TAB to navigate throughout. Use mouse to check applicable boxes, press spacebar, or press Enter.

Save Print Clear

MF-001: Fuel Tax Refund Claim

Section 1

(Read instructions before completing the claim)

Use BLACK INK Only

Legal Name	Tax Account Number
Business Name (DBA)	FEIN or SSN
Mailing Address	WI County Where Majority of Fuel was Purchased
City / State / Zip Code	

☐ Entity ceased business on ____/____/____ (MM DD YYYY)

☐ Check if address, name, or entity change

Section 2

Type of Ownership *(check one)*

☐ Sole Proprietorship

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

☐ S Corporation ☐ C Corporation ► Date of Incorporation ____/____/____ (mo/day/yr) State of Incorporation ► _____

☐ 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)* _____

Check one box: ☐ **Agricultural** ☐ **Nonagricultural / Other Exempt Use** ☐ **Taxicab**

Section 3 – Fuel Purchase Dates Covered By Claim

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

Section 4 – Refund Computation Schedule (no commas)

	(a) Fuel Type	(b) Total Gallons Purchased by Fuel Type	(c) Gallons Used in Taxable Manner	(d) Gallons Claimed as Exempt (b-c)	(e) Fuel Tax Rate	(f) Refund Amount By Fuel Type (Multiply d x e)
1	Gasoline				0.309	
2	Clear Diesel				0.309	
3	CNG (Compressed Natural Gas)				0.247	
4	LNG (Liquified Natural Gas)				0.197	
5	LPG (Liquified Petroleum Gas)				0.226	
6	**Totals**					
7	Wisconsin Use Tax Due: Enter amount from Line 10, Section 6.					
8	Net Refund Claimed (Line 6 minus Line 7, Column f)					

Section 5 – *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. The fuel purchases on which this claim is based have been made within the last 12 months.*

Contact Person *(please print clearly)*	Title	Date
Signature	Email Address	Telephone Number ( )

Go to Page 2

Section 6 – Use Tax Due on Motor Fuel Purchases (Non Agricultural / Other Exempt Use)

1 Check if exempt from paying Wisconsin Use Tax (if not exempt, skip to line 2) . . . . . ☐

Reason for exemption *(see instructions)* _____

If exempt from use tax skip to Section 7.

2 Check if you received a Federal Motor Fuel Tax refund for these purchases . . . . . ☐

	(a) Fuel Type	(b) Total Purchase Price of Gallons Listed in Section 4, Column d	(c) Refund Amount Listed in Section 4, Column f	(d) Number of Gallons for which a Federal Refund was Received	(e) Federal Tax Rate	(f) Federal Fuel Tax Refunded (column d x e)	(g) Amount Subject to Use Tax by Fuel Type (Column b-c-f)
3	Gasoline				0.184		
4	Clear Diesel				0.244		
5	CNG (Compressed Natural Gas)						
6	LNG (Liquified Natural Gas)						
7	LPG (Liquified Petroleum Gas)						
8	Total amount subject to Wisconsin Use Tax (sum of Lines 3 through 7, Column g)						
9	Enter applicable Use Tax Rate from Table 2 (see instructions)						
10	Wisconsin Use Tax Due (Line 8 multiplied by Line 9), also enter on Line 7, Section 4						

Section 7 – Agricultural and Nonagricultural Users - Equipment Schedule

• **EQUIPMENT TYPE** in which motor vehicle fuel was used for off-road purposes *(attach additional sheets if necessary).*

(a) Equipment Type	(b) Manufacturer Name	(c) Fuel Type (gas, clear diesel, CNG, LNG, LPG)	(d) Gallons Used	(e) Allowable Percent *(see instructions)*	(f) Refund Gallons (Column d x e)

Total Gallons must equal total gallons entered in Section 4, on Line 6, Column d ► ☐

Go to Page 3

Section 8 – Taxicab Claim

• **TAXICAB SCHEDULE -** See definition of Taxicab in the instructions *(this page may be photocopied if additional sheets are needed).*

(a) Fleet Number	(b) Vehicle ID Number	(c) License Number	(d) Passenger Capacity	(e) Fuel Type (gas, clear diesel, CNG, LNG, LPG)	(f) Beginning Odometer Reading		(g) Ending Odometer Reading		(h) Gallons of Fuel Used
					Date	Mileage	Date	Mileage	

Go to Page 4

Fuel Purchase Schedule

(This page may be photocopied if additional schedules are needed).

The refund claim will be returned if incomplete information is provided.

List purchases by fuel type in date order (oldest first). At the end of each fuel type, provide a gallon total and also enter in Section 4, column b.

(a) Name and Address of Supplier	(b) Invoice Number	(c) Purchase Date	(d) Fuel Type (gas, clear diesel, CNG, LNG, LPG)	(e) Price Per Gallon	(f) Gallons Purchased	(g) Total Purchase Price

Return to Page 1