

## Maine Revenue Services Retail Dealer's Gasoline Shrinkage Refund Application



00

EIN or SSN	I	Period Begin		Period	End	*1133	Due Date	
1. Entity Information			2. <i>OU</i>	T OF BUS	SINESS?	Date closed:		
				101202				
					OR NAM	E CHANGE	E? Date	
			Ex	planation				
			4. SO.	LD? Date				
Do No						Use Red	Ink!	
ADDRESS CHANGE? Mak	e corrections above an	d check here						
Please read instructions on reverse side.								
Supplier's S	<u>tatement</u>							
Type of Fuel	Gallons purchased dealer	l by retail	Applicable	Applicable Tax Rate		Tax Collected and Reported		
Sold	(whole gallons	only)	Tax Rate					
Gasoline			0.300	1.				
							·	
E10			0.300	2.				
Other				3.				
		Total Tax Pai	d - Add lines 1	1-3 4.				
		Refund Clain	n - Line 4 X .0	005 5.				
		210211111 021121	- 2					
The undersigned states that the above gallonage of gasoline was sold to the above retail dealer for the above period,								
that payment has b	peen received for su	ch gasoline, and the	at the undersi	gned is au	ıthorized	l to make	this statement.	
Name of	Supplier		Authorized S	Signature			Date	
This claim is signed under	r the penalties of perju	ry.						
Signature/Title of	f Retail Dealer	Printe	d 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 ½ 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 Name Type of Fuel Purchased Gallons Purchased Tax Rate Tax 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

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

Email: Salesapp.MRS@maine.gov