

**Form T-59**

Claim for Refund of Motor Fuel Tax



13121099990101

Name			Federal employer identification number		
Address			For the period ending:		
			MM/DD/YYYY		
Address 2					
City, town or post office		State	ZIP code	E-mail address	

**TYPE OF OCCUPATION:** Please check the appropriate box below and complete the schedule that pertains to that occupation type. All claimants must complete schedule A before completing the appropriate usage type schedule on page 2.

- |                                                |                                                        |                                                    |                                                    |
|------------------------------------------------|--------------------------------------------------------|----------------------------------------------------|----------------------------------------------------|
| <input type="checkbox"/> Aviation - Schedule F | <input type="checkbox"/> Government - Schedule E       | <input type="checkbox"/> Manufacturer - Schedule C | <input type="checkbox"/> Railroad - Schedule E     |
| <input type="checkbox"/> Farmer - Schedule B   | <input type="checkbox"/> Lumber Harvester - Schedule B | <input type="checkbox"/> Marine - Schedule D       | <input type="checkbox"/> Well Driller - Schedule B |
| <input type="checkbox"/> Fishing - Schedule D  |                                                        |                                                    |                                                    |

**Schedule A - Refund Information**

- 1 Type of fuel purchased on which this claim is based
- 2 Total number of gallons purchased as per attached original invoices on which no prior claim has been filed
- 3 Number of gallons purchased upon which no refund is claimed
- 4 Number of gallons used upon which claimant has paid the RI Motor Fuel Tax and upon which refund is claimed
- 5 TOTAL AMOUNT OF REFUND CLAIMED. Multiply line 4 by the applicable rate per gallon.

1		
2		
3		
4		
5		

6 Fuel upon which refund is claimed was used for the following purpose: \_\_\_\_\_

**Instructions**

- 1 All claims must be filed within **240** days from the date of purchase of the fuels.
- 2 Records necessary to substantiate the purchase and gallons used on which claim is based must be kept by claimants.
- 3 All invoices must show purchasers name, suppliers name, and date.
- 4 Any refund claim found to contain any errors as to any material fact may be disallowed in its entirety.
- 5 All claims must be accompanied by paid invoices or original sales receipts showing separately the State tax paid. Invoices must be receipted by vendor.
- 6 If there is evidence of erasures or changes in invoices or sales receipts, the claim will be disallowed in its entirety.

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, it is true, accurate and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Authorized officer signature	Print name		Date	Telephone number
Paid preparer signature	Print name		Date	Telephone number
Paid preparer address	City, town or post office	State	ZIP code	PTIN

May the Division of Taxation contact your preparer? YES

Revised 04/2021

Key #22

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Claim for Refund of Motor Fuel Tax



13121099990102

Name	Federal employer identification number

**Schedule B - Farmer, Lumber Harvester or Well Driller Use**

	Make and type of equipment, engine, or vehicle	Number of Cylinders	Engine number	Type of Fuel	Kind of Work	Number of Hours Used	Gallons Used	
1	Fuels used in tractors							
2	Stationary Engines							
3	Motor Vehicles not registered for use on, nor used on public highways							
4	<b>Total gallons used by farmers and lumbermen. Add all gallons from lines 1 through 3.....</b>						<b>4</b>	

**Schedule C - Manufacturers Use**

5	Manufacturers using diesel fuel for manufacture of power							
6	<b>Total gallons used by manufacturers. Add all gallons from line 5.....</b>						<b>6</b>	

**Schedule D - Boat and Marine Use**

Boat's name and license number

7	Boats used by licensed or commercial fisherman and other marine use							
8	<b>Total gallons used in boat or marine use. Add all gallons from line 7.....</b>						<b>8</b>	

**Schedule E - US Government, Railroad or Other Use**

9	US Government, railroad or other use							
10	<b>Total gallons used in US government, railroad or other use. Add all gallons from line 9.....</b>						<b>10</b>	

**Schedule F - Aviation Use**

Plane's name and license number

11	Aviation Use							
12	<b>Total gallons used in aviation use. Add all gallons from line 11.....</b>						<b>12</b>	
13	<b>TOTAL GALLONS USED. Add lines 4, 6, 8, 10 and 12. This amount should agree with Schedule A, line 4.....</b>						<b>13</b>	