

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 (last 4 digits)
2. Mailing Address _____
Street Address City State Zip
3. Location of Service _____
Street Address City State Zip
4. Contact Information: _____
Name of Claimant or Responsible Party for Claim Phone Number - include area code E-mail Address
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).....	x .278 = \$	
(If the inventory method is used, enter the amount from Schedule D, Line 10) (enter gasoline portion only)		
7b. REFUNDABLE FUEL (Purchased and Used from July 1 st to Oct 31st).....	x .297 = \$	
(If the inventory method is used, enter the amount from Schedule D, Line 10) (enter gasoline portion only)		
7c. REFUNDABLE FUEL (Purchased and Used on or after Nov 1st).....	x .417 = \$	
(If the inventory method is used, enter the amount from Schedule D, Line 10) (enter gasoline portion only)		
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 _____	Title _____	Date _____
(Original Signature Required)	(Job Title)	
Preparer's Name _____	Title _____	Phone _____
(If Different Than Claimant)	(Job Title)	

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