

KANSAS DEPARTMENT OF REVENUE
MOTOR-VEHICLE/SPECIAL FUEL REFUND AFFIDAVIT

I, _____, **owner, partner, corporate officer, attorney in fact,**
(Print name) (Circle one)

hereby certify that all information reported on the Motor Fuel Refund computer generated listing, or imaged copies of original receipts are true and correct. All gallons claimed include Kansas Motor Fuel taxes and were used for purposes other than operating motor vehicles on the public highways. Non-taxed fuel has not been claimed. We have not previously received or claimed a refund, or will not claim a future refund on any of the invoices reported with this claim.

Under the provisions of K.S.A. 79-3453 et seq., I hereby make request for refund of motor-vehicle fuels/special fuels used in a non-taxable manner:

Date of Claim: _____

1. Total Gasoline gallons claimed: _____ @ \$.24 = \$ _____
2. Total Diesel gallons claimed: _____ @ \$.26 = \$ _____
3. Total Gasohol gallons claimed: _____ @ \$.24 = \$ _____
4. Total E-85 gallons claimed: _____ @ \$.17 = \$ _____

Valid Motor Fuel Refund Permit #: _____

Permit Holder: _____
Name as appears on claim form

Address: _____
Street Address City State Zip Code

Sign Here _____
Signature of Owner, Partner, Corporate Officer or Person Authorized by Attached Power of Attorney Date

State of _____

County of _____

Subscribed and sworn to before me, this _____ day of _____, 20____.

Notary Public

My commission expires: _____

Customer Relations/Motor Fuel Tax Refund PO
 Box 750680
 120 SE 10th Ave
 Topeka KS 66625-0680

Phone: 785-368-8222
 Fax: 785-296-2703

<https://www.ksrevenue.gov/forms-mfrefund.html>