

**NEVADA DMV MOTOR CARRIER DIVISION
MOTOR VEHICLE FUEL (GASOLINE) TAX REFUND REQUEST
FARMER AND/OR RANCHER**

Account No. _____

Name of Claimant _____

Street Address or P. O. Box Number _____

City _____ State _____ Zip Code _____

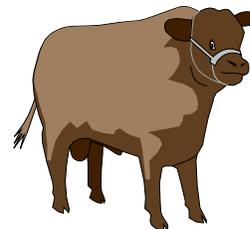
() **CHECK HERE IF YOU HAVE A NEW ADDRESS**

GENERAL INSTRUCTIONS AND INFORMATION

1. Bulk purchases means purchases in **excess of 50 gallons** of gasoline. (Do not include diesel fuel.)
2. Any person determined by the Department to be a bona fide farmer or rancher not engaged in other activities which would distort highway usage may claim a refund on the basis of 80 percent of bulk purchases without the necessity of maintaining records. A farmer or rancher wishing to claim a refund must first secure a permit from the NEVADA DMV MOTOR CARRIER DIVISION
3. **Only the customer's original copy of an invoice is acceptable for a refund claim.** If an original invoice is lost or destroyed, a claim may be submitted with a duplicate (1st carbon copy) invoice. A statement must accompany the claim stating the original invoice has been lost or destroyed. Under no circumstances will photocopies of invoices be accepted. A separate claim must be submitted in cases where a duplicate invoice is used to substantiate the purchase. The Department of Taxation for a period of 12 months will hold such claims from date of purchase after which time they will be processed.
4. **Claims for refund must be submitted within 12 months from the date of the earliest invoice and must be for bulk purchases that total of a minimum of 200 gallons. Name on invoice must match name on Gas Tax Refund Account.**
5. List original invoices below and attach them to this claim.
6. Send this application, properly signed, with original invoices attached to: **Nevada DMV Motor Carrier Division, 555 Wright Way, Carson City, Nevada 89711.**

INVOICE NUMBER	INVOICE DATE	NUMBER OF GALLONS PURCHASED	INVOICE NUMBER	INVOICE DATE	NUMBER OF GALLONS PURCHASED	INVOICE NUMBER	INVOICE DATE	NUMBER OF GALLONS PURCHASED

Use whole gallons only	27 – 32 CENTS (STATE/COUNTY)	1 CENT OPTION TAX
Total gallons purchased (Gasoline)		
Less 20 percent for highway use		
Total gallons claimed for refund minimum 200 gallons		
Rate of refund		.0098
Refund amount		



County in which gasoline was TAXED _____

NOTE: Submit a separate claim for each county in which you purchased fuel for which you are claiming a refund.

I, the undersigned, certify the fuel claimed for refund as stated above, and documented by the attached original invoices, was purchased and used in a farm or ranch operation, not more than 20 percent was used on public roads or highways, the dates shown on the invoices are true and correct, and I am entitled to a refund under the provisions of NRS 365.

Claimant or Authorized Signature: _____ Date _____

Phone _____ Email Address: _____

Federal Identification or Social Security Number: _____ () Check here if you need more forms