



STATE OF NEW HAMPSHIRE
 DEPARTMENT OF SAFETY
 DIVISION OF ADMINISTRATION
 ROAD TOLL BUREAU
 33 HAZEN DRIVE
 CONCORD NH 03305
 TELEPHONE: (603) 271-2302
 TDD Access: Relay NH 1-800-735-2964

FOR OFFICIAL USE ONLY:

CLAIM NUMBER:	
CLASS NO.	NO. MOS.
APPROVED	DISALLOWED
GALS.	GALS.
\$	\$
BY	REASON NO.
DATE	

**ROAD TOLL REFUND APPLICATION
 GASOLINE ONLY**

IFTA LICENSE # _____
 (IF APPLICABLE)
 FEIN: _____
 (IF APPLICABLE)

NAME OF APPLICANT:
STREET:
CITY/TOWN:
STATE-ZIPCODE:
TELEPHONE NUMBER:

The above applicant has purchased and used for the purpose herein stated gasoline on which the Road Toll has been paid. **All equipment using gasoline** must be listed on the reverse side and total gasoline consumed must be accounted for.

ONLY PHOTOCOPIES of all gasoline purchases bearing name and address of supplier and **NAME OF THE APPLICANT** together with evidence of payment must be attached. **Evidence of payment**-each invoice must be receipted by supplier as being paid or if payment is made by check, date of payment together with check number must appear on invoice. Evidence of erasures or changes in either dates or amounts shown on invoices or evidence of payment shall result in the invoices being disallowed. Invoices cannot be returned.

The gasoline must actually be used and the refund applied for. Per RSA 260:47: (i) "Annually, no later than April 15 following the end of the calendar year, or (ii) If, at the close of the quarter of the calendar year at least \$750 is payable in aggregate under these provisions to such person with respect to fuel used during the calendar year, an application may be filed under this subparagraph no later than the close of the subsequent quarter."

APPLICANTS' CLAIM-MINIMUM REFUND IS TEN DOLLARS (\$10.00)

1. Total gallons, as per attached invoices	Gals.
2. Total gallons consumed on public ways (col.5-line 17 & 19 (reverse side))	Gals.
3. Total gallons consumed off public ways (col. 6-line 17 & 19 (reverse side))	Gals.
4. Amount of refund (Line 3 x .18)	\$

5. Type of operation:	
6. Where used: (city/town, state)	
7. Columns 1 through 6 on the reverse side must be completed by applicant.	
8. Stock Record-reverse side-must be completed if applicant has storage tanks or used drums	

SIGNATURE:	TITLE:
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"This application is signed under penalty of unsworn falsification pursuant to RSA 641:3."

GASOLINE USED FOR THE PERIOD OF _____ YR _____ THROUGH _____ YR _____

COLUMN 1	COLUMN 2	COLUMN 3	COLUMN 4	COLUMN 5	COLUMN 6
**TYPE OF EQUIPMENT	MAKE	YEAR	REG#/SERIAL # (REQUIRED)	GALLONS USED ON HIGHWAY	GALLONS USED OFF HIGHWAY
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
PLEASE NOTE AN EQUIPMENT LIST WITH BREAKDOWN MAY BE ATTACHED BUT LINES 17 THROUGH 20 AND THE STOCK RECORD MUST BE COMPLETED.			17 Non IFTA Totals		
			18	Line 2 (on front)	Line 3 (on front)
			19 IFTA Totals		
			20 Totals Used Lines 17 & 19, Col. 5 & 6*:		
*Line 20 must equal line 6 of stock record					

STOCK RECORD MUST BE COMPLETED IF APPLICANT HAS STORAGE TANKS OR PURCHASES IN DRUMS

STOCK RECORD	GALLONS
1. ACTUAL INVENTORY FIRST DAY OF PERIOD	
2. TOTAL GALLONS (AS PER ATTACHED INVOICES)	
3. TOTAL GALLONS TO BE ACCOUNTED FOR (LINE 1 AND 2)	
4. GALLONS USED: NON IFTA LICENSED EQUIPMENT	
A. ON ROAD USAGE (column 5, line 17)	
B. OFF ROAD USAGE (column 6, line 17)	
5. GALLONS USED: IFTA LICENSED VEHICLES	
A. ON ROAD USAGE (column 5, line 19)	
B. OFF ROAD USAGE (column 6, line 19)	
6. TOTAL LINES 4A and B, 5A and B	
7. TOTAL GALLONS SOLD	
8. BOOK INVENTORY LAST DAY OF THE PERIOD (LINE 3 LESS LINE 6 AND 7)	
9. ACTUAL INVENTORY LAST DAY OF PERIOD (STICK READING)	
10. STOCK RECORD-LOSS OR GAIN (DIFFERENCE LINES 8 MINUS 9)	
11. TOTAL GALLONS ACCOUNTED FOR (TOTAL LINES 6,7,9, & 10 MUST EQUAL LINE 3)	

FOR OFFICIAL USE ONLY:

TRUCK, TRACTOR, CAR, STATIONARY MOTORS, ETC	* LIST MOTOR VEHICLES, REGISTRATION NUMBER REGARDLESS OF TYPE. APPLICANTS MAKING PURCHASES IN CANS (2, 5, 10 GALS.) OR BY DIRECT RECEIPT INTO FUEL TANKS ARE NOT REQUIRED TO COMPLETE STOCK RECORD BUT MUST COMPLETE COLS. 1 THROUGH 6.
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