

GASOLINE TAX REFUND CLAIM
State of California

Send completed forms to:
California State Controller's Office
Tax Administration Section
P.O. Box 942850
Sacramento, CA 94250-5880

2017 ONLY

For SCO Use Only
Claim No./Received Date

STD. 204 Form on File First-Time Claimant Renewal Claimant Address Change SCO Account No. _____

1. Name of Company/Claimant _____ Federal Tax ID No. / SSN
2. Mailing Address _____

Street Address	City	State	Zip
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3. Location of Service _____

Street Address	City	State	Zip
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4. Contact Information: _____

Name of Claimant or Responsible Party for Claim	Phone Number - include area code	E-mail Address
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5. Calendar Year: 2017 Filing Period: (See instructions) From _____ To _____

READ INSTRUCTIONS BEFORE PREPARING CLAIM – Type or Print Clearly

REFUNDABLE GALLONS / AMOUNT CLAIMED	GALLONS	DOLLARS
Refer to www.sco.ca.gov/ardtax_gas_tax.html for the current rate, or \$0.06 if Paratransit		
(Round to Whole Gallons)		
6. FUEL PURCHASED (Enter total from Schedule A)..... (If the inventory method is used, enter the amount from Schedule D, Line 12)	_____	_____
7a. REFUNDABLE FUEL (Purchased and Used prior to July 1st)..... (If the inventory method is used, enter the amount from Schedule D, Line 10) (enter gasoline portion only)	_____ x .278 =	\$ _____
7b. REFUNDABLE FUEL (Purchased and Used from July 1 st to Oct 31st)..... (If the inventory method is used, enter the amount from Schedule D, Line 10) (enter gasoline portion only)	_____ x .297 =	\$ _____
7c. REFUNDABLE FUEL (Purchased and Used on or after Nov 1st)..... (If the inventory method is used, enter the amount from Schedule D, Line 10) (enter gasoline portion only)	_____ x .417 =	\$ _____
8. NON-REFUNDABLE FUEL (Subtract lines 7a, 7b and 7c from line 6) (enter ethanol portion only)	_____	\$ _____
9. REFUND CLAIMED	_____	\$ _____

10. **Type of Operation (please indicate below):**

<input type="checkbox"/> Individual Driving on a Military Installation: <input type="checkbox"/> Personal Vehicle <input type="checkbox"/> Government Vehicle	<input type="checkbox"/> E-85 Blended Fuel Producer: <input type="checkbox"/> Highway Use <input type="checkbox"/> Gas Station
<input type="checkbox"/> Export to other State (please indicate state): _____	<input type="checkbox"/> Farm/Ranch: No. of acres _____
<input type="checkbox"/> Vessel used: <input type="checkbox"/> On private property <input type="checkbox"/> Beyond 3 Mile Limit: (only claim gas used beyond 3 mile limit)	<input type="checkbox"/> Public Transportation/Paratransit: <input type="checkbox"/> Full Contract Included: Contract Expires _____
<input type="checkbox"/> Other (describe): _____ (Attach additional information if needed)	
11. **Method Used to Determine Refundable Gallons:** (see instructions) Specific Percentage Inventory (Schedule D required)
 Describe _____

CERTIFICATION: Under penalty of perjury, I hereby certify that I have full knowledge of this claim, that the fuel was purchased and taxed in California on the dates and in the amounts shown; that the fuel has been used in the manner indicated; that I am entitled to a refund based upon certain use of the fuel in accordance with California law, especially Part 2 of Division 2, of the Revenue and Taxation Code. No refund has been requested for the gallons claimed prior to this date. All supporting documents will be maintained for a period of not less than four (4) years from the date of refund issuance.

Claimant's Signature X _____ (Original Signature Required)	Title _____ (Job Title)	Date _____
Preparer's Name _____ (If Different Than Claimant)	Title _____ (Job Title)	Phone _____

For SCO Use Only			
County		SCO Date	Desk Audit Exception
Industry		Desk Audit	By _____ Date _____
Rates		Sent for Field Audit	To _____ Date _____