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

|               | <b>p 1: Iell us the period covered by this claim</b><br>rite the period for which you are claiming a refund                               | From:/ To:/                             |   |
|---------------|---|---|---|
| Step          | p 2: Identify yourself  |   |   |
| 2<br>Nar      |   | Federal employer identification number: | _ |
| <b>5</b> If y | y, state, ZIP<br>you were licensed as an Illinois distributor or supplier during<br>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.

|                              | <b>Column A</b><br>Total gallons | <b>Column B</b><br>Highway<br>gallons | <b>Column C</b><br>Nonhighway<br>gallons |        | <b>Tax rate</b><br>per gallon |   | Column D<br>Net refund |
|------------------------------|----------------------------------|---------------------------------------|--|--------|-------------------------------|---|------------------------|
| 6 Gasoline (from Step 6)<br> | )                                |                                       | . =                                      | 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.

| <br>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

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| 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<br>Anhydrous ammonia |   |
|   | •   |   |
|   | NH <sub>3</sub>   |   |



|                     | Step 7: Describe the gallons of undyed diesel fuel you used during this claim period |  |  |  |  |  |  |
|---------------------|--|--|--|--|--|--|--|
| Highway use Nonhigh | <b>umn 3</b><br>hway use   |  |  |  |  |  |  |
| =                   |  |  |  |  |  |  |  |
| =                   |  |  |  |  |  |  |  |
| =                   |  |  |  |  |  |  |  |
| =                   |  |  |  |  |  |  |  |
| =                   |  |  |  |  |  |  |  |
| =                   |  |  |  |  |  |  |  |
| =                   |  |  |  |  |  |  |  |
| =                   |  |  |  |  |  |  |  |
|                     |  |  |  |  |  |  |  |
| =                   |  |  |  |  |  |  |  |
|                     |  |  |  |  |  |  |  |



## Step 8: Itemize your equipment

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

| EQUIPMENT USED<br>Check  v appropriate column |       |         | SED | DESCRIPTION                                 | MOTOR FUEL TYPE<br>Check √ appropriate column |          |     | GALLONS USED |  |
|---|-------|---------|-----|---|---|----------|-----|--------------|--|
| Auto  | Truck | Tractor |     | Print the make, model, year, and horsepower | Undyed<br>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.