



TENNESSEE DEPARTMENT OF REVENUE
Specialized Equipment Claim for Refund

RV-R0008401 (7/18)

PET
354

1. Name of Claimant _____ Date of Claim _____

2. Location Address _____
Street City State ZIP Code

3. Mailing Address _____
Street City State ZIP Code

4. Account No. _____ FEIN or SSN _____ Claim Period _____

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

Diesel Refund

8. Gallons Amount

a. Separate auxiliary motors _____ x 23¢	Truck refrigeration or concrete mixers = _____.
b. Power take-off units _____ x 24¢ x 40%	Concrete mixers and pumps = _____.
c. Power take-off units _____ x 24¢ x 10%	Pneumatic and boom unloaders = _____.
d. Power take-off units _____ 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	\$ _____.

Gasoline Refund

9. Gallons Amount

a. Separate auxiliary motors _____ x 24¢	Truck refrigeration or concrete mixers = _____.
b. Power take-off units _____ x 25¢ x 40%	Concrete mixers and pumps = _____.
c. Power take-off units _____ x 25¢ x 10%	Pneumatic and boom unloaders = _____.
d. Power take-off units _____ x 25¢ x 90%	Mobile self-propelled rock drills = _____.
e. No. capacity unloadings _____ x 2.5 gal. x 25¢	Pump unloaders = _____.
f. Total Amount Claimed	\$ _____.

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.

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

Print Name _____ 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

Instructions: Specialized Equipment Claim for Refund

Please follow the instructions carefully. Incomplete or improperly completed claims will be returned without action. This could result in denial of the claim.

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. The minimum amount of refund payable is \$50.

Claim Period: January – June; filing period 90 days following end of June

Claim period: July – December; filing period 90 days following end of December

- Line 1: Enter your complete name and the date that you complete and file this claim.
- Line 2: Enter your location address.
- Line 3: Enter your mailing address.
- Line 4: Enter your account number and your federal identification number or social security number. Also, enter the semi-annual period for which the claim is filed.
- Line 5: Enter in the appropriate column the total fuel you withdrew from your tax-paid bulk storage for use in approved equipment.
- Line 6: Enter in the appropriate column the total fuel you purchased from retail service centers for use in approved equipment.
- Line 7: Add Lines 5 and 6 and enter in the space provided.
- Line 8: If you are using diesel, enter the gallons consumed or the number of unloadings in the appropriate spaces according to equipment type. Make computations according to the formulas listed and extend to the amount column. Enter the total amount claimed on the appropriate line.
- Line 9: If you are using gasoline, refer to instructions for Line 8, and complete the gasoline refund section.

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