



Commonwealth of Pennsylvania


BOARD OF FINANCE AND REVENUE
Motor Fuels Section
1101 South Front Street, Suite 410
Harrisburg, PA 17104-2540

FAX: 717.783.4499
Phone: 717.787.6534

June 2017

TO: Agricultural Claimants
RE: Liquid Fuels and Fuels Tax Refund Claims

**COPY YOUR ACCOUNT CODE NUMBER HERE
AND KEEP THIS LETTER FOR YOUR RECORDS:**
(your number is located at the top right corner of your claim)



2016/2017 FR Account Code Number

**WHEN CALLING OR CORRESPONDING ABOUT YOUR CLAIM
PLEASE PROVIDE YOUR ACCOUNT NUMBER.**

It is important that all fuel receipts and statements provided in support of your claim contain the date of purchase, purchase price, tax paid, type of fuel, and number of gallons purchased.

Claim period: 7/1/16 to 6/30/17

Claims postmarked after September 30, 2017 will not be eligible for refund.

FUEL	PERIOD	REFUND RATE
Gas/Gasohol	7/1/16 to 12/31/16	\$.503
	1/1/17 to 6/30/17	.582
Diesel/Biodiesel	7/1/16 to 12/31/16	\$.640
	1/1/17 to 6/30/17	.747

Continued on back

FILING INSTRUCTIONS

SINCE CLAIMS ARE PROCESSED IN THE ORDER IN WHICH THEY ARE RECEIVED, YOU ARE URGED TO RETURN YOUR CLAIM AS SOON AS POSSIBLE. CLAIMS POSTMARKED AFTER SEPTEMBER 30, 2017, WILL NOT BE ELIGIBLE FOR REFUND. PLEASE FURNISH ALL INFORMATION REQUESTED AND FOLLOW INSTRUCTIONS CAREFULLY.

1. RECEIPTS AND/OR STATEMENTS FOR THE PERIOD FROM JULY 1, 2016 THROUGH JUNE 30, 2017 MUST BE SUBMITTED IN SUPPORT OF YOUR CLAIM. STATEMENTS MUST BE IN CLAIMANT'S NAME. THEY CANNOT BE RETURNED.
2. Please follow carefully the instructions appearing on the face of the claim form for mathematical computations. **Round gallons to the nearest whole gallon.**
3. List each piece of powered machinery (quantity, name, use, regular license, farm license or non-licensed) and the number of gallons of liquid fuels used in each. No refund can be granted for the tax paid on liquid fuels used in vehicles bearing regular license, unless the vehicle is used in farming AND only within 25 miles of the farm. Automobiles are not eligible for reimbursement.
4. If your address has changed, please notify us promptly and/or make the necessary changes on this claim form. If you farm on more than one farm, please list all addresses on claim form.
5. SIGN and DATE the claim. **Please sign in blue or black ink. We must have an original signature on claim. We cannot accept a copy of the signature.**
6. If you have discontinued farming, or, for any reason, do not wish to claim a refund, return the claim form with a request that your name be removed from the mailing list.
7. Because The Liquid Fuels and Fuels Tax Act requires that all claims for reimbursement be filed no later than September 30, 2017, **we cannot honor any claim postmarked after that date.**
8. Return the completed form and any additional sheets to: Board of Finance and Revenue, 1101 South Front St., Suite 410, Harrisburg, PA 17104-2540. **DO NOT SEND TO ANY OTHER STATE OR FEDERAL AGENCY OR OFFICE.**
9. If you elect to have your refund directly deposited to your bank account, please make sure you submit the correct bank information, i.e. routing number, account number, type of account and name on account.

PLEASE AVOID DELAY IN REFUND PAYMENT BY FURNISHING FULL AND COMPLETE INFORMATION. FOR ASSISTANCE, CALL (717) 787-6534. REFER TO THE ACCOUNT CODE NUMBER AT THE TOP OF YOUR CLAIM FORM.