____ .
 b. Power Take-Off Units GAL. _____ X 21¢ X 40% (Concrete Mixers & Pumps) = \$ _____ .
 c. Power Take-Off Units GAL. _____ X 21¢ X 10% (Pneumatic & Boom Unloaders) = \$ _____ .
 d. Power Take-Off Units GAL. _____ X 21¢ X 90% (Mobile Self-Propelled Rock Drills) = \$ _____ .
 e. No. Capacity Unloadings _____ X 2.5 Gal. X 21¢ (Pump Unloaders) = \$ _____ .
 f. TOTAL AMOUNT CLAIMED \$ _____ .

9. GASOLINE REFUND

a. Separate Aux. Motors GAL. _____ X 23¢..... (Truck Refrig. or Concrete Mixers) = \$ _____ .
 b. Power Take-Off Units GAL. _____ X 24¢ X 40% (Concrete Mixers & Pumps) = \$ _____ .
 c. Power Take-Off Units GAL. _____ X 24¢ X 10% (Pneumatic & Boom Unloaders) = \$ _____ .
 d. Power Take-Off Units GAL. _____ X 24¢ X 90% (Mobile Self-Propelled Rock Drills) = \$ _____ .
 e. No. Capacity Unloadings _____ X 2.5 Gal. X 24¢ (Pump Unloaders) = \$ _____ .
 f. TOTAL AMOUNT CLAIMED \$ _____ .

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>

For additional information, contact the Taxpayer Services Division in one of our Department of Revenue Offices:

Chattanooga
(423) 634-6266
Suite 203
1301 Riverfront
Parkway

Jackson
(731) 423-5747
Suite 340
Lowell Thomas Building
225 Martin Luther King Blvd.

Johnson City
(423) 854-5321
204 High Point Drive

Knoxville
(865) 594-6100
Suite 209
7175 Strawberry
Plains Pike

Memphis
(901) 213-1400
3150 Appling Road
Bartlett, TN

Nashville
(615) 253-0600
Andrew Jackson Building
500 Deaderick Street

Tennessee residents can also call our statewide toll free number at 1-800-342-1003.
Out-of-state callers must dial (615) 253-0600.

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 line numbers as they appear on the reverse side of this form.

Please sign your claim in the appropriate space and attach all supporting documentation to the claim. Documentation should include such items as inventories, withdrawal summaries, equipment references, invoices, suppliers name, etc. **Mail this claim to the Tennessee Department of Revenue, Andrew Jackson Building, 500 Deaderick Street, Nashville, Tennessee 37242.**

Claim Period: January -June; filing period ninety (90) days following end of June.

Claim period: July-December; filing period ninety (90) days following end of December.

The minimum amount of refund payable is \$50.00.

- Line 1 Name and mailing address.** Enter your complete name and mailing address.
- Line 2 Account Number.** Enter your account number.
- Line 3 Amount Claimed.** Enter the total amount claimed after completing the remaining sections of this claim.
- Line 4 Date of Claim and Semi-Annual Period Ending.** Enter the date that you complete and file this claim. Also, enter the semi-annual period for which claim is filed.
- Line 5 Total gallons from tax-paid bulk storage.** Enter in the appropriate column the total fuel you withdrew from your tax-paid bulk storage for use in approved equipment.
- Line 6 Total gallons purchased from service stations.** Enter in the appropriate column the total fuel you purchased from retail service centers for use in approved equipment.
- Line 7 Total Gallons.** Add the total of lines 5 and 6 and enter in the space provided.
- Line 8 Diesel Refund.** If you are using diesel, enter the gallons consumed or the number of unloadings, in appropriate spaces according to equipment type and permit prefix (reference Line 2). Make computations according to formulas listed and extend to money column. Enter total of column on Total Amount Claimed.
- Line 9 Gasoline Refund.** If you are using gasoline, refer to instructions found on Line 8, and complete the gasoline refund section.