MF-004: Retailer's Claim for
Gasoline Tax Refund

Use BLACK INK Only

Legal Name	Tax Account Number
Business Name (DBA)	FEIN/SSN Number
Mailing Address	Wisconsin County of Business Location
City	State / Zip Code

☐ Entity ceased business on _____
(MM DD YYYY)

☐ Check if address, name, or entity change

Type of Ownership *(check one)*

☐ Sole Proprietorship

☐ Partnership. *Indicate type* ▶   ☐ General   ☐ Limited   ☐ Limited liability partnership (LLP)

☐ S Corporation   ☐ C Corporation ▶ Date of Incorporation ___ / ___ / ___   State of Incorporation ▶ _____
(mo/day/yr)

☐ Limited liability company   ☐ Taxed as a corporation   ☐ Taxed as a partnership

☐ Disregarded as an entity separate from its owner (single member LLC only)

☐ Nonprofit organization

☐ Governmental unit *(describe)* _____

☐ Other *(describe)* _____

• DATES OF FUEL PURCHASES COVERED BY THIS CLAIM

Date of FIRST purchase *(MM DD CCYY)*	Date of LAST purchase *(MM DD CCYY)*

FILING REMINDER - Claims must be filed within one year from the date fuel is purchased.

• REFUND COMPUTATION SCHEDULE

			GASOLINE *(Enter whole gallons only)*
1	Total gallons of **gasoline** purchased.	1	
2	Gallons not received into your retail storage.	2	
3	Net gallons received into your retail storage (subtract line 2 from line 1).	3	
4	Fuel tax rate	4	.309
5	Tax Paid - multiply gallons on line 3 by tax rate on line 4	5	
6	**RETAILERS ALLOWANCE**	6	.005
7	**REFUND CLAIMED** - multiply amount on line 5 by allowance (.005) on line 6	7	

• RETAIL STATION LOCATION INFORMATION - List each retail location receiving **gasoline** covered by this refund claim.

Station Name	Address *(street and city)*	Gallons Received

Total Gallons Received - must agree with amount on line 3 ▶ _____

DECLARATION: *I declare that I have examined this claim and attachments and, to the best of my knowledge and belief, it is true, correct, and complete. I am a retailer of the gasoline on which this claim is based. The gasoline was purchased by me within the last 12 months and received into storage at my retail place of business.*

Signature *(do not print or type)*	Contact Person *(please print clearly)*	Telephone Number	Date
		( )	

MF-004 (R. 1-12)

MF-004 Gasoline Purchase Schedule

GASOLINE PURCHASES ONLY

1. Enter each gasoline purchase which qualifies for refund.
2. List your purchases in ascending order (oldest purchase first).
3. Enter the total gallons purchased on line 1 and **attach an adding machine tape** showing how you computed the totals.

Reminder: Purchases of diesel fuel do not qualify for refund.

If you do not provide all the information requested for each gasoline purchase listed on this schedule, your refund claim will be returned to you for completion.

It is not necessary to submit invoices for the gasoline purchases you detail on this schedule.

Name and Address of Supplier	Retail Station Name and Address	Invoice Number	Purchase Date	Gallons Purchased

Wisconsin Department of Revenue