Illinois Department of Revenue **RMFT-11-A** Illinois Motor Fuel Tax Refund Claim for tax paid on or after January 1, 2001

	p 1: Iell us the period covered by this claim rite the period for which you are claiming a refund	From:/ To:/	
Step	p 2: Identify yourself		
2 Nar		Federal employer identification number:	_
5 If y	y, state, ZIP you were licensed as an Illinois distributor or supplier during e claim period, write your motor fuel license number.	Phone number: ()	

Step 3: Figure your refund

Complete the columns below to list your **tax-paid** motor fuel gallons. Your refund claim must be based on the motor fuel you **used** during the claim period in Line 1. If you were **not** a licensed distributor or supplier, you may claim the gallons on which the tax was paid two years ago or less. Licensed distributors and suppliers may only claim the gallons on which the tax was paid one year ago or less.

	Column A Total gallons	Column B Highway gallons	Column C Nonhighway gallons		Tax rate per gallon		Column D Net refund
6 Gasoline (from Step 6))		. =	x	19¢ (.19)	=	\$
7 Undyed diesel fuel (fro	om Step 7)		. =	x	21 ½¢ (.215)	=	\$
8 Add the amounts in L	ines 6 - 7, Colu	mn D, and write the re	sult. This is your total	refund	l claim amount.	=	\$
			Official Use				Official Use

Step 4: Describe how you used the motor fuel listed in Step 3

9 What was the motor fuel used for? At what locations was it used? Describe in detail. Attach a separate sheet if needed.

 Official use - do not write in this box			
I I			

Step 5: Describe the motor fuel you used for highway purposes (from Step 3, Column B)

10 Number of miles traveled by motor vehicles

gasoline _

gasoline

undyed diesel fuel ____

undyed diesel fuel _

11 Number of gallons removed from storage

This form is authorized as outlined by the Motor Fuel Tax Law. Failure to disclose this information could result in this form not being processed. This form has been approved by the Forms Management Center. IL-492-1542

RMFT-11-A Page 1 of 4 (R-8/05)

2	Acres under cultivation	22 Number of livestock maintained
	Beans	Beef cattle
	Corn	Dairy cattle
	Нау	Poultry
	Small grain	Sheep
		Swine
3	Acres of custom work (production and operation)	
	Normali an of mellow a manual d	23 Other farm operations that are included
4	Number of gallons pumped	in your refund claim <i>Acres of</i>
	Gasoline	
		Bluegrass planting
	LPG from a 300 - 500	Bushhogging
	gallon tank	Chisel plowing
	LPG from tanks larger	Chopping stalks
	than 500 gallons	Combining
_		Cultivating
5	Number of gallons used to	Discing
	Clear timber	Insecticide sprayed
	Mix cement (PTO)	Moldboard plowing
	Mix cement (non-PTO)	
	Operate irrigation equipment	Nurseries
	Operate scavenger trucks (PTO)	Orchards
_		Planting
6	Number of hours used for backhoe digging	Silage
		Spray chemicals applied
7	Number of loads	Straw baling
	Augering dry cement	Spray fertilizer
	Blowing dry cement	Replanting
		Reseeding
8	Tons of dry fertilizer applied	Treatment for corn borers,
	Limestone	earthworms, or weeds
	Phosphate	Truck farming
9	Dry fertilizer	Bushels of
-	Tons applied	Corn shelling
	or	
	Acres of application	Tons of
		Feed ground
0	Tons of liquid fertilizer applied	
	Mixed	24 Other nonhighway gasoline usage not identified above
	Nitrate	
		(please detail)
1	Acres to which liquid fertilizer was applied	
•	Actes to which liquid leftilizer was applied Anhydrous ammonia	
	•	
	NH ₃	



	Step 7: Describe the gallons of undyed diesel fuel you used during this claim period						
Highway use Nonhigh	umn 3 hway use						
=							
=							
=							
=							
=							
=							
=							
=							
=							



Step 8: Itemize your equipment

34 Complete the following list of equipment in detail. Use extra sheets if necessary.

EQUIPMENT USED Check v appropriate column			SED	DESCRIPTION	MOTOR FUEL TYPE Check √ appropriate column			GALLONS USED	
Auto	Truck	Tractor		Print the make, model, year, and horsepower	Undyed diesel	Gasoline	LPG	Tax paid	

Step 9: Sign below

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

Signature

Title

Date

Step 10: Mail your refund claim

Mail your refund claim to:

MOTOR FUEL TAX REFUND SECTION ILLINOIS DEPARTMENT OF REVENUE PO BOX 19019 SPRINGFIELD IL 62794-9019



Reminders:

- \checkmark Please send us the original refund claim, plus one copy. Keep a copy for your records.
- \checkmark Purchase documentation must be submitted when requested.