RDGS	Maine Revenu Retail Dealer's Gas Refund App	oline S	hrinkage	*1133		00
EIN or SSN	Period Begin		Perio	od End	Due Date	
1. Entity Information		•				
		2.	OUT OF BU	SINESS? Date closed:		
		3.	OWNERSHI	P OR NAME CHANGE	E? Date	
			Explanation			
		4.	SOLD? Date			
				Do Not Use Red	Ink!	
ADDRESS CHANGE? Make corrections al	bove and check here					
Please read instructions on reverse side.						

## **Supplier's Statement**

Type of Fuel Sold	Gallons purchased by retail dealer (whole gallons only)	Applicable Tax Rate		Tax Collected and Repo	orted
Gasoline		0.300	1.		
E10		0.300	2.		
Other			3.		
	Total	Tax Paid - Add lines 1-3	4.		
	Refun	d Claim - Line 4 X .005	5.		

The undersigned states that the above gallonage of gasoline was sold to the above retail dealer for the above period, that payment has been received for such gasoline, and that the undersigned is authorized to make this statement.

Name of Supplier	Authorized Signat	Authorized Signature		
This claim is signed under the penalties of perjury.				
Signature/Title of Retail Dealer	Printed Name	Date	Phone #	

## Instructions for completing the Retail Dealer's Gasoline Shrinkage Refund Application

Retail dealers are allowed a semi-annual refund to compensate the dealer for losses due to shrinkage or evaporation to a maximum of  $\frac{1}{2}$  of 1% of tax paid gasoline purchases. For purposes of this refund, a retail dealer is a business that sells gasoline at retail and delivers the fuel directly into the tanks of a motor vehicle or watercraft. A distributor or wholesaler is a retail dealer only with respect to gasoline delivered into a retail storage tank operated by that distributor or wholesaler or into a retail storage tank of a consignee or commission agent.

1. Enter the total tax paid gallons purchased from your supplier between the Period Begin and Period End dates pre-printed at the top of the form. If you have made purchases from more than one supplier, attach a detailed schedule to the form, showing only the totals on the refund application. Use the following format:

Supplier NameType of Fuel PurchasedGallons PurchasedTax RateTax Paid

Contact Maine Revenue Services at 207-624-9609 or at fuel.tax@maine.gov if you have questions about the correct tax rate to use for gasoline blends. Your supplier should also know the appropriate tax rate.

2. An authorized representative for each supplier is required to sign the refund application verifying the number of gallons purchased and amount of tax paid is correct.

3. An authorized representative for the retail dealer is required to sign the refund application under the pains of perjury. Maine Revenue Services imposes penalties for intentionally overstating the amount of a refund due.

## The due date is pre-printed in the upper right hand area of the refund application. Late or incomplete returns will not be accepted.

## **ATTENTION - A Supplier Statement must be included with this application.**

Supplier Statement must include:

- a. Supplier Name
- b. Supplier Address
- c. Purchasers Name
- d. Date of Sale
- e. Type of fuel
- f. Number of gallons sold
- g. Price per gallon
- h. \*\*\*state/federal tax broken out or clear statement that says state/federal tax included
- i. Total amount
- j. If in letter format signed by distributor/supplier

Mail to: Maine Revenue Services, Sales, Fuel & Special Tax Division, PO Box 1064, Augusta, ME 04332-1064. Questions? Call 624-9693.